

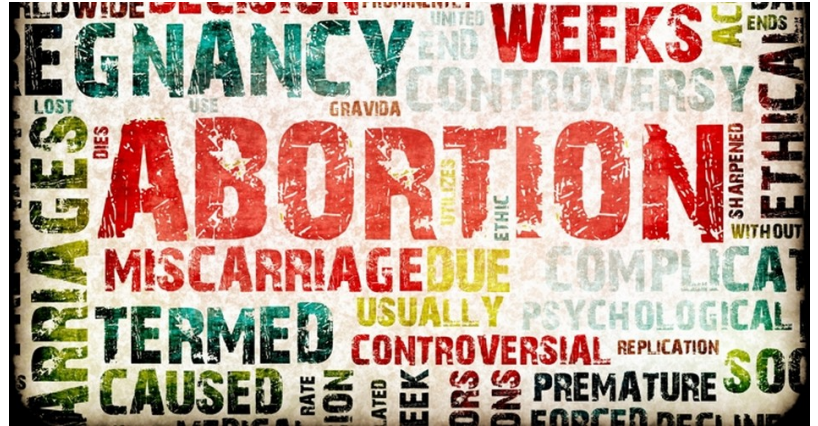


Written by [Steve Byas](#) on August 3, 2016

## Illinois Bill Mandates Pregnancy Centers, Medical Personnel Support Abortion

Illinois' SB 1564, the Healthcare Right of Conscience bill, is just the latest in a series of laws placing religious liberty in the crosshairs.

Every single Republican member of the Illinois House of Representatives opposed it, but Republican Governor Bruce Rauner ignored both their wishes and a petition from Illinois Right to Life containing 6,000 signatures pleading with him to veto the bill. Since it had passed the House by only the narrow margin of 61-54, Rauner could have killed the pro-abortion legislation with a veto.



With Rauner's signature, a preference for abortion is now the official position of the Land of Lincoln. The legislation forces all medical professionals and pregnancy resource centers to assist women in obtaining an abortion. They are not only compelled to provide contact information for abortion clinics, they are also *ordered* to describe the "benefits" of abortion.

But there is no provision in the bill which requires medical personnel to counsel patients on alternatives to abortion such as parenting or placing the child for adoption.

Matt Bowman, senior legal counsel for Alliance Defending Freedom (ADF), reacted to the bill's passage before the governor opted to sign it. "Stripping pro-life medical providers of their freedom to hold to life-affirming beliefs and refuse to participate in abortion would have a far-reaching effect on Illinois women."

Bowman continued, "This amendment takes away the rights of Illinois women to be treated by a pro-life doctor, because it would force medical facilities and physicians who conscientiously object to performing abortions (and other procedures) to refer for, make arrangements for someone else to perform, or arrange referral information that lists willing providers, for abortions."

Bowman vowed that ADF would challenge the law in court.

The bill will most likely have an immediate impact upon the lawsuit filed by Sandra Mendoza in early June, who was forced out of her job as a nurse with the Winnebago (Illinois) County Health Department, rather than participate in an abortion. It now appears that she will have no legal recourse under the new law.

And it is not just Illinois. California is presently defending a state law before the 9th U.S. Circuit Court of Appeals labelled the Reproductive FACT Act, which requires pregnancy medical clinics to advertise where and how a client can obtain a state-funded abortion through Medi-Cal (the state's Medicaid provider).

Other assaults upon religious liberty in the name of a woman's "right to choose" to obtain an abortion



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were involved in a recent case denied a hearing before the U.S. Supreme Court. The court refused, by a vote of 5-3, to hear a case from the state of Washington in which state government regulations actually target religious objections specifically.

The failure of the Supreme Court to hear the case (it takes four justices to consent to hear a case) leaves in place the ruling of the 9th Circuit Court of Appeals in San Francisco that regulations promulgated by a state board in Washington State may require pharmacies to fill an emergency contraceptive drug, regardless of the owners' religious objections.

Justices Samuel Alito and Clarence Thomas were joined by Chief Justice John Roberts in voting to hear the case. The issue was whether a law that *prohibits* religiously motivated conduct violates the Free Exercise Clause when it *exempts* the same conduct when done for a host of secular reasons, when it has been enforced against only religious conduct, and when it has a history of showing an intent to target religion.

The drug in question is known as Plan B, an emergency contraception which is a high dose of the drug found in ordinary birth-control pills. It is reputed to lower the risk of pregnancy by almost 90 percent when taken within the first three days of unprotected sex. While pharmacies are required under the regulations to fill legal prescriptions, individual pharmacists with moral objections may choose to refer patients to another pharmacist — however, it has to be another pharmacist in the same store! This regulation is, of course, impractical and discriminatory, placing a greater burden upon an independently-owned drugstore than a larger chain store.

Justice Alito noted that the regulations are likely to make a pharmacist unemployable if he or she objects on religious grounds to dispensing certain prescription medications. Rather than hire an extra pharmacist to make sure the pills are dispensed, most businesses, large and small, will simply not hire such pharmacists, as a rational business decision.

What is particularly noteworthy about this case is that the state pharmacy board specifically targeted religious objections.

Steven Saxe, the executive director of the board, was blunt. "The public, legislators and governor are telling us loud and clear that they expect the rule to protect the public from unwanted intervention based on the moral beliefs ... of a pharmacist." Saxe allowed that there were other reasons to refuse to dispense certain drugs that were legitimate, but that religious objections were not one of them.

Justice Alito declared that the court's decision not to hear the case was "an ominous sign" for the future of religious liberty claims.

And not just in the area of abortion. In Vermont, state agencies are actually interpreting a state law enacted in 2013 in a way to require healthcare professionals to counsel terminally ill patients about their option to commit suicide.

On the state web page, the question is asked, "Do doctors have to tell patients about this option [of committing suicide with the aid of a medical professional]?" The answer provided is chillingly clear: "A patient has the right to be informed of all options for care and treatment in order to make a fully-informed choice."

While three other states, including California, Oregon, and Washington, have enacted laws permitting physician-assisted suicide, Vermont is the first to *mandate* that physicians either assist patients or refer them to physicians who will help them kill themselves. This appears to be the pattern. First, we are told



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that a person must be afforded a right to choose [to kill their unborn child or themselves], and then we are told they have a right to compel others to help them do so, despite any moral objections of those others.

Linda Waite-Simpson, Vermont director of Compassion and Care, insisted that “physicians should not impose their personal ethics and values on their patients.” This is the method frequently used to deny religious liberty. Under Waite-Simpson’s reasoning, if a physician does not tell a patient about an option that he or she holds to be immoral, then that is somehow “imposing” their values on their patients.

Steven Aden, senior counsel for the ADF, said all of this is part of a “disturbing trend” of medical professionals being mandated to violate their faith. Secular progressives are not content to be allowed to make choices; they now insist that others affirm their choices by helping them — whether it is abortion, assisted suicide, or just baking a cake to celebrate a same-sex marriage.

This trend’s common theme is an attack upon religious liberty. Although religious freedom is specifically protected in the First Amendment, it is now regularly disregarded by all branches of government, at all levels. The action by the Republican governor of Illinois is simply the latest manifestation of this assault.





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