



**NARAL**  
Pro-Choice America

## **Refusal Laws: Dangerous for Women's Health**

Refusal laws (sometimes called “conscience” laws) permit a broad range of individuals and institutions—including hospitals, health-care providers, pharmacists, employers, and insurers—to refuse to provide, pay, counsel, or even refer for medical treatment.

This fact sheet discusses the history of refusal laws, current legislative activity on refusal laws, and some of their many effects on Americans’ ability to access quality, comprehensive health care. (For more detail about each of the specific laws, please see the fact sheet, *Current Refusal Laws*.)

### **The Origin of Refusal Laws**

Anti-choice lawmakers and activists began enacting refusal laws immediately after *Roe v. Wade*.<sup>1</sup> In response to *Roe*, in 1973 Congress adopted an amendment named after then-Sen. Frank Church (D-ID), allowing individuals or entities that receive certain federal funds to refuse to provide abortion or sterilization if such services are contrary to their religious or moral beliefs.<sup>2</sup> In 1974, the statute was amended in a bill authorizing biomedical and behavioral research and training to include broad language stating that no individual may be required to perform or assist in performing health-care services or research activities funded by the Department of Health and Human Services (HHS). Following Congress’ lead, 47 states and the District of Columbia passed laws that permit certain medical personnel, health facilities, and/or institutions to refuse to provide abortion care,<sup>3</sup> most of which were enacted shortly after *Roe*.<sup>4</sup> In the years following, lawmakers enacted refusal laws only in isolated circumstances.<sup>5</sup>

### **Legislative and Executive Activity**

Regrettably, over the last 10 years, there has been a resurgence of legislative and executive activity at the federal level related to refusal laws.<sup>6</sup>

#### *Current Federal Law*

In 2004, anti-choice members of Congress passed a sweeping law known as the Federal Refusal Clause (also known as the Weldon amendment), which permits health-care companies to refuse to comply with federal, state, and local laws and regulations that pertain to providing, counseling for, referring for, and paying for abortion services. In other words, it grants a broad variety of health-care entities—including hospitals, insurance companies, and even individual

health-care professionals — the right to refuse to provide, pay for, or refer for abortion (for more information see the fact sheet, *The Federal Refusal Clause - Endangering Women's Health*).<sup>7</sup>

In December 2008, the Bush administration's HHS published a regulation that further expanded refusal rights; the regulation offered broad rights to employees who were only tangentially involved in providing the services at issue (for example, receptionists scheduling appointments).<sup>8</sup> On February 18, 2011, the Obama administration rescinded the key elements of this Federal Refusal Rule.<sup>9</sup> The rescission eliminated the rule's troublesome definitions that could have been interpreted to allow health-care providers to refuse to provide contraception in addition to abortion care. The repeal clarified that federal refusal laws were not intended to allow providers to refuse to treat an individual because he or she engaged in behavior the provider found objectionable. The administration also rescinded the rule's burdensome certification requirement imposed on health-care organizations. The regulation retained only the section of the Federal Refusal Rule that provides for an enforcement process, establishing that the Office of Civil Rights at HHS is authorized to receive and investigate complaints regarding alleged violations of federal refusal statutes.

#### *Anti-Choice Efforts to Expand Refusal Laws*

After the Federal Refusal Clause was enacted as part of the FY'05 Omnibus Appropriations bill, anti-choice lawmakers looked for ways to expand refusal laws even further:<sup>10</sup>

- In 2011, anti-choice Sen. David Vitter (R-LA) introduced an updated version of a longstanding anti-choice bill, the Abortion Non-Discrimination Act (ANDA), which would both expand and make permanent the Federal Refusal Clause.<sup>11</sup> As noted above, enforcement of the Federal Refusal Clause is handled through the Office of Civil Rights (OCR) at HHS. ANDA would expand current law by creating a private right of action that would allow any health-care company to make an end run around OCR and file a lawsuit in court for any actual or even threatened violations. In addition, ANDA would extend the scope of the Federal Refusal Clause to allow those who "participate in" the provision of abortion care to refuse. This vague language is reminiscent of the Bush rule and could allow those only tangentially involved in care to refuse a woman services — for example, an ambulance driver could refuse to take a woman in an emergency situation to an abortion clinic. Although this dangerous legislation has not passed either chamber, ANDA language has been included in each of the proposed House Labor-HHS appropriations bills annually introduced since 2011.<sup>12</sup>
- In 2016, anti-choice Rep. John Fleming (R-LA) and Sen. James Lankford (R-OK) introduced a new, slightly modified version of ANDA, called the Conscience Protection Act (CPA). This bill would allow individuals and organizations to refuse to "facilitate or make arrangements for" the provision of abortion care, in addition to the expanded refusal policies in ANDA. It also broadens the private-right-of-action provision in ANDA by allowing individuals and organizations to seek compensatory damages for

alleged violations. In July, anti-choice House leadership bypassed regular order and held a floor vote on the CPA. Although the bill passed as expected, the Senate never acted on it.

- Anti-choice lawmakers have introduced even more extreme refusal legislation as well, known as the Health Care Conscience Rights Act (HCCRA).<sup>13</sup> This legislation was first introduced in 2013 by anti-choice Rep. Diane Black (R-TN) and then-Sen. Tom Coburn (R-OK). It includes ANDA and goes much further – it would significantly undermine multiple provisions of the Affordable Care Act (ACA). HCCRA would allow individuals or businesses to refuse to purchase health-insurance plans that include coverage of any service they find objectionable on any grounds whatsoever; allow insurers to refuse to offer health-insurance plans that cover any service they find objectionable on any grounds whatsoever; and create a private right of action that is so broad it would allow virtually any individual or institution in our health-care system to file a lawsuit seeking any kind of remedy (including monetary damages) in court for any actual or even threatened violations. These provisions would effectively gut the ACA's preventive-health and contraceptive-coverage benefits. Although HCCRA has not passed either chamber, it was included in the proposed House Labor-HHS appropriations bill for the past two years.<sup>14</sup>

### **Broad Loopholes = Access Denied**

Carefully crafted refusal laws may be appropriate in some circumstances to protect individual medical providers. However, broad refusal laws have negative consequences by denying women medically necessary information, referrals, or services. For example, broad refusal laws may allow:

- **employers** who oppose birth control on religious grounds to refuse to provide contraceptive coverage in their health plans, even when employees do not share the same religious views as their employer;
- **pharmacists** who erroneously believe that birth-control pills cause abortion to refuse to dispense, or provide referrals for, lawfully prescribed oral contraceptive medications;
- **health-care professionals** who object to contraception or abortion to deny their patients information on, or a referral for, family-planning services, regardless of the patient's health-care needs; and/or
- **health-insurance companies** that object to contraception or abortion to refuse to provide coverage of these benefits in the health plans they offer.

Refusal laws also can affect a broad range of reproductive-health services, including: information and referrals for family planning, genetic counseling, infertility treatment, sexual-assault treatment, sterilization, STD and HIV testing, and abortion care.

### **Comprehensive Medical Information—Not Politics, Religion, or Ideology— Should Determine Health-Care Decisions**

Health-care providers have a duty to ensure that women receive accurate information and appropriate care. Failure to provide this care—whether for religious, political, or ideological reasons—jeopardizes women’s health and violates bedrock principles of medical ethics.

- **Refusal laws violate informed consent principles.** When health-insurance companies and managed-care plans withhold information from women about their health options, they trample on a bedrock principle of medical ethics: informed consent. Under this doctrine, patients must be informed of the risks, benefits, and alternatives to treatment. The American Medical Association has emphasized, “The patient’s right to self-decision can be effectively exercised only if the patient possesses enough information to enable an intelligent choice.”<sup>15</sup>
- **Failure to provide full information about all relevant medical options violates standards of care.** In *Brownfield v. Daniel Freeman Marina Hospital*, a court ruled that a rape survivor who was denied information about emergency contraception at a Catholic hospital emergency room could sue for medical malpractice. The court asserted that a woman’s right to control her treatment must prevail over [a hospital’s] moral and religious convictions.” Further, it is the hospital’s duty to provide full information about all medical options in order to protect patients’ right to choose whether to undergo medical treatment. As the court stated, “Meaningful exercise of this right is possible only to the extent that patients are provided with adequate information upon which to base an intelligent decision.”<sup>16</sup>
- **Institution-wide refusal laws can, paradoxically, trample on the consciences of individual health-care providers.** For example, if a legislature enacts a broad refusal law for insurance companies, an insurer may refuse to cover sterilization counseling, referrals, or services. A physician in such a plan who determined that a patient faced life-threatening circumstances if she became pregnant again and that sterilization would be in her best interests would be prohibited from providing the woman with appropriate information, referrals, or treatment. This tramples not only on the conscience rights of the patient but also on those of the doctor. Anti-choice activists, who often claim to care about doctors’ consciences, conveniently ignore this consequence.

## Refusal Laws Create Barriers to Care and Endanger Women's Health

When health-care institutions and providers deny women access to all of their health-care options, they can compromise women's health.

- Of course, pregnancy is a welcome development in many women's lives. But for some others, pregnancy can be dangerous, making access to contraceptives and abortion services imperative. For instance, conditions such as cancer, rheumatic fever, severe diabetes, malnutrition, phlebitis, sickle cell anemia and heart disease, significantly increase the risks associated with pregnancy.<sup>17</sup>
- Low-income women and women of color who depend on federal programs for affordable health care, such as Medicaid and Title X, are disproportionately impacted by broad refusal laws. These women face several barriers to health-care services, such as geography and poverty, which make it particularly difficult for them to find another doctor in the event that a provider refuses to offer services and an inability to find a provider can endanger women's health. Problems finding alternate providers are exacerbated for low-income women who face twice as much difficulty as other women in obtaining the flexible work schedules, transportation, and child care necessary to see a doctor.<sup>18</sup>
- Women in rural areas may face serious health risks if the only hospital in their area refuses to provide certain reproductive-health services. One Catholic sole-provider hospital in rural California denied a sterilization to a 34-year-old woman following her ninth pregnancy. Although the woman's doctor advised her against any subsequent pregnancies, and sterilization would have been safest and easiest immediately following delivery, the hospital refused to permit the procedure.<sup>19</sup>
- Some women don't even know that their reproductive-health options are limited at their local hospital until they need care. In August 2015, Rachel Miller was pregnant with her second child. She and her husband agreed that they only wanted two children so she decided to have a tubal ligation after giving birth. However, her hospital was owned by a Catholic health group and it refused to allow her doctor to perform the procedure, which it objected to for religious reasons. Fortunately, the ACLU threatened a lawsuit on Rachel's behalf and the hospital granted her an exception – but not every woman is that lucky.<sup>20</sup>
- Fifty-five percent of Catholic hospitals do not provide emergency contraception—a concentrated dose of ordinary birth control pills that prevents pregnancy after sex—even to women who have been raped.<sup>21</sup> This is particularly problematic given that 20 percent of all hospital beds in health systems are owned or operated by the Catholic Church.<sup>22</sup>

## Mergers in the Health-Care Industry Exacerbate the Impact of Refusal Laws

Across the country, health-care organizations have been consolidating in an effort to reduce costs and compete more successfully in the market. Catholic hospitals “constitute the largest single group of the nation’s not-for-profit hospitals.”<sup>23</sup> Twenty percent of percent of all hospital beds in health systems are owned or operated by the Catholic Church.<sup>24</sup> The Catholic Church’s influence is spreading through mergers and affiliations between Catholic and nonsectarian hospitals. When nonsectarian hospitals merge with Catholic hospitals, they are pressured to adopt the rules governing Catholic hospitals, which are laden with policies forbidding various types of services.<sup>25</sup> Mergers between Catholic health-care providers and nonsectarian providers curtail access to reproductive services, often without the knowledge of the patients served by the merged hospitals and health plans.<sup>26</sup>

- Catholic teaching explicitly disapproves of contraceptive methods other than natural family planning (the rhythm method).<sup>27</sup>
- The Ethical and Religious Directives for Catholic Health Care Services denounce assisted reproductive technologies such as *in vitro* fertilization and sperm donation, prohibit abortion care, prohibit treatment for an ectopic pregnancy, prohibit contraception other than natural family planning, ban prenatal diagnosis when undertaken with the intention of terminating the pregnancy if a serious anomaly is discovered, and bar permanent and temporary sterilization of both men and women.<sup>28</sup>
- Between 1990 and 2001, an estimated 50 percent of mergers between Catholic and non-Catholic hospitals resulted in the elimination of some or all reproductive-health services.<sup>29</sup> For instance, when Catholic Healthcare West replaced Gilroy, California’s only community hospital, with a Catholic hospital, all contraceptive services, sterilizations, and abortion services were eliminated, forcing women to travel 25 to 35 miles to receive basic family-planning care.<sup>30</sup> More recently, a patient denied termination of a doomed pregnancy at a New Hampshire hospital was forced to travel 80 miles by cab to the nearest hospital not under religious restrictions.<sup>31</sup>

## Broad Refusal Laws Allow Reproductive-Health Discrimination

Not only do broad refusal laws jeopardize women’s access to critical medical care, but in certain instances, they may foster discrimination. Some employers have invoked religious beliefs to discriminate against women’s reproductive choices, including those that have little or nothing to do with abortion.

- A Catholic school in Indiana fired a teacher for asking for time off to undergo *in vitro* fertilization treatment, calling the woman a “grave, immoral sinner.” Further, the school voiced concern that the woman’s choice could cause scandal if other faculty learned of it.<sup>32</sup>

- A religious school in Missouri fired another teacher because she became pregnant out of wedlock. Her employer argued that it was entitled to fire the teacher for her personal reproductive-health decisions because the school is a religiously affiliated organization—even though the employee had no religious duties.<sup>33</sup>

These situations demonstrate the consequences of laws that allow individuals or organizations to discriminate against employees, students, or others on the grounds of a blanket claim of religious liberty. In an effort to push back against both these laws and these claims, the District of Columbia recently passed a law that prohibits employers from taking these kinds of adverse actions against their employees based on their reproductive-health decisions. Although anti-choice lawmakers in Congress tried to block D.C.'s law from taking effect, pro-choice champions stood strong and ultimately defeated this attempt.<sup>34</sup> The D.C. law is now in force.

### **Public Opposition to Refusal Laws**

In addition to supporting proactive laws, like the one recently enacted in D.C., Americans have demonstrated that they oppose anti-choice refusal laws. They have made this clear at the ballot box and in polling.

#### *Defeating Refusal Laws in the States*

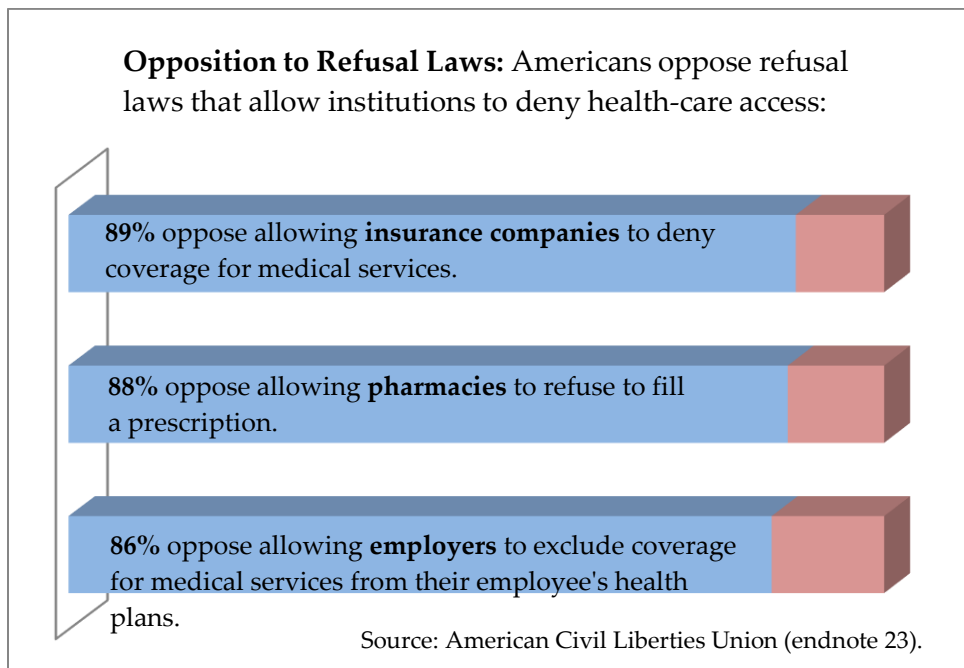
In March 2015, Indiana passed a broad refusal law called the Religious Freedom Restoration Act, which would allow businesses and individuals to refuse to comply with laws that they claimed would burden their religious freedom. The law could be used to discriminate against LGBT individuals and reproductive-health services. Thankfully, there was immediate and significant opposition to using religion as an excuse to harm or discriminate against specific communities. Indiana experienced a forceful backlash against its refusal law from a broad range of groups, including businesses, universities, and church organizations. The result was that the anti-choice legislature and governor had to revise the law to minimize the negative impact. While it was not a total victory, it demonstrated support for the idea that our nation's laws have long protected the freedom of religion and belief – but not the right to impose those beliefs on others.

In 2012, voters in North Dakota soundly defeated the first and only known ballot measure ever on the issue of refusals. Measure 3, the so-called Religious Liberty Restoration Amendment, would have barred lawmakers from imposing any restrictions on “religious behavior” unless the state had a “compelling interest.” If passed, it would have allowed individuals and organizations to refuse to provide reproductive-health care based on the claim of a religious objection. It was rejected by nearly 65 percent of voters, even in this conservative state. Measure 3 was so far-reaching that its implications could have threatened far more than access to birth control and abortion services. Not only could it have allowed a man to circumvent domestic-violence laws by claiming that his religion allowed him to discipline his wife and children, but

it also could have allowed employers to fire unmarried pregnant employees, citing religious objections.

*Public Polling on Refusal Laws*

- Nearly nine out of 10 Americans oppose refusal laws that allow certain institutions to refuse to provide health-care payment or services.<sup>35</sup>
- Eighty-five percent of women believe that hospitals that receive government funds should not be allowed to prohibit doctors from providing any legal, medically appropriate service.<sup>36</sup>



**Courts Have a Mixed Record on Refusal Laws**

State courts have rejected challenges from anti-contraception groups looking to exempt themselves from laws with narrow, carefully crafted refusal provisions. In two key cases, state courts ruled clearly that contraceptive-equity laws with refusal provisions specifically for houses of worship are legal, are not an affront to religious liberty, and should *not* be broadened to include religiously affiliated organizations or other contraception foes:

- ***Catholic Charities v. Superior Court:*** In 2000, Catholic Charities of Sacramento filed suit against the state of California, claiming that the state’s contraceptive coverage law is unconstitutional because it forces the agency to violate its religious beliefs by providing contraceptive benefits to its employees. The law contains a “religious employer” exemption, but Catholic Charities did not qualify for it. Recognizing that the law was



designed to remedy gender discrimination, and not to intervene with church conflict, the California Supreme Court upheld its constitutionality. The court rejected all eight constitutional challenges asserted by Catholic Charities, and held that the law does not interfere with the autonomy of a religious organization or impermissibly burden the right of free exercise.<sup>37</sup> In October 2004, the U.S. Supreme Court declined to hear the case, letting the California Supreme Court ruling stand.<sup>38</sup>

- ***Catholic Charities v. Serio***: Ten faith-based social-services organizations filed a similar lawsuit in opposition to New York’s contraceptive-equity law in 2002.<sup>39</sup> They claimed that the law violated the New York and U.S. Constitutions. In 2006, New York’s highest court held that the law did not violate the state or federal Free Exercise Clauses or the federal Establishment Clause, which forbid the government from prohibiting the exercise of free religion, and therefore, the organizations were not constitutionally entitled to be exempt from its provisions.<sup>40</sup>

At the federal level, the question of whether for-profit companies and religiously affiliated non-profit organizations can exempt themselves from birth-control coverage is decided by the U.S. Supreme Court. In June 2014, in *Burwell v. Hobby Lobby Stores, Inc.*, the high court held that closely held, for-profit corporations may deny their employees contraceptive coverage, citing religious exemptions.<sup>41</sup> In the words of the dissent, the court’s majority ruled that the Religious Freedom Restoration Act, a federal law designed to protect the exercise of religion, “demands accommodation of a for-profit corporation’s religious beliefs no matter the impact that accommodation may have on third parties who do not share the corporation owners’ religious faith—in these cases, thousands of women” employed by such corporations.<sup>42</sup>

Meanwhile, legal challenges to the contraceptive-coverage policy accommodation brought by religiously affiliated non-profit organizations were heard by the Supreme Court last year. The high court did not issue a ruling on the merits of the case; instead it asked the lower courts to review the cases again. (For more information, please see the fact sheet, *Landmark Law Guarantees Access to Birth Control Without Copay*.)

### **Refusal Laws in the States**

Forty-seven states and the District of Columbia have laws that allow certain individuals or entities to refuse to provide women specific reproductive-health services, information, or referrals: AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY.<sup>43</sup>

### **Conclusion**

Traditionally, refusal laws have recognized the complexity of human values, feelings, and religious beliefs by enabling *individuals* to opt out of providing health-care services to which

they are religiously or morally opposed. However, efforts in Congress, state legislatures, and the courts to expand refusal laws to employers, health insurers, and pharmacists and to preclude not only *services*, but *information* and *referrals*, pose serious dangers to Americans' health. Science—not politics—should determine medical decisions. Health-care institutions hold themselves out as providers of health care; they should have a duty to ensure that patients receive accurate information and appropriate care. Failure to provide this care—even for religious reasons—is wrong and may jeopardize patient health.

January 1, 2017

**Notes:**

<sup>1</sup> *Roe v. Wade*, 410 U.S. 113 (1973).

<sup>2</sup> Church amendment to the Public Health Service Extension Act of 1973, Pub. L. No. 93-45, Tit. IV, § 401, 87 Stat. 95 (codified at 42 U.S.C.A. § 300a-7).

<sup>3</sup> NARAL Pro-Choice America & NARAL Pro-Choice America Foundation, *Who Decides? The Status of Women's Reproductive Rights in the United States* (26th ed. 2017), at [www.WhoDecides.org](http://www.WhoDecides.org). In addition, West Virginia has a statute that provides an opt-out for physicians or persons who object to performing or assisting in an abortion on a minor. W. VA. CODE § 16-2F-1 to -9.

<sup>4</sup> Rachel Benson Gold, *Conscience Makes A Comeback In the Age of Managed Care*, GUTTMACHER REP. ON PUB. POL'Y, Feb. 1998, at 1.

<sup>5</sup> In 1988, Congress inserted a refusal clause in the appropriations for the Bureau of Prisons, providing that funds could not be used to require any person to perform or facilitate an abortion for a prisoner. Dep'ts of Commerce, Justice, and State, the Judiciary and Related Agencies Appropriations Act of 1988, Pub. L. No. 100-459, 102 Stat. 2186 (Oct. 1, 1988). In 1996, Congress enacted a bill providing that accreditation of postgraduate physician training programs could not be withdrawn based solely on a refusal to provide training in abortions. Omnibus Consolidated Receptions and Appropriations Act of 1996, Pub. L. No. 104-134, 110 Stat. 1321 (Apr. 25, 1996) (codified at 42 U.S.C.A. § 238n).

<sup>6</sup> For example, in 2006, 21 states considered 51 measures that would restrict women's access to health care services by allowing health care entities and/or individuals to refuse to provide medical services. Memorandum from the NARAL Pro-Choice America Legal and Policy Research Department (Nov. 28, 2006) (on file with NARAL Pro-Choice America). In 2007, 11 states considered 20 such measures and in 2008, 13 states considered 21 measures. NARAL Pro-Choice America & NARAL Pro-Choice America Foundation, *Who Decides? The Status of Women's Reproductive Rights in the United States* (17th ed. 2008); NARAL Pro-Choice America & NARAL Pro-Choice America Foundation, *Who Decides? The Status of Women's Reproductive Rights in the United States* (18th ed. 2009).

<sup>7</sup> FY'05 Consolidated Appropriations Act, Pub. L. No. 108-447, 118 Stat. 2809 (Dec. 8, 2004).

<sup>8</sup> Ensuring That Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law, 73 Fed. Reg. 78,072 (Dec. 19, 2008).

<sup>9</sup> Regulation for the Enforcement of Federal Health Care Provider Conscience Protection Laws, 45 CFR Part 88 (Feb. 18, 2011).

<sup>10</sup> FY'05, Consolidated Appropriations Act, Pub. L. No. 108-447, 118 Stat. 2809 (Dec. 8, 2004).

- <sup>11</sup> S.165, Abortion Non-Discrimination Act (2011).
- <sup>12</sup> FY'12 Labor, Health and Human Services appropriations bill, House Appropriations Committee, (2011); FY'13 Labor, Health and Human Services appropriations bill, House Appropriations Committee, (2012).
- <sup>13</sup> H.R. 940, Health Care Conscience Rights Act, (2015)
- <sup>14</sup> FY'16 Labor, Health and Human Services appropriations bill, House Appropriations Committee, (2015), FY'17 Labor, Health and Human Services appropriations bill, House Appropriations Committee, (2016).
- <sup>15</sup> Council on Ethical and Judicial Affairs, American Medical Association (AMA), Informed Consent, Ethical Opinion E-8.08, CODE OF MEDICAL ETHICS, at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion808.shtml> (last visited Oct. 6, 2015).
- <sup>16</sup> *Brownfield v. Daniel Freeman Marina Hospital*, 208 Cal. App. 3d 405, 412-14 (Ct. App. 1989).
- <sup>17</sup> *Harris v. McRae*, 448 U.S. 297, 339 (1980) (Marshall, J., dissenting).
- <sup>18</sup> Kaiser Family Found., *Women and Health Care: A National Profile* 24 (July 2005), available at <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/women-and-health-care-a-national-profile-key-findings-from-the-kaiser-women-s-health-survey.pdf> (last visited Oct. 27, 2014).
- <sup>19</sup> ACLU Reproductive Freedom Project, *American Civil Liberties Union (ACLU), Religious Refusals and Reproductive Rights*, at 2 (2002), citing Leslie Laurence, *The Hidden Health Threat That Puts Every Woman At Risk*, REDBOOK, July 2000, at 112, 114.
- <sup>20</sup> ACLU, *Catholic Hospital Caves Under Threat of Lawsuit and Approves Woman's Procedure*, (Aug. 25, 2015), available at <https://www.aclu.org/blog/speak-freely/catholic-hospital-caves-under-threat-lawsuit-and-approves-womans-procedure> (last visited Nov. 4, 2015).
- <sup>21</sup> Teresa Harrison, *Availability of Emergency Contraception: A Survey of Hospital Emergency Department Staff*, ANNALS OF EMERGENCY MED. (Has not been published as of May 16, 2005).
- <sup>22</sup> Catholics for Choice, *Religious Freedom & catholic Health Care*, available at <http://www.catholicsforchoice.org/topics/healthcare/religiousfreedomcatholichealthcare.asp> (last visited Nov. 4, 2015).
- <sup>23</sup> Nina Martin, *The Growth of Catholic Hospitals, By the Numbers*, Pro Publica, Dec. 18, 2013, at <http://www.propublica.org/article/the-growth-of-catholic-hospitals-by-the-numbers> (last visited Oct. 6, 2015).
- <sup>24</sup> Catholics for Choice, *Religious Freedom & catholic Health Care*, available at <http://www.catholicsforchoice.org/topics/healthcare/religiousfreedomcatholichealthcare.asp> (last visited Nov. 4, 2015).
- <sup>25</sup> CFFC, *Caution: Catholic Health Restrictions May be Hazardous to your Health*, at 4 (1999); Mergerwatch & Family Planning Advocates of New York State, *No Strings Attached: Public Funding of Religiously-Sponsored Hospitals in the United State*, at 21-25 (2002).
- <sup>26</sup> In a 1995 survey, 73 percent of women were not aware that belonging to a Catholic health-care plan would limit their access to medical procedures such as family planning, abortion, vasectomies, in vitro fertilization, and emergency contraception for rape victims. CFFC & EDK ASSOCIATES, INC., *Health Care Reform Crossroads: The Gap Between Catholic Church Mandates and Women's Needs*, at 10 (1995).
- <sup>27</sup> NATIONAL CONFERENCE OF CATHOLIC BISHOPS, *Ethical and Religious Directives for Catholic Health Care Services*, at 18 (1994).
- <sup>28</sup> NATIONAL CONFERENCE OF CATHOLIC BISHOPS, *Ethical and Religious Directives for Catholic Health Care Services*, at 17-20 (1994).
- <sup>29</sup> CFFC, CATHOLIC HEALTH CARE UPDATE, *The Facts about Catholic Health Care*, July 2002.

- <sup>30</sup>Maria Alicia Gaura, *Newly Catholic Hospital Bans Family Planning*, S.F. CHRON., Oct. 1, 1999.
- <sup>31</sup>Lois Utley, *Hospital Mergers 101: Countering the Threat to Patient's Rights and Access to Care from Religious/Secular Hospital Mergers*, The MergerWatch Project, 2005.
- <sup>32</sup>ACLU Blog of Rights, *Religion Isn't a Free Pass to Discriminate Against Employees*, at <http://www.aclu.org/blog/womens-rights-religion-belief/religion-isnt-free-pass-discriminate-against-employees> (last visited Oct. 6, 2015).
- <sup>33</sup>ACLU Blog of Rights, *Religion Isn't a Free Pass to Discriminate Against Employees*, at <http://www.aclu.org/blog/womens-rights-religion-belief/religion-isnt-free-pass-discriminate-against-employees> (last visited Oct. 6, 2015).
- <sup>34</sup>D.C. B.790, *Reproductive Health Non-Discrimination Act* (2014); H.J.Res.43, *Resolution of Disapproval Against the D.C. Reproductive Health Non-Discrimination Amendment Act of 2014*.
- <sup>35</sup>ACLU Reproductive Freedom Project, *American Civil Liberties Union (ACLU), Religious Refusals and Reproductive Rights*, at 20 (2002).
- <sup>36</sup>CFRC, *Religion, Reproductive Health and Access to Services: A National Survey of Women* (poll conducted by Belden Russonello & Stewart) (Apr. 2000), at <http://www.catholicsforchoice.org/topics/healthcare/documents/2000religionreproductivehealthandaccesstoservices.pdf> (last visited Oct. 6, 2015).
- <sup>37</sup>*Catholic Charities of Sacramento, Inc. v. Superior Court*, 85 P.3d 67 (Cal. 2004); *cert. denied*, No. 03-1618 (U.S. Oct. 4, 2004).
- <sup>38</sup>*Catholic Charities of Sacramento, Inc. v. Superior Court*, 85 P.3d 67 (Cal. 2004); *cert. denied*, No. 03-1618 (U.S. Oct. 4, 2004).
- <sup>39</sup>Clifford J. Levy, *Bishops Sue State to Block Coverage for Birth Control*, N.Y. TIMES, Dec. 31, 2002, at B5.
- <sup>40</sup>*Catholic Charities of the Diocese of Albany v. Serio*, 7 N.Y. 3d 510. (App. Div., 2006).
- <sup>41</sup>*Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751, Nos. 13-354, 13-356, 2014 WL 2921709 (June 30, 2014).
- <sup>42</sup>*Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751, Nos. 13-354, 13-356, 2014 WL 2921709 (June 30, 2014) (5-4 decision) (Ginsburg, J., dissenting).
- <sup>43</sup>NARAL Pro-Choice America & NARAL Pro-Choice America Foundation, *Who Decides? The Status of Women's Reproductive Rights in the United States* (26th ed. 2017), at [www.WhoDecides.org](http://www.WhoDecides.org).