

March 20, 2018

Alex Azar, Secretary U.S. Department of Health and Human Services Office for Civil Rights Attention: Hubert H. Humphrey Building, Room 509F 200 Independence Avenue SW Washington, DC 20201

Re: Protecting Statutory Conscience Rights in Health Care; Delegations of Authority, RIN 0945–ZA03

Dear Secretary Azar:

On behalf of the American Academy of Family Physicians (AAFP), which represents 129,000 family physicians and medical students across the country, I write in response to the proposed rule titled, "Protecting Statutory Conscience Rights in Health Care; Delegations of Authority" as published by the Office for Civil Rights (OCR) in the January 26, 2018 Federal Register.

In this regulation, OCR proposes to revise regulations to ensure that health care professionals have the right to decline to participate in medical procedures to which they are opposed on moral or religious grounds. HHS also announced the creation of the Conscience and Religious Freedom Division.

While these actions by HHS do not appear to suggest the creation of new rights or obligations under federal law, they do signal an intent to broaden the scope of existing conscience objection regulations and promote stricter enforcement of those laws. The AAFP is concerned that these actions could restrict access to care for vulnerable patients seeking the aid of their family physician or other health care professionals.

The AAFP recognizes and respect the rights of health care professionals to decline to participate in care that violates their personal code of ethics. However, our policies call for ensuring that all patients have access to health care, regardless of actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus or national origin. Denying access to care to a patient on religious, ethical or moral grounds is in direct conflict with AAFP policy. There is a distinct difference between declining to participate in a procedure versus denying access to care to an individual patient. The former is a protected right, the latter is an unacceptable shirking of our basic responsibility to care for our patients and contrary to the key underpinnings of the Code of Medical Ethics.

It is the AAFP's policy on professional responsibility in physician and patient relationships that good medical care requires a mutually trusting and satisfactory relationship between physician and patient.

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No physician shall be compelled to prescribe any treatment or perform any act which violates his/her good judgment or personally held moral principles. In these circumstances, the physician may withdraw from the case so long as adequate notice is given to enable the patient to engage the services of another physician.

The AAFP will continue to monitor the actions of HHS and its Conscience and Religious Freedom Division. We caution the administration to abide by its insistence that the division's focus would be on "actions" and not on denying care to specific groups of people.

We appreciate the opportunity to provide these comments. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org with any questions or concerns.

Sincerely,

John Meigs, Jr., MD, FAAFP Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year – more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.