

Fleming  
Flores  
Forbes  
Fortenberry  
Foxy  
Franks (AZ)  
Frelinghuysen  
Garrett  
Gibbs  
Gibson  
Gohmert  
Goodlatte  
Gosar  
Gowdy  
Granger  
Graves (GA)  
Graves (LA)  
Graves (MO)  
Griffith  
Grothman  
Guinta  
Guthrie  
Hanna  
Hardy  
Harper  
Harris  
Hartzler  
Heck (NV)  
Hensarling  
Herrera Beutler  
Hice, Jody B.  
Hill  
Holding  
Hudson  
Huelskamp  
Huizenga (MI)  
Hultgren  
Hunter  
Hurd (TX)  
Hurt (VA)  
Issa  
Jenkins (KS)  
Jenkins (WV)  
Johnson (OH)  
Johnson, Sam  
Jolly  
Jones  
Jordan  
Joyce  
Katko  
Kelly (MS)  
Kelly (PA)  
King (IA)  
King (NY)  
Kinzinger (IL)  
Kline  
Knight  
Labrador  
LaHood  
LaMalfa

Lamborn  
Lance  
Latta  
LoBiondo  
Longo  
Loudermilk  
Love  
Lucas  
Luetkemeyer  
Lummis  
Lynch  
MacArthur  
Marchant  
Marino  
Massie  
McCarthy  
McCauley  
McClintock  
McHenry  
McKinley  
McMorris  
Rogers  
McSally  
Meadows  
Meehan  
Messer  
Mica  
Miller (FL)  
Miller (MI)  
Moolenaar  
Mooney (WV)  
Mullin  
Mulvaney  
Murphy (PA)  
Neugebauer  
Newhouse  
Noem  
Nugent  
Nunes  
Olson  
Palazzo  
Palmer  
Paulsen  
Perry  
Pittenger  
Pitts  
Poliquin  
Pompeo  
Posey  
Price, Tom  
Ratcliffe  
Reed  
Reichert  
Renacci  
Ribble  
Rice (SC)  
Rigell  
Roby  
Roe (TN)  
Rogers (AL)

Rogers (KY)  
Rohrabacher  
Rokita  
Rooney (FL)  
Long  
Roskam  
Ross  
Rothfus  
Rouzer  
Royce  
Russell  
Salmon  
Sanford  
Scalise  
Schweikert  
Scott, Austin  
Sensenbrenner  
Sessions  
Shimkus  
Shuster  
Simpson  
Smith (MO)  
Smith (NJ)  
Smith (TX)  
Stefanik  
Stewart  
Stivers  
Stutzman  
Thompson (PA)  
Thornberry  
Tiberi  
Tipton  
Trott  
Turner  
Upton  
Valadao  
Wagner  
Walberg  
Walden  
Walker  
Walorski  
Walters, Mimi  
Weber (TX)  
Webster (FL)  
Wenstrup  
Westerman  
Westmoreland  
Whitfield  
Williams  
Wilson (SC)  
Wittman  
Womack  
Woodall  
Yoder  
Yoho  
Young (AK)  
Young (IA)  
Young (IN)  
Zeldin  
Zinke

Lujan Grisham (NM)  
Lujan, Ben Ray (NM)  
Maloney, Carolyn  
Maloney, Sean  
Matsui  
McCollum  
McDermott  
McGovern  
McNerney  
Meeks  
Meng  
Moore  
Moulton  
Murphy (FL)  
Nadler  
Napolitano  
Neal  
Nolan  
Norcross  
O'Rourke  
Pallone  
Pascrell  
Payne  
Pelosi  
Perlmutter

Hastings  
Kelly (IL)

Peters  
Peterson  
Pingree  
Pocan  
Polis  
Price (NC)  
Quigley  
Rangel  
Rice (NY)  
Richmond  
Roybal-Allard  
Ruiz  
Ruppersberger  
Rush  
Ryan (OH)  
Sanchez, Linda  
T.  
Sanchez, Loretta  
Sarbanes  
Schakowsky  
Schiff  
Schrader  
Scott (VA)  
Scott, David  
Serrano  
Sewell (AL)  
Sherman  
Sinema

#### NOT VOTING—6

Pearce  
Poe (TX)  
Smith (NE)  
Takai

□ 1443

So the resolution was agreed to.  
The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. SMITH of Nebraska. Madam Speaker, on rollcall No. 440, I was unavoidably detained. Had I been present, I would have voted "yes."

□ 1445

#### CONSCIENCE PROTECTION ACT OF 2016

Mrs. BLACKBURN. Madam Speaker, pursuant to House Resolution 822, I call up the bill (S. 304) to improve motor vehicle safety by encouraging the sharing of certain information, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Ms. FOXX). Pursuant to House Resolution 822, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 114-61 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

S. 304

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Conscience Protection Act of 2016".*

#### SEC. 2. FINDINGS.

*Congress finds as follows:*  
(1) Thomas Jefferson stated a conviction common to our Nation's founders when he declared in 1809 that "[n]o provision in our Constitution ought to be dearer to man than that which protects the rights of conscience against the enterprises of the civil authority".  
(2) In 1973, the Supreme Court concluded that the government must leave the abortion decision "to the medical judgment of the pregnant woman's attending physician", recognizing that a physician may choose not to participate in abor-

tion. *Roe v. Wade*, 410 U.S. 113, 164 (1973). The Court cited with approval a policy that "neither physician, hospital, nor hospital personnel shall be required to perform any act violative of personally-held moral principles", 410 U.S. at 143 n. 38, and cited State laws upholding this principle. *Doe v. Bolton*, 410 U.S. 179, 197-8 (1973).

(3) Congress's enactments to protect this right of conscience in health care include the Church amendment of 1973 (42 U.S.C. 300a-7), the Coats/Snowe amendment of 1996 (42 U.S.C. 238n), and the Weldon amendment approved by Congresses and Presidents of both parties every year since 2004.

(4) None of these laws explicitly provides a "private right of action" so victims of discrimination can defend their conscience rights in court, and administrative enforcement by the Department of Health and Human Services Office for Civil Rights has been lax, at times allowing cases to languish for years without resolution.

(5) Defying the Federal Weldon amendment, California's Department of Managed Health Care has mandated coverage for all elective abortions in all health plans under its jurisdiction. Other States such as New York and Washington have taken or considered similar action, and some States may go farther to require all physicians and hospitals to provide or facilitate abortions. On June 21, 2016, the Administration concluded a nearly two-year investigation of this matter by determining that California's decision to require insurance plans under the California Department for Managed Health Care authority to cover all legal abortion services did not violate the Weldon amendment. This interpretation means that individuals will have to choose between ignoring their conscience or forgoing health care coverage.

(6) The vast majority of medical professionals do not perform abortions, with 86 percent of ob/gyns unwilling to provide them in a recent study (*Obstetrics & Gynecology*, Sept. 2011) and the great majority of hospitals choosing to do so in rare cases or not at all.

(7) A health care provider's decision not to participate in an abortion, like Congress's decision not to fund most abortions, erects no new barrier to those seeking to perform or undergo abortions but leaves each party free to act as he or she wishes.

(8) Such protection poses no conflict with other Federal laws, such as the law requiring emergency stabilizing treatment for a pregnant woman and her unborn child when either is in distress (*Emergency Medical Treatment and Active Labor Act*). As the Obama administration has said, these areas of law have operated side by side for many years and both should be fully enforced (76 Federal Register 9968-77 (2011) at 9973).

(9) Reaffirming longstanding Federal policy on conscience rights and providing a right of action in cases where it is violated allows longstanding and widely supported Federal laws to work as intended.

#### SEC. 3. PROHIBITING GOVERNMENTAL DISCRIMINATION AGAINST PROVIDERS OF HEALTH SERVICES THAT ARE NOT INVOLVED IN ABORTION.

Title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by inserting after section 245 the following:

#### "SEC. 245A. PROHIBITING GOVERNMENTAL DISCRIMINATION AGAINST PROVIDERS OF HEALTH SERVICES THAT ARE NOT INVOLVED IN ABORTION.

"(a) IN GENERAL.—Notwithstanding any other law, the Federal Government, and any State or local government that receives Federal financial assistance, may not penalize, retaliate against, or otherwise discriminate against a health care provider on the basis that the provider does not—

"(1) perform, refer for, pay for, or otherwise participate in abortion;

"(2) provide or sponsor abortion coverage; or

#### NOES—185

Adams  
Aguilar  
Amash  
Ashford  
Bass  
Beatty  
Becerra  
Bera  
Beyer  
Bishop (GA)  
Blumenauer  
Bonamici  
Boyle, Brendan  
F.  
Brady (PA)  
Brooks (AL)  
Brown (FL)  
Brownley (CA)  
Bustos  
Butterfield  
Capps  
Capuano  
Cárdenas  
Carney  
Carson (IN)  
Cartwright  
Castor (FL)  
Castro (TX)  
Chu, Judy  
Cicilline  
Clark (MA)  
Clarke (NY)  
Clay  
Clever  
Clyburn  
Cohen  
Connolly

Conyers  
Cooper  
Costa  
Courtney  
Crowley  
Cuellar  
Cummings  
Davis (CA)  
Davis, Danny  
DeFazio  
DeGette  
Delaney  
DeLauro  
DelBene  
DeSaulnier  
Deutch  
Dingell  
Doggett  
Doyle, Michael  
F.  
Duckworth  
Edwards  
Ellison  
Engel  
Eshoo  
Esty  
Farr  
Foster  
Frankel (FL)  
Fudge  
Gabbard  
Gallego  
Garamendi  
Graham  
Grayson  
Green, Al  
Green, Gene

Grijalva  
Gutiérrez  
Hahn  
Heck (WA)  
Higgins  
Himes  
Hinojosa  
Honda  
Hoyer  
Huffman  
Israel  
Jackson Lee  
Jeffries  
Johnson (GA)  
Johnson, E. B.  
Kaptur  
Keating  
Kennedy  
Kildee  
Kilmer  
Kind  
Kirkpatrick  
Kuster  
Langevin  
Larsen (WA)  
Larson (CT)  
Lawrence  
Lee  
Levin  
Lewis  
Lieu, Ted  
Lipinski  
Loebbeck  
Lofgren  
Lowenthal  
Lowey

“(3) facilitate or make arrangements for any of the activities specified in this subsection.

“(b) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed—

“(1) to prevent any health care provider from voluntarily electing to participate in abortions or abortion referrals;

“(2) to prevent any health care provider from voluntarily electing to provide or sponsor abortion coverage or health benefits coverage that includes abortion;

“(3) to prevent an accrediting agency, the Federal government, or a State or local government from establishing standards of medical competency applicable only to those who have knowingly, voluntarily, and specifically elected to perform abortions, or from enforcing contractual obligations applicable only to those who, as part of such contract, knowingly, voluntarily, and specifically elect to provide abortions;

“(4) to affect, or be affected by, section 1867 of the Social Security Act (42 U.S.C. 1395dd, commonly referred to as the ‘Emergency Medical Treatment and Active Labor Act’); or

“(5) to supersede any law enacted by any State for the purpose of regulating insurance, except as specified in subsection (a).

“(c) **ADMINISTRATION.**—The Secretary shall designate the Director of the Office for Civil Rights of the Department of Health and Human Services—

“(1) to receive complaints alleging a violation of this section, section 245 of this Act, or any of subsections (b) through (e) of section 401 of the Health Programs Extension Act of 1973; and

“(2) to pursue the investigation of such complaints in coordination with the Attorney General.

“(d) **DEFINITIONS.**—For purposes of this section:

“(1) **FEDERAL FINANCIAL ASSISTANCE.**—The term ‘Federal financial assistance’ means Federal payments to cover the cost of health care services or benefits, or other Federal payments, grants, or loans to promote or otherwise facilitate health-related activities.

“(2) **HEALTH CARE PROVIDER.**—The term ‘health care provider’ means—

“(A) an individual physician, nurse, or other health care professional;

“(B) a hospital, health system, or other health care facility or organization (including a party to a proposed merger or other collaborative arrangement relating to health services, and an entity resulting therefrom);

“(C) a provider-sponsored organization, an accountable care organization, or a health maintenance organization;

“(D) a social services provider that provides or authorizes referrals for health care services;

“(E) a program of training in the health professions or an applicant to or participant in such a program;

“(F) an issuer of health insurance coverage; or

“(G) a group health plan or student health plan, or a sponsor or administrator thereof.

“(3) **STATE OR LOCAL GOVERNMENT THAT RECEIVES FEDERAL FINANCIAL ASSISTANCE.**—The term ‘State or local government that receives Federal financial assistance’ includes every agency and other governmental unit and subdivision of a State or local government, if such State or local government, or any agency or governmental unit or subdivision thereof, receives Federal financial assistance.

**“SEC. 245B. CIVIL ACTION FOR CERTAIN VIOLATIONS.**

“(a) **IN GENERAL.**—A qualified party may, in a civil action, obtain appropriate relief with regard to a designated violation.

“(b) **DEFINITIONS.**—For purposes of this section:

“(1) **QUALIFIED PARTY.**—The term ‘qualified party’ means—

“(A) the Attorney General of the United States; or

“(B) any person or entity adversely affected by the designated violation.

“(2) **DESIGNATED VIOLATION.**—The term ‘designated violation’ means an actual or threatened violation of—

“(A) section 245 or 245A of this Act; or

“(B) any of subsections (b) through (e) of section 401 of the Health Programs Extension Act of 1973 regarding an objection to abortion.

“(c) **ADMINISTRATIVE REMEDIES NOT REQUIRED.**—An action under this section may be commenced, and relief may be granted, without regard to whether the party commencing the action has sought or exhausted available administrative remedies.

“(d) **DEFENDANTS IN ACTIONS UNDER THIS SECTION MAY INCLUDE GOVERNMENTAL ENTITIES AS WELL AS OTHERS.**—

“(1) **IN GENERAL.**—An action under this section may be maintained against, among others, a party that is a Federal or State governmental entity. Relief in an action under this section may include money damages even if the defendant is such a governmental entity.

“(2) **DEFINITION.**—For the purposes of this subsection, the term ‘State governmental entity’ means a State, a local government within a State, and any agency or other governmental unit or subdivision of a State or of such a local government.

“(e) **NATURE OF RELIEF.**—In an action under this section, the court shall grant—

“(1) all necessary equitable and legal relief, including, where appropriate, declaratory relief and compensatory damages, to prevent the occurrence, continuance, or repetition of the designated violation and to compensate for losses resulting from the designated violation; and

“(2) to a prevailing plaintiff, reasonable attorneys’ fees and litigation expenses as part of the costs.”

The SPEAKER pro tempore. The bill shall be debatable for 1 hour, equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce.

The gentlewoman from Tennessee (Mrs. BLACKBURN) and the gentlewoman from Colorado (Ms. DEGETTE) each will control 30 minutes.

The Chair recognizes the gentlewoman from Tennessee.

PERMISSION TO POSTPONE PROCEEDINGS ON MOTION TO RECOMMIT

Mrs. BLACKBURN. Madam Speaker, I ask unanimous consent that the question of adopting a motion to recommit on S. 304 may be subject to postponement as though under clause 8 of rule XX.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Tennessee?

There was no objection.

GENERAL LEAVE

Mrs. BLACKBURN. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on S. 304.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Tennessee?

There was no objection.

Mrs. BLACKBURN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, Congress has a long history of providing strong, bipartisan conscience and freedom protections consistent with our founding principles and the Constitution. It is about fairness. It is a cornerstone of our Constitution, which is built upon individual rights and liberties.

Look no further than the Clinton administration to find evidence of unity when it comes to conscience exemptions. President Clinton built conscience protections into managed care plans for Medicaid and Medicare regarding referrals. In 1977, as part of the Balanced Budget Act, almost identical conscience protections were applied to Medicare Choice Plans. The conference report that included these exemptions was widely supported by Democratic lawmakers like now-Vice President BIDEN, now-Secretary of State Kerry, and Democratic Leader NANCY PELOSI, to name a few.

In 1998 and again in 1999, the Clinton administration took the initiative to add two separate conscience protections to the Federal employees health benefit program. Many of these protections have been renewed annually by Presidents Clinton and Bush and, yes, by President Obama.

One of these protections is the Weldon amendment, a longstanding conscience safeguard in appropriations law. This protection provides that States and localities receiving Federal funds may not discriminate against a healthcare entity on the basis that they do not “provide, pay for, provide coverage of, or refer for abortions.”

Troublingly, those encountering discrimination cannot even look to the Office for Civil Rights for help. The Office for Civil Rights within HHS recently reinterpreted existing law to find a California mandate directing all health insurers to remove coverage exclusions and limitations for elective abortions to be consistent with the Weldon amendment.

Americans should not have to rely on the whim of attorneys at HHS to be protected from discrimination. This is why we are here today—to discuss fairness, to protect Americans’ rights.

Here is what the Conscience Protection Act does:

First, the bill reaffirms the protections that are found in the Weldon amendment;

Second, the bill gives discriminated individuals and entities their day in court through a private right of action; and

Third, the bill clarifies that nothing—nothing—in the legislation prevents providers from voluntarily electing to participate in abortion or makes changes to the Emergency Medical Treatment and Active Labor Act.

The simple intent of this bill is to stop the government from unfairly coercing individuals and entities to provide, pay for, provide coverage of, or refer for abortions.

Consider the examples of churches in California—like Skyline Church in La Mesa and Faith Baptist Church in Santa Barbara—that are currently being forced by the State to cover all legal abortion in their healthcare plans.

Or the case of a New York nurse, Cathy DeCarlo, who was forced to take part in a dismemberment of 22-week-

old unborn child. Cathy literally had to count the pieces of the unborn child, against her objection to abortion. Her lawsuit was dismissed because the conscience law lacks a private right of action.

Madam Speaker, this is why we need the Conscience Protection Act: for Foothill Church in Glendora; for Alpine Christian Fellowship in El Cajon; for the 12 New Jersey nurses who stood up to their employer for requiring them to train for and participate in abortion; and for Cathy DeCarlo, who deserves her day in court. This is why we need this legislation.

I reserve the balance of my time.

Ms. DEGETTE. Madam Speaker, I yield myself such time as I may consume.

I rise in opposition to this bill, which is really nothing more than a wolf in sheep's clothing. It is being touted as just simply a conscience clause, but, in fact, it strips away patient protections; it gives employers and healthcare companies the right to override a woman's reproductive healthcare decision; it vastly expands already damaging existing laws that restrict women's abilities to get full insurance coverage; and, just to add, it would clog the courts because it would create private rights of action for healthcare entities to enforce the law.

Now, existing so-called conscience provisions are bad enough, but what they apply to is existing healthcare entities. What this bill would do is something that has never been done before. It would allow employers and others to exercise this right; it would require OCR and DOJ to investigate claims of discrimination; and it would expand the definition of healthcare entities. All of this would just simply interfere with a woman's ability to get accurate information about treatment options and could lead to her being deprived of timely emergency care.

There is already plenty of evidence that current conscience provisions jeopardize women's health and safety. They create confusion about whether healthcare providers are required to offer critical care in emergency situations.

I have heard some heart-wrenching stories about what happened to the women. Let me just tell you one of them. Tamesha Means of Muskegon, Michigan, was only 18 weeks pregnant when her water broke. The nearest hospital, Mercy Health Partners, didn't pursue the normal course of treatment, inducing labor for a pregnancy that wasn't viable, in order to avoid risky complications. Instead, what they did is they gave her painkillers and they sent her home. Over the next 2 days, Tamesha returned to the hospital twice, bleeding and in severe pain, running a high fever, only to get more or less the same response. They were completing the papers to send her home a third time—a third time—when she started to deliver a very premature infant, dead within hours.

Madam Speaker, we would likely see much more needless suffering and endangerment if the bill before us were to pass. It would let employers who sponsor health plans deny their female employees access to medical services to which the employer objects. It would reinforce existing provisions that let health providers opt out of providing such services or even informing people about them.

With all of this in mind, I strongly urge my colleagues to oppose this bad legislation. Every patient should be able to make meaningful, informed decisions about their health care. Congress needs to stop interfering in women's health decisions once and for all.

I reserve the balance of my time.

Mrs. BLACKBURN. Madam Speaker, I yield 1 minute to the gentleman from Wisconsin (Mr. RYAN), the Speaker of the House.

(Mr. RYAN of Wisconsin asked and was given permission to revise and extend his remarks.)

Mr. RYAN of Wisconsin. Madam Speaker, I think we can all agree that in this country no one should be forced to perform an abortion.

Look, I know we disagree about when life begins; I know we disagree about what government should do about it; and, however strongly I hold my beliefs, I also know my friends on the other side of the issue feel just as strongly. I respect those disagreements. But whoever you are, whatever you believe, I think this is one thing that we all should agree on: no one should be forced to violate their conscience, least of all by the Federal Government. That is all this bill says.

The Federal Government, or anyone who receives taxpayer dollars, cannot discriminate against healthcare providers who do not perform abortions; and if they do discriminate, this bill says that the victims will have two avenues of relief: either file a complaint with the Department of Health and Human Services, or file a civil suit in court. That is it. That is what this bill does.

Now, opponents say that this kind of thing just doesn't ever happen, nobody in their right mind would force someone against their will to help with an abortion. Well, tell that to Cathy DeCarlo. She was a nurse at Mount Sinai Hospital in New York City. A few years ago, she was forced to help with an abortion.

Madam Speaker, this is not an isolated incident. There have been cases of nurses being suspended or threatened with firing solely for the offense of following their conscience.

And now the State of California requires all health insurance plans to cover abortion. So if you are a church or if you are a religious school, it doesn't matter, you must cover this procedure; and if it violates your conscience, too bad. This is a disturbing trend.

What is more disturbing is that the Federal Government has not been pro-

tecting people's rights. There are already laws on the books to protect people's conscience rights. But after Cathy DeCarlo filed a complaint to HHS, she waited 3 years for a resolution; and when she filed a lawsuit, an appeals court said she didn't even have standing and threw out her case.

That is why this bill makes it perfectly clear. People of faith have standing, and they deserve relief.

This bill does not ban or restrict abortion in any way. This bill does not change any medical standards or contracts. It does not change any laws regarding emergency treatment. All it does is protect a person's conscience.

Allowing this trend to continue, if we keep going down this path in this country, we will only erode our First Amendment rights further. It will continue to push people of faith into the sidelines of society. That is not the kind of country we want to live in, not any of us.

There is nothing more fulfilling than living out your faith, and we want all people of all faiths to live freely in our country. But we can live out our faith only if our government respects our faith. That is why we need to pass this bill.

I want to thank Congressman JOHN FLEMING and I want to thank Congresswoman DIANE BLACK for their outstanding work on this. JOHN and DIANE have done the Lord's work on defending people's conscience rights. It is the First Amendment of the Constitution, and it is under assault. This is something that keeps us free. This is something that makes us uniquely American. This is something that says men and women of conscience have rights that must be protected. And when our own government tramples upon and throws under the bus those rights, we have to act. That is why we are here today. They have been out front on this issue constantly leading this charge, and I am thankful for these warriors.

I have got to say to my colleagues, this is something that everyone should be in favor of, because if you believe in free speech, if you believe in freedom of religion, then you believe in freedom of conscience, then you believe in all of the First Amendment. That is why I ask each and every one of my colleagues to support this bill.

□ 1500

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Madam Speaker, let's talk about conscience and whose conscience should prevail in a decision about what a woman does with her body and who makes that decision.

Is it the conscience of an insurance company?

That is already in the law.

Is it the conscience of her boss who makes the decision?

Clearly, it is not the consciences of American women in this piece of legislation. The bottom line is it sounds to

me like it is the conscience of Republican politicians who want to tell the women of America what they can do with their bodies.

Let's be very clear. Right now, current law says that hospitals, insurers, and doctors may refuse to perform an abortion or to provide coverage for abortion, which already greatly limits women's access to legal procedures. This bill would further extend the dangerous law by allowing health plan sponsors—that means employers—to deny female employees access to legal medical services because the boss has a moral objection to it, not the woman who is making the most personal of decisions here.

Women and their doctors, not their bosses, should be making medical decisions, and no outsider should be able to decide something as important as the size or the timing of having a family; and a woman's access to reproductive health should not be dependent on where she works or on where she goes to school.

Even more importantly, when a woman's health is in danger, providers would not be required to act to protect the health of that mother. This bill would allow them—and this is in the new language—to refuse to facilitate or to make arrangements for an abortion if they have a moral objection to it. For example, a Catholic hospital could force a doctor to withhold information about a patient's medical condition or options if that information might facilitate a woman's obtaining an abortion. It could also refuse to provide transportation to another hospital for a woman who is in distress if that hospital provides abortions.

This takes away a woman's right of conscience, and we should be voting "no."

Mrs. BLACKBURN. Madam Speaker, I yield 1 minute to the gentleman from California (Mr. MCCARTHY), the majority leader of the House.

Mr. MCCARTHY. I thank the gentlewoman for yielding.

Madam Speaker, before I begin, I want to thank Congressman JOHN FLEMING, and I want to thank Congresswoman DIANE BLACK.

Before we come here as Members of Congress, we have occupations. JOHN FLEMING happens to be a doctor. DIANE BLACK started out as a nurse and is still a nurse. Her decades of experience, especially on this issue, are what have driven her in her work to make it here today.

Madam Speaker, I want to be explicitly clear so as to remove any confusion about what this legislation is and why we are voting on it today. This bill is not about abortion. Now, I am profoundly pro-life, and I don't hide it, but this bill isn't about that. It is about respecting people with different opinions and letting them live their lives without having the fear of punishment.

I am not asking people to change their closely held beliefs today. After all, every law on the books that has

governed abortion before this bill will remain exactly the same after this bill is passed. The message is more fundamental: don't force those who are deeply and morally opposed to something to fund it, support it, or perform it.

We all know America is unlike any other place. In America, we have Amish farmers, modern artists, stock market analysts, teachers, oil rig workers. We have the left and the right—Republican and Democrat—and every single one is just as American as the other. It is not easy to make this crazy experiment called "America" work, but we do because we respect that people may live in ways by which we don't approve and have opinions that we can't stand, and they are still our neighbors. This mutual respect is the lifeblood of a free society.

There are millions of people in this country—a majority, in fact—who are pro-life. That belief is intimately tied to our love of others and to our respect for human dignity; but many pro-life Americans face a choice no person should face.

Do they violate their consciences or violate the law? Do they do something they think is wrong, or do they lose their jobs?

A nurse in New York was told she had to participate in an abortion even though she objected. Her supervisor told her, if she didn't, she could be fired and could even lose her nursing license.

In my home State of California, a mandate forces pro-life individuals and churches to pay for insurance plans that cover the procedure even if doing so violates their deeply held beliefs. That mandate flies directly in the face of the Weldon amendment, which protects conscience rights—something of which this Congress has approved time and again for decades.

This mandate was challenged at the Department of Health and Human Services. It rejected the complaint. So I met with Secretary Burwell and with many of our colleagues to ask how this could happen.

How could a State force people to violate their beliefs?

I will tell you that I and the Members who were there still don't have an answer to our question.

But, Madam Speaker, why is this even a debate? Why would this administration want to force someone to violate his conscience?

As President Obama, himself, said early on in his Presidency, "Let's honor the conscience of those who disagree with abortion." I agree wholeheartedly with that statement.

Voting for this bill isn't voting against abortion. It is voting against compulsion. It is voting to reaffirm that mutual respect is necessary for a free society, and only with that respect can America live in the liberty we have so long enjoyed.

Ms. DEGETTE. Madam Speaker, I yield 1½ minutes to the gentleman from New Jersey (Mr. PALLONE), the

distinguished ranking member of the Energy and Commerce Committee.

Mr. PALLONE. Madam Speaker, when will the Republicans' war on women end?

First, Republicans passed a bill to allow a woman's boss to decide whether she has access to contraceptives. Next, Republicans passed legislation to prevent a woman from choosing the medical provider that best meets her needs. Today, Republicans are bringing another bill to the House floor to limit a woman's right to make the best decision for herself and her family.

This bill is not about protecting the conscience rights of healthcare entities to not provide or to participate in abortions. Providers already have those protections under current law. Instead, this bill expands and makes permanent policies that attempt to limit a woman's access to her constitutionally protected right to safe and legal abortions. This bill allows the moral beliefs of an employer's to limit a woman's access to healthcare services. A woman, not her employer, should make decisions about her health. Her healthcare choices are none of her boss's business.

I urge my colleagues to stand up for women's health by opposing this harmful legislation.

Mrs. BLACKBURN. Madam Speaker, I yield 4 minutes to the gentlewoman from Tennessee (Mrs. BLACK), one of the authors of this legislation and the primary sponsor. I thank her for the excellent job that she does on all of the pro-life issues that affect not only our State, but our country.

Mrs. BLACK. I thank the gentlewoman from Tennessee, my colleague and my friend.

Madam Speaker, I rise in strong support of my bill, S. 304, the Conscience Protection Act of 2016.

This legislation would prevent governments from penalizing or in any way discriminating against a healthcare provider for its refusing to participate in an abortion. In doing so, it would codify an act, known as the Weldon amendment, which has been attached to the annual spending bill since 2004 with bipartisan support. Importantly, the bill would also take the law a step further in allowing for a civil right of action so that the victims of abortion discrimination would have their day in court.

Today, if you believe you have been discriminated against on the basis of refusing to be involved in an abortion, you appeal to the Obama administration's Department of Health and Human Services.

In the case of Cathy DeCarlo, a pro-life nurse from New York who was forced by her employer to assist in the abortion of a 22-week pre-born baby, it took HHS 3 years to close its investigation into her case.

In California, where the Department of Managed Health Care required all insurance plans in the State to offer the coverage of elective abortion, the HHS

took 2 years to determine that no violation of the law had occurred; this despite the fact that the churches and the Christian universities are now required to subsidize abortion through their insurance plans.

Congress must step in to clarify and to strengthen our laws so that the conscience rights of every American are protected, because, Madam Speaker, if we lose the right to live according to our own convictions, particularly on the matter as deeply affecting as abortion, we don't have much left, do we?

After all, it was Thomas Jefferson who reminded us: "No provision in our Constitution ought to be dearer to man than that which protects the rights of conscience against the enterprises of civil authority."

President Obama, himself, echoed this statement in 2009, saying, "Let's honor the conscience of those who disagree with abortion."

If my colleagues won't listen to the pleas of the pro-life Americans who are asking for the protection of these most basic rights, maybe they will listen to the words of their own President.

With this bill, I am not seeking to change anyone's mind on abortion; though I hope that one day I can. I am not asking my colleagues to rule anyone's abortion to be illegal; though every act of abortion absolutely breaks my heart. I am not asking my colleagues to withhold a dime from a single abortion provider; although I will continue to fight to stop the spending of my constituents' dollars to the industries that take human life.

Today I simply ask the Members of this body to allow the millions of Americans who believe as I do—in the sanctity of every human life—to abide by those beliefs without having them trampled upon by their own government. I urge a "yes" vote on this very compassionate, reasonable, and modest bill.

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the distinguished gentlewoman from California (Mrs. CAPPs).

Mrs. CAPPs. I thank my colleague for yielding.

Madam Speaker, I rise in strong opposition to the so-called Conscience Protection Act.

Despite its name, this bill actually does the opposite. It would infringe upon the beliefs and values of women across this country, putting their bosses' wishes over their own. This is wrong. It is yet another attempt to play politics with women's health. A woman's ability to control when, how, or whether to have children is central to her conscience, to her health, to her well-being, to her economic stability; but this bill would consider a woman's wish to be secondary to that of her employer's.

Let me be personal for just a moment. I am the daughter of a minister. I grew up in a parsonage, and my father was a member of the clergy. I understand the importance of religion to

the lives of so many, including to me. My faith was always a large part of what motivated me as a nurse, as a public health person, and what motivates me now as a Member of Congress. Perhaps it is because of this that I cannot stand on the sidelines when some are trying to use religion as a justification for discrimination or to take away the decisionmaking powers and responsibilities of another.

□ 1515

Health care and the personal decisions a woman makes are not her boss' business. It is far past time to get employers out of the exam room.

We need to trust and value women and let them make their own personal health decisions with their healthcare providers, with their family, with their faith, not politicians.

Mrs. BLACKBURN. Mr. Speaker, I yield 4 minutes to the gentleman from Louisiana (Mr. FLEMING), the author of this legislation and the primary co-sponsor.

Mr. FLEMING. Madam Speaker, I include in the RECORD the testimony from Honorable Dr. Dave Weldon, author of the Weldon amendment, on this very bill and a few letters I received from obstetricians and gynecologists from across the country.

STATEMENT BY THE HON. DAVE WELDON, MD,  
RETIRED FL-15

CONGRESSIONAL FORUM ON CONSCIENCE RIGHTS,  
JULY 8, 2016

Thank you for the opportunity to speak on this important issue. The stories shared today by the people around this table underscore the very reason I authored the Weldon amendment.

You can imagine my outrage to learn that this administration has gutted my amendment and is allowing ongoing discrimination in California.

Over a decade ago, I became aware of the Maryland NARAL Hospital Provider Project. This disturbing initiative was designed to force abortion into every hospital in Maryland.

In response to this and similar threats, I drafted my appropriations amendment. It is intended to bring a stop to the abortion industry crusade to force this gruesome procedure into every aspect of society.

Recognizing that the abortion lobby's relentless campaign knows no limits, we drafted the amendment to cover a wide universe of entities. Nurses, doctors, hospitals, even health plans themselves are covered entities under my amendment.

Covering individual health plans ensures that insurance companies that are ambivalent about abortion can still offer plans that exclude abortion to meet the needs of purchasers.

We never limited the protection to those with religious, moral or conscience objections. In fact, in my experience as a physician the majority of health professionals who claim to support Roe v Wade always say to me that they would never want to be affiliated with doing an abortion. They too would be protected if the administration would do their duty to enforce the law.

I authored this amendment to protect FREEDOM for people to provide health care free from abortion and FREEDOM for people to access health care and coverage free from the scourge of abortion.

FREEDOM for people like the pastors here today to purchase insurance plans that ex-

clude abortion—a freedom that existed just two years ago before California took the draconian step of mandating abortion in ALL plans under the authority of the California Department of Managed Health Care.

The origins of the directive are as insidious as the directive itself. When the abortion lobby found out that Catholic Universities in California did not cover abortion in their insurance plans, they sprang to action, initiating a meeting with the Department of Managed Health Care.

Less than a year later, the Department did the bidding of Planned Parenthood and the ACLU. They unilaterally inserted abortion into each and every insurance plan under their authority—even plans purchased by CHURCHES and Catholic Universities.

My amendment anticipated this very scenario by defining a health insurance plan as a protected health care entity. This allows an insurance company to offer multiple insurance plans—some with abortion coverage and some without to meet the conscience needs of their clients.

After the Department of Managed Health Care issued their directive, the plans excluding abortion were changed to include abortion. This is clear discrimination against the plan that excluded abortion, since such plan was no longer permitted to exist.

As I explained in my floor statement in 2004, "This is a continuation of the Hyde policy of conscience protection . . . The right of conscience is fundamental to our American freedoms. We should guarantee this freedom by protecting all health care providers from being forced to perform, refer or pay for elective abortions." Unfortunately, the current administration has even twisted this statement to suit their political agenda.

They take this reference to conscience protection and argue that it must mean that I meant to include a religious or moral test in my amendment. This is far from the truth.

There is no reasonable way to read my statement as an excuse to airdrop a religious or moral test into my amendment. The Hyde amendment stops ALL federal funding for elective abortion. Similarly, my amendment stops ALL discrimination against entities that do not provide, pay for, provide coverage of, or refer for abortion.

Both amendments protect conscience broadly by protecting the freedom of Americans to offer and access health care that does not include abortion. Neither limits its protections to cases where someone raises a religious or moral objection.

In the June 21, 2016 letter announcing their gutting of the Weldon amendment, the Office of Civil Rights (OCR) also feebly attempted to twist several more of my comments in their effort to ignore the plain reading of the text.

One begins to wonder, what's next. How far will the abortion lobby and their allies in the administration go to force abortion into our health care system?

I am deeply concerned that this administration added words to my amendment where they do not exist and ignored other words clearly articulated in the text.

We simply can no longer rely on the administration to enforce the law and must offer a private right of action that allows the Weldon protections to be enforced by the Courts.

ROBERT C. BYRD,  
HEALTH SCIENCES CENTER,  
Charleston, WV, 12 July 16.

Representative JOHN FLEMING and Representative VICKY HARTZLER,  
House of Representatives,  
Washington, DC.

DEAR REPRESENTATIVES FLEMING AND HARTZLER: I am writing in support of the

Conscience Protection Act, HR. 4828, that provides federal legal protection of conscience regarding abortion for those who care for pregnant women. My clinical experiences spans 25 plus years of clinical care, research, publication, and instruction as a Board certified Obstetrician & Gynecologist and Maternal-Fetal Medicine specialist. I daily provide care for women and babies who have medically complicated, life-threatening, and uncommon/rare pregnancy complications. Further, as the originator of "perinatal hospice", I have cared for (and still do) dozens of women with babies who have terminal prenatal diagnoses who will die at, or shortly after, birth.

No one in my entire 25 plus years of clinical experience has ever been denied appropriate care because of the exercise of the rights of conscience in the provision of abortion. Women and babies may die in spite of our best medical efforts, but this unrelated to abortion availability or provision.

In my understanding of this new federal statute, conscience will now be formally and legally protected. There is no need for additional exceptions, or amendments, to this law as it is presently written.

I am more than happy to discuss this issue with either of you or with one of your colleagues.

Sincerely,

BYRON C. CALHOUN, MD,  
FACOG, FACS, FASAM,  
MBA,  
*Professor & Vice-Chair, Department of Obstetrics and Gynecology, West Virginia University-Charleston, Charleston, WV.*

UNIVERSITY OF MINNESOTA, TWIN CITIES CAMPUS, SCHOOL OF PUBLIC HEALTH,

July 6, 2016.

Representatives JOHN FLEMING, MD and VICKY HARTZLER,  
*House of Representatives, Washington DC.*

DEAR REPRESENTATIVES FLEMING AND HARTZLER: I am a board certified specialist in Obstetrics/Gynecology and Maternal/Fetal Medicine with 36 years of experience in practice, teaching and research. During that time I have cared for hundreds of women and babies with life-threatening, complicated, and rare pregnancy conditions. In some of those situations mothers and babies have lost their lives despite undergoing the best available treatment including induced delivery at the margins of viability. I care deeply about the effects that public policy and legislation can have on the care of mothers and babies.

During my years of practice I have worked under informal and formal conscience rights protections that permit me to provide the best pregnancy care without being forced to perform abortions. I have read the Conscience Protection Act, H.R. 4828, and I agree with the federal formalization of these protections. In my years of practice I have never seen a woman denied appropriate care because of the exercise of rights of conscience in this regard. There is no need for additional exceptions or amendments to this law as it is written.

I am happy to discuss this with you or with your colleagues.

Sincerely,

STEVE CALVIN, MD  
*Clinical Associate Professor of Obstetrics/ Gynecology and Women's Health, Co-chair Program in*

*Human Rights and Health, University of Minnesota, Minneapolis, MN.*

ANTHONY P. LEVATINO, MD, JD,  
*Las Cruces, NM, July 7, 2016.*

DEAR REPS. FLEMING AND HARTZLER: I understand you are seeking congressional approval of the Conscience Protection Act (H.R. 4828), to prevent government discrimination against health care providers who do not practice abortion. I am writing in support of your efforts. I am a board-certified obstetrician gynecologist. I received my medical degree from Albany Medical College in 1976 and completed my OB-GYN residency training at Albany Medical Center in 1980. In my 36-year career, I have been privileged to practice obstetrics and gynecology in both private and university settings, serving as associate professor of OB-GYN at Albany Medical College, medical student director, and residency program director. I currently serve as Clinical Professor and Chair of Obstetrics & Gynecology at the Burrell College of Osteopathic Medicine. I have also dedicated many years to private practice and currently operate a solo gynecology practice in Las Cruces, NM. I would like to comment on the claim that government must require involvement in abortion in order to save women's lives, because of life threatening conditions that can and do arise in pregnancy. I can speak to this issue from experience. I no longer perform abortions, but during my first five years of private practice I performed approximately 1,200 abortions including over 100 second trimester Suction D&E procedures up to 24 weeks gestation.

At Albany Medical Center in the 1990s, I personally treated hundreds of women with life threatening conditions that can arise or worsen during the second and third trimester of pregnancy. In all of those cases, "terminating" the pregnancy—that is, delivering the child—can be life saving. In all such cases I treated, abortion was never a viable treatment option. By their nature, late-term abortion procedures require days of preparation of the cervix in order to be successful. Any attempt to perform an abortion in such cases—that is, to take the extra steps needed to ensure that the unborn child does not survive—entails undue and dangerous delay in providing appropriate, truly life-saving care for women.

As an illustration, a patient arrived at Albany Medical Center one night at 28 weeks gestation with severe pre-eclampsia or toxemia. Her blood pressure on admission was 220/160 and was so dangerously high that she was likely minutes or hours away from a major stroke. This case was managed successfully by rapidly stabilizing the patient's blood pressure, then "terminating" her pregnancy by Cesarean section. She and her baby did well. This is a typical case in the world of high-risk obstetrics. During my time at Albany Medical Center I managed hundreds of such cases by "terminating" pregnancies to save mother's lives. In all those hundreds of cases, the number of unborn children that I had to deliberately kill was zero.

Attempting to treat women with truly life-threatening conditions in the late 2nd and 3rd trimester with an abortion entails serious delay of care that is not appropriate in the vast majority of cases. I welcome your efforts to ensure that health professionals can provide optimal medical care for preg-

nant women, without having to fear outside legal pressure to perform abortions instead.

Very truly yours,

ANTHONY LEVATINO, MD, JD.

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, SCHOOL OF MEDICINE,

*Chapel Hill, NC, July 13, 2016.*

Rep. JOHN FLEMING,  
Rep. VICKY HARTZLER,  
*House of Representatives, Washington, DC.*

DEAR REPRESENTATIVES FLEMING AND HARTZLER: I am a board certified specialist in Obstetrics and Gynecology with a sub-specialty certification in Maternal-Fetal Medicine. I have over thirty-two years of experience in practice, teaching and research at a major academic health center. During my career I have cared for numerous women and babies with complications that increase the risk of maternal death. In some of these situations, both a mother and her baby have lost their lives. I care deeply about the effects that public policy and legislation can have on both those of us who provide perinatal care and on our patients.

My personal conscience directs me to provide the best of care to pregnant women and their unborn children and I am able to do so without performing abortions, as are several of my colleagues and a proportion of the residents we train each year. I have not seen a situation where an emergent or even urgent abortion was needed to prevent a maternal death. I am aware of, and have read, the Conscience Protection Act, and I am writing to provide my opinion that I support the formalization of these protections. No woman at UNC hospitals has ever been denied care due to her conscience or beliefs; nor does any physician ever feel obliged to direct or change the standard of care for any woman due to race, ethnicity, religion, or conscience. I see no need for any exceptions or amendments to the law as written.

I am available for question or comment or for further discussion on this matter.

Sincerely,

JOHN THORP, MD,  
*Hugh McAllister Distinguished Professor of Obstetrics and Gynecology, Professor, Maternal & Child Health, School of Public Health, Director, Women's Primary Healthcare.*

Mr. FLEMING. Madam Speaker, life, liberty, and the pursuit of happiness, those words are inscribed in the Declaration of Independence among our inalienable rights, but the most important is life itself.

As a physician who has delivered hundreds of babies, a father of four and a grandfather of three, I think I know something about preborn life and about the beginning of life itself.

This is much more important than just our day-to-day work that we do here. So a decision in order for a healthcare worker or nonhealthcare worker to participate with an abortion, whether paying for it or actually performing it, is an immensely important debate that we should have here.

It is not just religious grounds, as what is suggested on the other side, but also moral grounds. You see, even an atheist can find it against his or her conscience to participate in any way with an abortion.

Now, the Conscience Protection Act, what is it, and why do we need it? Well, I would say, first of all, that it gives a private right of action to any American who disagrees with being required to pay insurance that would cover elective abortions. Certainly, a healthcare provider that may have to participate in any way—a physician, a nurse, anyone—should not be required to do that against his or her will. And it protects for that. It gives a private right of action.

Now, why do we need a private right of action? Because in the recent example, in California, Secretary Burwell has failed, has deliberately avoided enforcing the very law itself, the Weldon amendment, that has been in law for 12 years. She has failed to enforce that law. And, therefore, the people of California, millions of people, do not have an access to court. They can't complain. They can't do anything and get relief.

What this bill does is allow them to open that courtroom door and to get that relief and not be required any longer to participate with abortions, spending or otherwise.

Now, the other side might say: What is the need for this? Is anyone being harmed?

Of course, they are. You have heard of the DeCarlo case, where the nurse had to participate with putting dismembered body parts back together of a 22-week-old fetus. We have the nurses of Nassau University Medical Center. In 2010, nine of them were suspended for refusing to assist in abortions. And we have many, many other cases.

I would just say to you, in conclusion today, this is the land of the free. This is, again, life and the pursuit of happiness. Certainly, it is important that what we do here today, in passing this bill, that we protect the conscience rights—not just the religious rights but the moral rights—of our fellow citizens of America. We do the right thing, and we go on, and we work from there.

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. Madam Speaker, I rise in opposition to S. 304 because this Republican bill discriminates against women. In fact, it promotes discrimination by sanctioning interference with a woman's ability to make her own personal health decisions.

This bill, which was brought to the floor without any hearing in the Congress, is being done as the Republicans rush for the exits for summer recess tomorrow. It highlights the unfortunate inability of the Republican majority to focus on the issues that are affecting American families, like things to keep us safe, like keeping military-style weapons out of the hands of terrorists or dangerous people. They won't allow a debate or vote on that. Addressing the Flint, Michigan, water crisis, we haven't had a vote, a debate, or help for those families.

The emerging public health crisis of Zika. In my home State of Florida, we now are approaching 300 cases of Zika, including 43 pregnant women. What we know is birth defects and microcephaly are directly tied to the Zika virus. I hope that will weigh on everyone's conscience as the Republicans move toward adjournment without taking any action on the Zika virus.

There was a report yesterday:

Infectious-disease experts are shocked that Congress is about to leave town for the summer without doing anything to combat the Zika virus.

"In the almost 40 years I've been in this business, I've never seen anything like what's happening with Zika," said an adviser to four administrations.

Some infectious-disease experts said they're stunned by what's happened with Zika—months of waiting while the virus' reach, and its potential to cause widespread birth defects, in the U.S. has grown.

So, colleagues, I urge you to defeat this discriminatory bill and get back to the business of the American people, keeping them safe, like addressing the Zika virus, not attacking the constitutional rights of women and their ability to make their own healthcare decisions.

Mrs. BLACKBURN. Madam Speaker, I yield 1 minute to the gentlewoman from Missouri (Mrs. HARTZLER). I thank the gentlewoman for her leadership on life issues in this body.

Mrs. HARTZLER. Madam Speaker, I rise today in firm support of the Conscience Protection Act. The validity and timeliness of this legislation could not be more important in light of recent events in California in which religious employers are being forced to violate their beliefs by purchasing health coverage for their employees that includes elective abortion. And as stories surface, such as those you have heard about today of nurses being forced to participate in abortion procedures or else risk losing their job, the time to correct this injustice is now.

It is unthinkable that the government could and would force a person to act against their personally held beliefs, yet that is what is happening. In a speech in Notre Dame, in 2009, President Obama said: "Let's honor the conscience of those who disagree with abortion." But those words have rung hollow as his administration has sided with those who violate the First Amendment. It doesn't have to be like this.

The Conscience Protection Act addresses this discrimination. It gives legal protection to those who choose not to participate in abortions and upholds our most fundamental rights. There is no more noble goal.

The government should not be picking and choosing our beliefs. Those who have had this happen to them deserve their day in court. This bill will give them that day.

I urge my colleagues to vote in favor of the Conscience Protection Act and against coerced complicity in abortion.

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the distinguished

gentleman from Massachusetts (Mr. KENNEDY).

Mr. KENNEDY. Madam Speaker, I thank the gentlewoman from Colorado for being such a strong voice on women's rights in this country.

Colleagues, yesterday, this body considered a bill that would codify discrimination against our Nation's LGBT community under the guise of religious freedom. Today, we are debating legislation that would similarly distort this country's sacred promise of religious liberty and use it as a vehicle to deny women access to health care.

Make no mistake, the ability to freely and fully practice your faith is a fundamental bedrock American liberty. But to ensure that liberty for all of us, our Constitution establishes a simple boundary. One person's sincerely held beliefs cannot trump another's. My freedoms and rights cannot be used to limit yours.

And in this country, access to abortion is a right, as our Justices have ruled time and again.

So let's be clear. This bill is not about protecting religious freedom of an employer or insurer. It is about imposing the religious views of a few on the healthcare choices of the many.

And this bill is not about protecting women's health. Instead, it will create dangerous, discriminatory barriers to access to care for women and their families.

Those who oppose abortion are free to exercise that belief fully in their personal lives. That is the promise that our country makes to each of us. But nowhere does this country promise that your government will be the vehicle through which your beliefs are imposed on someone else—your neighbor, your coworker, your employer, or your friend. Nowhere do we say that my faith is more legitimate than yours or that your religious principles outweigh my access to basic civil rights.

In fact, the Constitution expressly prohibits that sort of system in the very first words of the very First Amendment. Since those words were written, the ever-changing, often elusive balance between religious freedom and civil rights in this country has been fought for every single day throughout our history.

Passing this bill is an affront to those honest efforts and to the vast majority of Americans who value both their faith and their freedoms.

Mrs. BLACKBURN. Madam Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. FORTENBERRY).

Mr. FORTENBERRY. Madam Speaker, we have all used this expression: "I can't do that in good conscience." But we really don't think deeply about what it means. So let me take a moment from the debate here and explore that question deeper.

Conscience is the sacred space of human dignity. Conscience is the place where, one, a person using the faculty of reason exercises their deeply held sincere beliefs to make a judgment in a

particular circumstance about what is right or wrong, what they ought to do or not to do.

When the government comes along and robs us of our right to exercise our conscience, the government contradicts the very principle of its existence, of its purpose. The government imposes a dictate and violates that sacred space, the good of the human person, and the good of community. That is unjust. That is not America. That is an exercise in power. That is an imposition of the few with power on the many who deserve protection from their government.

Ms. DEGETTE. Madam Speaker, I yield 2 minutes to the distinguished gentleman from Illinois (Mr. FOSTER).

Mr. FOSTER. Madam Speaker, I rise today to speak out against the so-called Conscience Protection Act. I proudly represent the 11th District of Illinois. And as someone who supports a woman's right to choose, I find it deeply disturbing that so many lawmakers today want to make healthcare access more difficult for women.

This legislation will be detrimental to women's health because it gives individuals and corporations a license to discriminate against women's reproductive choices.

I am also the only Ph.D. scientist in Congress. And as a scientist, I find it outrageous that this bill will give healthcare companies the right to deny accurate medical information to patients. This kind of legislation deliberately undercuts a woman's relationship to her doctor and has no place in the laws of our country.

It is designed to confuse and to muddle the responsibilities of the medical community, who have been trained to make the best possible decisions for the patients in their trust. It, therefore, prioritizes ideology above science and reason to the detriment of women throughout the country.

Every woman has the legal and constitutional right to make the healthcare decisions that are right for her and to receive scientifically correct advice from her healthcare providers.

So I strongly urge my colleagues to oppose this unnecessary and dangerous legislation.

□ 1530

Mrs. BLACKBURN. Madam Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. SCALISE), the majority whip.

Mr. SCALISE. Madam Speaker, I want to thank the gentlewoman from Tennessee for yielding and for her leadership not only on this bill, but especially for her work as chair of the Select Investigative Panel on Infant Lives.

When we talk about this legislation, the Conscience Protection Act, I do want to also thank the author of the bill, DIANE BLACK, as well as Dr. JOHN FLEMING, who helped lead this effort to draft it, Chairman JOE PITTS, and CHRIS SMITH as well.

Madam Speaker, it is so important that we pass the Conscience Protection Act. If you look at our Bill of Rights, our Constitution, and the framework that gives people all across this country true religious freedom, we recognize now that religious freedom is under attack. You don't need to look any further than the State of California which passed a law that really was the genesis for bringing this bill forward, because under the California law, it literally started forcing people to perform abortions against their own faith.

We have heard about the story of Cathy DeCarlo, a nurse who was forced to participate in an abortion of a baby who was 22 weeks old at delivery. This should not happen in the United States of America. People should not be forced to violate their religious freedom, yet it is going on because this administration has not been enforcing the law. The Weldon amendment, which has been on the books since 2004, gives that very religious freedom protection that is now in jeopardy.

Madam Speaker, what we are doing with this bill is restoring the law, but we are doing two specific things:

First, we are making it very clear that this annual appropriations language becomes permanent. We shouldn't have to rely every year on re-establishing the law. Let's make this law permanent giving that religious freedom protection.

Second, we are no longer depending on HHS alone, which is not doing its job to enforce the law. We actually give people the ability to enforce the law themselves and let government work for them in protecting their religious freedoms.

It is critically important that we pass the Conscience Protection Act. I urge my colleagues to support it.

Ms. DEGETTE. Mr. Speaker, I yield 1½ minutes to the distinguished gentlewoman from New York (Mrs. CAROLYN B. MALONEY).

Mrs. CAROLYN B. MALONEY of New York. I thank the gentlewoman for her leadership on this bill and in so many other areas.

Mr. Speaker, I rise in strong opposition to the so-called Conscience Protection Act. It is, in fact, a bill that offends the conscience and threatens the health and security of women. This vindictive bill is yet another tactic to throw roadblocks between women and their constitutional right to choose their own form of reproductive health care.

Neither an employer nor an insurance company has the right to dictate a woman's healthcare choices. That is right. This bill permits insurance companies to deny certain coverage based on religious or moral grounds. This is merely another deliberate attempt to cut women off from safe, legal, comprehensive healthcare services. It could even restrict medical communication between a patient and her doctor or prevent women from getting critical emergency care.

There are already sufficient laws in place so that religious institutions and providers cannot be compelled to perform abortions if they are morally opposed. So who are we protecting?

This bill is not about conscience. It is an attack. It is an attack on women. It is an attack on their health care. It is a vehicle of discrimination against women, and women only. I urge my colleagues to vote against this unnecessary and destructive bill.

Mrs. BLACKBURN. Mr. Speaker, I am honored to yield 1 minute to the gentleman from Pennsylvania (Mr. PITTS). He is the chairman of our Health Subcommittee and one of the life leaders, chairman of the Values Action Team here in Congress. He is retiring this year, and we are going to miss his leadership on all the life issues.

Mr. PITTS. Mr. Speaker, I rise in strong support of the bill before us today. It is an urgent and necessary legislative fix. The Conscience Protection Act would simply make the protections of the Weldon conscience amendment more effective and permanent. The Weldon amendment has been the law of the land and approved by Congress as part of the appropriations process every year since 2004.

Sadly, just 3 weeks ago, the U.S. Department of Health and Human Services Office for Civil Rights ruled that the California Department of Managed Health Care did not violate the Weldon amendment when it unilaterally required abortion in all health insurance plans. Due to this governmental discrimination against plans that previously excluded abortion, conscientious objectors are being forced to cover abortion through their health plans against the dictates of their conscience.

This bill protects those who do not wish to participate in, provide for, or pay for abortions by opting out. It is this right to decline involvement in abortion that requires these protections, and the protections simply allow an aggrieved party to seek judicial review through a civil right of action.

I urge support of the bill.

ENERGY AND COMMERCE CONSCIENCE PROTECTION ACT FORUM TESTIMONIES PART II, STATEMENT BY THE HON. DAVE WELDON MD RETIRED FL-15, CONGRESSIONAL FORUM ON CONSCIENCE RIGHTS JULY 8, 2016

Thank you for the opportunity to speak on this important issue. The stories shared today by the people around this table underscore the very reason I authored the Weldon amendment.

You can imagine my outrage to learn that this administration has gutted my amendment and is allowing ongoing discrimination in California.

Over a decade ago, I became aware of the Maryland NARAL Hospital Provider Project. This disturbing initiative was designed to force abortion into every hospital in Maryland.

In response to this and similar threats, I drafted my appropriations amendment. It is intended to bring a stop to the abortion industry crusade to force this gruesome procedure into every aspect of society.

Recognizing that the abortion lobby's relentless campaign knows no limits, we drafted the amendment to cover a wide universe



of entities. Nurses, doctors, hospitals, even health plans themselves are covered entities under my amendment. Covering individual health plans ensures that insurance companies that are ambivalent about abortion can still offer plans that exclude abortion to meet the needs of purchasers.

We never limited the protection to those with religious, moral or conscience objections. In fact, in my experience as a physician the majority of health professionals who claim to support Roe v Wade always say to me that they would never want to be affiliated with doing an abortion. They too would be protected if the administration would do their duty to enforce the law.

I authored this amendment to protect FREEDOM for people to provide health care free from abortion and FREEDOM for people to access health care and coverage free from the scourge of abortion.

FREEDOM for people like the pastors here today to purchase insurance plans that exclude abortion—a freedom the existed just two years ago before California took the draconian step of mandating abortion in ALL plans under the authority of the California Department of Managed Health Care.

The origins of the directive are as insidious as the directive itself. When the abortion lobby found out that Catholic Universities in California did not cover abortion in their insurance plans, they sprang to action, initiating a meeting with the Department of Managed Health Care.

Less than a year later, the Department did the bidding of Planned Parenthood and the ACLU. They unilaterally inserted abortion into each and every insurance plan under their authority—even plans purchased by CHURCHES and Catholic Universities.

My amendment anticipated this very scenario by defining a health insurance plan as a protected health care entity. This allows an insurance company to offer multiple insurance plans—some with abortion coverage and some without to meet the conscience needs of their clients.

After the Department of Managed Health Care issued their directive, the plans excluding abortion were changed to include abortion. This is clear discrimination against the plan that excluded abortion, since such plan was no longer permitted to exist.

As I explained in my floor statement in 2004, “This is a continuation of the Hyde policy of conscience protection. . . . The right of conscience is fundamental to our American freedoms. We should guarantee this freedom by protecting all health care providers from being forced to perform, refer or pay for elective abortions.” Unfortunately, the current administration has even twisted this statement to suit their political agenda.

They take this reference to conscience protection and argue that it must mean that I meant to include a religious or moral test in my amendment. This is far from the truth.

There is no reasonable way to read my statement as an excuse to airdrop a religious or moral test into my amendment. The Hyde amendment stops ALL federal funding for elective abortion. Similarly, my amendment stops ALL discrimination against entities that do not provide, pay for, provide coverage of, or refer for abortion.

Both amendments protect conscience broadly by protecting the freedom of Americans to offer and access health care that does not include abortion. Neither limits it's protections to cases where someone raises a religious or moral objection.

In the June 21, 2016 letter announcing their gutting of the Weldon amendment, the Office of Civil Rights (OCR) also feebly attempted to twist several more of my comments in their effort to ignore the plain reading of the text.

One begins to wonder, what's next. How far will the abortion lobby and their allies in the administration go to force abortion into our health care system?

I am deeply concerned that this administration added words to my amendment where they do not exist and ignored other words clearly articulated in the text.

We simply can no longer rely on the administration to enforce the law and must offer a private right of action that allows the Weldon protections to be enforced by the Courts.

TESTIMONY OF MICHAEL CASEY MATTOX, SENIOR COUNSEL, ALLIANCE DEFENDING FREEDOM, CONGRESSIONAL FORUM ON CONSCIENCE RIGHTS—JULY 8, 2016

My name is Casey Mattox, Senior Counsel for Alliance Defending Freedom. As you have heard from those who preceded me, all of whom ADF has been privileged to represent now or in the recent past, rights of conscience in the medical professions are under attack. Regrettably, some would make conscience a partisan issue. But historically it has not been so.

In Roe itself the Supreme Court acknowledged the importance of protecting conscience even as it created an abortion right, noting that the AMA recognized that medical professionals should never be “required to perform any act violative of personally held moral principles.” Few disagreed.

When the House considered the Church Amendments just weeks after Roe, which were intended in part to stop the ACLU's lawsuits to force Catholic hospitals to perform abortions or stop serving Medicaid patients, the bill passed 372-1 in the House and 92-1 in the Senate. I challenge any of you to imagine such a vote on anything today. Senator Ted Kennedy defended the bill's “full protection to the religious freedom of physicians and others.”

As other issues arose, this bipartisan agreement to protect conscience remained, resulting in additional laws like the Coats-Snowe Amendment and later, the Weldon Amendment. As recently as 1992, when testifying in support of the Religious Freedom Restoration Act, ACLU President Nadine Strossen explained the law would safeguard “such familiar practices as . . . permitting religiously sponsored hospitals to decline to provide abortion or contraception services.”

Sadly, conscience is no longer a consensus. When virtually everyone agreed that we were all better off with doctors, nurses, pharmacists, and religious hospitals serving the public while maintaining their moral principles, existing healthcare conscience laws may have been sufficient.

But today . . .

The ACLU has relaunched its decades-old assault on Catholic hospitals and aid agencies with a new campaign to force them to perform abortions or withdraw from serving the poor.

Individual medical professionals face increasing pressures and orders to perform abortions or lose their jobs.

Washington state enacted a law at Planned Parenthood's request designed to punish pharmacists who refused to violate their consciences.

After years of failed attempts to enact abortion mandates through favorable legislatures, the abortion lobby has now found unelected allies to impose these mandates bureaucratically—with even churches forced to cover abortions from the offering plate.

And as the Administration refuses to enforce the existing conscience laws, medical students must decide whether to pursue careers in women's health knowing that they may no longer be able to depend on these bi-

partisan laws to protect them when they need it.

Whatever one's abortion views, Americans should be able to agree—as even the most ardent abortion supporters in Congress and culture historically have—that the “choice” should not involve government compulsion.

In light of the Administration's failure to act, it is clear that we need a right of action to make these protections meaningful again. We need the Conscience Protection Act.

RICHARD M. DOERFLINGER, REMARKS AT A FORUM ON THE CONSCIENCE PROTECTION ACT (HR 4828), HOUSE ENERGY AND COMMERCE COMMITTEE JULY 8, 2016

It is clear why conscience rights on abortion should be important to Congress. Our Declaration of Independence, which we celebrate this week, cites the unalienable rights that governments must respect because they are bestowed by our Creator. Those rights begin with life and liberty. If government can take away our liberty to respect life, there is no right it cannot take away. Congress and the states have passed laws to protect conscience rights since the Supreme Court legalized abortion in 1973. And until very recently, in this Administration, support for such laws has been strong and thoroughly bipartisan.

The first such federal law is the Church amendment of 1973—named for its prime sponsor, Democratic Senator Frank Church of Idaho. It was needed for two reasons. First, after Roe v. Wade, abortion supporters claimed that medical students, health professionals and hospitals legally must perform abortions; second, a federal court had ruled that even a Catholic hospital must do sterilizations if it receives federal funds. The Church amendment protected moral and religious objections to these procedures, and in some circumstances to any procedure. In 1996 Congress acted again, because a national accrediting body was trying to force all ob/gyn residency programs to provide abortion training. The Coats/Snowe amendment said the government would not discriminate against residents and residency programs that do not perform abortions as regards accreditation and federal aid. It passed the Senate 63-37, supported by Democrats such as Patrick Leahy and Joseph Biden, and remains law today (42 USC 238n). It is not limited to objections based on morality or religion, for reasons I would be happy to discuss. In 2002 the Abortion Non-Discrimination Act sought to ensure that this policy would apply in non-training contexts. It passed the House 229-189, supported by 37 Democrats, but was not taken up by the Senate. Its policy was finally written into law in 2004 through the Labor/HHS appropriations rider known as the Weldon amendment.

We now know these laws have a serious deficiency: None of them includes a private right of action, allowing victims of discrimination to go to court. All enforcement has been by the HHS Office for Civil Rights. This deficiency is now fatal, since this Administration refuses to enforce the law as written and is itself a perpetrator of discrimination, as in the domestic program for victims of human trafficking.

Pro-abortion forces are now exploiting what they claim are additional ambiguities in the Weldon amendment. They even think they can have it declared unconstitutional because of its enforcement mechanism, and the Obama administration now gives credence to that claim. To defend pro-life Americans' fundamental rights we need a clear definition of who is protected, and a method of enforcement that is legally secure and workable. This would be provided by the Conscience Protection Act, HR 4828.

## JIM GARLOW TESTIMONY

My name is Jim Garlow. I am the pastor of Skyline church in San Diego. I want to tell you a story.

Lynda grew up in the Midwest. As a 14 year old high school freshman, she was flattered that two high school seniors wanted to take her to a movie. However, instead of going to a movie, they drove the truck into a field in the darkness of night and there they raped her.

She became pregnant. Several months along, her pregnancy was confirmed by a doctor and the decision was made to place the baby for adoption.

Lynda's pregnancy was problematic. The closest hospital that could assist such a complicated pregnancy was 60 miles away. Her mother—holding down a job and raising other children, including two infants—could not come to see her. For several months, the 14 years old lay flat on her back. By herself. In a large city a long way from her small town.

Finally the baby was born—a girl. A couple adopted her. My (late) wife and I were that couple. We named that baby girl Janie.

Thirty six years later, my wife Carol died of cancer. Shortly thereafter my daughter Janie happened to make connection with her birthmother. It was then we found out that Janie was not merely the product of rape—but of a gang rape.

This birthmother—who is now in her 50's—is a hero to me. Why? Because we believe that while there might be unwanted pregnancies, the results of those pregnancies are always wanted babies.

I have not only adopted four babies, but I have worked to help couples adopt babies. And two of my daughters have adopted babies—including our daughter Janie.

The thought of a baby being killed in the womb is a detestable and despicable act.

In the last two years I have remarried. I married Rosemary Schindler, who by her first marriage is distantly related to Oskar Schindler of Schindler's List fame. My wife—following in the gifting of Oskar Schindler—has given her life to work with holocaust survivors—including 57 trips to Israel.

And . . . I have given people tours to Germany—including a stop by Buchenwald, the concentration camp. America's killing centers will someday be likened to these locations of death.

I find it appalling beyond words that my church . . . my church! . . . is being forced so pay for such despicable acts. I plead with you to do all you can to "let my people go" from this horrific Dept of Managed Healthcare "Pharaoh."

Thank you so much

JIM GARLOW

Ms. DEGETTE. Mr. Speaker, may I inquire of the time remaining on both sides.

The SPEAKER pro tempore (Mr. LOUDERMILK). The gentlewoman from Colorado has 15 minutes remaining. The gentlewoman from Tennessee has 1½ minutes remaining.

Ms. DEGETTE. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from California (Mr. BERA).

Mr. BERA. Mr. Speaker, I rise today in opposition to another bill that is aimed to come between a woman and her doctor. I have heard a lot of people talk about laws in California and so forth and what we are doing.

This is my license to practice medicine in California as a doctor. Core to the oath I took as a doctor were three

things: to do good, to do no harm, and the third plank in the ethics that guide how we practice is patient autonomy. That is what I want to talk about today, because what is buried in our Constitution is individual rights, individual liberties, and there is no right more sacred than what we do with our own bodies.

Now, my job as a doctor is to sit in that exam room, answer the questions, and empower my patients to make the decisions that best impact their lives. That is why I find the Conscience Protection Act so objectionable, because it takes away a patient's right to make the decisions about their own health care. Let me give you an example that actually happened in our State.

In northern California earlier this year, a woman was going to have a baby. She wanted to have that baby. She was scheduled to have a C-section, but she already had prior kids, and she wanted to get a tubal ligation after the C-section. Her doctor thought that was the most prudent thing to do. That is totally acceptable. That is standard medical care. The problem was her hospital said she couldn't do it because they conscientiously objected to it.

Now, to me that isn't a healthcare provider making a decision. That isn't taking best medical practice and making a decision. There wasn't anything objectionable about that. That is why we need to get the government out of our healthcare system. We need to get politicians out of the exam room. We need to make these decisions about that sacred bond between a patient and their physician, because she needs to make the decision.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. DEGETTE. Mr. Speaker, I yield an additional 30 seconds to the gentleman.

Mr. BERA. Mr. Speaker, this is about honoring that sacred oath between a patient and their physician.

Let's protect patients' rights, let's make our patients and women able to make the decisions that best impact their lives, and that is what this is about—individual liberties and individual rights.

Mrs. BLACKBURN. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of the Conscience Protection Act. This legislation helps us protect our Nation's most vulnerable and protects healthcare providers' right of choice. The Conscience Protection Act will enable healthcare providers, charities, small businesses, and churches to have the power to make decisions regarding their practices.

Our government should not force these entities to participate in or perform abortions against their deeply moral, ethical, or religious beliefs. No American should be forced to act against their beliefs. I am proud this bill provides protection to those who do not wish to be a part of these practices.

I thank my colleagues on the Committee on Energy and Commerce for their work on this very important bill.

I urge my colleagues to support it.

Ms. DEGETTE. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Mr. Speaker, I thank my friend for yielding to me, and I rise in strong opposition to this bill.

Republicans have a hard time winning, especially on abortion. Already there are no Federal funds for abortion except rape, incest, or life of the mother. Already religious objections must be accommodated. But this bill allows the employer to veto his employee's reproductive health choices. How un-American.

Let's thank the Supreme Court of the United States that, in an unusual move, has just sent a case back to the Justice Department for an appropriate compromise after nuns did not want to fill out a form absolving them of making a decision on abortion for their employees. The Court said, you can find an answer without depriving these employees of their healthcare choices.

Some Republicans won't be satisfied until abortion is unavailable nationwide, as Congress has done, to its shame, for poor women in the District of Columbia, whose local tax funds cannot be used for abortion services. This choice belongs to women and to women alone.

Mrs. BLACKBURN. Mr. Chairman, I include in the RECORD statements from the Protection Act Forum in addition to the statements previously included by Mr. PITTS.

ENERGY AND COMMERCE CONSCIENCE PROTECTION ACT FORUM TESTIMONIES PART I, JULY 8TH FORUM ON CAPITOL HILL

Good morning. My name is Dr. Marie-Alberte Boursiquot and I am the president-elect of the Catholic Medical Association. I am delighted and honored to be invited to address you ladies and gentlemen today on the Conscience Protection Act (CPA).

It's providential that we are gathered today to discuss a threat to our religious liberties following the July 4th holiday. I need not remind any of you that our First Amendment states: "Congress shall make no law respecting an establishment of religion or prohibiting the free exercise thereof..."

I am here today to help you appreciate the importance of upholding conscience rights and religious liberty in all aspects of life and most especially in the delivery of health care.

As an organization, the CMA was accepted as a party to the case of the ACLU vs. Trinity Health Care where the ACLU would force hospitals to perform abortions and threaten the rights of medical professionals and the choices of pro-life patients. This case would furthermore violate federal conscience laws.

The Conscience Protection Act of 2016 is necessary in that it will protect health care professionals from being forced to pay for or participate in abortions and allow victims of discrimination a "right of action" to defend their rights in court.

We cannot allow our government to force hospitals, physicians, nurses, and other health care professionals to stop offering much needed health care because they cannot in good conscience participate in destroying developing life.

This intrusion of the government prohibits the free exercise of our faith as Catholics. Catholic Medical students are particularly vulnerable in that they may be forced to participate in abortions and learn how to perform them. This would not only violate their conscience, as Catholics, but force them to violate the Hippocratic Oath.

This oath, as you know, was developed in the 5th–3rd century, B.C and requires a new physician to swear to uphold specific ethical standards in the practice of medicine. A modernized version of the original Greek version is often used today. But originally one swore to the following:

Respect the authority of our teachers

To treat the sick according to one's ability and judgment but never with a view to injure and wrongdoing

Never to administer poison to anyone who'd ask for it nor to suggest such a course

Not to give to a woman a pessary to cause abortion

To keep pure and holy both our lives and our art

Help the sick and abstain from all intentional wrong doing and harm

Respect the confidentiality of our discussion with our patients

All human life is a gift from God. Pregnancy is not an ailment but a sign of health. Abortion terminates that gift of life and the woman ultimately suffers physically, spiritually, and emotionally. Physicians and Catholic hospitals should not be coerced to violate their consciences in performing this harmful act nor allow it to be performed in a Catholic setting.

Respectfully,

MARIE-ALBERTE  
BOURSIQUOT, M.D.,  
F.A.C.P., *President-  
elect, Catholic Medical  
Association.*

FOOTHILL CHURCH, TESTIMONY BEFORE  
CONGRESSIONAL FORUM

Mr. Chairman and members of the committee, my name is Chris Lewis and I'm the Lead Pastor at Foothill Church in Glendora, California.

Foothill Church has approximately 1,000 people who attend each weekend. We are actively involved in serving our local community by helping low income public schools, raising money for victims of sex trafficking and serving in a local crisis pregnancy center. We've never waived in our Biblical conviction about the sanctity of all life and that life begins at the moment of conception and must be protected.

In May of 2014, Foothill Church, on its own initiative, asked its insurance broker to begin working with our insurance providers (Kaiser & Blue Shield) specifically to ensure that we were not covering abortions or abortifacient drugs. Our sole purpose for doing that was to ensure that we were not contradicting our deeply held beliefs about the sanctity of Life by offering insurance that, in practice, denied those beliefs. Our church's employees don't want abortion coverage and our church members don't wish their tithes and offerings contributing to abortion coverage.

In the Summer of 2014, we were pleased to find out that Kaiser Permanente had already been approved to offer such a plan by DMHC in 2012. Our insurers were willing and able to provide us with an insurance plan that met the needs of our employees and which was consistent with our religious convictions. This should have been the end of the story.

But on August 22nd, 2014, the DMHC issued an order requiring every medical plan in the state to "provide coverage of ALL terminations of pregnancies effective immediately." There is no religious exception.

Today, because of the decision by the DHMC and the refusal of HHS to require them to follow federal law and grant religious exemptions, Foothill Church is being coerced by the State, to violate one of our most cherished beliefs and deeply held religious convictions and offer abortions in our medical plan. Jesus taught us to render to Caesar that which is Caesar's, but neither human life, nor our consciences belong to Caesar, they belong to God. The tithes and offerings of the people of Foothill Church do not belong to Caesar, they belong to God. And when Caesar and God disagree we have no choice: we must render to God what is God's.

This illegal mandate places Foothill Church in an impossible situation. On the one hand, we have a Biblical (and now under Obamacare a legal) obligation to take care of our employees. And we want to do that. But on the other hand, California says that in fulfilling that obligation, we must cover abortions and violate one of our fundamental beliefs. If we don't, we will face penalties of thousands per employee. We have explored alternatives, but as a single church we simply can't take on the cost and risk of self-insuring our employees and their families.

So here we are, left in a precarious position first by the State and now by the Administration which has refused to enforce the law that should protect us.

I want to thank you for taking time to hear me today and I'm asking you to act.

TESTIMONY OF FE VINOYA, JULY 8, 2016

My name is Fe Esperanza Racpan Vinoya, a nurse of 26 years and I represent the 12 nurses who were ordered to assist in abortion 6 years ago in a Same Day Surgery Unit in New Jersey. I became a nurse to help people, not to do harm. Participating in the destruction of human life is not only a violation of my religious convictions, it conflicts with my calling as a medical professional to protect life, not to end it.

Despite our numerous pleas to our superiors due to our religious beliefs, we were required to be trained to participate in the preparation, delivery, and disposal of the baby. Our jobs were threatened if we were not to follow their directives.

Protecting our conscience serves our patients well. I will not participate in abortion. Period. So no amount of compulsion against me would have succeeded. But forcing me and my colleagues out of our jobs would have denied all of my patients access to the services we perform on a daily basis. And no one should want medical professionals, with the power of life and death in their hands, that are forced to set aside their moral convictions.

Both New Jersey and federal law prohibited discrimination against us because of our refusal to perform abortions. But in practice those laws are often only as effective as the willingness of government to respect them. In response to our lawsuit to defend our rights the hospital argued that those laws gave us no right to sue and enforce those laws. That I and my colleagues had to go through this ordeal shows the need for clearer protections that do not rely upon the good faith of government officials.

I am here in your presence right now as the voice for the health professionals who are and will be undergoing the same traumatic experience of being ordered to participate in the killing of the innocent babies. I was asked to choose between following my conscience or keeping my job to sustain my family. We were blessed to have the assistance of ADF and attorney Demetrios Stratis to protect our rights. Others will not be so fortunate, and should not have to rely sim-

ply upon the hope that whichever Administration is in power will enforce the law.

I encourage you to protect medical professionals like us and allow us to serve our patients without fear of discrimination. Please pass the Conscience Protection Act.

REMARKS BY ALLIANCE FOR CONSCIENCE RIGHTS DIRECTOR WILLIAM J. COX, ENERGY AND COMMERCE COMMITTEE FORUM ON CONSCIENCE RIGHTS, JULY 8, 2016

Thank you, Mr. Chairman. My name is Bill Cox, and I am here in two capacities: as the director of the Alliance for Conscience Rights, a national coalition of Catholic health care systems formed to address growing governmental discrimination against faith-based health care providers; and as CEO of the Sacramento-based Alliance of Catholic Health Care, which represents California's 48 Catholic hospitals.

The nub of this morning's conversation is about whether federal civil rights statutes, such as the Weldon Amendment, should include a private right of action. This would give the victims of private and governmental discrimination standing to adjudicate their claims in federal court.

I'll briefly make four points: First, every federal civil rights law includes a private right of action, including the Administration's new health care non-discrimination rule. The Weldon civil rights statute should include one as well. As a matter of fairness, when protecting a civil right, every American deserves their day in court. Second, this Congress has a duty to add a private right of action to Weldon, given that the Office for Civil Rights just stated that the Department of Justice believes the current Weldon remedy—the rescission of a state's Labor-H funds—is unconstitutional under the Supreme Court's NFIB v. Sebelius ruling. Thus, the OCR and DoJ have basically admitted that the executive branch will never enforce Weldon. Third, a Weldon private right of action would provide an alternative to rescinding a state's federal health, education and other funds—billions of dollars that support programs for those who are struggling the most. We're not interested in financially penalizing states that violate Weldon—our only interest is in bringing them into compliance with federal law. All we're seeking is the legal status quo (Weldon) with an additional remedy (a private right of action). Fourth, the OCR's recent refusal to uphold Weldon revealed another possible enforcement defect: health care insurers that are covered by Weldon, but ignore their clients' conscience rights. California's health plans acceded to the state's abortion mandate and, therefore, do not believe they can honor their clients' sincerely held moral convictions. Weldon should be clarified to ensure that purchasers of health insurance, who object to covering elective abortions, are never required to do so. Without that clarity, states, such as California and New York, will continue to discriminate against employers and health care providers that choose not to cover, pay for or provide elective abortions; and other states will inevitably follow their lead.

In conclusion, those opposed to enforcing Weldon allege two things: First, the growth of Catholic health care in states, such as Washington—where Catholic hospitals provide 40% of the acute care—is reducing access to abortion; and second, Catholic hospitals' moral beliefs result in substandard emergency care to pregnant women. In respect to the first allegation, in 2013 the State of Washington's Healthcare Research Group released a study showing that there has been no diminishment in access to abortion pursuant to the growth of Catholic hospitals in

that state. In respect to the second allegation, numerous lawsuits claiming Catholic moral beliefs result in injury to patients have not withstood even preliminary challenges in the courts. And no state or federal regulatory authority has ever cited a Catholic hospital for providing substandard emergency care to a pregnant woman. If patients were actually injured in a hospital—any hospital—damages and malpractice claims would be filed immediately. In the instances alleged in these suits, none have been filed. The injury allegations made in them are not anchored in fact, but asserted solely for political reasons to tarnish Catholic hospitals' sterling brand. Finally, and notwithstanding claims to the contrary, Catholic moral principles do not preclude Catholic hospitals from providing emergency contraception when treating rape victims. For example, in California 11 Catholic-affiliated hospitals are state-designated rape trauma centers and/or Sexual Assault Response Team (SART) sites.

Mr. Chairman, our nation is strengthened by faith-based hospitals that have been delivering care, consistent with their core convictions, for well over 150 years. This Congress needs to clarify and strengthen Dr. Weldon's amendment to enable them to continue serving their patients and communities, free from governmental compulsion to violate their moral beliefs.

Thank you.

ORAL STATEMENT OF DONNA J. HARRISON M.D., EXECUTIVE DIRECTOR, AMERICAN ASSOCIATION OF PRO-LIFE OBSTETRICIANS AND GYNECOLOGISTS AT THE CONGRESSIONAL BRIEFING: CONSCIENCE PROTECTION ACT, JULY 8, 2016

As Executive Director of The American Association of Pro-Life Obstetricians and Gynecologists, representing 4000 obgyns and other reproductive health care professionals, I routinely hear from medical students, residents and members of my organization who are being pressured to kill their unborn patients. I know students denied residency positions, fully tenured faculty fired for testifying in court cases, defending the lives of their fetal patients, or teaching about the scientific fact of human existence from fertilization. Physicians who practice according to the Hippocratic Oath are expelled from the medical system or prevented from entering it for refusing to cooperate in the killing of their patients. And the ACLU has recently launched a project to force hospitals to perform abortions. Through our attorneys at ADF, AAPLOG has intervened to help defend these Catholic hospitals and the pro-life medical professionals that work there. Who do you want to care for you and your family: a physician with moral integrity or a physician without moral integrity? Most patients want a physician who shares their moral values and most U.S. women think killing unborn children is wrong. Elective abortion is not medical care. Killing human beings to solve social problems is not medical care. As stated in the International Dublin Declaration on Maternal Health, and our AAPLOG mission statement, killing our unborn patients has no place in the practice of the healing arts. 85% of obstetricians do not perform elective abortions. It is not from lack of skill. We don't kill unborn patients because we went into medicine to care for both the pregnant mother and her unborn child. We don't want to be forced to use our professional skills to participate in killing one of our patients.

I speak to medical student groups across the country. Medical students tell me frequently that they are interested in obgyn, but they won't train in it because they don't want to be forced to kill unborn children. No wonder there is a shortage of obgyns and

costs are rising. On paper, federal and state conscience laws protect rights of conscience. But these students see the grim reality—those protections are worthless without a right of action when the Administration refuses to enforce the law.

Compelling medical professionals and students to perform abortions won't increase access for women's healthcare. It will force medical professionals with moral integrity out of the field. Women won't have more access to abortionists. They'll have reduced access to obgyns to meet their health needs and deliver their babies.

America used to recognize conscientious objections to killing and allow her citizens to live out their convictions in ways which do not involve taking human lives. That is what the First Amendment is about. But without an administration willing to uphold our First Amendment rights, a health care professional has little recourse. On behalf of pro-life medical professionals and the women and unborn children they serve, I urge you to pass the Conscience Protection Act.

Respectfully submitted,

DONNA J. HARRISON, M.D.,  
Executive Director,  
American Association  
of Pro-life Obstetricians and Gynecologists.

Mrs. BLACKBURN. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Washington (Mrs. McMORRIS RODGERS). She is our Conference chair and also a member of the Committee on Energy and Commerce.

Mrs. McMORRIS RODGERS. Mr. Speaker, I rise today in support of the Conscience Protection Act because, in America, we think and believe differently than each other. We are granted the freedom to believe. It is a freedom that sets us apart, makes us unique. It is not a flaw; it is special. It is spectacular, even.

Preserving this freedom is not easy. It wasn't meant to be. Living in a country where everyone is promised the right to live free according to their own beliefs and dreams is difficult. But it is a challenge that we have risen to time and time again, and we must continue to do so.

All of this is exactly why the Conscience Protection Act is so important. It stops the government from coming in and taking away a person's freedom to choose a doctor who shares their beliefs or forcing churches to make decisions that violate their conscience, like purchasing health insurance plans that go against who they are.

Importantly, it allows doctors and other healthcare providers to focus on healing and caring for their communities without the fear of having someone from the government telling them they have to do something that violates who they are and what they believe.

It is no secret, the Federal Government isn't supposed to be discriminating against healthcare providers who refuse to participate in abortion. It is against the law. Here we have the Department of Health and Human Services ignoring the law and doing whatever they want to do. Along the

way, they are ignoring people, people who wish to leave abortions out of their coverage or their medical practice.

There are a number of reasons this kind of discrimination cannot stand, but the biggest reason: people are being told what to do and what to believe by the government. In this case, it is the Department of Health and Human Services joining the ranks of countless, faceless, nameless bureaucrats who are trying to dictate what beliefs are more worthy of the protection than others. They have to stop it.

Support the Conscience Protection Act today because people who believe differently than us are promised the freedom to still find unity as communities and companies, and no one should be denied that freedom based on their unwillingness to participate in abortion. Support the Conscience Protection Act on behalf of people who are just trying to live their lives and do what they believe is the right thing.

Ms. DEGETTE. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Massachusetts (Ms. CLARK).

□ 1545

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentlewoman from Colorado for yielding and for all her work in this area.

Mr. Speaker, the bill before us today would allow a woman's boss to decide what type of medical care she is allowed to access.

Republicans are telling us that it is not up to a woman to consult her doctor or her family or her own faith—that she needs to consult with her boss when it comes to her personal, private, and constitutionally protected medical decisions.

Here we are in the midst of unprecedented public health emergencies—nearly 50 American women diagnosed with Zika every single day, a dangerously underfunded opioid response program, no relief for the families of Flint, Michigan, and the worst gun massacre in our country's history—and this is the Republican majority's priority?

The response to these emergencies is wrapping themselves in religious liberty when religious objections are already protected under our current laws, as they should be, and, instead, insert themselves into a woman's most private medical decisions.

This is no way to govern. I know it, the majority knows it, and the American people are going to remember it.

This so-called Conscience Protection Act is ironically titled because I cannot imagine a more blatant admission of this Congress' crisis of conscience. With 91 people dying every day by guns, with the threat of Zika to unborn babies unanswered and unfunded, with 125 deaths from opioids every day in this country, this bill is an abject rejection of conscience. If anyone needs their conscience protected, it is the Republicans in Congress who think this is

what we should be dealing with right now.

My question to my colleagues is this: How does your conscience feel when you remain silent in the face of such tragedy and public health threats?

Mrs. BLACKBURN. Mr. Speaker, I yield 1 minute to the gentleman from Kansas (Mr. HUELSKAMP), who is a true fighter on the Veterans' Affairs Committee.

Mr. HUELSKAMP. Mr. Speaker, in 2009, President Obama, told Notre Dame University graduates:

Let's honor the conscience of those who disagree with abortion, and draft a sensible conscience clause, and make sure that all of our healthcare policies are grounded not only in sound science, but also in clear ethics.

Over the course of the ensuing 8 years, however, what the President has said and what he is doing now are completely opposite. Instead of protecting the conscience of those who disagree, the President and his administration have discriminated against Americans because of their views on abortion.

No American should be forced to participate in an abortion or be coerced to purchase a healthcare plan which includes abortion. Yet today, that is exactly what is happening. In California, churches are being forced to purchase healthcare plans and pay for abortion. Yes, churches.

In America, respecting the freedom of conscience is a long-held American tradition. Let's continue that tradition today and pass the Conscience Protection Act.

Ms. DEGETTE. Mr. Speaker, I reserve the balance of my time.

Mrs. BLACKBURN. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. HULTGREN).

Mr. HULTGREN. Mr. Speaker, a central principle in our Nation's history has been a clear rejection of government forcing someone to take an action that violates their religious or moral convictions.

Americans rejected being forced to return runaway slaves. We rejected forced conscription against conscientious objections. We reject being forced to support State-run churches. And now we must reject the forced participation in the killing of unborn life.

No one should be forced to have an abortion, no one should be forced to participate in an abortion, and no one should be discriminated against for refusing to collaborate in an abortion. When government endangers these protections and discriminates against healthcare providers who are holding fast to their moral convictions, it is time to provide safeguards. That is why I urge the House to pass S. 304, the Conscience Protection Act of 2016.

No one should be forced to purchase health plans that cover abortions. Certainly, no one—nurses, doctors, or other healthcare providers—should be forced to help carry out an abortion against their conscience. Certainly, no one should be punished or discrimi-

nated against for refusing to carry out this gruesome procedure.

Mrs. BLACKBURN. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. LAHOOD).

Mr. LAHOOD. Mr. Speaker, I rise today in support of the Conscience Protection Act, and I would like to thank my colleague from Tennessee for her work on this important issue.

Health care is about saving life, not taking life. Medical professionals should not be forced to violate their deeply held convictions and participate in abortion procedures based on a government mandate.

In this Nation, universities and even churches are being forced to cover abortion through their insurance plans. These mandates trample on religious freedom.

This bill, which I support here today, would stop the Federal Government and State and local governments from penalizing, retaliating, or discriminating against a healthcare provider if that provider chooses to not participate in abortion services.

I am the proud father of three boys with my wife Kristen, and I am also a practicing Catholic. I stand here today in defense of the unborn and religious freedom.

Mr. Speaker, I urge my colleagues, regardless of their faith or their views on abortion, to understand and realize that this form of government coercion is immoral. We must protect Americans' rights to follow their conscience, and I urge my colleagues to support this necessary legislation.

Ms. DEGETTE. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Ms. FRANKEL).

Ms. FRANKEL of Florida. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong opposition to the so-called Conscience Protection Act, which allows employers and others to block women's access to full health care.

Under the guise of conscience protection, this is a hypocritical bill that would make it even harder for women to obtain the reproductive health care they need. It is hypocritical because it does nothing to protect the doctors whose conscience guides them to provide women with safe, legal abortions. Because of hundreds of punitive bills filled in State legislatures and in this Congress, these providers face the threat of harsh penalties for following their conscience: onerous fines, years in prison, and loss of their medical license.

With that said, Mr. Speaker, let me respectfully suggest that the consciences we should be protecting today belong to the women of this Nation, who should be allowed to choose their own reproductive destiny.

Mrs. BLACKBURN. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, as seen in this debate, few issues divide this country the way abortion does. One

sides argues an autonomy that allows no questions. The other implores we recognize the inalienable, God-given right to life of all human beings, a right recognized in our Declaration of Independence. Notwithstanding these divisions, our citizens have long agreed that no one should be coerced into participating in abortion or paying for an abortion.

Pro-life Americans have deeply held convictions that abortion destroys a human life. They have watched sonograms of babies in utero, and they have seen the tragic aftermath. They do not want to be involved in this procedure in any way.

Yet, from a New York nurse, who was forced against her conscience to take part in aborting a 22-week-old baby, to Catholic institutions in California being forced to pay for insurance plans that cover abortion, people of conscience are threatened. This is wrong.

Martin Luther King, Jr., a faith leader—he was a Reverend—was a powerful advocate for conscience rights. Dr. King put it simply: "Conscience asks the question, is it right?"

The Conscience Protection Act is in the long tradition of our Nation's respect for religious freedom and the protection of people of conscience. I urge support for this legislation.

Ms. DEGETTE. Mr. Speaker, I reserve the balance of my time.

Mrs. BLACKBURN. Mr. Speaker, may I ask the time remaining on each side?

The SPEAKER pro tempore. The gentleman from Tennessee has 4 minutes remaining. The gentleman from Colorado has 8 minutes remaining.

Mrs. BLACKBURN. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. WENSTRUP).

Mr. WENSTRUP. Mr. Speaker, I rise in strong support of the Conscience Protection Act, which would prevent the Federal, State, and local government from discriminating against healthcare providers who choose not to participate in abortion.

I am a cosponsor of this bill, and I stand before you today as a surgeon who has practiced for over two and half decades. I want to say clearly that no healthcare provider should be forced to participate in abortion or any medical or surgical procedure, for that matter, against their will.

Doctors take an oath to do no harm. I took that oath myself. Health care is about protecting life, not taking life. Make no mistake about it, I am pro-life.

Forcing healthcare providers to violate their conscience is a rejection of the individual liberty on which our Nation is built.

And even more to make a point, what patient would want a doctor to perform a procedure—any procedure—that they don't feel comfortable with, for whatever reason they don't feel comfortable with it?

This defies human reason. Enforcing it defies human freedom in this, the land of the free, or so we say.

Healthcare providers are not owned by the government or any other entity. No American is owned by the government or any other entity. This protection is long overdue, and I strongly urge my colleagues to support this crucial bill.

Ms. DEGETTE. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, when I started this debate, I said that this bill is really a wolf in sheep's clothing. And I meant it.

We have heard throughout this last hour many calls for conscience, many assertions that people shouldn't be forced to perform abortions against their religious convictions. We even just now saw a quote from my hero, Dr. Martin Luther King, Jr., here on the floor, talking about civil rights.

Well, guess what?

As speaker after speaker on our side has pointed out, under current law, providers are not required to provide abortions. This has been the law since the 1970s, when the Church amendment was passed.

In the 1970s, when the Church amendment was passed—it has been law ever since then—I was in high school at that time. It says that providers do not have to provide abortions against their religious convictions, and they have legal recourse if they don't want to do it.

The Church amendment was expanded in 2005 by the so-called Weldon amendment, which has been an appropriations rider since that time. What the Weldon amendment says is that no Federal funding will be made available to government entities that subject a healthcare entity, physicians, hospitals, or HMOs to discrimination because it does not provide, pay for, cover or refer for abortions.

So, in fact, under current law, if somebody is being made to provide abortion services against their will, they have recourse.

And guess what?

In every single example that the majority gave today, they had recourse. And they won.

Let's talk about the Catherine DeCarlo case, the nurse in New York that so many of my colleagues have referred to, who, by her employer, was required, against her ethical convictions, to provide abortion services. She filed a complaint with the Office for Civil Rights, as she is allowed to under law. An investigation ensued.

And guess what?

The hospital was required to take remedial action and change their policy.

Mr. Speaker, I include in the RECORD the decision from the Department of Health and Human Services entered under the Obama administration giving Ms. DeCarlo these rights.

DEPARTMENT OF HEALTH &  
HUMAN SERVICES,  
February 1, 2013.

Re Reference Number: 10-109676

MATTHEW S. BOWMAN, ESQ.,  
*Alliance Defending Freedom,*  
*Washington, DC.*

DAVID REICH, MD,  
*Interim President, The Mount Sinai Hospital,*  
*New York, NY.*

DEAR MR. BOWMAN AND DR. REICH: The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), has completed its investigation of the above-referenced complaint filed by the Alliance Defending Freedom, formerly known as the Alliance Defense Fund (the complainant), on behalf of Catherina Lorena Cenzone-DeCarlo (the affected party) against The Mount Sinai Hospital (the Hospital). The complaint alleges that, on May 24, 2009, the Hospital forced the affected party to assist in the performance of an abortion procedure despite her express religious objections. The complaint also alleges that, because of the affected party's initial refusal to participate in the May 24, 2009 procedure, the Hospital discriminated against her by: (i) reducing the number of on-call shifts she received for the month of August 2009; and (ii) asking her to sign a statement of her willingness to participate in abortion procedures in emergencies as a condition to being assigned more on-call shifts for September 2009 than she was assigned for August 2009.

OCR initiated an investigation of this complaint consistent with its authority under the Church Amendments, 42 U.S.C. §300a-7; Section 245 of the Public Health Service Act, 42 U.S.C. §238n; and the Weldon Amendment, Consolidated Appropriations Act, 2008, Public Law 110-161, Div. G, §508(d), 121 Stat. 1844, 2209 (collectively referred to as the Federal health care provider conscience statutes) and their implementing regulation, 45 C.F.R. Part 88.

According to information available on its website, the Hospital is a 1,171-bed tertiary-care teaching facility that oversees approximately 58,000 patients receiving inpatient care, 530,000 outpatient visits, and 98,000 emergency room visits each year. The Hospital is part of The Mount Sinai Medical Center. The Hospital receives federal financial assistance from HHS under the Public Health Service Act and through its participation in Medicare and Medicaid.

During the course of the investigation, OCR reviewed information submitted by the complainant and the Hospital. OCR interviewed the complainant, the affected party, Hospital staff and administration, and physicians providing services at the Hospital. OCR also coordinated the handling of the complaint with the staff of the HHS program(s) from which the Hospital receives HHS funding.

The complainant indicated that the affected party has been employed in the Hospital's Perioperative Services Care Center since August 9, 2004, and has strongly-held religious beliefs and moral convictions that she should not participate in abortion procedures. During the course of its investigation, OCR learned that elective abortion procedures are scheduled on weekdays at the Hospital, staffed by individuals who have agreed in advance to participate in such procedures. Urgent/non-elective abortion procedures that occur over the weekend are staffed by Operating Room (O.R.) nurses and surgical technicians who have signed up and are assigned to be "on call" for that specific weekend. The complainant indicated that the affected party was on on-call and called to the O.R. for a procedure to take place during the morning of Sunday, May 24, 2009. The com-

plainant informed OCR that, shortly after the affected party learned that the case was an abortion procedure, she reminded her supervisor of her religious objection and asked to be excused from the case, but the Hospital insisted that she assist in the procedure.

During OCR's investigation of this matter, the Hospital stated that it did not force the affected party to assist in the performance of an abortion procedure, and that it did not discriminate or retaliate against her for her initial refusal to assist in the abortion procedure. Nonetheless, the Hospital also indicated that, since the events of May 24, 2009, it has implemented measures to address the administrative issues that prevented the Hospital from locating a replacement nurse for the affected party on the day of the procedure.

In particular, OCR learned that the Hospital adopted a revision to its O.R. scheduling policies and procedures, effective August 2009, which requires abortion procedures to be scheduled with the O.R. with as much notice as possible. The revised policy also establishes a process wherein the Hospital maintains: (i) contact information for the O.R. nurses and surgical technicians, and (ii) a list indicating which nurses and surgical technicians are willing to participate, and which are not willing to participate, in abortion procedures. Further, the revised policy instructs O.R. scheduling staff and on-duty nurse managers that, in the event on-call O.R. nurses or surgical technicians must be called in for an abortion procedure, the O.R. scheduling staff must inform the on-duty nurse manager. If the scheduled on-call O.R. nurse or surgical technician is listed as being unwilling to assist, the scheduling staff (and the nurse manager) will use the aforementioned lists to contact and secure an O.R. nurse or surgical technician, as appropriate, who is willing to assist in the performance of an abortion.

Subsequently as a result of OCR's investigation, the Hospital has agreed to take certain other actions to ensure and strengthen its commitment and ongoing compliance with the applicable Federal health care provider conscience statutes. OCR notes that the Hospital has taken significant affirmative steps to address the compliance concerns identified in the complaint, and the following listed actions provide additional safeguards for objecting health care personnel while ensuring patients have access to needed health care. Specifically, the Hospital has agreed in writing to:

1. Comply with the provisions of the Church Amendments, 42 U.S.C. §300a-7 et seq.
2. Continue to use its best efforts to ensure that non-objecting health care personnel are available to perform their job duties with respect to abortion procedures, including any abortion procedures that occur over the weekend;
3. Revise Human Resources Policy No. 15.3, titled "Exclusion from Patient Care—Employee Rights," to state that "The Mount Sinai Hospital does not discriminate in the employment, promotion, or termination of employment of any physician or other health care personnel, or in the extension of staff or other privileges to any physician or other health care personnel, because he or she performed or assisted in the performance of a lawful sterilization procedure or abortion, or because he or she refused to perform or assist in the performance of such a sterilization procedure or abortion on the grounds that his performance or assistance would be contrary to his religious beliefs or moral convictions."
4. Continue to post the Hospital's Human Resources Policy No. 15.3, titled "Exclusion from Patient Care—Employee Rights," electronically on the Hospital's intranet and

post in hard copy on the Operating Room notice board; and

5. Train O.R. managers, nurses and surgical technicians about the Hospital's obligations to comply with the Church Amendments and train Surgical Admitting Planning office administrative staff to ensure that O.R. nurses' and surgical technicians' objecting or non-objecting status is properly recorded.

In addition, OCR provided the Hospital with technical assistance regarding its grievance procedure and its list identifying whether O.R. nurses and surgical technicians are willing or not to participate in abortion procedures. The Hospital incorporated OCR's technical assistance, further ensuring the Hospital's compliance with the applicable Federal health care provider conscience statutes.

Based on the above-described commitments and actions, OCR finds that the Hospital took steps, subsequent to May 24, 2009, and during the course of OCR's investigation, which have sufficiently addressed and resolved the allegation regarding the May 24, 2009 procedure.

With respect to the allegation that the Hospital discriminated against the affected party by reducing the amount of weekend on-call shifts to which she was assigned for August 2009, the evidence gathered during OCR's investigation did not support such a finding. The affected party asserted that there were multiple sign-up sheets and she had signed up for approximately 7-8 on-call shifts for August 2009. The Hospital indicated that there was only one set of sign-up sheets, and the affected party signed up for a single shift, which the Hospital assigned to her. While the Hospital's documentation does not definitively establish that there was not a second set of sign-up sheets for August 2009, OCR's interviews of multiple O.R. nurses indicate that O.R. nurses and surgical technicians signed up at a single location on a single set of sign-in sheets. Accordingly, OCR has determined that there is insufficient evidence to conclude that the Hospital discriminated against the affected party when assigning on-call shifts for the month of August 2009.

The complainant also alleged that the Hospital discriminated against the affected party by asking her to sign a statement of her willingness to participate in abortion procedures in emergencies as a condition to being assigned more on-call shifts for September 2009 than she was assigned for August 2009. After interviewing the affected party and other staff involved in the alleged conversations, OCR found that at least one conversation occurred on or about July 16, 2009, involving a request for the affected party to sign a statement. However, there was substantial dispute as to the substantive content of any conversation, including the content of any requested statement. Based on our review of the facts and circumstances of this matter, including that the affected party did not agree to sign any statement and the Hospital subsequently assigned her on-call shifts for September 2009 after she signed up for them, OCR has determined that there is insufficient evidence to substantiate the claim that the Hospital discriminated against the affected party by asking her to sign such a statement.

Further, on February 4, 2011, the complainant contacted OCR to report an alleged act of retaliation by the Hospital against the affected party for the filing of this complaint. Following the May 24, 2009 procedure that is the subject of this matter, the affected party sought assistance from the Employee Assistance Program (EAP) at the Hospital. The complainant alleged that, on February 3, 2011, the Hospital informed the affected party that it would not provide her with a

copy of her EAP records unless she first obtained a court order, because the affected party had filed OCR and judicial complaints against the Hospital. A claim that the Hospital's actions with respect to the affected party's EAP records amounts to another act of discrimination under the Church Amendments is not supported by the evidence. During OCR's investigation of the complainants associated HIPAA Privacy Rule complaint, TN 11-123374, OCR learned that all employees of the Hospital who seek to obtain a copy of their EAP records must first obtain a court order or subpoena, regardless of whether: (i) the employee has or has not filed a complaint or lawsuit against the Hospital, or (ii) the employee has or has not refused to assist with an abortion procedure, and irrespective of what the employee's religious beliefs are about abortion.

This determination of compliance is not intended, nor should it be construed, to cover any issues, regarding the Hospital's compliance status with the Church Amendments, that are not specifically addressed in this letter. It neither covers issues or authorities not specifically addressed herein nor does it preclude future determinations of compliance that are based on subsequent investigations.

Please take all necessary steps to ensure that no adverse action is taken against the complainant, the affected party, or any other individual for the filing of this complaint, providing information to OCR, or otherwise participating in this investigation.

Under the Freedom of Information Act, it may be necessary for OCR to release this document and related correspondence and records upon request. In the event OCR receives such a request, we will seek to protect, to the extent provided by law, personal information the disclosure of which would constitute an unwarranted invasion of privacy.

If you have additional questions or concerns, please contact Frank J. Musumeci, M.S., Supervisory Equal Opportunity Specialist.

Sincerely,

LINDA C. COLÓN,  
*Regional Manager.*

Ms. DEGETTE. Now, let's talk about the nine Nassau County nurses apparently required by their employer to provide these services. All of those nurses were reinstated to their job after they made a complaint.

According to any example that we have gotten, these people have had recourse under current law.

So what does this bill do?

This bill doesn't give anybody any more conscientious ability to object.

□ 1600

What this bill does is it allows whole new classes of people to refuse to provide services to the women of America. It allows employers, it allows healthcare plans and health plan sponsors to refuse to provide women the services they need.

The only people who are going to be hurt by this are the patients. And I will tell you what, if you want to talk about civil rights, talk about the civil rights of those patients.

Talk about Mindy Swank, who is a woman from Illinois. She was denied care by a Catholic hospital when her water broke just 20 weeks into her pregnancy. Even though her life would have been endangered by continuing

the pregnancy and it could have threatened her ability to have more children in the future, the hospital she visited not only refused to treat her, but it refused to provide documentation that her abortion was medically necessary so somebody else could treat her.

She was forced to wait weeks, returning to the hospital four times with bleeding, until finally she was deemed sick enough to induce labor and give birth to a baby who died without ever regaining consciousness. Talk about her civil rights. That is what we are thinking about today.

So I have got to say—I am a deeply religious person myself—I believe that we should give people their rights to their religious expression, and we do that under current law. I don't think that taking women's rights to health care away does anything to help with that situation.

Here is one more thing. In case you didn't know, President Obama issued an order today saying that he is going to veto this bill if, in the unlikely event, it ever passes his desk.

So what are we doing here today? The majority has announced that they are going out of session for 7 weeks at the end of this week. They are not going to deal with the Zika funding. They are not going to deal with gun safety legislation, which would save many Americans' lives. They are not going to finish the appropriations bills, on and on and on.

We have spent a whole hour of our valuable time today debating about something that is not only unnecessary from a conscience point of view, but that could endanger women's lives, and we are doing nothing to help the lives of the millions and millions of Americans that need it.

It is not the right focus. It is not the right time. It is not the right legislation. I urge every single one of my colleagues to examine their conscience and to vote "no" on this poorly thought-out piece of legislation.

I yield back the balance of my time.

Mrs. BLACKBURN. Mr. Speaker, let me talk for just a minute about what some of this does. We have spent a whole hour here, yes, defending the Constitution, standing up for an individual's right.

This bill does not do a few things. It doesn't clog the courts. It doesn't hamper due process; it increases it. It doesn't create confusion; it creates clarity. It doesn't stop you from getting care. It doesn't offend conscience. It isn't vindictive. It isn't hypocritical.

What it does do is state that someone has this right.

The bill doesn't ban abortion. It doesn't take away rights. The bill doesn't remove lifesaving protections for women. And third, the bill doesn't force pregnant women from foregoing chemotherapy, all claims that we have heard.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Tennessee (Mrs. BLACK).

Mrs. BLACK. Mr. Speaker, today we heard quite a few claims that were made, and I would like to set the RECORD straight.

First of all, the bill before us today simply protects the other right to choose, that is the right of healthcare providers to choose not to be involved in abortion. The bill does not change the legality of abortion in any way.

Some of my colleagues have raised concerns regarding how this bill may affect life-threatening cases. As a nurse who has worked in the emergency room, I can tell you that medical personnel always—always—act to save patients who come through their doors, including pregnant women and their babies. It is that compassion and that drive to protect life that brought them to the medical profession in the first place.

Furthermore, stabilizing a woman when her life is in danger is the law. It is already the law. There is a standard of care and there is a law. Under the Emergency Medical Treatment and the Active Labor Act, doctors and hospitals are required to stabilize emergency patients, including pregnant women.

So to be absolutely sure there is no confusion on this point, the Conscience Protection Act includes a rule of construction that clarifies those protections and EMTALA will continue to co-exist side by side, offering women the assurance that they will be cared for in these situations.

We protect insurance plans and employers purchasing such plans from participation in abortion in this bill because that is the very scenario that has prompted the consideration of the bill.

Abortion is a highly controversial issue on which Americans have a wide range of views. It is reasonable to allow anyone who does not want to be a party to abortion to be able to opt out.

Recognizing this point, even President Obama's healthcare law, ObamaCare, allows States and insurance companies to opt out of including abortion in the health plans offered on the exchanges.

My bill simply ensures that the healthcare providers, as defined in the bill, are not forced or coerced to participate in a brutal procedure that is often painful to an unborn child.

I urge a "yes" vote on this bill.

Mrs. BLACKBURN. Mr. Speaker, I yield back the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise to express my opposition to S. 304, the so-called "Conscience Protection Act."

This bill would allow employers, insurance companies, and other health care entities to refuse to provide, pay for, cover, or refer for abortion services.

This is an overreaching and dangerous proposal under which employers, among others, could deny women comprehensive health insurance coverage and intrude on their personal health care decisions.

This legislation is unnecessary since existing federal law already protects individuals

who do not want to participate in abortion care and many states have refusal clauses for individual who wish to refuse to participate in abortion care.

A woman's medical decisions should be left up to her and her physician; they should not be vulnerable to the arbitrary discrimination of an employer or other outside party.

As responsible lawmakers, we have a duty to reject any and all provisions that seek to codify a health care system in which discrimination against women is legal and encouraged.

The Supreme Court has upheld the right of women to choose regarding this matter.

It is time that we move on from attempts to undermine this right and instead focus on improving health care quality and access for all Americans.

I urge my colleagues to join me in opposing S. 304.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 822, the previous question is ordered on the bill, as amended.

The question is on the third reading of the bill.

The bill was ordered to be read a third time, and was read the third time.

#### MOTION TO RECOMMIT

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. WASSERMAN SCHULTZ. I am, in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. Wasserman Schultz moves to recommit the bill, S. 304, to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

At the end of the bill, add the following:

#### SEC. 4. NO IMPACT ON RESPONSE TO ZIKA VIRUS.

The provisions of section 3, including the amendment made by such section, shall not apply to the extent that such provisions would reduce access to health care services to prevent, prepare for, or respond to the Zika virus.

Mrs. BLACKBURN (during the reading). Mr. Speaker, I reserve a point of order against the motion.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will continue to read.

The Clerk continued to read.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Florida is recognized for 5 minutes.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, this is the final amendment to the bill, which will not kill the bill or send it back to committee. If adopted, the bill will immediately proceed to final passage, as amended.

S. 304, the Conscience Protection Act, is yet another extreme attempt to block women's access to health care. This dangerous legislation, which the President has threatened to veto, would strip away patient protections and permit employers to override a

woman's personal medical decisions. It is the 113th House GOP vote in this Congress alone to attack women's health care.

This bill is an attempt to make permanent the so-called Weldon amendment, which pressures any Federal agency or program, or any State or local government, with the potential loss of all of its Labor and Health and Human Services funding if it doesn't allow a healthcare entity to provide, pay for, cover, or refer for abortions.

The majority purports that this legislation would protect religious liberty, but, in reality, it is a thinly veiled attempt to restrict women's access to safe and legal abortion.

To be clear, religious liberty is one of our Nation's most fundamental and cherished values, but it does not, and should never, mean the freedom to discriminate against or harm others. This bill would unduly limit women's healthcare choices by allowing a broad set of health providers, including many employers, to deny their female employees access to legal medical services based on any and all objections.

This legislation could not possibly have been written more broadly. Specifically, the Conscience Protection Act would allow employers and insurance companies, among other "healthcare entities," to refuse to "facilitate," "make arrangements for," or "otherwise participate in" abortions.

Women of color, low-income families, LGBTQ individuals, young people, and those living in rural areas already experience widespread and systemic barriers to health care. This vague and overly broad language will exacerbate the significant barriers to care that they already face.

Additionally, the bill would give virtually any individual or entity standing to sue for an actual or threatened violation. As civil rights organizations have noted:

This broad right of action would chill State, local, and Federal Government's ability to advance pro-women's health policies by exposing them to frivolous, resource-draining lawsuits by opponents of safe, legal abortion.

Undoubtedly, this bill is a wolf in sheep's clothing. In the name of religious liberty, the majority is continuing its campaign to deny women access to safe and legal abortion and create a healthcare system that is legally permitted to discriminate against women.

Women and all Americans deserve access to the care and coverage that is right for them. The Conscience Protection Act threatens that access and is another attempt by the majority to insert themselves into a decision best left between a woman and her doctor.

This motion to recommit prevents the harmful provisions of the bill from applying to any area in the U.S. where it would reduce access to healthcare services to prevent, prepare for, or respond to the Zika virus.

More than 3,600 Americans, including more than 600 pregnant women in 45



States, D.C., and 3 U.S. territories, have already been diagnosed with the Zika virus, and more transmission is expected. In my home State of Florida, there are more than 250 people that have contracted Zika, including 43 pregnant women. During pregnancy, the Zika virus can cause a serious birth defect called microcephaly, as well other severe fetal brain defects.

The Zika virus is primarily transmitted through two types of mosquitos, and according to a recent article in the Journal of Medical Entomology, 40 States and D.C. have reported the presence of one or both of those mosquitos.

Public health experts have made clear that it is not if we will have local transmission of the Zika virus in the continental U.S., it is when. Despite that risk, our Republican colleagues are on the floor today playing politics with women and children's access to federally supported healthcare services like Medicaid.

Through Federal healthcare services, women can visit healthcare providers to better understand how to prevent contracting the Zika virus, and children born with severe fetal brain defects can receive the healthcare services that they need.

Threatening receipt of Federal healthcare services by women and children in need of care to advance the harmful Republican war on women is unconscionable. It is shocking that anyone would even consider taking any action that would cut off federally supported healthcare services when the threat of the Zika virus looms so large in this country, especially during the summer, the height of tourist and mosquito season.

This bill is dangerous and irresponsible. Pregnant women who contract the Zika virus and infants born with microcephaly or severe fetal birth defects as a result should have the federally guaranteed healthcare benefits and services that they need and not be punished because the Republicans wanted to score more political points.

Enough is enough. I urge my colleagues to support the motion to recommit.

I yield back the balance of my time.

Mrs. BLACKBURN. Mr. Speaker, I withdraw my reservation of a point of order.

The SPEAKER pro tempore. The reservation of a point of order is withdrawn.

Mrs. BLACKBURN. Mr. Speaker, I claim the time in opposition to the motion.

The SPEAKER pro tempore. The gentleman from Tennessee is recognized for 5 minutes.

Mrs. BLACKBURN. Mr. Speaker, I pose a simple question: When did this institution and the political discourse lose respect for freedom of conscience protections in health care?

It is not fair. It is not fair that individuals today may have legal recourse to protect their civil rights but not

their constitutionally safeguarded conscience rights.

This straightforward bill reaffirms the Weldon amendment protections, gives individuals and entities a private right of action, and makes sure that nothing prevents providers from voluntarily electing to take part in an abortion.

It is written to protect a person like Fe Vinoya, who is one of the nurses from New Jersey. During a Conscience Forum just last week, Fe said:

Participating in the destruction of human life is not only a violation of my religious convictions, it conflicts with my calling as a medical professional to protect life, not to end life.

We owe this to Fe and anyone else who objects to being forced to provide or to pay for abortion services. So I simply urge you, I implore Members to vote "no" on the motion to recommit and to vote "yes" on the Conscience Protection Act of 2016.

I yield back the balance of my time. The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the order of the House of today, further proceedings on this question will be postponed.

□ 1615

#### NO 2H2O FROM IRAN ACT

Mr. ROYCE. Mr. Speaker, pursuant to House Resolution 819, I call up the bill (H.R. 5119) to prohibit the obligation or expenditure of funds available to any Federal department or agency for any fiscal year to purchase or issue a license for the purchase of heavy water produced in Iran, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 819, the bill is considered read.

The text of the bill is as follows:

H.R. 5119

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "No <sup>2</sup>H<sub>2</sub>O from Iran Act".

#### SEC. 2. PROHIBITION ON OBLIGATION OR EXPENDITURE OF FUNDS TO PURCHASE OR ISSUE A LICENSE FOR THE PURCHASE OF HEAVY WATER PRODUCED IN IRAN.

No funds available to any Federal department or agency for any fiscal year may be obligated or expended—

(1) to purchase heavy water produced in Iran; or

(2) to issue a license for the purchase of heavy water produced in Iran.

The SPEAKER pro tempore. The gentleman from California (Mr. ROYCE) and the gentleman from New York (Mr. ENGEL) each will control 30 minutes.

The Chair recognizes the gentleman from California.

Mr. ROYCE. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of this bill. What this would do is prohibit the United States from spending millions of dollars purchasing from Iran heavy water. Iran—I think we should remember—is the number one state sponsor of terrorism. Heavy water is essential to the production of weapons-grade plutonium.

While this relatively rare chemical is not radioactive, it has long been tightly controlled. Why? Because of its use as a coolant in heavy water nuclear reactors. These are the types of reactors which experts call a plutonium bomb factory.

The history of this goes back. If we think back during the Second World War, the fall of Norway and its heavy water plant to the Nazis created a very real risk that Hitler could win the race to build the bomb. In response, at the time, the Allies launched several daring commando raids—the most daring of the war—and hundreds of bombers in what was ultimately their successful effort to prevent the Nazis from using heavy water to develop weapons-grade plutonium. That is how important this process has been in history in the race to that weapon.

So fast forward several decades, and now the Obama administration's nuclear agreement does not limit Iran's ability to produce heavy water. This is one of the agreement's many flaws, in my opinion. But, instead, the deal allows Iran to possess a small amount of heavy water for its newly legitimized nuclear program and requires Iran to ship any excess heavy water that it produces out of the country.

So, while this deeply flawed deal allows Iran to sell its excess heavy water on the international market, it certainly doesn't require the United States to buy Iran's excess heavy water. If there are no buyers, then Iran would have to comply with the limits on its heavy water possession by suspending production, or it could also dilute any excess heavy water that it currently possesses. That makes sense to me.

Let me be clear. Despite false claims, enacting this legislation would not cause the United States or Iran to violate the nuclear deal. What we are talking about here is something that is not in the deal, whether or not we subsidize their production of heavy water.

So what it would prevent, clearly, is it would prevent the administration from going above and beyond the agreement to deliver Iran financial rewards that were never part of the agreement that passed this House.

That is one of the reasons why the Obama administration's purchase of 28