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(Original Signature of Member)

112TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To prohibit the Secretary of Health and Human Services from implementing certain rules relating to the health insurance coverage of sterilization and contraceptives approved by the Food and Drug Administration.

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**IN THE HOUSE OF REPRESENTATIVES**

Mr. LUETKEMEYER introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To prohibit the Secretary of Health and Human Services from implementing certain rules relating to the health insurance coverage of sterilization and contraceptives approved by the Food and Drug Administration.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Religious Liberty Pro-  
5       tection Act of 2012”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

1           (1) Deeply embedded in the history and tradi-  
2           tions of the United States is the protection of reli-  
3           gious freedom. The First Amendment of the United  
4           States Constitution states “Congress shall make no  
5           law respecting an establishment of religion, or pro-  
6           hibiting the free exercise thereof”, and thus, it gives  
7           general protection for individuals’ religious beliefs  
8           and practices.

9           (2) Repeatedly during the existence of the  
10          United States, Congress has reaffirmed the freedom  
11          of religion by enacting, among other things, title VII  
12          of the Civil Rights Act of 1964, the Church amend-  
13          ment, the Weldon amendment, section 245 of the  
14          Public Health Service Act, and the Religious Free-  
15          dom Restoration Act of 1993. Through their pas-  
16          sage, the United States has augmented religious  
17          freedoms and set the precedent of protection of con-  
18          science rights.

19          (3) The Weldon amendment has been regularly  
20          included in appropriations legislation for the Depart-  
21          ment of Health and Human Services. The Weldon  
22          amendment prohibits Federal agencies, States, and  
23          local governments that receive the appropriated  
24          funds in the respective Act from discriminating  
25          among institutional or individual health care profes-

1        sionals, organizations, facilities, and plans on the  
2        basis of a health care entity's refusal to provide, pay  
3        for, provide coverage of, or refer for abortions.

4            (4) The United States has a history of pro-  
5        tecting individuals, organizations, facilities, and  
6        plans from being penalized or discriminated against  
7        due to their religious beliefs and moral values. Until  
8        the enactment of the Patient Protection and Afford-  
9        able Care Act (Public Law 111–148), the Federal  
10       Government has never sought to impose specific  
11       health care coverage or care requirements that in-  
12       fringe on the conscience rights of insurers, pur-  
13       chasers of insurance, plan sponsors, beneficiaries,  
14       and other stakeholders, such as individual or institu-  
15       tional health care entities.

16           (5) The Patient Protection and Affordable Care  
17        Act grants the Department of Health and Human  
18        Services the authority to provide a list of detailed  
19        services to be included as essential health benefits  
20        (as defined in section 1302(a) of the Patient Protec-  
21        tion and Affordable Care Act, and preventive health  
22        services described in section 2713 of the Public  
23        Health Service Act. These services represent a new  
24        nationwide coverage requirement for health plans.

1           (6) The Patient Protection and Affordable Care  
2     Act provides a narrow exemption for religious  
3     groups that object to participation in government  
4     health programs generally, but it does not allow pur-  
5     chasers, plan sponsors, and other stakeholders with  
6     religious or moral objections to specific required  
7     items or services to decline providing or obtaining  
8     coverage of such items or services, or allow health  
9     care entities with such objections to decline to pro-  
10    vide them.

11          (7) By creating new barriers to health insur-  
12    ance and causing the loss of existing insurance ar-  
13    rangements, these inflexible mandates in the Patient  
14    Protection and Affordable Care Act jeopardize the  
15    ability of individuals to exercise their rights of con-  
16    science and their ability to freely participate in the  
17    health insurance and health care marketplace.

18          (8) In a significant move from the current free  
19    insurance coverage market, the Department of  
20    Health and Human Services issued an interim rule  
21    on August 1, 2011, requiring individual and group  
22    health plans to cover free sterilization and all con-  
23    traceptives approved by the Food and Drug Admin-  
24    istration.

1           (9) Within the list of contraceptives approved  
2           by the Food and Drug Administration are drugs  
3           containing abortifacient substances and effects, in-  
4           cluding Levonorgestral commonly known as Plan B  
5           and ulipristal acetate marketed as Ella. Thus, the  
6           Patient Protection and Affordable Care Act effec-  
7           tively mandates employers to provide health care in-  
8           surance covering abortion drugs and services, which  
9           is a violation of numerous federal provisions afore-  
10          mentioned.

11          (10) On January 20, 2012, the Department of  
12          Health and Human Services announced that it  
13          would not broaden the religious exemption it in-  
14          cluded in its August 1, 2011, interim rule. Instead,  
15          it gave institutions and employers with religious and  
16          moral objections to including free sterilization and  
17          all contraceptives approved by the Food and Drug  
18          Administration in their offered health insurance plan  
19          an additional year to “adapt” their consciences to  
20          the mandate.

21 **SEC. 3. PROTECTING RIGHTS OF CONSCIENCE.**

22          (1) PROHIBITION ON IMPLEMENTATION OF  
23          CERTAIN RULES.—Notwithstanding any other provi-  
24          sion of law, the Secretary of Health and Human  
25          Services shall not implement or enforce any provi-

1 sion of the interim final rule published on July 19,  
2 2010 (75 Federal Register 41726) or any amend-  
3 ment to such rule, including the amendment pub-  
4 lished on August 3, 2011 (76 Federal Register  
5 46621), insofar as such provision or amendment re-  
6 lates to requiring any individual or entity to provide  
7 coverage of sterilization or contraceptive services to  
8 which the individual or entity is opposed on the  
9 basis of religious belief.

10 (2) CLARIFICATION ON APPLICATION TO PPACA  
11 REQUIREMENTS.—Section 1302(b) of the Patient  
12 Protection and Affordable Care Act (Public Law  
13 111–148; 42 U.S.C. 18022(b)) is amended by add-  
14 ing at the end the following new paragraph:

15 “(6) SPECIAL RULE.—A health plan shall not  
16 be considered to have failed to provide the essential  
17 health benefits package described in subsection (a)  
18 (or preventive health services described in section  
19 2713 of the Public Health Service Act), to fail to be  
20 a qualified health plan, or to fail to fulfill any other  
21 requirement under this title on the basis that the  
22 plan does not provide (or pay for) coverage of steri-  
23 lization or contraceptive services because—

24 “(A) providing (or paying for) such cov-  
25 erage is contrary to the religious or moral be-

1           liefs of the sponsor, issuer, or other entity offer-  
2           ing the plan; or  
3           “(B) such coverage, in the case of indi-  
4           vidual coverage, is contrary to the religious or  
5           moral beliefs of the purchaser or beneficiary of  
6           the coverage.”.