

No. 15-1330

**UNITED STATES COURT OF APPEALS
FOR THE EIGHTH CIRCUIT**

THE SCHOOL OF THE OZARKS, INC.,
d/b/a College of the Ozarks,

Plaintiff-Appellant,

v.

RIGHTCHOICE MANAGED CARE, INC.,
d/b/a Anthem Blue Cross and Blue Shield, et al.,

Defendants-Appellees.

On Appeal from the United States District Court
for the Western District of Missouri
(No. 13-03157, Hon. Beth Phillips)

Amicus Curiae brief of
**Association of American Physicians & Surgeons,
American Association of Pro-Life Obstetricians & Gynecologists,
Christian Medical Association, Catholic Medical Association,
The National Catholic Bioethics Center, Alabama Physicians for Life,
National Association of Pro Life Nurses, and
National Association of Catholic Nurses**
in Support of Plaintiff-Appellant
and Reversal of the Lower Court

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CORPORATE DISCLOSURE STATEMENT

Amici Curiae Association of American Physicians & Surgeons, American Association of Pro-Life Obstetricians & Gynecologists, Christian Medical Association, Catholic Medical Association, The National Catholic Bioethics Center, Alabama Physicians for Life, National Association of Pro Life Nurses, and National Association of Catholic Nurses have no parent corporations or stock of which a publicly held corporation can hold.

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TABLE OF CONTENTS

TABLE OF AUTHORITIES	iii
STATEMENT OF INTEREST OF <i>AMICI CURIAE</i>	1
SUMMARY OF THE ARGUMENT	6
ARGUMENT	7
I. It is Undisputed that a New Human Organism is Created at Fertilization.	7
II. Drugs and Devices Defined by the FDA as “Emergency Contraception” Have Post-Fertilization Mechanisms of Action.	10
A. Plan B can prevent implantation.	12
B. Ulipristal Acetate (<i>ella</i>) can prevent implantation or kill an implanted embryo.	13
C. Intrauterine Devices can also prevent implantation.	17
III. The Mandate Violates Sincerely Held Religious Beliefs and Freedom of Conscience.	18
A. HHS’ “accommodation” for religious non-profits requires their compliance with the Mandate.	18
B. Freedom of Conscience is a fundamental right affirmed by our Founders.	22
C. Freedom of Conscience is a fundamental right affirmed by the U.S. Supreme Court.	25
D. Freedom of Conscience is a fundamental right affirmed by Congress.	29
CONCLUSION	32

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STATEMENT OF INTEREST OF *AMICI CURIAE*¹

It is undisputed as a matter of science that a new, distinct human organism comes into existence during the process of fertilization—at the moment of sperm-egg fusion—and before implantation. Many drugs and devices labeled by the U.S. Food and Drug Administration as “emergency contraception,” however, have post-fertilization mechanisms of action which destroy the life of a human organism. In other words, these drugs and devices can work after a new human organism is created (at fertilization). Such “contraceptive” methods may prevent implantation and therefore “pregnancy,” as defined by the Government Defendants and their *amici*, but by preventing implantation these drugs and devices end the life of a unique human being.

Amici curiae are eight national organizations whose members include physicians, bioethicists, and other healthcare professionals who have a profound interest in protecting all stages of human life in their roles as healthcare providers and medical experts. As experts in the medical field, *Amici* file this brief to provide documented scientific analysis that a new human organism undisputedly

¹ In accordance with Fed. R. App. P. 29, the parties have consented to the filing of this *amicus* brief. No party’s counsel has authored the brief in whole or in part. No party or party’s counsel has contributed money intended to fund preparing or submitting this brief. No person other than *Amici*, their members, or their counsel has contributed money that was intended to fund preparing or submitting the brief.

begins at fertilization, and that “emergency contraception” has post-fertilization mechanisms of action which can destroy the life of a human organism.

Amici are sensitive to healthcare disparities and support a variety of public and private efforts that address healthcare affordability and accessibility. *Amici* oppose, however, the government’s requirement that private insurance plans must cover drugs and devices with post-fertilization (*i.e.*, life-ending) mechanisms of action. Arranging for and facilitating such coverage violates the sincere religious beliefs and freedom of conscience held by the Plaintiff and, therefore, to the extent that the government coerces its compliance, that coercion is unlawful under the Religious Freedom Restoration Act (RFRA) and unconstitutional as to the Plaintiff.

Amici include the following medical and ethics associations:

Association of American Physicians & Surgeons (AAPS) is a national association of physicians. Founded in 1943, AAPS has been dedicated to the highest ethical standards of the Oath of Hippocrates and to preserving the sanctity of the patient-physician relationship. AAPS has been a litigant before the U.S. Supreme Court and in other appellate courts. *See, e.g., Cheney v. United States Dist. Court*, 542 U.S. 367, 374 (2004) (citing *Association of American Physicians & Surgeons v. Clinton*, 997 F.2d 898 (D.C. Cir. 1993)); *Association of American Physicians & Surgeons v. Mathews*, 423 U.S. 975 (1975). In addition, the

Supreme Court has specifically cited *amicus* briefs submitted by AAPS in high-profile cases. *See, e.g., Stenberg v. Carhart*, 530 U.S. 914, 933 (2000); *id.* at 959, 963 (Kennedy, J., dissenting); *District of Columbia v. Heller*, 554 U.S. 570, 704 (2008) (Breyer, J., dissenting). Similarly, the Third Circuit cited AAPS in the first paragraph of one of its opinions, ruling in favor of AAPS's position. *See Springer v. Henry*, 435 F.3d 268, 271 (3rd Cir. 2006).

American Association of Pro-Life Obstetricians & Gynecologists (AAPLOG) is a non-profit professional medical organization consisting of approximately 2,500 obstetrician-gynecologist members and associates. AAPLOG held the title of “special interest group” within the American College of Obstetricians & Gynecologists (ACOG) for 40 years, from 1973 until 2013, until ACOG discontinued the designation of “special interest group.” AAPLOG is concerned about the potential long-term adverse consequences of abortion on a woman’s future health and continues to explore data from around the world regarding abortion-associated complications in order to provide a realistic appreciation of abortion-related health risks.

Christian Medical Association, founded in 1931, is a non-profit national organization of Christian physicians and allied healthcare professionals with approximately 14,000 members. It also has associate members from a number of allied health professions, including nurses and physician assistants. Christian

Medical Association provides up-to-date information on the legislative, ethical, and medical aspects of abortion and its impact on maternal health.

Catholic Medical Association is a non-profit national organization comprised of over 2,000 members representing over 75 medical specialties. Catholic Medical Association helps to educate the medical profession and society at large about issues in medical ethics, including abortion and maternal health, through its annual conferences and quarterly bioethics journal, *The Linacre Quarterly*.

The National Catholic Bioethics Center, established in 1972, conducts research, consultation, publishing, and education to promote human dignity in health care and the life sciences, and derives its message directly from the teachings of the Catholic Church.

Alabama Physicians for Life (APFL) is a non-profit medical organization that exists to draw attention to the issues of abortion and contraception. APFL encourages physicians to educate their patients not only regarding the innate value of human life at all stages of development, but also on the risks inherent in abortion.

National Association of Pro Life Nurses (NAPN) is a national non-profit nurses' organization with members in every state. NAPN unites nurses who seek

excellence in nursing for all, including mothers and the unborn. NAPN seeks to establish and protect the ethical values of the nursing profession.

National Association of Catholic Nurses is a national non-profit organization that gives nurses of different backgrounds the opportunity to promote Catholic moral principles in nursing and to stimulate desire for professional development. The organization focuses on educational programs, spiritual nourishment, patient advocacy, and integration of faith and health.

Based on the destructive, post-fertilization effect of “emergency contraception” and the coercive, unconstitutional actions of the government requiring the Plaintiff to violate its religious beliefs and conscience, *Amici* urge this Court to reverse the lower court.

SUMMARY OF THE ARGUMENT

The Affordable Care Act (ACA) requires that non-grandfathered private health insurance plans “provide coverage for and shall not impose any cost sharing requirements for . . . preventive care and screenings [for women].”² The government’s regulatory mandate implementing this provision (the “Mandate”) requires these plans to fully cover, without co-pay, all drugs and devices labeled by the Food and Drug Administration (FDA) as “contraception.”³ It is scientifically undisputed that the life of a new human organism begins at fertilization. *See* Part I, *infra*. However, the FDA’s definition of “contraception” is broad and includes as “emergency contraception” drugs and devices with known post-fertilization (*i.e.*, life-ending) mechanisms of action.⁴ *See* Part II, *infra*. Forcing employers to provide coverage of such life-ending drugs violates the conscientious beliefs of the Plaintiff and Americans across the nation.

The government exercised its discretion to create exemptions for churches, their integrated auxiliaries, and conventions/associations of churches. However, it

² 42 U.S.C. § 300gg-13.

³ *See* Health Resources and Services Administration, *Women’s Preventive Services Guidelines*, <http://www.hrsa.gov/womensguidelines/>. All internet sites last visited Mar. 30, 2015.

⁴ *See* FDA, *Birth Control: Medicines To Help You* (updated May 2013), <http://www.fda.gov/ForConsumers/ByAudience/ForWomen/FreePublications/ucm313215.htm>.

demands that certain religious non-profit employers, including the Plaintiff, which share the same religious objections as those churches which were granted exemptions, must comply with the Mandate through what it terms an “accommodation.” *See Part III, infra.*

When the life-ending mechanisms of action of “emergency contraception” are understood, it is clear that forcing the Plaintiff to facilitate coverage for such drugs and devices under the so-called “accommodation” continues to violate its religious rights protected under the First Amendment and contradicts this nation’s long-standing commitment to the freedom of conscience. *See Part III, infra.*

ARGUMENT

I. **It is Undisputed that a New Human Organism is Created at Fertilization.**

It is undisputed as a matter of science that a new, distinct human organism comes into existence during the process of fertilization, which begins at the time of sperm-egg fusion and well before implantation.⁵ Scientific literature is replete with statements regarding the beginning of human life as follows:

- “The fusion of sperm and egg membranes *initiates the life* of a

⁵ *See, e.g.,* Condic, *When Does Human Life Begin? A Scientific Perspective* (The Westchester Institute for Ethics & the Human Person Oct. 2008), http://bdfund.org/wordpress/wp-content/uploads/2012/06/wi_whitepaper_life_print.pdf; George & Tollefsen, *EMBRYO* 39 (2008).

sexually reproducing organism.”⁶

- “The *life cycle of mammals begins* when a sperm enters an egg.”⁷
- “Fertilization is the process by which male and female haploid gametes (sperm and egg) unite to produce *a genetically distinct individual*.”⁸
- “The oviduct or Fallopian tube is the anatomical region where *every new life begins* in mammalian species. After a long journey, the spermatozoa meet the oocyte in the specific site of the oviduct named ampulla, and fertilization takes place.”⁹
- “Fertilization—*the fusion of gametes to produce a new organism*—is the culmination of a multitude of intricately regulated cellular processes.”¹⁰

The government’s own definition attests to the fact that life begins at fertilization. According to the National Institutes of Health, “fertilization” is the “process of union” of two gametes (*i.e.*, ovum and sperm) “whereby the somatic chromosome number is restored *and the development of a new individual is*

⁶ Marsden et al., *Model systems for membrane fusion*, CHEM. SOC. REV. 40(3):1572 (Mar. 2011) (emphasis added).

⁷ Okada et al., *A role for the elongator complex in zygotic paternal genome demethylation*, NATURE 463:554 (Jan. 28, 2010) (emphasis added).

⁸ Signorelli et al., *Kinases, phosphatases and proteases during sperm capacitation*, CELL TISSUE RES. 349(3):765 (Mar. 20, 2012) (emphasis added).

⁹ Coy et al., *Roles of the oviduct in mammalian fertilization*, REPRODUCTION 144(6):649 (Oct. 1, 2012) (emphasis added).

¹⁰ Marcello et al., *Fertilization*, ADV. EXP. BIOL. 757:321 (2013) (emphasis added).

initiated.”¹¹ Thus, in the context of human life, a new individual human organism is initiated at the union of ovum and sperm.

One scientific textbook similarly explains the following:

Human development begins at fertilization when a male gamete or sperm (spermatozoon) unites with a female gamete or oocyte (ovum) to produce a single cell—a zygote. This highly specialized, totipotent cell marked *the beginning of each of us as a unique individual.*¹²

Thus, a new human organism is created *before* the developing embryo implants in the uterus—*i.e.*, before that time at which some people consider a woman “pregnant.”

The Government Defendants and their *amici* have at times tried to distract from the Plaintiff’s objections to arranging for the coverage of life-ending drugs and devices by arguing over terminology concerning when “pregnancy” begins rather than when life begins (at fertilization). Relying on a definition of pregnancy that begins at “implantation,” the Government Defendants and their *amici* have argued that “emergency contraceptives” are not “abortifacients.” However, this is a nonresponse to the concern that a drug or device can work to destroy human life after fertilization but before implantation by blocking the implantation of a

¹¹ National Institutes of Health, *Medline Plus Merriam-Webster Medical Dictionary* (2015), <http://www.merriam-webster.com/medlineplus/fertilization> (emphasis added).

¹² Moore & Persaud, *THE DEVELOPING HUMAN* 16 (7th ed. 2003) (emphasis added).

developing human embryo. Such drugs might not end a “pregnancy” under the government’s definition, but they do end the life of a unique human being. The Plaintiff—and *Amici*—conscientiously oppose not simply the ending of a “pregnancy,” but the voluntary ending of human life itself at any time following fertilization when such a termination is not necessary to save the life of the mother.

II. Drugs and Devices Defined by the FDA as “Emergency Contraception” Have Post-Fertilization Mechanisms of Action.

Drugs and devices with post-fertilization (*i.e.*, life-ending) mechanisms of action are included in the FDA definition of “contraception,” including “emergency contraception,” even though they may end a developing, distinct human being’s life by preventing implantation. Referring to such drugs as “contraception” is deceiving in that the term implies to the public only the *prevention of fertilization*. However, for the FDA, the endpoint which defines a drug as a “contraceptive” is the ability to prevent a “pregnancy”—which in operational terms means preventing a positive pregnancy test ten days to two weeks after embryo formation.

Thus, because the FDA’s criterion in categorizing a drug as “contraception” is whether a drug can work by preventing “*pregnancy*”—which the FDA defines as beginning at implantation, not fertilization—drugs that interfere with *implantation*,

which occurs days *after* fertilization and the creation of a new human organism, are categorized as “contraception.”¹³

There is no dispute among the parties that at least some of the drugs and devices included in the definition of “contraception” have post-fertilization (*i.e.* life-ending) mechanisms of action and can prevent implantation of an already-developing human embryo. For example, in *Burwell v. Hobby Lobby*, the U.S. Supreme Court noted:

[Plaintiffs] have a sincere religious belief that life begins at conception. They therefore object on religious grounds to providing health insurance that covers methods of birth control that, as HHS acknowledges, may result in the destruction of an embryo.

134 S. Ct. 2751, 2775 (2014) (citation omitted).

This post-fertilization mechanism of action of some “contraceptives” is further supported by Dr. James Trussell, who has appeared as an *amicus* supporting Government Defendants in numerous related cases. In a study on “emergency contraception,” he states: “To make an informed choice, women must know that [emergency contraception pills] . . . may at times inhibit implantation. . .

¹³ For an overview of how the definition of “pregnancy” has changed, see Gacek, *Conceiving Pregnancy: U.S. Medical Dictionaries and Their Definitions of Conception and Pregnancy*, 9 NAT’L CATHOLIC BIOETHICS QUARTERLY 542 (2009).

.”¹⁴ Although an advocate of “emergency contraception,” Dr. Trussell believes that the scientific difference between a drug that prevents fertilization of an egg and one that may also prevent implantation of a unique human organism is significant enough that it must be disclosed to a potential user. He has also stated that these post-fertilization effects “should certainly be [acknowledged and] celebrated, because without them the [contraceptive] method would not provide as much benefit as they do.”¹⁵ In other words, if fertilization has occurred, the method provides “benefit” by preventing implantation.

Moreover, a drug classified by the FDA as “emergency contraception”—Ulipristal Acetate (*ella*)—can kill a human embryo *after* implantation (*i.e.*, is abortion-inducing). An understanding of these post-fertilization mechanisms of action, discussed below, further demonstrates that “emergency contraception” can end the life of an already developing human organism.

A. Plan B can prevent implantation.

In 1999, the FDA approved the distribution of the drug known as Plan B. Although termed “emergency contraception,” the FDA’s labeling acknowledges

¹⁴ Trussell et al., *Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy* (Office of Population Research at Princeton University June 2010).

¹⁵ Raymond et al., *Embracing post-fertilisation methods of family planning: a call to action*, J. FAM. PLAN. REPROD. HEALTH CARE (2013).

that Plan B can prevent implantation of an already developing human embryo.¹⁶ Further, the FDA states on its website, “[i]f fertilization does occur, Plan B may prevent a fertilized egg from attaching to the womb (implantation).”¹⁷ The same explanation is provided by Duramed Pharmaceuticals, the manufacturer of Plan B One-Step.¹⁸

Under the Mandate, the Plaintiff is forced to pay for Plan B, despite its life-ending effect on already formed, unique human organisms, in violation of the Plaintiff’s genuinely held religious beliefs.

B. Ulipristal Acetate (*ella*) can prevent implantation or kill an implanted embryo.

In 2010, the FDA approved the drug Ulipristal Acetate (*ella*) as another “emergency contraceptive.” Importantly, *ella* is not an “improved” version of Plan B; instead, the chemical make-up of *ella* is similar to the abortion drug RU-486 (brand name Mifeprex). Like RU-486, *ella* is a selective progesterone receptor modulator (SPRM)—“[t]he mechanism of action of ulipristal (*ella*) in human

¹⁶ Plan B Approved Labeling, http://www.accessdata.fda.gov/drugsatfda_docs/nda/2006/021045s011_Plan_B_P_RNTLBL.pdf.

¹⁷ FDA, *FDA’s Decision Regarding Plan B: Questions and Answers* (updated Apr. 30, 2009), <http://www.fda.gov/cder/drug/infopage/planB/planBQandA.htm>.

¹⁸ Duramed Pharmaceuticals, *How does Plan B One-Step work?* (July 2014), <http://www.planbonestep.com/faqs.aspx> (explaining that Plan B can work “by preventing attachment (implantation) to the uterus (womb)”).

ovarian and endometrial tissue is identical to that of its parent compound mifepristone.”¹⁹ This means that though *labeled* as “contraception,” *ella* works the same way as RU-486. By blocking progesterone—a hormone necessary to build and maintain the uterine wall during pregnancy—an SPRM can either prevent a developing human embryo from implanting in the uterus, or it can kill an implanted embryo by essentially starving the embryo to death. Put another way, *ella can abort a pregnancy*, whether “pregnancy” is defined as beginning at fertilization or at implantation.²⁰

Studies confirm that *ella* is harmful to an embryo.²¹ The FDA-approved labeling notes that *ella* may “affect implantation”²² and contraindicates the use of *ella* in the case of known or suspected pregnancy. A study funded by *ella*’s manufacturer explains that SPRMs, “including ulipristal acetate,” can “impair

¹⁹ Harrison & Mitroka, *Defining Reality: The Potential Role of Pharmacists in Assessing the Impact of Progesterone Receptor Modulators and Misoprostol in Reproductive Health*, 45 ANNALS PHARMACOTHERAPY 115 (Jan. 2011).

²⁰ See Gacek, *Conceiving Pregnancy*, *supra*.

²¹ European Medicines Agency, *Evaluation of Medicines for Human Use: CHMP Assessment Report for Ellaone* 16 (2009), http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Public_assessment_report/human/001027/WC500023673.pdf.

²² *ella* Labeling Information (Aug. 13, 2010), http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022474s000lbl.pdf.

implantation.”²³ While the study’s researchers theorize that the dosage used in its trial “might be too low to inhibit implantation,”²⁴ the researchers state affirmatively that “an additional postovulatory mechanism of action,” *e.g.*, impairing implantation, “cannot be excluded.” Thus, *ella* has the potential to destroy a human embryo.

Dr. Trussell’s recent “emergency contraceptives” study demonstrates that an emergency contraceptive “could not be effective on average when started after 96 hours (four days) without a post-fertilization effect; the reason is that with increasing delay, a greater proportion of women would be too near to ovulation.”²⁵ Significantly, Dr. Trussell’s study notes that “trials of [*ella*] showed

²³ Glasier et. al, *Ulipristal acetate versus levonorgestrel for emergency contraception: a randomized non-inferiority trial and meta-analysis*, 375 THE LANCET 555 (Jan. 2010).

²⁴ In the Glasier study, “follow-up was done 5-7 days after expected menses. If menses had occurred and a pregnancy test was negative, participation [in the study] ended. If menses had not occurred, participants returned a week later.” Considering that implantation must occur *before* menses, the study could not, and did not attempt to, measure an impact on an embryo prior to implantation or even shortly after implantation. *Ella* was not given to anyone who was known to already be pregnant (upon enrollment participants were given a pregnancy test and pregnant women were excluded from the study). The only criterion for *ella* “working” was that a woman was not pregnant in the end. Whether that was achieved through blocking implantation or killing the embryo after implantation was not determinable.

²⁵ Trussell et al., *Emergency Contraception: A last chance to prevent unintended pregnancy* (Office of Population Research at Princeton University December 2013).

no statistically significant effect of treatment delay” (*i.e.*, reduced efficacy) for up to 120 hours or five days (the time frame studied).²⁶

At the FDA advisory panel meeting for *ella*, Dr. Scott Emerson, a professor of Biostatistics at the University of Washington and a panelist, raised the point that the low pregnancy rate for women who take *ella* four or five days after intercourse suggests that the drug *must* have an “abortifacient” quality.²⁷

In short, *ella* goes beyond any other “contraceptive” approved by the FDA at the time of the ACA’s enactment. By approving *ella* as “contraception,” the FDA removed, not simply blurred, the line between “contraception” and “abortion” drugs because *ella* can work by terminating an established “pregnancy.”

Further, though “indicated” for contraceptive use, mandated coverage for *ella* opens the door to the funding (through health insurance) of purposeful, off-label abortion usage of the drug. Already, *ella* is available for sale online, where a purchaser need only fill out a questionnaire to obtain the drug, with no physician or

²⁶ *Id.*

²⁷ See Transcript, Food and Drug Administration Center for Drug Evaluation and Research (CDER), Advisory Committee for Reproductive Health Drugs (June 17, 2010), <http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/ReproductiveHealthDrugsAdvisoryCommittee/UCM218560.pdf>.

pharmacist to examine the patient, explain the risks in person, or verify the identity and intentions of the purchaser.

Thus, contrary to its religious and conscientious beliefs, even with the “accommodation,” the Plaintiff is required to arrange for coverage of *ella*—an abortion-inducing drug—under the Mandate.

C. Intrauterine Devices can also prevent implantation.

Copper Intrauterine Devices (IUDs) are heavily promoted as another form of “emergency contraception.” IUDs, however, can block the implantation of a human embryo after fertilization.²⁸ Dr. Trussell’s study on “emergency contraceptives” concludes that “[i]ts very high effectiveness implies that emergency insertion of a copper IUD *must* be able to prevent pregnancy *after fertilization*.”²⁹ Put another way, IUDs are so effective *because* they do not just prevent conception—they can kill an already developing human embryo.

Clearly, under the Mandate, the Plaintiff is required to arrange for coverage of devices that can kill human embryos, contrary to their religious and conscientious beliefs.

²⁸ See Department of Health and Human Services, *Birth Control Methods* (Nov. 21, 2011), <http://www.womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.pdf> (“If fertilization does occur, the IUD keeps the fertilized egg from implanting in the lining of the uterus.”).

²⁹ See Trussell et al., *Emergency Contraception* (2010), *supra* (emphasis added).

III. The Mandate Violates Sincerely Held Religious Beliefs and Freedom of Conscience.

There can be no genuine dispute that the Mandate includes drugs and devices with life-ending mechanisms of action. The Plaintiff has made clear its conscientious and religious objections to paying or arranging for such life-ending drugs and devices, but it is threatened with onerous fines if it follows its religious and conscientious beliefs. The Mandate's coercive dichotomy—break the law or betray your religious beliefs—violates the U.S. Constitution's guarantee of freedom of conscience.

Freedom of conscience is a fundamental right that has been respected and protected since the founding of our Nation. The paramount importance of this historic right has been affirmed by the U.S. Supreme Court and by Congress. History, tradition, and jurisprudence affirm that a person cannot be forced to commit an act that is against his or her moral, religious, or conscientious beliefs—including payment for such an act—and this history, tradition, and jurisprudence unequivocally support the Plaintiff.

A. HHS' "accommodation" for religious non-profits requires their compliance with the Mandate.

The very explanation HHS gave in its July 2013 final rule for how the "accommodation" will work exposes the fallacy of its claim that under the "accommodation" these religious groups "would not contract, arrange, pay, or refer

for [the coverage that violates their religious beliefs].” 78 Fed. Reg. 39870, 39878 (2013). HHS notes that “plan participants and beneficiaries” on an accommodated plan do *not* have “two separate health insurance policies.” *Id.* at 39876. Rather, the insurance issuer (the insurance company for the religious organization) will make what HHS calls “separate payments” for the objectionable coverage. *Id.* at 39874. These payments are directly linked to the insurance plan they are supposedly separate from. There is no opt-in or opt-out.

The payments are automatically made for the “accommodated” plan’s participants and beneficiaries and start and end with a person’s enrollment in the “accommodated” plan—not a moment before and not a moment after. HHS also acknowledges that “issuers typically do not receive enrollee information prior to enrollment.” *Id.* at 39881. Put another way, the relationship between the issuer making the “separate payments” and the plan enrollees is completely dependent on the supposedly “accommodated” organization’s plan.

In its July 2013 final rule, HHS explained that these payments can be envisioned as “cost neutral” for the insurance issuer “because they would be insuring the same set of individuals under both the group health insurance policies and [the separate payments].” *Id.* at 39877. Even accepting HHS’ assumption that providing coverage of contraceptives (use of which is already ubiquitous) without co-pays would result in fewer pregnancies and at least equally lower costs on the

“accommodated” group health plan, the math only works if these contraceptive payments are considered in conjunction with the supposedly separate health plan provided by the religious employer.

Under the interim final rule issued in August 2014, the so-called “accommodation” operates exactly the same. HHS explains the change as simply “provid[ing] an alternative process” for “notice of... religious objections.” 79 Fed. Reg. 51092. That “alternative process” requires handing over the name and contact information “for any of the plan’s third party administrators and health insurance issuers.” *Id.* at 51098. HHS makes explicit that it will use that information to force the religious employer’s insurance issuer to include the objected-to items and services. *Id.* The coercive impact on the plan paid and arranged for by the religious employer remains the same.

The “accommodation” effectively requires a religious non-profit to arrange for and facilitate coverage for the drugs and devices to which it objects. Thus, for religious non-profits such as the Plaintiff, it substantially burdens their religious beliefs in a manner similar to that of the plaintiffs in *Burwell v. Hobby Lobby*. Importantly, the U.S. Supreme Court held that “[b]y requiring [Plaintiffs] and their companies to arrange for such coverage, the HHS mandate demands that they engage in conduct that seriously violates their religious beliefs.” *Hobby Lobby*,

134 S. Ct. at 2775. Likewise, if a non-profit religious employer does not “yield to this demand, the economic consequences will be severe.” *Id.*

Notably, HHS has expressly exempted churches and their auxiliaries that have objections similar to those of the Plaintiff from compliance with the Mandate. Concurring in *Hobby Lobby*, Justice Kennedy noted that the Religious Freedom Restoration Act “is inconsistent with the insistence of an agency such as HHS on distinguishing between different religious believers—burdening one while accommodating the other—when it may treat them both equally by offering both of them the same accommodation.” *Id.* at 2786 (Kennedy, J., concurring).

Ultimately, it is for the Plaintiff, not the Defendants or the courts, to determine whether what HHS has styled as an “accommodation” burdens its religious beliefs. The U.S. Supreme Court squarely addressed this point in *Hobby Lobby*, holding that those plaintiffs “sincerely believe that providing the insurance coverage demanded by the HHS regulations lies on the forbidden side of the line, and it is not for us to say that their religious beliefs are mistaken or insubstantial.” *Id.* at 2779. Here, as in *Hobby Lobby*, it is not for Defendants or the courts to determine what “lies on the forbidden side of the line” for the Plaintiff’s religious beliefs regarding complicity with life-ending drugs and devices.

B. Freedom of Conscience is a fundamental right affirmed by our Founders.

The First Amendment guarantees that Congress shall make no law prohibiting the free exercise of religion. U.S. CONST. amend. I. At the very root of that promise is the guarantee that the government cannot force a person to commit an act in violation of his or her religion.³⁰

The signers to the religion provisions of the First Amendment were united in a desire to protect the “liberty of conscience.” Having recently shed blood to throw off a government which dictated and controlled their religion and practices, guaranteeing freedom of conscience was of utmost importance.³¹

Thomas Jefferson made it clear that freedom of conscience is not to be subordinate to the government:

[O]ur rulers can have authority over such natural rights only as we have submitted to them. The rights of conscience we never submitted, we could not submit. We are answerable for them to our God.³²

³⁰ See generally McConnell, *The Origins and Historical Understanding of Free Exercise of Religion*, 103 HARV. L. REV. 1409 (1990).

³¹ The Founders often used the terms “conscience” and “religion” synonymously. Berg, *Free Exercise of Religion*, in THE HERITAGE GUIDE TO THE CONSTITUTION 310 (2005). Thus, adoption of the “religion” clauses does not mean that the Founders were ignoring freedom of conscience. The two were inextricably intertwined.

³² Jefferson, *Notes on Virginia* (1785).

Jefferson also stated that no provision in the Constitution “ought to be dearer to man than that which protects the rights of conscience against the enterprises of civil authority.”³³

Likewise, James Madison, considered the Father of the Bill of Rights, was deeply concerned that the freedom of conscience be protected. Madison stated:

The Religion then of every man must be left to the conviction and conscience of every man; and it is the right of every man to exercise it as these may dictate. This right is in its nature *unalienable right*.³⁴

In fact, Madison described the conscience as “the most sacred of all property.”³⁵

Madison also amended the Virginia Declaration of Rights to state that all men are entitled to full and free exercise of religion, “according to the dictates of conscience.”

Madison understood that if man cannot be loyal to himself, to his conscience, then a government cannot expect him to be loyal to less compelling obligations, statutes, judicial orders, or professional duties. If the government demands that he betray his conscience, the government has eliminated the only moral basis for obeying any law. Madison considered it “the particular glory of

³³ Jefferson, Letter to New London Methodists (1809).

³⁴ Madison, *Memorial and Remonstrance Against Religious Assessments* ¶ 15 (1785) (emphasis added).

³⁵ Milton, *THE QUOTABLE FOUNDING FATHERS: A TREASURY OF 2,500 WISE AND WITTY QUOTATIONS* 36-37 (2005).

this country, to have secured the rights of conscience which in other nations are least understood or most strangely violated.”³⁶

George Washington maintained that “the establishment of Civil and Religious Liberty was the Motive that induced me to the field of battle,” and he advised Americans to “labor to keep alive in your breast that little spark of celestial fire called conscience.”³⁷ Washington also maintained that the government should accommodate religious persons:

The conscientious scruples of all men should be treated with great delicacy and tenderness: and it is my wish and desire, that the laws may always be extensively accommodated to them, as a due regard for the protection and essential interests of the nation may justify and permit.³⁸

John Adams stated that “no subject shall be hurt, molested, or restrained, in his person, liberty, or estate, for worshipping God in the manner most agreeable to the dictates of his own conscience.”³⁹ Patriot leader Samuel Adams wrote that the liberty of conscience is an original right.⁴⁰

³⁶ Madison, Speech Delivered in Congress (Dec. 22, 1790).

³⁷ Novak & Novak, WASHINGTON’S GOD 111(2006); Milton, *supra*.

³⁸ Washington, Letter to the Religious Society Called Quakers (1789).

³⁹ Adams, *A Declaration of the Rights of the Inhabitants of the Commonwealth of Massachusetts*, in REPORT FROM COMMITTEE BEFORE THE CONVENTION OF DELEGATES (1779).

⁴⁰ Cushing, THE WRITINGS OF SAMUEL ADAMS 350-59 (vol. II, 1906).

Forcing the Plaintiff to arrange for and facilitate coverage for drugs and devices which have the effect of ending human life and to which it is conscientiously opposed eviscerates the very purpose for which this Nation was founded and formed. As Thomas Jefferson charged us:

[W]e are bound, you, I, every one, to make common cause, even with error itself, to maintain the common right of freedom of conscience. *We ought with one heart and one hand hew down the daring and dangerous efforts of those who would seduce the public opinion to substitute itself into ... tyranny over religious faith....*⁴¹

C. Freedom of Conscience is a fundamental right affirmed by the U.S. Supreme Court.

The Supreme Court has consistently ruled in favor of protecting the freedom of conscience. “Freedom of conscience” is referenced explicitly throughout Supreme Court jurisprudence. *See, e.g., Baird v. State Bar of Ariz.*, 401 U.S. 1, 6 (1971) (“This conjunction of liberties is not peculiar to religious activity and institutions alone. The First Amendment gives freedom of mind the same security as freedom of conscience.”); *Tinker v. Des Moines Indep. Cmty. Sch. Dist.*, 393 U.S. 503, 506 n.2 (1969) (referencing “constitutionally protected freedom of conscience”).

The Court has stated that “[f]reedom of conscience ... cannot be restricted by law.” *Cantwell v. Conn.*, 310 U.S. 296, 303 (1940) (emphasis added). While

⁴¹ Jefferson, Letter to Edward Dowse, Esq. (Apr. 19, 1803) (emphasis added).

the “freedom to believe” is absolute, the “freedom to act” is not; however, “in every case,” regulations on the freedom to act cannot “unduly infringe the protected freedom.” *Id.* at 303-04.

In the 1940s, the Court considered regulations requiring public school students to recite the pledge to the American flag, ultimately vindicating the students’ freedom of conscience. In *West Virginia State Board of Education v. Barnette*, the Court stated:

If there is any fixed star in our constitutional constellation, it is that no official, high or petty, can prescribe what shall be orthodox in politics, nationalism, religion, or other matters of opinion or force citizens to confess by word or act their faith therein.... [L]ocal authorities [may not] transcend [] constitutional limitations on their power and invade[] the sphere of intellect and spirit which it is the purpose of the *First Amendment to our Constitution* to reserve from all official control.

Barnette, 319 U.S. 624, 642 (1943) (emphasis in original). The Court also stated, “[F]reedom to differ is not limited to things that do not matter much.... The test of its substance is the right to differ as to things that touch the heart of the existing order.” *Id.*⁴² Based upon these principles, the Court ruled it unconstitutional to

⁴² “The very purpose of a *Bill of Rights* was to withdraw certain subjects from the vicissitudes of political controversy, to place them beyond the reach of majorities and officials and to establish them as legal principles to be applied by the courts. One’s ... freedom of worship and assembly, and other fundamental rights may not be submitted to vote; they depend on the outcome of no elections.” *Barnette*, 319 U.S. at 638 (emphasis in original).

force public school children to perform an act that was against their religious beliefs.

Barnette has been affirmed on numerous occasions, including in *Planned Parenthood v. Casey*, 505 U.S. 833 (1992), where the Court stated:

It is conventional constitutional doctrine that where reasonable people disagree the government can adopt one position or the other. *That theorem, however, assumes a state of affairs in which the choice does not intrude upon a protected liberty.* Thus, while some people might disagree about whether or not the flag should be saluted, or disagree about the proposition that it may not be defiled, *we have ruled that a State may not compel or enforce one view or the other.*

Id. at 851 (citing *Barnette*, 319 U.S. 624) (other citations omitted) (emphasis added).

Similar to the principle established by the Court in the context of an obligatory flag salute and pledge, forcing the Plaintiff to choose between adhering to its religious, moral, or conscientious convictions and complying with the Mandate is an unconstitutional exercise of state power.

The Court has also protected men who were conscientiously opposed to war. In *United States v. Seeger* and *Welsh v. United States*, the Court extended draft exemptions⁴³ to “all those whose consciences, spurred by deeply held moral,

⁴³ Section 6(j) of the Universal Military Training and Service Act exempted men from the draft who were conscientiously opposed to military service because of “religious training and belief.” Early colonial charters and state constitutions similarly spoke of freedom of conscience as a right, and during the Revolutionary

ethical, or religious beliefs, would give them no rest or peace if they allowed themselves to become part of an instrument of war.” *Welsh*, 398 U.S. 333, 344 (1970) (affirming *Seeger*, 380 U.S. 163 (1965)).

Welsh acknowledged that § 6(j) protected persons with “intensely personal” convictions—even when other persons found those convictions “incomprehensible” or “incorrect.” *Welsh*, 398 U.S. at 339. *Seeger* and *Welsh* “held deep conscientious scruples against taking part in wars where people were killed. Both strongly believed that killing in war was wrong, unethical, and immoral, and their consciences forbade them to take part in such an evil practice.” *Id.* at 337. Important here is *Welsh*’s statement:

I believe that human life is valuable in and of itself; in its living; therefore I will not injure or kill another human being.... I cannot, therefore conscientiously comply with the Government’s insistence that I assume duties which I feel are immoral and totally repugnant.

Id. at 343.

The holdings in these cases demonstrate a strong commitment by the Supreme Court to protect freedom of conscience. Like *Welsh*, the Plaintiff believes that human life is valuable—at all stages and in all situations. As discussed *supra*, “emergency contraception” has the potential to kill developing human embryos. Being forced to arrange for and facilitate for the termination of a

War, many states granted exemptions from conscription to Quakers, Mennonites, and others with religious beliefs against war.

human life is just as objectionable as being forced to participate in the termination of human life in war.

D. Freedom of Conscience is a fundamental right affirmed by Congress.

Congress has considered and passed numerous measures expressing the federal government's commitment to protecting the freedom of conscience. Congress addressed the issue of conscience just weeks after the Supreme Court decided *Roe v. Wade*. In 1973, Congress passed the first of the Church Amendments.⁴⁴ The original and subsequent Church Amendments protect healthcare providers from discrimination by recipients of U.S. Department of Health and Human Services (HHS) funds on the basis of their objection, because of religious belief or moral conviction, to performing or participating in *any* lawful health service or research activity.

In 1996, Section 245 of the Public Health Service Act, the Coats Amendment, was enacted to prohibit the federal government and state or local governments that receive federal financial assistance from discriminating against individual and institutional healthcare providers, including participants in medical training programs, who refused to, among other things, receive training in abortions, require or provide such training, perform abortions, or provide referrals

⁴⁴ 42 U.S.C. § 300-7.

or make arrangements for such training or abortions.⁴⁵ The measure was prompted by a 1995 proposal from the Accreditation Council for Graduate Medical Education to mandate abortion training in all obstetrics and gynecology residency programs.

The most recent federal conscience protection, the Hyde-Weldon Amendment, was first enacted in 2005 and provides that no federal, state, or local government agency or program that receives funds under the Labor, Health and Human Services (LHHS) appropriations bill may discriminate against a healthcare provider because the provider refuses to provide, pay for, provide coverage of, or refer for abortion.⁴⁶ The Amendment is subject to annual renewal and has survived multiple legal challenges.⁴⁷

Congress has also acted to provide specific conscience protections in the provision of contraceptives. For example, in 2000, Congress passed a law requiring the District of Columbia to include a conscience clause protecting

⁴⁵ 42 U.S.C. § 238n.

⁴⁶ Pub. L. No. 110-161, § 508(d), 121 Stat. 1844, 2209 (2007).

⁴⁷ Many similar conscience provisions related to federal funding have been passed over the last 45 years. *See, e.g.*, 42 U.S.C. § 1395w-22(j)(3)(B) (1997); 42 U.S.C. § 300a-7(e) (1979); 42 U.S.C. § 300a-7(c)(2), (d) (1974); 42 U.S.C. § 300a-7(b), (c)(1) (1973); 48 C.F.R. § 1609.7001(c)(7) (1998); Pub. L. No. 108-25, 117 Stat. 711, at 733 (2003).

CONCLUSION

It is undisputed as a matter of science that a new human organism is created at fertilization. Being forced to arrange and facilitate coverage for drugs and devices that can end a human life after fertilization but before implantation amounts to forced participation in the act of ending a human life itself. The Plaintiff has a genuine and authentic conscientious objection to arranging for and facilitating insurance coverage for such drugs and devices. The Mandate requiring the provision of such drugs and devices, even with its accommodation, is a coercive policy which runs contrary to the history, tradition, and jurisprudence of this Nation, violates the Plaintiff's freedom of conscience, and is, therefore, unconstitutional.

For the forgoing reasons, this Court should reverse the lower court.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I hereby certify that on May 13, 2015, I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Eighth Circuit by using the CM/ECF system. Participants in the case who are registered CM/ECF users will be served by the CM/ECF system.

I further certify that on May 14, 2015, I served one identical paper copy of the foregoing *Amicus Curiae* Brief to counsel listed below via U.S.P.S. first-class mail, postage paid. On that date I also sent 10 identical paper copies to the U.S. Court of Appeals for the Eighth Circuit via third party commercial carrier.

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