United States Senate

WASHINGTON, DC 20510

March 10, 2009

President Barack Obama
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Obama:

We write with grave concern about the Department of Health and Human Services' (HHS) recent proposal to rescind the January 2009 rule clarifying conscience protections for Americans serving in the health care field. Let us be clear, this regulation is not about whether or not abortion should or should not be allowed in America. This regulation is about whether we will respect the deeply held moral convictions of those who have dedicated their lives to protecting the life and the health of others.

As you know, physicians and other health care providers are professionals who make judgments based on medical expertise and ethical standards. To compromise their right to practice according to ethical standards and conscience could reduce medical professionals to mere vending machines for medical procedures. Every physician and health care provider has a great responsibility to ensure that individual health care decisions are made in the best interest of their patients. Compromising the right of conscience will ultimately harm the best interest of patients.

The foundational principle of medical ethics is *first, do no harm*. Many American physicians and providers have ethical concerns with certain medical services because they may pose harm to their patients. For example, not only does abortion cause harm to unborn children, abortion can also cause serious harm to women. The Hippocratic Oath clearly repudiates abortion. Women can suffer significant short-term and long-term complications from abortion, including cervical lacerations, hemorrhage, serious infection, and future pre-term birth and placenta previa. Abortion can also cause serious psychological harm to women, including major depression, anxiety disorders, and Post-Abortion Syndrome. If a health care provider believes abortion poses significant harm, they should not be coerced to violate their personal ethics. The January 2009 conscience protection rule was designed to prevent that coercion and discrimination from ever happening.

Some opponents of the conscience protection rule contend that the rule restricts access to health care services for women. We believe this accusation is false. In fact, the intolerance that would jeopardize the right of conscience for providers may reduce access to health care services by forcing caring professionals out of the health care profession altogether. The rule simply protects individual providers who have moral and religious concerns with specific procedures. Nothing in the rule prevents a woman from choosing to have those specific procedures performed by another provider who does not have an ethical concern with the desired procedure.

Contrary to some media reports, the January 2009 conscience protection rule was not a "midnight regulation" implemented in haste. The conscience protection rule is a long overdue clarification of more than 35 years of statutory intent. Dating back to the "Church amendment" of 1973, health care providers are protected from discrimination if they object to participation in certain medical procedures based on moral or religious convictions. This law was strengthened in a 1996 Public Health Service Act amendment, which prohibits federal, state, and local governments from discriminating against health care entities and providers that do not provide, train in, or refer for abortions. In 2004, the Hyde-Weldon amendment, which has subsequently been approved every year since 2004, further reinforced statutory intent:

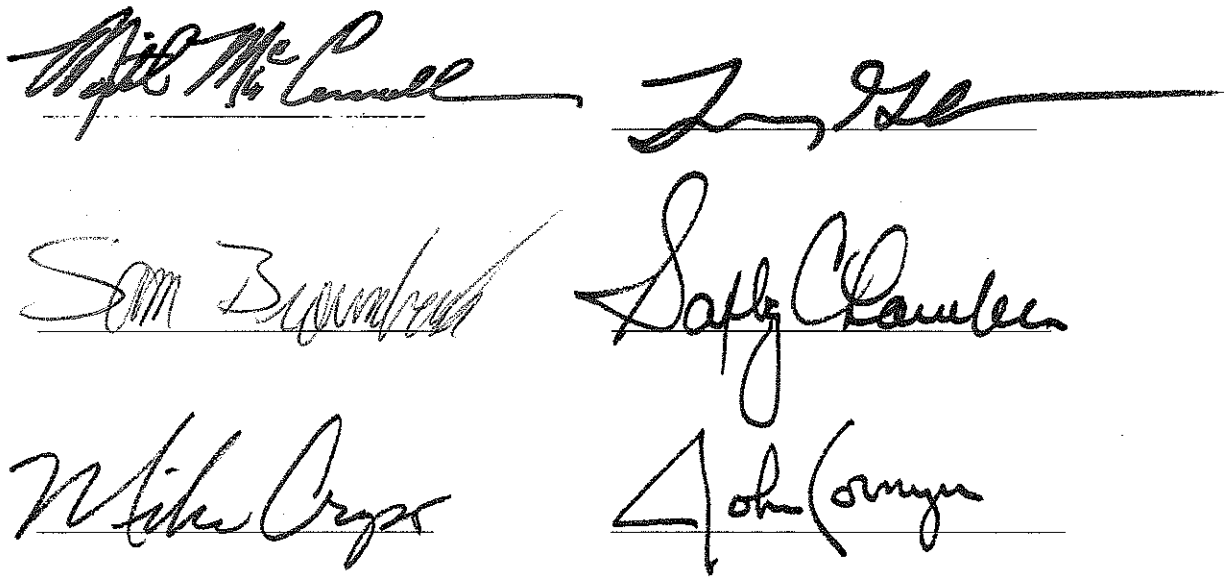
> *None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.*

In August of 2008, 14 United States Senators and 126 United States Representatives urged HHS to implement a rule to clarify more than 35 years of statutory intent. Our only concern with the timing of the conscience protection rule is that it took HHS so long to finalize it.

In light of documented efforts to coerce providers to perform abortions in Alaska, New Mexico, New Jersey and elsewhere, we believe this rule is critical. The intention behind the 35 years of statute is to guarantee the freedom of health care providers, including physicians, hospitals and insurance providers, to serve the public without violating their moral and religious convictions.

We strongly urge you to preserve the conscience protection rule, currently enforced by the HHS Office of Civil Rights. Without this rule, confusion is likely to continue in the health care community and many health care institutions and personnel will remain vulnerable to intolerance by those who would force them to violate their conscience. Americans in the health care field who choose to exercise their rights of conscience should be able to do so in this country without fear of discrimination or coercion.

Sincerely,



Richard Shelby

Roger F. Wicker

John Thune

John Ensign

Jim Bunning

Jon Kyl

Mel Martinez

Kay Bailey Hutchison

Kit Bond

John McCain

Jim DeMint

Jim Chaffee

Lamar Alexander

Mike Johanns

Mike Enzi

Chuck Grassley

Pat Roberts

John Barrasso

George V. Voinovich

Jeff Sessions

Jack

Orrin G. Hatch

Thomas Coburn

Tom A. Coburn

United States Senate

WASHINGTON, DC 20510

March 24, 2009

The Honorable Harry Reid
Majority Leader
United States Senate
Washington , DC

Dear Majority Leader Reid,

As you develop the legislative calendar for the rest of this fiscal year we believe it is critical to allocate an appropriate amount of time for the Senate to consider, vote and initiate the conference process on each of the twelve appropriations bills independently through a deliberative and transparent process on the Senate floor.

For a variety of reasons, over the past several years, the Senate has failed to debate, amend and pass each of the bills separately prior to the end of the fiscal year. Far too often this has resulted in the creation of omnibus appropriations bills that have been brought to the floor so late in the fiscal year that Senators have been forced to either pass a continuing resolution, shut down government or consider an omnibus bill. These omnibus bills have not allowed for adequate public review and have clouded what should otherwise be a transparent process. As our President said on March 11, 2009, he expects future spending bills to be, "…debated and voted on in an orderly way and sent to (his) desk without delay or obstruction so that we don't face another massive, last minute omnibus bill like this one."

The Senate should begin floor consideration of the appropriations bills during the early summer months to ensure that an appropriate amount of time is available to examine, debate and vote on amendments to the bills. We believe the Senate should pass at least eight of the appropriations bills by the August recess. In order to press for a more transparent process, we will consider using all available procedural tools to guarantee regular order for appropriations bills.

Noting our intentions, we hope you will plan accordingly as you work with the leadership of the House to develop the legislative calendar for the rest of this fiscal year. Thank you for your time and consideration.

Sincerely,

Boucarh Thad Cochran

George V. Voinovich

Chuck Grassley

Mike Johanns

Arlen Specter

Leg Calendar

Richard Shelby

Mike Crapo

John Cornyn

Orrin G. Hatch

Olympia Snowe

Susan M. Collins

Richard G. Lugar

Kay Bailey Hutchison

Jim Bunning

Sam Brownback

Mitch McConnell