

OP-ED CONTRIBUTOR

Blocking Care for Women

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Published: September 18, 2008

LAST month, the Bush administration launched the latest salvo in its eight-year campaign to undermine women's rights and women's health by placing ideology ahead of science: a proposed rule from the Department of Health and Human Services that would govern family planning. It would require that any health care entity that receives federal financing — whether it's a physician in private practice, a hospital or a state government — certify in writing that none of its employees are required to assist in any way with medical services they find objectionable.

Laws that have been on the books for some 30 years already allow doctors to refuse to perform abortions. The new rule would go further, ensuring that all employees and volunteers for health care entities can refuse to aid in providing any treatment they object to, which could include not only abortion and sterilization but also contraception.

Health and Human Services estimates that the rule, which would affect nearly 600,000 hospitals, clinics and other health care providers, would cost \$44.5 million a year to administer. Astonishingly, the department does not even address the real cost to patients who might be refused access to these critical services. Women patients, who look to their health care providers as an unbiased source of medical information, might not even know they were being deprived of advice about their options or denied access to care.

The definition of abortion in the proposed rule is left open to interpretation. An earlier draft included a medically inaccurate definition that included commonly prescribed forms of contraception like birth control pills, IUD's and emergency contraception. That language has been removed, but because the current version includes no definition at all, individual health care providers could decide on their own that birth control is the same as abortion.

The rule would also allow providers to refuse to participate in unspecified "other medical procedures" that contradict their religious beliefs or moral convictions. This, too, could be interpreted as a free pass to deny access to contraception.

Many circumstances unrelated to reproductive health could also fall under the umbrella of “other medical procedures.” Could physicians object to helping patients whose sexual orientation they find objectionable? Could a receptionist refuse to book an appointment for an H.I.V. test? What about an emergency room doctor who wishes to deny emergency contraception to a rape victim? Or a pharmacist who prefers not to refill a birth control prescription?

The Bush administration argues that the rule is designed to protect a provider’s conscience. But where are the protections for patients?

The 30-day comment period on the proposed rule runs until Sept. 25. Everyone who believes that women should have full access to medical care should make their voices heard. Basic, quality care for millions of women is at stake.

Hillary Rodham Clinton is a Democratic senator from New York. Cecile Richards is the president of the Planned Parenthood Federation of America.