The National Catholic Partnership on Disability expresses extreme dismay over the Final Interim Rule impacting group health plans and health insurance coverage under the Patient Protection and Affordable Care Act (Health Care Reform).

Deadline for comments is September 30, 2011.

The National Catholic Partnership on Disability expresses extreme dismay at the apparent wholesale disregard for the protection of conscience, including the consciences of those working to assure respect for all persons, including those with disabilities, exhibited in the final regulations which implement the rules for group health plans and health insurance coverage under the Patient Protection and Affordable Care Act (*Health Care Reform*).

On August 1, 2011, the U.S. Department of Health and Human Services (HHS), under the signature of its secretary, Kathleen Sebelius, issued new mandates concerning preventive health services to be covered by such insurance plans. http://www.ofr.gov/OFRUpload/OFRData/2011-19684_PI.pdf. These mandates require that all such plans provide the full range of FDA-approved contraceptive methods, as "preventive health services" for women. These FDA-approved contraceptives include potential abortifacients such as so-called emergency contraception and IUDs, as well as surgical sterilizations. Furthermore, no co-pays are to be charged to beneficiaries. Thus, every insured, insurer, employer, and policy implementer included under the *Health Care Reform* mandates would be coerced into cooperating through insurance premiums and tax dollars, or through actualizing policy mandates in these state-driven and ideologically based violations of a true understanding of human reproduction.

Pregnancy is not a disease to be prevented, nor is the embryo an enemy who once conceived has no right of access to the nurturing womb of his or her mother. Increasingly our culture is giving evidence of a eugenic mentality, encouraging only some persons to be conceived, implanted after conception, or offered the safety of the womb until birth. This is particularly true for those who have been determined to be undesirable by a society that subtly and not so subtly discriminates against all who are deemed to be less than "perfect." Such a mindset is being forced on all Americans who must comply with these mandates. Persons with disabilities are acutely aware of a eugenic social policy thrust that deems some pregnancies more desirable than others. The result is a move to encourage contraception by certain populations, deemed by social bias to either be less fit to be parents or less desirable contributors to society's population.

Not only do these mandates apply to all group health plans and health insurance issuers in the group and individual markets; they also apply to self-insured group health plans under the Employee Retirement Income Security Act (ERISA). There are few exemptions, and they pertain to group health plans which were in effect before the *Health Care Reform* was enacted, and those offered by employers who are deemed by HHS to qualify as a "religious employer." The definition of a "religious employer," however, is so narrow that its applicability negates most of the religious employers in this country. The regulations state that this definition is consistent with most state laws in which exemptions for contraceptive coverage are allowed. The actual fact, however, is that there are only three states with such provisions as narrow as those proposed in the final interim regulations while a number of states have far more robust conscience protections. It should be noted that the Catholic Church is the largest provider of non-governmental health, education, and social services in this country. To be exempt from these new mandates an employer would have to hire and serve primarily those of one's own faith and have the inculcation of religious values as its purpose. (Although, it does appear that, after the fact, HHS is willing to accept comment on this definition). Not only are individual employers who have a moral, ethical or conscience objection to paying for contraceptives for college students—a group specially referenced as needing these "preventive health services" before going back to college—not exempt, but also the majority of faith-based ministries in the United States who are committed to serving all persons and not just those of their own faith.

These regulations reflect an utter disregard for the foundational principles of the government promulgating them, i.e., that conscience is sacrosanct. We are left to ask, "What has happened to this great country?" "When did we lose the respect for conscience which inspired the very founding of our country?"

HHS has indicated a call for comment, but the regulations became effective August 1, 2011. It would appear that the only area subject to reconsideration is the very narrow definition of a "religious employer." **Comments should be sent before September 30, 2011 to: E-OHPSCA2713.EBSA@dol.gov.** It is critical that the voices of all persons of conscience be heard, noting in particular that pregnancy is not a disease to be prevented and that contraception should not be a mandated "preventive health service." Respect for conscience is foundational to a just society. At a minimum a robust conscience protection should be granted, not only for all religious employers, but also for all employers, insurers, and policy issuers with moral, ethical, or religious objections. As it is, the limitations contained in the regulations for religious employers make the exemption virtually meaningless.