

# Nos. 19- 4254(L), 20-31, 20-32, 20-41

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IN THE UNITED STATES COURT OF APPEALS  
FOR THE SECOND CIRCUIT

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STATE OF NEW YORK; CITY OF NEW YORK; STATE OF COLORADO; STATE OF CONNECTICUT; STATE OF DELAWARE; DISTRICT OF COLUMBIA; STATE OF HAWAII; STATE OF ILLINOIS; STATE OF MARYLAND; COMMONWEALTH OF MASSACHUSETTS; STATE OF MICHIGAN; STATE OF MINNESOTA; STATE OF NEVADA; STATE OF NEW JERSEY; STATE OF NEW MEXICO; STATE OF OREGON; COMMONWEALTH OF PENNSYLVANIA; STATE OF RHODE ISLAND; STATE OF VERMONT; COMMONWEALTH OF VIRGINIA; STATE OF WISCONSIN; CITY OF CHICAGO; AND COOK COUNTY, ILLINOIS,

Plaintiffs-Appellees,

*(Caption continued on inside cover)*

On Appeal from the United States District Court  
for the Southern District of New York

**JOINT APPENDIX VOLUME IX OF X**

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*General Counsel*

SEAN R. KEVENEY  
*Deputy General Counsel*  
*U.S. Department of Health & Human Services*

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*Assistant Attorney General*

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*950 Pennsylvania Avenue NW*  
*Washington, DC 20530*  
*(202) 532-4631*  
*Counsel for Defendants-Appellants and Consolidated-  
Defendants-Appellants*

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.; PLANNED PARENTHOOD OF  
NORTHERN NEW ENGLAND, INC.; NATIONAL FAMILY PLANNING AND REPRODUCTIVE  
HEALTH ASSOCIATION; AND PUBLIC HEALTH SOLUTIONS, INC.

Consolidated-Plaintiffs-Appellees,

v.

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; ALEX M. AZAR, II, in  
his official capacity as Secretary of the United States Department of Health and Human Service; AND  
UNITED STATES OF AMERICA,

Defendants-Appellants,

DR. REGINA FROST AND CHRISTIAN MEDICAL AND DENTAL ASSOCIATIONS,

Intervenors-Defendants-Appellants,

ROGER T. SEVERINO, in his official capacity as Director, Office for Civil Rights, United States  
Department of Health and Human Services; AND OFFICE FOR CIVIL RIGHTS, UNITED STATES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES,

Consolidated-Defendants-Appellants.

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# Exhibit 132



RECEIVED  
SEP 09 2014  
HHS/Office for Civil Rights  
Region VII

August 15, 2014

██████████  
██████████  
*SENIOR STAFF ATTORNEY*  
*Reproductive Freedom Project*  
T/212.519.7897  
bamiri@aclu.org

By First Class Mail  
Office for Civil Rights, DHHS  
Region VII  
601 East 12th Street, Room 248  
Kansas City, MO 64106

██████████  
*STAFF ATTORNEY*  
*Reproductive Freedom Project*  
T/212.549.2601  
jlee@aclu.org

Re: Church Amendment Complaint on Behalf of Dr. Cheryl Chastine

To Whom It May Concern:

Please find the attached Civil Rights Discrimination Complaint filed on behalf of Dr. ██████████ under the Church Amendment. The attached letter dated August 16, 2013, from Wesley Medical Center's Medical Staff President, Dr. ██████████, makes clear that Wesley Medical Center denied Dr. ██████████ application for admitting privileges because she performs abortions. This is a violation of the Church Amendment, 42 U.S.C. § 300a-7(c), which prohibits hospitals that receive certain federal funds from discriminating "in the extension of staff or other privileges to any physician . . . because he performed or assisted in the performance of . . . abortion."

We hope you will fully investigate the matter, and will take appropriate action. Please do not hesitate to contact us if we can be helpful in the course of your investigation.

Sincerely,



ACLU of Kansas  
3601 Main Street  
Kansas City, MO 64111  
816-994-3311  
dbonney@aclukansas.org

AMERICAN CIVIL LIBERTIES  
UNION FOUNDATION  
NATIONAL OFFICE  
125 BROAD STREET, 18TH FL.  
NEW YORK, NY 10004-2400  
T/212.549.2500  
WWW.ACLU.ORG

OFFICERS AND DIRECTORS  
SUSAN N. HERMAN  
PRESIDENT

ANTHONY D. ROMERO  
EXECUTIVE DIRECTOR

RICHARD ZACKS  
TREASURER





**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE FOR CIVIL RIGHTS (OCR)  
CIVIL RIGHTS DISCRIMINATION COMPLAINT**

Form Approved: OMB No. 0990-0269.  
See OMB Statement on Reverse.



YOUR FIRST NAME [REDACTED]		YOUR LAST NAME [REDACTED]	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code) [REDACTED]	
STREET ADDRESS [REDACTED]			CITY [REDACTED]
STATE [REDACTED]	ZIP [REDACTED]	E-MAIL ADDRESS (if available) [REDACTED]	

**Are you filing this complaint for someone else?**  Yes  No  
If Yes, whose civil rights do you believe were violated?

FIRST NAME: [REDACTED] LAST NAME: [REDACTED]

**I believe that I have been (or someone else has been) discriminated against on the basis of:**

Race / Color / National Origin   
  Age   
  Religion   
  Sex  
 Disability   
  Other (specify): Conscience Protection/Church Amendment

**Who or what agency or organization do you believe discriminated against you (or someone else)?**  
PERSON/AGENCY/ORGANIZATION  
Wesley Medical Center

STREET ADDRESS 550 N. Hillside		CITY Wichita
STATE Kansas	ZIP 67214	PHONE (Please include area code) 3169262000

**When do you believe that the civil right discrimination occurred?**  
LIST DATE(S)  
August 16, 2013

**Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)**

Please see attached letter with attachments.

**Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.**

SIGNATURE: [REDACTED] DATE (mm/dd/yyyy): 08/11/2014

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's web site at: [www.hhs.gov/ocr/civilrights/complaints/index.html](http://www.hhs.gov/ocr/civilrights/complaints/index.html). To mail a complaint see reverse page for OCR Regional addresses.

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect OCR's decision to process your complaint.

Do you need special accommodations for us to communicate with you about this complaint? (Check all that apply)

- Braille   
  Large Print   
  Cassette tape   
  Computer diskette   
  Electronic mail   
  TDD  
 Sign language interpreter (specify language): \_\_\_\_\_  
 Foreign language interpreter (specify language): \_\_\_\_\_   
  Other: \_\_\_\_\_

If we cannot reach you directly, is there someone we can contact to help us reach you?

FIRST NAME [REDACTED]		LAST NAME [REDACTED]	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code) 8169943311	
STREET ADDRESS ACLU Foundation of Kansas, 3601 Main Street		CITY Kansas City	
STATE MO	ZIP 64111	E-MAIL ADDRESS (If available) dbonney@aclukansas.org	

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)  
PERSON/AGENCY/ORGANIZATION/ COURT NAME(S)

DATE(S) FILED	CASE NUMBER(S) (If known)
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To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

ETHNICITY (select one)                      RACE (select one or more)  
 Hispanic or Latino                       American Indian or Alaska Native     Asian                       Native Hawaiian or Other Pacific Islander  
 Not Hispanic or Latino                       Black or African American                       White                       Other (specify): \_\_\_\_\_  
 PRIMARY LANGUAGE SPOKEN (if other than English) \_\_\_\_\_

How did you learn about the Office for Civil Rights?

- HHS Website/Internet Search   
  Family/Friend/Associate   
  Religious/Community Org   
  Lawyer/Legal Org   
  Phone Directory   
  Employer  
 Fed/State/Local Gov   
  Healthcare Provider/Health Plan   
  Conference/OCR Brochure   
  Other (specify): \_\_\_\_\_

To mail a complaint, please type or print, and return completed complaint to the OCR Regional Address based on the region where the alleged violation took place. If you need assistance completing this form, contact the appropriate region listed below.

<b>Region I - CT, ME, MA, NH, RI, VT</b> Office for Civil Rights, DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) (617) 565-3809 FAX	<b>Region V - IL, IN, MI, MN, OH, WI</b> Office for Civil Rights, DHHS 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD) (312) 886-1807 FAX	<b>Region IX - AZ, CA, HI, NV, AS, GU,</b> <b>The U.S. Affiliated Pacific Island Jurisdictions</b> Office for Civil Rights, DHHS 90 7th Street, Suite 4-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX
<b>Region II - NJ, NY, PR, VI</b> Office for Civil Rights, DHHS 26 Federal Plaza - Suite 3312 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX	<b>Region VI - AR, LA, NM, OK, TX</b> Office for Civil Rights, DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX	
<b>Region III - DE, DC, MD, PA, VA, WV</b> Office for Civil Rights, DHHS 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) (215) 861-4431 FAX	<b>Region VII - IA, KS, MO, NE</b> Office for Civil Rights, DHHS 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (TDD) (816) 426-3686 FAX	
<b>Region IV - AL, FL, GA, KY, MS, NC, SC, TN</b> Office for Civil Rights, DHHS 61 Forsyth Street, SW. - Suite 16T70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 562-7884 (TDD) (404) 562-7881 FAX	<b>Region VIII - CO, MT, ND, SD, UT, WY</b> Office for Civil Rights, DHHS 999 18th Street, Suite 417 Denver, CO 80202 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX	<b>Region X - AK, ID, OR, WA</b> Office for Civil Rights, DHHS 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX

**Burden Statement**

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 531H, Washington, D.C. 20201. **Please do not mail complaint form to this address.**

HHS-699 (7/09) (BACK)



## COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

Please read and review the documents entitled, Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights and Protecting Personal Information in Complaint Investigations for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

**In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.**

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.

# Exhibit 133

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE FOR CIVIL RIGHTS (OCR)  
CIVIL RIGHTS DISCRIMINATION COMPLAINT**



YOUR FIRST NAME [REDACTED]		YOUR LAST NAME [REDACTED]	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code) (916) 581-0180	
STREET ADDRESS 1119 K Street, Second Floor		CITY Sacramento	
STATE CA	ZIP 95814	E-MAIL ADDRESS (If available) [REDACTED]	

Are you filing this complaint for someone else?  Yes  No  
If Yes, whose civil rights do you believe were violated?

FIRST NAME Sacramento Life Center, Inc.	LAST NAME
--	-----------

RECEIVED NOV 09 2015

**I believe that I have been (or someone else has been) discriminated against on the basis of:**

- Race / Color / National Origin   
  Age   
  Religion   
  Sex  
 Disability   
  Other (specify): Weldon Amendment Conscience Protections

**Who or what agency or organization do you believe discriminated against you (or someone else)?**

PERSON/AGENCY/ORGANIZATION

The State of California

STREET ADDRESS State Capitol		CITY Sacramento
STATE CA	ZIP 95814	PHONE (Please include area code)

**When do you believe that the civil right discrimination occurred?**

LIST DATE(S)

January 1, 2016

**Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)**

See attached letter.

Please sign and date this form. If you are submitting this form by email, you must sign and date it. **to sign if submitting this form by email because submission by email represents your signature.**

SIGNATURE [REDACTED]	DATE (mm/dd/yyyy) 4 November 2015
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However, without the information requested above, OCR may be unable to proceed with your complaint. Authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's web site at: [www.hhs.gov/ocr/civilrights/complaints/index.html](http://www.hhs.gov/ocr/civilrights/complaints/index.html). To submit a complaint using alternative methods, see reverse page (page 2 of the complaint form).

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect OCR's decision to process your complaint.

Do you need special accommodations for us to communicate with you about this complaint? (Check all that apply)

- Braille     
  Large Print     
  Cassette tape     
  Computer diskette     
  Electronic mail     
  TDD  
 Sign language interpreter (specify language): \_\_\_\_\_  
 Foreign language interpreter (specify language): \_\_\_\_\_     
  Other: \_\_\_\_\_

If we cannot reach you directly, is there someone we can contact to help us reach you?

FIRST NAME		LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS		CITY	
STATE	ZIP	E-MAIL ADDRESS (if available)	

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)

PERSON/AGENCY/ORGANIZATION/ COURT NAME(S)	DATE(S) FILED	CASE NUMBER(S) (if known)
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To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

ETHNICITY (select one)      RACE (select one or more)  
 Hispanic or Latino     
  American Indian or Alaska Native     
  Asian     
  Native Hawaiian or Other Pacific Islander  
 Not Hispanic or Latino     
  Black or African American     
  White     
  Other (specify): \_\_\_\_\_  
 PRIMARY LANGUAGE SPOKEN (if other than English): \_\_\_\_\_

How did you learn about the Office for Civil Rights?

- HHS Website/Internet Search     
  Family/Friend/Associate     
  Religious/Community Org     
  Lawyer/Legal Org     
  Phone Directory     
  Employer  
 Fed/State/Local Gov     
  Healthcare Provider/Health Plan     
  Conference/OCR Brochure     
  Other (specify): \_\_\_\_\_

To submit a complaint, please type or print, sign, and return completed complaint form package (including consent form) to the OCR Headquarters address below.

**U.S. Department of Health and Human Services**  
 Office for Civil Rights  
 Centralized Case Management Operations  
 200 Independence Ave., S.W.  
 Suite 515F, HHH Building  
 Washington, D.C. 20201  
 Customer Response Center: (800) 368-1019  
 Fax: (202) 619-3818  
 TDD: (800) 537-7697  
 Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

**Burden Statement**

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OIG Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave., S.W., Room 531H, Washington, D.C. 20201. Please do not mail complaint form to this address. HHS-899 (7/09) (BACK)

[REDACTED]  
ATTORNEY AT LAW  
1119 K STREET, SECOND FLOOR  
SACRAMENTO, CALIFORNIA 95814

ALSO ADMITTED IN THE  
DISTRICT OF COLUMBIA

TELEPHONE: (916) 581-0180  
EMAIL: JFS@SWEENEY.LEGAL

November 4, 2015

RECEIVED NOV 09 2015

**VIA FEDERAL EXPRESS**

Mr. [REDACTED]  
Regional Manager  
Office for Civil Rights  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103

**Re:** *Civil Rights Complaint on behalf of the Sacramento Life Center Against the State of California*

Dear Mr. [REDACTED]

I write you on behalf of my client, the Sacramento Life Center, to lodge a complaint against the State of California under the Weldon Amendment, based upon the State's recent enactment of Assembly Bill No. 775 (Chiu), which becomes effective January 1, 2016.

The mission of the Sacramento Life Center is to offer compassion, support, resources, and free medical care to women and couples facing unplanned or unsupported pregnancies, by providing them with realistic, high quality options other than abortion. In addition to being a social service agency, it is also a state-licensed medical clinic committed to ensuring all women and teen girls have access to free, or low cost, medical care. The Sacramento Life Center is a private, non-denominational, non-profit charitable organization that serves everyone regardless of financial standing, ethnic background, or religion. It is opposed to abortion and has, for the past forty years, worked tirelessly to offer women in crisis pregnancies abortion alternatives and compassionate care.

On October 9, 2015, Governor Brown signed Assembly Bill No. 775 (Chiu), the misleadingly self-styled "Reproductive FACT (Freedom, Accountability, Comprehensive Care, and Transparency) Act." AB 775, which becomes effective January 1, 2016, will require a licensed health facility, such as the Sacramento Life Center, to provide a notice to all patients that refers them to no-cost abortion services.

LAW OFFICES OF [REDACTED]

Mr. [REDACTED]

Re: Civil Rights Complaint on behalf of the Sacramento Life Center

November 4, 2015

Page 2 of 3

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The statute provides no exception for facilities, such as the Sacramento Life Center, that are opposed to abortion and offer women abortion alternatives. Failure to comply with the FACT Act carries a \$500 fine for the first offense and \$1,000 for each subsequent offense. In a word, AB 775 is an effort by the State of California to coerce organizations, which exist for the purpose of offering abortion alternatives to their patients, to refer for abortion.

In 2005, the federal government enacted the Weldon Amendment to ensure State neutrality on abortion by prohibiting precisely the sort of coercive, discriminatory, and divisive action the State has just taken in enacting AB 775. The Weldon Amendment provides:

None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.<sup>1</sup>

The State of California's use of its police power to coerce organizations that are conscientiously opposed to abortion, like the Sacramento Life Center, to provide information that refers their patients and clients to abortion providers is unlawful under the Weldon Amendment. The United States Congress enacted the Weldon Amendment to honor and protect our nation's long-standing, hard-won commitment to pluralism, tolerance of those who conscientiously dissent from certain public policies, and protection of minority rights. For example, government does not force physicians (or their associations) who conscientiously oppose state-sanctioned executions to participate in them, and government does not compel citizens who conscientiously oppose war to participate in combat. To force health care providers to violate their most intimate and fundamental convictions—such as a commitment to defend life, and to refrain from referring for abortion procedures—is discriminatory behavior as defined and prohibited by the Weldon Amendment. The very *raison d'être* for the Sacramento Life Center is to offer safe, high quality alternatives to abortion. The State of California, in clear violation of federal law, will soon be compelling it to violate its

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<sup>1</sup> Weldon Amendment, Consolidated Appropriations Act, 2009, Pub. L. No. 111-117, 123 Stat 3034.

LAW OFFICES OF 

Mr. 

Re: Civil Rights Complaint on behalf of the Sacramento Life Center

November 4, 2015

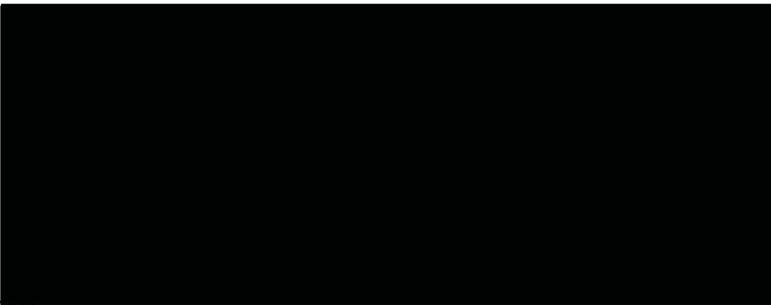
Page 3 of 3

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core mission by referring its patients and clients to abortion providers.

Recognizing this, the Board of Directors of the Sacramento Life Center urges the U.S. Department of Health and Human Services' Office for Civil Rights to undertake an immediate, thorough, and impartial investigation of AB 775 (Chiu).

Please contact me if you have further questions or require clarifications.

  
cc: Hon. Sylvia Burwell  
Secretary, Department of Health and Human Services

William B. Schultz, Esquire  
General Counsel, Department of Health and Human Services

Hon. Tom Cole, M.C.  
U.S. House of Representatives

Hon. John Fleming, M.C.  
U.S. House of Representatives

Hon. Joseph Pitts, M.C.  
U.S. House of Representatives

JFS:ms

# Exhibit 134



misoprostol for abortion. *Contraception*. 1999;59:1–6.

18. Prine LW, Lesnewski R. Medication abortion and family physicians' scope of practice. *J Am Board Fam Pract*. 2005; 18:304–306.

19. Prine L, Lesnewski R, Berley N, Gold M. Medical abortion in family practice: a case series. *J Am Board Fam Pract*. 2003; 16:290–295.

20. Westfall JM, Sophocles A, Burgrgraf H, Ellis S. Manual vacuum aspiration for first-trimester abortion. *Arch Fam Med*. 1998;7:559–562.

21. Paul M, Nobel K, Goodman S, Lossy P, Moschella JE, Hammer H. Abortion training in three family medicine programs: resident and patient outcomes. *Fam Med*. 2007;39:184–189.

22. American Academy of Family Physicians. Colonoscopy (position paper). Available at: <http://www.aafp.org/online/en/home/policy/policies/c/colonoscopypositionpaper.html>. Accessed July 9, 2008.

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## When There's a Heartbeat: Miscarriage Management in Catholic-Owned Hospitals

Lori R. Freedman, PhD, Uta Landy, PhD, and Jody Steinauer, MD, MAS

As Catholic-owned hospitals merge with or take over other facilities, they impose restrictions on reproductive health services, including abortion and contraceptive services. Our interviews with US obstetrician-gynecologists working in Catholic-owned hospitals revealed that they are also restricted in managing miscarriages.

Catholic-owned hospital ethics committees denied approval of uterine evacuation while fetal heart tones were still present, forcing physicians to delay care or transport miscarrying patients to non-Catholic-owned facilities. Some physicians intentionally violated protocol because they felt patient safety was compromised.

Although Catholic doctrine officially deems abortion

permissible to preserve the life of the woman, Catholic-owned hospital ethics committees differ in their interpretation of how much health risk constitutes a threat to a woman's life and therefore how much risk must be present before they approve the intervention. (*Am J Public Health*. 2008;98:1774–1778. doi:10.2105/AJPH.2007.126730)

### OVER THE PAST DECADE, AS

Catholic hospitals have merged with and purchased nonsectarian hospitals around the United States, the lay press and legal journals have featured discussion about the impact of these mergers on patient care, particularly with regard to reproductive health.<sup>1–5</sup> The literature has focused on policies prohibiting tubal ligation, contraceptive

services, emergency contraception, and abortion. Although other religiously owned and nonsectarian hospitals may also prohibit or limit some of these services, Catholic-owned hospitals are the largest group of religiously owned nonprofit hospitals, operating 15.2% of the nation's hospital beds,<sup>6</sup> and increasingly they are the only hospitals in certain regions within the United States.<sup>7</sup> The result is that Catholic and non-Catholic patients alike come to depend on these facilities for emergencies, childbirth, and routine procedures without knowing how some of their options are potentially curtailed.

The findings reported here were not the original focus of our research. In the process of conducting a qualitative study about

abortion provision in the clinical practice of obstetrician-gynecologists, we interviewed 30 obstetrician-gynecologists around the United States. During the interviews, which were conducted in 2006, 6 physicians working with or within Catholic-owned hospitals revealed that they were constrained by hospital policies in their ability to undertake urgent uterine evacuation. They reported that Catholic doctrine, as interpreted by their hospital administrations, interfered with their medical judgment. For example, some of them were denied permission to perform an abortion when uterine evacuation was medically indicated and fetal heart tones were still present.

Catholic-owned institutions and their employees must adhere



to medical practice guidelines contained in the “Ethical and Religious Directives for Catholic Health Care Services” (hereafter called “the directives”) written by the Committee on Doctrine of the National Conference of Catholic Bishops.<sup>8</sup> The directives state that abortion is never permitted. However, regarding emergency care during miscarriage management, the manual used by Catholic-owned hospital ethics committees to interpret the directives states that abortion is acceptable if the purpose is to treat “a life-threatening pathology” in the pregnant woman when the treatment cannot be postponed until the fetus is viable.<sup>9</sup> The experiences of physicians in our study indicate that uterine evacuation may not be approved during miscarriage by the hospital ethics committee if fetal heart tones are present and the pregnant woman is not yet ill, in effect delaying care until fetal heart tones cease, the pregnant woman becomes ill, or the patient is transported to a non-Catholic-owned facility for the procedure.

Although medical journals have featured articles about a physician’s right to refuse patients treatment, referral, or information regarding services to which the physician has religious objections,<sup>10–12</sup> few articles in the medical literature published to date have addressed the effect of Catholic-owned hospital policies on patient care and the professional conduct of physicians.<sup>13,14</sup> One recent opinion piece in the *Journal of the American Medical Association* described how a patient was transferred from a religiously owned to a nonsectarian

hospital for labor induction to facilitate spontaneous abortion because the religious hospital would not allow the procedure until after she became septic.<sup>15</sup> The following interview excerpts demonstrate how 5 different Catholic-owned hospital ethics committees responded to 6 physician requests to evacuate the uterus during miscarriage and the resulting effects on miscarriage management.

### MISCARRIAGE MANAGEMENT

According to the generally accepted standards of care in miscarriage management, abortion is medically indicated under certain circumstances in the presence of fetal heart tones. Such cases include first-trimester septic or inevitable miscarriage, previable premature rupture of membranes and chorioamnionitis, and situations in which continuation of the pregnancy significantly threatens the life or health of the woman. In each instance, the physician must weigh the health impact to the woman of continuing the pregnancy against the potential viability of the fetus. Ideally, the physician then engages in a sensitive decisionmaking process with the patient. The physician reviews with the patient the risks of continuing the pregnancy and the likelihood of fetal survival, as well as management options that include “expectant management” (i.e., no intervention) and termination of pregnancy, with the physician often recommending a form of management. The patient then chooses how to proceed; when fetal survival is no longer

possible or when continuing the pregnancy involves significant risk, she may decide to terminate the pregnancy. For spiritual or psychological reasons, a patient may prefer to delay induction of labor or surgical uterine evacuation until there is no fetal heartbeat, even in cases in which the risk of expectant management to her health is great.

In general, this process of assisted decisionmaking is guided by informed consent or informed choice,<sup>16</sup> which requires that the patient understand all appropriate medical options, as well as the relevant risks and benefits of each, before choosing and consenting to a course of management. Informed choice and consent may be compromised when hospital policies restrict physicians from offering treatment options routinely available in other hospitals.

### OVERVIEW OF CATHOLIC POLICY

The standards of medical care put forth in the directives are at variance with those generally recognized in other medical settings, particularly regarding care at the beginning and ending of life. They were codified over 50 years ago to ensure strict obedience to Catholic principles by all employees of Catholic-owned hospitals, without local variation.<sup>17</sup> The directives sanction prenatal care and natural family planning but prohibit nearly all other reproductive services, including all other birth control methods, emergency contraception, infertility treatment, sterilization, and abortion.<sup>8</sup> In

Catholic-owned hospitals, physicians must request approval to terminate a pregnancy for any indication from the ethics committee, which interprets and enforces the directives. Such consultations can be done quickly over the phone with an on-call representative of the committee, typically a priest or nun, if the medical situation is urgent. In theory, therefore, consultation with the ethics committee presents only a minor delay to urgent care. If the situation is not urgent, the committee convenes to discuss the matter and then offers its ruling.

An important qualification of the prohibition of abortion is made in Directive 47. Termination of pregnancy is permissible if the health of the mother is at risk:

Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.<sup>8</sup>

The death of the fetus is therefore acceptable as a secondary consequence of actions intended to preserve the health of the pregnant woman. However, the manual of Catholic hospital ethics committees, used to help them interpret and apply the directives, warns, “The mere rupture of membranes, without infection, is not serious enough to sanction interventions that will lead to the death of the child.”<sup>16</sup> By contrast, writing in a leading Catholic health journal, other Catholic health ethicists offer a more liberal

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interpretation of Directive 47: uterine evacuation is indicated if abortion is inevitable and delay will harm the pregnant woman.<sup>18</sup> Therefore, the former—and arguably more authoritative—source approves of uterine evacuation only after a woman becomes sick, and the latter approves of it as a measure to prevent sickness. Our data indicate that despite Catholic leaders' desire for strict standardization of Catholic-owned health services, varying interpretations and executions of Directive 47 exist both at the individual (practitioner) and institutional (hospital ethics committee) levels.

## STUDY AND METHODS

Our findings arose from a study that was not originally focused on care in Catholic-owned hospitals. In-depth interviews were conducted in person and over the telephone with 30 obstetrician-gynecologists to determine the impact of residency abortion training on their future medical practice. Study participants graduated between 1996 and 2001 from residency programs in the western, midwestern, northeastern, and southern United States that offered routine abortion training, as opposed to elective or “opt-in” training. Most physicians in the study reported that they had participated in such training.

Requests for study participation, contact information, and consent forms were sent to all residents (about 150 in total) of 4 residency programs, one in each of the regions. In this way, we obtained interviews with 30

physicians—at least 5 from each region. Questions were designed to assess the effects of abortion training during residency and obstacles to the subsequent practice of abortion in their various professional environments. Transcripts of the interviews were analyzed with Atlas.ti 5.0 (ATLAS.ti Scientific Software Development GmbH, Berlin, Germany) for thematic content.

Thirteen of the physicians interviewed had worked in Catholic-owned hospitals regularly or occasionally since their residency. The following reports concerning miscarriage management come from 6 physicians working with and within Catholic-owned health institutions, each of whom reported at least one such event. Five of the 6 physicians participated in abortion training. Two of the 6 physicians currently work in academic medical centers and have continued to perform abortions after residency, and the remaining 4 are prohibited from doing so by their Catholic-owned institutional employers.

In the interview excerpts, the initials of physicians' names are based on pseudonyms. Physicians offered their accounts in the context of questions about their work history and whether they had experienced conflict with colleagues or superiors over the issue of abortion. Although the effect of religious ownership of health care was not initially a focus of our study, we believe it is important to examine and document these cases to highlight miscarriage management in Catholic-owned hospitals and find ways to improve care for pregnant women.

For purposes of confidentiality, no identifiers beyond the type of physician and the region and size of the city in which he or she practices are given.

## RESULTS

### Nontreatment, Delays, and Transport of Patients

Obstetrician-gynecologists working in Catholic-owned hospitals described cases in which abortion was medically indicated according to their medical judgment but, because of the ethics committee's ruling, it was delayed until either fetal heartbeats ceased or the patient could be transported to another facility. Dr P, from a midwestern, mid-sized city, said that at her Catholic-owned hospital, approval for termination of pregnancy was rare if a fetal heartbeat was present (even in “people who are bleeding, they're all the way dilated, and they're only 17 weeks”) unless “it looks like she's going to die if we don't do it.”

In another case, Dr H, from the same Catholic-owned hospital in the Midwest, sent her patient by ambulance 90 miles to the nearest institution where the patient could have an abortion because the ethics committee refused to approve her case.

She was very early, 14 weeks. She came in . . . and there was a hand sticking out of the cervix. Clearly the membranes had ruptured and she was trying to deliver. . . . There was a heart rate, and [we called] the ethics committee, and they [said], “Nope, can't do anything.” So we had to send her to [the university hospital]. . . . You know, these things don't happen that often, but from what I understand it, it's pretty clear. Even if mom is very sick, you know,

potentially life threatening, can't do anything.

In residency, Dr P and Dr H had been taught to perform uterine evacuation or labor induction on patients during inevitable miscarriage whether fetal heart tones were present or not. In their new Catholic-owned hospital environment, such treatment was considered a prohibited abortion by the governing ethics committee because the fetus is still alive and the patient is not yet experiencing “a life-threatening pathology” such as sepsis. Physicians such as Dr H found that in some cases, transporting the patient to another hospital for dilation and curettage (D&C) was quicker and safer than waiting for the fetal heartbeat to stop while trying to stave off infection and excessive blood loss.

Dr B, an obstetrician-gynecologist working in an academic medical center, described how a Catholic-owned hospital in her western urban area asked her to accept a patient who was already septic. When she received the request, she recommended that the physician from the Catholic-owned hospital perform a uterine aspiration there and not further risk the health of the woman by delaying her care with the transport.

Because the fetus was still alive, they wouldn't intervene. And she was hemorrhaging, and they called me and wanted to transport her, and I said, “It sounds like she's unstable, and it sounds like you need to take care of her there.” And I was on a recorded line, I reported them as an EMTALA [Emergency Medical Treatment and Active Labor Act]

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violation. And the physician [said], "This isn't something that we can take care of." And I [said], "Well, if I don't accept her, what are you going to do with her?" [He answered], "We'll put her on a floor [i.e., admit her to a bed in the hospital instead of keeping her in the emergency room]; we'll transfuse her as much as we can, and we'll just wait till the fetus dies."

Ultimately, Dr B chose to accept the patient to spare her unnecessary suffering and harm, but she saw this case as a form of "patient dumping," because the patient was denied treatment and transported while unstable.

### Circumventing the Ethics Committee

Some doctors have decided to take matters into their own hands. In the following case, the refusal of the hospital ethics committee to approve uterine evacuation not only caused significant harm to the patient but compelled a perinatologist, Dr S, now practicing in a nonsectarian academic medical center, to violate protocol and resign from his position in an urban northeastern Catholic-owned hospital.

I'll never forget this; it was awful—I had one of my partners accept this patient at 19 weeks. The pregnancy was in the vagina. It was over. . . . And so he takes this patient and transferred her to [our] tertiary medical center, which I was just livid about, and, you know, "we're going to save the pregnancy." So of course, I'm on call when she gets septic, and she's septic to the point that I'm pushing pressors on labor and delivery trying to keep her blood pressure up, and I have her on a cooling blanket because she's 106 degrees. And I needed to get everything out. And so I put the

ultrasound machine on and there was still a heartbeat, and [the ethics committee] wouldn't let me because there was still a heartbeat. This woman is dying before our eyes. I went in to examine her, and I was able to find the umbilical cord through the membranes and just snapped the umbilical cord and so that I could put the ultrasound—"Oh look. No heartbeat. Let's go." She was so sick she was in the [intensive care unit] for about 10 days and very nearly died. . . . She was in DIC [disseminated intravascular coagulopathy]. . . . Her bleeding was so bad that the sclera, the white of her eyes, were red, filled with blood. . . . And I said, "I just can't do this. I can't put myself behind this. This is not worth it to me." That's why I left.

From Dr S's perspective, the chances for fetal life were nonexistent given the septic maternal environment. For the ethics committee, however, the present yet waning fetal heart tones were evidence of fetal life that precluded intervention. Rather than struggle longer to convince his committee to make an exception and grant approval for termination of pregnancy, Dr S chose to covertly sever the patient's umbilical cord so that the fetal heartbeat would cease and evacuation of the uterus could "legitimately" proceed.

Dr G also circumvented the ethics committee in her southern Catholic-owned hospital. She opted not to check fetal heart tones or seek ethics committee approval when caring for a miscarrying woman for fear that documentation of fetal heart tones would have caused unnecessary delays. This led to conflict with the nurse assisting her.

She was 14 weeks and the membranes were literally out of the

cervix and hanging in the vagina. And so with her I could just take care of it in the [emergency room] but her cervix wasn't open enough . . . so we went to the operating room and the nurse kept asking me, "Was there heart tones, was there heart tones?" I said "I don't know. I don't know." Which I kind of knew there would be. But she said, "Well, did you check?" . . . I said, "I don't need an ultrasound to tell me that it's inevitable . . . you can just put, 'The heart tones weren't documented,' and then they can interpret that however they want to interpret that." . . . I said, "Throw it back at me. . . . I'm not going to order an ultrasound. It's silly." Because then that's the thing; it would have muddied the water in this case.

Dr G's main concern was sparing the patient extended suffering during loss of pregnancy. She disregarded the authority and protocol of the hospital ethics committee by not checking for fetal heart tones, which, she believed, would have led to significant delay in the inevitable treatment.

### Strategic Communication With Ethics Committees

Dr J, an obstetrician-gynecologist working in a small town in the West, had success navigating his ethics committee by presenting patients to them in the language of the directives themselves. A nun advised him that terminology such as "inevitable abortion" and "maternal complications" should be highlighted.

I [received] a good bit of advice actually . . . from the sister that sits on the ethics committee the first time I tried to have one of these conversations with her. She said, "Well, what are you concerned about with the mom?" . . . [T]hat's just the way that the conversation gets started. . . . I

don't know if she was trying to give me a hint or whether she was . . . just interested in doing what she really considers to be the right thing, the moral thing . . . but it certainly helped me out.

Dr J described how he applied this advice in another case. The patient, at 20 weeks, was dilated with a placental abruption and fetal heart tones present, and she preferred to expedite uterine evacuation. He presented her case to the ethics committee in this fashion: "If we continue to watch this placental abruption, it could end up being dangerous, [leading to] transfusions or potentially even maternal death, if left untreated." This was the only case of approval by a Catholic-owned institution's ethics committee for urgent uterine evacuation with fetal heart tones present that was mentioned in the interviews.

### DISCUSSION

Physicians working in Catholic-owned hospitals in all 4 US regions of our study disclosed experiences of being barred from completing emergency uterine evacuation while fetal heart tones were present, even when medically indicated. As a result, they had to delay care or transfer patients to non-Catholic-owned facilities. Some physicians violated the authority and protocol of the ethics committee to deliver what they considered safe medical care that reflected the standard of care learned in residency. The extent to which this might occur needs to be researched further but may be difficult to assess, because most physicians are not likely to discuss

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such behavior even in a confidential interview.

Contradictory interpretations of Directive 47 in the Catholic health literature and in practice indicate that ethics committees are either uncertain or in disagreement about how to manage miscarriage when fetal heart tones are present and what exact circumstances allow for termination of pregnancy in Catholic-owned hospitals. In cases in which physicians judge their patients' health or comfort to be compromised by delay, they may, like Dr J, obtain safer and more-expeditious patient care by emphasizing to the ethics committee the inevitability of fetal death and the risk of maternal complications. When physicians are unable to persuade the committee to approve pregnancy termination in emergency cases, however, it appears that patients may receive treatment that is riskier and less comfortable than the care provided in non-Catholic medical settings.

Given the prevalence of Catholic-owned health care today, these issues bring to light important policy questions about standards of medical practice and a patient's right to information. Patients entering a Catholic-owned hospital may be aware that abortion services are not available there, but few prenatal patients conceive of themselves as potential abortion patients and therefore they are not aware of the risks involved in being treated there; these include delays in care and in being transported to another hospital during miscarriage, which may adversely affect the patient's physical and psychological well-being.

For women to make informed decisions about care, physicians must be able to communicate clearly with them about the chances of fetal survival, all management options, and their recommendations. After such counseling, which also includes a discussion of the patient's personal beliefs, she will give informed consent to a specific management option of her choice. As with other examples of medical decisionmaking, the physician's recommendation is not always the chosen course. When a physician has recommended termination because waiting until the fetus is dead carries a high risk, a woman might decline intervention because of her personal beliefs. When possible, the course of treatment must be the patient's decision, but it is important that the physician is able to offer patients pregnancy termination when he or she considers it a necessary treatment without having to defy hospital policy or risk job loss.

Our findings bring into question the ethics of an institution's right to refuse care as granted by "conscience clauses."<sup>12,19</sup> Should a religiously owned institution have a right to a legally protected "conscience" in the same way an individual physician does? These are questions that members of the medical profession, ethicists, and lawmakers must continue to grapple with. The case histories we described indicate that, in some Catholic-owned hospitals, the private patient-physician relationship, patient safety, and patient comfort are compromised by religious mandates that require physicians to act contrary to the

current standard of care in miscarriage management. ■

### About the Authors

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### Contributors

L.R. Freedman conducted the research, did preliminary analysis, and led the writing. U. Landy and J. Steinauer conceptualized and supervised the study, contributed to analysis, and assisted in the writing.

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### Human Participant Protection

This study was approved by the institutional review board of the University of California, San Francisco.

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# Exhibit 135

**UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

STATE OF NEW YORK, et al.,

Plaintiffs,

v.

UNITED STATES DEPARTMENT  
OF HEALTH AND HUMAN  
SERVICES, et al.,

Defendants.

19 Civ. 4676 (PAE) (lead)

19 Civ. 5433 (PAE) (consolidated)

19 Civ. 5435 (PAE) (consolidated)

**DECLARATION OF KRISTEN MILLER**

I, Kristen Miller, declare as follows:

1. I submit this declaration in support of Plaintiffs' Cross-Motion for Summary Judgment, the Opposition to Defendants' Motion to Dismiss or For Summary Judgment, and the Reply in Support of the Motion for Preliminary Injunction in the above-captioned case, which challenges a final rule promulgated by the U.S. Department for Health and Human Services ("HHS"), *Protecting Statutory Conscience Rights in Health Care*, 84 Fed. Reg. 23,170 (May 21, 2019).

2. The facts set forth in this declaration are based on my personal knowledge. If I am called as a witness in these proceedings, I could and would testify competently to these facts.

3. I am Counsel at Democracy Forward Foundation and currently represent Planned Parenthood Federation of America on behalf of its affiliates, including Planned Parenthood of Northern New England, in this case. In that position, I have worked with other counsel for

Plaintiffs to review the administrative record produced by HHS and certified as complete by its counsel.

### **First Record Production**

4. The current administrative record consists of two productions. HHS and its counsel made an initial production on July 22, 2019, accompanied by a certification that the initial production comprised the complete record.<sup>1</sup> As detailed in Plaintiffs' August 15, 2019 Motion to Compel Completion of the Record, the initial production was incomplete, notwithstanding Defendants' first certification.<sup>2</sup>

5. In addition to missing various documents, Defendants' first production did not permit Plaintiffs to determine whether it contained all of the complaints that the Final Rule asserts were received by HHS's Office of Civil Rights ("OCR").<sup>3</sup> As explained in Plaintiffs' motion, this was because Defendants "produce[d] the list of complaints [they] claim[ed] to have considered by complaint number . . . but . . . produc[ed] the underlying complaints themselves with missing or redacted complaint numbers . . . making it impossible for plaintiffs to determine that the complaints included in the A.R. match[ed] the complaints listed on the index."<sup>4</sup> The original index for the record and list of complaints produced by Defendants are attached hereto as Exhibits A and B. Plaintiffs' review was further hindered by the Final Rule's confusing characterization of the number of complaints it received—*i.e.*, that OCR received 34 complaints between November 2016

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<sup>1</sup> Defs.' Certification of the Administrative Record, ECF No. 132-2.

<sup>2</sup> Pls.' Joint Letter Mot. to Compel Completion of the Record, ECF No. 157.

<sup>3</sup> *Id.* at 3 n.1.

<sup>4</sup> *Id.*; *see also* Ex. A at 6 (HHS's original index of the record); Ex. B (HHS's original list of complaints).

(after the election) and January 2018,<sup>5</sup> and 343 during fiscal year 2018.<sup>6</sup> Because these two periods of time overlap (with the first period ending sometime in January 2018 and the second period beginning on October 1, 2017),<sup>7</sup> Plaintiffs inferred, but were unable to confirm, that some number of the 34 complaints were also counted in the 343 complaints the agency claimed to receive in fiscal year 2018.

6. Also adding to Plaintiffs' difficulty was that the record contained a substantial number of non-complaint documents that were intermingled with the actual complaints. While it appeared that these documents were, in some way, *related* to the complaints, Plaintiffs were unable to discern which non-complaint documents were associated with which complaints. And in some instances, it was difficult to tell whether a given document was a complaint, or merely a document that was related in some way to a complaint.<sup>8</sup> In sum, Plaintiffs were faced with more than 700 documents, *see* Ex. A at 6 (noting complaints at AR bates range 541798 to 546163), with no means of determining which of these documents were the 34 complaints that HHS purportedly received between the November 2016 election and January 2018, which were the 343 that HHS purportedly received in fiscal year 2018, and which were merely supporting documents.

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<sup>5</sup> *See* 83 Fed. Reg. at 3886 (stating that OCR received thirty-four complaints "since the November 2016 election"); *id.* at 3887 ("OCR has received thirty-four complaints between November 2016 and *mid*-January 2018.").

<sup>6</sup> 84 Fed. Reg. at 23,229.

<sup>7</sup> The federal government's fiscal year goes from October 1 to September 30 of the following year; thus, FY 2018 covers October 1, 2017 – September 30, 2018. <https://www.usa.gov/budget>.

<sup>8</sup> *See, e.g.*, AR 542217 (letter addressed to the President alleging discrimination based on letter-writer's religious beliefs regarding vaccinations).

7. Despite repeated attempts to get clarification on these documents, Plaintiffs received no response from Defendants and were forced to file a motion to compel completion of the record.<sup>9</sup>

### **Supplemental Record Production**

8. Following the Court's order to complete the record,<sup>10</sup> Defendants produced approximately 3,800 pages of new material on August 19, 2019.<sup>11</sup> Among these documents were additional complaints, which Defendants noticed were missing from the initial production while preparing their supplemental production.<sup>12</sup> Defendants also produced a revised list of OCR complaints and their related documents, attached hereto as Exhibit C.<sup>13</sup> Listing more than 750 documents from the record (including the new complaints from the supplemental production), the revised list provides each document's AR bates number, the OCR complaint ID number that the document is associated with, and a "description" of the document. In the description section, the revised list labels approximately 735 documents as "complaint," with the remaining 23 labeled otherwise.<sup>14</sup>

9. While the revised list is an improvement, it still does not facilitate an efficient review. For example, the revised list does not provide the date that complaints were filed. And

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<sup>9</sup> See Pls.' Joint Letter Mot. to Compel Completion of the Record and accompanying Exhibits 3-5.

<sup>10</sup> ECF No. 158.

<sup>11</sup> See Defs.' Notice of Filing ECF No. 161.

<sup>12</sup> See *id.*

<sup>13</sup> See Defs.' Letter response to Plaintiffs' joint letter motion to compel completion of the Administrative Record and this Court's August 16, 2019 Order, ECF No. 160 at 2 (describing list to be produced on August 19, 2019). Plaintiffs have separately provided the Court with copies of each of the documents identified in the revised list of complaints. See Declaration of Matthew Colangelo, Dkt. \_ (filed Sept. 5, 2019) Ex. 67.

<sup>14</sup> Some documents, for example, are described as "initiation" or "PIMs." Ex. C (HHS's revised list of OCR complaints).

while it states which complaint ID each document is associated with, it does not distinguish between actual complaints and supporting documents. Absent that information, it is quite difficult to quickly ascertain how many complaints are in the record. And without the date each complaint was filed, it is difficult to confirm whether HHS actually received the number of complaints it asserts it received in various time periods, including the 34 complaints that HHS purportedly received between the November 2016 election and January 2018.

### **Plaintiffs' Subsequent Review**

10. To achieve clarity on these issues, and to determine whether the record supports the Final Rule's assertion that there was a "significant increase in complaints . . . alleging violations of the [Refusal Statutes],"<sup>15</sup> including 34 complaints received between November 2016 and January 2018 and 343 complaints received between October 1, 2017 and September 30, 2018,<sup>16</sup> Plaintiffs reviewed all documents listed in HHS's revised list of OCR complaints, which listed more than 750 documents. The results of this review are presented in Exhibits D - H.

11. **Exhibit D.** Plaintiffs' review revealed that HHS's revised list of complaints contained 367 complaints with unique complaint ID numbers, with 9 that predate the November 2016 election and 358 that were received between the November 2016 election and the end of fiscal year 2018. Exhibit D lists the 358 complaints that were received after the November 2016 election. It also tracks the date of the complaint, the AR bates number of each *actual* complaint, and the AR bates numbers of documents related to each complaint (which were not consistently produced in a sequential manner).

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<sup>15</sup> 84 Fed. Reg. at 23,175.

<sup>16</sup> *Id.* at 23,229.

12. **Exhibit E.** Plaintiffs' review also revealed that 22 of the 358 complaints listed in Exhibit D were duplicates. That is, despite having unique complaint ID numbers, these 22 complaints were identical copies of another complaint (not multiple complaints discussing a similar issue or event). Specifically, there were 21 duplicates of complaint ID 18-316488 (found at AR 544728) and 1 duplicate of complaint ID 18-294058 (found at AR 542627). The 22 duplicate complaints are listed in Exhibit E.

13. This means that there are in fact only 336 unique post-2016 election *complaints* in the record (which is different than Defendants' assertion that it relied on 343 complaints in fiscal year 2018 alone).

14. **Exhibits F - G.** Plaintiffs also reviewed the substance of each of the 336 unique post-election complaints. This review revealed that 315 complaints—or 94% of the 336 unique post-election complaints—do not allege violations of the Refusal Statutes. The results of Plaintiffs' substantive review are shown in Exhibits F and G.

15. Exhibit F lists 266 complaints that relate to vaccination requirements. Such complaints—which amount to 79% of the 336 unique post-2016 election complaints—therefore do not allege violations of the Refusal Statutes. *See* 84 Fed. Reg. at 23181 (responding to comments that the Rule may interfere with vaccination requirements).

16. Exhibit G lists an additional 49 non-vaccination related complaints that do not allege violations of the Refusal Statutes for other reasons or otherwise cannot be counted as a complaint alleging a violation. These reasons include:

- a. The complaint expresses *opposition* to the proposed rule.<sup>17</sup>

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<sup>17</sup> *See, e.g.*, Ex. G at Row 21; AR 542422.

- b. The complaint does not allege discrimination/conduct prohibited by the Refusal Statutes.<sup>18</sup>
- c. The complainant (whether the complaint is brought by the complainant directly, or is represented by a third party) is not a protected entity under the Refusal Statutes.<sup>19</sup>
- d. The complaint is against an entity that is not regulated by the Refusal Statutes.<sup>20</sup>
- e. Other (not an actual complaint; complaint based on Title X regulations, addressed by HHS, *see* 84 Fed. Reg. 23,191 n.64.)

17. Collectively, Exhibits F and G demonstrate that only 21 of the 336 unique complaints Plaintiffs found in the record—6%—even allege conduct that could be potentially covered by the refusal statutes.<sup>21</sup>

18. **Exhibit H.** Finally, Plaintiffs also reviewed the complaint-related documents in the record for any evidence regarding whether HHS investigated or resolved any complaints. The results of this review are captured in Exhibit H, which identifies evidence that 14 unique

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<sup>18</sup> *See, e.g.*, Ex. G at Row 41; AR 544465 – 544473 (individual filed complaint because state attorneys refused to prosecute another person who “continually commits acts of voyeurism” against complainant); Row 40; AR 544399 – 544407 (complaint alleges discrimination based on complainant’s sex, race, and mental illness).

<sup>19</sup> *See, e.g.*, Ex. G at Row 22; AR 542627 - 542636 (complaint filed by aspiring entrepreneur because federal agencies forced complainant to remove social media ads for “divine cure for cancer”).

<sup>20</sup> *See, e.g.*, Ex. G at Row 21; AR 542607 – 542615 (complaint accuses an unnamed “man” and “other people” of attempting to take complainant’s inheritance).

<sup>21</sup> By placing these 21 complaints in this category, Plaintiffs are not conceding that the conduct alleged violates the Refusal Statutes, that the complainants are protected entities under the Refusal Statutes, and/or that the complaints are against entities that are regulated under the Refusal Statutes. These are merely complaints that, based on the allegations contained therein, an agency might investigate further in order to determine whether any violation occurred.

complaints were resolved by the agency. Only one of those complaints was filed in fiscal year 2018. Plaintiffs did not find any other evidence in the record regarding whether HHS attempted to investigate and/or resolved any of the other complaints filed in fiscal year 2018.

19. I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 4, 2019.

/s/ Kristen Miller  
Kristen Miller

# Exhibit 135-A

**INDEX TO THE ADMINISTRATIVE RECORD**

Final Rule: Protecting Statutory Conscience Rights in Health Care; Delegations of Authority  
84 Fed. Reg. 23,170 (Mar. 21, 2019)

Bates Number	Description
000000001 - 000185296	Public comments submitted in response to 2018 NPRM, Protecting Statutory Conscience Rights in Health Care; Delegations of Authority (Proposed Rule), 83 Fed. Reg. 3,880 (Jan. 26, 2018)
000185297 - 000185308	2008 NPRM, Ensuring that Department of Health and Human Service Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law (Proposed Rule), 73 Fed. Reg. 50,274 (Aug. 26, 2008)
000185309 - 000198372	Public comments submitted in response to 2008 NPRM, Ensuring that Department of Health and Human Service Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law (Proposed Rule), 73 Fed. Reg. 50,274 (Aug. 26, 2008)
000198373 - 000198403	2008 Final Rule, Ensuring That Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law (Final Rule), 73 Fed. Reg. 78,072 (Dec. 19, 2008)
000198404 - 000198408	2009 NPRM, Rescission of the Regulation Entitled “Ensuring That Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law”; Proposal (Proposed Rule), 74 Fed. Reg. 10,207 (March 10, 2009)
000198409 – 000537538	Public comments submitted in response to 2009 NPRM, Rescission of the Regulation Entitled “Ensuring That Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law”; Proposal (Proposed Rule), 74 Fed. Reg. 10,207 (March 10, 2009)
000537539 – 000537548	2011 Final Rule, Regulation for the Enforcement of Federal Health Care Provider Conscience Protection Laws (Final Rule), 76 Fed. Reg. 9,968 (Feb. 23, 2011)
000537549 - 000537560	Armand H. Matheny Antommara, <i>Adjudicating rights or analyzing interests: ethicists’ role in the debate over conscience in clinical practice</i> , Theor. Med. Bioeth. 29:201-212 (2008)
000537561 - 000537562	Letter from Members of Congress to Sylvia M. Burwell, Secretary of Health and Human Services, and Jocelyn Samuels, Director of the Office for Civil Rights (June 28, 2016)
000537563 - 000537577	Lisa H. Harris <i>et al.</i> , <i>Obstetrician-Gynecologists’ Objections to an Willingness to Help Patients Obtain and Abortion</i> , Obstet. Gynecol. 118(4): 905-912 (October 2011)
000537578 - 000537579	Letter from Michael O. Leavitt, Secretary of Health and Human Services, to Norman F. Gant, Executive Director of the American Board of Obstetrics and Gynecology (Mar. 13, 2008)
000537580 - 000537593	Peter A. Clark, <i>Medical Ethics at Guantanamo Bay and Abu Ghraib, the Problem of Dual Loyalty</i> , 34 J.L. Med. & Ethics 570 (Fall 2006)
000537594 - 000537602	Letter from Members of Congress to Sylvia Mathews Burwell, Secretary of Health and Human Services (Nov. 25, 2014)
000537603 – 000537608	Letter from Members of Congress to Kathleen Sebelius, Secretary of Health and Human Services (Feb. 11, 2011)
000537609 - 000537613	Freedom2Care and The Christian Medical Association, Summary of Polling Data

Bates Number	Description
000537614 - 000537744	William W. Bassett, <i>Private Religious Hospitals: Limitation Upon Autonomous Moral Choices in Reproductive Medicine</i> , J. Contemp. H. L. & Policy 17: 455-583 (2001)
000537745 - 000537752	List of 343 Conscience Complaints OCR Received in FY 2018
000537753 - 000537755	Census Statistics of U.S. Businesses Data
000537756 - 000537757	2010 Census Geographic Entity Tallies by State and Type
000537758 - 000537801	FY 2016 HHS Awards to Junior Colleges, Colleges, and Universities
000537802 - 000537806	FY 2017 HHS Awards from PEPFAR Implementing Agencies to Foreign Nonprofits, Foreign Governments, and International Organizations
000537807 - 000537820	FY 2017 HHS Awards to Counties
000537821 - 000537828	FY 2017 HHS Awards to the State of California, Pivot Table
000537829 - 000537872	FY 2020, HHS OCR, Justification of Estimates for Appropriations Committees
000537873	HHS Table Supporting Regulatory Impact Analysis
000537874	Form HHS-690, Civil Rights Assurance of Compliance
000537875	Form SF-424B – R&R, Federal Agency Form Instructions
000537876 - 000537877	Form SF-424B
000537878 - 000537879	Financial Assistance General Certifications and Representations - Test from Grants.Gov Staff
000537880 - 000537891	Christian Medical Association, Memorandum to Office of Public Health and Science Department of Health and Human Services (Apr. 9, 2009)
000537892 - 000537893	Douglas B. White & Baruch Brody, <i>Would Accommodating Some Conscientious Objections by Physicians Promote Quality in Medical Care?</i> , JAMA, Vol. 305, No. 17 (May 4, 2011)
000537894 - 000537900	Josh Hyatt, <i>Recognizing Moral Disengagement and Its Impact on Patient Safety</i> , J. of Nursing Reg., Vol. 7, Issue 4 (Jan. 2017)
000537901 - 000537923	Joan McCarthy & Chris Gastmans, <i>Moral distress: A review of the argument-based nursing ethics literature</i> , Nursing Ethics, Vol. 22(I), 131-152 (2015)
000537924 - 000537931	Farr A. Curlin, <i>et al.</i> , Religion, Conscience, and Controversial Clinic Practice, N. Engl. J. Med., 356:593-600 (2017)
000537932 - 000537951	Lynn Stout, Cultivating Conscience: How Good Laws Make Good People, Chapter 1
000537952 - 000537996	Kevin H. Theriot & Ken Connelly, <i>Free to Do No Harm: Conscience Protections for Healthcare Professionals</i> , 49 Ariz. State L. J. 549 (Summer 2017)
000537997 - 000537999	Letter from George Washington to the Society of Quakers (Oct. 13, 1789)

Bates Number	Description
000538000 - 000538014	<i>United States v. Seeger</i> , 380 U.S. (1965)
000538015 - 000538028	Christy Mallory & Brad Sears, <i>Evidence of Discrimination in Public Accommodations Based on Sexual Orientation and Gender Identity: An Analysis of Complaints Filed with State Enforcement Agencies, 2008-2014</i> , The Williams Institute (Feb. 2016)
000538029 - 000538045	Christy A. Rentmeester, <i>Moral Damage to Health Care Professionals and Trainees: Legalism and Other Consequences for Patients and Colleagues</i> , <i>Journal of Medicine and Philosophy</i> , J. Med. & Philosophy, 33: 27-43 (2008)
000538046 - 000538051	Kathleen M. Morrell and Wendy Chavkin, <i>Conscientious Objection to Abortion and Reproductive Healthcare: A Review of Recent Literature and Implications for Adolescents</i> , <i>Curr. Opin. Obstet. Gynecol.</i> 27:333-338 (2015)
000538052 - 000538075	Emmanuel Scheppers, <i>et al.</i> , Potential Barriers to the Use of Health Services Among Ethnic Minorities: A Review, <i>Family Practice</i> 23: 325-348 (2006)
000538076 - 000538504	James Madison, <i>The Writings of James Madison</i> , ed. Gallard Hunt Vol. 2 (1901)
000538505 - 000538552	Human Rights Watch, <i>"All We Want is Equality" Religious Exemptions and Discrimination against LGBT People in the United States</i> (2018)
000538553 - 000538637	Letter from Lawrence J. Joseph on behalf of the American Association of Pro-Life Obstetricians and Gynecologists to the Department of Health & Human Services Office of Public Health & Science (April 9, 2009)
000538638 - 000538666	Christopher C. Lund, <i>Religion is Special Enough</i> , 103 Va. L. Rev. 481 (May 2017)
000538667	James Madison, Property, The Founders' Constitution, Vol. 1, Ch. 16, Doc. 23
000538670 - 000538674	Michael P. Combs <i>et al.</i> , <i>Conscientious refusal to refer: findings from a national physician survey</i> , <i>J. Med. Ethics</i> 37:397-401 (2011)
000538675 - 000538708	<i>Conscientious objection to the provision of reproductive health care</i> , Ed. Wendy Chavkin, <i>Supp. to Int'l J. Gynecology &amp; Obstetrics</i> 123 Supp. 3
000538709 - 000538727	Stephen J. Genuis and Chris Lipp, Review Article: <i>Ethical Diversity and the Role of Conscience in Clinical Medicine</i> , <i>Int'l J. Family Medicine</i> (2013)
000538728 - 000538732	Letter from Reverent Dennis H. Holtschneider, Executive Vice President and Chief Operations Officer of Ascension to Alex M. Azar II, Secretary of Health and Human Services (March 27, 2018)
000538733 - 000538740	Fariba Borhani <i>et al.</i> , <i>The relationship between moral distress, professional stress, and intent to stay in nursing profession</i> , <i>J. Med. Ethics &amp; History of Med.</i> 7:4 (2014)
000538741 - 000538764	Matthew S. Bowman and Christopher P. Schandavel, <i>The Harmony between Professional Conscience Rights and Patients' Right of Access</i> , 6 <i>Phoenix L. Rev.</i> 31 (Fall 2012)
000538765 - 000538788	Kathleen A. Brady, <i>The Disappearance of Religion from Debates about Religious Accommodation</i> , 20 <i>Lewis &amp; Clark L. Rev.</i> 1093 (2017)
000538789 - 000538791	Letter from Sr. Carol Keehan, President and CEO of the Catholic Health Association of the United States to Department of Health and Human Services (March 27, 2018)

Bates Number	Description
000538792 - 000538810	Fallon Chipidza <i>et al.</i> , <i>Impact of the Doctor-Patient Relationship</i> , Prim. Care Companion CNS Discord. 2015; 17(5)
000538811 - 000538815	Freedom2Care and The Christian Medical Association, Summary of Polling Data
000538816 - 000538821	Ezekiel Emmanuel <i>et al.</i> , <i>Euthanasia and Physician-Assisted Suicide: attitudes and experiences of oncology patients, oncologists, and the public</i> , The Lancet 347, 9018 (Jun. 29, 1996)
000538822 - 000539068	Department of Health and Human Services, Fiscal Year 2018, Administration for Community Living: Justification of Estimates for Appropriations Committees
000539069	Estimated Cost for Reporting Notices of Violation per Firm – Required by 88.6d
000539070 - 000539402	Department of Health and Human Services, Fiscal Year 2018, Centers for Disease Control and Prevention: Justification of Estimates for Appropriations Committees
000539403 - 000539748	Department of Health and Human Services, Fiscal Year 2018, Centers for Medicare & Medicaid Services: Justification of Estimates for Appropriations Committees
000539749 - 000540125	Department of Health and Human Services, Fiscal Year 2018, Administration for Children and Families: Justification of Estimates for Appropriations Committees
000540126 - 000540128	Centers for Disease Control and Prevention, Global Health Funding Webpage, viewed 2017
000540129 - 000540130	Analysis of Firms and Establishments Impacted by Voluntary Notice Provision at 88.5
000540131 - 000540140	Final Rule Assumptions and Calculations for Regulatory Impact Analysis
000540141 - 000540155	Buildings HHS_Report_10302018
000540156 - 000540172	Executive Office of the President, Office of Management and Budget, M-17-21, Memorandum for Regulatory Policy Officers at Executive Departments and Agencies and Managing and Executive Directors of Certain Agencies and Commissions on EO 13771 (April 5, 2017)
000540173 - 000540321	Department of Health and Human Services, Fiscal Year 2018, National Institutes of Health: Justification of Estimates for Appropriations Committees
000540322 - 000540672	Department of Health and Human Services, Fiscal Year 2018, Health Resources and Services Administration: Justification of Estimates for Appropriations Committees
000540673 - 000540919	Department of Health and Human Services, Fiscal Year 2018, Administration for Community Living: Justification of Estimates for Appropriations Committees
000540920 - 000541227	Department of Health and Human Services, Fiscal Year 2018, Substance Abuse and Mental Health Services Administration: Justification of Estimates for Appropriations Committees

<b>Bates Number</b>	<b>Description</b>
000541228 - 000541233	Notes and materials from February 15, 2019 listening session with the California Attorney General, Oregon Attorney General, California Department of Health and Human Services, and California Department of Healthcare Services
000541234 - 000541240	Notes and materials from February 19, 2019 listening session with the National Women's Law Center
000541241 - 000541296	Notes and materials from February 22, 2019 listening session with the National Center for Transgender Equality
000541297 - 000541301	Notes and materials from February 25, 2019 listening session with Lambda Legal
000541302 - 000541307	Notes and materials from February 28, 2019 listening session with the Center for Reproductive Rights
000541308 - 000541314	Notes and materials from March 5, 2019 listening session with Americans United for Separation of Church and State
000541315 - 000541538	Notes and materials from March 7, 2019 listening session with the American Association of Pro-Life Obstetricians & Gynecologists
000541539 - 000541545	Notes and materials from March 7, 2019 listening session with the National Council of Jewish Women, Inc.
000541546 - 000541550	Notes and materials from March 11, 2019 listening session with the Human Rights Campaign
000541551 - 000541557	Notes and materials from March 12, 2019 listening session with the National Center for Lesbian Rights
000541558 - 000541560	Notes and materials from March 13, 2019 listening session with the Concerned Women for America Legislative Action Committee
000541561 - 000541565	Letter from the Anti-Defamation League to the Department of Health and Human Services Office for Civil Rights (March 26, 2018)
000541566 - 000541570	Notes and materials from March 20, 2019 listening session with the American Civil Liberties Union
000541571 - 000541575	Notes and materials from April 8, 2019 listening session with the American Psychological Association
000541576 - 000541580	Notes and materials from April 10, 2019 listening session with the Alliance Defending Freedom
000541581 - 000541585	Notes and materials from April 11, 2019 listening session with Americans United for Life
000541586 - 000541589	Notes and materials from April 23, 2019 listening session with the NYC Mayor's office and Law Department
000541590 - 000541632	Notes and materials from April 30, 2019 listening session with the National Catholic Bioethics Center / Catholic Medical Association
000541633 - 000541634	Notes and materials from April 30, 2019 listening session with NYU Law School
000541635 - 000541642	Transcript of FedSoc Teleforum Conference Call with Roger Severino (Feb. 13, 2018)
000541643 - 000541745	2019 Final Rule, Protecting Statutory Conscience Rights in Health Care; Delegations of Authority (Final Rule), 84 Fed. Reg. 23,170 (May 21, 2019)

Bates Number	Description
000541746 – 000541797	2018 NPRM, Protecting Statutory Conscience Rights in Health Care; Delegations of Authority (Proposed Rule), 83 Fed. Reg. 3,880 (Jan. 26, 2018)
000541798 - 000541995	Complaint records referenced in 2018 NPRM, Protecting Statutory Conscience Rights in Health Care; Delegations of Authority (Proposed Rule), 83 Fed. Reg. 3,880 (Jan. 26, 2018)
000541996 - 000542016	Complaint records referenced in the 2019 Final Rule, Protecting Statutory Conscience Rights in Health Care; Delegations of Authority (Final Rule), 84 Fed. Reg. 23,170 (May 21, 2019)
000542017 - 000545608	343 Complaints referenced in the 2019 Final Rule, Protecting Statutory Conscience Rights in Health Care; Delegations of Authority (Final Rule), 84 Fed. Reg. 23,170 (May 21, 2019), as listed at 000537745 – 000537752.
000545609 - 000546163	Additional Complaint records referenced in 2018 NPRM, Protecting Statutory Conscience Rights in Health Care; Delegations of Authority (Proposed Rule), 83 Fed. Reg. 3,880 (Jan. 26, 2018)

# Exhibit 135-B

Pulled from PIMS on 12/20/18

Case Transaction #	Yr	PROG_ARE	PA ABB	Start Date	Closure Dat	AGE	REGION
DO-18-284511-CP-CR-CNS	18	Conscience	CNS	10/9/2017		437	Region DO - Directors Office
DO-18-284790-CP-CR-CNS	18	Conscience	CNS	10/11/2017		435	Region DO - Directors Office
DO-18-287042-CP-CR-CNS	18	Conscience	CNS	11/6/2017		409	Region DO - Directors Office
DO-18-288083-CP-CR-CNS	18	Conscience	CNS	10/30/2017		416	Region DO - Directors Office
DO-18-289710-CP-CR-CNS	18	Conscience	CNS	12/6/2017		379	Region DO - Directors Office
DO-18-289810-CP-CR-CNS	18	Conscience	CNS	12/6/2017		379	Region DO - Directors Office
DO-18-290543-CP-CR-CNS	18	Conscience	CNS	12/15/2017		370	Region DO - Directors Office
DO-18-292352-CP-CR-CNS	18	Conscience	CNS	1/4/2018		350	Region DO - Directors Office
DO-18-292650-CP-CR-CNS	18	Conscience	CNS	1/9/2018		345	Region DO - Directors Office
DO-18-292692-CP-CR-CNS	18	Conscience	CNS	1/10/2018		344	Region DO - Directors Office
DO-18-292848-CP-CR-CNS	18	Conscience	CNS	1/11/2018		343	Region DO - Directors Office
DO-18-292853-CP-CR-CNS	18	Conscience	CNS	1/11/2018		343	Region DO - Directors Office
DO-18-292877-CP-CR-CNS	18	Conscience	CNS	1/11/2018		343	Region DO - Directors Office
DO-18-292940-CP-CR-CNS	18	Conscience	CNS	1/11/2018		343	Region DO - Directors Office
DO-18-292941-CP-CR-CNS	18	Conscience	CNS	1/11/2018		343	Region DO - Directors Office
DO-18-292944-CP-CR-CNS	18	Conscience	CNS	1/11/2018		343	Region DO - Directors Office
DO-18-293023-CP-CR-CNS	18	Conscience	CNS	1/12/2018		342	Region DO - Directors Office
DO-18-293234-CP-CR-CNS	18	Conscience	CNS	1/16/2018		338	Region DO - Directors Office
DO-18-293480-CP-CR-CNS	18	Conscience	CNS	1/17/2018		337	Region DO - Directors Office
DO-18-293598-CP-CR-CNS	18	Conscience	CNS	1/18/2018		336	Region DO - Directors Office
DO-18-293612-CP-CR-CNS	18	Conscience	CNS	1/18/2018		336	Region DO - Directors Office
DO-18-293651-CP-CR-CNS	18	Conscience	CNS	1/19/2018		335	Region DO - Directors Office
DO-18-293704-CP-CR-CNS	18	Conscience	CNS	1/19/2018		335	Region DO - Directors Office
DO-18-293709-CP-CR-CNS	18	Conscience	CNS	1/18/2018		336	Region DO - Directors Office
DO-18-293713-CP-CR-CNS	18	Conscience	CNS	1/19/2018		335	Region DO - Directors Office
DO-18-293763-CP-CR-CNS	18	Conscience	CNS	1/19/2018		335	Region DO - Directors Office
DO-18-293773-CP-CR-CNS	18	Conscience	CNS	1/20/2018		334	Region DO - Directors Office
DO-18-293790-CP-CR-CNS	18	Conscience	CNS	1/20/2018		334	Region DO - Directors Office
DO-18-293820-CP-CR-CNS	18	Conscience	CNS	1/20/2018		334	Region DO - Directors Office
DO-18-293834-CP-CR-CNS	18	Conscience	CNS	1/21/2018		333	Region DO - Directors Office
DO-18-293839-CP-CR-CNS	18	Conscience	CNS	1/21/2018		333	Region DO - Directors Office
DO-18-293847-CP-CR-CNS	18	Conscience	CNS	1/21/2018		333	Region DO - Directors Office
DO-18-293857-CP-CR-CNS	18	Conscience	CNS	1/21/2018		333	Region DO - Directors Office
DO-18-293863-CP-CR-CNS	18	Conscience	CNS	1/21/2018		333	Region DO - Directors Office
DO-18-293925-CP-CR-CNS	18	Conscience	CNS	1/22/2018		332	Region DO - Directors Office
DO-18-293929-CP-CR-CNS	18	Conscience	CNS	1/22/2018		332	Region DO - Directors Office
DO-18-293935-CP-CR-CNS	18	Conscience	CNS	1/22/2018		332	Region DO - Directors Office
DO-18-293954-CP-CR-CNS	18	Conscience	CNS	1/22/2018		332	Region DO - Directors Office
DO-18-293966-CP-CR-CNS	18	Conscience	CNS	1/22/2018		332	Region DO - Directors Office
DO-18-293974-CP-CR-CNS	18	Conscience	CNS	1/22/2018		332	Region DO - Directors Office
DO-18-293976-CP-CR-CNS	18	Conscience	CNS	1/22/2018		332	Region DO - Directors Office
DO-18-293989-CP-CR-CNS	18	Conscience	CNS	1/22/2018		332	Region DO - Directors Office
DO-18-294002-CP-CR-CNS	18	Conscience	CNS	1/23/2018		331	Region DO - Directors Office
DO-18-294017-CP-CR-CNS	18	Conscience	CNS	1/23/2018		331	Region DO - Directors Office
DO-18-294047-CP-CR-CNS	18	Conscience	CNS	1/23/2018		331	Region DO - Directors Office
DO-18-294057-CP-CR-CNS	18	Conscience	CNS	1/23/2018		331	Region DO - Directors Office
DO-18-294058-CP-CR-CNS	18	Conscience	CNS	1/23/2018		331	Region DO - Directors Office
DO-18-294061-CP-CR-CNS	18	Conscience	CNS	1/23/2018		331	Region DO - Directors Office
DO-18-294065-CP-CR-CNS	18	Conscience	CNS	1/23/2018		331	Region DO - Directors Office

Pulled from PIMS on 12/20/18

Case Transaction #	Yr	PROG_ARE	PA ABB	Start Date	Closure Dat	AGE	REGION
DO-18-294118-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294138-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294141-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294145-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294148-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294154-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294191-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294197-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294203-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294211-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294212-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294216-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294228-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294250-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294257-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294264-CP-CR-CNS	18	Conscience	CNS	1/24/2018		330	Region DO - Directors Office
DO-18-294268-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294274-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294275-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294276-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294299-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294305-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294328-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294329-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294331-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294335-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294350-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294372-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294378-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294390-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294399-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294401-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294403-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294406-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294408-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294419-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294420-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294423-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294433-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294434-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294436-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294437-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294441-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294446-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294447-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294449-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294456-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294457-CP-CR-CNS	18	Conscience	CNS	1/25/2018		329	Region DO - Directors Office
DO-18-294460-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office

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DO-18-294461-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294462-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294463-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294465-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294466-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294469-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294470-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294474-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294477-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294509-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294515-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294516-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294518-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294528-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294529-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294531-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294540-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294567-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294570-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294574-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294574-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294587-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294596-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294600-CP-CR-CNS	18	Conscience	CNS	1/26/2018		328	Region DO - Directors Office
DO-18-294608-CP-CR-CNS	18	Conscience	CNS	1/27/2018		327	Region DO - Directors Office
DO-18-294609-CP-CR-CNS	18	Conscience	CNS	1/27/2018		327	Region DO - Directors Office
DO-18-294610-CP-CR-CNS	18	Conscience	CNS	1/27/2018		327	Region DO - Directors Office
DO-18-294611-CP-CR-CNS	18	Conscience	CNS	1/27/2018		327	Region DO - Directors Office
DO-18-294612-CP-CR-CNS	18	Conscience	CNS	1/27/2018		327	Region DO - Directors Office
DO-18-294630-CP-CR-CNS	18	Conscience	CNS	1/28/2018		326	Region DO - Directors Office
DO-18-294633-CP-CR-CNS	18	Conscience	CNS	1/28/2018		326	Region DO - Directors Office
DO-18-294634-CP-CR-CNS	18	Conscience	CNS	1/28/2018		326	Region DO - Directors Office
DO-18-294658-CP-CR-CNS	18	Conscience	CNS	1/28/2018		326	Region DO - Directors Office
DO-18-294668-CP-CR-CNS	18	Conscience	CNS	1/28/2018		326	Region DO - Directors Office
DO-18-294674-CP-CR-CNS	18	Conscience	CNS	1/28/2018		326	Region DO - Directors Office
DO-18-294675-CP-CR-CNS	18	Conscience	CNS	1/28/2018		326	Region DO - Directors Office
DO-18-294676-CP-CR-CNS	18	Conscience	CNS	1/28/2018		326	Region DO - Directors Office
DO-18-294701-CP-CR-CNS	18	Conscience	CNS	1/29/2018		325	Region DO - Directors Office
DO-18-294704-CP-CR-CNS	18	Conscience	CNS	1/29/2018		325	Region DO - Directors Office
DO-18-294713-CP-CR-CNS	18	Conscience	CNS	1/29/2018		325	Region DO - Directors Office
DO-18-294782-CP-CR-CNS	18	Conscience	CNS	1/29/2018		325	Region DO - Directors Office
DO-18-294795-CP-CR-CNS	18	Conscience	CNS	1/30/2018		324	Region DO - Directors Office
DO-18-294803-CP-CR-CNS	18	Conscience	CNS	1/30/2018		324	Region DO - Directors Office
DO-18-294917-CP-CR-CNS	18	Conscience	CNS	1/30/2018		324	Region DO - Directors Office
DO-18-294931-CP-CR-CNS	18	Conscience	CNS	1/30/2018		324	Region DO - Directors Office
DO-18-294933-CP-CR-CNS	18	Conscience	CNS	1/30/2018		324	Region DO - Directors Office
DO-18-294935-CP-CR-CNS	18	Conscience	CNS	1/30/2018		324	Region DO - Directors Office
DO-18-294936-CP-CR-CNS	18	Conscience	CNS	1/30/2018		324	Region DO - Directors Office
DO-18-294939-CP-CR-CNS	18	Conscience	CNS	1/30/2018		324	Region DO - Directors Office
DO-18-294947-CP-CR-CNS	18	Conscience	CNS	1/31/2018		323	Region DO - Directors Office

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DO-18-295084-CP-CR-CNS	18	Conscience	CNS	1/31/2018		323	Region DO - Directors Office
DO-18-295094-CP-CR-CNS	18	Conscience	CNS	1/31/2018		323	Region DO - Directors Office
DO-18-295101-CP-CR-CNS	18	Conscience	CNS	2/1/2018		322	Region DO - Directors Office
DO-18-295220-CP-CR-CNS	18	Conscience	CNS	2/2/2018		321	Region DO - Directors Office
DO-18-295221-CP-CR-CNS	18	Conscience	CNS	2/2/2018		321	Region DO - Directors Office
DO-18-295389-CP-CR-CNS	18	Conscience	CNS	2/3/2018		320	Region DO - Directors Office
DO-18-295402-CP-CR-CNS	18	Conscience	CNS	2/3/2018		320	Region DO - Directors Office
DO-18-295438-CP-CR-CNS	18	Conscience	CNS	2/4/2018		319	Region DO - Directors Office
DO-18-295619-CP-CR-CNS	18	Conscience	CNS	2/6/2018		317	Region DO - Directors Office
DO-18-295643-CP-CR-CNS	18	Conscience	CNS	2/6/2018		317	Region DO - Directors Office
DO-18-295802-CP-CR-CNS	18	Conscience	CNS	2/7/2018		316	Region DO - Directors Office
DO-18-295820-CP-CR-CNS	18	Conscience	CNS	2/7/2018		316	Region DO - Directors Office
DO-18-295840-CP-CR-CNS	18	Conscience	CNS	2/8/2018		315	Region DO - Directors Office
DO-18-296126-CP-CR-CNS	18	Conscience	CNS	2/10/2018		313	Region DO - Directors Office
DO-18-296263-CP-CR-CNS	18	Conscience	CNS	2/12/2018		311	Region DO - Directors Office
DO-18-296286-CP-CR-CNS	18	Conscience	CNS	2/8/2018		315	Region DO - Directors Office
DO-18-296347-CP-CR-CNS	18	Conscience	CNS	2/12/2018		311	Region DO - Directors Office
DO-18-296469-CP-CR-CNS	18	Conscience	CNS	2/14/2018		309	Region DO - Directors Office
DO-18-296546-CP-CR-CNS	18	Conscience	CNS	2/14/2018		309	Region DO - Directors Office
DO-18-296627-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296632-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296633-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296636-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296637-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296638-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296644-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296673-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296674-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296691-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296724-CP-CR-CNS	18	Conscience	CNS	2/16/2018		307	Region DO - Directors Office
DO-18-296728-CP-CR-CNS	18	Conscience	CNS	2/16/2018		307	Region DO - Directors Office
DO-18-296731-CP-CR-CNS	18	Conscience	CNS	2/16/2018		307	Region DO - Directors Office
DO-18-296732-CP-CR-CNS	18	Conscience	CNS	2/15/2018		308	Region DO - Directors Office
DO-18-296735-CP-CR-CNS	18	Conscience	CNS	2/16/2018		307	Region DO - Directors Office
DO-18-296754-CP-CR-CNS	18	Conscience	CNS	2/16/2018		307	Region DO - Directors Office
DO-18-296773-CP-CR-CNS	18	Conscience	CNS	2/16/2018		307	Region DO - Directors Office
DO-18-296789-CP-CR-CNS	18	Conscience	CNS	2/16/2018		307	Region DO - Directors Office
DO-18-296822-CP-CR-CNS	18	Conscience	CNS	2/16/2018		307	Region DO - Directors Office
DO-18-296835-CP-CR-CNS	18	Conscience	CNS	2/16/2018		307	Region DO - Directors Office
DO-18-296887-CP-CR-CNS	18	Conscience	CNS	2/18/2018		305	Region DO - Directors Office
DO-18-297136-CP-CR-CNS	18	Conscience	CNS	2/20/2018		303	Region DO - Directors Office
DO-18-297161-CP-CR-CNS	18	Conscience	CNS	2/21/2018		302	Region DO - Directors Office
DO-18-297210-CP-CR-CNS	18	Conscience	CNS	2/20/2018		303	Region DO - Directors Office
DO-18-297213-CP-CR-CNS	18	Conscience	CNS	2/21/2018		302	Region DO - Directors Office
DO-18-297429-CP-CR-CNS	18	Conscience	CNS	2/23/2018		300	Region DO - Directors Office
DO-18-297463-CP-CR-CNS	18	Conscience	CNS	2/23/2018		300	Region DO - Directors Office
DO-18-297580-CP-CR-CNS	18	Conscience	CNS	2/24/2018		299	Region DO - Directors Office
DO-18-297582-CP-CR-CNS	18	Conscience	CNS	2/24/2018		299	Region DO - Directors Office
DO-18-297593-CP-CR-CNS	18	Conscience	CNS	2/25/2018		298	Region DO - Directors Office

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DO-18-297605-CP-CR-CNS	18	Conscience	CNS	2/25/2018		298	Region DO - Directors Office
DO-18-297714-CP-CR-CNS	18	Conscience	CNS	2/26/2018		297	Region DO - Directors Office
DO-18-297792-CP-CR-CNS	18	Conscience	CNS	2/27/2018		296	Region DO - Directors Office
DO-18-297798-CP-CR-CNS	18	Conscience	CNS	2/27/2018		296	Region DO - Directors Office
DO-18-297802-CP-CR-CNS	18	Conscience	CNS	2/16/2018		307	Region DO - Directors Office
DO-18-297866-CP-CR-CNS	18	Conscience	CNS	2/26/2018		297	Region DO - Directors Office
DO-18-297979-CP-CR-CNS	18	Conscience	CNS	2/28/2018		295	Region DO - Directors Office
DO-18-298020-CP-CR-CNS	18	Conscience	CNS	2/26/2018		297	Region DO - Directors Office
DO-18-298344-CP-CR-CNS	18	Conscience	CNS	3/4/2018		291	Region DO - Directors Office
DO-18-298353-CP-CR-CNS	18	Conscience	CNS	3/4/2018		291	Region DO - Directors Office
DO-18-298379-CP-CR-CNS	18	Conscience	CNS	3/5/2018		290	Region DO - Directors Office
DO-18-298614-CP-CR-CNS	18	Conscience	CNS	3/6/2018		289	Region DO - Directors Office
DO-18-298639-CP-CR-CNS	18	Conscience	CNS	3/6/2018		289	Region DO - Directors Office
DO-18-298676-CP-CR-CNS	18	Conscience	CNS	3/7/2018		288	Region DO - Directors Office
DO-18-298850-CP-CR-CNS	18	Conscience	CNS	3/8/2018		287	Region DO - Directors Office
DO-18-298948-CP-CR-CNS	18	Conscience	CNS	3/9/2018		286	Region DO - Directors Office
DO-18-299109-CP-CR-CNS	18	Conscience	CNS	3/11/2018		284	Region DO - Directors Office
DO-18-299118-CP-CR-CNS	18	Conscience	CNS	3/11/2018		284	Region DO - Directors Office
DO-18-299141-CP-CR-CNS	18	Conscience	CNS	3/11/2018		284	Region DO - Directors Office
DO-18-299571-CP-CR-CNS	18	Conscience	CNS	3/15/2018		280	Region DO - Directors Office
DO-18-300085-CP-CR-CNS	18	Conscience	CNS	3/20/2018		275	Region DO - Directors Office
DO-18-300254-CP-CR-CNS	18	Conscience	CNS	3/21/2018		274	Region DO - Directors Office
DO-18-300275-CP-CR-CNS	18	Conscience	CNS	3/22/2018		273	Region DO - Directors Office
DO-18-300279-CP-CR-CNS	18	Conscience	CNS	3/22/2018		273	Region DO - Directors Office
DO-18-300324-CP-CR-CNS	18	Conscience	CNS	3/22/2018		273	Region DO - Directors Office
DO-18-300388-CP-CR-CNS	18	Conscience	CNS	3/23/2018		272	Region DO - Directors Office
DO-18-300491-CP-CR-CNS	18	Conscience	CNS	3/23/2018		272	Region DO - Directors Office
DO-18-300537-CP-CR-CNS	18	Conscience	CNS	3/25/2018		270	Region DO - Directors Office
DO-18-300568-CP-CR-CNS	18	Conscience	CNS	3/25/2018		270	Region DO - Directors Office
DO-18-300622-CP-CR-CNS	18	Conscience	CNS	3/26/2018		269	Region DO - Directors Office
DO-18-300653-CP-CR-CNS	18	Conscience	CNS	3/26/2018		269	Region DO - Directors Office
DO-18-300657-CP-CR-CNS	18	Conscience	CNS	3/26/2018		269	Region DO - Directors Office
DO-18-300699-CP-CR-CNS	18	Conscience	CNS	3/26/2018		269	Region DO - Directors Office
DO-18-300986-CP-CR-CNS	18	Conscience	CNS	3/28/2018		267	Region DO - Directors Office
DO-18-301226-CP-CR-CNS	18	Conscience	CNS	3/31/2018		264	Region DO - Directors Office
DO-18-301461-CP-CR-CNS	18	Conscience	CNS	4/3/2018		261	Region DO - Directors Office
DO-18-301470-CP-CR-CNS	18	Conscience	CNS	3/29/2018		266	Region DO - Directors Office
DO-18-301532-CP-CR-CNS	18	Conscience	CNS	4/3/2018		261	Region DO - Directors Office
DO-18-301788-CP-CR-CNS	18	Conscience	CNS	4/5/2018		259	Region DO - Directors Office
DO-18-302042-CP-CR-CNS	18	Conscience	CNS	4/9/2018		255	Region DO - Directors Office
DO-18-302417-CP-CR-CNS	18	Conscience	CNS	4/6/2018		258	Region DO - Directors Office
DO-18-302437-CP-CR-CNS	18	Conscience	CNS	4/12/2018		252	Region DO - Directors Office
DO-18-304544-CP-CR-CNS	18	Conscience	CNS	1/27/2018		327	Region DO - Directors Office
DO-18-304776-CP-CR-CNS	18	Conscience	CNS	3/23/2018		272	Region DO - Directors Office
DO-18-304777-CP-CR-CNS	18	Conscience	CNS	3/23/2018		272	Region DO - Directors Office
DO-18-304862-CP-CR-CNS	18	Conscience	CNS	5/3/2018		231	Region DO - Directors Office
DO-18-306185-CP-CR-CNS	18	Conscience	CNS	5/15/2018		219	Region DO - Directors Office
DO-18-306408-CP-CR-CNS	18	Conscience	CNS	5/10/2018		224	Region DO - Directors Office
DO-18-306427-CP-CR-CNS	18	Conscience	CNS	5/11/2018		223	Region DO - Directors Office

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DO-18-308974-CP-CR-CNS	18	Conscience	CNS	6/15/2018		188	Region DO - Directors Office
DO-18-308995-CP-CR-CNS	18	Conscience	CNS	6/15/2018		188	Region DO - Directors Office
DO-18-310061-CP-CR-CNS	18	Conscience	CNS	6/13/2018		190	Region DO - Directors Office
DO-18-310972-CP-CR-CNS	18	Conscience	CNS	7/6/2018		167	Region DO - Directors Office
DO-18-314425-CP-CR-CNS	18	Conscience	CNS	7/6/2018		167	Region DO - Directors Office
DO-18-315669-CP-CR-CNS	18	Conscience	CNS	8/30/2018		112	Region DO - Directors Office
DO-18-315794-CP-CR-CNS	18	Conscience	CNS	9/1/2018		110	Region DO - Directors Office
DO-18-315969-CP-CR-CNS	18	Conscience	CNS	9/5/2018		106	Region DO - Directors Office
DO-18-316488-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316745-CP-CR-CNS	18	Conscience	CNS	9/12/2018		99	Region DO - Directors Office
DO-18-316851-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316861-CP-CR-CNS	18	Conscience	CNS	9/13/2018		98	Region DO - Directors Office
DO-18-316890-CP-CR-CNS	18	Conscience	CNS	9/13/2018		98	Region DO - Directors Office
DO-18-316943-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316946-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316947-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316949-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316953-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316955-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316956-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316979-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316982-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316984-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316985-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316987-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316989-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
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DO-18-316992-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-316997-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-317000-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-317003-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-317004-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-317007-CP-CR-CNS	18	Conscience	CNS	8/24/2018		118	Region DO - Directors Office
DO-18-317042-CP-CR-CNS	18	Conscience	CNS	9/15/2018		96	Region DO - Directors Office
DO-18-317109-CP-CR-CNS	18	Conscience	CNS	9/17/2018		94	Region DO - Directors Office
DO-18-317335-CP-CR-CNS	18	Conscience	CNS	9/18/2018		93	Region DO - Directors Office
DO-18-317417-CP-CR-CNS	18	Conscience	CNS	9/19/2018		92	Region DO - Directors Office
DO-18-317797-CP-CR-CNS	18	Conscience	CNS	9/23/2018		88	Region DO - Directors Office
DO-18-317809-CP-CR-CNS	18	Conscience	CNS	9/23/2018		88	Region DO - Directors Office
DO-18-317903-CP-CR-CNS	18	Conscience	CNS	9/24/2018		87	Region DO - Directors Office
DO-18-317927-CP-CR-CNS	18	Conscience	CNS	9/24/2018		87	Region DO - Directors Office
DO-18-318010-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318021-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318030-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318035-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318049-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318078-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318086-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318093-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office

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Case Transaction #	Yr	PROG_ARE	PA ABB	Start Date	Closure Dat	AGE	REGION
DO-18-318131-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318134-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318139-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318176-CP-CR-CNS	18	Conscience	CNS	9/25/2018		86	Region DO - Directors Office
DO-18-318268-CP-CR-CNS	18	Conscience	CNS	9/26/2018		85	Region DO - Directors Office
DO-18-318343-CP-CR-CNS	18	Conscience	CNS	9/26/2018		85	Region DO - Directors Office
DO-18-318349-CP-CR-CNS	18	Conscience	CNS	9/26/2018		85	Region DO - Directors Office
DO-18-318462-CP-CR-CNS	18	Conscience	CNS	9/27/2018		84	Region DO - Directors Office
DO-18-318669-CP-CR-CNS	18	Conscience	CNS	9/29/2018		82	Region DO - Directors Office
DO-18-318678-CP-CR-CNS	18	Conscience	CNS	9/29/2018		82	Region DO - Directors Office
DO-18-320798-CP-CR-CNS	18	Conscience	CNS	9/18/2018		93	Region DO - Directors Office
DO-18-320805-CP-CR-CNS	18	Conscience	CNS	9/24/2018		87	Region DO - Directors Office
DO-18-320812-CP-CR-CNS	18	Conscience	CNS	9/24/2018		87	Region DO - Directors Office
DO-18-320830-CP-CR-CNS	18	Conscience	CNS	9/26/2018		85	Region DO - Directors Office
DO-18-321033-CP-CR-CNS	18	Conscience	CNS	7/20/2018		153	Region DO - Directors Office
DO-18-326152-CP-CR-CNS	18	Conscience	CNS	9/6/2018		105	Region DO - Directors Office
<b>Subtotal FY 2018 Open</b>		<b>310</b>					
04-18-296836-CP-CR-CNS	18	Conscience	CNS	2/16/18	5/1/18	74	Region 4 - Atlanta
04-18-296836-CP-CR-CNS	18	Conscience	CNS	2/16/18	5/1/18	74	Region 4 - Atlanta
DO-18-292652-CP-CR-CNS	18	Conscience	CNS	1/9/18	4/2/18	83	Region DO - Directors Office
DO-18-296709-CP-CR-CNS	18	Conscience	CNS	2/16/18	5/16/18	89	Region DO - Directors Office
DO-18-296124-CP-CR-CNS	18	Conscience	CNS	2/10/18	5/16/18	95	Region DO - Directors Office
DO-18-296136-CP-CR-CNS	18	Conscience	CNS	2/10/18	5/16/18	95	Region DO - Directors Office
DO-18-295804-CP-CR-CNS	18	Conscience	CNS	2/7/18	5/16/18	98	Region DO - Directors Office
DO-18-295386-CP-CR-CNS	18	Conscience	CNS	2/3/18	5/16/18	102	Region DO - Directors Office
DO-18-295387-CP-CR-CNS	18	Conscience	CNS	2/3/18	5/16/18	102	Region DO - Directors Office
DO-18-295351-CP-CR-CNS	18	Conscience	CNS	2/2/18	5/16/18	103	Region DO - Directors Office
DO-18-295352-CP-CR-CNS	18	Conscience	CNS	2/2/18	5/16/18	103	Region DO - Directors Office
DO-18-295207-CP-CR-CNS	18	Conscience	CNS	2/1/18	5/16/18	104	Region DO - Directors Office
DO-18-295181-CP-CR-CNS	18	Conscience	CNS	2/1/18	5/16/18	104	Region DO - Directors Office
DO-18-295021-CP-CR-CNS	18	Conscience	CNS	1/31/18	5/16/18	105	Region DO - Directors Office
DO-18-294881-CP-CR-CNS	18	Conscience	CNS	1/30/18	5/16/18	106	Region DO - Directors Office
DO-18-294884-CP-CR-CNS	18	Conscience	CNS	1/30/18	5/16/18	106	Region DO - Directors Office
DO-18-298868-CP-CR-CNS	18	Conscience	CNS	3/8/18	6/22/18	106	Region DO - Directors Office
DO-18-294142-CP-CR-CNS	18	Conscience	CNS	1/24/18	5/16/18	112	Region DO - Directors Office
DO-18-298957-CP-CR-CNS	18	Conscience	CNS	3/9/18	7/2/18	115	Region DO - Directors Office
DO-18-293621-CP-CR-CNS	18	Conscience	CNS	1/18/18	5/16/18	118	Region DO - Directors Office
DO-18-299658-CP-CR-CNS	18	Conscience	CNS	3/15/18	7/13/18	120	Region DO - Directors Office
DO-18-296571-CP-CR-CNS	18	Conscience	CNS	2/14/18	6/19/18	125	Region DO - Directors Office
DO-18-300386-CP-CR-CNS	18	Conscience	CNS	3/23/18	8/23/18	153	Region DO - Directors Office
DO-18-293613-CP-CR-CNS	18	Conscience	CNS	1/18/18	6/29/18	162	Region DO - Directors Office
DO-18-298297-CP-CR-CNS	18	Conscience	CNS	3/2/18	8/23/18	174	Region DO - Directors Office
DO-18-297946-CP-CR-CNS	18	Conscience	CNS	2/27/18	8/23/18	177	Region DO - Directors Office
DO-18-297945-CP-CR-CNS	18	Conscience	CNS	2/27/18	8/23/18	177	Region DO - Directors Office
DO-18-297764-CP-CR-CNS	18	Conscience	CNS	2/26/18	8/23/18	178	Region DO - Directors Office
DO-18-297287-CP-CR-CNS	18	Conscience	CNS	2/21/18	8/23/18	183	Region DO - Directors Office
DO-18-296761-CP-CR-CNS	18	Conscience	CNS	2/16/18	8/23/18	188	Region DO - Directors Office

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Case Transaction #	Yr	PROG_ARE	PA ABB	Start Date	Closure Date	AGE	REGION
DO-18-296646-CP-CR-CNS	18	Conscience	CNS	2/15/18	8/23/18	189	Region DO - Directors Office
DO-18-293400-CP-CR-CNS	18	Conscience	CNS	1/17/18	8/22/18	217	Region DO - Directors Office
DO-18-296104-CP-CR-CNS	18	Conscience	CNS	2/9/18	9/21/18	224	Region DO - Directors Office
<b>Subtotal FY 2018 Closed</b>		<b>33</b>					
<b>Total FY 2018</b>		<b>343</b>					

# Exhibit 135-C

	A	B	C	D	E
1		<b>Complaint No.</b>	<b>Description</b>	<b>Bates No.</b>	<b>Column1</b>
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3		10-109676	Closure Letter	000541798	
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5		11-122387	Closure Letter	000541807	
6		14-193604	Closure Letter	000541809	
7		15-193782	Closure Letter	000541809	
8		15-195665	Closure Letter	000541809	
9		16-238113	Initiation	000541814	
10		16-238113	Closure Letter - Withdrawl	000541892	
11		16-238113	PIMS	000541893	
12		17-252154	Initiation	000541894	
13		17-252154	ADF Letter	000541957	
14		17-252154	Withdrawl	000541964	
15		17-252154	Closure Letter - Withdrawl	000541966	
16		17-259696	Closure Letter	000541967	
17		17-259696	PIMS	000541969	
18		17-259696	Cenzon-DeCarlo Complaint	000541970	
19		14-193604	Closure Letter	000541996	
20		15-193782	Closure Letter	000541996	
21		15-195665	Closure Letter	000541996	
22		16-224756	Closure Letter	000542001	
23		18-292848	Closure Letter	000542001	
24		17-282090	Memo	000542013	
25		18-292853	Letter	000542015	
26		18-284511	Complaint	000542017	
27		18-284511	Complaint	000542025	
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# Exhibit 135-D

<b>358 Complaints Filed After November 2016 Election</b>				
<b>Count</b>	<b>Date of Complaint</b>	<b>OCR Complaint ID</b>	<b>Bates No. of Complaint</b>	<b>Bates No. of Related Documents</b>
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256	3/9/2018	18-298957	000545425	000545438
257	3/11/2018	18-299109	000544244	000544252
258	3/11/2018	18-299118	000544253	000544261
259	3/11/2018	18-299141	000544262	000544270
260	3/15/2018	18-299571	000544271	000544279
261	3/15/2018	18-299658	000545442	000545450
262	3/20/2018	18-300085	000544280	000544288
263	3/21/2018	18-300254	000544291	000544299
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265	3/22/2018	18-300279	000544309	000544317
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268	3/23/2018	18-300386	000545460	000545468
269	3/23/2018	18-300388	000544327	000544335
270	3/23/2018	18-300491	000544336	000544344
271	3/23/2018	18-304776	000544516	
272	3/23/2018	18-304777	000544559	
273	3/25/2018	18-300537	000544345	000544353
274	3/25/2018	18-300568	000544354	000544362
275	3/26/2018	18-300622	000544363	000544371
276	3/26/2018	18-300653	000544372	000544380
277	3/26/2018	18-300657	000544381	000544389
278	3/26/2018	18-300699	000544390	000544398
279	3/28/2018	18-300986	000544399	000544407

280	3/31/2018	18-301226	000544408	000544416 000544417
281	4/3/2018	18-301461	000544424	000544432 000544433 000544434
282	4/3/2018	18-301532	000544447	000544455
283	4/5/2018	18-301788	000544456	000544464
284	4/6/2018	18-302417	000544474	
285	4/9/2018	18-302042	000544465	000544473
286	4/12/2018	18-302437	000544500	000544508
287	4/12/2018	18-306185	000544599	
288	5/2/2018	18-306408	000544606	
289	5/3/2018	18-304862	000544590	000544598
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291	5/14/2018	18-310061	000544651	
292	6/15/2018	18-308974	000544624	000544632 000548439 000549914 000549922
293	6/15/2018	18-308995	000544642	000544650
294	7/6/2018	18-310972	000544669	
295	7/6/2018	18-314425	000544682	
296	7/20/2018	18-321033	000545200	000545208
297	8/24/2018	18-316488	000544728	
298	8/24/2018	18-316851	000544745	
299	8/24/2018	18-316943	000544772	
300	8/24/2018	18-316946	000544780	
301	8/24/2018	18-316947	000544788	
302	8/24/2018	18-316949	000544796	
303	8/24/2018	18-316953	000544804	
304	8/24/2018	18-316955	000544812	
305	8/24/2018	18-316956	000544820	
306	8/24/2018	18-316979	000544828	
307	8/24/2018	18-316982	000544836	
308	8/24/2018	18-316984	000544844	
309	8/24/2018	18-316985	000544852	
310	8/24/2018	18-316987	000544860	
311	8/24/2018	18-316989	000544868	
312	8/24/2018	18-316990	000544876	
313	8/24/2018	18-316992	000544884	
314	8/24/2018	18-316997	000544892	
315	8/24/2018	18-317000	000544900	
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320	9/1/2018	18-315794	000544710	000544718
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322	9/6/2018	18-326152	000545209	000545217
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324	9/13/2018	18-316890	000544763	000544771
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328	9/18/2018	18-320798	000545601	000545169
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330	9/19/2018	18-317417	000544985	000544993
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334	9/24/2018	18-317903	000545015	000545023
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339	9/25/2018	18-318030	000545054	000545062
340	9/25/2018	18-318035	000545063	000545071
341	9/25/2018	18-318049	000545072	000545080
342	9/25/2018	18-318078	000545081	000545089
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343	9/25/2018	18-318086	000545091	
344	9/25/2018	18-318093	000545106	000545114
345	9/25/2018	18-318131	000545115	000545123
346	9/25/2018	18-318134	000545124	000545132
347	9/25/2018	18-318139	000545133	000545141
348	9/25/2018	18-318176	000545142	000545150
349	9/26/2018	18-318268	000545151	000545159
350	9/26/2018	18-318343	000545160	000545168
351	9/26/2018	18-318349	000549924	000545571
352	9/26/2018	18-320830	000545191	000545199
353	9/29/2018	18-318669	000545583	000545591

354	9/29/2018	18-318678	000545592	000545600
355	undated	18-294141	000542676	000542684
356	undated	18-296263	000543720	000549904
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				000544512
				000544513
				000544514
357	undated	18-304544	000544509	000544515
				000545572
				000545580
358	undated	18-318462	000545563	000545582

# Exhibit 135-E

Duplicate Complaints Filed After November 2016 Election					
Count	OCR Complaint ID	Date	Bates No. of Complaint	Bates No. of Related Documents	Complaint ID and Bates No. of Original Complaint
1	18-294061	1/23/2018	000542638	000542646 000542647	Duplicate of complaint ID 18-294058, found at Bates Number 000542627.
2	18-316851	8/24/2018	000544745		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
3	18-316943	8/24/2018	000544772		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
4	18-316946	8/24/2018	000544780		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
5	18-316947	8/24/2018	000544788		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
6	18-316949	8/24/2018	000544796		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
7	18-316953	8/24/2018	000544804		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
8	18-316955	8/24/2018	000544812		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
9	18-316956	8/24/2018	000544820		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
10	18-316979	8/24/2018	000544828		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
11	18-316982	8/24/2018	000544836		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
12	18-316984	8/24/2018	000544844		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
13	18-316985	8/24/2018	000544852		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
14	18-316987	8/24/2018	000544860		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
15	18-316989	8/24/2018	000544868		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
16	18-316990	8/24/2018	000544876		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
17	18-316992	8/24/2018	000544884		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
18	18-316997	8/24/2018	000544892		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
19	18-317000	8/24/2018	000544900		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
20	18-317003	8/24/2018	000544908		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
21	18-317004	8/24/2018	000544916		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.
22	18-317007	8/24/2018	000544924		Duplicate of complaint ID 18-316488, found at Bates Number 000544728.

# Exhibit 135-F

<b>Anti-Vaccination Complaints Filed After November 2016 Election</b>				
<b>Count</b>	<b>Date of Complaint</b>	<b>OCR Complaint ID</b>	<b>Bates No. of Complaint</b>	<b>Bates No. of Related Documents</b>
				000542219
1	4/12/2017	18-289810	000542217	000542221
2	7/2/2017	17-277069	000546049	000546088
3	7/14/2017	17-276010	000546040	000546048
4	11/20/2017	18-290543	000542223	
				000546099
				000546100
5	12/5/2017	18-289617	000546091	000546102
				000542532
6	1/15/2018	18-293929	000542533	000542534
7	1/18/2018	18-293612	000542396	000542404
8	1/18/2018	18-293621	000545439	
9	1/19/2018	18-293651	000542405	000542413
10	1/19/2018	18-293713	000542431	000542439
11	1/19/2018	18-293763	000542440	000542448
12	1/20/2018	18-293790	000542458	000542466
13	1/20/2018	18-293820	000542467	000542475
14	1/21/2018	18-293834	000542476	000542484
15	1/21/2018	18-293839	000542485	000542493
16	1/21/2018	18-293847	000542494	000542502
17	1/21/2018	18-293857	000542503	000542511
18	1/21/2018	18-293863	000542513	000542521
19	1/22/2018	18-293925	000542522	000542530
20	1/22/2018	18-293935	000542535	000542543
21	1/22/2018	18-293954	000542544	000542552
22	1/22/2018	18-293966	000542553	000542561
23	1/22/2018	18-293974	000542562	000542570
24	1/22/2018	18-293976	000542571	000542579
25	1/22/2018	18-293989	000542580	000542588
26	1/23/2018	18-294002	000542589	000542597
27	1/23/2018	18-294017	000542598	000542606
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28	1/23/2018	18-294057	000542616	000542626
29	1/23/2018	18-294065	000542649	000542657
30	1/24/2018	18-294138	000542667	000542675
31	1/24/2018	18-294142	000545416	000545424
32	1/24/2018	18-294145	000542685	000542693
33	1/24/2018	18-294148	000542694	000542702
34	1/24/2018	18-294154	000542703	000542711
35	1/24/2018	18-294191	000542712	000542720
36	1/24/2018	18-294197	000542721	000542729
37	1/24/2018	18-294203	000542730	000542738
38	1/24/2018	18-294211	000542739	000542747

39	1/24/2018	18-294212	000542748	000542756
40	1/24/2018	18-294216	000542757	000542765
41	1/24/2018	18-294228	000542766	000542774
42	1/24/2018	18-294250	000542775	000542783
43	1/24/2018	18-294257	000542784	000542792
44	1/24/2018	18-294264	000542793	000542801
45	1/25/2018	18-294268	000542802	000542810
46	1/25/2018	18-294274	000542811	000542819
47	1/25/2018	18-294275	000542820	000542828
48	1/25/2018	18-294276	000542829	000542837
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59	1/25/2018	18-294399	000542934	000542942
60	1/25/2018	18-294401	000542943	000542951
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67	1/25/2018	18-294433	000543006	000543014
68	1/25/2018	18-294434	000543016	000543024
69	1/25/2018	18-294436	000543025	000543033
70	1/25/2018	18-294437	000543035	000543043
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72	1/25/2018	18-294446	000543054	000543062
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139	2/3/2018	18-295387	000545342	000545350
140	2/3/2018	18-295389	000543637	000543645
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142	2/6/2018	18-295643	000543681	000543689
143	2/6/2018	18-295804	000545330	
144	2/7/2018	18-295820	000543692	000543700
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165	2/15/2018	18-296691	000543843	000543851
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168	2/16/2018	18-296728	000543861	000543869
169	2/16/2018	18-296731	000543870	000543878
170	2/16/2018	18-296735	000543883	000543891
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176	2/18/2018	18-296887	000549906	000543937
177	2/20/2018	18-297136	000543938	000543946
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179	2/21/2018	18-297213	000543961	000543969
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182	2/23/2018	18-297463	000543979	000543987
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184	2/24/2018	18-297582	000543998	000544007
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186	2/25/2018	18-297605	000544017	000544025
187	2/25/2018	18-297714	000544026	000544034
188	2/25/2018	18-298020	000544158	
189	2/26/2018	18-297764	000545505	000545513
190	2/27/2018	18-297798	000544044	000544052
191	2/27/2018	18-297945	000545496	000545504
192	2/27/2018	18-297946	000545487	000545495
193	2/28/2018	18-297979	000544149	000544157
194	3/2/2018	18-298297	000545478	000545486
195	3/4/2018	18-298344	000544161	000544169
196	3/5/2018	18-298379	000544179	000544187
197	3/6/2018	18-298639	000544208	000544216
198	3/8/2018	18-298850	000544226	000544234

				000545433
				000545437
199	3/9/2018	18-298957	000545425	000545438
200	3/11/2018	18-299109	000544244	000544252
201	3/11/2018	18-299118	000544253	000544261
202	3/11/2018	18-299141	000544262	000544270
203	3/15/2018	18-299571	000544271	000544279
204	3/15/2018	18-299658	000545442	000545450
205	3/20/2018	18-300085	000544280	000544288
206	3/21/2018	18-300254	000544291	000544299
207	3/22/2018	18-300275	000544300	000544308
208	3/22/2018	18-300279	000544309	000544317
209	3/22/2018	18-300324	000544318	000544326
210	3/23/2018	18-300386	000545460	000545468
211	3/23/2018	18-300388	000544327	000544335
212	3/23/2018	18-300491	000544336	000544344
213	3/25/2018	18-300537	000544345	000544353
214	3/25/2018	18-300568	000544354	000544362
215	3/26/2018	18-300622	000544363	000544371
216	3/26/2018	18-300653	000544372	000544380
217	3/26/2018	18-300657	000544381	000544389
218	3/26/2018	18-300699	000544390	000544398
				000544416
219	3/31/2018	18-301226	000544408	000544417
				000544432
				000544433
220	4/3/2018	18-301461	000544424	000544434
221	4/3/2018	18-301532	000544447	000544455
222	4/5/2018	18-301788	000544456	000544464
223	4/6/2018	18-302417	000544474	
224	4/12/2018	18-302437	000544500	000544508
225	5/14/2018	18-310061	000544651	
				000544632
				000548439
				000549914
226	6/15/2018	18-308974	000544624	000549922
227	6/15/2018	18-308995	000544642	000544650
228	7/6/2018	18-310972	000544669	
229	7/6/2018	18-314425	000544682	
230	7/20/2018	18-321033	000545200	000545208
				000544700
				000544701
231	8/30/2018	18-315669	000544692	000544704
232	9/1/2018	18-315794	000544710	000544718
233	9/5/2018	18-315969	000544719	000544727
234	9/6/2018	18-326152	000545209	000545217
235	9/13/2018	18-316890	000544763	000544771

				000544940
236	9/15/2018	18-317042	000544932	000544944
237	9/18/2018	18-320798	000545601	000545169
238	9/19/2018	18-317417	000544985	000544993
239	9/23/2018	18-317797	000544994	000545002
				000545011
240	9/23/2018	18-317809	000545003	000545012
				000545187
241	9/24/2018	18-230812	000545179	000545188
242	9/24/2018	18-317903	000545015	000545023
243	9/24/2018	18-317927	000545024	000545032
244	9/24/2018	18-320805	000545170	000545178
245	9/25/2018	18-318010	000545033	000545041
				000545042
				000545043
				000545044
246	9/25/2018	18-318021	000545046	000545045
247	9/25/2018	18-318030	000545054	000545062
248	9/25/2018	18-318035	000545063	000545071
249	9/25/2018	18-318049	000545072	000545080
250	9/25/2018	18-318078	000545081	000545089
				000545090
251	9/25/2018	18-318086	000545091	000545099
252	9/25/2018	18-318093	000545106	000545114
253	9/25/2018	18-318131	000545115	000545123
254	9/25/2018	18-318134	000545124	000545132
255	9/25/2018	18-318139	000545133	000545141
256	9/25/2018	18-318176	000545142	000545150
257	9/26/2018	18-318268	000545151	000545159
258	9/26/2018	18-318343	000545160	000545168
259	9/26/2018	18-318349	000549924	000545571
260	9/26/2018	18-320830	000545191	000545199
261	9/29/2018	18-318669	000545583	000545591
262	9/29/2018	18-318678	000545592	000545600
263	undated	18-294141	000542676	000542684
264	undated	18-296263	000543720	000549904
				000544510
				000544512
				000544513
				000544514
265	undated	18-304544	000544509	000544515
				000545572
				000545580
266	undated	18-318462	000545563	000545582

# Exhibit 135-G

Other Irrelevant Complaints Filed After November 2016 Election					
Count	OCR Complaint ID	Date	Bates No. of Complaint	Bates No. of Related Documents	Reason Complaint is Irrelevant
1	17-259696	1/19/2017	000545774	000545782 000541967 000541969 000541970	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes Complainant is not entity covered by the Refusal Statutes
2	17-260802	1/31/2017	000546113	000546121	Complainant is not protected entity under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes
3	17-264789	3/10/2017	000545783		Complainant is not protected entity under the Refusal Statutes
4	17-272987	4/14/2017	000546122	000546130	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes Complainant is not protected entity under the Refusal Statutes
5	17-271523	5/23/2017	000546104	000546112	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes Complainant is not protected entity under the Refusal Statutes
6	17-281650	9/8/2017	000546131	000546139	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not a protected entity under the Refusal Statutes.
7	18-284790	10/11/2017	000542026	000542034	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not a protected entity under the Refusal Statutes.

8	18-288083	10/21/2017	000542047		Complainant is not a protected entity under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes
9	18-292650	1/9/2018	000542260	000542268	Complainant is not a protected entity under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes.
10	18-292652	1/9/2018	000545236	000545244	Complainant is not a protected entity under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited under the Refusal Statutes
11	18-293709	1/9/2018	000542423		Complainant is not a protected entity under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes Complaint is against entity not regulated under the Refusal Statutes
12	18-292692	1/10/2018	000542269	000542277	Complainant is not an entity protected under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited under the Refusal Statutes
13	18-293023	1/11/2018	000542334		Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes Complainant is not a protected entity under the Refusal Statutes
14	18-292940	1/11/2018	000542307	000542315 000542333	

					Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes.
15	18-292941	1/11/2018	000542316	000542324	
					Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes.
16	18-292944	1/11/2018	000542325	000549903	
17	18-292877	1/11/2018	000542298	000542306	Complaint is against entity not regulated under the Refusal Statutes.
18	18-293400	1/17/2018	000545541	000545549 000545550	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not a protected entity under the Refusal Statutes.
19	18-293598	1/18/2018	000542387	000542395	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes
20	18-293613	1/18/2018	000545469	000545477	Complaint is against entity not regulated under the Refusal Statutes.
					Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes Complaint is against entity not regulated under the Refusal Statutes
21	18-294047	1/23/2018	000542607	000542615	

22	18-294058	1/23/2018	000542627	000542635 000542636	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.
23	18-294118	1/24/2018	000542658	000542666	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.
24	18-294456	1/25/2018	000543082	000543090	Complainant is not a protected entity under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes
25	18-296286	1/28/2018	000543721		Complainant is not a protected entity under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes
26	18-296104	2/9/2018	000545551	000545559 000545562	Complaint is against entity not regulated under the Refusal Statutes.
27	18-297210	2/10/2018	000543956		Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.
28	18-296732	2/13/2018	000543879		Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.
29	18-296469	2/14/2018	000543740	000543748	Complainant is not a protected entity under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes
30	18-296822	2/16/2018	000543918	000543926	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.

31	18-296789	2/16/2018	000543909	000543917	Complaint does not state facts supporting a claim of discrimination.
32	18-297866	2/18/2018	000544087		Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.
33	18-297792	2/27/2018	000544035	000544043	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.
34	18-298353	3/4/2018	000544170	000544178	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.
35	18-298614	3/6/2018	000544188	000544196 000544198 000544207	Complaint is not against entity regulated under the Refusal Statutes. <i>See also</i> State Pls.' MSJ Br. Section II(C)(1) (discussing this complaint).
36	18-298868	3/8/2018	000545406	000545141 000545415	Not a complaint
37	18-298848	3/8/2018	000544236	000544235	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.
38	18-301470	3/22/2018	000544443		Not a complaint.
39	18-304776	3/23/2018	000544516		Complaint is against entity not regulated under the Refusal Statutes. <i>See also</i> State Pls.' MSJ Br. Section II(C)(1) (discussing this complaint).
40	18-300986	3/28/2018	000544399	000544407	Complainant is not a protected entity under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes
41	18-302042	4/9/2018	000544465	000544473	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.
42	18-306185	4/12/2018	000544599		Complaint is not against entity regulated under the Refusal Statutes. <i>See also</i> State Pls.' MSJ Br. Section II(C)(1) (discussing complaint at 000544188, which is irrelevant for the same reasons as this complaint).

43	18-306408	5/2/2018	000544606		Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes. Complainant is not protected entity under the Refusal Statutes.
44	18-304862	5/3/2018	000544590	000544598	Complaint is against Title X Funding Opportunity Announcement issued by HHS; HHS claims that it did not enforce pre-existing Title X referral and nondirective options counselin requirements against those with religious objections, <i>see</i> 84 Fed. Reg. 23,191 n.64.
45	18-316745	9/12/2018	000544736	000544744	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes.
46	18-316861	9/13/2018	000544753	000544761 000544762	Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes/conduct prohibited under the Refusal Statutes alleges discrimination based on conduct that is not protected under refusal statutes.
47	18-317335	9/18/2018	000544976	000544984	Complainant is not a protected entity under the Refusal Statutes Complaint does not allege discrimination/conduct prohibited by the Refusal Statutes Complaint is against entity not regulated under the Refusal Statutes.
48	18-293704	1/19/2018	000542414	000542422	Complaint expressed opposition to Proposed Rule.
49	18-293773	1/20/2018	000542449	000542457	Complaint expressed opposition to Proposed Rule.

# Exhibit 135-H

**Record Evidence of Complaint Investigation and Closure**

<b>Count</b>	<b>Complaint No.</b>	<b>Description</b>	<b>Bates No.</b>
1	10-109676	Closure Letter	000541798
2	11-122388	Closure Letter	000541805
3	11-122387	Closure Letter	000541807
4	14-193604	Closure Letter	000541809
5	14-193604	Closure Letter	000541996
6	15-193782	Closure Letter	000541809
7	15-195665	Closure Letter	000541809
8	15-193782	Closure Letter	000541996
9	15-195665	Closure Letter	000541996
10	16-224756	Closure Letter	000542001
11	16-238113	Closure Letter - Withdrawl	000541892
12	17-259696	Closure Letter	000541967
13	17-252154	Closure Letter - Withdrawl	000541966
14	18-292848	Closure Letter	000542001

# Exhibit 136

TAGGS Advanced Search Export									
Recipient Name	DUNS	City	State	ZIP Code	County	Country	Type	Class	Sum of Awards
IL ST DEPT OF PUBLIC HEALTH	806660296	SPRINGFIELD	IL	62761	SANGAMON	United States of America	Health Department	State Government	\$92,753,888
Kewa Pueblo Corporation, Inc.	969869317	SANTO DOMINGO	NM	870520559	SANDOVAL	United States of America	Welfare Department	State Government	\$8,201,886
NORWICH UNIVERSITY	069912962	NORTHFIELD	VT	05663	WASHINGTON	United States of America	Junior College, College & University	State Government	-\$151,736
UNIVERSITY OF VERMONT	066811191	BURLINGTON	VT	05405	CHITTENDEN	United States of America	Junior College, College & University	State Government	\$56,232,054
Vermont Technical College	807840608	RANDOLPH CENTER	VT	050610500	ORANGE	United States of America	Junior College, College & University	State Government	\$400,000
Polaris Project	138789164	WASHINGTON	DC	200138892	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$1,750,000
Illinois Department of Insurance	144965360	SPRINGFIELD	IL	62767	SANGAMON	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	-\$1,710,524
New Mexico State Department of Aging and Long Term Serv	866945140	SANTA FE	NM	87505	SANTA FE	United States of America	Welfare Department	State Government	-\$110,999
VT CENTER FOR CRIME VICTIM SERVICES	137133737	WATERBURY	VT	056712001	WASHINGTON	United States of America	Community Action Organization	State Government	\$736,894
VT ST COMPREHENSIVE HEALTH PLANNING	809376155	MONTPELIER	VT	05602	WASHINGTON	United States of America	Other Health Organization	State Government	\$2,525,830
VT ST MEDICAID FRAUD CONTROL UNIT, OFC OF ATTORNEY GEN	809376155	MONTPELIER	VT	05602	WASHINGTON	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$370,000
VT ST MEDICAID FRAUD CONTROL UNIT, OFC OF ATTORNEY GEN	809550338	MONTPELIER	VT	05602	WASHINGTON	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$942,392
VT ST DEPARTMENT OF HEALTH, DIV OF MEDICAL CARE REG	809376155	BURLINGTON	VT	05402	CHITTENDEN	United States of America	Health Department	State Government	\$150,000
Vermont Agency of Human Services	809376155	WATERBURY	VT	05671	WASHINGTON	United States of America	Welfare Department	State Government	\$1,083,993,973
Vermont Office of the Court Administrator	360705925	MONTPELIER	VT	05609	WASHINGTON	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$1,489,579
Vermont Agency of Agriculture, Food & Markets	809376718	MONTPELIER	VT	05620	WASHINGTON	United States of America	Environmental Organization	State Government	\$755,000
Vermont State Department of Health - Alcohol & Drug Abu	809376155	BURLINGTON	VT	054020070	CHITTENDEN	United States of America	Other Health Organization	State Government	\$6,752,196
VT ST OFFICE OF THE GOVERNOR	809376155	MONTPELIER	VT	05602	WASHINGTON	United States of America	Planning & Administrative Organizations	State Government	\$360,781
VERMONT AGENCY OF HUMAN SERVICES	809376155	WATERBURY	VT	056710201	WASHINGTON	United States of America	Welfare Department	State Government	\$5,193,905
VT ST AGENCY FOR HUMAN SERVICES	809376155	WATERBURY	VT	05676	WASHINGTON	United States of America	Welfare Department	State Government	\$6,118,485
VT ST AGENCY FOR HUMAN SERVICES	809376155	WATERBURY	VT	056761581	WASHINGTON	United States of America	Welfare Department	State Government	\$92,582,225
VT ST DEPARTMENT OF SOCIAL WELFARE	809376155	WATERBURY	VT	05676	WASHINGTON	United States of America	Welfare Department	State Government	\$3,052,013
VT ST DEPARTMENT OF HEALTH	809376155	BURLINGTON	VT	05401	CHITTENDEN	United States of America	Health Department	State Government	\$4,793,797
VT ST AGENCY FOR HUMAN SERVICES	809376155	WATERBURY	VT	056761581	WASHINGTON	United States of America	Welfare Department	State Government	\$8,404,505
SUPREME COURT OF VERMONT	360705925	MONTPELIER	VT	056090701	WASHINGTON	United States of America	Other Social Services Organization	State Government	\$135,995
Vermont Department of Mental Health	809376155	BURLINGTON	VT	05402	CHITTENDEN	United States of America	Health Department	State Government	-\$75,000
MASSACHUSETTS INSTITUTE OF TECHNOLOGY	001425594	CAMBRIDGE	MA	02139	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$119,783,056
MERRIMACK COLLEGE	066598973	NORTH ANDOVER	MA	01845	ESSEX	United States of America	Junior College, College & University	State Government	\$127,062
Fairview Hospital	060546066	PITTSFIELD	MA	01201	BERKSHIRE	United States of America	Welfare Department	State Government	\$0
BERKSHIRE REGIONAL PLANNING COMMISSION	123924367	PITTSFIELD	MA	012016278	BERKSHIRE	United States of America	Other Special Interest Organization	State Government	\$269,850
Community Day Care Center of Lawrence, Inc.	159487324	LAWRENCE	MA	01840	ESSEX	United States of America	Welfare Department	State Government	\$1,262,235
HEALTH IMPERATIVES, INC	038381809	BROCKTON	MA	02301	PLYMOUTH	United States of America	Other Health Organization	State Government	\$1,526,000
PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS	030812648	BOSTON	MA	02215	SUFFOLK	United States of America	Other Social Services Organization	State Government	\$270,000
UNIVERSITY OF MASSACHUSETTS LOWELL	956072490	LOWELL	MA	01854	MIDDLESEX	United States of America	Research Institution, Foundation and Laboratory	State Government	\$9,692,588
UNIVERSITY OF MASSACHUSETTS - DARTMOUTH	799472427	NORTH DARTMOUTH	MA	02747	BRISTOL	United States of America	Junior College, College & University	State Government	\$443,126
Hispanic-American Institute, Inc.	067153526	ALBUQUERQUE	NM	871053822	BERNALILLO	United States of America	Welfare Department	State Government	\$276,234
Waltham Partnership for Youth, Inc	078317788	WALTHAM	MA	02453	MIDDLESEX	United States of America	Welfare Department	State Government	\$125,000
Town of Arlington, Massachusetts	073802126	ARLINGTON	MA	02476	MIDDLESEX	United States of America	Other Special Interest Organization	State Government	\$125,000
DANVER'S SCHOOL DISTRICT	049309078	DANVERS	MA	019232355	ESSEX	United States of America	School Board & School District	State Government	\$50,000
Wayland Public School Department	076606003	WAYLAND	MA	01778	MIDDLESEX	United States of America	Other Special Interest Organization	State Government	\$125,000
UNIVERSITY OF MASSACHUSETTS	603847293	BOSTON	MA	02133	SUFFOLK	United States of America	Junior College, College & University	State Government	\$2,147,491
UNIVERSITY OF MASSACHUSETTS	878298900	BOSTON	MA	02133	SUFFOLK	United States of America	Junior College, College & University	State Government	\$0
CAPE COD COMMUNITY COLLEGE	878042324	WEST BARNSTABLE	MA	02668	BARNSTABLE	United States of America	Junior College, College & University	State Government	\$499,940
FOXBOROUGH STATE HOSPITAL	878298900	FOXBOROUGH	MA	02035	NORFOLK	United States of America	Hospital	State Government	\$0
HOLYOKE COMMUNITY COLLEGE	878042548	HOLYOKE	MA	010401091	HAMPDEN	United States of America	Junior College, College & University	State Government	\$510,571
COMMONWEALTH OF MASSACHUSETTS	073130932	BOSTON	MA	021111712	SUFFOLK	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$393,117
COMMONWEALTH OF MASSACHUSETTS	124348967	BOSTON	MA	021111712	SUFFOLK	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$665,701
MA ST DEPARTMENT OF MENTAL HEALTH	878369362	BOSTON	MA	02114	SUFFOLK	United States of America	Other Health Organization	State Government	\$18,055,682
MA ST DEPARTMENT OF PUBLIC HEALTH	004726456	BOSTON	MA	021084619	SUFFOLK	United States of America	Health Department	State Government	\$2,092,960
MA ST DEPARTMENT OF PUBLIC HEALTH	878298900	BOSTON	MA	021084619	SUFFOLK	United States of America	Health Department	State Government	\$223,598,587
MA ST REHABILITATION COMMISSION	878593136	BOSTON	MA	02111	SUFFOLK	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$3,215,511
MT WACHUSETT COMMUNITY COLLEGE	848394763	GARDNER	MA	014401378	WORCESTER	United States of America	Junior College, College & University	State Government	\$1,090,000
MA ST MEDICAID FRAUD CONTROL UNIT	825017577	BOSTON	MA	02114	SUFFOLK	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$4,742,820
MA ST ADMINISTERING AGENCY FOR DEVELOPMNTL DISABILITIES	197369346	BOSTON	MA	02114	SUFFOLK	United States of America	Planning & Administrative Organizations	State Government	\$1,363,306
MA ST EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES	073130932	BOSTON	MA	02108	SUFFOLK	United States of America	Welfare Department	State Government	\$15,312,777
MA ST EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES	824848477	BOSTON	MA	02108	SUFFOLK	United States of America	Welfare Department	State Government	-\$58,218
MA ST DEPARTMENT OF EDUCATION	799538178	MALDEN	MA	021485023	MIDDLESEX	United States of America	Educational Department	State Government	\$464,870
MA ST DEPARTMENT OF ELDER AFFAIRS	824848436	BOSTON	MA	021081518	SUFFOLK	United States of America	Other Social Services Organization	State Government	\$34,513,204
MA ST OFFICE FOR CHILDREN	878509116	BOSTON	MA	02108	SUFFOLK	United States of America	Welfare Department	State Government	\$506,833
MA ST DEPARTMENT OF TRANSITIONAL ASSISTANCE	878508217	BOSTON	MA	021111704	SUFFOLK	United States of America	Welfare Department	State Government	\$508,816,424

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UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL AT WORCESTER	603847393	WORCESTER	MA	01605	WORCESTER	United States of America	Junior College, College & University	State Government	\$2,747,993
BUNKER HILL COMMUNITY COLLEGE	119841815	BOSTON	MA	02129	SUFFOLK	United States of America	Junior College, College & University	State Government	\$300,000
MA ST DEPT OF HOUSING & COMMUNITY DEVELOPMENT	824848162	BOSTON	MA	021142023	SUFFOLK	United States of America	Other Social Services Organization	State Government	\$147,626,914
MA ST DEPARTMENT OF CHILDREN AND FAMILIES	073130932	BOSTON	MA	02210	SUFFOLK	United States of America	Welfare Department	State Government	\$1,586,944
MA ST DEPARTMENT OF CHILDREN AND FAMILIES	878509116	BOSTON	MA	02210	SUFFOLK	United States of America	Welfare Department	State Government	\$202,722,415
MA ST EXECUTIVE OFFICE OF COMMUNITIES & DEVELOPMENT	824848162	BOSTON	MA	02203	SUFFOLK	United States of America	Welfare Department	State Government	\$17,654,872
MA ST DEPARTMENT OF REVENUE	004726456	CAMBRIDGE	MA	021142509	SUFFOLK	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$167,232
MA ST DEPARTMENT OF REVENUE	072130932	CAMBRIDGE	MA	021142509	SUFFOLK	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$62,681,283
MA ST DEPARTMENT OF FOOD & AGRICULTURE	878139385	BOSTON	MA	02129	SUFFOLK	United States of America	Other Social Services Organization	State Government	\$755,000
MA ST DIVISION OF MEDICAL ASSISTANCE	073130932	BOSTON	MA	02111	SUFFOLK	United States of America	Welfare Department	State Government	\$10,938,173,071
MA ST DIVISION OF MEDICAL ASSISTANCE	824848477	BOSTON	MA	02111	SUFFOLK	United States of America	Welfare Department	State Government	\$6,742,463
Comm of Mass-Dept of Early Education & Care	086194854	BOSTON	MA	02111	SUFFOLK	United States of America	Educational Department	State Government	\$141,364,933
Commonwealth of Massachusetts Division of Insurance	034094027	BOSTON	MA	021186204	SUFFOLK	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$228,201
PLYMOUTH, COUNTY OF, INC.	790427798	BROCKTON	MA	023031665	PLYMOUTH	United States of America	Other Health Organization	State Government	\$125,000
MA STATE ADMINISTRATIVE OFFICE OF THE TRIAL COURT	806030011	BOSTON	MA	021082003	SUFFOLK	United States of America	Community Action Organization	State Government	\$1,150,000
Franklin County Sheriff's Office - HOC Dept	120456244	GREENFIELD	MA	013012201	FRANKLIN	United States of America	Community Action Organization	State Government	\$495,046
COMM OF MA BARNSTABLE COUNTY SHERIFF'S OFFICE	016033449	BOURNE	MA	025320000	BARNSTABLE	United States of America	Community Action Organization	State Government	\$397,862
RHODE ISLAND PARENT INFORMATION NETWORK	961028206	CRANSTON	RI	029204490	PROVIDENCE	United States of America	Welfare Department	State Government	\$96,570
Illinois State Board of Education	806812558	SPRINGFIELD	IL	627770001	SANGAMON	United States of America	Educational Department	State Government	\$2,356,003
RI ST HUMAN SERVICES FINANCE OFFICERS	103418765	CRANSTON	RI	02920	PROVIDENCE	United States of America	Welfare Department	State Government	\$0
RI ST DEPARTMENT OF HUMAN SERVICES	103418765	CRANSTON	RI	02920	PROVIDENCE	United States of America	Welfare Department	State Government	\$95,317,062
RI ST DEPARTMENT OF HUMAN SERVICES	141693296	CRANSTON	RI	02920	PROVIDENCE	United States of America	Welfare Department	State Government	\$0
RI ST DEPARTMENT OF HUMAN SERVICES	620643296	CRANSTON	RI	02920	PROVIDENCE	United States of America	Welfare Department	State Government	\$388,450
RI ST DEPARTMENT OF HUMAN SERVICES	929922766	CRANSTON	RI	02920	PROVIDENCE	United States of America	Welfare Department	State Government	\$33,094,973
RI ST DEPARTMENT OF ELDERLY AFFAIRS	080841963	CRANSTON	RI	029203001	PROVIDENCE	United States of America	Other Social Services Organization	State Government	\$1,799,910
RI ST DEPARTMENT OF HEALTH	111415482	PROVIDENCE	RI	02908	PROVIDENCE	United States of America	Health Department	State Government	\$3,159,525
RI ST DEPARTMENT OF HEALTH	145310553	PROVIDENCE	RI	02908	PROVIDENCE	United States of America	Health Department	State Government	\$6,300,250
RI ST DEPARTMENT OF HEALTH	929922664	PROVIDENCE	RI	02908	PROVIDENCE	United States of America	Health Department	State Government	\$42,218,334
RI ST DEPARTMENT OF MENTAL HEALTH, RETARDATION & HOSP	111415381	CRANSTON	RI	029203080	PROVIDENCE	United States of America	Health Department	State Government	\$21,351,834
RI ST DEPARTMENT OF ELDERLY AFFAIRS	080841963	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Other Social Services Organization	State Government	\$7,121,761
UNIVERSITY OF RHODE ISLAND	075705780	KINGSTON	RI	02881	WASHINGTON	United States of America	Junior College, College & University	State Government	\$507,546
UNIVERSITY OF RHODE ISLAND	144017188	KINGSTON	RI	02881	WASHINGTON	United States of America	Junior College, College & University	State Government	\$3,288,416
UNIVERSITY OF RHODE ISLAND	796475382	KINGSTON	RI	02881	WASHINGTON	United States of America	Junior College, College & University	State Government	-\$1,955,984
RI ST DEPT OF ELEM & SECONDARY EDUC	929956532	PROVIDENCE	RI	029033400	PROVIDENCE	United States of America	Educational Department	State Government	\$1,900,000
RI ST DIVISION OF VOCATIONAL REHABILITATION	929922706	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$916,365
RI ST DEPARTMENT FOR CHILDREN & THEIR FAMILIES	929956290	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Welfare Department	State Government	\$23,992,828
RI ST MEDICAID FRAUD CONTROL UNIT	929922664	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$370,000
RI ST MEDICAID FRAUD CONTROL UNIT	929927747	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$1,893,984
RI ST GOVERNOR'S OFFICE OF ENERGY ASSISTANCE	121325935	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Other Social Services Organization	State Government	\$26,861,594
RI ST GOVERNOR'S OFFICE OF ENERGY ASSISTANCE	183956978	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Other Social Services Organization	State Government	\$2,473,895
RI ST OFFICE OF SUBSTANCE ABUSE	111415381	CRANSTON	RI	029203050	PROVIDENCE	United States of America	Welfare Department	State Government	\$7,864,276
Judiciary of the State of Rhode Island & Prov. Plintn.	360706469	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Other Social Services Organization	State Government	\$199,502
Judiciary of the State of Rhode Island & Prov. Plintn.	624922720	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Other Social Services Organization	State Government	\$102,863
RI ST DEPT. OF ADMIN/DIV. OF TAXATION	929922706	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Other Social Services Organization	State Government	\$8,123,933
RHODE ISLAND FAMILY COURT	111414806	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$100,000
RI ST OFC OF SEC OF STATE, COMMISSION ON DISABILITIES	187486274	CRANSTON	RI	02920	PROVIDENCE	United States of America	Other Special Interest Organization	State Government	\$332,044
RI Executive Office of Health and Human Services	078529392	CRANSTON	RI	02920	PROVIDENCE	United States of America	Welfare Department	State Government	\$10,031,813
RI Executive Office of Health and Human Services	103418765	CRANSTON	RI	02920	PROVIDENCE	United States of America	Welfare Department	State Government	-\$74,086
RI Executive Office of Health and Human Services	957925464	CRANSTON	RI	02920	PROVIDENCE	United States of America	Welfare Department	State Government	\$1,876,619,943
RI Department of Business Regulation	929956092	PROVIDENCE	RI	02903	PROVIDENCE	United States of America	Planning & Administrative Organizations	State Government	-\$372
Rhode Island Department of Business Regulation	929956092	CRANSTON	RI	029204407	PROVIDENCE	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$276,716
RI ST DEPT OF BEHAV HEALTHCARE DEV DISAB	111415381	CRANSTON	RI	029203080	PROVIDENCE	United States of America	Other Health Organization	State Government	\$2,167,007
RI ST DEPT OF BEHAV HEALTHCARE DEVELOPMENTAL DISAB	111415381	CRANSTON	RI	029203080	PROVIDENCE	United States of America	Other Health Organization	State Government	\$825,000
ENVIRONMENTAL MANAGEMENT, RHODE ISLAND DEPT OF	111441213	PROVIDENCE	RI	029085767	PROVIDENCE	United States of America	Environmental Organization	State Government	\$698,805
RHODE ISLAND COLLEGE	075707588	PROVIDENCE	RI	029081940	PROVIDENCE	United States of America	Junior College, College & University	State Government	\$819,954
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC	072132368	NEW HAVEN	CT	065112348	NEW HAVEN	United States of America	Other Health Organization	State Government	\$2,598,000
UNIVERSITY OF BRIDGEPORT	072117633	BRIDGEPORT	CT	06604	FAIRFIELD	United States of America	Junior College, College & University	State Government	\$89,551
INTERNATIONAL INSTITUTE OF CONNECTICUT	099758245	BRIDGEPORT	CT	06605	FAIRFIELD	United States of America	Vocational & Training School	State Government	\$200,000
UNIVERSITY OF CONNECTICUT	614209054	STORRS	CT	062699018	TOLLAND	United States of America	Junior College, College & University	State Government	\$31,886,278
Rushford	024297558	MERIDEN	CT	06450	NEW HAVEN	United States of America	Welfare Department	State Government	\$571,516
The Prevention Council of Putnam	162399810	CARMEL	NY	10512	PUTNAM	United States of America	Other Special Interest Organization	State Government	\$0
Latino Community Services, Inc	791478530	HARTFORD	CT	061141113	HARTFORD	United States of America	Other Special Interest Organization	State Government	\$525,000

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CT ST DEPARTMENT OF SOCIAL SERVICES	807854435	HARTFORD	CT	061065041	HARTFORD	United States of America	Other Social Services Organization	State Government	\$81,544,578
CENTRAL CONNECTICUT STATE UNIVERSITY	168558364	NEW BRITAIN	CT	06050	HARTFORD	United States of America	Junior College, College & University	State Government	\$57,742
Southeastern Regional Action Council, Inc	929916609	NORWICH	CT	06360	NEW LONDON	United States of America	Other Special Interest Organization	State Government	\$283,295
SOUTHERN CT STATE UNIVERSITY	145900825	NEW HAVEN	CT	065151330	NEW HAVEN	United States of America	Junior College, College & University	State Government	\$1,575,695
CT ST Department of Children & Families	807850730	HARTFORD	CT	06106	HARTFORD	United States of America	Other Social Services Organization	State Government	\$56,206,208
CT ST DEPT OF PUBLIC HEALTH & ADDICTION SVCS	010138915	HARTFORD	CT	061064405	HARTFORD	United States of America	Planning & Administrative Organizations	State Government	-\$822,079
CT ST DEPT OF PUBLIC HEALTH & ADDICTION SVCS	807853791	HARTFORD	CT	061064405	HARTFORD	United States of America	Planning & Administrative Organizations	State Government	\$1,981,314
CT ST DEPARTMENT OF EDUCATION	807851118	HARTFORD	CT	06105	HARTFORD	United States of America	Educational Department	State Government	\$0
CT ST DEPARTMENT OF EDUCATION	807853791	HARTFORD	CT	06105	HARTFORD	United States of America	Educational Department	State Government	\$3,981,976
CT ST DEPT OF PUBLIC HEALTH	807853791	HARTFORD	CT	06134	HARTFORD	United States of America	Health Department	State Government	\$60,553,530
CT ST DEPARTMENT OF MENTAL HEALTH & ADDICTION SVCS	103626086	HARTFORD	CT	06134	HARTFORD	United States of America	Health Department	State Government	\$32,591,786
CT ST DEPARTMENT OF MENTAL HEALTH & ADDICTION SVCS	807853791	HARTFORD	CT	06134	HARTFORD	United States of America	Health Department	State Government	-\$10,853,761
CT ST DEPARTMENT OF EDUCATION, DIV OF INTERNAL MNGT ACC	807851118	HARTFORD	CT	06145	HARTFORD	United States of America	Educational Department	State Government	\$1,686,376
NORTHWESTERN CONNECTICUT COMMUNITY TECHNICAL COLLEGE	791341360	WINSTED	CT	06098	LITCHFIELD	United States of America	Junior College, College & University	State Government	\$179,270
SOUTHERN CONNECTICUT STATE UNIVERSITY	145900825	NEW HAVEN	CT	065151330	NEW HAVEN	United States of America	Junior College, College & University	State Government	\$444,020
CT ST DIVISION OF CRIMINAL JUSTICE	167065700	ROCKY HILL	CT	06067	HARTFORD	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$1,867,336
WESTERN CONNECTICUT STATE UNIVERSITY	010138915	DANBURY	CT	06810	FAIRFIELD	United States of America	Junior College, College & University	State Government	\$1,757,360
CT ST DEPARTMENT OF MENTAL RETARDATION	807852694	HARTFORD	CT	061061308	HARTFORD	United States of America	Other Health Organization	State Government	\$713,800
CT ST DEPT OF SOCIAL SERVICES, OFF OF FINANCIAL MGMT	807854435	HARTFORD	CT	06106	HARTFORD	United States of America	Welfare Department	State Government	\$4,987,419,060
CT ST DEPT OF MENTAL HLTH & ADDICTION SERVICES	103626086	HARTFORD	CT	06134	HARTFORD	United States of America	Other Health Organization	State Government	\$18,479,143
CT ST DEPARTMENT OF HEALTH	807853791	BRIDGEPORT	CT	06604	FAIRFIELD	United States of America	Health Department	State Government	\$2,631,620
CT ST DEPARTMENT OF CHILDREN & FAMILIES	807850730	HARTFORD	CT	061067107	HARTFORD	United States of America	Welfare Department	State Government	\$82,540,042
UNIVERSITY OF CONNECTICUT HEALTH CENTER, J DEMPSEY HOSP	202254226	FARMINGTON	CT	06032	HARTFORD	United States of America	Hospital	State Government	\$0
CT ST OFC PROTECTION & ADVOCACY FOR PERS WITH DIS	627140965	HARTFORD	CT	061201551	HARTFORD	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	-\$244,250
CT ST DEPT OF HUMAN RESOURCES, ST REFUGEE COORDINATION	807854435	HARTFORD	CT	06105	HARTFORD	United States of America	Welfare Department	State Government	\$19,220,195
SUPREME COURT OF CONNECTICUT	807853791	HARTFORD	CT	06106	HARTFORD	United States of America	Other Social Services Organization	State Government	\$201,597
CT STATE OFFICE OF THE HEALTHCARE ADVOCATE	026200517	HARTFORD	CT	06144	HARTFORD	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	-\$6,534,184
CONNECTICUT OFFICE OF EARLY CHILDHOOD	079102530	HARTFORD	CT	061061659	HARTFORD	United States of America	Other Educational Organization	State Government	\$79,391,260
OFFICE OF HEALTH STRATEGY	080974802	HARTFORD	CT	06144	HARTFORD	United States of America	Other Health Organization	State Government	\$21,706,889
Massachusetts Office for Refugees and Immigrants	086206303	BOSTON	MA	02108	SUFFOLK	United States of America	Welfare Department	State Government	\$114,000
Child Center of NY, Inc. The	072750680	FOREST HILLS	NY	113757211	QUEENS	United States of America	Other Educational Organization	State Government	\$1,006,303
BEDFORD STUYVESANT EARLY CHILDHOOD DEVELOPMENT CENTER,	193671070	BROOKLYN	NY	112211509	KINGS	United States of America	Other Social Services Organization	State Government	\$3,945,283
Riverhead Community Awareness Program, Inc.	100988851	RIVERHEAD	NY	119012516	SUFFOLK	United States of America	Welfare Department	State Government	\$172,145
Manhasset Community Coalition Against Substance Abuse	962929563	MANHASSET	NY	11030	NASSAU	United States of America	Other Special Interest Organization	State Government	\$0
SUNY, NASSAU COMMUNITY COLLEGE	139267728	GARDEN CITY	NY	11530	NASSAU	United States of America	Junior College, College & University	State Government	\$0
U. S. Committee for Refugee and Immigrants	081215996	ARLINGTON	VA	22201	ARLINGTON	United States of America	Welfare Department	State Government	\$396,518
CHILD DEVELOPMENT CENTER OF THE MOSHOLU MONEFIORRE C. C.	965017846	BRONX	NY	104672302	BRONX	United States of America	Welfare Department	State Government	\$3,000,708
CHURCH WORLD SERVICE, INC	060096754	NEW YORK	NY	101150050	NEW YORK	United States of America	Welfare Department	State Government	\$7,245,215
BRIGHTPOINT HEALTH	829701833	BRONX	NY	10452	BRONX	United States of America	Welfare Department	State Government	\$3,821,871
THE TRUSTEES OF COLUMBIA UNIV IN THE CITY OF NEW YORK	621889815	NEW YORK	NY	10027	NEW YORK	United States of America	Junior College, College & University	State Government	-\$2,434,544
Westchester County Department of Social Services	072705213	WHITE PLAINS	NY	10601	WESTCHESTER	United States of America	Welfare Department	State Government	\$670,000
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI	078861598	NEW YORK-NEW YORK	NY	10029	NEW YORK	United States of America	Junior College, College & University	State Government	\$339,812,236
Jersey County Health Department	112428792	JEFFERSONVILLE	IL	62052	JEFFERSONVILLE	United States of America	Other Special Interest Organization	State Government	\$70,000
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	020657151	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$901
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	038633251	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$13,864,446
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	040796328	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$2,822,678
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	058889106	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$603,508
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	090185294	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$325,760
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	090189965	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$2,779,830
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	129081332	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$17,321
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	152606125	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$391,930
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	152606422	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$310,197
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	152606489	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$481,043
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	152606901	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$277,848
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	152607024	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	-\$7,124
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	152652764	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$1,699,693
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	152652822	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$10,066,741
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	612724732	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$125,000
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	804878247	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$4,248,740
RESEARCH FOUNDATION OF STATE UNIV OF NEW YORK (SUNY)	829339568	ALBANY	NY	122010009	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$22,373
SUNY, RESEARCH FOUNDATION	040796328	ALBANY	NY	12201	ALBANY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$0
HEALTH RESEARCH, INC.	002436061	MENANDS	NY	122042719	RENSELAEER	United States of America	Health Department	State Government	\$218,817,617

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HEALTH RESEARCH, INC.	153695478	MENANDS	NY	122042719	RENSELAE	United States of America	Health Department	State Government	\$13,680,080
HEALTH RESEARCH, INC.	153695809	MENANDS	NY	122042719	RENSELAE	United States of America	Health Department	State Government	\$27,263,127
HEALTH RESEARCH, INC.	157119244	MENANDS	NY	122042719	RENSELAE	United States of America	Health Department	State Government	\$450,214
HEALTH RESEARCH, INC.	157119657	MENANDS	NY	122042719	RENSELAE	United States of America	Health Department	State Government	\$19,423,532
HEALTH RESEARCH, INC.	620832753	MENANDS	NY	122042719	RENSELAE	United States of America	Health Department	State Government	\$8,366,595
SUNY, SCHENECTADY COUNTY COMMUNITY COLLEGE	089111330	SCHENECTADY	NY	12305	SCHENECTADY	United States of America	Junior College, College & University	State Government	\$3,000,000
NY ST DEPARTMENT OF EDUCATION	806782173	ALBANY	NY	12234	ALBANY	United States of America	Educational Department	State Government	\$1,800,000
SUNY, ALBANY	152652822	ALBANY	NY	12203	ALBANY	United States of America	Junior College, College & University	State Government	\$2,133,608
SUNY, BINGHAMTON	090189965	BINGHAMTON	NY	13901	BROOME	United States of America	Junior College, College & University	State Government	\$6,081,316
SUNY, BUFFALO	038633251	AMHERST	NY	142282567	ERIE	United States of America	Junior College, College & University	State Government	\$56,242,521
SUNY, STONY BROOK	804878247	STONY BROOK	NY	11794	SUFFOLK	United States of America	Junior College, College & University	State Government	\$60,187,480
SUNY COLLEGE, GENESEO	129081332	GENESEO	NY	14454	LIVINGSTON	United States of America	Junior College, College & University	State Government	\$370,245
UNIVERSITY HOSPITAL OF DOWNSTATE MEDICAL CENTER	040796328	NEW YORK-KINGS	NY	11203	KINGS	United States of America	Hospital	State Government	\$23,652,996
UNIVERSITY HOSPITAL OF UPSTATE MEDICAL CENTER	058889106	SYRACUSE	NY	132102342	ONONDAGA	United States of America	Hospital	State Government	\$17,938,516
NY ST OFFICE OF CHILDREN AND FAMILY SERVICES	003237356	RENSELAE	NY	121442796	RENSELAE	United States of America	Welfare Department	State Government	-\$10,350
NY ST OFFICE OF CHILDREN AND FAMILY SERVICES	042387717	RENSELAE	NY	121442796	RENSELAE	United States of America	Welfare Department	State Government	\$348,185,021
NY ST OFFICE OF CHILDREN AND FAMILY SERVICES	806781860	RENSELAE	NY	121442796	RENSELAE	United States of America	Welfare Department	State Government	\$158,369,263
SUNY, COLLEGE OF OPTOMETRY	152652764	NEW YORK-NEW YORK	NY	10010	NEW YORK	United States of America	Junior College, College & University	State Government	\$19,281
NEW YORK JUDICIAL COMMISSION ON JUSTICE FOR CHILDREN	042387717	ALBANY	NY	122231450	ALBANY	United States of America	Other Social Services Organization	State Government	\$1,154,880
NY ST DEPT OF HEALTH	806781340	ALBANY	NY	122370001	ALBANY	United States of America	Welfare Department	State Government	\$49,093,652,675
SUNY CAMPUSES	806782033	ALBANY	NY	12236	ALBANY	United States of America	Junior College, College & University	State Government	50
SUNY - OPTOMETRY	119847747	NEW YORK	NY	10010	NEW YORK	United States of America	Junior College, College & University	State Government	\$18,280
SUNY - BINGHAMTON	021968495	BINGHAMTON	NY	13901	BROOME	United States of America	Junior College, College & University	State Government	\$325,651
SUNY - BUFFALO	008874021	BUFFALO	NY	142143016	ERIE	United States of America	Junior College, College & University	State Government	\$307,795
SUNY - PLATTSBURGH	060546183	PLATTSBURGH	NY	12901	CLINTON	United States of America	Junior College, College & University	State Government	\$189,707
SUNY - BROCKPORT	193524410	BROCKPORT	NY	14420	MONROE	United States of America	Junior College, College & University	State Government	\$367,125
NY ST COMMISSION ON QUALITY OF CARE	138927319	SCHENECTADY	NY	123052397	SCHENECTADY	United States of America	Other Health Organization	State Government	\$770,787
Department of Law - Medicaid Fraud Control Unit	806784551	MANHATTAN	NY	10271	NEW YORK	United States of America	Welfare Department	State Government	\$46,128,256
New York Department of Insurance	127699655	NEW YORK	NY	100042310	NEW YORK	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	-\$216,262
New York State Office for the Aging	132228052	ALBANY	NY	12223	ALBANY	United States of America	Welfare Department	State Government	\$101,099,171
NYS Office of Temporary and Disability Assistance	806781860	ALBANY	NY	12243	ALBANY	United States of America	Welfare Department	State Government	\$3,092,405,790
NYS Office of Mental Health	167202410	ALBANY	NY	12229	ALBANY	United States of America	Health Department	State Government	\$46,451,366
New York State Unified Court System	015939197	NEW YORK	NY	10004	NEW YORK	United States of America	Welfare Department	State Government	\$324,821
NYS Department of Agriculture and Markets	806780565	ALBANY	NY	12235	ALBANY	United States of America	Environmental Organization	State Government	\$1,849,821
NYS Office of Alcoholism and Substance Abuse Services	136153207	ALBANY	NY	122033526	ALBANY	United States of America	Health Department	State Government	\$112,106,839
New York State Developmental Disabilities Planning Coun	806781340	ALBANY	NY	12210	ALBANY	United States of America	Other Special Interest Organization	State Government	\$4,090,946
New York State Education Department	806782173	ALBANY	NY	12234	ALBANY	United States of America	Welfare Department	State Government	\$1,175,146
NY STATE UNIFIED COURT SYSTEM	015939197	NEW YORK	NY	100042324	NEW YORK	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$5,759,990
CORNELL UNIVERSITY	872612445	ITHACA	NY	14850	TOMPKINS	United States of America	Junior College, College & University	State Government	\$85,574,650
Maryland Insurance Administration	090603619	BALTIMORE	MD	212022272	**BALTIMORE CITY	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$280,000
DC DEPARTMENT OF MENTAL HEALTH	014384031	WASHINGTON	DC	200023329	DISTRICT OF COLUMBIA	United States of America	Other Health Organization	State Government	\$2,047,255
Department of Behavioral Health & Developmental Service	627833102	RICHMOND	VA	23218	**RICHMOND	United States of America	Health Department	State Government	\$825,000
Northpointe Council, Inc	126904507	NIAGARA FALLS	NY	14301	NIAGARA	United States of America	Other Special Interest Organization	State Government	\$125,000
LIVINGSTON WYOMING CHAPTER NY ST AREA REHAB CENTER	791165566	MOUNT MORRIS	NY	14510	LIVINGSTON	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$690,876
COUNCIL ON ALCOHOL & SUBS ABUSE OF LIVINGSTON CO INC.	964442990	GENESEO	NY	14454	LIVINGSTON	United States of America	Other Special Interest Organization	State Government	\$124,911
Catholic Charities of Herkimer County	158170167	ILION	NY	13357	HERKIMER	United States of America	Welfare Department	State Government	\$320,557
The Learning Web, Inc.	021163857	ITHACA	NY	148504033	TOMPKINS	United States of America	Welfare Department	State Government	\$184,010
Bais Yaakov Faigeh Schonberger of Adas Yereim	184175883	BROOKLYN	NY	11219	KINGS	United States of America	Welfare Department	State Government	\$1,206,304
Project H.O.P.E., Incorporated	809551695	CAMDEN	NJ	081033529	CAMDEN	United States of America	Welfare Department	State Government	\$2,987,846
NJ ST OFFICE OF THE GOVERNOR	806418075	TRENTON	NJ	08608	MERCER	United States of America	Planning & Administrative Organizations	State Government	\$3,919,037
NJ ST DEPT OF COMMUNITY AFFAIRS	806417143	TRENTON	NJ	086250806	MERCER	United States of America	Welfare Department	State Government	\$146,949,441
NJ ST DEPARTMENT OF EDUCATION	806417911	TRENTON	NJ	086250500	MERCER	United States of America	Educational Department	State Government	\$270,276
NJ ST DEPARTMENT OF HEALTH AND SENIOR SERVICES	019734826	TRENTON	NJ	086250360	MERCER	United States of America	Health Department	State Government	\$3,951,217
NJ ST DEPARTMENT OF HEALTH AND SENIOR SERVICES	806418075	TRENTON	NJ	086250360	MERCER	United States of America	Health Department	State Government	\$270,559,790
NJ ST DEPARTMENT OF HEALTH AND SENIOR SERVICES	806418257	TRENTON	NJ	086250360	MERCER	United States of America	Health Department	State Government	\$2,385,000
NEW JERSEY STATE DEPT OF HEALTH & SR SVCS	806418257	TRENTON	NJ	086250367	MERCER	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$1,635,456
NJ ST DEPARTMENT OF PUBLIC HEALTH	806418075	TRENTON	NJ	08625	MERCER	United States of America	Health Department	State Government	\$794,650
NJ ST DIVISION OF PUBLIC WELFARE	784995503	TRENTON	NJ	08625	MERCER	United States of America	Welfare Department	State Government	\$90,257,134
NJ ST DIVISION OF PUBLIC WELFARE	806418257	TRENTON	NJ	08625	MERCER	United States of America	Welfare Department	State Government	\$737,616,786
NJ ST MEDICAID FRAUD CONTROL UNIT	806656781	TRENTON	NJ	08625	MERCER	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$3,517,148
NJ ST DEPARTMENT OF HUMAN SERVICES	806418075	TRENTON	NJ	086250700	MERCER	United States of America	Welfare Department	State Government	-\$13,485,892
NJ ST DEPARTMENT OF HUMAN SERVICES	806418257	TRENTON	NJ	086250700	MERCER	United States of America	Welfare Department	State Government	\$10,188,476,179

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NJ ST OFFICE OF STUDENT ASSISTANCE	780470287	TRENTON	NJ	086250540	MERCER	United States of America	Educational Department	State Government	\$255,000
NEW JERSEY ADMINISTRATIVE OFFICE OF THE COURTS	360708283	TRENTON	NJ	08625	MERCER	United States of America	Other Social Services Organization	State Government	\$879,170
NJ ST Dept of Children and Families	784995503	TRENTON	NJ	08625	MERCER	United States of America	Other Health Organization	State Government	\$149,778,944
NJ State Dept of Banking & Insurance	807198023	TRENTON	NJ	086250325	MERCER	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$284,106
NEW JERSEY DEPARTMENT OF AGRICULTURE	806416566	TRENTON	NJ	086250330	MERCER	United States of America	Other Special Interest Organization	State Government	\$1,483,500
Family Guidance Center of Warren County	195483201	WASHINGTON	NJ	07882	WARREN	United States of America	Welfare Department	State Government	\$125,000
UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY	623946217	NEW BRUNSWICK	NJ	08903	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$0
RARITAN VALLEY COMMUNITY COLLEGE	081987927	SOMERVILLE	NJ	08876	SOMERSET	United States of America	Junior College, College & University	State Government	\$0
Ironbound Community Corporation	039394853	IRONBOUND	NJ	07105	ESSEX	United States of America	Welfare Department	State Government	\$1,977,360
RU School of Osteopathic Medicine	078789801	STRATFORD	NJ	080841354	CAMDEN	United States of America	Welfare Department	State Government	\$1,742,762
WILLIAM PATERSON UNIVERSITY	173169160	WAYNE	NJ	07474	PASSAIC	United States of America	Junior College, College & University	State Government	\$125,000
COLLEGE OF NEW JERSEY (THE)	030315980	EWING	NJ	086280718	MERCER	United States of America	Junior College, College & University	State Government	\$122,743
NEW JERSEY CITY UNIVERSITY	087281531	JERSEY CITY	NJ	07305	HUDSON	United States of America	Junior College, College & University	State Government	\$598,045
Community Prevention Resources of Warren County	789946506	WASHINGTON	NJ	07882	WARREN	United States of America	Other Special Interest Organization	State Government	\$172,145
MONTCLAIR STATE UNIVERSITY	053506184	UPPER MONTCLAIR	NJ	070431624	ESSEX	United States of America	Junior College, College & University	State Government	\$1,131,829
UNIVERSITY OF RHODE ISLAND	144017188	KINGSTON	RI	02881	WASHINGTON	United States of America	Junior College, College & University	State Government	\$12,718,071
Prevention Plus of Burlington County, Inc.	838143774	LUMBERTON	NJ	08048	BURLINGTON	United States of America	Other Special Interest Organization	State Government	\$125,000
Damian Family Care Centers, Inc.	145406786	BRIARWOOD	NY	11435	QUEENS	United States of America	Welfare Department	State Government	\$2,318,113
Developmental Disabilities Health Services PA	078324974	BLOOMFIELD	NJ	070033045	ESSEX	United States of America	Welfare Department	State Government	\$0
TEAM MANAGEMENT 2000 INC	138052795	HACKENSACK	NJ	076017132	BERGEN	United States of America	Welfare Department	State Government	\$759,598
NEW JERSEY INSTITUTE OF TECHNOLOGY	075162990	NEWARK	NJ	07102	ESSEX	United States of America	Vocational & Training School	State Government	\$3,021,147
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY	001912864	NEW BRUNSWICK	NJ	089018559	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$59,061,594
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY	078795880	NEW BRUNSWICK	NJ	089018559	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$608,744
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY	130029205	NEW BRUNSWICK	NJ	089018559	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$7,690,762
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY	625216556	NEW BRUNSWICK	NJ	089018559	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$959,530
HEALTH RESEARCH AND EDUCATIONAL TRUST OF NEW JERSEY	070760317	PRINCETON	NJ	08540	MERCER	United States of America	Research Institution, Foundation and Laboratory	State Government	\$200,000
TEMPLE UNIVERSITY	057123192	PHILADELPHIA	PA	19122	PHILADELPHIA	United States of America	Junior College, College & University	State Government	\$86,218,842
TEMPLE UNIVERSITY, INSTITUTE FOR SURVEY RESEARCH	057123192	PHILADELPHIA	PA	19122	PHILADELPHIA	United States of America	Junior College, College & University	State Government	\$394,611
TEMPLE UNIVERSITY, SCHOOL OF MEDICINE	057123192	PHILADELPHIA	PA	19122	PHILADELPHIA	United States of America	Junior College, College & University	State Government	\$0
SALLUS UNIVERSITY	070769904	ELKINS PARK	PA	190271516	MONTGOMERY	United States of America	Junior College, College & University	State Government	\$410,427
COMMONWEALTH OF PENN, DEPT OF COMMUNITY AFFAIRS	088115720	HARRISBURG	PA	171060310	DAUPHIN	United States of America	Community Action Organization	State Government	\$30,164,860
MONELL CHEMICAL SENSES CENTER	088812565	PHILADELPHIA	PA	191043308	PHILADELPHIA	United States of America	Research Institution, Foundation and Laboratory	State Government	\$4,313,673
PA PUBLIC HEALTH & HUMAN SERVICES	179693601	HARRISBURG	PA	17101	DAUPHIN	United States of America	Welfare Department	State Government	\$70,945,495
Wayne Memorial Community Health Centers	931111066	HONESDALE	PA	184311445	WAYNE	United States of America	Welfare Department	State Government	\$1,889,249
MILLERSVILLE UNIVERSITY OF PENNSYLVANIA	796901205	MILLERSVILLE	PA	175510302	LANCASTER	United States of America	Junior College, College & University	State Government	\$34,702
SHIPPENSBURG UNIVERSITY	796901361	SHIPPENSBURG	PA	17257	CUMBERLAND	United States of America	Junior College, College & University	State Government	\$1,083,067
BLOOMSBURG UNIVERSITY OF PENNSYLVANIA	075991430	BLOOMSBURG	PA	178151301	COLUMBIA	United States of America	Junior College, College & University	State Government	\$24,122
DREXEL UNIVERSITY COLLEGE OF MEDICINE	002604817	PHILADELPHIA	PA	19104	PHILADELPHIA	United States of America	Junior College, College & University	State Government	-\$935,358
ALPHA COMMUNITY DEVELOPMENT CORPORATION	826276151	PHILADELPHIA	PA	19131	PHILADELPHIA	United States of America	Educational Department	State Government	\$125,000
PA ST MEDICAID FRAUD CONTROL UNIT	948902796	HARRISBURG	PA	17120	DAUPHIN	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$7,971,028
PA ST OFFICE FOR HUMAN RESOURCES	796567790	HARRISBURG	PA	17120	DAUPHIN	United States of America	Welfare Department	State Government	\$3,026,520
PA ST DEPARTMENT OF AGRICULTURE	796567535	HARRISBURG	PA	17120	DAUPHIN	United States of America	Environmental Organization	State Government	\$2,399,226
PA DEPT OF COMMUNITY AND ECONOMIC DEVELOPMENT	088115720	HARRISBURG	PA	17120	DAUPHIN	United States of America	Community Action Organization	State Government	\$0
PA ST BUREAU OF FIELD SERVICES	614489839	HARRISBURG	PA	17120	DAUPHIN	United States of America	Other Social Services Organization	State Government	\$2,426,000
PA ST DEPARTMENT OF HEALTH	614489839	HARRISBURG	PA	17105	DAUPHIN	United States of America	Health Department	State Government	\$67,694,851
PA ST DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	614489839	HARRISBURG	PA	17101	DAUPHIN	United States of America	Health Department	State Government	\$89,289,102
PA ST DEPARTMENT OF LABOR & INDUSTRY	556549160	HARRISBURG	PA	17120	DAUPHIN	United States of America	Other Social Services Organization	State Government	\$696,111
PA ST DEPARTMENT OF PUBLIC WELFARE	796567790	HARRISBURG	PA	17105	DAUPHIN	United States of America	Welfare Department	State Government	\$20,674,307,502
PA ST DHS Office of Mental Health and Substance Abuse	796567790	HARRISBURG	PA	171103593	DAUPHIN	United States of America	Other Health Organization	State Government	\$6,573,952
PA ST DEPARTMENT OF EDUCATION	795145705	HARRISBURG	PA	17108	DAUPHIN	United States of America	Educational Department	State Government	\$77,518
CALIFORNIA UNIVERSITY OF PENNSYLVANIA	796904324	CALIFORNIA	PA	15419	WASHINGTON	United States of America	Junior College, College & University	State Government	-\$478,575
EDINBORO UNIVERSITY OF PENNSYLVANIA	123232118	EDINBORO	PA	16444	ERIE	United States of America	Junior College, College & University	State Government	\$0
Judiciary Courts of the Commonwealth of Pennsylvania	360706188	MECHANICSBURG	PA	17055	CUMBERLAND	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$834,247
Rhode Island Health Center Association	135726029	PROVIDENCE	RI	029085765	PROVIDENCE	United States of America	Welfare Department	State Government	\$588,709
Saratoga County Economic Opportunity Council, Inc.	020675047	SARATOGA SPGS	NY	128666046	SARATOGA	United States of America	Welfare Department	State Government	\$4,261,111
PENNSYLVANIA STATE UNIVERSITY	003403953	UNIVERSITY PARK	PA	16802	CENTRE	United States of America	Junior College, College & University	State Government	\$75,304,065
PENNSYLVANIA STATE UNIVERSITY	129348186	UNIVERSITY PARK	PA	16802	CENTRE	United States of America	Junior College, College & University	State Government	\$2,031,211
UNIVERSITY OF PITTSBURGH	004514360	PITTSBURGH	PA	15213	ALLEGHENY	United States of America	Junior College, College & University	State Government	\$29,598,203
UNIVERSITY OF PITTSBURGH	004514360	PITTSBURGH	PA	15213	ALLEGHENY	United States of America	Junior College, College & University	State Government	\$522,440,769
UNIVERSITY OF PITTSBURGH	832112323	PITTSBURGH	PA	15213	ALLEGHENY	United States of America	Junior College, College & University	State Government	\$354,288
UNIVERSITY OF PITTSBURGH, OFFICE OF CHILD DEVELOPMENT	004514360	PITTSBURGH	PA	15260	ALLEGHENY	United States of America	Junior College, College & University	State Government	\$0
Armstrong-Indian Drug and Alcohol Commission, inc.	167415603	SHELOCTA	PA	15774	INDIANA	United States of America	Other Special Interest Organization	State Government	\$200,000

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INDIANA UNIVERSITY OF PENNSYLVANIA	073130049	INDIANA	PA	15705	INDIANA	United States of America	Junior College, College & University	State Government	\$0
CLARION UNIVERSITY OF PENNSYLVANIA	072153737	CLARION	PA	16214	CLARION	United States of America	Hospital	State Government	\$398,128
Carbon-Schuykill Comm. Hosp./St. Lukes Miners Mem Hosp	787126192	COALDALE	PA	182181027	SCHUYLLKILL	United States of America	Welfare Department	State Government	\$200,000
Wisconsin Department of Children and Families	825046159	MADISON	WI	53708	DANE	United States of America	Other Social Services Organization	State Government	\$374,969
RIO GRANDE CHILD DEVELOPMENT FAMILY SERVICES	826521432	DEL NORTE	CO	811323239	RIO GRANDE	United States of America	Welfare Department	State Government	\$601,517
PROMUNDO-US	068827719	WASHINGTON	DC	200361872	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$0
Michigan Rural EMS Network	831017491	CARO	MI	487239792	TUSCOLA	United States of America	Community Action Organization	State Government	\$300,000
Department of Children and Families	825046159	MADISON	WI	53703	DANE	United States of America	Welfare Department	State Government	\$521,060,044
Prevention Council Of Roanoke County	969136675	ROANOKE	VA	240192403	ROANOKE	United States of America	Welfare Department	State Government	\$50,000
EARLY LEARNING VENTURES	966879921	ENGLEWOOD	CO	80112	ARAPAHOE	United States of America	Welfare Department	State Government	\$3,363,537
Global Food Protection Institute	017461472	BATTLE CREEK	MI	49017	CALHOUN	United States of America	Welfare Department	State Government	\$1,500,000
Early Childhood Council of the San Luis Valley	011254834	ALAMOSA	CO	81101	ALAMOSA	United States of America	Welfare Department	State Government	\$1,136,986
Barry County Community Mental Health Authority (BCCMHA)	829789879	HASTINGS	MI	49058	BARRY	United States of America	Other Health Organization	State Government	\$175,000
Piast Institute	144805749	HAMTRAMCK	MI	48212	WAYNE	United States of America	Other Special Interest Organization	State Government	\$125,000
WESTERN WAYNE FAMILY HEALTH CENTERS	148022408	WESTLAND	MI	48186	WAYNE	United States of America	Welfare Department	State Government	\$4,356,925
NORTHSHORE UNIVERSITY HEALTHSYSTEM	069490621	EVANSTON	IL	60201	COOK	United States of America	Junior College, College & University	State Government	\$8,308,499
EASTER SEALS METROPOLITAN CHICAGO	068497114	CHICAGO	IL	60604	COOK	United States of America	Other Health Organization	State Government	\$12,086,476
YWCA of the Quad Cities	787925239	ROCK ISLAND	IL	61201	ROCK ISLAND	United States of America	Welfare Department	State Government	\$328,942
Renz Addiction Counseling Center	106921687	ELGIN	IL	60120	KANE	United States of America	Other Special Interest Organization	State Government	\$172,145
CHICAGO STATE UNIVERSITY	108109182	CHICAGO	IL	606281598	COOK	United States of America	Junior College, College & University	State Government	\$2,099,806
GOVERNORS STATE UNIVERSITY	069982130	UNIVERSITY PARK	IL	604660975	COOK	United States of America	Junior College, College & University	State Government	\$2,959,746
INSTITUTE FOR LATINO PROGRESS	099210445	CHICAGO	IL	60608	COOK	United States of America	Welfare Department	State Government	\$249,963
West Central Community Services, INC.	193596103	MONMOUTH	IL	614620620	WARREN	United States of America	Welfare Department	State Government	\$2,356,037
ILLINOIS MATERNAL & CHILD HEALTH COALITION	074236402	CHICAGO	IL	60612	COOK	United States of America	Other Health Organization	State Government	\$0
ILLINOIS DEPT OF HUMAN SERVICES	067919071	CHICAGO	IL	60607	COOK	United States of America	Health Department	State Government	\$1,114,168,023
PORTLAND STATE UNIVERSITY	052226800	PORTLAND	OR	972070751	MULTNOMAH	United States of America	Junior College, College & University	State Government	\$8,669,740
CHICAGO CITY DEPARTMENT OF POLICE	105234493	CHICAGO	IL	606531020	COOK	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$999,933
Winnebago County Circuit Court	010243822	ROCKFORD	IL	61101	WINNEBAGO	United States of America	Other Special Interest Organization	State Government	\$1,153,917
NORTHERN ILLINOIS UNIVERSITY	001745512	DEKALB	IL	60115	DE KALB	United States of America	Junior College, College & University	State Government	\$1,165,882
NORTHEASTERN ILLINOIS UNIVERSITY	879331445	CHICAGO	IL	60625	COOK	United States of America	Junior College, College & University	State Government	\$1,147,991
SOUTHERN ILLINOIS UNIVERSITY AT EDWARDSVILLE	006313142	EDWARDSVILLE	IL	620261001	MADISON	United States of America	Junior College, College & University	State Government	\$13,785,442
SOUTHERN SEVEN HEALTH DEPARTMENT	039702315	ULLIN	IL	62992	PULASKI	United States of America	Health Department	State Government	\$4,747,746
Illinois Department on Aging	966335671	SPRINGFIELD	IL	627021270	SANGAMON	United States of America	Other Social Services Organization	State Government	\$2,319,155
Cass County Public Health Department	112427810	VIRGINIA	IL	626911519	CASS	United States of America	Welfare Department	State Government	\$1,760,991
IL ST DEPT OF HEALTHCARE AND FAMILY SERVICES	806715629	SPRINGFIELD	IL	62702	SANGAMON	United States of America	Welfare Department	State Government	\$339,186
IL ST AOIC (ADMIN OF IL COURTS)	844148440	SPRINGFIELD	IL	627046488	SANGAMON	United States of America	Welfare Department	State Government	\$741,300
UNIVERSITY OF ILLINOIS URBANA CAMPUS	041544081	CHAMPAIGN	IL	61820	CHAMPAIGN	United States of America	Junior College, College & University	State Government	\$994,368
UNIVERSITY OF ILLINOIS AT CHICAGO	098987217	CHICAGO	IL	60612	COOK	United States of America	Junior College, College & University	State Government	\$147,657,994
UNIVERSITY OF ILLINOIS BOARD OF TRUSTEES	041544081	CHAMPAIGN	IL	61820	CHAMPAIGN	United States of America	Junior College, College & University	State Government	\$68,781,940
UNIVERSITY OF ILLINOIS AT CHICAGO	098987217	CHICAGO	IL	60680	COOK	United States of America	Junior College, College & University	State Government	\$1,439,529
UNIVERSITY OF ILLINOIS, CHILDREN RESEARCH	098987217	CHICAGO	IL	60680	COOK	United States of America	Research Institution, Foundation and Laboratory	State Government	\$196,623
UNIVERSITY OF ILLINOIS, COLLEGE OF PHARMACY	154533129	CHICAGO	IL	60680	COOK	United States of America	Junior College, College & University	State Government	\$0
UNIVERSITY OF ILLINOIS, SCHOOL OF VETERINARY MEDICINE	041544081	URBANA	IL	61801	CHAMPAIGN	United States of America	Junior College, College & University	State Government	\$6,964
IL ST DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES	806715629	SPRINGFIELD	IL	62702	SANGAMON	United States of America	Welfare Department	State Government	\$13,371,283,051
IL ST DEPARTMENT OF PUBLIC HEALTH	806660296	SPRINGFIELD	IL	62761	SANGAMON	United States of America	Health Department	State Government	\$66,239,551
IL ST MEDICAID FRAUD CONTROL UNIT	806810164	SPRINGFIELD	IL	62718	SANGAMON	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$7,797,548
IL ST DEPARTMENT OF CHILDREN & FAMILY SERVICES	806811972	CHICAGO	IL	60601	SANGAMON	United States of America	Other Social Services Organization	State Government	\$309,044,294
IL ST DEPARTMENT ON AGING	966335671	SPRINGFIELD	IL	627011789	SANGAMON	United States of America	Welfare Department	State Government	\$56,209,360
IL ST BOARD OF EDUCATION, OFFICE OF EDUCATION	806812558	SPRINGFIELD	IL	62777	SANGAMON	United States of America	Educational Department	State Government	\$365,000
IL ST COUNCIL ON DEV DISABILITIES	067919071	SPRINGFIELD	IL	62704	SANGAMON	United States of America	Other Social Services Organization	State Government	\$2,624,830
ILLINOIS STATE DEPARTMENT OF HUMAN SERVICES	067919071	SPRINGFIELD	IL	62762	SANGAMON	United States of America	Other Social Services Organization	State Government	\$3,732,060
IL ST DEPARTMENT OF COMMERCE & COMMUNITY AFFAIRS	806811931	SPRINGFIELD	IL	62701	SANGAMON	United States of America	Welfare Department	State Government	\$33,656,918
SOUTHERN ILLINOIS UNIVERSITY-CARBONDALE	038415006	CARBONDALE	IL	629016812	JACKSON	United States of America	Junior College, College & University	State Government	\$4,531,617
SOUTHERN ILLINOIS UNIVERSITY-CARBONDALE	939007555	CARBONDALE	IL	629016812	JACKSON	United States of America	Junior College, College & University	State Government	\$8,433,175
ILLINOIS STATE UNIVERSITY	001898142	NORMAL	IL	617901200	MCLEAN	United States of America	Junior College, College & University	State Government	\$4,218,693
UNIVERSITY OF DETROIT MERCY	073135402	DETROIT	MI	48221	WAYNE	United States of America	Junior College, College & University	State Government	\$6,736,322
United Way of Monroe County, Inc	020440389	MONROE	MI	48131	MONROE	United States of America	Other Special Interest Organization	State Government	\$125,000
GRAND VALLEY STATE UNIVERSITY	059692996	ALLENDALE	MI	49401	OTTAWA	United States of America	Junior College, College & University	State Government	\$756,903
OAKLAND UNIVERSITY	041808262	ROCHESTER	MI	48063	OAKLAND	United States of America	Junior College, College & University	State Government	\$2,360,453
ST JOSEPH COUNTY INTERMEDIATE SCHOOL DISTRICT	793271016	CENTREVILLE	MI	490329527	ST. JOSEPH	United States of America	School Board & School District	State Government	\$719,872
SAGINAW VALLEY STATE UNIVERSITY	076386747	UNIVERSITY CENTE	MI	487100001	BAY	United States of America	Junior College, College & University	State Government	\$1,330,872
Mid-Michigan District Health Department	196794820	STANTON	MI	488889702	MONTCALM	United States of America	Health Department	State Government	\$68,000

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Baraga-Houghton-Keweenaw Child Development Board, Inc.	163972482	HOUGHTON	MI	499312453	HOUGHTON	United States of America	Welfare Department	State Government	\$5,039,184
St. John Community Health Investment Corp.	141947783	WARREN	MI	48092	MACOMB	United States of America	Welfare Department	State Government	-517,117
Blue Water Community Action	062876743	PORT HURON	MI	48060	ST. CLAIR	United States of America	Other Social Services Organization	State Government	\$3,734,977
MI ST PROTECTION & ADVOCACY SERVICE	168482909	LANSING	MI	489331706	INGHAM	United States of America	Other Health Organization	State Government	\$2,310,447
CALVIN COLLEGE	053665980	GRAND RAPIDS	MI	495464301	KENT	United States of America	Junior College, College & University	State Government	-59,682
STATE BOARD FOR COMMUNITY COLLEGES AND OCCUPATIONAL EDU	795492396	LAKEWOOD	CO	802281255	JEFFERSON	United States of America	Junior College, College & University	State Government	\$247,501
STATE BOARD FOR COMMUNITY COLLEGES AND OCCUPATIONAL EDU	796259703	LAKEWOOD	CO	802281255	JEFFERSON	United States of America	Junior College, College & University	State Government	\$50,438
MI ST OFFICE OF THE GOVERNOR, BUREAU OF MGNT & BUDGET	113704139	LANSING	MI	48909	INGHAM	United States of America	Planning & Administrative Organizations	State Government	\$288,738
Michigan Department of Health and Human Services	113704139	LANSING	MI	489098220	INGHAM	United States of America	Health Department	State Government	\$11,421,696
MI ST DEPARTMENT OF EDUCATION	805336641	LANSING	MI	48909	INGHAM	United States of America	Educational Department	State Government	\$211,335,010
MI Dept of Licensing and Regulatory Affairs	113704139	LANSING	MI	48909	INGHAM	United States of America	Welfare Department	State Government	\$134,650,751
MI Dept of Licensing and Regulatory Affairs	805340163	LANSING	MI	48909	INGHAM	United States of America	Welfare Department	State Government	\$1,267,520,290
MI ST MEDICAID FRAUD CONTROL UNIT	805335742	LANSING	MI	48913	INGHAM	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$4,265,076
MI ST OFC OF SERVICES TO THE AGING	113704139	LANSING	MI	489332014	INGHAM	United States of America	Welfare Department	State Government	\$49,767,557
MI ST DEPARTMENT OF AGRICULTURE	805335577	EAST LANSING	MI	48823	INGHAM	United States of America	Environmental Organization	State Government	\$2,665,063
MI ST DEPARTMENT OF LABOR	113704139	LANSING	MI	48909	INGHAM	United States of America	Welfare Department	State Government	\$26,155,963
MICHIGAN SUPREME COURT	360709356	LANSING	MI	48909	INGHAM	United States of America	Other Social Services Organization	State Government	\$993,614
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES	113704139	LANSING	MI	489098220	INGHAM	United States of America	Health Department	State Government	\$12,094,321,265
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES	805340163	LANSING	MI	489098220	INGHAM	United States of America	Health Department	State Government	\$2,537,470
MI STATE DEPT. OF CONSUMER & INDUSTRY SERVICES	148674265	LANSING	MI	489097504	INGHAM	United States of America	Environmental Organization	State Government	-5218,970
Michigan Office of Financial and Insurance Regulation	962853029	LANSING	MI	489331070	INGHAM	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$283,948
MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS	148674265	LANSING	MI	48913	INGHAM	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$18,126,358
CENTRAL MICHIGAN UNIVERSITY, WCMU-TV CHANNEL 14	624134037	MOUNT PLEASANT	MI	48858	ISABELLA	United States of America	Other Educational Organization	State Government	\$1,476,767
CENTRAL MICHIGAN UNIVERSITY	624134037	MOUNT PLEASANT	MI	48859	ISABELLA	United States of America	Junior College, College & University	State Government	\$788,063
Detroit Department of Health and Wellness Promotion	603005542	DETROIT	MI	48202	WAYNE	United States of America	Health Department	State Government	\$998,441
City of Garden City	021096169	GARDEN CITY	MI	48135	WAYNE	United States of America	Other Special Interest Organization	State Government	\$0
County of Jackson	088328877	JACKSON	MI	49201	JACKSON	United States of America	Other Health Organization	State Government	\$325,000
OTTAWA, COUNTY OF	085899011	WEST OLIVE	MI	494608986	OTTAWA	United States of America	Other Health Organization	State Government	\$319,455
FERRIS STATE COLLEGE	054773063	BIG RAPIDS	MI	49307	MECOSTA	United States of America	Junior College, College & University	State Government	\$6,815
FERRIS STATE COLLEGE	057304664	BIG RAPIDS	MI	49307	MECOSTA	United States of America	Junior College, College & University	State Government	\$341,534
MICHIGAN TECHNOLOGICAL UNIVERSITY	065453268	HOUGHTON	MI	499311200	HOUGHTON	United States of America	Junior College, College & University	State Government	\$1,953,433
MICHIGAN STATE UNIVERSITY	193274145	EAST LANSING	MI	48824	INGHAM	United States of America	Junior College, College & University	State Government	\$81,087,021
MICHIGAN STATE UNIVERSITY, COLLEGE OF OSTEOPATHIC MED	053343976	EAST LANSING	MI	48824	INGHAM	United States of America	Junior College, College & University	State Government	\$145,386
MICHIGAN STATE UNIVERSITY, COL OF VETERINARY MEDICINE	193274145	EAST LANSING	MI	48824	INGHAM	United States of America	Junior College, College & University	State Government	-\$1,196
EASTERN MICHIGAN UNIVERSITY	623664018	YPSILANTI	MI	48197	WASHTENAW	United States of America	Junior College, College & University	State Government	\$1,774,033
Regents of the University of Michigan	073133571	ANN ARBOR	MI	481091287	WASHTENAW	United States of America	Junior College, College & University	State Government	\$575,330,623
Regents of the University of Michigan	616466962	ANN ARBOR	MI	481091287	WASHTENAW	United States of America	Junior College, College & University	State Government	-\$180
UNIVERSITY OF MICHIGAN, SCHOOL OF PUBLIC HEALTH	073133571	ANN ARBOR	MI	48109	WASHTENAW	United States of America	Junior College, College & University	State Government	\$913,872
UNIVERSITY OF MICHIGAN, SCHOOL OF MEDICINE	073133571	ANN ARBOR	MI	48109	WASHTENAW	United States of America	Junior College, College & University	State Government	\$0
UNIVERSITY OF MICHIGAN, FLINT	073133571	FLINT	MI	48503	GENESEE	United States of America	Junior College, College & University	State Government	\$0
UNIVERSITY OF MICHIGAN, DIVISION OF RESEARCH & ADMIN	073133571	ANN ARBOR	MI	48106	WASHTENAW	United States of America	Junior College, College & University	State Government	\$92,900
WESTERN MICHIGAN UNIVERSITY	623364479	KALAMAZOO	MI	490085168	KALAMAZOO	United States of America	Junior College, College & University	State Government	\$2,334,740
WAYNE STATE UNIVERSITY	001962224	DETROIT	MI	482023692	WAYNE	United States of America	Junior College, College & University	State Government	\$63,737,349
WAYNE STATE UNIVERSITY, SCHOOL OF MEDICINE	001962224	DETROIT	MI	48201	WAYNE	United States of America	Junior College, College & University	State Government	\$444,131
WAYNE STATE UNIVERSITY, SCHOOL OF MEDICINE	085638182	DETROIT	MI	48201	WAYNE	United States of America	Junior College, College & University	State Government	\$0
WAYNE STATE UNIVERSITY, COLLEGE OF PHARMACY	085638182	DETROIT	MI	48202	WAYNE	United States of America	Junior College, College & University	State Government	\$0
Chippewa Valley Schools	010864320	CLINTON TOWNSHIP	MI	480382301	MACOMB	United States of America	School Board & School District	State Government	\$125,000
COOPERATIVE EDUCATIONAL SERVICES AGENCY NO 4	832417406	ONALASKA	WI	54650	LA CROSSE	United States of America	Elementary & Secondary School	State Government	\$125,000
SOUTHWEST WISCONSIN TECHNICAL COLLEGE	073845471	FENNIMORE	WI	53809	GRANT	United States of America	Vocational & Training School	State Government	-\$47
Elevate, Inc	168494540	JACKSON	WI	53037	WASHINGTON	United States of America	Other Special Interest Organization	State Government	\$172,145
DISABILITY RIGHTS WISCONSIN	099140899	MADISON	WI	537033263	DANE	United States of America	Other Social Services Organization	State Government	\$1,322,935
School District of West Allis-West Milwaukee	089847107	GREENFIELD	WI	53227	MILWAUKEE	United States of America	Welfare Department	State Government	\$125,000
Merrill Area Public School District	079970778	MERRILL	WI	54452	LINCOLN	United States of America	Welfare Department	State Government	\$724,808
DNASTAR INC	130194947	MADISON	WI	537055204	DANE	United States of America	Welfare Department	State Government	\$966,761
COLLEGE OF THE MENOMINEE NATION	965801608	KESHENA	WI	541351179	MENOMINEE	United States of America	Welfare Department	State Government	-\$6,445
UNIVERSITY OF WISCONSIN, EAU CLAIRE	120513759	EAU CLAIRE	WI	54701	EAU CLAIRE	United States of America	Junior College, College & University	State Government	\$504,044
UNIVERSITY OF WISCONSIN AT WHITEWATER	188320980	WHITEWATER	WI	53190	WALWORTH	United States of America	Junior College, College & University	State Government	\$575,348
BOARD OF REGENTS OF UW SYSTEM- EXTENSION	080490584	MADISON	WI	53706	DANE	United States of America	Junior College, College & University	State Government	\$531,874
UNIVERSITY OF WISCONSIN - STOUT	802853403	MENOMONIE	WI	54751	DUNN	United States of America	Junior College, College & University	State Government	\$101,574
UNIVERSITY OF WISCONSIN, OSHKOSH	071149041	OSHKOSH	WI	54901	WINNEBAGO	United States of America	Junior College, College & University	State Government	\$407,519
UNIVERSITY OF WISCONSIN SUPERIOR	076483353	SUPERIOR	WI	54880	DOUGLAS	United States of America	Junior College, College & University	State Government	\$0
Barron County	040830622	BARRON	WI	54812	BARRON	United States of America	Welfare Department	State Government	\$172,382

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WISCONSIN DEPARTMENT OF AGRICULTURE	809035918	MADISON	WI	53718	DANE	United States of America	Welfare Department	State Government	\$1,161,000
WI Dept of Agriculture Trade & Consumer Protection	809035918	MADISON	WI	53718	DANE	United States of America	Other Health Organization	State Government	\$1,090,000
WI ST DEPARTMENT OF JUSTICE	809448061	MADISON	WI	53702	DANE	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$295,577
Wisconsin Office of the Commissioner of Insurance	155915093	MADISON	WI	537033474	DANE	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$-110,168
UNIVERSITY OF WISCONSIN, OSHKOSH	071149041	OSHKOSH	WI	549013551	WINNEBAGO	United States of America	Junior College, College & University	State Government	\$-244,313
WI ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	036448835	MADISON	WI	53701	DANE	United States of America	Other Social Services Organization	State Government	\$5,512,392,072
WI ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	825046159	MADISON	WI	53701	DANE	United States of America	Other Social Services Organization	State Government	\$252,323,635
WI ST DIVISION OF VOCATIONAL REHABILITATION	036448835	MADISON	WI	53702	DANE	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$459,624
WI ST DEPARTMENT OF PUBLIC WELFARE	036448835	MADISON	WI	53702	DANE	United States of America	Welfare Department	State Government	\$717,463
WI ST DEPARTMENT OF PUBLIC WELFARE	825046159	MADISON	WI	53702	DANE	United States of America	Welfare Department	State Government	\$154,250
WI ST DEPARTMENT OF ADMINISTRATION	036448835	MADISON	WI	537077932	DANE	United States of America	Planning & Administrative Organizations	State Government	\$63,856,861
WI ST DEPARTMENT OF ADMINISTRATION	809448061	MADISON	WI	537077932	DANE	United States of America	Planning & Administrative Organizations	State Government	\$1,248,704
WI ST DEPARTMENT OF ADMINISTRATION	809611254	MADISON	WI	537077932	DANE	United States of America	Planning & Administrative Organizations	State Government	\$175,000
WISCONSIN DEPARTMENT OF WORKFORCE DEVELOPMENT	036448835	MADISON	WI	537077946	DANE	United States of America	Other Social Services Organization	State Government	\$332,044
WI ST Department of Health and Family Services	036448835	MADISON	WI	537077850	DANE	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$30,834,614
WI Department of Health Services Div. of MH & SA Svcs	036448835	MADISON	WI	53702	DANE	United States of America	Health Department	State Government	\$2,025,000
Wisconsin Department of Health Services.	036448835	MADISON	WI	53703	DANE	United States of America	Health Department	State Government	\$21,314,781
PUBLIC INSTRUCTION, WISCONSIN DEPT OF	809611254	MADISON	WI	537077841	DANE	United States of America	Educational Department	State Government	\$1,095,000
WISCONSIN SUPREME COURT	611867797	MADISON	WI	53703	DANE	United States of America	Other Social Services Organization	State Government	\$531,392
UNIVERSITY OF WISCONSIN SYSTEM/BOARD OF REGENTS	161202122	MADISON	WI	537151218	DANE	United States of America	Junior College, College & University	State Government	\$334,122,007
UNIVERSITY OF WISCONSIN SYSTEM/BOARD OF REGENTS	605799469	MADISON	WI	537151218	DANE	United States of America	Junior College, College & University	State Government	\$201,642
WI DEPT OF ADMINISTRATION, DIV OF HOUSING	809035728	MADISON	WI	53707	DANE	United States of America	Other Social Services Organization	State Government	\$263
Minnesota Indian Women's Resource Center	783886466	MINNEAPOLIS	MN	54004	HENNEPIN	United States of America	Other Special Interest Organization	State Government	\$100,000
MIN ST DEPT OF COMMERCE	617962519	SAINT PAUL	MN	551012198	RAMSEY	United States of America	Other Social Services Organization	State Government	\$116,968,082
MIN ST DEPT OF COMMERCE	804885929	SAINT PAUL	MN	551012198	RAMSEY	United States of America	Other Social Services Organization	State Government	\$129,208,139
Minnesota State Colleges and Universities	617358916	SAINT PAUL	MN	551014914	RAMSEY	United States of America	Junior College, College & University	State Government	\$-499,887
Minnesota State Colleges and Universities	878894351	SAINT PAUL	MN	551014914	RAMSEY	United States of America	Junior College, College & University	State Government	\$336,568
METROPOLITAN STATE UNIVERSITY	965519572	SAINT PAUL	MN	55106	RAMSEY	United States of America	Junior College, College & University	State Government	\$101,348
Century College	807197199	WHITE BEAR LAKE	MN	551101842	RAMSEY	United States of America	Junior College, College & University	State Government	\$125,000
Children's Health Care	078689619	MINNEAPOLIS	MN	55404518	HENNEPIN	United States of America	Welfare Department	State Government	\$3,595,207
Rural Health Resource Center	048446350	DULUTH	MN	558022222	ST. LOUIS	United States of America	Welfare Department	State Government	\$5,431,259
Pine River-Backus Family Center	797953010	PINE RIVER	MN	56474	CASS	United States of America	Welfare Department	State Government	\$125,000
WAYNE STATE UNIVERSITY RESEARCH AND TECHNOLOGY PARK IN	362841947	DETROIT	MI	48202	WAYNE	United States of America	Junior College, College & University	State Government	\$0
Bridging Resources in Communities, Inc	149650637	WASHINGTON	DC	200083136	DISTRICT OF COLUMBIA	United States of America	Other Special Interest Organization	State Government	\$172,145
Board for People with Development Disabilities	148627347	MADISON	WI	53703	DANE	United States of America	Welfare Department	State Government	\$1,700,704
BEMIDJI STATE UNIVERSITY	617358916	BEMIDJI	MN	566012699	BELTRAMI	United States of America	Junior College, College & University	State Government	\$998,063
Freeborn County Department of Human Services	143996267	ALBERT LEA	MN	56007	FREEBORN	United States of America	Other Special Interest Organization	State Government	\$125,000
Lake of the Woods County	027751952	BAUDETTE	MN	56623	LAKE OF THE WOODS	United States of America	Welfare Department	State Government	\$125,000
Rice County	014331219	FARIBAULT	MN	55021	RICE	United States of America	Other Special Interest Organization	State Government	\$0
Wadena County Public Health	127759921	WADENA	MN	56482	WADENA	United States of America	Other Special Interest Organization	State Government	\$125,000
MINNESOTA STATE UNIVERSITY AT MANKATO	053423133	MANKATO	MN	560028400	BLUE EARTH	United States of America	Junior College, College & University	State Government	\$97,951
MIN ST DEPARTMENT OF EDUCATION	933561318	SAINT PAUL	MN	55101	RAMSEY	United States of America	Educational Department	State Government	\$20,761
MIN ST DEPARTMENT OF HEALTH	804885929	SAINT PAUL	MN	551640975	RAMSEY	United States of America	Health Department	State Government	\$274,593
MIN ST DEPARTMENT OF HEALTH	804887321	SAINT PAUL	MN	551640975	RAMSEY	United States of America	Health Department	State Government	\$103,369,786
MIN ST DEPARTMENT OF HEALTH	808883128	SAINT PAUL	MN	551640975	RAMSEY	United States of America	Health Department	State Government	\$700,000
MIN ST DEPARTMENT OF HUMAN SERVICES	624081741	ST PAUL	MN	55164	RAMSEY	United States of America	Other Social Services Organization	State Government	\$109,085,331
MIN ST DEPARTMENT OF HUMAN SERVICES	803894203	ST PAUL	MN	55164	RAMSEY	United States of America	Other Social Services Organization	State Government	\$8,624,549,923
MIN ST DEPARTMENT OF ADMINISTRATION	803894021	SAINT PAUL	MN	55155	RAMSEY	United States of America	Other Social Services Organization	State Government	\$0
MIN ST DEPARTMENT OF ADMINISTRATION	804887321	SAINT PAUL	MN	55155	RAMSEY	United States of America	Other Social Services Organization	State Government	\$520,237
MIN ST DEPARTMENT OF ADMINISTRATION	827902854	SAINT PAUL	MN	55155	RAMSEY	United States of America	Other Social Services Organization	State Government	\$1,028,414
MIN ST BOARD ON AGING	187595108	SAINT PAUL	MN	55101	RAMSEY	United States of America	Welfare Department	State Government	\$24,913,625
MIN ST DEPARTMENT OF AGRICULTURE	804886208	SAINT PAUL	MN	55155	RAMSEY	United States of America	Environmental Organization	State Government	\$2,484,706
MIN ST MEDICAID FRAUD CONTROL UNIT	803888171	SAINT PAUL	MN	55155	RAMSEY	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$2,603,696
MINNESOTA SUPREME COURT	624081741	SAINT PAUL	MN	55155	RAMSEY	United States of America	Other Social Services Organization	State Government	\$451,468
MIN ST DEPT OF CHILDREN, FAMILIES AND LEARNING	933561318	ST PAUL	MN	551134266	RAMSEY	United States of America	Other Social Services Organization	State Government	\$490,000
MIN DEPT OF AGRIC.	804886208	SAINT PAUL	MN	551072094	RAMSEY	United States of America	Welfare Department	State Government	\$443,930
MINNESOTA INSURANCE MARKETPLACE	078791798	SAINT PAUL	MN	55101	RAMSEY	United States of America	Health Department	State Government	\$0
The Sixth Judicial District of Minnesota	624081741	DULUTH	MN	55802	ST. LOUIS	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$230,000
Judiciary Courts of State of MN - 2nd Judicial Dist Ct	624081741	SAINT PAUL	MN	55102	RAMSEY	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$329,652
Office of Justice Programs	804886729	SAINT PAUL	MN	55101	RAMSEY	United States of America	Welfare Department	State Government	\$1,809,826
UNIVERSITY OF MINNESOTA, OFFICE OF STUDENT FINANCE AID	080276273	MINNEAPOLIS	MN	55455	HENNEPIN	United States of America	Junior College, College & University	State Government	\$0
UNIVERSITY OF MINNESOTA, OFFICE OF STUDENT FINANCE AID	555917996	MINNEAPOLIS	MN	55455	HENNEPIN	United States of America	Junior College, College & University	State Government	\$173,000,789

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UNIVERSITY OF MINNESOTA	071508873	MINNEAPOLIS	MN	554552070	HENNEPIN	United States of America	Junior College, College & University	State Government	\$897,625
UNIVERSITY OF MINNESOTA	555917996	MINNEAPOLIS	MN	554552070	HENNEPIN	United States of America	Junior College, College & University	State Government	\$106,035,467
UNIVERSITY OF MINNESOTA, MEDICAL SCHOOL	555917996	MINNEAPOLIS	MN	55455	HENNEPIN	United States of America	Junior College, College & University	State Government	\$8,802,652
UNIVERSITY OF MINNESOTA, SCHOOL OF PUBLIC HEALTH	555917996	MINNEAPOLIS	MN	55455	HENNEPIN	United States of America	Junior College, College & University	State Government	\$2,937,941
UNIVERSITY OF MINNESOTA, BOARD OF REGENTS	555917996	MINNEAPOLIS	MN	55455	HENNEPIN	United States of America	Junior College, College & University	State Government	\$1,104,231
United Way of The Brown County Area, inc.	807090100	NEW ULM	MN	56073	BROWN	United States of America	Other Special Interest Organization	State Government	\$125,000
Hennepin County Medical Center	120019070	MINNEAPOLIS	MN	554151623	HENNEPIN	United States of America	Welfare Department	State Government	\$496,800
OR ST DEPT OF HUMAN SERVICES - SALEM	830459231	SALEM	OR	973014278	MARION	United States of America	Health Department	State Government	\$608,538
Wilcott Board Of Education	037576823	WOLCOTT	CT	067162035	NEW HAVEN	United States of America	School Board & School District	State Government	\$124,898
CONNECTICUT STATE DEPT OF REHABILITATION SERVICES	024511588	HARTFORD	CT	06105	HARTFORD	United States of America	Other Social Services Organization	State Government	\$1,814,493
Western Michigan University School of Medicine	130095581	KALAMAZOO	MI	49008	KALAMAZOO	United States of America	Junior College, College & University	State Government	\$879,000
DC HEALTH BENEFIT EXCHANGE AUTHORITY	079373354	WASHINGTON	DC	200051707	DISTRICT OF COLUMBIA	United States of America	Other Health Organization	State Government	\$0
Rutgers, The State Univ Biomedical & Health Sciences	078728091	PISCATAWAY	NJ	088545602	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$14,769,631
Rutgers, The State Univ Biomedical & Health Sciences	078795851	PISCATAWAY	NJ	088545602	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$51,784,621
Rutgers, The State Univ Biomedical & Health Sciences	078795856	PISCATAWAY	NJ	088545602	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$1,255,359
Rutgers, The State Univ Biomedical & Health Sciences	078795863	PISCATAWAY	NJ	088545602	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$1,245,410
Rutgers, The State Univ Biomedical & Health Sciences	078795869	PISCATAWAY	NJ	088545602	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$8,551,118
Rutgers, The State Univ Biomedical & Health Sciences	078795875	PISCATAWAY	NJ	088545602	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$25,122,597
Rutgers, The State Univ Biomedical & Health Sciences	078795880	PISCATAWAY	NJ	088545602	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$9,954,222
Rutgers, The State Univ Biomedical & Health Sciences	078816195	PISCATAWAY	NJ	088545602	MIDDLESEX	United States of America	Junior College, College & University	State Government	\$10,219,448
State Department on Aging	078835354	HARTFORD	CT	06105	HARTFORD	United States of America	Other Social Services Organization	State Government	\$17,148,565
VIRACYTE, LLC	079226324	NEW BRIGHTON	MN	551123251	RAMSEY	United States of America	Research Institution, Foundation and Laboratory	State Government	\$1,053,343
UNIVERSITY OF OREGON	079289626	EUGENE	OR	97403	LANE	United States of America	Junior College, College & University	State Government	\$37,871,598
UNIVERSITY OF OREGON	948117312	EUGENE	OR	97403	LANE	United States of America	Junior College, College & University	State Government	\$0
NEW JERSEY INNOVATION INSTITUTE, INC.	079690412	NEWARK	NJ	07102	ESSEX	United States of America	Other Health Organization	State Government	\$10,057,395
WESTERN OREGON UNIVERSITY	877578914	MONMOUTH	OR	973611396	POLK	United States of America	Junior College, College & University	State Government	\$101,993
PORTLAND STATE UNIVERSITY	052226800	PORTLAND	OR	972070751	MULTNOMAH	United States of America	Junior College, College & University	State Government	\$866,634
UNIVERSITY OF OREGON	079289626	EUGENE	OR	974035295	LANE	United States of America	Junior College, College & University	State Government	-\$301,001
UNIVERSITY OF OREGON	948117312	EUGENE	OR	974035295	LANE	United States of America	Junior College, College & University	State Government	-\$83,365
OREGON STATE UNIVERSITY	053599908	CORVALLIS	OR	973391086	BENTON	United States of America	Junior College, College & University	State Government	\$160,308
DISABILITY RIGHTS MARYLAND, INC.	035552959	BALTIMORE	MD	21211	**BALTIMORE CITY	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$1,237,402
DE ST OFFICE OF THE GOVERNOR	103989187	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Planning & Administrative Organizations	State Government	\$3,478,702
DE ST OFFICE OF THE GOVERNOR	809398084	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Planning & Administrative Organizations	State Government	\$5,604,719
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	103989187	WILMINGTON	DE	19804	NEW CASTLE	United States of America	Health Department	State Government	\$958,057
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	625227608	WILMINGTON	DE	19804	NEW CASTLE	United States of America	Health Department	State Government	-\$7,801
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	784115669	WILMINGTON	DE	19804	NEW CASTLE	United States of America	Health Department	State Government	\$100,000
DE ST DEPARTMENT OF PUBLIC INSTRUCTION	878892124	DOVER	DE	19903	KENT	United States of America	Educational Department	State Government	\$1,794,210
DELAWARE TECHNICAL & COMMUNITY COLLEGE SOUTHERN CAMPUS	933361693	DOVER	DE	19901	KENT	United States of America	Vocational & Training School	State Government	\$484,000
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	103989187	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Health Department	State Government	\$60,096,770
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	134632624	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Health Department	State Government	\$28,831,792
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	134776967	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Health Department	State Government	\$60,322,642
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	625227608	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Health Department	State Government	\$9,090,421
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	627773468	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Health Department	State Government	\$241,734
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	787066583	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Health Department	State Government	\$1,478,621,719
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	809855836	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Health Department	State Government	\$445,000
DE ST VOCATIONAL REHABILITATION SERVICES	069394265	WILMINGTON	DE	198090969	NEW CASTLE	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$332,044
DE ST VOCATIONAL REHABILITATION SERVICES	627773468	WILMINGTON	DE	198090969	NEW CASTLE	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$41,340
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	103989187	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Health Department	State Government	\$7,922,272
Delaware Health Care Commission	137676875	DOVER	DE	199013637	KENT	United States of America	Other Health Organization	State Government	\$225,000
DE ST Department of Insurance	809645492	DOVER	DE	19904	KENT	United States of America	Intermediary Organization ( Insurance, Etc. )	State Government	\$174,498
DE ST DEPARTMENT OF EDUCATION	878892124	DOVER	DE	19901	KENT	United States of America	Educational Department	State Government	\$1,800,000
DE ST DEPARTMENT OF AGRICULTURE	932874357	DOVER	DE	19901	KENT	United States of America	Environmental Organization	State Government	\$391,325
DE ST MEDICAID FRAUD CONTROL UNIT	838685352	WILMINGTON	DE	19801	NEW CASTLE	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$1,755,840
DE ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	103989187	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Community Action Organization	State Government	\$100,000
DE ST DEPARTMENT OF ADMIN SERVICES-DD PROGRAM	809855554	DOVER	DE	19903	KENT	United States of America	Planning & Administrative Organizations	State Government	\$507,546
DE ST DEPT OF HLTH & SOCIAL SVCS, DIV ALC/DRUG ABUSE/MH	134632624	NEW CASTLE	DE	19720	NEW CASTLE	United States of America	Welfare Department	State Government	\$300,000
DE ST DEPT OF SERVICES FOR CHILDREN, YOUTH & FAMILIES	809855836	WILMINGTON	DE	198051195	NEW CASTLE	United States of America	Welfare Department	State Government	\$16,604,812
DE ST CRIMINAL JUSTICE COUNCIL	133545975	WILMINGTON	DE	19801	NEW CASTLE	United States of America	Other Social Services Organization	State Government	\$897,624
DE ST FAMILY COURT	967040122	WILMINGTON	DE	19801	NEW CASTLE	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$235,178
UNIVERSITY OF DELAWARE	059007500	NEWARK	DE	19716	NEW CASTLE	United States of America	Junior College, College & University	State Government	\$41,868,441
UNIVERSITY OF DELAWARE, COLLEGE OF NURSING	059007500	NEWARK	DE	19711	NEW CASTLE	United States of America	Junior College, College & University	State Government	\$0
UNIVERSITY OF MARYLAND	790934285	COLLEGE PARK	MD	207423141	PRINCE GEORGE'S	United States of America	Junior College, College & University	State Government	\$54,541,530

TAGGS Advanced Search Export									
MD ST OFFICE ON AGING	142152177	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Welfare Department	State Government	\$24,626,672
MAC INCORPORATED	097588362	SALISBURY	MD	218042316	WICOMICO	United States of America	Welfare Department	State Government	\$863,425
MD ST DEPARTMENT OF HEALTH & MENTAL HYGIENE	143148679	WESTOVER	MD	21871	SOMERSET	United States of America	Health Department	State Government	\$0
AMERICAN COLLEGE OF MEDICAL GENETICS AND GENOMICS	007511046	BETHESDA	MD	208143999	MONTGOMERY	United States of America	Junior College, College & University	State Government	\$800,000
ASSN OF ST TERRI PH NUTRITION DIRS	141079603	WASHINGTON	DC	20002	DISTRICT OF COLUMBIA	United States of America	Health Department	State Government	\$2,850,913
National Network to End Domestic Violence Fund	156943339	WASHINGTON	DC	20009	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$450,000
DC CHILd & FAMILY SERVICES AGENCY	196845098	WASHINGTON	DC	200242753	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$15,719,689
Advocates for Justice and Education, Inc	024285756	WASHINGTON	DC	20001	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$96,750
CareFirst, Inc.	790786578	OWINGS MILLS	MD	211174208	BALTIMORE	United States of America	Welfare Department	State Government	-\$1
Calvert County Public Schools	193311974	PRINCE FREDERICK	MD	20678	CALVERT	United States of America	Welfare Department	State Government	\$1,350,581
MD ST OFFICE OF THE GOVERNOR	613632280	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Planning & Administrative Organizations	State Government	-\$28,534
MD ST OFFICE OF THE GOVERNOR	790934285	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Planning & Administrative Organizations	State Government	\$72,560
MD ST OFFICE OF THE GOVERNOR	879176188	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Planning & Administrative Organizations	State Government	\$82,783
MD ST DEPARTMENT OF EDUCATION	183071471	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Educational Department	State Government	\$119,207,013
MD ST DEPARTMENT OF HUMAN RESOURCES	878358332	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Welfare Department	State Government	\$469,524,094
MARYLAND STATE DEPARTMENT OF HEALTH	079175393	CATONSVILLE	MD	21228	BALTIMORE	United States of America	Health Department	State Government	\$200,000
MARYLAND STATE DEPARTMENT OF HEALTH	134104855	CATONSVILLE	MD	21228	BALTIMORE	United States of America	Health Department	State Government	\$2,275,841
MARYLAND STATE DEPARTMENT OF HEALTH	135218621	CATONSVILLE	MD	21228	BALTIMORE	United States of America	Health Department	State Government	\$34,348,574
MARYLAND STATE DEPARTMENT OF HEALTH	140776803	CATONSVILLE	MD	21228	BALTIMORE	United States of America	Health Department	State Government	-\$179
MARYLAND STATE DEPARTMENT OF HEALTH	143148679	CATONSVILLE	MD	21228	BALTIMORE	United States of America	Health Department	State Government	\$74,556,057
MARYLAND STATE DEPARTMENT OF HEALTH	144280372	CATONSVILLE	MD	21228	BALTIMORE	United States of America	Health Department	State Government	\$72,964,996
MARYLAND STATE DEPARTMENT OF HEALTH	153501114	CATONSVILLE	MD	21228	BALTIMORE	United States of America	Health Department	State Government	\$21,172,151
MARYLAND STATE DEPARTMENT OF HEALTH	614531549	CATONSVILLE	MD	21228	BALTIMORE	United States of America	Health Department	State Government	\$9,011,581
MARYLAND STATE DEPARTMENT OF HEALTH	614531796	CATONSVILLE	MD	21228	BALTIMORE	United States of America	Health Department	State Government	\$7,349,630,778
MARYLAND STATE DEPARTMENT OF HEALTH	878894849	CATONSVILLE	MD	21228	BALTIMORE	United States of America	Health Department	State Government	\$6,143,323
FROSTBURG STATE UNIVERSITY	143485568	FROSTBURG	MD	215322303	ALLEGANY	United States of America	Other Educational Organization	State Government	\$125,000
University of Maryland, Baltimore	188435911	BALTIMORE	MD	212011009	**BALTIMORE CITY	United States of America	Junior College, College & University	State Government	\$1,577,998
ST MARY'S COLLEGE OF MARYLAND	108847257	SAINT MARY'S	MD	20686	ST. MARY'S	United States of America	Junior College, College & University	State Government	\$85,396
MD ST DIVISION OF VOCATIONAL REHABILITATION	613629518	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$332,044
TOWSON STATE UNIVERSITY	143372741	TOWSON	MD	21204	BALTIMORE	United States of America	Junior College, College & University	State Government	\$55,537
MORGAN STATE UNIVERSITY	879941318	BALTIMORE	MD	212510001	**BALTIMORE CITY	United States of America	Junior College, College & University	State Government	\$5,312,664
MD ST GOVERNORS COMM ON LAW ENFORCE/ADMIN OF JUSTICE	111040262	BALTIMORE	MD	21286	BALTIMORE	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$2,225,863
BOWIE STATE UNIVERSITY	616163721	BOWIE	MD	207153319	PRINCE GEORGE'S	United States of America	Junior College, College & University	State Government	\$436,340
MD ST DRUG ABUSE ADMINISTRATION	616163721	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Other Health Organization	State Government	-\$195,404
SALISBURY UNIVERSITY	786365437	SALISBURY	MD	21801	WICOMICO	United States of America	Junior College, College & University	State Government	\$199,950
MD ST MEDICAID FRAUD CONTROL UNIT	825015777	BALTIMORE	MD	21202	**BALTIMORE CITY	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$4,050,564
MD ST MENTAL HYGIENE ADMINISTRATION	143148679	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Other Health Organization	State Government	\$1,271,500
MD ST OFFICE ON AGING	142152177	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Welfare Department	State Government	\$2,009,181
MD ST DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT	028492598	CROWNSVILLE	MD	210322023	ANNE ARUNDEL	United States of America	Welfare Department	State Government	\$9,776,404
MD ST GOVERNOR'S OFFICE FOR HANDICAPPED INDIVIDUALS	784809274	BALTIMORE	MD	21202	**BALTIMORE CITY	United States of America	Other Social Services Organization	State Government	\$1,095,178
MD ST DEPARTMENT OF THE ENVIRONMENT	169640062	BALTIMORE	MD	21230	**BALTIMORE CITY	United States of America	Environmental Organization	State Government	\$600,750
UNIVERSITY OF MARYLAND EASTERN SHORE	082611302	PRINCESS ANNE	MD	21853	SOMERSET	United States of America	Other Educational Organization	State Government	\$125,000
ADMINISTRATIVE OFFICE OF THE COURTS	878358332	ANNAPOLIS	MD	21401	ANNE ARUNDEL	United States of America	Other Social Services Organization	State Government	\$541,520
University of Maryland Baltimore County	061364808	BALTIMORE	MD	212500001	BALTIMORE	United States of America	Junior College, College & University	State Government	\$206,767
MARYLAND DEPT OF AGRICULTURE	879176188	ANNAPOLIS	MD	21401	ANNE ARUNDEL	United States of America	Welfare Department	State Government	\$780,392
State of Maryland, MD Dept of Disabilities	784809274	BALTIMORE	MD	21202	**BALTIMORE CITY	United States of America	Welfare Department	State Government	-\$1,130
UNIVERSITY OF MARYLAND BALTIMORE PROFESSIONAL SCHOOLS	188435911	BALTIMORE	MD	212011531	**BALTIMORE CITY	United States of America	Junior College, College & University	State Government	\$266,949,631
UNIVERSITY OF MARYLAND BALTIMORE COUNTY CAMPUS	061364808	BALTIMORE	MD	21250	BALTIMORE	United States of America	Junior College, College & University	State Government	\$8,036,548
University of Maryland, Baltimore - Psychiatry/DPSR Div	188435911	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Health Department	State Government	\$657,465
GEORGETOWN UNIVERSITY	049515844	WASHINGTON	DC	20057	DISTRICT OF COLUMBIA	United States of America	Junior College, College & University	State Government	\$54,161,629
Easter Seals Serving DC/MD/VA, Inc.	072642507	MARYLAND	MD	20910	MONTGOMERY	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$6,715,577
DC DEPARTMENT OF HUMAN SERVICES	106731248	WASHINGTON	DC	20032	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$2,322,323,952
DC DEPARTMENT OF HUMAN SERVICES	143984255	WASHINGTON	DC	20032	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$0
DC DEPARTMENT OF HUMAN SERVICES	196845098	WASHINGTON	DC	20032	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$45,192,321
DC DEPARTMENT OF HUMAN SERVICES	603893657	WASHINGTON	DC	20032	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$250,000
UNIVERSITY OF THE DISTRICT OF COLUMBIA	137460275	WASHINGTON	DC	20008	DISTRICT OF COLUMBIA	United States of America	Junior College, College & University	State Government	\$323,907
DC DEPARTMENT OF ENVIRONMENTAL SERVICES	780986563	WASHINGTON	DC	20032	DISTRICT OF COLUMBIA	United States of America	Environmental Organization	State Government	\$351,077
DC DEPARTMENT OF HUMAN SERVICES	143984255	WASHINGTON	DC	20013	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$15,034,333
DC DEPARTMENT OF HUMAN SERVICES, COMM OF PUBLIC HEALTH	014384031	WASHINGTON	DC	20008	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$50,000
DC DEPARTMENT OF HUMAN SERVICES, COMM OF PUBLIC HEALTH	106731248	WASHINGTON	DC	20008	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$961,521
DC OFFICE ON AGING	147219760	WASHINGTON	DC	200012714	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$7,608,372
DC REHABILITATION SERVICES ADMINISTRATION	076600589	WASHINGTON	DC	20013	DISTRICT OF COLUMBIA	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$722,525

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DC BOARD OF EDUCATION	122095102	WASHINGTON	DC	20002	DISTRICT OF COLUMBIA	United States of America	School Board & School District	State Government	\$14,679,002
DC MEDICAID FRAUD CONTROL UNIT	040769791	WASHINGTON	DC	20005	DISTRICT OF COLUMBIA	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$2,823,580
DC OFFICE OF ENERGY	780986563	WASHINGTON	DC	20009	DISTRICT OF COLUMBIA	United States of America	Planning & Administrative Organizations	State Government	\$11,152,054
DC DEPARTMENT OF HUMAN SERVICES	106731248	WASHINGTON	DC	20002	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$7,233,530
DC DEPARTMENT OF HUMAN SERVICES	143984255	WASHINGTON	DC	20002	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$999,294
DC DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS	122095102	WASHINGTON	DC	20002	DISTRICT OF COLUMBIA	United States of America	Other Social Services Organization	State Government	\$3,215,693
DISTRICT OF COLUMBIA COURTS	110105657	WASHINGTON	DC	20001	DISTRICT OF COLUMBIA	United States of America	Other Social Services Organization	State Government	\$282,728
DC DEPARTMENT OF HUMAN SERVICES AGENCY FOR HIV/AIDS	106731248	WASHINGTON	DC	20032	DISTRICT OF COLUMBIA	United States of America	Other Social Services Organization	State Government	\$32,953,594
DC DEPARTMENT OF HEALTH CARE FINANCE	014384031	WASHINGTON	DC	20001	DISTRICT OF COLUMBIA	United States of America	Health Department	State Government	\$0
DC DEPARTMENT OF HEALTH CARE FINANCE	106731248	WASHINGTON	DC	20001	DISTRICT OF COLUMBIA	United States of America	Health Department	State Government	\$28,732,520
DC OFFICE OF CORPORATION COUNSEL	136583023	WASHINGTON	DC	20001	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$14,784,089
DC OFFICE OF CORPORATION COUNSEL	780986563	WASHINGTON	DC	20001	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$100,000
DC Office of Health Care Finance	106731248	WASHINGTON	DC	20002	DISTRICT OF COLUMBIA	United States of America	Financial Institution	State Government	\$6,857,658
DC Office of Health Care Finance	830394495	WASHINGTON	DC	20002	DISTRICT OF COLUMBIA	United States of America	Financial Institution	State Government	\$0
Department of Insurance, Securities and Banking	962968660	WASHINGTON	DC	200024227	DISTRICT OF COLUMBIA	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$277,959
DC DEPT of Health, Addiction Prevention&Recovery Admin.	106731248	WASHINGTON	DC	20002	DISTRICT OF COLUMBIA	United States of America	Health Department	State Government	\$743,251
District of Columbia Child and Family Services Agency	196845098	WASHINGTON	DC	20024	DISTRICT OF COLUMBIA	United States of America	Other Social Services Organization	State Government	\$0
DC ST Dept of Behavioral Health	014384031	WASHINGTON	DC	200023320	DISTRICT OF COLUMBIA	United States of America	Other Health Organization	State Government	\$27,734,137
District of Columbia Department on Disability Services	016801512	WASHINGTON	DC	20005	DISTRICT OF COLUMBIA	United States of America	Other Social Services Organization	State Government	\$221,739
Office of the Att'y Gen'l for D.C. Child Support Svcs D	136583023	WASHINGTON	DC	20001	DISTRICT OF COLUMBIA	United States of America	Other Social Services Organization	State Government	\$30,000
Office of the State Superintendent of Education (OSSE)	60389657	WASHINGTON	DC	200104227	DISTRICT OF COLUMBIA	United States of America	Educational Department	State Government	\$1,758,438
UNIVERSITY OF RICHMOND	056915069	RICHMOND	VA	231730002	**RICHMOND	United States of America	Junior College, College & University	State Government	\$1,032,364
VA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES	809740541	HENRICO	VA	232295019	HENRICO	United States of America	Other Health Organization	State Government	\$37,924,547
GEORGE MASON UNIVERSITY	077817450	FAIRFAX	VA	220304422	**FAIRFAX	United States of America	Junior College, College & University	State Government	\$6,641,565
VA ST DEPARTMENT OF CRIMINAL JUSTICE SERVICES	809392392	RICHMOND	VA	23219	**RICHMOND	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$387,755
VA ST DEPARTMENT OF SOCIAL SERVICES	015571326	RICHMOND	VA	232192901	**RICHMOND	United States of America	Welfare Department	State Government	\$540,902,963
Southeast Rural Community Assistance Project, Inc.	099599651	ROANOKE	VA	240111211	**ROANOKE	United States of America	Environmental Organization	State Government	\$1,094,438
VA ST DEPT OF GENERAL SERVICES	809740665	RICHMOND	VA	23219	**RICHMOND	United States of America	Other Health Organization	State Government	\$1,617,655
Rockbridge Area Community Services	944457423	LEXINGTON	VA	24450	**LEXINGTON	United States of America	Other Special Interest Organization	State Government	\$0
Mountain Empire Community College	071528384	BIG STONE GAP	VA	242194634	WISE	United States of America	Junior College, College & University	State Government	\$0
Southwest Virginia Community College	965462195	RICHLANDS	VA	246411101	TAZEWELL	United States of America	Junior College, College & University	State Government	\$-207,599
VA ST DEPARTMENT OF MEDICAL ASSISTANCE SERVICES	809740459	RICHMOND	VA	232191856	**RICHMOND	United States of America	Other Health Organization	State Government	-\$34,845
VA ST DEPARTMENT OF MEDICAL ASSISTANCE SERVICES	809740467	RICHMOND	VA	232191856	**RICHMOND	United States of America	Other Health Organization	State Government	\$5,506,127,132
VA BOARD FOR PEOPLE WITH DISABILITIES	828488242	RICHMOND	VA	23205	RICHMOND	United States of America	Other Social Services Organization	State Government	\$1,542,988
North American Management	926385121	ARLINGTON	VA	222013001	ARLINGTON	United States of America	Welfare Department	State Government	\$608,000
EDWARD VIA VA COLLEGE OF OSTEOPATHIC MEDICINE	122566560	BLACKSBURG	VA	240606360	MONTGOMERY	United States of America	Junior College, College & University	State Government	\$296,270
EDWARD VIA VA COLLEGE OF OSTEOPATHIC MEDICINE	965905651	BLACKSBURG	VA	240606360	MONTGOMERY	United States of America	Junior College, College & University	State Government	\$384,078
Staten Island Partnership for Community Wellness	006342531	STATEN ISLAND	NY	10301	RICHMOND	United States of America	Welfare Department	State Government	\$125,000
QLD DOMINION UNIVERSITY	041484465	NORFOLK	VA	235290045	**NORFOLK	United States of America	Junior College, College & University	State Government	\$89,763
York County Board of Supervisors	010054815	YORKTOWN	VA	23690	YORK	United States of America	Welfare Department	State Government	\$1,027,107
VA ST MEDICAID FRAUD CONTROL UNIT, OFF OF THE ATTY GNRL	809388697	RICHMOND	VA	23219	**RICHMOND	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$10,603,036
VA DEPT OF AGRICULTURE & CONSUMER SVCS	963969303	RICHMOND	VA	232181163	**RICHMOND	United States of America	Welfare Department	State Government	\$1,428,000
VA Dept of Behavioral Health and Developmental Services	627383102	RICHMOND	VA	232181797	**RICHMOND	United States of America	Health Department	State Government	\$91,737,162
VA Dept. of Behavioral Health and Developmental Service	627383102	RICHMOND	VA	23219	**RICHMOND	United States of America	Health Department	State Government	\$1,597,076
VA ST DEPARTMENT OF WELFARE	015571326	RICHMOND	VA	23288	HENRICO	United States of America	Welfare Department	State Government	\$147,008,475
SUPREME COURT OF VIRGINIA	360706345	RICHMOND	VA	232192335	**RICHMOND	United States of America	Other Social Services Organization	State Government	\$655,392
VIRGINIA COMMONWEALTH UNIVERSITY	105300446	RICHMOND	VA	232849071	**RICHMOND	United States of America	Junior College, College & University	State Government	\$89,825,579
VA ST DEPARTMENT OF EDUCATION	809740129	RICHMOND	VA	232162060	RICHMOND	United States of America	Educational Department	State Government	\$25,000
VA ST DEPARTMENT OF HEALTH	602160298	RICHMOND	VA	232193623	**RICHMOND	United States of America	Health Department	State Government	\$100,000
VA ST DEPARTMENT OF HEALTH	626153022	RICHMOND	VA	232193623	**RICHMOND	United States of America	Health Department	State Government	\$0
VA ST DEPARTMENT OF HEALTH	787082825	RICHMOND	VA	232193623	**RICHMOND	United States of America	Health Department	State Government	\$10,680,819
VA ST DEPARTMENT OF HEALTH	809740459	RICHMOND	VA	232193623	**RICHMOND	United States of America	Health Department	State Government	\$12,532,000
VA ST DEPARTMENT OF HEALTH	829184618	RICHMOND	VA	232193623	**RICHMOND	United States of America	Health Department	State Government	\$969,996
VA ST DEPARTMENT OF HEALTH	949931190	RICHMOND	VA	232193623	**RICHMOND	United States of America	Health Department	State Government	\$534,026
VA ST DEPARTMENT OF HEALTH	968124552	RICHMOND	VA	232193623	**RICHMOND	United States of America	Health Department	State Government	\$2,081,519
VA ST DEPARTMENT OF HEALTH	602160298	RICHMOND	VA	23219	**RICHMOND	United States of America	Health Department	State Government	\$15,676,079
VA ST DEPARTMENT OF HEALTH	626153022	RICHMOND	VA	23219	**RICHMOND	United States of America	Health Department	State Government	\$26,062,879
VA ST DEPARTMENT OF HEALTH	787082825	RICHMOND	VA	23219	**RICHMOND	United States of America	Health Department	State Government	\$25,681,887
VA ST DEPARTMENT OF HEALTH	809740459	RICHMOND	VA	23219	**RICHMOND	United States of America	Health Department	State Government	\$19,072,379
VA ST DEPARTMENT OF HEALTH	949931190	RICHMOND	VA	23219	**RICHMOND	United States of America	Health Department	State Government	\$345,871
VA ST DEPARTMENT OF HEALTH	968124552	RICHMOND	VA	23219	**RICHMOND	United States of America	Health Department	State Government	\$27,579,740
Commonwealth of VA, State Corporation Commission	015819501	RICHMOND	VA	232193630	**RICHMOND	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$285,093

TAGGS Advanced Search Export									
UNIVERSITY OF VIRGINIA	065391526	CHARLOTTESVILLE	VA	229044195	**CHARLOTTESVILLE	United States of America	Junior College, College & University	State Government	\$148,492,317
UNIVERSITY OF VIRGINIA	781613492	CHARLOTTESVILLE	VA	229044195	**CHARLOTTESVILLE	United States of America	Junior College, College & University	State Government	\$0
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY	003137015	BLACKSBURG	VA	24061	MONTGOMERY	United States of America	Junior College, College & University	State Government	\$31,752,657
NORFOLK STATE UNIVERSITY	074754805	NORFOLK	VA	235048060	**NORFOLK	United States of America	Junior College, College & University	State Government	\$63,571
COMMONWEALTH HEALTH INSURANCE CONNECTOR AUTHORITY	800185691	BOSTON	MA	02108	SUFFOLK	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$0
MD ST DEPT OF HUMAN RESOURCES COMMUNITY PROG ADMIN	878358332	BALTIMORE	MD	21201	**BALTIMORE CITY	United States of America	Welfare Department	State Government	\$81,688,202
Connecticut Department of Agriculture	807850490	HARTFORD	CT	06106	HARTFORD	United States of America	Other Special Interest Organization	State Government	\$1,043,213
Office of the State Superintendent	603893657	WASHINGTON	DC	20001	DISTRICT OF COLUMBIA	United States of America	Welfare Department	State Government	\$15,747,921
State of Connecticut Consumer Protection	949575682	HARTFORD	CT	06106	HARTFORD	United States of America	Other Health Organization	State Government	\$251,880
The Ctr. for Yth. and Com. Dvlpmnt. DBA Col. for Yth.	793868675	GETTYSBURG	PA	17325	ADAMS	United States of America	Welfare Department	State Government	\$50,000
Results Group, LLC	095919317	TOLLAND	CT	06084	TOLLAND	United States of America	Welfare Department	State Government	\$296,294
ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS	135750516	SPARKS	NV	89434	WASHOE	United States of America	Health Department	State Government	\$544,467
IL ST DEPARTMENT OF CHILDREN & FAMILY SERVICES	806811972	CHICAGO	IL	60601	SANGAMON	United States of America	Other Social Services Organization	State Government	\$0
PA ST Department of Drug and Alcohol Programs	176040285	HARRISBURG	PA	171044311	DAUPHIN	United States of America	Health Department	State Government	\$144,329,878
Center for Community Development for New Americans	177865974	NEW YORK	NY	10007	NEW YORK	United States of America	Welfare Department	State Government	\$481,230
Prospect Manchester Hospital, Inc.	080404897	MANCHESTER	CT	06040	HARTFORD	United States of America	Welfare Department	State Government	\$584,903
DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT	080283982	DETROIT	MI	48202	WAYNE	United States of America	School Board & School District	State Government	\$0
TETRA DISCOVERY PARTNERS INC	967529939	GRAND RAPIDS	MI	49503	KENT	United States of America	Welfare Department	State Government	\$237,480
Native Pride	808352835	CORRALES	NM	87048	SANDOVAL	United States of America	Welfare Department	State Government	\$304,452
METROPOLITAN STATE UNIVERSITY OF DENVER	059094321	DENVER	CO	802173362	DENVER	United States of America	Junior College, College & University	State Government	\$1,777,723
METROPOLITAN STATE UNIVERSITY OF DENVER	835449125	DENVER	CO	802173362	DENVER	United States of America	Junior College, College & University	State Government	\$600
COLORADO JUDICIAL BRANCH	360709505	DENVER	CO	802035011	DENVER	United States of America	Other Social Services Organization	State Government	\$959,895
CO ST Judicial DEPT Denver Juvenile Probation	360709505	DENVER	CO	80203	DENVER	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$476,419
AMERICAN INDIAN HIGHER EDUCATION CONSORTIUM	795901040	ALEXANDRIA	VA	22314	**ALEXANDRIA	United States of America	Welfare Department	State Government	\$62,500
CO ST DEPARTMENT OF EDUCATION	187406574	DENVER	CO	80203	DENVER	United States of America	Educational Department	State Government	\$2,949,748
CO ST DEPT PUBLIC HLTH&ENVIRONMENT	878208826	DENVER	CO	802221530	DENVER	United States of America	Health Department	State Government	\$81,145,204
CO ST DIVISION OF MENTAL HEALTH	878208826	DENVER	CO	80236	DENVER	United States of America	Other Health Organization	State Government	\$2,638,976
CO ST DEPARTMENT OF LOCAL AFFAIRS	878192483	DENVER	CO	80203	DENVER	United States of America	Welfare Department	State Government	\$6,188,466
CO DEPARTMENT OF HUMAN SERVICES	782660427	DENVER	CO	802031714	DENVER	United States of America	Welfare Department	State Government	\$0
CO DEPARTMENT OF HUMAN SERVICES	878147602	DENVER	CO	802031714	DENVER	United States of America	Welfare Department	State Government	\$489,089,781
CO ST MEDICAID FRAUD CONTROL UNIT	082158184	DENVER	CO	80203	DENVER	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$1,844,268
CO ST DEPARTMENT OF SOCIAL SERVICES	878147602	DENVER	CO	802180899	DENVER	United States of America	Other Social Services Organization	State Government	\$1,416,216
CO ST DEPARTMENT OF LABOR & EMPLOYMENT	878209295	DENVER	CO	802022117	DENVER	United States of America	Welfare Department	State Government	\$332,044
COLORADO DEPARTMENT OF HEALTH	878208826	DENVER	CO	80220	DENVER	United States of America	Health Department	State Government	\$2,324,978
STATE OF COLORADO	142124507	DENVER	CO	802025152	DENVER	United States of America	Other Social Services Organization	State Government	\$1,145,963
ST OF COLORADO DEPT OF INSURANCE	142124507	DENVER	CO	80202	DENVER	United States of America	Other Social Services Organization	State Government	\$282,062
CO ST DEPT OF HEALTH CARE POLICY & FINANCING	082338109	DENVER	CO	80203	DENVER	United States of America	Health Department	State Government	\$5,309,191,183
CO ST Dept of Human Services, Div. of Behavioral Health	878147602	DENVER	CO	80236	DENVER	United States of America	Health Department	State Government	\$21,431,420
Colorado Department of Agriculture	878137389	LAKESWOOD	CO	80215	JEFFERSON	United States of America	Environmental Organization	State Government	\$1,216,262
UNIVERSITY OF COLORADO AT COLORADO SPRINGS	186192829	COLORADO SPRINGS	CO	80933	EL PASO	United States of America	Junior College, College & University	State Government	\$208,321
Delta County Environmental Health	076441195	DELTA	CO	81416	DELTA	United States of America	Welfare Department	State Government	\$109,409
CO ST DEPARTMENT OF SOCIAL SERVICES	878147602	DENVER	CO	80203	DENVER	United States of America	Welfare Department	State Government	\$76,092,604
COLORADO STATE UNIVERSITY	785979618	FORT COLLINS	CO	805232002	LARIMER	United States of America	Junior College, College & University	State Government	\$35,164,350
UNIVERSITY OF NORTHERN COLORADO	073410185	GREELEY	CO	80639	WELD	United States of America	Junior College, College & University	State Government	\$237,306
UNIVERSITY OF COLORADO, OFFICE OF CONTRACTS & GRANTS	007431505	BOULDER	CO	80309	BOULDER	United States of America	Junior College, College & University	State Government	\$54,950,629
UNIVERSITY OF COLORADO AT BOULDER	007431505	BOULDER	CO	80309	BOULDER	United States of America	Junior College, College & University	State Government	\$1,389,322
UNIVERSITY OF COLORADO, OFFICE FOR SINGLE LTR OF CREDIT	186192829	BOULDER	CO	803090574	BOULDER	United States of America	Junior College, College & University	State Government	\$914,365
UNIVERSITY OF COLORADO DENVER	041096314	AURORA	CO	800450508	ADAMS	United States of America	Junior College, College & University	State Government	\$258,259,251
DENVER CITY AND COUNTY MAYORS OFFICE	145454687	DENVER	CO	80204	DENVER	United States of America	Hospital	State Government	\$7,616,463
DENVER CITY AND COUNTY MAYORS OFFICE	170147354	DENVER	CO	80204	DENVER	United States of America	Hospital	State Government	\$9,447,615
Gunnison County	133115220	GUNNISON	CO	81230	GUNNISON	United States of America	Welfare Department	State Government	\$125,000
SUMMIT CNTY, CO, HUM SVCS	082653023	BRECKENRIDGE	CO	80424	SUMMIT	United States of America	Other Social Services Organization	State Government	\$757,786
Colorado Mesa University	075759837	GRAND JUNCTION	CO	81501	MESA	United States of America	Junior College, College & University	State Government	\$0
OTERO JUNIOR COLLEGE	089498182	LA JUNTA	CO	81050	OTERO	United States of America	Junior College, College & University	State Government	\$4,095,429
OTERO JUNIOR COLLEGE	606805356	LA JUNTA	CO	81050	OTERO	United States of America	Junior College, College & University	State Government	\$2,654,067
UNIV OF COLORADO HEALTH SCIENCE CTR	041096314	AURORA	CO	800450508	ADAMS	United States of America	Junior College, College & University	State Government	\$824,199
CO ST DEPARTMENT OF INSTITUTIONS	878147602	DENVER	CO	80236	DENVER	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$11,645,252
DENVER REGIONAL COUNCIL OF GOVERNMENTS	083203943	DENVER	CO	802035606	DENVER	United States of America	Planning & Administrative Organizations	State Government	\$1,101,071
New Mexico Higher Education Department	867913345	SANTA FE	NM	875014295	SANTA FE	United States of America	Educational Department	State Government	\$300,000
ALAMO NAVAJO SCHOOL BOARD, INC.	021233630	MAGDALENA	NM	878250907	SOCORRO	United States of America	School Board & School District	State Government	\$11,959,796
US DEPARTMENT OF INTERIOR, BIA (SANTA FE INDIAN SCHOOL)	155940398	SANTA FE	NM	87502	SANTA FE	United States of America	Other Social Services Organization	State Government	\$127,442
YES Housing, Inc.	007302276	ALBUQUERQUE	NM	871022125	BERNALILLO	United States of America	Welfare Department	State Government	\$0

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NEW MEXICO STATE UNIVERSITY	173851965	LAS CRUCES	NM	88003	DONA ANA	United States of America	Junior College, College & University	State Government	\$13,356,130
NEW MEXICO STATE UNIVERSITY, SAN JUAN BRANCH	173851965	FARMINGTON	NM	87401	SAN JUAN	United States of America	Junior College, College & University	State Government	\$297,254
NEW MEXICO STATE UNIVERSITY REGENTS	173851965	LAS CRUCES	NM	88003	DONA ANA	United States of America	Junior College, College & University	State Government	\$115,346
New Mexico Public Education Department	808561690	SANTA FE	NM	87501	SANTA FE	United States of America	Educational Department	State Government	\$1,325,738
NM ST DIVISION OF VOCATIONAL REHABILITATION	179563291	SANTA FE	NM	87503	SANTA FE	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$332,044
NM ST DEPARTMENT OF HEALTH & ENVIRONMENT	782914170	SANTA FE	NM	87505	SANTA FE	United States of America	Health Department	State Government	\$8,022,707
NM ST DEPARTMENT OF HEALTH & ENVIRONMENT	808389274	SANTA FE	NM	87505	SANTA FE	United States of America	Health Department	State Government	\$28,785,245
NM CHILDREN, YOUTH AND FAMILIES DEPT	102273070	SANTA FE	NM	875025160	SANTA FE	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$131,537,036
NEW MEXICO MEDICAID FRAUD DIVISION	808188551	SANTA FE	NM	87504	SANTA FE	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$2,160,416
SUPREME COURT OF NEW MEXICO	197858111	SANTA FE	NM	875012178	SANTA FE	United States of America	Other Social Services Organization	State Government	-\$63,565
SUPREME COURT OF NEW MEXICO	782914170	SANTA FE	NM	875012178	SANTA FE	United States of America	Other Social Services Organization	State Government	\$358,999
Bernalillo County Metropolitan Court	844743901	ALBUQUERQUE	NM	87102	BERNALILLO	United States of America	Other Social Services Organization	State Government	\$724,698
New Mexico Office of Superintendent of Insurance	77880520	SANTA FE	NM	87501	SANTA FE	United States of America	Other Social Services Organization	State Government	\$279,843
New Mexico Department of Health	808389274	SANTA FE	NM	875056110	SANTA FE	United States of America	Health Department	State Government	\$15,931,381
NEW MEXICO GOVERNOR'S COMMISSION ON DISABILITY	866949761	SANTA FE	NM	87501	SANTA FE	United States of America	Other Social Services Organization	State Government	\$465,408
NEW MEXICO ENVIRONMENT DEPARTMENT	808561658	SANTA FE	NM	875054173	SANTA FE	United States of America	Environmental Organization	State Government	\$300,000
First Jud. Dist. Court St. of NM - Adult Treatment Ct	197858111	SANTA FE	NM	875042268	SANTA FE	United States of America	Health Department	State Government	\$0
Second Judicial District Court - Bernalillo County NM	078737023	ALBUQUERQUE	NM	871022222	BERNALILLO	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$325,000
NM ST DEPARTMENT OF HEALTH & SOCIAL SERVICES	837710722	SANTA FE	NM	87501	SANTA FE	United States of America	Health Department	State Government	\$144,553,541
NM ST AGING AND LONG TERM SERVICES DEPT	866945140	SANTA FE	NM	87501	SANTA FE	United States of America	Welfare Department	State Government	\$11,849,979
NM ST DEPARTMENT OF HUMAN SERVICES	837710722	SANTA FE	NM	87501	SANTA FE	United States of America	Welfare Department	State Government	\$4,303,120,636
UNIVERSITY OF NEW MEXICO (THE)	829868723	ALBUQUERQUE	NM	871310001	BERNALILLO	United States of America	Junior College, College & University	State Government	\$57,016,150
UNIVERSITY OF NEW MEXICO (THE)	868853094	ALBUQUERQUE	NM	871310001	BERNALILLO	United States of America	Junior College, College & University	State Government	\$9,375,156
UNIVERSITY OF NEW MEXICO, SCHOOL OF MEDICINE	829868723	ALBUQUERQUE	NM	87131	BERNALILLO	United States of America	Junior College, College & University	State Government	\$629,800
UNIVERSITY OF NEW MEXICO, HEALTH SCIENCES	829868723	ALBUQUERQUE	NM	87131	BERNALILLO	United States of America	Junior College, College & University	State Government	\$5,921,846
UNIVERSITY OF NEW MEXICO, HEALTH SCIENCES	868853094	ALBUQUERQUE	NM	87131	BERNALILLO	United States of America	Junior College, College & University	State Government	\$753,681
MOAPA BAND OF PAIUTE INDIANS	077978906	MOAPA	NV	89025	CLARK	United States of America	Indian Tribal Council	State Government	\$85,588
Clark County Social Service Department	083782953	LAS VEGAS	NV	89106	CLARK	United States of America	Welfare Department	State Government	\$6,129,296
Regional Emergency Medical Services Authority	006571145	RENO	NV	895024117	WASHOE	United States of America	Welfare Department	State Government	-\$1,759,682
The Foundation for Positively Kids Inc.	002824212	LAS VEGAS	NV	89118	CLARK	United States of America	Welfare Department	State Government	\$99,634
NV ST SCHOOL DISTRICT	607025772	CARSON CITY	NV	89701	**CARSON CITY	United States of America	School Board & School District	State Government	\$0
NV ST DEPT OF HUMAN RESOURCES, DIV OF MNLT HLTH/MNLT RE	021588830	CARSON CITY	NV	89710	**CARSON CITY	United States of America	Welfare Department	State Government	\$615,921
NV ST DEPARTMENT OF EDUCATION	809887722	CARSON CITY	NV	89701	**CARSON CITY	United States of America	Educational Department	State Government	\$1,901,923
NV ST DEPARTMENT OF EDUCATION	809888266	CARSON CITY	NV	89701	**CARSON CITY	United States of America	Educational Department	State Government	\$81,233
NV ST DEPT OF HEALTH AND HUMAN SERVICES	024072303	CARSON CITY	NV	897062027	**CARSON CITY	United States of America	Welfare Department	State Government	\$65,992,429
NV ST DEPT OF HEALTH AND HUMAN SERVICES	197864648	CARSON CITY	NV	897062027	**CARSON CITY	United States of America	Welfare Department	State Government	\$62,127,103
NV ST DEPT OF HEALTH AND HUMAN SERVICES	607025772	CARSON CITY	NV	897062027	**CARSON CITY	United States of America	Welfare Department	State Government	\$101,792,916
NV ST DEPT OF HEALTH AND HUMAN SERVICES	623564849	CARSON CITY	NV	897062027	**CARSON CITY	United States of America	Welfare Department	State Government	\$55,852,794
NV ST DEPT OF HEALTH AND HUMAN SERVICES	626087597	CARSON CITY	NV	897062027	**CARSON CITY	United States of America	Welfare Department	State Government	\$217,313
NV ST DEPT OF HEALTH AND HUMAN SERVICES	809888266	CARSON CITY	NV	897062027	**CARSON CITY	United States of America	Welfare Department	State Government	\$3,224,021,891
NV ST DEPARTMENT OF HUMAN RESOURCES, DIVISION OF HEALTH	623564849	CARSON CITY	NV	89710	**CARSON CITY	United States of America	Welfare Department	State Government	\$9,896,113
NV ST DEPARTMENT OF HUMAN RESOURCES, DIVISION OF HEALTH	809888266	CARSON CITY	NV	89710	**CARSON CITY	United States of America	Welfare Department	State Government	\$402,255
NV ST OFFICE OF THE GOVERNOR	197864648	CARSON CITY	NV	89706	**CARSON CITY	United States of America	Planning & Administrative Organizations	State Government	\$100,000
NV ST DEVELOPMENTAL DISABILITIES ADVOCATES OFFICE	130019144	RENO	NV	89502	WASHOE	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$502,765
NV ST OFFICE OF COMMUNITY SERVICES	809888266	CARSON CITY	NV	89710	**CARSON CITY	United States of America	Welfare Department	State Government	\$3,714,415
NV ST DEPARTMENT OF HUMAN RESOURCES, DIVISION OF HEALTH	623564849	CARSON CITY	NV	89710	**CARSON CITY	United States of America	Welfare Department	State Government	\$69,829
NV ST DEPT OF HUMAN RESOURCES, HLTH PLANNING & RESOURCE	036985203	CARSON CITY	NV	89710	**CARSON CITY	United States of America	Welfare Department	State Government	\$0
NV ST DEPT OF HUMAN RESOURCES, HLTH PLANNING & RESOURCE	623564849	CARSON CITY	NV	89710	**CARSON CITY	United States of America	Welfare Department	State Government	\$1,308,725
NV ST DEPT OF HUMAN RESOURCES, DIV OF AGING SERVICES	626087597	LAS VEGAS	NV	89158	CLARK	United States of America	Welfare Department	State Government	\$14,547,072
NV ST DEPARTMENT OF EMPLOYMENT SECURITY	623564849	CARSON CITY	NV	89713	**CARSON CITY	United States of America	Welfare Department	State Government	\$17,270,184
NV ST MEDICAID FRAUD CONTROL UNIT	809887672	CARSON CITY	NV	89710	DOUGLAS	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$2,098,300
NV ST DEPT OF HUMAN RESOURCES, DIV OF CHILD/FAMILY	607025772	RENO	NV	89502	WASHOE	United States of America	Other Social Services Organization	State Government	\$166,676
SUPREME COURT OF NEVADA	191048094	CARSON CITY	NV	89710	**CARSON CITY	United States of America	Other Social Services Organization	State Government	\$395,531
NV ST OFFICE OF DISABILITY SERVICES	809888266	CARSON CITY	NV	89706	**CARSON CITY	United States of America	Welfare Department	State Government	\$555,197
State of Nevada, Division of Insurance	093666019	CARSON CITY	NV	89701	**CARSON CITY	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$249,979
Nevada Silver State Health Insurance Exchange	078428962	CARSON CITY	NV	897031544	**CARSON CITY	United States of America	Health Department	State Government	-\$205,625
NV DEPT OF AGRICULTURE	004039884	SPARKS	NV	89431	WASHOE	United States of America	Environmental Organization	State Government	\$412,427
NV ST DEPT OF HHS, NO NV Adult Mental Hlth Svcs	623564849	SPARKS	NV	894315564	WASHOE	United States of America	Other Health Organization	State Government	\$398,020
Nevada Division of Public and Behavioral Health	623564849	CARSON CITY	NV	89706	**CARSON CITY	United States of America	Health Department	State Government	\$4,088,598
UNIVERSITY OF NEVADA-RENO	098377336	RENO	NV	895570025	WASHOE	United States of America	Junior College, College & University	State Government	\$71,805
UNIVERSITY OF NEVADA-RENO	146515460	RENO	NV	895570025	WASHOE	United States of America	Junior College, College & University	State Government	\$29,224,976
UNIVERSITY OF NEVADA-LAS VEGAS	098377336	LAS VEGAS	NV	891541005	CLARK	United States of America	Junior College, College & University	State Government	\$10,108,652

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BOARD OF REGENTS, UNIVERSITY OF NEVADA, RENO	146515460	RENO	NV	89557	WASHOE	United States of America	Junior College, College & University	State Government	\$1,595,710
City of Carson dba Carson City Health & Human Services	073787152	CARSON CITY	NV	89706	**CARSON CITY	United States of America	Welfare Department	State Government	\$384,000
Vermont Agency of Education	884902701	MONTPELIER	VT	056202501	WASHINGTON	United States of America	Educational Department	State Government	\$1,582,371
Janssen Research and Development, LLC	119237597	RARITAN	NJ	08869	SOMERSET	United States of America	Welfare Department	State Government	\$100,000
UNIVERSITY OF WESTERN STATES	175437185	PORTLAND	OR	972303014	MULTNOMAH	United States of America	Junior College, College & University	State Government	\$0
OR ST DEPARTMENT OF HUMAN RESOURCES, VOC REHAB DIV	809580319	SALEM	OR	973101018	MARION	United States of America	Rehabilitation Organization ( Other Than Criminal )	State Government	\$784,669
OR ST DEPT HUM RES, MENTAL HEALTH DIVISION	135749013	SALEM	OR	97310	MARION	United States of America	Welfare Department	State Government	\$779,362
ROGUE COMMUNITY COLLEGE DISTRICT	038086103	GRANTS PASS	OR	975279298	JOSEPHINE	United States of America	Junior College, College & University	State Government	\$2,919,536
OR ST OFFICE FOR SERVICES TO CHILDREN & FAMILIES	136725301	SALEM	OR	97310	MARION	United States of America	Other Social Services Organization	State Government	\$1,404,219
OR ST SENIOR SERVICES DIVISION	145747267	SALEM	OR	973101015	MARION	United States of America	Welfare Department	State Government	\$19,611,303
OR ST COMMUNITY SERVICES PROGRAM	145747267	SALEM	OR	97310	MARION	United States of America	Welfare Department	State Government	\$6,469
OR ST DEPT OF HUMAN RESOURCES, CHILDREN'S SVCS DIVISION	136725434	SALEM	OR	97310	MARION	United States of America	Welfare Department	State Government	\$1,334,978
ADAPT, Inc.	183552785	ROSEBURG	OR	974700254	DOUGLAS	United States of America	Welfare Department	State Government	\$2,025,483
OREGON JUDICIAL DEPARTMENT	360705735	SALEM	OR	97310	MARION	United States of America	Other Social Services Organization	State Government	\$439,474
OR ST SENIOR AND DISABLED SERVICES	933556359	SALEM	OR	973101015	MARION	United States of America	Welfare Department	State Government	\$2,842,379
OPTIONS FOR SOUTHERN OREGON, INC	605022417	GRANTS PASS	OR	97526	JOSEPHINE	United States of America	Other Social Services Organization	State Government	\$1,722,601
OR ST DEPT OF CONSUMER & BUSINESS SVCS	809579451	SALEM	OR	97310	MARION	United States of America	Other Social Services Organization	State Government	\$55,076,385
OR ST HOUSING & COMMUNITY SERVICES DEPARTMENT	809580293	SALEM	OR	97310	MARION	United States of America	Other Social Services Organization	State Government	\$41,733,755
OREGON HEALTH & SCIENCE UNIVERSITY	096997515	PORTLAND	OR	972013098	MULTNOMAH	United States of America	Junior College, College & University	State Government	\$267,007,432
OR ST MEDICAID FRAUD CONTROL UNIT	809790223	SALEM	OR	97310	MARION	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$2,644,072
OR ST DEPARTMENT OF JUSTICE	809790223	SALEM	OR	97310	MARION	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$100,000
OR ST DEPARTMENT OF HUMAN RESOURCES, HEALTH DIVISION	878144021	PORTLAND	OR	97232	MULTNOMAH	United States of America	Health Department	State Government	\$49,904,032
OR ST DEPARTMENT OF HUMAN RESOURCES, HEALTH DIVISION	NDDUNS453	PORTLAND	OR	97232	MULTNOMAH	United States of America	Health Department	State Government	-\$297
OR ST HEALTH DIVISION	878144021	PORTLAND	OR	97201	MULTNOMAH	United States of America	Health Department	State Government	\$21,659,150
OR ST DEPARTMENT OF AGRICULTURE	019140081	SALEM	OR	97310	MARION	United States of America	Environmental Organization	State Government	\$799,021
EASTERN OREGON UNIVERSITY	010731065	LA GRANDE	OR	978502807	UNION	United States of America	Junior College, College & University	State Government	\$1,431,333
WESTERN OREGON STATE COLLEGE	877578914	MONMOUTH	OR	97361	POLK	United States of America	Junior College, College & University	State Government	\$0
UNIVERSITY OF OREGON, HEALTH SCIENCE CENTER	096997515	PORTLAND	OR	97201	MULTNOMAH	United States of America	Junior College, College & University	State Government	\$179,075
OR ST DEPARTMENT OF EDUCATION	809790264	SALEM	OR	97310	MARION	United States of America	Educational Department	State Government	\$98,768,591
OR ST DEPT OF HUMAN RESOURCES, ADULT & FAMILY SVCS DIV	136726507	SALEM	OR	973101013	MARION	United States of America	Welfare Department	State Government	\$172,978,831
OR ST DEPT OF HUMAN RESOURCES, ADULT & FAMILY SVCS DIV	145747267	SALEM	OR	973101013	MARION	United States of America	Welfare Department	State Government	\$178,135,241
OR ST DEPT OF HUMAN RESOURCES, ADULT & FAMILY SVCS DIV	809580319	SALEM	OR	973101013	MARION	United States of America	Welfare Department	State Government	\$3,815,652
OR ST DEPT OF HUMAN RESOURCES, ADULT & FAMILY SVCS DIV	809790223	SALEM	OR	973101013	MARION	United States of America	Welfare Department	State Government	\$61,200,350
OR ST DEPT OF HUMAN RESOURCES, ADULT & FAMILY SVCS DIV	878144021	SALEM	OR	973101013	MARION	United States of America	Welfare Department	State Government	\$7,096,155,273
OR ST DEPT OF HUMAN RESOURCES, ADULT & FAMILY SVCS DIV	956343917	SALEM	OR	973101013	MARION	United States of America	Welfare Department	State Government	-\$278,161
COMMUNITY HEALTH CENTERS OF BENTON AND LINN COUNTIES	789401544	CORVALLIS	OR	973390579	BENTON	United States of America	Other Special Interest Organization	State Government	\$3,548,643
RHODE ISLAND STATE DEPT OF HEALTH	929922664	PROVIDENCE	RI	02908	PROVIDENCE	United States of America	Health Department	State Government	\$835,000
Ho'ola Lahui Hawaii	809155005	LIHUE	HI	96766	KAUAI	United States of America	Hospital	State Government	\$2,853,366
HAWAII OFFICE OF COMMUNITY SERVICES	949978845	HON	HI	968135095	HONOLULU	United States of America	Other Social Services Organization	State Government	\$3,714,415
Hawaii Department of Labor & Industrial Relations	949954283	HONOLULU	HI	968135095	HONOLULU	United States of America	Community Action Organization	State Government	\$1,361,994
HI ST OFFICE OF THE GOVERNOR, EXECUTIVE OFFICE ON AGING	809935679	HONOLULU	HI	96813	HONOLULU	United States of America	Welfare Department	State Government	\$7,072,478
Hawaii Department of Education	809935513	HONOLULU	HI	96804	HONOLULU	United States of America	Educational Department	State Government	\$99,999
Hawaii Department of Education	809930217	HONOLULU	HI	96804	HONOLULU	United States of America	Educational Department	State Government	\$125,000
Hawaii Department of Education	809935513	HONOLULU	HI	96804	HONOLULU	United States of America	Educational Department	State Government	\$1,877,592
OFFICE OF THE GOVERNOR	809930217	HON	HI	96813	HONOLULU	United States of America	Other Special Interest Organization	State Government	-\$29,791
SUPREME COURT OF HAWAII	949187108	HONOLULU	HI	96813	HONOLULU	United States of America	Other Social Services Organization	State Government	\$296,793
Hawaii Dept. of Commerce and Consumer Affairs	809935406	HON	HI	968132921	HONOLULU	United States of America	Supplier Organizations ( Service, Supplies, Material and Equipment )	State Government	\$278,528
UNIVERSITY OF HAWAII	195738039	HONOLULU	HI	968222309	HONOLULU	United States of America	Junior College, College & University	State Government	\$527,566
UNIVERSITY OF HAWAII	965088057	HONOLULU	HI	968222309	HONOLULU	United States of America	Junior College, College & University	State Government	\$54,580,437
UNIVERSITY OF HAWAII AT HILO	965088057	HONOLULU	HI	96822	HONOLULU	United States of America	Junior College, College & University	State Government	-\$2,196
HI ST DEPARTMENT OF HEALTH	090266185	KAPOLEI	HI	96707	HONOLULU	United States of America	Health Department	State Government	\$11,965,303
HI ST DEPARTMENT OF HEALTH	136572513	KAPOLEI	HI	96707	HONOLULU	United States of America	Health Department	State Government	\$4,347,207
HI ST DEPARTMENT OF HEALTH	610006140	KAPOLEI	HI	96707	HONOLULU	United States of America	Health Department	State Government	\$247,419
HI ST DEPARTMENT OF HEALTH	783611122	KAPOLEI	HI	96707	HONOLULU	United States of America	Health Department	State Government	\$4,511,842
HI ST DEPARTMENT OF HEALTH	809935679	KAPOLEI	HI	96707	HONOLULU	United States of America	Health Department	State Government	\$25,999,548
HI ST DEPARTMENT OF HEALTH	090266185	HONOLULU	HI	96801	HONOLULU	United States of America	Health Department	State Government	\$6,036,648
HI ST DEPARTMENT OF HEALTH	783611122	HONOLULU	HI	96801	HONOLULU	United States of America	Health Department	State Government	\$1,146,824
HI ST DEPARTMENT OF HEALTH	809935679	HONOLULU	HI	96801	HONOLULU	United States of America	Health Department	State Government	\$6,201,645
HI ST MEDICAID FRAUD CONTROL UNIT	809935323	HONOLULU	HI	96813	HONOLULU	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$1,640,720
HI ST DEPARTMENT OF EDUCATION	809935513	HONOLULU	HI	96813	HONOLULU	United States of America	Educational Department	State Government	\$0
HI ST OFFICE OF COMMUNITY SERVICES	949978845	HONOLULU	HI	96813	HONOLULU	United States of America	Welfare Department	State Government	\$68,874
HI ST DEPARTMENT OF HUMAN SERVICES	824671176	HONOLULU	HI	96809	HONOLULU	United States of America	Welfare Department	State Government	\$1,893,738,033

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HI ST BOARD OF COMMISSIONERS OF AGRICULTURE & FORESTRY	809935257	HONOLULU	HI	96814	HONOLULU	United States of America	Environmental Organization	State Government	\$532,016
HI ST OFFICE OF THE GOVERNOR, EXECUTIVE OFFICE ON AGING	809935679	HONOLULU	HI	968132831	HONOLULU	United States of America	Welfare Department	State Government	\$1,145,441
HI ST OFFICE OF THE GOVERNOR	824671176	HONOLULU	HI	96813	HONOLULU	United States of America	Planning & Administrative Organizations	State Government	\$30,062,124
HI ST OFFC OF ATTN Y GNRL, DIV OF CHILD SUPPRT/ENFORCMNT	159889781	KAPOLEI	HI	967072021	HONOLULU	United States of America	Law Enforcement Agency ( Including Criminal Rehabilitation )	State Government	\$11,787,510
HI ST DEPARTMENT OF HUMAN SERVICES	824671176	HONOLULU	HI	96813	HONOLULU	United States of America	Welfare Department	State Government	\$800,935
SUPREME JUDICIAL COURT	848580622	BOSTON	MA	02108	SUFFOLK	United States of America	Other Social Services Organization	State Government	\$462,661
<b>SUM</b>									<b>\$192,894,589,022</b>

**UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

STATE OF NEW YORK, *et al.*,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF  
HEALTH AND HUMAN SERVICES, *et al.*,

Defendants,

DR. REGINA FROST and CHRISTIAN  
MEDICAL AND DENTAL  
ASSOCIATIONS,

Defendants-Intervenors.

Civil Action Nos.

1:19-cv-4676 (PAE) (lead)

1:19-cv-5433 (PAE) (consolidated)

1:19-cv-5435 (PAE) (consolidated)

**PLAINTIFFS' NOTICE OF CROSS-MOTION**

PLEASE TAKE NOTICE that, upon the accompanying memorandum of law and declarations, Plaintiffs' pleadings and papers on file in these consolidated actions, and State Plaintiffs' memorandum of law and accompanying declarations filed today, Plaintiffs, by their undersigned counsel, will move this Court, before the Honorable Paul A. Engelmayer, United States District Court Judge, at the Thurgood Marshall United States Courthouse, 40 Foley Square, Courtroom 1305, New York, New York, for an order pursuant to Rule 56 of the Federal Rules of Civil Procedure for summary judgment on their claims against the regulation entitled Protecting Statutory Conscience Rights in Health Care, 84 Fed. Reg. 23,170 (May 21, 2019) (to be codified at 45 C.F.R. pt. 88), promulgated by Defendant the U.S. Department of Health and Human Services, and that pursuant to 5 U.S.C. § 706 the Rule be "h[e]ld unlawful and set aside," and for such other and further relief as the Court deems just and proper. In the alternative, Plaintiffs will

move for an order pursuant to Rule 65(a) of the Federal Rules of Civil Procedure and 5 U.S.C. § 705 for a preliminary injunction barring Defendants from implementing and enforcing the regulation to preserve the status quo until this case is decided on the merits and final judgment is entered.

Dated: September 5, 2019

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UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK

STATE OF NEW YORK, *et al.*,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF  
HEALTH AND HUMAN SERVICES, *et al.*,

Defendants.

Civil Action No. 1:19-cv-4676-PAE

Civil Action No. 1:19-cv-5433-PAE

Civil Action No. 1:19-cv-5435-PAE

**SECOND DECLARATION OF KIMBERLY CUSTER**

I, Kimberly Custer, declare and state as follows:

1. I am the Executive Vice President of the Health Care Division for Planned Parenthood Federation of America, Inc. (“PPFA”), a plaintiff in this action.

2. I submitted a declaration on June 17, 2019 in support of Plaintiffs’ Motion for a Preliminary Injunction. *See* Civil Action No. 1:19-cv-05433-PAE, ECF No. 21-2 (“First Custer Decl.”). In my initial declaration, I discussed the participation of Planned Parenthood’s affiliates in the federal Title X program. Due to recent events leading to Planned Parenthood’s being forced to withdraw from the Title X program, I submit this second declaration to apprise the court of these changed facts. I submit this declaration in further support of Plaintiffs’ Motion for a Preliminary Injunction, and also in support of Plaintiffs’ motion for summary judgment.

3. I incorporate by reference my background and experience as set forth in my initial declaration. *See* First Custer Decl. ¶¶ 2, 8–10.

4. As I explained in my first declaration, *see* First Custer Decl. ¶ 30, Title X of the federal Public Health Service Act subsidizes the provision of family planning services to people with low incomes. Under Title X, the Secretary of the U.S. Department of Health and Human

Services (“HHS”) is authorized to make grants to public or nonprofit private entities for the purpose of operating voluntary family planning projects. 42 U.S.C. § 300(a). Title X grantees may either provide the program services themselves or contract with delegate agencies (or “subgrantees”). At the time my initial declaration was filed, Planned Parenthood affiliates served as both direct grantees and subgrantees in the Title X program.

5. Since that time, however, due to HHS’s implementation of new Title X regulations, all Planned Parenthood affiliates have been compelled to withdraw from the Title X program.

6. Specifically, on March 4, 2019, HHS finalized new regulations that change the Title X program dramatically. *See* 84 Fed. Reg. 7714-91. Among other changes, the new Title X regulations (1) categorically prohibit Title X providers from referring for abortion; (2) require Title X providers to refer all pregnant patients for prenatal care, regardless of the patient’s wishes; and (3) authorize Title X providers to decline to discuss abortion, even when a pregnant patient explicitly asks about it—all this notwithstanding the statutory mandate that all pregnancy counseling in Title X be nondirective.

7. PPFA, on behalf of its affiliates, along with numerous other Title X providers, sued to block the new regulations, and in April and May 2019 multiple district courts enjoined the new Title X regulations from taking effect. I understand that subsequently HHS appealed those decisions and that at least two courts of appeal granted a stay of the injunctions while the appeals are pending, such that the new regulations are currently in effect.

8. Rather than violate professional ethics and the medical standard of care in order to comply with the new Title X regulations, and having been denied emergency judicial relief, Planned Parenthood’s affiliates were forced to terminate their participation in the Title X program.

As a result, Planned Parenthood's affiliates are no longer using federal funding through the Title X program, either as direct Title X grantees or as subgrantees.

9. However, as I stated in my initial declaration, Planned Parenthood's affiliates receive hundreds of millions of dollars in federal funds through programs other than Title X. *See* First Custer Decl. ¶¶ 28–29, 32. This federal funding remains under threat from the Refusal of Care Rule challenged in this lawsuit.

10. For example, in 2017, Planned Parenthood's affiliates received more than \$418 million in Medicaid reimbursement; more than \$3 million through the Social Services Block Grant program; almost \$2 million from the Maternal and Child Health Block Grant program; more than \$4 million from the Teen Pregnancy Prevention Intervention Grant program; more than \$100,000 from the Ryan White AIDS program; and more than \$350,000 from the National Breast and Cervical Cancer Early Detection Program.

11. As I stated in my initial declaration, which remains true, many of Planned Parenthood's affiliates would be forced to reduce their hours, cut their staff, and/or even close health centers if they lost federal funding. This outcome would be devastating to Planned Parenthood and to the individuals who rely on us—especially people with low incomes, rural residents, and people of color who often have no other affordable option for high-quality and often life-saving reproductive care.

12. For this and all of the other reasons discussed in my initial declaration, *see* First Custer Decl. ¶¶ 34–70, I believe that the Refusal of Care Rule will do significant harm to Planned Parenthood's patients, providers, and professional integrity.

I declare under penalty of perjury of the laws of the United States that the foregoing is true and correct and that this declaration was executed on this 4<sup>th</sup> day of September 2019.

  
Kimberly Custer

**UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

STATE OF NEW YORK, *et al.*,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF  
HEALTH AND HUMAN SERVICES, *et al.*,

Defendants.

Civil Action No. 1:19-cv-4676-PAE

Civil Action No. 1:19-cv-5433-PAE

Civil Action No. 1:19-cv-5435-PAE

**SECOND DECLARATION OF MEAGAN GALLAGHER**

I, Meagan Gallagher, declare and state as follows:

1. I am the President and Chief Executive Officer of Planned Parenthood of Northern New England, Inc. (“PPNNE”), a plaintiff in this action. On June 17, 2019, I submitted a declaration, *see* Civil Action No. 1:19-cv-05433-PAE, ECF No. 21-3 (“First Gallagher Decl.”), in support of Plaintiffs’ Motion for a Preliminary Injunction, which seeks to prevent the enforcement of the final rule “Protecting Statutory Conscience Rights in Health Care,” 84 Fed. Reg. 23,170 (May 21, 2019) (to be codified at 45 C.F.R. pt. 88) (the “Refusal of Care Rule” or the “Rule”). I submit this second declaration in further support of Plaintiffs’ motion for a preliminary injunction, and also in support of Plaintiffs’ motion for summary judgment.

2. In my initial declaration, I discussed PPNNE’s participation in the federal Title X program in Maine, New Hampshire and Vermont. As I explain further below, after more than two decades of participation in the Title X program, PPNNE has recently been forced to withdraw from the Title X program. I therefore submit this declaration to update the record on these changed facts.

3. I incorporate by reference my background and experience as set forth in my initial declaration. *See* First Gallagher Decl. ¶¶ 1–3.

4. At the time my initial declaration was filed, PPNNE received federal funding through the Title X program. Under that program, established by Title X of the Public Health Services Act, the Secretary of the U.S. Department of Health and Human Services (“HHS”) makes grants to public or nonprofit private entities for the purpose of operating voluntary family planning projects. 42 U.S.C. § 300(a). Title X grantees may either provide the program services themselves or contract with delegate agencies (or “subgrantees”). At the time my initial declaration was filed, PPNNE served as a direct Title X grantee in New Hampshire and as a subgrantee in Maine and Vermont. *See* First Gallagher Decl. ¶ 19.

5. Since that time, however, due to HHS’s implementation of new Title X regulations, PPNNE, along with all other Planned Parenthood affiliates participating in Title X, has been compelled to withdraw from the Title X program.

6. As a result, PPNNE no longer receives any federal funding through the Title X program, either as a direct Title X grantee or as a subgrantee.

7. As I stated in my initial declaration, however, PPNNE participates in other federal programs and projects and receives millions of dollars in federal funds through programs other than Title X. *See* First Gallagher Decl. ¶¶ 22–25. Thanks to this federal funding, PPNNE can continue to provide vital reproductive health care services, including contraceptive services and counseling, pelvic exams, pregnancy testing and counseling, testing for STIs and HIV, screening for breast and cervical cancer, and certain basic infertility services.

8. All of this federal funding—about \$4.8 million total—remains under threat from the Refusal of Care Rule challenged in this lawsuit. In fact, while the figures listed in my first

declaration comprise federal funds only, PPNNE receives some of those federal funds through joint federal-state funding streams (for example, the Global Commitment to Health waiver program). Under the Refusal of Care Rule, PPNNE risks losing both federal funds *and* any state funds that are awarded jointly with federal funds—and that, accordingly, are conditioned on federal grant eligibility. Thus, in reality, the amount of funding that we stand to lose if found out of compliance with the Rule is even greater than \$4.8 million.

9. In addition to all the ways in which the Refusal of Care Rule will interfere with PPNNE’s mission to promote and provide quality sexual and reproductive health services, and will put patients at risk of being denied care and information about the services they seek, *see* First Gallagher Decl. ¶¶ 27–59, the loss of PPNNE’s remaining federal funding would be devastating. While we are still assessing the impact of our loss of Title X funding and attempting to piece together alternative funding sources, no long-term solution is in sight, and it is clear that our remaining federal funds are more vital than ever.

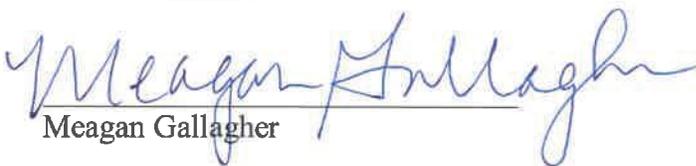
10. As I stated in my initial declaration, a complete loss of federal funding would likely result in a significant decrease in our size and ability to provide health care services to our patients. We anticipate that it would require us to close health centers, to eliminate staff positions in those health centers, and to reduce our administrative and centralized support staffing. In addition to these closures, we would have to consider reducing our hours and staffing at the remaining health care centers, and/or increasing what we charge for our services. *See* First Gallagher Decl. ¶ 61.

11. If PPNNE had to close health centers, reduce hours, reduce staffing, or increase its fees, these changes would significantly undermine (and at a minimum, delay) low-income individuals’ access to the critical reproductive health services we provide. There are not enough other health care providers in the region to take care of our patients if we are forced to cut back.

In particular, other providers in our communities do not have the capacity to take our Medicaid patients, nor do I believe they would want to do so given Medicaid reimbursement rates. *See* First Gallagher Decl. ¶ 62.

12. In sum, I remain deeply concerned about the threat the Refusal of Care Rule poses to our ability to offer high-quality, comprehensive, and nonjudgmental care.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and that this declaration was executed on this 4<sup>th</sup> day of September 2019.

  
Meagan Gallagher

**UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

STATE OF NEW YORK, *et al.*,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES, *et al.*,

Defendants.

No. 1:19-cv-04676-PAE (rel. 1:19-cv-05433-PAE; 1:19-cv-05435-PAE)

**SECOND DECLARATION OF CLARE M. COLEMAN**

I, Clare M. Coleman, declare and state the following:

1. I am the President and CEO of the National Family Planning & Reproductive Health Association (“NFPRHA”), a Plaintiff in this action. On June 13, 2019, I submitted a declaration (“First Declaration of Clare M. Coleman” or “First Coleman Decl.”), *see* Doc. 27-4, in support of Plaintiffs’ motion for a preliminary injunction barring enforcement of the Department of Health and Human Services (“HHS”) regulation entitled: Protecting Statutory Conscience Rights in Health Care, 84 Fed. Reg. 23,170 (May 21, 2019) (to be codified at 45 C.F.R. pt. 88) (the “Health Care Refusal Rule” or the “Rule”).

2. Due to recent changes in the Title X program, I submit this second declaration in support of Plaintiffs’ motion for a preliminary injunction barring enforcement of the Rule, and also in support of Plaintiffs’ motion for summary judgment.

3. I incorporate by reference my background and experience as set forth in my original declaration. *See* First Coleman Decl. ¶¶ 3–8.

**RECENT CHANGES TO THE TITLE X PROGRAM**

4. As I explain in my first declaration, one of the cornerstones of the Title X program was its client-centered approach. *Id.* ¶¶ 18–21, 34–46. Client-centered care means starting from the client’s own reason for seeking family planning information or services. *Id.* ¶ 40. It is also essential that care “is respectful of, and responsive to, individual client preferences, needs, and values” and that individual “client values guide all clinical decisions.” *Id.* Thus, under the national clinical standards for family planning providers, also known as “Providing Quality Family Planning Services” or “the QFP,” providers’ own preferences do not determine patient care. *Id.* ¶¶ 5, 40. Instead, providers are trained and work hard to provide patients, in a culturally sensitive and individualized way, with the information and assistance each patient needs to make informed decisions consistent with the patient’s own priorities and beliefs—not those of an individual provider or the employing agency. *Id.* ¶ 40.

5. In particular, this client-centered approach instructs that pregnancy “test results should be presented to the client, followed by a discussion of options and appropriate referrals.” *Id.* ¶ 43. This counseling should be nondirective and include medically accurate discussion about options. *Id.* ¶ 44. “Referral to appropriate providers of follow-up care should be made at the request of the client” and not delayed. *Id.* ¶ 43.

6. Consistent with these principles, since 1996, Congress has mandated that within the Title X program, “all pregnancy counseling shall be nondirective.” *Id.* ¶ 21 (citing HHS Appropriations Act, 2019, Pub. L. No. 115-245, 132 Stat. 2981, 3070–71 (2018)). And, until this year, Title X regulations required each Title X project to provide pregnant patients “referral upon request” with respect to prenatal care and delivery; infant care, foster care, or adoption; and/or abortion. *See* 42 C.F.R. § 59.5(a)(5)(i) (2000).

7. On March 4, 2019, HHS finalized new regulations that change the Title X program dramatically. *See* 84 Fed. Reg. 7714. Among other changes, the new Title X regulations (1) amend the existing regulations that require referrals, upon a patient’s request, for the full range of pregnancy options to categorically prohibit referrals for abortion *only*, *see id.*; and (2) notwithstanding the statutory mandate that all pregnancy counseling be nondirective, *see supra* ¶ 6, empower providers to foist directive counseling on patients by discussing only continuing the pregnancy and evading the possibility of abortion—even for a patient who solely seeks abortion information and does not want to hear any prenatal information, *see, e.g.*, 42 C.F.R. 59.14(b) (allowing Title X providers to choose to offer only “[i]nformation about maintaining the health of the mother and unborn child”); *id.* (deeming referral to prenatal care “medically necessary” and mandatory for all patients); 84 Fed. Reg. at 7748 (Title X projects are not required to offer “counseling or information on abortion”).

8. In April and May 2019, multiple district courts enjoined the new regulations from taking effect. *See Washington v. Azar*, 376 F. Supp. 3d 1119, 1132 (E.D. Wash. 2019); *California v. Azar*, 385 F. Supp. 3d 960, 1022 (N.D. Cal. 2019); *Oregon v. Azar*, 389 F. Supp. 3d 898 (D. Or. 2019); *Mayor & City Council of Baltimore v. Azar*, 2019 WL 2298808, at \*14 (D. Md. May 30, 2019). On June 20, 2019, a motions panel of the Ninth Circuit stayed all three preliminary injunctions issued against the new regulations in that circuit. *California v. Azar*, 927 F.3d 1068, 1080–81 (9th Cir. 2019). On July 2, 2019, a divided motions panel of the Fourth Circuit stayed the preliminary injunction issued by a Maryland district court. *Mayor & City Council of Baltimore v. Azar*, No. 19-1614, 2019 WL 3072302, at \*1 (4th Cir. July 2, 2019). On July 3, 2019, the Ninth Circuit granted plaintiffs’ motion for *en banc* review and ordered that the motions panel’s stay order not be cited as precedential, but allowed the stay of the injunction to

remain in effect pending resolution of the appeals. *See California v. Azar*, 927 F.3d 1045, 1046 (9th Cir. 2019).

9. HHS has declared the new Title X regulations in effect as of July 15, 2019. On July 20, 2019, HHS directed all grantees to submit an action plan by August 19, 2019, describing the steps each was taking to come into compliance with the new regulations. It further directed each grantee to provide a signed written statement by September 18, 2019, that its grant complies with all aspects of the new regulations, except for certain requirements (not discussed here) that do not require compliance until 2020.

10. To date, a number of our members<sup>1</sup> that had been Title X providers—including two of the plaintiffs in this case, Planned Parenthood of Northern New England (along with all Planned Parenthood Title X grantees) and Public Health Solutions—have exited the Title X program as a result of the new regulations and are no longer using Title X funds to provide care to their patients. Others of our members—particularly those that are constrained by limited budgets and rely on these federal funds to provide contraceptive and other essential care to low-income patients with nowhere else to turn—remain in the program.

11. In short, the situation is in flux and will likely remain so until all appeals have been resolved.

#### **IMPACT OF THE HEALTH CARE REFUSAL REGULATION ON OUR MEMBERS**

12. For those of our members who remain in the Title X program and are able to continue to provide nondirective options counseling and abortion referrals to patients using non-Title X funds and physically and financially separate from their Title X projects, the Refusal

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<sup>1</sup> Both Public Health Solutions and Planned Parenthood of Northern New England remain NFPRHA members. NFPRHA's membership, while including more than 70% of all Title X grantees operating or funding a network of more than 3,500 health centers, is not premised on participation in Title X. NFPRHA represents the broad spectrum of family planning administrators and clinicians serving the nation's low-income and uninsured women and men; NFPRHA's core members are federally funded family planning organizations serving those without access to care.

Rule continues to pose the same threats that I described in my original declaration. *See* First Coleman Decl. ¶¶ 53–60. This is because, under subsections (c)(1) of the Church Amendments, the mere fact of receiving any Public Health Services Act (“PHSA”) funds, such as Title X funds, triggers the recipient’s obligations under that provision throughout its operations—not solely with respect to PHSA-funded care. The same is true for our members who leave the Title X program but receive other PHSA funds, such as Public Health Solutions.

13. Thus, the Health Care Refusal Rule continues to place these members in an untenable situation, even as they newly constrain Title X-funded activities in ways that their non-Title X funded activities need not be constrained: the members will still lose the ability to manage religious accommodations for employees in a manner that balances the religious beliefs of the employee with the business operation needs of the employer, First Coleman Decl. ¶ 55; they will still be prohibited from asking job applicants whether they have any objections to performing core aspects of their job, *id.* ¶ 56; and the Rule still provides no meaningful guidance on how these members are supposed to ensure patients continue to receive care in the face of an employee’s objection to performing a core job function and still comply with the Rule, *id.* ¶ 58. And, to the extent the Rule forces Title X providers to hire and employ individuals who actively withhold information and services from clients, the Rule will continue to harm the providers’ reputations and the provider-patient relationship of trust. *Id.* ¶ 60. Moreover, these already untenable circumstances will continue to be felt even more acutely by those of our members without many employees, located in sparsely populated or rural areas, and/or who are the only publicly funded family planning provider in their area. *See id.* ¶ 59.

14. In addition to the ongoing harms caused by the Rule’s unlawful expansion of the Church Amendments, virtually all of our governmental members, *see id.* ¶ 11, receive federal

financial aid (thus triggering the Coats-Snowe Amendment) and HHS-appropriated funds (thus triggering the Weldon Amendment) other than Title X. Thus, even if some of our governmental members leave the Title X program, they will continue to face the same harm from the Rule's dramatic and unlawful expansion of the scope of those statutes. *See, e.g., id.* ¶¶ 53–55.

15. Further, as I explain in my original declaration, the Rule's compliance and enforcement mechanisms still threaten the critical funding our members rely on to provide essential health care services. *See, e.g., id.* ¶¶ 15–17, 71–78, 80–82. The loss of this funding would, in turn, have a profoundly harmful impact on our members' patients, the majority of whom are low-income and rely on our members for their health care. *See, e.g., id.* ¶¶ 13, 27–28, 77.

### **CONCLUSION**

16. Notwithstanding the changes to the Title X program, many of our members—including Plaintiffs Planned Parenthood of Northern New England and Public Health Solutions—will continue to provide their patients with truly nondirective options counseling and abortion referrals upon request—even if their ability to do so *within* the Title X program has been compromised, for the time being. Thus, based on my knowledge and experience, it is my firm belief that if this Rule takes effect it will have a devastating impact on our members and the patients they serve.

I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on September 4, 2019, in Washington, D.C.

  
Clare M. Coleman

**UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

STATE OF NEW YORK, *et al.*,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES, *et al.*,

Defendants.

No. 1:19-cv-04676-PAE (rel. 1:19-cv-  
05433-PAE; 1:19-cv-05435-PAE)

**SECOND DECLARATION OF LISA DAVID**

I, Lisa David, declare and states as follows:

1. I am the President and Chief Executive Officer at Public Health Solutions (“PHS”), a Plaintiff in this action. On June 17, 2019, I submitted a declaration (“First Declaration of Lisa David” or “First David Decl.”), *see* Doc. 27-5, in support of Plaintiffs’ motion for a preliminary injunction barring enforcement of the Department of Health and Human Services regulation entitled: Protecting Statutory Conscience Rights in Health Care, 84 Fed. Reg. 23,170 (May 21, 2019) (to be codified at 45 C.F.R. pt. 88) (the “Health Care Refusal Rule” or the “Rule”).

2. Due to recent changes in the Title X program, I submit this second declaration in support of Plaintiffs’ motion for a preliminary injunction barring enforcement of the Rule, and also in support of Plaintiffs’ motion for summary judgment.

3. I incorporate by reference my background and experience as set forth in my original declaration. *See* First David Decl. ¶¶ 1–6.

**PHS WITHDRAWAL FROM THE TITLE X PROGRAM**

4. Earlier this year, the Department of Health and Human Services finalized a new rule that makes fundamental changes to the Title X program, including “remov[ing] the requirement for nondirective abortion counseling and referral” and “prohibit[ing] referral for abortion.” *See* 84 Fed. Reg. 7,714 (Mar. 4, 2019).

5. Because the new rule interferes with the trusted patient-provider relationship and with our ability to provide the same level of care to low-income New Yorkers that higher-income patients receive from their health care providers, *see, e.g.*, First David Decl. ¶¶ 24, 27, PHS advised the Department of Health and Human Services’ Office of Population Affairs of our voluntary relinquishment of Title X funds on August 19, 2019. As a Title X grantee for the past 36 years, this was an extremely difficult decision but one we felt compelled to make. We determined that we could not commit to complying with the new rule, as it would be a violation of PHS’s fundamental medical ethics to withhold information from clients about all their reproductive health options. Health care providers should not be gagged when counseling pregnant patients about all of their safe, legal options. Our Board of Directors also recognized that the rule would render us unable to provide comprehensive, quality family planning services for low-income New Yorkers who need them the most. As a result, we withdrew from the Title X program because we are unwilling to compromise that care by replacing our services with inadequate and incomplete health care. We received contingency funding through an appropriation in the state budget to protect access to care that will enable us to continue to operate our two sexual and reproductive health centers in Brooklyn.

**THE IMPACT OF THE HEALTH CARE REFUSAL RULE ON  
PHS AND OUR PATIENTS**

6. Notwithstanding the withdrawal from Title X, because we would still be subject

to the Health Care Refusal Rule by virtue of our receipt of other federal funds, including through the Public Health Services Act, the concerns, burdens, and significant harms the Rule poses to PHS and our patients remain. *Id.* ¶¶ 10–14, 18–23, 53.

7. For example, as I explained in my first declaration, in addition to the services we provide at our sexual and reproductive health centers, we are very concerned about the impact of the Health Care Refusal Rule on the Healthy Start Program. *See id.* ¶ 11. Through the Healthy Start Program, pregnant people and children up to age two are referred for services to strengthen family resilience. PHS is the lead agency in New York City for the Healthy Start Program, and we recently received a five-year grant for the program.

8. The Health Care Refusal Rule would have a devastating impact on the Healthy Start Program, in particular, because the providers are visiting clients in their homes. *See id.* ¶¶ 31–38. Providers counsel clients on family planning options, which include carrying the pregnancy to term and raising a child, carrying the pregnancy to term and placing the baby for adoption, or abortion. If a provider were willing to discuss the pregnancy options that involve carrying a pregnancy to term, but not abortion with a client, we cannot simply transfer the client to another provider, because there is only one provider in the client’s home. Additionally, assuming we learned of the provider’s objections, assigning the client to a new provider who is willing to provide full options counseling would undermine the efficacy of the program, which is intended to create continuity in health care providers for patients who otherwise endure multiple clinical transitions from their pregnancies, to giving birth, to postpartum and pediatric care.

9. Importantly, transferring the patient to a different provider stigmatizes abortion, and sends a message to the client that the provider is making a judgment about abortion and

will not even discuss it. *See id.* ¶ 39. Sending such a message to our patients is unacceptable, as it is contrary to PHS’s non-judgmental approach. If, after a home-visit, a client is left without access to abortion and feels judged by the provider, it will disrupt the candor in the relationship. This could lead clients to withdraw from the program, causing negative health outcomes for the clients and their families. Further, such clients are unlikely to refer others to the Healthy Start Program, and many of our clients learn about us through such referrals.

10. Additionally, we cannot transfer a client to another provider if we are not aware of providers’ objections. In the Healthy Start Program, where providers are visiting clients in their homes—outside the clinical setting and away from other PHS staff—it is particularly challenging to ascertain whether and when providers are objecting to offering care to clients. *See id.* ¶¶ 31–33. Under the Health Care Refusal Rule, PHS may not even know when a staff member is withholding information or services from our clients, meaning we cannot transfer clients to another provider even if it were feasible to do so. This means clients are at risk of missing out on those critical resources, and PHS is at risk of violating our ethical and legal obligations. *See id.* ¶¶ 40–41.

11. I understand the Rule has suggested that providers simply “double staff” positions to attempt to mitigate these harms and ensure that patients continue to receive care, but that’s not how federal grant programs work. We do not have the funding to hire any additional staff, and our grant programs are very restrictive in how the funding can be used. *See id.* ¶ 37.

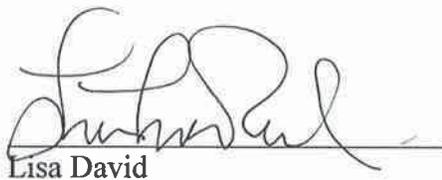
12. Moreover, we are always hiring for positions in the Healthy Start Program. For example, in my first declaration, I explained that we were hiring for a nurse and how the Rule would interfere with our ability to assess candidates. *See id.* ¶ 31. Now, PHS has an open position for a Family Support Coordinator in the Healthy Start Program. A primary role for

that position is to assist individuals in accessing health care, including family planning services. Under the Health Care Refusal Rule, we would be unable to ask job applicants if they are willing to provide information about and referrals for abortion, for example, to patients who request it without “persuasive justification,” but the Rule provides no guidance on what that means. And, if anything, the Rule strongly suggests employers cannot use these questions to determine whether the applicant is the right fit for a certain job, based on the job requirements. As such, unless we want to jeopardize all our federal funding, we could not evaluate whether applicants are comfortable with providing all services required as part of our home-visiting model. Changes to our hiring process would cause delays in filling the role, and, more importantly, PHS will not know if we have hired a candidate who would not help a client needing non-directive pregnancy options counseling or family planning services. *See id.* ¶¶ 27–31.

13. Finally, as I have already explained, the Rule drastically underestimates the costs of compliance, *see, e.g., id.* ¶¶ 44–49, particularly in light of how vague some of these requirements actually are, *see, e.g., id.* ¶¶ 35, 54. And, as I have also already explained, the ramifications of alleged violations of the Rule are particularly severe for an organization such as ours that relies on multiple different federal funding streams to provide care, as well as for our patients should we lose that funding and be unable to provide services to them. *See, e.g., id.* ¶¶ 43, 52, 54.

14. Thus, for all these reasons and the ones I set forth in my first declaration, the Health Care Refusal Rule would inflict serious and irreparable harm on PHS and our patients if the Rule is not blocked.

I declare under penalty of perjury that the foregoing is true and correct. This declaration was executed on September 4, 2019, in New York, New York.



Lisa David

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

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STATE OF NEW YORK, <i>et al.</i>	)	
	)	No. 1:19-cv-04676-PAE
Plaintiffs,	)	(rel. 1:19-cv-05433-PAE; 1:19-cv-
	)	05435-PAE)
	)	
v.	)	<b>DEFENDANTS’ CONSOLIDATED</b>
	)	<b>REPLY IN SUPPORT OF</b>
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; ALEX M. AZAR II, <i>in his official capacity as</i> <i>Secretary of the United States Department of</i> <i>Health and Human Services</i> ; and UNITED STATES OF AMERICA,	)	<b>DEFENDANTS’ MOTION TO</b>
	)	<b>DISMISS OR, IN THE</b>
	)	<b>ALTERNATIVE, MOTION FOR</b>
	)	<b>SUMMARY JUDGMENT, AND IN</b>
	)	<b>OPPOSITION TO PLAINTIFFS’</b>
	)	<b>MOTIONS FOR SUMMARY</b>
Defendants.	)	<b>JUDGMENT</b>

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PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.; and PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND, INC.,	)	
	)	No. 1:19-cv-05433-PAE
	)	(rel. 1:19-cv-04676-PAE; 1:19-cv-
	)	05435-PAE)

Plaintiffs,	)	
	)	
v.	)	
	)	
ALEX M. AZAR II, <i>in his official capacity as</i> Secretary, United States Department of Health and Human Services; UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; ROGER SEVERINO, <i>in his official capacity as</i> Director, Office for Civil Rights, United States Department of Health and Human Services; and OFFICE FOR CIVIL RIGHTS, United States Department of Health and Human Services,	)	
	)	
Defendants.	)	

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**Other Authorities**

Department of Health and Human Services, FY 2018 *Agency Financial Report* (Nov. 14, 2018), <https://www.hhs.gov/sites/default/files/fy-2018-hhs-agency-financial-report.pdf>. ..... 8

Information Collection Request, *Request for OMB Review and Approval*, at 5 (June 19, 2019), <https://www.reginfo.gov/public/do/DownloadDocument?objectID=92774800> ..... 24

## INTRODUCTION

Defendants respectfully ask that the Court enter summary judgment in their favor. Plaintiffs' memoranda are long on hyperbole, but despite well over one hundred pages of briefing, Plaintiffs at no point articulate how they believe the challenged Rule meaningfully differs from the Federal Conscience Statutes. That is because—far from constituting a sea change, as Plaintiffs argue—the Rule merely implements and clarifies those important preexisting conscience protections enacted by Congress. Indeed, Plaintiffs confirm in their most recent briefs that they do not, in fact, challenge the underlying Federal Conscience Statutes. And they acknowledge that Defendants have the authority to determine whether a recipient of federal funds administered by the Department of Health and Human Services (HHS) is in compliance with those statutes. Taken together, these concessions are fatal to Plaintiffs' claims against the Rule. At bottom, because the Federal Conscience Statutes are lawful conditions on the receipt of federal funding, and because the Rule faithfully and reasonably implements those longstanding conditions as to funds HHS administers, Plaintiffs' suit fails.

Plaintiffs' specific arguments fail for other reasons, too. The main thrust of Plaintiffs' Administrative Procedure Act (APA) challenge is the claim that the Rule exceeds Defendants' statutory authority. But Plaintiffs' argument is belied by the explicit delegations of authority in certain of the Federal Conscience Statutes and other statutes identified in the preamble to the Rule. Plaintiffs' attack on several of the Rule's definitions fares no better because the definitions are consistent with the plain text of the Statutes and the dictionary meanings of the relevant terms. At the very least, the Rule's definitions are entitled to *Chevron* deference and are reasonable. Contrary to Plaintiffs' claim, the Rule is also entirely consistent with the provisions scattered throughout the United States Code that Plaintiffs cite. And, in promulgating the Rule, Defendants engaged in

reasoned decisionmaking, thoroughly considering the issues raised in the comments and providing thoughtful explanations in response.

Plaintiffs' constitutional claims likewise fail. As an initial matter, they are not ripe. Although Plaintiffs insist that the loss of "billions of dollars in federal funds" is imminent, that is not the case. *See New York v. HHS*, 19-CV-04676-PAE, Mem. of Law in Supp. of Pls.' Cross-Mot. Summ. J., in Opp'n to Defs.' Mot. to Dismiss or for Summ. J., and Reply in Supp. of Pls.' Mot. Prelim. Inj. (NY Opp'n) at 1, ECF No. 182. Several speculative events would need to take place before Plaintiffs could potentially lose federal funding for failure to comply with the Rule. There is simply no immediate risk of the withdrawal of funds that would make Plaintiffs' Spending Clause and Establishment Clause claims ripe. In any event, those claims fail on the merits. The funding conditions Plaintiffs challenge flow from the Federal Conscience Statutes themselves, which—because Plaintiffs do not challenge those Statutes—is fatal to Plaintiffs' Spending Clause claim. The Rule also does not "establish" religion in any way. It protects religious beliefs only where the underlying statutes protect religious beliefs. Moreover, most of the protections provided by the Rule (and the underlying Federal Conscience Statutes) address objections to certain services regardless of whether those objections are based on religious or non-religious beliefs.<sup>1</sup>

For all these reasons, the Court should enter judgment in favor of Defendants. However, even if the Court were to find some aspect of the Rule unlawful—which it should not—the Court

<sup>1</sup> In their Complaints, Planned Parenthood and the National Family Planning Reproductive Health Association (NFPRHA) alleged that the Rule is unconstitutionally vague and violates the Fifth Amendment. *See Planned Parenthood Fed'n of America v. Azar*, No. 1:19-cv-05433, Compl. ¶¶ 148–52; *Nat'l Family Planning and Reproductive Health Ass'n v. Azar*, No. 1:19-cv-05435, Compl. ¶¶ 154, 156–67. Those Plaintiffs now indicate that they "no longer seek relief on these claims." Planned Parenthood Mem. Supp. Pls.' Cross-Mot. Summ. J., Opp. Defs.' Mot. Dismiss or Summ. J., and Reply Supp. Pls.' Mot. Prelim. Inj. (PP Opp'n) at 53 n.39, ECF No. 184. The Court should therefore enter summary judgment in Defendants' favor on those counts.

would be obligated by the Rule's severability clause to sever that portion from the remainder of the Rule rather than vacate the Rule in its entirety. Any relief, moreover, should be limited to the parties before the Court and not extend nationwide.

## ARGUMENT

### I. The Rule Fits Comfortably Within HHS's Authority.

Contrary to Plaintiffs' view, the Rule is a product of HHS's longstanding authority to ensure that recipients of its federal awards comply with federal law, including the Federal Conscience Statutes.

As Defendants explained in their opening brief, the Rule's enforcement authority section reflects longstanding—and unchallenged—law concerning HHS's authority to monitor and enforce compliance with federal awards that it issues. *See* Defs.' Consol. Mem. Supp. Defs.' Mot. Dismiss or, in the Alt., Mot. Summ J., Opp. Pls.' Mots. Prelim. Injs. 23–26 (Defs.' Mem.), ECF No. 148. Pursuant to various housekeeping and other statutes, *see* 5 U.S.C. § 301, 40 U.S.C. § 121(c), 10 U.S.C. ch. 137, and 51 U.S.C. § 20113, HHS has promulgated grants and contracts regulations that correspond to and or supplement the UAR and FAR (known as the HHS UAR and HHSAR), which among other things govern the enforcement of conditions in federal awards. Under these regulations, recipients of HHS's federal awards are required to comply “with U.S. statutory and public policy requirements,” 45 C.F.R. § 75.300(a), which include the Federal Conscience Statutes. HHS may, and in some cases must, audit recipients for compliance with this and other conditions. *See* 45 C.F.R. §§ 75.500–75.520. And if a recipient does not comply with a federal award's requirements, HHS may impose additional conditions or take further action, including to “[w]holly or partly suspend . . . or terminate the Federal award.” 45 C.F.R. § 75.371. Further, under the 2011 Rule, HHS explicitly states that it enforces the Church, Coats-Snowe, and Weldon Amendments using these procedures. *See* 45 C.F.R. § 88.2 (“OCR will coordinate the

handling of complaints [based on the Church, Coats-Snowe, and Weldon Amendments] with the Departmental funding component(s) from which the entity, to which a complaint has been filed, receives funding.”). Plaintiffs do not object to these procedures, *see* Planned Parenthood Mem. Supp. Pls.’ Cross-Mot. Summ. J., Opp’n to Defs.’ Mot. Dismiss or Summ. J., & Reply Supp. Pls.’ Mot. Prelim. Inj. (PP Opp’n) 16, ECF No. 184, nor could they. The Federal Conscience Statutes instruct HHS to issue federal funds with certain conditions and instruct recipients to comply with those conditions. Were HHS unable to invoke longstanding federal award enforcement procedures to ensure such compliance, recipients could violate the terms of their awards with impunity. This could not have been Congress’s intent when it enacted the Federal Conscience and housekeeping statutes.

In addition to this longstanding authority, several statutory provisions explicitly grant HHS sufficient regulatory authority here. *See* 42 U.S.C. §§ 1302, 18023, 18113, 18041, 263a, 1315a. And, as discussed in the definitions section *infra*, the Federal Conscience Statutes implicitly grant HHS the authority to administer them.

Despite the clear alignment between the current enforcement regulatory regime and the 2019 Rule, Plaintiffs imagine contradictions. First, they claim that certain HHS “pronouncements” indicate that the Rule is broader than the UAR. *See* PP Opp’n 12. But, as discussed above, the Rule does not supplant the UAR. Contrary to Plaintiffs’ suggestion, it remains the case that the remedies listed at 45 C.F.R. § 75.371 may only be pursued “[i]f the HHS awarding agency or pass-through entity determines that noncompliance cannot be remedied by imposing additional conditions.” Plaintiffs also state, without support, that “UAR remedies focus on ‘the cost of the activity or action not in compliance, or the specific ‘Federal award’ involved.’” PP Opp’n 14. But the section of the HHS UAR that Plaintiffs cite is not so limited. In fact, that section permits HHS to “terminate

the Federal award,” to “[i]nitiate suspension or debarment proceedings,” to “[w]ithhold further Federal awards for the project or program,” and to “[t]ake other remedies that may be legally available.” 45 C.F.R. § 75.371. At any rate, the Rule is clear that “[i]t would be premature and contrary to the history of OCR enforcement to deem [anything in the Rule] as a requirement that OCR terminate all, or even some, funding of all entities found to have committed a violation.” 84 Fed. Reg. at 12,223. “OCR only rarely imposes termination of funding as a penalty for . . . violations” of civil rights laws, and under the Rule, “[w]hat specific remedy is appropriate in the case of a particular violation depends on the facts and circumstances.” *Id.* In sum, the HHS UAR and the statutory authority underlying it continue to apply to federal awards that HHS issues, and the Rule is consistent with that authority.

Plaintiffs also contend that enforcement authority cannot be inferred from the Federal Conscience Statutes. *See* PP Opp’n 14–15. Plaintiffs are correct that Congress has explicitly delegated enforcement authority in some contexts. *See id.* at 15. But the existence of explicit delegations in other parts of the United States Code has no bearing on HHS’s authority to ensure compliance with the Federal Conscience Statutes and this Rule under the enforcement provisions of the HHS UAR or HHSAR. Plaintiffs have not shown that statutes on which they rely, which were enacted in different sessions of Congress and as different public laws, are subject to inter-textual comparison as they would like. *See* Defs.’ Mem. 32–33. As discussed below, in addition to statutes that explicitly authorize HHS to ensure that its grant recipients comply with the conditions found in federal law, the Federal Conscience Statutes implicitly authorize HHS to ensure that recipients of the funds that it disburses and administers comply with those statutes; otherwise, the statutes would be unenforceable and thus meaningless.

## **II. The Challenged Definitions Are Within HHS’s Statutory Authority.**

The challenged definitions in the Rule reflect the unambiguous meaning of the terms in the

Federal Conscience Statutes. At a minimum, they are reasonable interpretations entitled to *Chevron* deference.

A. *The Highly Deferential Standard Described in Chevron Applies.*

Plaintiffs contend that the Rule's definitions are not entitled to *Chevron* deference because Congress has not delegated authority to HHS to interpret the Federal Conscience Statutes. PP Opp'n 7. But, as explained in Defendants' opening brief and below, Congress has delegated such authority both explicitly and implicitly. The Court thus should review Plaintiffs' challenges to the Rule's definitions under the highly deferential framework set forth in *Chevron U.S.A. Inc. v. Natural Resources Defense Council, Inc.*, 467 U.S. 837 (1984).

To begin with, several statutes explicitly authorize HHS to issue the Rule, which merely provides public notice of HHS's process for implementing the requirements of the Federal Conscience Statutes and the interpretations of those Statutes that HHS will employ in that process. A number of statutory provisions provide authority for HHS to issue the Rule, including 42 U.S.C. §§ 1302, 18023, 18113, 18041, 263a, and 1315a. *See* Defs.' Mem. 25–26; 84 Fed. Reg. at 23,185 (listing statutes). And other statutes that support HHS's enforcement of federal awards, 5 U.S.C. § 301; 40 U.S.C. § 121(c) (procurement contracts); 42 U.S.C. § 216 (grants), also explicitly delegate such authority. *See* Defs.' Mem. 24–25. In one conclusory sentence, Plaintiffs contend that the Rule cannot be authorized by the housekeeping statutes because the Rule is too broad. *See* PP Opp'n 9. But the breadth of a regulation has no bearing on whether it is authorized by law. After all, the UAR, FAR, HHS UAR, and HHSAR, which Plaintiffs do not dispute are properly promulgated pursuant to the housekeeping and other statutes, provide far broader authority to enforce conditions on federal awards than the Rule. The housekeeping statutes are “a grant of authority to the agency to regulate its own affairs.” *Chrysler Corp. v. Brown*, 441 U.S. 281, 309 (1979). This is precisely what the Rule does; it provides guidance on how HHS defines key terms

and the procedures it will use to enforce the condition imposed on its federal awards under the Federal Conscience Statutes.

Yet another source of authority is the implicit delegation from the Federal Conscience Statutes themselves. “[A]n ‘administrative implementation of a . . . statutory provision qualifies for *Chevron* deference when it appears that Congress delegated authority to the agency generally to make rules carrying the force of law, and that the agency interpretation claiming deference was promulgated in the exercise of that authority.’” *Id.* at 105 (quoting *Rotimi v. Gonzales*, 473 F.3d 55, 57 (2d Cir. 2007)). Just as Congress may delegate authority to the agency explicitly, “[s]ometimes the legislative delegation to an agency on a particular question is implicit.” *Chevron*, 467 U.S. at 844. Although Plaintiffs focus on whether the Rule is supported by an explicit delegation provision (and it is), implicit delegations are also common: “The power of an administrative agency to administer a congressionally created and funded program necessarily requires the formulation of policy and the making of rules to fill any gap left, implicitly or explicitly, by Congress.” *Morton v. Ruiz*, 415 U.S. 199, 231 (1974). “[I]t can still be apparent from the agency’s generally conferred authority and other statutory circumstances that Congress would expect the agency to be able to speak with the force of law when it addresses ambiguity in the statute or fills a space in the enacted law, even one about which ‘Congress did not actually have an intent’ as to a particular result.” *United States v. Mead Corp.*, 533 U.S. 218, 229 (2001) (quoting *Chevron*, 467 U.S. at 845). To determine whether Congress has implicitly delegated authority, courts consider “the interstitial nature of the legal question, the related expertise of the Agency, the importance of the question to administration of the statute, the complexity of that administration, and the careful consideration the Agency has given the question over a long period of time.” *Barnhart v. Walton*, 535 U.S. 212, 222 (2002). All of these factors weigh in HHS’s favor.

First, the subject of the Rule is interstitial in nature and necessary to the administration of the Federal Conscience Statutes. In general, the Federal Conscience Statutes direct HHS to issue federal funds contingent on recipients complying with the Statutes' conditions. *See, e.g.*, 42 U.S.C. § 300a-7(c) (prohibiting recipients of certain federal funds from discriminating on certain bases). But the Statutes do not define the key terms listed in the Rule's definitions section. And even when definitions are provided, they are explicitly non-exhaustive. *See, e.g.*, 42 U.S.C. § 238n(c) (defining "health care entity" as including a non-exhaustive list). Furthermore, the Statutes do not explicitly detail how HHS is to ensure that recipients comply with the Statutes' conditions. And as previously discussed, the Statutes do not create private rights of action. *See* Defs.' Mem. 28. Surely Congress did not intend to impose such significant conditions on federal funds without also authorizing HHS to employ longstanding procedures to enforce those conditions with respect to the funds that HHS disburses and administers and, to the extent a term is ambiguous, to clarify such ambiguity. These are quintessentially interstitial questions; they are important for the administration of the Statutes, but the Statutes themselves do not answer them.

In addition, the administration of federal awards connected to the Federal Conscience Statutes is complex. "The HHS Office of the Secretary and its 11 Operating Divisions (OpDivs) administer more than 300 programs covering a wide spectrum of activities." HHS, FY 2018 *Agency Financial Report* 7 (Nov. 14, 2018), <https://www.hhs.gov/sites/default/files/fy-2018-hhs-agency-financial-report.pdf>. In total, "HHS is responsible for more than a quarter of all federal outlays and administers more grant dollars than all other federal agencies combined." *Id.* And the Rule, which addresses a variety of statutes that apply in different contexts, is estimated to cover 502,899 entities. *See* 84 Fed. Reg. at 23,235.

Last, HHS has significant expertise developed over years of enforcing civil rights laws in

the health care context, including the Federal Conscience Statutes. HHS has promulgated regulations regarding the Federal Conscience Statutes since 2008. OCR has also investigated complaints of discrimination, issued notices of violations, and negotiated settlements with entities found to have violated the Federal Conscience Statutes and implementing regulations. Its staff has experience overseeing and ensuring the protection of civil rights, including protection from discrimination, such as religious discrimination. Based on this experience, HHS determined there was a need to provide more concrete and detailed guidance on how the agency intends to enforce conscience protections with respect to recipients of its federal funds.

Plaintiffs offer two additional, unmeritorious arguments against *Chevron* deference. First, they argue that *Chevron* deference is unavailable to an agency when other agencies also administer the same statute. *See* PP Opp'n 12. However, the Supreme Court has never cabined agency deference to statutes that delegate authority to a single agency. In fact, the statute at issue in *Chevron*, the Clean Air Act, delegates authority to the Environmental Protection Agency (EPA) *and* states. *See* 42 U.S.C. § 7402. The Supreme Court nevertheless afforded deference to the EPA's interpretation of that statute. *Chevron*, 467 U.S. at 866. The lone, out-of-circuit decision that Plaintiffs cite, *DLS Precision Fab LLC v. U.S. Immigration & Customs Enforcement*, 67 F.3d 1079 (9th Cir. 2017), does not support Plaintiffs' position. That court simply observed in a footnote that it would not defer to an Office of the Chief Administrative Hearing Officer (OCAHO) opinion that interpreted a statute that was "generally applicable to all federal agencies." *Id.* at 1087 n.1. The court did not hold, as Plaintiffs suggest, that courts may not defer to an agency's interpretation of a statute that is administered by multiple federal agencies. Significantly, unlike the OCAHO opinion in *DLS Precision Fab LLC*, which offered a general interpretation of a statute, this Rule is expressly limited to funds that HHS administers. *See* 84 Fed. Reg. at 23,170. HHS does not

claim deference outside of this context, such as when another agency disburses funds governed by the Federal Conscience Statutes.

Plaintiffs also point to several factors that the Supreme Court considered in declining to afford deference to an interpretive rule that the Attorney General issued in *Gonzales v. Oregon*, 546 U.S. 243 (2006). *See* PP Opp’n 9–10. However, Plaintiffs’ selective reading of *Gonzales* cannot mask the stark differences between the interpretive rule at issue in that case and the Rule at issue here. In *Gonzales*, the Supreme Court declined to afford *Chevron* deference to the interpretive rule for a number of reasons, including that (1) the Attorney General issued the rule “without consulting . . . anyone outside his Department,” *id.* at 253, (2) made medical judgments outside of his expertise and rulemaking authority, *id.* at 258, and (3) failed to follow certain procedures that the relevant statute required, *id.* at 260–63. Here, by contrast, HHS considered input from a wide variety of sources in promulgating the Rule, limited the Rule’s applicability to health care funds that HHS alone administers in the exercise of its expertise, and followed applicable procedural requirements. Thus, to the extent any of the Federal Conscience Statutes’ terms are ambiguous, HHS’s interpretations are entitled to *Chevron* deference.

*B. The Rule’s Definitions Are Consistent With the Federal Conscience Statutes*

Plaintiffs raise a number of counterarguments to each definition, which may be dismissed in turn.

**1. “Assist in the Performance”**

Plaintiffs raise two objections to HHS’s definition of this phrase: that the Church Amendments are limited to the “actual performance” of a procedure and that the legislative history is contrary to the Rule’s definition. *See* PP Opp’n 21–23. Neither objection is correct. First, Plaintiffs offer no support for the proposition that the Church Amendments are limited to actions directly connected to “the actual performance, i.e. *execution*, of an abortion or sterilization

procedure,” PP. Opp’n 22. As Defendants explained in their opening brief, the statute covers both *performance* and *assistance in the performance*. See Defs.’ Mem. 30–31; *see also, e.g.*, 42 U.S.C. § 300a-7(d) (“No individual shall be required to *perform* or *assist in the performance* of any part of a health service program or research activity funded in whole or in part under a program administered by the Secretary of Health and Human Services if his *performance* or *assistance in the performance* of such part of such program or activity would be contrary to his religious beliefs or moral convictions.” (emphasis added)). Plaintiffs fail to respond to any of Defendants’ points regarding the standard dictionary definition of “assist” or how Plaintiffs’ proffered definition fails to give meaning to Congress’s decision to protect both performance *and* assistance in the performance, which necessarily covers more than the actual execution of the procedure itself. Instead, Plaintiffs conjure highly attenuated examples that have no basis in the Rule. See PP Opp’n 22. However, as HHS has explained, whether an action would constitute assistance in the performance of a procedure would depend on whether the action “has a specific, reasonable, and articulable connection to furthering a procedure” and “whether aid was provided by [the] action.” See 84 Fed. Reg. at 23,263.

Second, the legislative history that Plaintiffs identify, *see* PP Opp’n 22–23, is entirely consistent with the Rule’s definition. At the outset, Plaintiffs overstate the impetus for the Church Amendments. Although the injunction that Plaintiffs cite may have been *a* motivation for the Church Amendments, it was not the *sole* motivation. In fact, the Church Amendments, which were enacted piecemeal in the years following *Roe v. Wade*, 410 U.S. 113 (1973), were motivated by broader “debates over whether judicially recognized rights to abortions, sterilizations, or related practices might lead to the requirement that individuals or entities participate in activities to which they have religious or moral objections.” 84 Fed. Reg. at 23,171. Furthermore, although

Defendants have already explained how Senator Church’s floor statement is consistent with the Rule’s definition, Defs.’ Mem. 31–32, Plaintiffs assign undue weight to that statement. The Second Circuit has been clear on this point: Where “[t]here are no committee reports accompanying the enactment of [a statute,]” courts may “look to statements made by sponsors of the legislation on the floor of Congress for an expression of legislative intent.” *In re Ionosphere Clubs, Inc.*, 922 F.2d 984, 990 (2d Cir. 1990). But here, the House issued a report that accompanied the Church Amendments, and it did not incorporate Senator Church’s floor statement. *See* Defs.’ Mem. 32. Accordingly, Senator Church’s statement is entitled to limited weight.

## 2. “Discriminate or Discrimination”

Plaintiffs’ rhetoric regarding this definition soars far beyond the actual text of the definition. As explained in Defendants’ opening brief, the definition simply provides examples of what *might* constitute discrimination “as applicable to, and to the extent permitted by, the applicable statute,” *see* 84 Fed. Reg. at 23,263 (subsections (1) through (3)), as well as exceptions, *see id.* (subsections (4) through (6)). The definition does not state, as Plaintiffs suggest, *see* PP Opp’n 17–18, that employers must take *all* steps—even unreasonable ones—to accommodate conduct protected by the Federal Conscience Statutes. Nor does it state, as Plaintiffs suggest, that employers may only reassign an employee if the employee voluntarily accepts such reassignment. On this latter point, Plaintiffs appear to incorrectly infer a prohibition in the Rule from the first safe harbor provision: Although Plaintiffs are correct that “voluntary acceptance of an effective accommodation of protected conduct, religious beliefs, or moral convictions, will not, by itself, constitute discrimination,” 84 Fed. Reg. at 23,191, it does not follow that offering an accommodation that is not accepted means that discrimination has occurred. Subsection 4 simply identifies certain conduct that does not constitute discrimination, but whether the converse constitutes discrimination depends on “the context of each underlying statute at issue, any other

related provisions of the rule, and the facts and circumstances.” *Id.* at 23,192; *see also* PP Opp’n 19 (agreeing that discrimination “is sensitive to context and circumstance”).

Plaintiffs’ responses to Defendants’ opening brief, PP Opp’n 19–21, are similarly baseless. First, the preface to the “discriminate or discrimination” definition that it “includes [certain conduct], as applicable to, and to the extent permitted by, the applicable statute” is not circular; it reflects HHS’s intent to “ensure[] that the definition is not overly broad.” 84 Fed. Reg. at 23,190. This is also why the definition is framed as a non-exhaustive list, rather than a categorical inventory of what constitutes discrimination. Second, Plaintiffs identify no basis in the Federal Conscience Statutes for an undue hardship exception, *see* PP Opp’n 20–21; it was consistent with these Statutes for the Rule not to include such an exception. Contrary to Plaintiff’s view, *Jackson v. Birmingham Board of Education* does not hold otherwise. In that case, the Supreme Court identified specific reasons why Title IX contained an implied prohibition on retaliation, which Title VII expressly contains. *See* 544 U.S. 167, 173–77 (2005). Here, by contrast, Plaintiffs have not explained why the Federal Conscience Statutes should be read to imply an undue hardship exception where none is explicit in the Statutes. Given the absence of any indication that Congress meant to imply such an exception, it was not improper for HHS to note that the Statutes, in contrast to Title VII, do not contain an undue hardship exception.

### **3. “Health Care Entity”**

Plaintiffs’ threadbare arguments regarding HHS’s definition of “health care entity” likewise do not pass muster. With respect to the Coats-Snowe Amendments, Plaintiffs claim—without support—that the statute focuses on “a select group of individuals.” PP Opp’n 26. But as Defendants explained in their opening brief, the statute’s definition of “health care entity” contains a non-exhaustive list of examples; the statute’s definition “includes” these examples, but is not limited to them. *See* 42 U.S.C. § 238n(c). Plaintiffs do not contest Defendants’ assertion that the

dictionary definition of “health care entity” includes “other health care professional[s], including a pharmacist; health care personnel; . . . or any other health care provider or health care facility.” 84 Fed. Reg. at 23,264 (to be codified at 45 C.F.R. § 88.2). Rather, they point to floor statements by the bill’s sponsors, which as discussed *supra* carry limited weight.

At any rate, the statements of Senators Coats and Snowe do not contradict HHS’s definition. Senator Coats’ apparent goal of addressing “the question of training for induced abortions,” 142 Cong. Rec. 5,158 (1996), does not preclude including pharmacists in the definition of “health care entity.” This is especially so here, where the statutory protection extends beyond training for induced abortions to any health care entity that “refuses . . . to perform such abortions, or to provide referrals for . . . such abortions, as well as refuses to make arrangements for such activities.” 42 U.S.C. § 238n(a)(1), (2). And Senator Snowe’s reference to people who are affected by the statute similarly does not imply that people she did not mention are excluded from the statute’s reach, particularly given that such a limitation is not contained in the statute’s text.

Plaintiffs’ final point that a pharmacist never participates in a program of training in the health professions, *see* PP Opp’n 28, is nonsensical. As health professionals, pharmacists can engage in such training. And to the extent that they do not, the training portion of the Coats-Snowe Amendment and the Rule does not apply to them. *See* 84 Fed. Reg. at 12,196 (“Whether a particular protection in those three laws applies to a pharmacist or pharmacy in a particular case, or whether it applies to any of the examples in these definitions, is a separate question that will be determined in the context of the factual and legal issues applicable to the situation.”).

Plaintiffs’ reading of the Weldon Amendment is similarly inconsistent with the statutory text. Once again, Plaintiffs do not respond to Defendants’ basic point that the Rule’s definition is consistent with the dictionary definition of “health care entity.” They simply state—again, without

support—that Congress created a “narrow list” and that the Rule’s definition is broader than their envisioned narrow list. *See* PP Opp’n 27. Saying a thing does not make it so. Plaintiffs offer no reason why the Weldon Amendment preclude a plan sponsor or other entities included in the Rule’s definition from its reach. *See* PP Opp’n 27–28. Plaintiffs’ only substantive response, that the appearance of certain terms in other Federal Conscience Statutes precludes their inclusion in the Weldon Amendment, *id.* at 27 n.14, ignores Defendants’ point in their opening brief that statutes enacted by different Congresses as different public laws are not subject to the sort of inter-textual comparison that Plaintiffs advocate. *See* Defs.’ Mem. 32.

#### **4. “Referral or Refer For”**

Finally, Plaintiffs argue that the Rule’s definition of “referral” or “refer for” is inconsistent with the Federal Conscience Statutes because it is contrary to medical ethics, lacks statutory support, and contradicts HHS’s position elsewhere. *See* PP Opp’n 24–25. They are wrong on all three points. First, Plaintiffs claim that it would be contrary to “principles of informed consent and medical ethics” to permit a nurse or counselor not to answer a question about the legality of abortion. *See id.* at 24. As an initial matter, the meaning of the term “referral or refer for” is a *legal* in nature and is not affected by medical ethics. In addition, far from being established ethical principles, the principles to which Plaintiffs point are a matter of debate within the medical community. *See* A.R. 538,670 (finding that “57% of physicians agreed that doctors must refer patients regardless of whether or not the doctor believes the referral itself is immoral”). And at any rate, the Rule “do[es] not prohibit any doctor or health care entity from providing information to their patients—or referring for a medical service or treatment—if they feel they have a medical, legal, ethical, or other duty to do so.” 84 Fed. Reg. at 23,200. Rather, the Rule protects certain individuals from “being coerced by entities receiving Federal funds to violate their moral or religious convictions.” *Id.*

Second, Plaintiffs point to the dearth of legislative history regarding the meaning of “referral” or “refer for.” *See* PP Opp’n 24. But this does not mean that the Rule’s definition should be set aside. First, Defendants have argued that they prevail at *Chevron* step one based on the dictionary definition of the terms, an argument that Plaintiffs do not dispute, *see id.* at 24–25. In the alternative, to the extent there is any ambiguity, this is precisely the sort of interstitial gap-filling that indicates an implied delegation of rulemaking authority. *See Walton*, 535 U.S. at 222. As such, it is of no moment that Defendants have not pointed to evidence in the statutes or legislative histories; this is not a requirement for agencies at *Chevron* step two. Rather, the Court simply asks whether the agency’s definition is “a reasonable interpretation” of the statute. *See Chevron*, 467 U.S. at 844.

Plaintiffs’ final point, that HHS purportedly has conceded to a narrower definition of “referral” or “refer for” in litigation challenging a different rule, *see* PP Opp’n 25, is meritless. The Title X brief that Plaintiffs cite contrasts “nondirective pregnancy counseling” with “referrals,” and it arose in the context of a particular appropriations rider addressing the Title X program that mentions only “nondirective pregnancy counseling.” That brief does not purport to interpret the terms “referral” or “refer for” in any statute, let alone the Coats-Snowe and Weldon Amendments that are at issue here. HHS accordingly did not take a position in that brief on whether providing certain types of counseling might constitute a “referral” or “referring for” within the meaning of those Federal Conscience Statutes. There is no conflict between HHS’s positions.

### **III. The Rule Is Consistent with Other Provisions of Law**

#### *A. EMTALA*

Plaintiffs claim that the Rule somehow “order[s] third parties to violate” the Emergency Medical Treatment and Active Labor Act (EMTALA). *Planned Parenthood Fed’n of Am., Inc. v. Azar*, No. 1:19-cv-05433-PAE, Joint Mem. of Law in Supp. of Pls.’ Mot for Prelim. Inj. at 35,

ECF No. 20; *see also id.* at 28–34. Not so. As Defendants explained in the preamble to the Rule and in their opening brief, HHS believes the Rule can be read harmoniously with EMTALA and does not foresee any circumstance in which fulfilling the requirements of EMTALA would violate the Federal Conscience Statutes. *See* 84 Fed. Reg. at 23,183; Defs.’ Mem. 46–47. OCR, moreover, “intends to read every law passed by Congress in harmony to the fullest extent possible so that there is maximum compliance with the terms of each law.” 84 Fed. Reg. at 23,183. Plaintiffs may continue to abide by EMTALA’s requirements without any reasonable fear that doing so would run afoul of the Federal Conscience Statutes.

Rather than accept HHS’s explicit acknowledgement that following EMTALA will not give rise to a conflict with the Federal Conscience Statutes, Plaintiffs attempt to create potential conflict where none exists. To do so, Plaintiffs again mischaracterize the definition of “discriminate” and “discrimination” in the Rule to suggest that Plaintiffs and their health departments have no way of assessing when or if a particular health care entity will object to providing any particular service. PP Opp’n 30–31. Plaintiffs claim the Rule demands emergency departments to “anticipate every possible basis for a religious or moral objection.” PP Opp’n 32 (citation omitted). Yet, the Rule is explicit that a recipient of federal funds subject to the Rule may “require a protected entity to inform it of objections to performing, referring for, participating in, or assisting in the performance of specific procedures . . . to the extent that there is a reasonable likelihood that the protected entity may be asked in good faith” to perform or assist in the performance of that procedure. 84 Fed. Reg. at 23,263. It is simply not the case, therefore, that Plaintiffs and their health departments lack the tools to ensure that emergency care is available to all patients. HHS explicitly permits covered entities to make non-discriminatory staffing decisions and to develop other methods precisely to ensure that patients receive needed care.

Plaintiffs' real concern, it seems, is that they may need, in some circumstances—for example, if one of their employees is not willing to accept the accommodation Plaintiffs offer—to engage in some level of “double staff[ing]” in order to avoid discriminating against an objecting employee. PP Opp'n 32, 35. However, the fact that Plaintiffs may incur additional costs in some circumstances to comply with conditions on federal funds does not create a conflict with EMTALA—particularly given that EMTALA's obligations are limited to the capabilities of the particular hospital at issue, 42 U.S.C. § 1395dd(b); Ensuring that Department of Health and Human Services Funds Do Not Support Coercive or Discriminatory Policies or Practices in Violation of Federal Law, 73 Fed. Reg. 78,072, 78,087 (Dec. 19, 2008).<sup>2</sup>

Finally, Plaintiffs also claim that some religiously affiliated hospitals may decide to turn away patients in some circumstances that would run afoul of EMTALA. PP Opp'n 33–34. Whether or not that is true, Plaintiffs, and their health departments, are, of course, free under the Rule to perform whatever lawful services and treat whatever patients they wish. Plaintiffs therefore lack standing to challenge the Rule on the basis of what some *other* covered entity may or may not choose to do under the Rule, when Plaintiffs themselves apparently have no intention to restrict what services they will perform. And, even if the conduct of third parties not before the Court were somehow relevant, as Plaintiffs themselves point out, EMTALA creates a private right of action

<sup>2</sup> In a footnote, Plaintiffs point to the possibility that an emergency medical technician or paramedic may object to transporting a person with an ectopic pregnancy for an abortion as a situation where EMTALA and the Federal Conscience Statutes may conflict, and Plaintiffs fault HHS for allegedly stating that it would “depend on the facts and circumstances” whether failure to perform emergency care in that circumstance would violate EMTALA. PP Opp'n 29 n.15. Plaintiffs misconstrue the portion of the preamble on which they rely. HHS's statement was in response to comments addressing the definition of “assist in the performance,” and HHS explained that it would “depend on the facts and circumstances” whether “driving a patient to a procedure should [ ]ever be construed to be assisting in the performance of a procedure,” not whether a covered entity could somehow be excused from EMTALA. 84 Fed. Reg. at 23,188.

for violations, *see* PP Opp’n 30 (citing 42 U.S.C. § 1395dd(d)(2)(A)), which will itself ensure that hospitals subject to EMTALA meet the statute’s obligations.

*B. Medicaid Informed Consent Requirements*

Plaintiffs accuse Defendants of relying on “counsel’s post-hoc rationalizations” to show why Medicaid’s informed consent requirements are not implicated by the Rule. *See* NY Opp’n 11. But the Court need not rely on the explanation of counsel. The provision of the Medicaid statute Plaintiffs cite, 42 U.S.C. § 1396u-2(b)(3)(B), explicitly provides only a rule of construction with respect to the narrow requirement in § 1396u-2(b)(3)(A), which prohibits Medicaid managed care organizations from restricting communications between patients and covered health care professionals. *See also* 84 Fed. Reg. at 23,210 (describing § 1396u-2(b)(3)(B) as “rule[] of construction”). The language in § 1396u-2(b)(3)(B) that Plaintiffs cite regarding state disclosure requirements, moreover, consists of a limitation *only* to the rule of construction in that subparagraph. *Id.* Plaintiffs entire argument, therefore, rests on a narrow limitation within a rule of construction to a single provision of the Medicaid statute. Under the terms of the statute, unless the state disclosure requirement specifically relates to the specific communications covered by § 1396u-2(b)(3)(A)—which again, Plaintiffs do not allege—then § 1396u-2(b)(3)(B) is of no moment and does not create any potential conflict with the Rule.

*C. Title X*

Plaintiffs also continue to press their argument that the Rule “directly conflicts with Title X.” PP Opp’n 35–36. Plaintiffs’ claim fails for multiple reasons. First, Plaintiffs do not identify any portion of the Title X statute with which the Rule allegedly conflicts. And, indeed, there is nothing in Title X that could plausibly prevent HHS from implementing the Federal Conscience Statutes. *See* Pub. L. No. 91-572, 84 Stat. 1504 (1970). Title X’s statutory language has not

materially changed since the 1970s. Section 1001(a) authorizes the Secretary of HHS to make grants and enter into contracts with public or private nonprofit entities,

to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).

42 U.S.C. § 300(a). Section 1006(a) states that “[g]rants and contracts made under this subchapter shall be made in accordance with such regulations as the Secretary may promulgate.” *Id.* § 300a-4(a). Section 1008 requires that “[n]one of the funds appropriated under this subchapter shall be used in programs where abortion is a method of family planning.” *Id.* § 300a-6. Nothing in the Title X statute is inconsistent with the Federal Conscience Statutes or the Rule; and, indeed, the prohibition on federal funding of programs where abortion is a method of family planning in section 1008 complements Congress’s restrictions on funding in the Federal Conscience Statutes.<sup>3</sup>

Unable to support their argument with anything in the text of Title X, Plaintiffs rely instead on a rider in Congress’s annual HHS appropriations act that—in addition to stating that funds appropriated to Title X projects “shall not be expended for abortions”—requires that “all pregnancy counseling shall be nondirective.” *E.g.*, HHS Appropriations Act 2019, Pub. L. No. 115-245, Div. B, 132 Stat. 2981, 3070–71 (2018). Plaintiffs fail to explain how the Rule interferes with the ability of Title X projects to provide nondirective pregnancy counseling. Neither Title X nor the March 2019 Title X Rule, nor the Rule at issue here requires funding recipients to engage in pregnancy counseling *at all*, much less requires funding recipients to provide counseling on any

<sup>3</sup> In their opening briefs, the Planned Parenthood and NFPRHA Plaintiffs suggested that the Rule may be inconsistent with the requirement in Title X that family planning services be voluntary, and that the Rule “flouts the Congressional purpose of the Title X program.” PP Opp’n 34–36. Planned Parenthood and NFPRHA appear to have abandoned those arguments in their most recent brief. *See* PP Opp’n 35–36.

particular pregnancy outcome. Plaintiffs and their health departments are free to provide nondirective pregnancy counseling as they deem appropriate, including on abortion. The fact that Plaintiffs or their health departments may, in some circumstances, need to make arrangements to prevent discrimination against an employee who objects to providing counseling on abortion does not prevent them from offering nondirective pregnancy counseling nor render any pregnancy counseling they choose to provide “directive.”

*D. Section 1554 of the ACA*

Plaintiffs press on with their extraordinary claim that Section 1554 of the ACA—which neither mentions any of the Federal Conscience Statutes nor otherwise provides any indication that Congress intended to limit those, in some cases, decades-old restrictions—prevents HHS from implementing any regulation that, *inter alia*, “creates [a] barrier,” “impedes [] access,” or “limits the availability of health care treatment,” including by allowing a health care entity with an objection to providing, for instance, an abortion, to abstain from doing so. *See* PP Opp’n 36–40. It is worth pausing to consider the incredible breadth of Plaintiffs’ argument: if they were correct, Section 1554 would render meaningless (if not completely abrogate) many Federal Conscience Statutes that touch on health care, because—by respecting the conscience rights of health care entities—those statutes, in Plaintiffs’ view, “impede access” to care. Plaintiffs’ reading of Section 1554 would also effectively mean that HHS could not put any restrictions on Medicare or Medicaid funding through regulations, which Congress could not plausibly have intended.

Fortunately, as Defendants explained in their opening brief, there is no plausible reason to accept Plaintiffs’ utterly draconian interpretation of Section 1554. *See* Defs.’ Mem. 42–46. In Section 1303(c)(2) of the ACA, Congress was absolutely clear that nothing in the ACA (including Section 1554) “shall be construed to have *any effect* on Federal laws regarding (i) conscience protection; (ii) willingness or refusal to provide abortion; and (iii) discrimination on the basis of

willingness or refusal to provide, pay for, cover, or refer for abortion or to provide or participate in training to provide abortion.” 42 U.S.C. § 18023(c)(2). That provision is fatal to Plaintiffs’ argument that Section 1554 somehow interferes with implementation of the Federal Conscience Statutes through the Rule, and Plaintiffs conspicuously fail to even acknowledge Section 1303(c)(2) in their briefs.

Plaintiffs meekly attempt to suggest that they are not challenging the Federal Conscience Statutes themselves, insisting instead that the “Rule dramatically and impermissibly expands the scope of the refusal rights beyond those provided in the statutes.” PP Opp’n 40. But nowhere in Plaintiffs’ briefs do they explain why *any* regulations that give effect to the Federal Conscience Statutes, including the 2011 regulations, would not also violate Section 1554 under their theory of what that provision requires. Plaintiffs claim that the conflict stems from HHS’s “extreme interpretations” of those statutes, *id.*, but they provide no limiting principle that would allow Section 1554 to exist alongside the Federal Conscience Statutes. Indeed, as Plaintiffs interpret Section 1554, *any* condition on federal funding, or any other action of the Secretary, that has any arguable detrimental impact on the availability or quality of patient care is absolutely foreclosed by the ACA. That cannot be the law.

#### *E. Paperwork Reduction Act*

Plaintiffs continue to argue that the Rule conflicts with other provisions of law because the Office of Management and Budget (OMB) has not yet approved the assurance language required by Section 88.4(a) of the Rule, which Plaintiffs claim violates the Paperwork Reduction Act (PRA). *See* NY Opp’n 12. Plaintiffs misunderstand the PRA and what approvals are required.

The provision of the PRA on which Plaintiffs rely states that an “agency shall not conduct or sponsor the collection of information unless in advance of the adoption or revision of the collection of information . . . the Director [of OMB] has approved the proposed collection of

information or approval has been inferred, under the provisions of this section.” 44 U.S.C. § 3507. Nothing on the face of the statute required HHS to obtain OMB approval before issuing the Rule on May 21, 2019; nor do Plaintiffs point to any authority for that proposition, *see* NY Opp’n 12.

As Defendants have explained, HHS fully expects that OMB will approve the assurance requirement prior to the Rule’s revised effective date of November 22, 2019. *See* Defs.’ Mem. 51. This Court should reject Plaintiffs’ extraordinary request to strike down the Rule in its entirety because HHS has not yet obtained approval of the assurance requirement, even though that requirement has not yet gone into effect. If, hypothetically, HHS did not obtain approval before the effective date, Plaintiffs could challenge the requirements in Section 88.4(a), and only those requirements, on that basis. And they could only do so if the agency imposed a penalty for failure to comply with an unapproved collection of information. *See* 44 U.S.C. § 3512(b); 5 C.F.R. § 1320.6(b), (d). But no OMB approval is currently required because no information is currently being collected pursuant to Section 88.4(a).

Plaintiffs also suggest that HHS’s approval request submitted to OMB is somehow deficient because it did not seek OMB approval of the certification of compliance required by Section 88.4(b) *See* NY Opp’n 12. Plaintiffs, however, selectively cite HHS’s approval request to create the misimpression of a deficiency. As HHS explained in that request, it did not seek OMB approval of the specific language in the certification because OMB had already approved the language HHS will be using to operationalize the certification. *See* Information Collection Request, *Request for OMB Review and Approval*, at 5 (June 19, 2019), <https://www.reginfo.gov/public/do/DownloadDocument?objectID=92774800>.

Because HHS will have the necessary OMB approval by the time those approvals are required by the PRA, there is no basis to strike down the Rule for failure to comply with the PRA. But even if Plaintiffs were correct, and HHS were to impose a penalty for an entity’s failure to

comply with an unapproved collection of information, the PRA provides that entity with an affirmative defense. *See* 44 U.S.C. § 3512(b); 5 C.F.R. § 1320.6(b). There is no reason why HHS’s alleged failure (if there was one) to obtain OMB approval would require vacatur of the Rule.

#### **IV. The Rule is the Product of Reasoned Decisionmaking.**

As Defendants explained in their opening brief, the Rule is neither arbitrary nor capricious under 5 U.S.C. § 706(1) because HHS provided “a rational connection between the facts found and the choice made.” *Motor Vehicle Mfrs. Ass’n, of U.S., Inc. v. State Farm Mut. Auto. Ins. Co.*, 463 U.S. 29, 43 (1983) (citation omitted); *see also* Defs.’ Mem. 51–60. The New York Plaintiffs’ arguments to the contrary are meritless. HHS supported each challenged aspect of the Rule with sound and detailed reasoning, and Plaintiffs’ attempt to couch its policy disagreements as an APA challenge must fail. *Pub. Citizen, Inc. v. Nat’l Highway Traffic Safety Admin.*, 374 F.3d 1251, 1263 (D.C. Cir. 2004) (rejecting an “arbitrary-and-capricious challenge [that] boils down to a policy disagreement”).

##### *A. HHS Adequately Explained Its Reasons for the Rule.*

First, HHS offered a reasoned explanation for changing course from the 2011 Rule. The New York Plaintiffs claim that “[t]he Department’s reliance on the same evidence more than eight years later to reach precisely the opposite conclusions—with no explanation of why” the agency’s 2011 conclusions were incorrect—“is arbitrary and capricious.” NY Opp’n 21 (citing *Organized Vill. of Kake v. U.S. Dept. of Agric.*, 795 F.3d 956, 968 (9th Cir. 2015) (en banc)). But the Secretary *is* “entitled . . . to give more weight” to certain concerns that were raised in previous rulemakings, “even on precisely the same record.” *Organized Vill. of Kake*, 795 F.3d at 968. Here, the agency proposed a new rule because “[a]fter reviewing the previous rulemakings, comments from the public, and OCR’s enforcement activities,” it concluded that the 2011 Rule “created confusion over what is and is not required under Federal health care conscience laws and narrowed OCR’s

enforcement authority.” 83 Fed. Reg. at 3,887. Moreover, in promulgating the Rule challenged here, the agency did not merely rely on the same record used in the past. In addition to a survey conducted in 2009 and comments received in the 2008 and 2011 rulemakings, the agency factored in (1) recent, documented instances of alleged and demonstrated conscience discrimination, such as litigation regarding new, potentially discriminatory laws passed by various States, (2) complaints that OCR has received in recent years, and (3) comments received during the 2018–19 rulemaking.<sup>4</sup> See 84 Fed. Reg. 23175–79; see also Protecting Statutory Conscience Rights in Health Care; Delegations of Authority, 83 Fed. Reg. 3,880, 3,887–891 (2018).

Plaintiffs separately assail HHS’s reliance on recent complaints that OCR received to argue that the agency failed to acknowledge record evidence directly contradicting its assertions. NY Opp’n 13–20. But again, HHS considered the complaints received in conjunction with all of the factors discussed above and merely noted that the complaints *alleged* violations of the Federal Conscience Statutes. See 84 Fed. Reg. at 23,245. The presence or absence of complaints does not,

<sup>4</sup> See, e.g., Administrative Record (AR) 135,736–746, Ex. 4 (comment from a “diverse group of faith-based ministries” stating that “[f]or the wellbeing of patients and the integrity of the [health care] profession, . . . healthcare professionals must be free to practice medicine in accordance with their professional judgment and ethical beliefs” and noting “examples of violations against conscience rights in healthcare, indicating that the threat to conscience rights is rising”); AR 134,132–136, Ex. 3 (comment from Ascension, a faith-based healthcare organization, applauding HHS “for taking steps to protect the religious freedoms of all Americans, especially when it comes to healthcare workers and organizations that are called by their faith to serve *all* persons, especially those who are poor and vulnerable”); AR 139,527–529, Ex. 5 (comment from Catholic Health Association noting that “[t]he lack of implementing regulations and of clarity concerning enforcement mechanisms for [the Federal Conscience Statutes] has stymied their effectiveness”); AR 133,746–758, Ex. 2 (comment from Alliance Defense Fund supporting the proposed Rule because it seeks “to not only raise awareness of conscience rights but to put . . . teeth into federal protections for those rights”); AR 28,049–053, Ex. 1 (comment from various religious organizations stating that the proposed Rule would “help guarantee that health care institutions and professionals are not pushed into [a] Hobson’s choice”).

by itself, paint a full picture of whether individuals and entities understand their rights and obligations under the Federal Conscience Statutes; as HHS indicated elsewhere, the agency is concerned that “segments of the public have been dissuaded from complaining about religious discrimination in the health care setting to OCR as the result, at least in part, of [the agency’s previous,] unduly narrow interpretations of the Weldon Amendment.” 84 Fed. Reg. at 23,179.

And while Defendants already acknowledged that many of the complaints that OCR received related to matters that are outside the scope of the Federal Conscience Statutes, a sizeable number of complaints *did* implicate the relevant Statutes and underscore a need to both clarify the scope of, and more robustly safeguard, the conscience rights protected by the Statutes.<sup>5</sup> While the complaints in the record are not the sole reason for the Secretary’s decision to promulgate the Rule, they represent one factor the Secretary considered in determining that “there is a significant need

<sup>5</sup> Defendants cited some of those complaints in their opening brief as examples, *see* Defs.’ Mem. 53, and include others here, *see, e.g.*, AR 542,017–26, Ex. 6 (complaint that California’s health insurance abortion coverage mandate violates the Weldon Amendment); AR 542,151, Ex. 7 (nursing student alleges discrimination due to request for an exemption from assisting in abortions); AR 542,229–60, Ex. 13 (complaint against Illinois statute mandating healthcare providers exercising conscience rights to engage in compelled speech and referrals); AR 542,285, Ex. 8 (complaint against State of Hawaii’s statutory mandate that religious-based alternative pregnancy centers must advertise for state-funded abortions); AR 542,316–24, Ex. 9 (complaint against Pennsylvania’s involvement in contraception mandate litigation); AR 545,932, Ex. 12 (nurse alleges that university hospital refused to hire her for full-time faculty position because of her views regarding abortion); AR 542,337, Ex. 10 (pediatric nurse complains that hospital informed her that she could no longer work in the health department clinics if she was unwilling to participate in the provision of abortion-related services) AR 544,612–23, Ex. 11 (complaint against the University of Vermont Medical Center for deceptively coercing nurse to participate in elective abortion); AR 544,945–52, Ex. 14 (complaint by pharmacist who objects to filling birth control prescriptions).

to amend the 2011 Rule to ensure knowledge of, compliance with, and enforcement of” the Federal Conscience Statutes. 84 Fed. Reg. at 23,175.<sup>6</sup>

*B. HHS Reasonably Formulated the Rule’s Definitions.*

The New York Plaintiffs next claim that HHS’s modifications of its proposed definitions in response to the comments received “utterly failed to address the concerns raised.” NY Opp’n 25. The record flatly contradicts this claim.

The agency responded to the major categories of comments regarding each challenged definition, and explained why it agreed or disagreed with each set of comments. 84 Fed. Reg. at 23,186–204. Defendants have already explained that, in response to comments raising various policy concerns and requesting that the definition of “assist in the performance” be taken out of the Rule, narrowed, or clarified, the agency provided detailed reasoning or made changes to the definition in the final rule, Defs.’ Mem. 55; *see also* 84 Fed. Reg. at 23,186–89. HHS responded in similarly robust terms to comments submitted regarding the other challenged definitions. *See* 84 Fed. Reg. at 23,189–93 (responding to comments about the proposed definition of “discriminate” or “discrimination” by explaining why the commenters’ concerns did not fall within

<sup>6</sup> The New York Plaintiffs claim that two of the three complaints that Defendants highlighted in their opening brief could not “plausibly form a basis for concluding that [HHS] needed greater enforcement authority.” NY Opp’n 18. But the complaints indicate both general and specific concerns about the conscience rights of individuals in the health care field: the 2018 letter from the American Association of Pro-Life Obstetricians and Gynecologists highlights the “continuing chilling effects on [the] conscientious performance of ob-gyn services” by pro-life obstetricians, Defs.’ Mem. Ex. 1 at 11, ECF No. 147-1. And the 2018 complaint by a Washington State Department of Corrections employee alleging discrimination based on the employee’s objection to providing hormone therapy to incarcerated transgendered persons could relate to the Federal Conscience Statutes that protect conscience objections to sterilization or the Church Amendments that more broadly protect conscience rights, if applicable. *See id.* at 44. These complaints, and others, support HHS’s conclusion that the public needs more information about what is and is not protected under the Federal Conscience Statutes and that OCR needs more tools to better ensure compliance with the Statutes’ conditions on HHS’s funding.

the scope of the applicable Federal Conscience Statutes or by modifying the definition, for example, by clarifying that “employers may require a protected employee to inform them” of protected conscience objections “to the extent there is a reasonable likelihood that the protected entity or individual may be asked in good faith” to undertake an objected-to activity, “and that the employer may use alternate staff or methods to provide or further any objected-to conduct, subject to certain limitations designed to protect the objecting person.”); 84 Fed. Reg. at 23,194–97 (explaining why the agency disagreed with comments to either broaden or narrow the proposed definition of “health care entity,” answering questions about HHS’s statutory authority to craft the definition under the Weldon and Coats-Snowe Amendments, and accepting a recommendation to include pharmacies and pharmacists in the definition); 84 Fed. Reg. at 23,199–202 (agreeing with comments that the proposed definition of “referral or refer for” is appropriate, explaining why HHS disagreed with comments stating that the definition exceeds the scope of the Weldon and Coats-Snowe Amendments, discussing the definition’s impact on California’s Reproductive FACT Act and the federal DeConcini Amendment, and narrowing the definition to apply to an objected-to activity that is a “reasonably foreseeable outcome” of the referral, rather than merely a “possible outcome” in response to commenters’ concerns over the definition’s potential scope).

Plaintiffs argue that HHS failed to respond to two sets of comments regarding the definition of “discriminate” or “discrimination.” *See* NY Opp’n 26–27 (claiming that the agency “nowhere” addressed concerns about employees providing advance notice of a conscience objection or the “double bind” of its definitions upon health providers). However, HHS *did* modify the definition of “discriminate” or “discrimination” “to clarify that . . . employers may require a protected employee to inform them of objections to referring for, participating, or assisting in the performance of” specific activities “to the extent there is a reasonable likelihood that the protected

entity or individual may be asked in good faith to refer for, participate in, or assist in the performance of such conduct, and that the employer may use alternate staff or methods to provide or further any objected-to conduct, subject to certain limitations designed to protect the objecting person.” 84 Fed. Reg. at 23,191. This modification would appear to assuage Plaintiffs’ concerns about being able to receive advance notice of protected employees’ conscience objections. To the extent Plaintiffs complain that the Rule does not categorically require all protected employees to provide advance notice of any conscience objections in all situations, they fail to identify any applicable law that requires a protected employee to voice all objections in advance (including situations in which the employee does not know in advance that she will be asked to perform a particular function). Indeed, none of the Federal Conscience Statutes contain any such advance notice requirements and, thus, the agency is not required to include them. *See, e.g.*, 42 U.S.C. § 300a-7 (Church Amendments); 42 U.S.C. § 238n(a) (Coats-Snowe Amendment); Pub. L. No. 115-245, 132 Stat. 2981, 3118 (most recent iteration of the Weldon Amendment); 42 U.S.C. §§ 18081, 18023(b)(1)(A). (b)(4), 18113, 14406(1) (certain conscience protection provisions in the Patient Protection and Affordable Care Act).

As for the “double bind” comments that Plaintiffs reference, the commenters in question stated concerns about the Rule’s impact on “emergency departments, ambulance corps . . . and other urgent care settings.” AR 140,486; *see also* NY Opp’n 24. But HHS explained that it “generally agrees . . . that the requirement under EMTALA that certain hospitals treat and stabilize patients who present in an emergency does not conflict with Federal conscience and antidiscrimination laws,” 84 Fed. Reg. at 23,183. Moreover, the agency made clear that the emergency transportation of individuals who may hypothetically seek an objected-to service or procedure or the “emergency transportation of persons experiencing unforeseen complications

after, for example, an abortion procedure,” would not generally implicate the definition of ‘assist in the performance of’ an abortion, because “the complications in need of treatment would be . . . unforeseen and unintended.” 84 Fed. Reg. at 23,187.<sup>7</sup>

HHS therefore adequately responded to comments and reasonably supported the definitions in the Final Rule. Plaintiffs may “disagree with [the agency’s] policy balance, but it does not reflect a failure to consider relevant factors.” *Owner-Operator Indep. Drivers Ass’n, Inc. v. Fed. Motor Carrier Safety Admin.*, 494 F.3d 188, 210–11 (D.C. Cir. 2007).

<sup>7</sup> The New York Plaintiffs mention two additional sets of comments and apparently suggest that HHS did not consider them, either. *See* NY Opp’n 25 (discussing comments (1) concerning burdens of a purportedly expanded “universe of potential objectors beyond clinicians to other workers” and (2) evincing confusion about how the Rule’s definitions would impact collective bargaining agreements).

As to the first set of comments, HHS considered their substance in at least three places. 84 Fed. Reg. 23,186–87 (responding to comments that the proposed definition of “assist in the performance” was too broad because it potentially permitted objections by persons “preparing a room for an abortion or scheduling an abortion,” by (1) noting that “the proffered examples are properly considered as within the scope” of the Federal Consciences Statutes since such activities “are necessary parts of the process of providing an abortion,” and (2) tightening the definition to “preclude vague or attenuated allegations” of assisting in a procedure or health service program, etc.); *id.* 23,187–88 (acknowledging comments that the proposed definition was too broad because it “extends beyond health care professionals and includes other members of the workforce,” and deleting the reference to workforce members); *id.* 23,288–363 (examining the Rule’s impact on physicians, hospitals, and other health care institutions, and concluding that despite some added burdens on affected entities, the Rule “creates net benefits” and “is tailored to impose the least burden on society”).

As to the second set of comments, New York fails to explain why two cursory references to the Rule’s potential impact on labor agreements, which were not submitted by any plaintiff and which failed to contain any meaningful analysis or data for the agency to evaluate, crosses the “threshold requirement of materiality before any lack of agency response or consideration becomes of concern.” *Portland Cement Ass’n v. Ruckelshaus*, 486 F.2d 375, 394 (D.C. Cir. 1973) (superseded by statute on other grounds); *see also Vermont Yankee Nuclear Power Corp. v. Nat. Res. Def. Council, Inc.*, 435 U.S. 519, 553–54 (1978); *accord Thompson v. Clark*, 741 F.2d 401, 409 (D.C. Cir. 1984). Besides, it appears self-evident that a provision in a labor agreement that conflicts with federal law should not be enforced.

*C. HHS Considered All Important Aspects of the Problem.*

Finally, the New York Plaintiffs complain that HHS failed to consider the Rule's purported impact on a host of matters such as the public health, other statutory frameworks, and "basic medical ethics." NY Opp'n 26–38. These arguments all fail.

*Public Health and Specific Patient Populations.* First, Plaintiffs continue to claim that the agency failed to consider the Rule's impact on "reducing access to care for large numbers of people . . . who already face barriers to access." NY Opp'n 26. But as Defendants already explained in their opening brief, HHS *did* consider this issue and reasonably concluded that the Rule would not harm access to care, in part because implementation and enforcement of the Federal Conscience Statutes "would help alleviate the country's shortage of health care providers," 84 Fed. Reg. at 23,180, as the statutes make it easier for health care professionals to perform their jobs while staying true to their religious or moral beliefs, and in part because the agency was unaware of any data or persuasive reasoning, presented by commenter or otherwise, demonstrating that the Rule could negatively impact access to care. *See id.* at 23,180–82. As noted in the Rule, "[a]ccess to care is a critical concern" of HHS, 84 Fed. Reg. at 23,180, and HHS examined the commenters' concerns closely. The agency probed commenters' illogical assumption that "there are health care providers in underserved communities who are protected by these laws but are offering services to which they object anyway, *id.* at 23,181, and explained why it believed that the Rule would improve access to care by (1) encouraging individuals who had previously "anticipated they would be pressured to violate their consciences" to enter the health care field, *id.*; (2) preventing some health care entities from leaving the field in light of data indicating that some entities currently felt pressure to do so, *id.*; and (3) allowing an increase in the provision of health care by religious institutions, *id.* Plaintiffs' policy disagreement over the agency's conclusion does not warrant invalidation of the Rule. *See Owner-Operator Indep. Drivers Ass'n*, 494 F.3d at 210–11.

Nor was it arbitrary or capricious for HHS to reach this conclusion in the absence of empirical data (one way or the other) on the Rule’s potential impact on access to care. “[P]redictive calculations are a murky science in the best of circumstances, and the [agency] naturally has no access to infallible data.” *Cablevision Sys. Corp. v. F.C.C.*, 597 F.3d 1306, 1314 (D.C. Cir. 2010). Here, HHS considered studies that “specifically found that there is insufficient evidence to conclude that conscience protections have negative effects on access to care,” and Plaintiffs offer no contrary studies, in the record or elsewhere. 84 Fed. Reg. 23,810. New York does not explain why the agency would be required to perform an unworkable study in these circumstances on the specific effects of the Rule before it went into effect. *See BellSouth Corp. v. FCC*, 162 F.3d 1215, 1221 (D.C. Cir. 1999).

*Title VII.* Plaintiffs also claim that HHS “failed adequately to explain its departure from Title VII’s framework.” NY Opp’n 34–36. Plaintiffs’ complaint, however, is nothing more than a policy disagreement with the path HHS took in promulgating the Rule. As is evident from the preamble to the Rule, HHS clearly explained why it did not adopt the Title VII framework to implement the Federal Conscience Statutes. *See* 84 Fed. Reg. at 23,190–91. For one, Title VII contains distinct protections from the Federal Conscience Statutes, and therefore HHS was not required to incorporate the same standards from that separate statute. HHS explained that Congress’s decision to

take a different approach in Title VII as compared to [the Federal Conscience Statutes] is consistent with the fact that Title VII’s comprehensive regulation of American employers applies in far more contexts, and is more vast, variable, and potentially burdensome (and, therefore, warranting of greater exceptions) than the more targeted conscience statutes that are the subject of this rule, which are health care specific, and often procedure specific, and which are specific to the exercise of Congress’s Spending Clause authority.

*Id.* at 23,191. HHS did, however, consider the reasonable-accommodation standard set forth under Title VII and adopted components of that standard when modifying the definition of

“discrimination” in response to comments on the proposed Rule. *See id.* Thus, it can hardly be said that HHS failed to adequately consider or explain its choices vis-a-vis Title VII. Plaintiffs would simply prefer that HHS had made a different choice.

*Costs and Benefits.* Plaintiffs next charge HHS with conducting a cost-benefit analysis “so flawed that it cannot be viewed as anything other than an effort to put a thumb on the scale.” NY Opp’n 36 (citation omitted). New York’s sweeping rhetoric attempts to obscure the only specific concern it articulates with respect to the agency’s painstaking analysis: that the agency purportedly “underestimate[ed] the number of covered persons and entities” subject to the Rule. NY Opp’n 37. But as the agency explained, “[t]here is substantial overlap between persons and entities current[ly] obligated to comply with 45 CFR part 88, as based on the 2011 Rule, and persons and entities subject to at least one of the additional Federal laws that this final rule enforces.” 84 Fed. Reg. 23,231. “This overlap occurs because such persons and entities largely were, and continue to be, subject to 45 CFR part 88 by virtue of the Church Amendments, but also the Weldon Amendment and the Coats- Snowe Amendment.” *Id.* The agency used a rigorous methodology to arrive at an estimate of the number of affected individuals and entities and concluded that the Rule would newly cover approximately 65 to 130 entities to whom HHS awarded funds appropriated to the U.S. Department of State and the United States Agency for International Development, *id.* 23,235, but which HHS administers, *see id.* at 23,210–11; *see also* 83 Fed. Reg. 3,906 (estimating the persons and entities that would be newly covered by 45 C.F.R. part 88). Plaintiffs claim that “the Final Rule’s definition of ‘health care entity’ both expands *and was intended to expand* the number of regulated persons and entities considerably,” NY Opp’n 37, but that is incorrect. The Rule’s definition of “health care entity” does no more than “conform the definition to the varying texts of

the specific Federal conscience and antidiscrimination laws that use the term.” 84 Fed. Reg. at 23,195.

*Medical Ethics.* Finally, Plaintiffs’ assertion that the Rule is unlawful because its definitions “violate[] principles of medical ethics,” NY Opp’n 32, is unsupported by law or logic. The Rule, and the Federal Conscience Statutes that undergird them, do not require any medical professional to act unethically. Plaintiffs highlight comments raising the following concerns: (1) while “[c]urrent codes and professional standards allow individuals to refuse to provide services to which they object . . . such objections are not unlimited,” (2) “[p]hysicians have a duty to provide medically indicated care in an emergency,” and (3) physicians and other health care professionals have a duty to inform patients about all relevant options for treatment.” NY Opp’n 31. But Plaintiffs fail to articulate how the Rule unlawfully fails to account for these concerns.

First, the Rule does not force any individual to refuse to provide medical care in any given circumstance and thus does not run afoul of the medical industries’ suggested limitations on an individual’s right to object to performing certain services and procedures. *See* NY Opp’n 31. While Plaintiffs may prefer that HHS codify all internal standards developed within the medical industry, “this final rule provides for the enforcement of protections established by the people’s representatives in Congress; the Department has no authority to override Congress’s balancing of the protections.” 84 Fed. Reg. at 23,182. Second, as for physicians’ duties to provide medically indicated care in an emergency, the Rule does not infringe on that duty and, indeed, recognizes that emergency treatment and stabilization of patients “who present in an emergency does not conflict with Federal conscience and antidiscrimination laws,” 84 Fed. Reg. at 23,283. Plaintiffs do not identify a situation in which the Rule compels a physician to violate his or her ethical duties to provide medically required care in an emergency situation, and even if they could identify such

a far-fetched scenario, the Rule should not be found facially invalid on that basis. *See Ass'n of Proprietary Colls. v. Duncan*, 107 F. Supp. 3d 332, 367–68 (S.D.N.Y. 2015). Third, HHS explained that it “disagrees that the rule would violate principles of informed consent” because it “does not believe that enforcement of conscience protections, many of which have been in place for nearly fifty years, violates or undermines the principles of informed consent. The Rule will not change the obligation that, absent exigent circumstances, doctors secure informed consent from patients before engaging in a medical procedure.” 84 Fed. Reg. at 23,189.

#### **V. Plaintiffs’ Spending Clause and Establishment Clause Claims Are Not Ripe**

Plaintiffs’ remaining constitutional claims—concerning the Spending Clause and Establishment Clause—are not ripe. The ripeness analysis turns on whether the Court would benefit from awaiting a concrete enforcement action applying the Rule before assessing the merits of Plaintiffs’ constitutional claims and whether there would be any harm to Plaintiffs in the interim. For the Spending Clause, this analysis turns on when a concrete enforcement proceeding would arise that would potentially cause Plaintiffs to lose funding. For the Establishment Clause, ripeness turns on whether whether the agency’s definition of “discrimination” would affect hiring and staffing. There is no basis for the Court to adjudicate Plaintiffs’ premature claims in either instance.

In support of their Spending Clause claims, the New York Plaintiffs continue to resort to impassioned statements that they face “immediate” potential harm from loss of their federal funds. But Plaintiffs cannot dispute that they have not been the subject of any enforcement action, or that multiple steps would have to occur before any such loss of federal funds could come to pass. And of course if Plaintiffs did violate the Rule, and the agency’s informal resolution attempts failed, and the agency took enforcement action against Plaintiffs, and all other applicable procedures were exhausted, Plaintiffs offer no reason why they could not seek judicial relief *then*. It is certainly unfounded for Plaintiffs to state that they would lose money “on the day [the Rule] takes effect.”

NY Opp'n 5. And the stark differences between Plaintiffs' hyperbolic concerns about losing billions of dollars in funding and the Rule's provision for informal enforcement proceedings and other review procedures demonstrate the value of withholding judicial review until a concrete factual circumstance arises. Plaintiffs' citation to dicta from *Lujan*'s discussion of the propriety of "programmatic" challenges to agency action under the APA, which does not substantively address the ripeness factors, is not persuasive. NY Opp'n 4 (quoting *Lujan v. Nat'l Wildlife Fed'n*, 497 U.S. 871, 891 (1990)).

Similar ripeness considerations about the lack of specific enforcement action have led at least two courts to decline to decide challenges to the underlying Federal Conscience Statutes on grounds that are equally applicable here. *See NFPRHA v. Gonzales*, 468 F.3d 826, 827 (D.C. Cir. 2006); *California v. United States*, No. C 05-00328 JSW, 2008 WL 744840, at \*3 (N.D. Cal. Mar. 18, 2008). Plaintiffs' attempt to distinguish these cases in a footnote falls flat. Plaintiffs dismiss *NFPHRA* because it is about "constitutional standing," NY Opp'n 5 n.1, but "[s]tanding and ripeness are closely related doctrines that overlap 'most notably in the shared requirement that the plaintiff's injury be imminent rather than conjectural or hypothetical.'" *New York Civil Liberties Union v. Grandeau*, 528 F.3d 122, 130 (2d Cir. 2008) (quoting *Brooklyn Legal Servs. Corp. v. Legal Servs. Corp.*, 462 F.3d 219, 225 (2d Cir. 2006)); *see also Bronx Household of Faith v. Bd. of Educ.*, 492 F.3d 89, 111 (2d Cir. 2007) (Leval, J., concurring) (noting the overlap in ripeness and standing doctrines and focusing discussion "on those decisions which concern the ripeness of the dispute, regardless of whether they speak in terms of 'ripeness' or of 'standing'"). And Plaintiffs' attempt to analogize to language in *California* regarding the possible implications of the agency's refusal to answer a specific question about the law's applicability in a particular

circumstance fails, as Plaintiffs have not identified any specific question HHS has refused to answer (as opposed to Plaintiffs' general belief that the Rule is unclear).

Plaintiffs reiterate their assertion that "billions of dollars," NY Opp'n 5, could hypothetically be affected by the Rule. But Plaintiffs have known about the potential volume of money affected by, for example, the Weldon Amendment since they first began accepting applicable funds. The key question is the immediacy of any risk to those funds. The New York Plaintiffs concede, as they must, that no action has yet been taken against them. They offer no reason why, if such an enormous (and unprecedented) penalty were imposed, they could not seek judicial relief at that time, when the Court would have a defined factual circumstance in which to judge the legality of the Rule. Resolving Plaintiffs' Spending Clause claim now would only entangle the Court in an abstract disagreement that may never arise. Plaintiffs similarly draw no support from *City of New York v. U.S. Dep't of Commerce*, 739 F. Supp. 761, 765 (E.D.N.Y. 1990), NY Opp'n 5, which states that ripeness involves "inquiry into whether the issue is purely a legal one, or whether a court could better resolve the issue in a more concrete setting, i.e., the context of a specific attempt to apply the agency decision." *City of New York*, 739 F. Supp. at 765. Here, of course, a more concrete setting would be highly helpful in cutting through Plaintiffs' untethered hypotheticals about the scope and context of enforcement action.

Turning to the Establishment Clause, Plaintiffs now appear to limit their claim to only whether the Rule's definition of "discrimination" violates the Establishment Clause. NY Opp'n 6; PP Opp'n 19, 44. But again, this claim too would benefit from further factual development. Plaintiffs do not assert that the definition of "discrimination" would violate the Establishment Clause in all of its applications. For example, the Planned Parenthood and NFPHRA Plaintiffs would presumably agree with the agency that firing an employee for exercising his or her

conscience rights protected by the Federal Conscience Statutes would be “discrimination.” Plaintiffs’ claim instead rests on the theory that the definition of “discrimination” violates the Establishment Clause in particular applications, like the prohibition against asking job applicants about their conscience objections during the hiring process. PP Opp’n 45. In assessing this claim, the Court would undoubtedly benefit from having a concrete application of the Rule in front of it.

Further, this case is far different than the case Plaintiffs cite, *Sharkey v. Quarantillo*, 541 F.3d 75 (2d Cir. 2008), NY Opp’n 6; PP Opp’n 47, in which a dispute over the plaintiff’s entitlement to legal status was found ripe when plaintiff alleged that one official had granted her status but another had crossed it out on her paperwork. Here, enforcement would have to occur before the case reached a similarly developed stage. Plaintiffs’ citation of the lower ripeness standard in *National Organization for Marriage, Inc. v. Walsh*, 714 F.3d 682, 689 (2d Cir. 2013), NY Opp’n 6; PP Opp’n 48 n.35, is also inapposite. That case dealt with allegations that the plaintiffs’ ability to speak had been chilled. While courts have referred to the possibility that religious exercise might be “chilled” by excessive state interference in religious matters, *see, e.g., Ehrens v. Lutheran Church-Missouri Synod*, 269 F. Supp. 2d 328, 333 (S.D.N.Y. 2003), *aff’d sub nom. Ehrens v. Lutheran Church*, 385 F.3d 232 (2d Cir. 2004), Plaintiffs cite no authority for the reverse proposition that a right to not have the government violate the Establishment Clause could be “chilled.”

#### **VI. The Rule Does Not Violate the Spending Clause.**

In their Spending Clause arguments, NY Opp’n 39–47, the New York Plaintiffs re-affirm that they do not object to the Federal Conscience Statutes, and double-down on their insistence that the Rule is an unconstitutional departure from the Statutes. But Plaintiffs’ assertion that there is a purportedly unconstitutional difference between the two falls flat.

The Rule, like the Federal Conscience Statutes, is unambiguous, and Plaintiffs had ample notice of the conditions attached to federal funds. As Defendants have previously explained, Defs.’ Mem. 62–63, the standard for conditions on federal funds is not perfect clarity or perfect notice. When a condition is present but “largely indeterminate,” the Spending Clause is satisfied if a state nonetheless chooses to accept the federal funds. *Mayweathers v. Newland*, 314 F.3d 1062, 1067 (9th Cir. 2002); *see also id.* (“Congress is not required to list every factual instance in which a state will fail to comply with a condition.”). Plaintiffs do not substantively dispute this contention. And Plaintiffs also acknowledge that the existence of the anti-discrimination requirements was clear to them from the Federal Conscience Statutes, *see* NY Opp’n 39, and so those requirements are thus not retroactive. Indeed, it is ironic that Plaintiffs object to the lack of clarity and specificity in the Rule, when the Rule provides additional clarity for funding recipients.

Instead, Plaintiffs argue that the Rule is insufficiently clear, calling the Rule “nonsensical” and arguing that it “contort[s]” the Statute’s requirements, conflicts with other laws, and is ambiguous. NY Opp’n 40–42. But these arguments merely restate Plaintiffs’ APA objections to the Rule, and fail for the same reasons. Confusingly, Plaintiffs also suggest that the Rule “patch[es] together” the Federal Conscience Statutes. NY Opp’n 40. Although the Rule addresses the requirements of the various Statutes and provides definitions as appropriate for each one, it does not, for example, apply restrictions that one Federal Conscience Statute places on one funding stream to additional funding streams. *Contra* NY Opp’n 41 (“[U]nlike the underlying statutes . . . Plaintiffs stand to lose all HHS funds for any perceived misstep under the Final Rule”). This is inherent in the nature of the Rule, which is a clarifying regulation that does not alter the Statute’s substantive requirements. 84 Fed. Reg. at 23,256.

In addition, the Rule, like the Federal Conscience Statutes, is not coercive. The New York Plaintiffs stray far afield in their argument that the Rule—which affects precisely the same amounts and sources of funding as the Federal Conscience Statutes—is coercive. NY Opp’n 42–44. Plaintiffs face an uphill climb with this challenge, because in the ordinary course the states are expected to simply decline federal funds if they do not wish, or no longer wish, to comply with the associated conditions. *Cf. Nat’l Fed’n of Indep. Bus. v. Sebelius (NFIB)*, 567 U.S. 519, 579 (2012).

First, unlike in *NFIB*, Plaintiffs here are not faced with a binary choice to either accept a new program or sacrifice all of their funding under an existing program. As Defendants explained in their opening brief, Defs.’ Mem. 64–65, enforcement procedures under the Rule will remain individualized and will begin with informal means. *See* 84 Fed. Reg. at 23,271, 23,222. Plaintiffs complain that large amounts of funding are “threatened.” NY Opp’n 43. But that is unchanged by the Rule—it is the Federal Conscience Statutes that determine which funds are covered by the conditions, and Plaintiffs do not challenge the Statutes. The Statutes themselves (or the 2011 Rule), moreover, contain even less detail about HHS’s enforcement procedures, making Plaintiffs’ assertion that they are entitled to a more iron-clad guarantee of the agency’s enforcement procedures especially hard to swallow. NY Opp’n 43–44.

Second, this is not the “dramatic[]” change at issue in *NFIB*, which the Supreme Court held was “a shift in kind, not merely degree.” *NFIB*, 567 U.S. at 583, 585. Plaintiffs have been subject to the Federal Conscience Statutes for decades. Plaintiffs argue that the Rule “redefines terms to include newly covered individuals, entities, and procedures.” NY Opp’n 43. As an initial matter, this assumes (wrongly) the success of Plaintiffs’ merits arguments that the Rule goes beyond simply implementing Congress’s instructions. In any event, Plaintiffs appear to believe that the Spending Clause requires that the federal government’s offer of funds be trapped in amber for

perpetuity. Not so. The Spending Clause does not bar all adjustments to the terms on which the federal government offers funds—if that were the case, the Supreme Court’s opinion in *NFIB* would likely have been much shorter. *See NFIB*, 567 U.S. at 575, 583, 585 (noting that “[t]here is no doubt that the Act dramatically increases state obligations under Medicaid” before engaging in multiple pages of Spending Clause analysis to determine the extent of the changes).

Finally, Plaintiffs describe at length the size of the pot of money which they believe could be affected by their potential noncompliance with the Statutes. NY Opp’n 43–46. But Plaintiffs do not even attempt to explain how the Rule would affect the size of this pot, because it would not. Congress has chosen which federal funds to link to anti-discrimination conditions. Thus Plaintiffs’ tacit admission that the Federal Conscience Statutes do not violate the Spending Clause is fatal—if Plaintiffs accept that the Weldon Amendment can condition all funds in the annual appropriations bill on compliance with its conditions, the Rule’s implementation of that instruction is not unconstitutionally coercive. And, of course, in their facial challenge, Plaintiffs must show that the Rule has no constitutional applications and cannot simply refer to the hypothetical and unprecedented possibility of HHS stripping large swaths of funding.

Finally, the Rule, like the Federal Conscience Statutes, is sufficiently related to the government’s interests. The New York Plaintiffs argue that the Rule, which clarifies how HHS will enforce the Federal Conscience Statutes as applied to funds that HHS administers will somehow affect Plaintiffs’ funds from the Departments of Labor and Education. NY Opp’n 46–47. But, as stated in Defendants’ opening brief, the Rule “applies only to HHS administered, conducted, or funded programs.” Defs.’ Mem. 67; *see also* 84 Fed. Reg. at 23,170 (“This final rule revises existing regulations to ensure vigorous enforcement of Federal conscience and anti-discrimination laws *applicable to the Department, its programs, and recipients of HHS funds*, and

to delegate overall enforcement and compliance responsibility to the Department’s Office for Civil Rights (‘OCR’).” (emphasis added)). To the extent that remedies under other regulations, such as the UAR, may affect other funds, those other regulations are not challenged by Plaintiffs.

## **VII. The Rule Does Not Violate the Establishment Clause.**

Plaintiffs fail to successfully grapple with the tension between their insistence that the Rule somehow violates the Establishment Clause and their apparent concession that the Federal Conscience Statutes do not. Plaintiffs devote a single paragraph at the end of their argument to this issue. There, they acknowledge, as they must, that “[p]rohibiting discrimination on the basis of religion does not, in itself, violate the Establishment Clause.” PP Opp’n 44. They then state that religious accommodations should not abridge the religious liberties of others, PP Opp’n 44—an odd non-sequitur, given that Defendants have never understood Plaintiffs to argue that their religious beliefs require them to violate the Rule by discriminating against health care entities. Finally, Plaintiffs reach the meat of their argument when they claim that there is daylight between the Federal Conscience Statutes and the Rule in one respect for Establishment Clause purposes—according to Plaintiffs, the Rule’s definition of “discriminate” creates an “absolute duty” to accommodate objections that is absent in the Federal Conscience Statutes themselves and this duty violates the Establishment Clause. *See* PP Opp’n 44 (citing PP Opp’n Part II.A.1). But, as explained above, the Rule’s definition of “discriminate” is consistent with (and expressly limited by) the Federal Conscience Statutes. Plaintiffs have not shown that the Federal Conscience Statutes create a duty to accommodate that is any less “absolute” than the Rule. *Cf. Chrisman v. Sisters of St. Joseph of Peace*, 506 F.2d 308, 311 (9th Cir. 1974) (concluding that a provision of the Church Amendments satisfied the Establishment Clause without considering whether it created an “absolute” duty to accommodate religious objections). And Plaintiffs do not identify any language in any of the Federal Conscience Statutes that waters down the protections they provide.

Further, for all of the reasons why the *Statutes* do not violate the Establishment Clause, which Plaintiffs do not dispute, the *Rule* does not violate the Establishment Clause. *See Chrisman*, 506 F.2d at 311 (holding that a provision of the Church Amendments was lawful under the Establishment Clause); *Kong v. Scully*, 341 F.3d 1132 (9th Cir. 2003), *opinion amended on denial of reh'g*, 357 F.3d 895 (9th Cir. 2004) (upholding amendments to 42 U.S.C. §§ 1320 and 1395).

Like the Federal Conscience Statutes, the Rule is generally neutral between religion and non-religion. *See, e.g.*, 42 U.S.C. § 238n (Coats-Snowe Amendment); Pub. L. No. 115-245, Div. B., sec. 507(d), 132 Stat. 2981 (Weldon Amendment); 42 U.S.C. § 300a-7 (Church Amendments). Indeed, the Church Amendments, and thus the Rule in implementing them, equally protect entities from discrimination based on choosing *to* perform abortions and choosing *not to* perform abortions, whether the choice is based on religious or non-religious convictions. *See, e.g.*, 42 U.S.C. § 300a-7(c)(1). Indeed, the Rule's definition of "discriminate" (Plaintiffs' focus) is not a definition of "religious beliefs," but only applies to religious beliefs where the underlying statutes do. The fact that the government provides accommodations for both religious and non-religious objections has long been a factor indicating that there is no Establishment Clause violation, *Bd. of Educ. of Kiryas Joel Vill. Sch. Dist. v. Grumet*, 512 U.S. 687, 704 (1994) (collecting cases), and Plaintiffs cite no contrary case law finding an Establishment Clause violation as to a statute or regulation that accommodates objections whether based on religion or not.

Indeed, contrary to Plaintiffs' argument that *Estate of Thornton v. Caldor*, 472 U.S. 703 (1985), was primarily about absoluteness, the law at issue in *Thornton* was improper because it offered a benefit only to the religiously inclined. In *Texas Monthly, Inc. v. Bullock*, 489 U.S. 1, 11 (1989), the Supreme Court upheld a property tax exemption that applied to religious and nonreligious organizations alike. Citing *Thornton*, the Court explained that "were [the] benefits

confined to religious organizations, they could not have appeared other than as state sponsorship of religion; if that were so, we would not have hesitated to strike them down for lacking a secular purpose and effect.” Similarly, in *Hobbie v. Unemployment Appeals Comm’n of Fla.*, 480 U.S. 136, 144–46 (1987), the Supreme Court upheld the award of unemployment benefits to a religious objector. The Court considered *Thornton* as an example of an “unyielding weighting in favor of Sabbath observers over all other interests” that “ha[d] a primary effect that impermissibly advance[d] a particular religious practice.” *Id.* at 145 n.11 (quoting *Thornton*, 472 U.S. at 710 (alterations in *Hobbie*)). “In contrast, Florida’s provision of unemployment benefits to religious observers does not single out a particular class of such persons for favorable treatment and thereby have the effect of implicitly endorsing a particular religious belief. Rather, the provision of unemployment benefits generally available within the State to religious observers who must leave their employment due to an irreconcilable conflict between the demands of work and conscience neutrally accommodate[d] religious beliefs and practices, without endorsement.” *Id.* at 145 n.11.

Here, like in *Texas Monthly* and *Hobbie*, and unlike in *Thornton*, Plaintiffs do not dispute that most of the Federal Conscience Statutes address both religious and non-religious objections to certain services.<sup>8</sup> See Defs.’ Mem. 69 (discussing, for example, the Weldon and Church Amendments). There is thus no Establishment Clause problem. See *Thornton*, 472 U.S. at 711 (O’Connor, J., concurring) (stating that the statute impermissibly “singles out Sabbath observers

<sup>8</sup> And the handful of Federal Conscience Statutes that are limited to religious objectors, see, e.g., 42 U.S.C. §§ 1320a-1(h) (referring to religious nonmedical health care institutions), are not challenged by Plaintiffs. In any event, the Establishment Clause does not prevent the government from accommodating religion. See, e.g., *Corp. of Presiding Bishop of Church of Jesus Christ of Latter-day Saints v. Amos*, 483 U.S. 327, 335 (1987).

for special . . . protection without according similar accommodation to ethical and religious beliefs and practices of other private employees”).

Plaintiffs’ selective objection to features of the Rule that merely reflect the underlying Federal Conscience Statutes is also apparent in Plaintiffs’ argument that the Rule is improper because its text refers to religious liberty interests. PP Opp’n 43. But it is entirely permissible for the Rule to acknowledge that one of its objectives—but not the *only* objective—is the protection of religious freedom. *See, e.g.*, 84 Fed. Reg. at 23,170 (“The United States has a long history of providing protections in health care for individuals and entities on the basis of religious beliefs *or moral convictions.*” (emphasis added)). This language mirrors various underlying Statutes that also refer explicitly to the protection of religious conscience objections *and* to the protection of non-religious conscience objections. *See, e.g.*, 42 U.S.C. § 300a-7 (Church Amendments, hinging on a person’s “religious beliefs or moral convictions”). That Plaintiffs see this phrasing as a reason to object to the Rule—but not to the Statutes—underscores the incoherence of Plaintiffs’ attempts to separate the two.

On the matter of burden to third parties, Plaintiffs now concede that, as Defendants stated in their opening brief, the Establishment Clause does not flatly prohibit accommodations that may burden third parties, PP Opp’n 43—instead, the potential burden is one factor that the court considers to determine if an accommodation strays into the unlawful fostering of religion. *Cf. Chrisman*, 506 F.2d at 311 (concluding that a provision of the Church Amendments satisfied the Establishment Clause without considering whether it burdened third parties). This is in keeping with Supreme Court precedent: “[In *Gillette*,] the Court upheld a military draft exemption, even though the burden on those without religious objection to war (the increased chance of being drafted and forced to risk one’s life in battle) was substantial. And in *Corporation of Presiding*

*Bishop*, the Court upheld the Title VII exemption even though it permitted employment discrimination against nonpractitioners of the religious organization's faith." *Bd. of Educ. of Kiryas Joel Vill. Sch. Dist.*, 512 U.S. at 725. Here, of course, as previously discussed, the Rule does not improperly foster religion because it also applies to non-religious objections to the provision of certain services.

### **VIII. The Rule Does Not Create Separation of Powers Concerns.**

Plaintiffs' arguments concerning the separation of powers, NY Opp'n 38–39, misapprehend the Rule in several ways. First, Plaintiffs incorrectly suggest that the Rule differs from the Federal Conscience Statutes in terms of the amount of money or funding sources that could be affected. As previously explained, the Rule does not change the Statutes' substantive requirements and thus does not newly link funds tied by statute to the Church Amendments (for example) to violations of the Weldon Amendment (for example) or *vice versa*. It is thus incorrect to say the Rule "allows HHS to withhold all of the federal funding that Plaintiffs receive from the Department based on any perceived violation of any of the underlying statutes." NY Opp'n 38.

Second, Plaintiffs disingenuously suggest that the Weldon Amendment's clear statement that "[n]one of the funds made available in this Act may be made available to [entities that engage in prohibited conduct]" is insufficient for HHS to act because it does not contain the word "HHS." NY Opp'n 38–39; *see also* Pub. L. No. 115-245, Div. B, § 507(d), 132 Stat. 2981. Plaintiffs unsurprisingly offer no canon of construction supporting this perplexing interpretation, which would leave the Weldon Amendment—enacted by each Congress since 2004—as an empty rhetorical device that no federal agency has the power to obey.

**IX. The Court May Not Consider Plaintiffs' Extra-Record Declarations In Assessing The Merits.**

The Court should not consider Plaintiffs' declarations when assessing the merits of Plaintiffs' claims against the Rule, because review of such claims is limited to the administrative record before the agency—not extra-record materials first submitted in court such as the declarations provided by Plaintiffs. *See, e.g.*, NY Opp'n 44–45 nn.33–41 (citing declarations in Plaintiffs' Spending Clause argument); *id.* at 14–15 nn.4–5, 16, 17 n.9 (citing a declaration in support of Plaintiffs' argument that the Rule is arbitrary and capricious under the APA).

The APA provides that, “[i]n making the [] determinations [regarding the lawfulness of agency action], the court shall review the whole record,” 5 U.S.C. § 706, and the Supreme Court long ago held that the whole record means “the full administrative record that was before the Secretary at the time he made his decision,” *Citizens to Pres. Overton Park Inc. v. Volpe*, 401 U.S. 402, 420 (1971). The Supreme Court has reiterated this conclusion in subsequent decisions. In *Camp v. Pitts*, for example, the Court explained that “the focal point for judicial review should be the administrative record already in existence, not some new record made initially in the reviewing court.” 411 U.S. 138, 142 (1973). And in *Florida Power & Light Co. v. Lorion*, 470 U.S. 729 (1985), the Court stated that “[t]he task of the reviewing court is to apply the appropriate APA standard of review, 5 U.S.C. § 706, to the agency decision based on the record the agency presents to the reviewing court.” *Id.* at 743–44; *see also Nat'l Audobon Soc'y v. Hoffman*, 132 F.3d 7, 14 (2d Cir. 1997) (“Generally, a court reviewing an agency decision is confined to the administrative record compiled by that agency when it made the decision.”). To admit additional evidence that was never before agency decisionmakers is to invite the district court to conduct a prohibited *de*

*novo* review of the issue before the agency. *Sierra Club v. U.S. Army Corps of Eng'rs*, 772 F.2d 1043, 1052 (2d Cir. 1985).<sup>9</sup>

Plaintiffs' constitutional claims, too, are governed by the APA—the APA provides the private right of action necessary for Plaintiffs to assert these claims for equitable relief with respect to final agency action. Defendants are aware of no statute other than the APA that would provide Plaintiffs with a private right of action to raise these constitutional claims, and Plaintiffs cite none. Multiple courts across the country have held that § 706 of the APA, by its plain language, restricts the review of constitutional claims to the administrative record. *See Chang v. United States Citizenship & Immigration Servs.*, 254 F. Supp. 3d 160, 161 (D.D.C. 2017); *see also Harkness v. Sec'y of Navy*, 858 F.3d 437, 451 n.9 (6th Cir. 2017) (explaining that a constitutional claim “is properly reviewed on the administrative record”), *cert. denied*, No. 17-955, 2018 WL 3013822 (June 18, 2018); *Jarita Mesa Livestock Grazing Ass'n v. U.S. Forest Serv.*, 58 F. Supp. 3d 1191, 1232–33 (D.N.M. 2014); *Evans v. Salazar*, No. Co8-0372, 2010 WL 11565108, at \*2 (W.D. Wash. July 7, 2010); *Harvard Pilgrim Health Care of New England v. Thompson*, 318 F. Supp. 2d 1, 10 (D.R.I. 2004); *Charlton Mem'l Hosp. v. Sullivan*, 816 F. Supp. 50, 51 (D. Mass. 1993). A contrary rule—one admitting of a special exception for constitutional claims—would “incentivize every unsuccessful party to agency action to allege . . . constitutional violations to trade in the APA's restrictive procedures” for the Federal Rules of Civil Procedure. *Jarita Mesa Livestock Grazing Ass'n*, 58 F. Supp. 3d at 1238.

<sup>9</sup> There are narrow exceptions permitting the consideration of extra-record in rare cases, *see, e.g., Nat'l Audubon Soc. v. Hoffman*, 132 F.3d 7, 14 (2d Cir. 1997), but Plaintiffs do not assert that any of those exceptions apply here (and they do not).

**X. Any Relief Accorded to Plaintiffs Should be Limited.**

*A. The Court Should Grant Relief Only As To Specific Portions of the Rule It Deems Unlawful, If Any.*

For all the reasons described above, and in Defendants’ opening brief, the Rule is lawful. Plaintiffs insist, however, that, if the Court finds that any part of the Rule is invalid, it must strike down the Rule in its entirety, rather than respect the agency’s clear intent that portions of the Rule found to be invalid should be severed from the remainder. *See* NY Opp’n 54–55; *see also* 84 Fed. Reg. at 23,272. Plaintiffs fault Defendants for providing only a “skeletal suggestion” that this Court engage in a severability analysis. But Plaintiffs ignore that it is *Plaintiffs’* burden—not Defendants’—to explain why any portion of a lawfully promulgated regulation should not be allowed to go into effect. *Cf. Alaska Airlines v. Donovan*, 766 F.2d 1550, 1560 (D.C. Cir. 1985) (“[T]he burden is placed squarely on the party arguing against severability to demonstrate that Congress would not have enacted the provision without the severed portion.”). It is therefore Plaintiffs whose severability analysis is lacking.

In any event, portions of the Rule can clearly operate independently from each other. For example, if the Court were to strike down any particular definition in the Rule (which it should not, for the reasons explained above), the remaining definitions and other provisions of the Rule could continue to operate independently. Plaintiffs have provided no reasoned basis for their insistence that the Rule must either survive or fall as a whole, where HHS has explicitly explained that it intended for the constituent parts to survive independently. *See* Defs.’ Mem. 79–80.

*B. Any Relief Should Not Extend Beyond the Parties Before the Court.*

Again, although the Rule is lawful for the reasons Defendants have explained, if the Court were to disagree, any relief must be limited to the specific Plaintiffs before the Court. Plaintiffs insist that nationwide relief is the “usual” remedy under the APA. But Plaintiffs ignore the

Supreme Court’s recent instruction to the contrary. In *Gill v. Whitford*, 138 S. Ct. 1916 (2018), the Court explained that any remedy “must be tailored to redress the plaintiff’s particular injury.” *Id.* at 1934. Even though the plaintiffs in this litigation include a number of states and organizations, vacating the Rule on a nationwide basis would go far beyond what is necessary to address these states’ and organizations’ particular alleged injury, violating established principles of equitable discretion. *See* Defs.’ Mem. 77–78. And nationwide relief would effectively stop courts in other jurisdictions assessing similar challenges from evaluating those separate claims. *See id.* at 78.

*C. Plaintiffs Concede that Any Relief Should Not Impact Any Investigations Based on the 2011 Rule or the Federal Conscience Statutes.*

In their opening brief, Defendants explained that even if the Court were to strike down any or all of the Rule, the Court should make clear in its order that the relief does not prevent HHS from continuing to investigate violations of, and to enforce, federal conscience and anti-discrimination laws under the existing 2011 Rule or the Federal Conscience Statutes themselves. Plaintiffs have now confirmed that are not challenging the underlying Statutes on which the Rule is based, NY Opp’n 55, and therefore apparently concede that any relief should not limit HHS’s existing statutory or regulatory enforcement authority.

**CONCLUSION**

For the foregoing reasons, the Court should grant Defendants’ motion and deny Plaintiffs’ motions.

Dated: September 19, 2019

Respectfully submitted,

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Assistant Attorney General

JAMES M. BURNHAM  
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*Counsel for Defendants*

# **Exhibit 1**



March 16, 2018

Submitted Electronically

Department of Health and Human Services  
Office for Civil Rights  
Attention: Conscience NPRM  
RIN 0945-ZA03  
Hubert H. Humphrey Building, Room 509F  
200 Independence Avenue SW  
Washington, DC 20201

**Subj: Protecting Statutory Conscience Rights in Health Care,  
Dep't of Health & Human Services, Office for Civil Rights,  
RIN 0945-ZA03**

Dear Sir or Madam:

On behalf of the United States Conference of Catholic Bishops (“USCCB”), National Association of Evangelicals, Southern Baptist Ethics & Religious Liberty Commission, Catholic Medical Association, Christian Legal Society, and Family Research Council, we submit the following comments on the proposed rule to protect conscience rights in health care. 83 Fed. Reg. 3880 (Jan. 26, 2018).

We strongly commend the Department for publishing these proposed regulations and we urge their adoption. For over four decades, through enactments such as the Church Amendment (42 U.S.C. § 300a-7), Congress has sought to ensure that health care institutions and professionals will not have to choose between abandoning medicine and violating their conscience, particularly with respect to abortion and sterilization. The proposed regulations will implement these and other longstanding federal statutory protections, and thereby help guarantee that health care institutions and professionals are not pushed into this Hobson's choice.

### **1. The Proposed Regulations Are Much Needed and Long Overdue.**

The preamble provides ample documentation of the record of violations of the federal conscience statutes in the United States. 83 Fed. Reg. at 3887-89. Sadly, hostility to conscience rights in health care is not only continuing, but increasing, as demonstrated by the rise in the rate of complaint filings. *Id.* at 3887 (noting 34 complaints between November 2016 and mid-January 2018, compared to 1.25 complaints per year from 2008 until November 2016); *see also* Jessie Hellmann, *New HHS Office that Enforces Health Workers' Religious Rights Received 300 Complaints in a Month*, THE HILL, Feb. 20, 2018 (noting that “[m]ore than 300 individuals filed a complaint with [HHS] over the last month”), <http://thehill.com/policy/healthcare/374725-hhs-new-office-that-enforces-religious-moral-rights-of-health-workers>.

Some states and local governments and advocacy groups seem to have grown more determined in their opposition to federal conscience laws. Ironically, many of these groups speak of “choice” and non-discrimination, but their objective is precisely the opposite, the elimination of choice and the imposition of rules that force people to participate in these procedures, as well as the targeted exclusion of those whose religious convictions impel and shape their provision of medical care. Many advocates speak as if the conscience laws were the invention of the current administration. They are not. Three of the most important protections—the Church, Coats-Snowe, and Weldon amendments—go back to 1973, 1996, and 2004, respectively.

Though these laws have been on the books for years, legislators and advocates are becoming more emboldened to violate them. There are reports this year of efforts to pass a bill in Maine “that would require all nurse practitioners to provide the abortion pill to patients upon request” in violation of the Church and Weldon amendments. Jessie Hellmann, *Planned Parenthood Announces Nationwide Push for Abortion, Birth Control Legislation*, THE HILL (Feb. 13, 2018), <http://thehill.com/policy/healthcare/373619-planned-parenthood-announces-nationwide-push-or-abortion-birth-control>. Washington State legislators have passed a bill that would require health plans to cover abortion if they cover maternity care, in violation of the Weldon amendment. Washington State Substitute Sen. Bill 6219 (Mar. 3, 2018), <http://lawfilesexternal.wa.gov/biennium/2017-18/Pdf/Bills/Senate%20Passed%20Legislature/6219-S.PL.pdf#page=1>.

We commend the Department for proposing these regulations, which are much needed and long overdue.

**2. The Proposed Regulations' Broad Interpretation of Conscience Laws Is Consistent with the Remedial Purpose of the Statutes They Enforce.**

Proposed section 88.1 states that “[c]onsistent with their objective to comprehensively protect the conscience and associated anti-discrimination rights of persons, entities, and health care entities, the statutory provisions and the regulatory provisions contained in this part are to be interpreted and implemented broadly to effectuate their protective purposes.” 83 Fed. Reg. at 3923. Similarly, proposed section 88.9 states that the regulations “shall be construed in favor of a broad protection of free exercise of religious beliefs and moral convictions, to the maximum extent permitted by the terms of the Federal health care conscience and associated antidiscrimination statutes implemented by the Constitution.” *Id.* at 3931.

We agree with HHS that such a broad construction is warranted. Courts and administrative agencies have long recognized that non-discrimination laws should be construed broadly to give full effect to their remedial purposes. *Tcherepnin v. Knight*, 389 U.S. 332, 336 (1967) (it is a “familiar canon of statutory construction that remedial legislation should be construed broadly to effectuate its purposes”); *see, e.g., Disabled in Action v. Southeastern Pa. Transp. Auth.*, 539 F.3d 199, 208 (3d Cir. 2008) (the Americans with Disabilities Act “‘is a remedial statute, designed to eliminate discrimination against the disabled in all facets of society,’ and as such, ‘it must be broadly construed to effectuate its purposes’”). It is entirely appropriate, therefore, that HHS adopt a broad construction here.

Consistent with rules of construction referenced in sections 88.1 and 88.9, the proposed regulations define particular statutory terms with commendable breadth. To take a few examples, in proposed section 88.2, the Department defines the phrase “assist in the performance” to include any “articulable connection to a procedure, health service, health program, or research activity...” 83 Fed. Reg. at 3923. In the same section, “refer” is defined to mean the provision of “any information ... by any method” pertaining to a health care service, activity, or procedure. *Id.* at 3924. The term “discrimination” is defined in terms of any action having any adverse effect, including the withholding or revocation of funds. *Id.* at 3923-24. These and other definitions in section 88.2 are helpfully detailed and will provide much needed guidance as to the meaning of the conscience statutes.

Regarding the proposed regulations’ definitions, we have one remaining comment. We are aware of at least one instance in which a State agency declined to follow the Weldon amendment because that particular agency was not a direct recipient of federal funds, even though the State was a recipient of such funds. HHS should make clear in the regulations that when federal law forbids discrimination by a State that receives federal funds (as in the case of the Weldon amendment), and a particular State receives such funds, then *all* government agencies and offices of that State are obliged to follow the non-discrimination rule. Otherwise States, contrary to Congress’s intent, could avoid federal nondiscrimination laws simply by creating separate agencies and offices that do not directly receive federal funds, which thereafter could violate conscience protection laws with impunity.

Subject to this recommendation, we urge HHS to adopt the proposed sections 88.1, 88.2, and 88.9 in the final rule.

**3. The Proposed Regulatory Requirements Correctly Mirror the Requirements of the Statutes They Enforce.**

Proposed section 88.3 sets out the requirements of the conscience statutes. This provision closely tracks, and often borrows verbatim from, the statutes they are designed to enforce. We commend HHS for its careful attention and adherence to the statutory text, and we urge the Department to adopt the proposed section 88.3 in the final rule.

**4. The Proposed Regulations Properly Require Assurances and Certifications of Compliance.**

Assurances and certifications are a long-established means of ensuring knowledge of, and compliance with, federal funding requirements. We agree that those requirements are properly imposed here because, as the Department notes, it will help ensure that funded entities understand and recognize that they must abide by the conscience laws and regulations. 83 Fed. Reg. at 3928-29, proposing 45 C.F.R. § 88.4. Posting and notice requirements are a common regulatory feature of nondiscrimination statutes. We agree with the proposed notice and compliance requirements here. 83 Fed. Reg. at 3929-30, proposing 45 C.F.R. §§ 88.5, 88.6.

We urge HHS to adopt the proposed sections 88.4, 88.5, and 88.6 in the final rule.

**5. The Proposed Regulations Provide Critical Enforcement Mechanisms.**

Proposed section 88.7 is perhaps the most important part of the proposed regulation because it provides means of enforcing the conscience laws and regulations. Section 88.7(j)(3) is particularly helpful in spelling out the various means by which OCR will enforce the conscience regulations, to include withholding funds, referring the matter to the Attorney General, or taking other remedies that may be legally available.

It is noteworthy and laudatory that the Department has delegated to OCR “full enforcement authority over a significantly larger universe of Federal statutes” than was previously the case. 83 Fed. Reg. at 3891. We commend the Department for this more inclusive approach.

We urge HHS to adopt the proposed section 88.7 in the final rule.

**6. The Administration Has Taken an Important Step in Correcting an Earlier Misinterpretation of the Weldon Amendment.**

We agree with, and commend, the Department for acknowledging that its interpretation of the Weldon amendment under the previous administration was incorrect. The Department now correctly acknowledges that the text of the Weldon amendment is controlling, and that there

is nothing in the text of the amendment that would limit its enforcement to insurers or only to those with religious or moral objections. 83 Fed. Reg. at 3890-91.

**Conclusion**

We strongly commend the Department for taking these necessary steps to implement and enforce the federal conscience laws in health care.

Sincerely,

Leith Anderson  
President  
National Association of Evangelicals

Anthony R. Picarello, Jr.  
Associate General Secretary &  
General Counsel  
U.S. Conference of Catholic Bishops

Galen Carey  
Vice President, Government Relations  
National Association of Evangelicals

Michael F. Moses  
Associate General Counsel  
U.S. Conference of Catholic Bishops

Russell Moore  
President  
Southern Baptist Ethics & Religious  
Liberty Commission

Hillary E. Byrnes  
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Marie-Alberte Boursiquot, M.D., F.A.C.P.  
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Greg Burke, M.D.  
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Catholic Medical Association

David Christiansen  
Vice President of Government Affairs  
Family Research Council

Travis Weber, J.D., LL.M.  
Director of the Center for Religious Liberty  
Family Research Council

# **Exhibit 2**



March 26, 2018

***VIA Federal eRulemaking Portal***

U.S. Department of Health and Human Services  
Office for Civil Rights RIN 0945-ZA03/  
Docket ID No. HHS-OCR-2018-0002

RE: Proposed Rule on Protecting Statutory Conscience Rights in Health Care

Dear Secretary Azar:

On behalf of Alliance Defending Freedom (“ADF”), we offer the following comments on the Department of Health and Human Services’s (“HHS”) proposed rule to protect the statutory conscience rights of those involved in the healthcare industry. 83 Fed. Reg. 3880 (Jan. 26, 2018).

**INTRODUCTION**

ADF is a national and international nonprofit legal organization that litigates cases implicating religious freedom, marriage and the family, and the sanctity of human life. A necessary and integral part of this work involves defending the right to conscience of business owners, creative professionals, university students and employees, religious entities, nonprofit organizations, and most notable here, medical practitioners and allied healthcare professionals. We have extensive experience defending clients whose lives have been thrown into turmoil—and whose right to conscience has been subverted—by those who are either unaware or willfully dismissive of the full panoply of extant federal conscience protections. This combination of ignorance and repudiation has unfortunately caused many conscientious medical practitioners to needlessly suffer threats to their livelihoods and affronts to their religious beliefs and practices. Moreover, these ordeals have only

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been made worse by the fact that heretofore there has been very little recourse available to these medical practitioners to remedy these violations. Indeed, for far too long, the many federal conscience protections available to medical practitioners have been treated as aspirational at best, and sometimes even as dead letters. ADF therefore offers the following comments in strong support for HHS's proposed regulations, which seek to not only raise awareness of conscience rights but to put some real teeth into federal protections for those rights, by providing for vigorous enforcement against offending entities and individuals.

**I. Because the Right to Conscience is Imperiled Now More Than Ever Before, It is Critical That These Proposed Regulations—In Their Fullest Form—Be Enacted As Soon as Practicable.<sup>1</sup>**

The right to conscience was central to the founding of the American Republic.<sup>2</sup> James Madison deemed it an “unalienable right,”<sup>3</sup> “the most sacred of all property,”<sup>4</sup> and Thomas Jefferson concurred, noting that conscience “could not [be] submit[ted]” to governmental oversight or authority.<sup>5</sup> This same right of conscience has also been essential to the practice of medicine for millennia, as evidenced by the Hippocratic Oath<sup>6</sup> and medicine’s status as an autonomous profession concerned with doing right and avoiding wrong.<sup>7</sup>

It is therefore not surprising that soon after the United States Supreme Court announced a right to elective abortion, Congress and the vast majority of state

<sup>1</sup> A comprehensive treatment of issues surrounding conscience and the medical practitioner, including the historical and philosophical underpinnings for the right, contemporary threats to conscience, the many reasons it should and must be protected, and suggested ways to protect conscience, can be found in ADF’s recently published article, Kevin Theriot & Ken Connelly, *Free to Do No Harm: Conscience Protections for Healthcare Professionals*, 49 Ariz. St. L.J. 549 (2017).

<sup>2</sup> Lynn D. Wardle, “*Conscience Exemptions*,” 14 Engage: J. Federalist Soc’y Prac. Groups 77, 78-79 (2013) (explaining that protecting “conscience was one of the essential purposes for the founding of the United States of America and one of the great motivations for the drafting of the Bill of Rights”).

<sup>3</sup> James Madison, Memorial and Remonstrance Against Religious Assessments (1785), in Selected Writings of James Madison 21-27 (Ralph Ketcham ed. 2006).

<sup>4</sup> James Madison, Property (1792), in Madison supra, note 2, at 223.

<sup>5</sup> Thomas Jefferson, Notes on the State of Virginia 265 (1782).

<sup>6</sup> See Alliance Defending Freedom, *Legal Guide For Medical Professionals—Conscience Protections for People of Faith* 1 (2016), available at <https://adflegal.org/HealthcareGuide> (describing the genesis of the Oath and its importance in moving medicine toward a profession that “reverence[s] human life”).

<sup>7</sup> Edmund D. Pellegrino, *Toward a Reconstruction of Medical Morality*, The American Journal of Bioethics, 6(2): 65–71, 2006 (stating that “[m]edicine is a moral enterprise . . . conducted in accordance with a definite set of beliefs about what is right and wrong”).

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legislatures saw fit to provide explicit protections for conscience.<sup>8</sup> In fact, the Supreme Court itself indicated in *Roe v. Wade*, and its companion case *Doe v. Bolton*, that the right to be free from governmental interference in procuring an elective abortion did not entail the power to compel another to provide that procedure against his or her will.<sup>9</sup>

Yet despite its unquestionable pedigree as a paramount right, conscience today is under siege, tolerated by many in the political and cultural ascendancy only when the reason for its exercise “conforms to their own agenda.”<sup>10</sup> Opponents to conscience in medicine, for instance, claim that its assertion “obstruct[s] access to goods and services,”<sup>11</sup> and constitutes an abdication of the medical practitioner’s duty.<sup>12</sup> Some have argued, for instance, that physicians with moral objections to certain procedures should simply avoid practicing in a field that implicates their objections.<sup>13</sup> Others have concluded that “health care professionals should be admonished that conscientious objections based on personal beliefs, as opposed to professional ethics, will entail consequences.”<sup>14</sup> A group of philosophers and bioethicists recently expounded upon this pronouncement by proposing that those medical practitioners who exercise a right to conscience “should be required to compensate society and the health system for their failure to fulfil their professional obligations.”<sup>15</sup> Still others have gone so far as to claim that “[a] doctor’s conscience has little place in the delivery of modern medical care.”<sup>16</sup>

<sup>8</sup> See *Legal Guide For Medical Professionals* at 6 (describing the legislative “flurry” in the wake of *Roe*).

<sup>9</sup> See *Roe v. Wade*, 410 U.S. 113, 144 n.38 (1973) (quoting AMA resolutions confirming that “no party to the procedure [abortion] should be required to violate personally held moral principles”); *Doe v. Bolton*, 410 U.S. 179, 197–98 (1973) (noting that under the challenged law that “a physician or any other employee has the right to refrain, for moral or religious reasons, from participating in the abortion procedure”).

<sup>10</sup> Stephen J. Genuis & Chris Lipp, *Ethical Diversity and the Role of Conscience in Clinical Medicine* at 6, *International Journal of Family Medicine*, Volume 2013 (Article ID 587541), available at <https://www.hindawi.com/journals/ijfm/2013/587541/>.

<sup>11</sup> Douglas Nejaime, Reva B. Siegel, *Conscience Wars: Complicity-Based Conscience Claims in Religion and Politics*, 124 *Yale L.J.* 2516, 2566 (2015).

<sup>12</sup> See, e.g., Julian Savulescu, *Conscientious Objection in Medicine*, *BMJ* 294, 294 (2006) (arguing that “[c]onscience . . . can be an excuse . . . invoked to avoid doing one’s duty”).

<sup>13</sup> Julie Cantor, *Conscientious Objection Gone Awry — Restoring Selfless Professionalism in Medicine*, 360 *NEW ENG. J. MED.* 1484, 1485 (2009) (“Qualms about abortion, sterilization, and birth control? Do not practice women’s health.”).

<sup>14</sup> Martha S. Swartz, “*Conscience Clauses*”, 6 *YALE J. HEALTH POL’Y, L. & ETHICS* at 277.

<sup>15</sup> *Consensus Statement on Conscientious Objection in Healthcare*, *PRACTICAL ETHICS* (Aug. 29, 2016), <http://blog.practicaethics.ox.ac.uk/2016/08/consensus-statement-on-conscientious-objection-in-healthcare/>.

<sup>16</sup> Julian Savulescu, *Conscientious Objection in Medicine*, *BMJ* 294, 294 (2006).

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Perhaps most alarming, even professional medical associations now question the role of conscience in the provision of medical care. The Committee on Ethics of the American College of Obstetricians and Gynecologists (ACOG), for instance, has opined that physicians have a duty to either refer for abortion and other related procedures or, in the alternative, when such referral is not feasible, “provide medically indicated and requested care regardless of the provider’s personal moral objections,” up to and including abortion.<sup>17</sup> Additionally, after the Bush Administration sought to bolster federal conscience protections in 2008 (as discussed in HHS’s proposed regulations), the American Medical Association, along with the American Psychological Association, the American Nurses Association, and the American Society of Pediatrics submitted comments in opposition, claiming that “[d]octors who follow their consciences might violate their ‘paramount responsibility and commitment to serving the needs of their patients.’”<sup>18</sup>

States too have proven less than solicitous of protecting the conscience rights of medical practitioners. In response to the aforementioned Bush Administration attempts to shore up federal conscience protections, thirteen state attorneys general signed a letter denouncing the regulations,<sup>19</sup> and seven states later filed suit to block them.<sup>20</sup> More recently, Illinois—which otherwise had provided broad protection for medical conscience—amended its Healthcare Right of Conscience Act to require medical practitioners and institutions to provide abortion referrals.<sup>21</sup> Vermont medical regulatory agencies attempted to construe Act 39, the state’s recently enacted assisted suicide law, to require medical professionals to counsel (or refer for counseling) their terminal patients for physician-assisted suicide.<sup>22</sup> And California passed AB 775, which requires licensed medical centers offering free, pro-life

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<sup>17</sup> AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, COMMITTEE ON ETHICS, THE LIMITS OF CONSCIENTIOUS REFUSAL IN REPRODUCTIVE MEDICINE 5 (2007).

<sup>18</sup> William L. Saunders & Michael A. Fragoso, *Conscience Protection in Health and Human Services*, 10 Engage: J. Federalist Soc’y Prac. Groups, July 2009, at 117 (quoting AMA comments, available at [http://www.plannedparenthood.org/files/AMA\\_et\\_al\\_Comments.pdf](http://www.plannedparenthood.org/files/AMA_et_al_Comments.pdf)).

<sup>19</sup> See Saunders and Fragoso, *Conscience Protection* at 117 (citing Press Release, Terry Goddard Urges Proposed Abortion Rule Be Withdrawn (Sept. 24, 2008), available at <https://www.azag.gov/press-release/terry-goddard-urges-proposed-abortion-rule-be-withdrawn>) (“The proposed regulation completely obliterates the rights of patients to legal and medically necessary health care services in favor of a single-minded focus on protecting a health care provider’s right to claim a personal moral or religious belief.”).

<sup>20</sup> *Id.* (describing complaint allegations)

<sup>21</sup> See Complaint, *Pregnancy Care Center of Rockford v. Rauner*, Circuit Court of the Seventeenth Judicial Circuit (Winnebago Cty., Ill.), Case No. 2016MR000741 (August 5, 2016).

<sup>22</sup> See Complaint, *Vermont Alliance for Ethical Healthcare v. Hoser*, No. 16-cv-00205 (Dkt. No. 1, Jul. 19, 2016, D. Vt.).

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assistance to pregnant women to post a disclosure informing those women that California provides free or low-cost abortion and contraception services, along with a phone number for those services.<sup>23</sup>

The scope and depth of these attacks on conscience emanates from a crabbed and myopic conception of the medical practitioner as a sort of public utility who must dole out any demanded service regardless of any moral qualms he or she may have, and regardless of any concerns based on his or her professional judgment.<sup>24</sup> Unfortunately, in our experience, extant federal conscience protections have proven incapable of combatting this pernicious trend to date, principally because they lack meaningful enforcement mechanisms, frequently cover only a limited range of procedures and healthcare personnel, and often garner little respect from courts in any event.<sup>25</sup> The travails of our clients prove that federal conscience protections, although many in number and often long on the statute books, have heretofore been relatively incapable of protecting the very rights to conscience they were crafted to vindicate.

### **Cathy Cenzone-DeCarlo**

Cathy Cenzone-DeCarlo is a devout Catholic who works as a surgical nurse at Mt. Sinai Hospital in New York City.<sup>26</sup> Because it is her religious belief that abortion is the unwarranted taking of a human life, she explicitly expressed to the hospital her unwillingness to participate in abortion and completed paperwork to that effect upon beginning her tenure there. That agreement was willfully ignored by hospital officials

<sup>23</sup> See Appellant's Opening Brief at 10-16, *National Institute of Family and Life Advocates v. Harris*, No. 16-55249 (9th Cir., Mar. 17, 2016).

<sup>24</sup> See R. Alta Charo, *The Celestial Fire of Conscience--Refusing to Deliver Medical Care*, 352 *New Eng. J. Med.*, 2471, 2473 (2005) (comparing the practice of medicine to "a kind of public utility" where exercising the right to conscience constitutes "an abuse of the public trust"); Martha S. Swartz, "Conscience Clauses" or "Unconscionable Clauses": *Personal Beliefs Versus Professional Responsibilities*, 6 *YALE J. HEALTH POL'Y, L. & ETHICS* 269, 277 (2006) (arguing that the "monopolistic nature of health care professionals' state-granted licenses" obliges them "to provide requested medical care that is not medically contraindicated, is not outside generally accepted medical or professional ethics, and is not illegal").

<sup>25</sup> See Lynn D. Wardle, *Protection of Health-Care Providers' Rights of Conscience in American Law: Present, Past, and Future*, 9 *Ave Maria L. Rev.* 1, 27-28, 44 (2010) (discussing the narrow focus of many conscience protections and pointing out that "private individuals in health-care professions have little means for vindicating and redressing violations of their personal rights of conscience," and "current legislative conscience clauses provide very few meaningful mechanisms for ascertaining compliance").

<sup>26</sup> See Complaint, *Cenzone-DeCarlo v. Mt. Sinai Hospital*, No. 09-cv-3120 (Dkt. No 1, Jul. 21, 2009, E.D.N.Y.).

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when they compelled Cathy to assist in the abortion of a 22-week old preborn baby on Saturday, May 24, 2009. Rather than accommodate Cathy, hospital officials threatened her with charges of “insubordination and patient abandonment” if she did not immediately assist in the abortion, despite the fact that the case did not even involve emergency circumstances.<sup>27</sup> Unfortunately, despite the existence of federal protections which were designed precisely to protect her in this situation, most notably the Church Amendment, Cathy was unable to prevail upon her supervisors to relent. She was compelled to assist in the abortion because she was unable to sustain the loss of her job or her nursing license. When she later filed suit against the hospital in federal court, the action was dismissed because the court found that she had no private right of action, and thus no right to bring the action in the first place, a ruling which was affirmed by the Second Circuit Court of Appeals.<sup>28</sup> Cathy was instead beholden to the federal bureaucracy to pursue the complaint her attorneys filed with HHS, which finally investigated the incident after a delay but did not ultimately resolve it. Although Mt. Sinai eventually revised its policies to respect conscience rights, Cathy’s ordeal inflicted upon her emotional and psychological trauma that have left lasting scars to this day. Her ordeal also shows that federal conscience protections—even when they are clearly applicable to the situation at hand—will do little to actually prevent egregious abuses without meaningful enforcement mechanisms and a knowledge on the part of healthcare facilities that HHS will enforce the regulations swiftly and consistently.

#### **The Stormans Family and Ralph’s Thriftway**

The Stormans family owns and operates Ralph’s Thriftway, a fourth-generation grocery store and pharmacy in Olympia, Washington.<sup>29</sup> As Christians they object to participating in the destruction of human life. They refrain from stocking or dispensing Plan B or ella in their pharmacy, as the FDA has confirmed that both medications can prevent implantation and therefore destroy a human embryo. If they receive a request for these types of medications, they commonly refer customers to one of the more than 30 nearby pharmacies that regularly stocks and dispenses them. Unsurprisingly, because these pharmacies are all within five miles of Ralph’s, no one has ever been denied timely access to these medications. Moreover, referrals are a commonplace of the pharmacy practice and are supported by the American Pharmacists Association and more than 30 other medical and pharmacy associations. Referral is also legal in every state—except Washington.

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<sup>27</sup> *Id.* at ¶¶ 97-123.

<sup>28</sup> *Cenzon-DeCarlo v. Mount Sinai Hosp.*, 626 F.3d 695, 698-99 (2d Cir. 2010).

<sup>29</sup> *See Stormans, Inc. et al., v Selecky*, Findings of Fact and Conclusions of Law at ¶¶ 1-2, 11-12 (W.D. Wa. 07-cv-05374 RBL, Feb. 22, 2012).

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That is because in 2007—after Governor Christine Gregoire and Planned Parenthood had restocked the Washington State Pharmacy Commission with their supporters—the Commission enacted a rule prohibiting conscience-based referrals. As a result, the Stormans had to bring suit to protect their right to conscience, and after years of litigation, a federal district court ruled that the new regulations—which permitted referrals for almost every conceivable reason save for conscience—violated the Free Exercise Clause of the First Amendment to the United States Constitution.<sup>30</sup> Unfortunately, the Ninth Circuit Court of Appeals eventually reversed the trial court, and the United States Supreme Court declined to hear the appeal, making Washington the only state that currently bans conscience referrals for pharmacists.<sup>31</sup>

This case stands as a sign that states, along with advocacy groups and even certain medical associations themselves, will often sacrifice conscience in exchange for what they consider to be political gain. This case also signals that to the extent existing federal protections do not protect such abuses, they should be accordingly expanded. Although this may not be the prerogative of HHS's proposed regulations, it bears mentioning here that the current regulations not only need to be vigorously enforced, as suggested by HHS, but also expanded.<sup>32</sup>

### **Trinity Health**

Trinity Health operates 93 hospitals and 120 continuing care facilities throughout the U.S., and is particularly dedicated to serving impoverished communities.<sup>33</sup> It provides healthcare in accordance with Roman Catholic teaching, hewing to the Ethical and Religious Directives issued by the United States Conference of Catholic Bishops.<sup>34</sup> Those directives state that “[a]bortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted.”<sup>35</sup> These same directives, however, permit Catholic hospitals like those in Trinity Health's network to take steps to save the life

<sup>30</sup> *Stormans, Inc. v. Selecky*, 524 F. Supp. 2d 1245 (W.D. Wash. 2007), *vacated and remanded*, 586 F.3d 1109 (9th Cir. 2009).

<sup>31</sup> See *Stormans v. Wiesman*, 794 F.3d 1064 (9th Cir. 2015); *Stormans v. Wiesman*, 136 S. Ct. 2433 (June 28, 2016) (J. Alito, dissenting) (stating that the case “is an ominous sign” because “[i]f this is . . . how religious liberty claims will be treated in the years ahead, those who value religious freedom have cause for great concern”).

<sup>32</sup> For an example of a model conscience act that would do just that, see *Free to Do No Harm*, 49 Ariz. St. L.J. at 601-05.

<sup>33</sup> <http://www.trinity-health.org/about-us>.

<sup>34</sup> *Id.*

<sup>35</sup> See Ethical and Religious Directives for Catholic Health Care Services at ¶ 45, available at <http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf>.

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of the mother, even if such steps may unintentionally and indirectly result in harm to her unborn baby.<sup>36</sup>

Despite these protections, the ACLU sued Trinity Health in October 2015, claiming that its convictions presented a threat to women who might—for “health reasons”—need an abortion and might only have access to Trinity Health’s hospital network. The ACLU specifically alleged that Trinity Health’s refusal to intentionally perform abortions violated the Emergency Medical Treatment and Active Labor Act and the Rehabilitation Act.<sup>37</sup> But in essence what the ACLU really wanted was to compel Trinity Health to reject its Catholic beliefs and commit abortions.<sup>38</sup> A federal district court eventually dismissed the case for lack of standing, but attacks on institutions like Trinity Health will likely continue unabated without more vigorous enforcement of extant federal conscience protections. It is much to be hoped that such enforcement, to include penalties for noncompliance, will prevent such frivolous claims from detracting from the saving work of these institutions going forward.

### **Julea Ward**

Julea Ward was enrolled as a student in a graduate counseling program at Eastern Michigan University (“EMU”). As part of her practicum course, Julea was assigned a potential client seeking assistance for a same-sex relationship. Julea knew that she could not affirm the client’s relationship without violating her religious beliefs about extramarital sexual relationships, so she asked her supervisor how to handle the matter. Consistent with ethical and professional standards regarding counselor referrals, Julea’s supervisor advised her to refer the potential client to a different counselor. Julea followed that advice and the client received the requested counseling

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<sup>36</sup> *Id.* at ¶ 47.

<sup>37</sup> See Amended Complaint, *ACLU v. Trinity Health Corporation*, No. 15-CV-12611 (GAD-RSW) (E.D. Mich. Oct. 1, 2015).

<sup>38</sup> Indeed, in another recent case, the ACLU sued Dignity Health—the nation’s fifth largest health care provider, which operates Catholic hospitals in California, Nevada, and Arizona — because one of its hospitals, Mercy Medical Center, refused to perform a requested tubal ligation on a patient following a C-section delivery, which procedure is not in keeping with the dictates of Catholic doctrine. See [www.dignityhealth.org/about-us](http://www.dignityhealth.org/about-us) (providing information regarding Dignity Health); [www.nbcnews.com/news/us-news/fight-over-tubal-ligation-heads-court-california-n496516](http://www.nbcnews.com/news/us-news/fight-over-tubal-ligation-heads-court-california-n496516) (detailing ACLU’s suit against Dignity Health and Mercy Medical Center). Notwithstanding the sincerity and longstanding clarity of Catholic doctrine on this point, and notwithstanding the great cost—the ACLU still seeks to compel Mercy Medical Center to violate its conscience, and characterizes the expansion of “Catholic hospital chains” as “interference with the doctor-patient relationship” which “presents a real threat to women’s ability to access basic healthcare across the country.” ACLU of Northern California, *Chamorro v. Dignity Health*, available at [www.aclunc.org/our-work/legal-docket/chamorro-v-dignity-health-religious-refusals](http://www.aclunc.org/our-work/legal-docket/chamorro-v-dignity-health-religious-refusals).

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without incident—indeed, the client was not in the least negatively impacted, and never even knew of the referral.

Notwithstanding these facts, EMU informed Julea soon thereafter that her referral violated the American Psychological Association’s nondiscrimination policy. EMU also told Julea that the only way she could stay in the counseling program would be if she agreed to undergo a “remediation” program, the purpose of which was to help her “see the error of her ways” and change her “belief system” as it related to providing counseling for same-sex relationships. Julea was unwilling to violate or change her religious beliefs as a condition of getting her degree, and therefore she refused “remediation.” At a subsequent disciplinary hearing, EMU faculty denigrated Julea’s Christian views and asked several uncomfortably intrusive questions about her religious beliefs. Among other things, one EMU faculty member asked Julea whether she viewed her “brand” of Christianity as superior to that of other Christians, and another engaged Julea in a “theological bout” designed to show her the error of her religious thinking. Following this hearing, in March 2009, EMU formally expelled Julea from the program, basing its decision on the APA’s nondiscrimination policy.

Julea filed suit against EMU officials and eventually won a unanimous victory from the Sixth Circuit Court of Appeals. Despite that ultimate victory, however, Julea should never have been put through the humiliation and trouble she received at the hands of school administrators. But neither compliance with applicable professional standards nor federal conscience protections were able to protect her against the arbitrary and punitive measures inflicted upon her by school administrators. They clearly had no trepidation that any untoward consequences would flow from their actions. HHS has asked for comments regarding “[c]onscience protections for objections to counseling and referral for certain services in Medicaid or Medicare Advantage.” While the substantive objection at issue in Julea’s case may or may not be covered by Medicare or Medicare Advantage, it is not difficult to predict that situations may arise in which counselors are indeed asked to counsel for the very things to which they morally object which are covered under those rubrics, and absent meaningful enforcement of federal conscience protections, counselors will be left to endure the very type of abuses Julea did, for no good reason. HHS’s dedication to expanding the awareness of those protections, and its avowed intention to finally enforce them with vigor, is therefore a very welcome sign.

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### **Foothill Church**

Foothill Church, Shepherd of the Hills, Calvary Chapel Chino Hills, and Skyline Wesleyan Church are nonprofit, Christian churches located in California. They believe and teach that elective abortion violates the Bible's command against the intentional destruction of human life, and their religious beliefs prohibit them from participating in or supporting elective abortion in any way. Although the churches previously could structure their employee health insurance coverage consistent with their religious beliefs about life, that all changed on August 22, 2014, when the California Department of Managed Health Care ("DMHC") mandated health care plans cover all legal abortions.

DMHC sent letters to private health insurers in the state, informing them that a 40-plus-year-old state law—specifically, the Knox-Keene Health Care Service Plan Act and its requirement that health care plans cover "basic health care services"—mandates coverage for all legal abortions, including elective ones. This new interpretation and application of the Knox-Keene Act, which was issued without advance notice or opportunity to comment, followed meetings and conversations with abortion advocates who were upset that two religious universities—Loyola Marymount University and Santa Clara University—had removed elective abortion coverage from their employee health care plans.

In imposing the new abortion-coverage requirement, DMHC claimed that it had reviewed plan documents and determined that language limiting or excluding coverage for abortion was present in products "covering a very small fraction of California health plan enrollees." That survey of plan documents, however, showed that health plans restricting abortion coverage were offered only to religious organizations. Because DMHC made the abortion-coverage requirement effective immediately, and did not include any religious exemption, unrestricted abortion coverage was injected into the employee health care plans of churches and religious organizations all across California.

To vindicate their rights of conscience and free exercise of religion, the churches filed a complaint with HHS-OCR on October 9, 2014, alleging that DMHC's abortion-coverage requirement violates the Weldon Amendment. On June 21, 2016, however, HHS-OCR closed its investigation without taking further action. Having been told that the Weldon Amendment offers them no real protection, the churches have been forced to engage in time-consuming and arduous litigation over

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the constitutionality of DMHC's actions.<sup>39</sup> This litigation is ongoing, and the churches' prospect of obtaining a lasting remedy still remains uncertain. But it is possible and even probable that HHS's proposed regulations would have obviated the need for such litigation.

**II. The Regulations Should—Consistent With Applicable Law—Define as Broadly as Possible the Range of Medical Practitioners/Allied Health Professionals and Medical Procedures Covered by Extant Federal Conscience Protections.**

Joseph Story, one of our nation's earliest and most prominent Supreme Court justices, said that the "rights of conscience are . . . beyond the just reach of any human power. They . . . [must] not be encroached upon by human authority."<sup>40</sup> Consistent with this vision, the right to conscience should take a back seat to no one's ideological agenda or social imperative. That is why the model of the medical practitioner as mere public utility or vending machine is unsustainable—it is inconsistent with the traditional Hippocratic practice of medicine, benefits neither practitioners nor society in general, and is an affront to the very idea of the inviolability of conscience that animated the founding of the nation. If conscience is to mean anything, it must be guarded closely under all circumstances, regardless of whether the reason for a conscience objection meets with the favor of the regnant worldview.

The unfortunate travails of our clients and the patent hostility increasingly shown toward conscience by certain doctors, philosophers, bioethicists, professional organizations, and even states indicates that the task of protecting medical conscience is an urgent one. HHS has, commendably, recognized this in its proposed regulations. ADF believes that HHS's plan to "more effectively and comprehensively enforce Federal health care conscience and associated anti-discrimination laws" will go a long way toward remedying many of the infirmities present in the current system. 83 Fed. Reg. at 3881. In ADF's experience, far too often in the past medical practitioners had no idea that they are protected by federal laws; healthcare facilities were either unaware, or willfully dismissive of, their obligations to protect conscience; and HHS itself has often been hamstrung in its ability to effectively enforce these regulations. The new proposed regulations, by providing for "outreach and . . . technical assistance," requiring the maintenance of compliance records, compelling cooperation

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<sup>39</sup> Given ADF's experience in the *Footbill* case, HHS is rightly concerned that absent more expansive interpretations of federal conscience protections, including the Weldon Amendment, many may be "dissuaded from complaining about religious discrimination in the health care setting to OCR." 83 Fed. Reg. at 3891.

<sup>40</sup> Joseph Story, Commentaries on the Constitution of the United States § 1870 (1833).

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with the Office for Civil Rights’s “investigations, reviews, or enforcement actions,” and requiring that federal funding recipients provide notice to individuals and entities regarding extant conscience protections and “associated anti-discrimination rights,” are just what is needed to effectuate the intent behind these conscience protections. *Id.* ADF further believes that HHS’s greatly increased—and comprehensive—enforcement mechanisms, which propose to “use enforcement tools otherwise available in civil rights law,” places the right to conscience where it properly belongs, given its historical pedigree as a right central to the founding of our nation and central to the proper practice of medicine for millennia. *Id.* at 3880.

Put simply, then, ADF believes that HHS’s new proposed regulations represent an excellent regulatory blueprint for achieving the goal of finally protecting the right to conscience of medical professionals, at least as to those statutory conscience protections currently on the books.<sup>41</sup> With this general approbation in mind, ADF offers two modest suggestions in closing. Because increasing advances in science and medical capabilities almost certainly guarantee that conflicts of conscience will continue to grow in frequency, more healthcare personnel and more medical procedures will be implicated in the present or the very near future.<sup>42</sup> HHS should therefore resist any attempt by prospective commenters to dilute the expansive definitions advanced in its proposed regulations—those definitions should include

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<sup>41</sup> Of course, as detailed in its *Free to Do No Harm: Conscience Protections for Healthcare Professionals*, 49 *Ariz. St. L.J.* 549, 601-605 (2017), ADF strongly believes that extant federal conscience protections need to be greatly expanded to cover more practitioners and assistants and more medical procedures or services, given the ever-increasing universe of potentially problematic medical procedures and services we are seeing in our day-to-day practice. For instance, ADF believes that Congress should modify existing statutory protections to provide for a private right of action for aggrieved individuals, along with greatly expanding the range of individuals and medical procedures covered in law. ADF realizes that that it is not the province of a regulatory agency like HHS to unilaterally impose such changes in its proposed regulations, but mentions the need for such changes here in the hopes that HHS’s proposed regulations will prove to be a precursor for the necessary changes and expansions to come. *See supra* at n. 32.

<sup>42</sup> *See Wardle, Present, Past, and Future*, 9 *Ave Maria L. Rev.* at 2–3 (2010) (listing a panoply of modern medical procedures and medications that may implicate conscience objections, including “human stem cell research; cloning; genetic engineering (including gender pre-selection); DNA screening and medical treatment for various genetic disorders; surgical abortion (by a variety of procedures including so-called “partial-birth abortion”); pharmaceutical abortion (by such pills as RU-486 and the “morning after pill” (MAP)); sterilization; capital punishment; assisted suicide; sex-change procedures; provision of contraceptives to minors; and provision of assisted reproduction technologies”); Edmund D. Pellegrino, *The Physician’s Conscience, Conscience Clauses, and Religious Belief: A Catholic Perspective*, 30 *Fordham Urb. L.J.* 221, 244 (2002) (predicting that “[a]s medical technology endows humans with ever greater power . . . crises of conscience will surely increase for those who hold religious beliefs about human life, its creation, and ending”).

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each and every category of practitioner and allied health professional (including institutions), along with every medical procedure or healthcare service, that are conceivably encompassed by extant federal conscience protections. HHS should also resist any attempts to render its proposed notice provisions, enforcement mechanisms, and available penalties less effective—the trend toward viewing conscience as an acceptable right only when it comports with one’s worldview is ultimately unsustainable and must be rejected in favor of a system that steadfastly enforces conscience as a paramount right

### **CONCLUSION**

ADF commends HHS for promulgating these proposed regulations, and appreciates its recognition that it is long past due that the federal statutory protections for conscience be widely broadcast and properly enforced. The comprehensive regulations proposed by HHS are in ADF’s estimation an excellent start toward reviving the primacy of conscience, not only in medicine, but more broadly as a right worth protecting in all spheres of life. ADF expects that by robustly protecting the conscience of the medical practitioner and allied health professionals, HHS will illustrate that conscience and the practice of medicine are not part of a zero sum game—indeed, it is possible to both protect this paramount right and at the same time ensure that the medical needs of all patients are met with skill and all necessary speed.

Sincerely,

*Kevin H. Theriot*

Kevin Theriot  
Sr. Counsel, Vice President of  
Center for Life  
ALLIANCE DEFENDING FREEDOM  
480-444-0020  
ktheriot@ADFlegal.org

# **Exhibit 3**



March 27, 2018

The Honorable Alex M. Azar II  
U.S. Department of Health and Human Services  
Office for Civil Rights  
Attention: Conscience NPRM, RIN 0945-ZA03  
Hubert H. Humphrey Building  
Room 509F  
200 Independence Avenue SW  
Washington, DC 20201

Submitted electronically to: <http://www.regulations.gov>

**RE: Docket HHS-OCR-2018-0002, Protecting Statutory Conscience Rights in Health Care; Delegations of Authority**

Dear Secretary Azar:

On behalf of Ascension, I welcome the opportunity to submit input on the proposed rule entitled, *Protecting Statutory Conscience Rights in Health Care; Delegations of Authority*<sup>1</sup>, which seeks to ensure that no persons or entities in the practice of healthcare are subjected to practices or policies that violate conscience, coerce, or discriminate, in violation of applicable Federal laws. We applaud the Department of Health and Human Services (HHS) and the Office for Civil Rights (OCR) for taking steps to protect the religious freedoms of all Americans, especially when it comes to healthcare workers and organizations that are called by their faith to serve *all* persons, especially those who are poor and vulnerable.

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. As the largest non-profit health system in the U.S. and the world's largest Catholic health system, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. In FY2017, Ascension provided more than \$1.8 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 165,000 associates and 40,000 aligned providers. Ascension's Healthcare Division operates more than 2,600 sites of care – including 153 hospitals and more than 50 senior living facilities – in 22 states and the District of Columbia, while its Solutions Division provides a variety of services and solutions including physician practice management, venture capital investing, investment management, biomedical engineering, facilities management, clinical care management, information services, risk management, and contracting through Ascension's own group purchasing organization.

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<sup>1</sup> OCR, *Protecting Statutory Conscience Rights in Health Care; Delegations of Authority*, 83 Fed. Reg. 3880 (Jan. 26, 2018).

Faith-based organizations are a crucial component of our nation's healthcare system, with one in six hospital patients being cared for in Catholic hospitals each year. We are not only ensuring access to care for those most in need – we are on the forefront of driving delivery system transformation toward value-based care and promoting healthy communities. Our providers and facilities serve all comers, most especially those persons who are vulnerable and at the margins of society.

To that end, Ascension's Mission has not changed since we were founded nearly 20 years ago:

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving **all persons** with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words. (Emphasis added.)

We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We work daily to ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. Our core Values include service of the poor, integrity, wisdom, creativity, dedication, and reverence – which we define as respect and compassion for the dignity and diversity of life.

With our Mission, Vision, and Values always at the forefront of everything we do, we are committed to improving quality of care and addressing rising costs while improving patient and provider satisfaction. Upholding and enforcing the religious freedoms granted by law and our Constitution to both individuals and faith-based institutions will provide an important new protection for all mission-driven healthcare providers. Ensuring that providers can practice medicine and serve their communities in a manner consistent with their faith allows these individuals and organizations to continue providing high quality care for all persons, especially those living in poverty and the most vulnerable among us.

As a ministry of the Catholic Church, Ascension adheres to Catholic moral teaching and the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs).<sup>2</sup> The ERDs recognize first and foremost that "The Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, **such as adequate health care**... [and a] just health care system will be concerned both with promoting equity of care—to assure that the right of each person to basic health care is respected—and with promoting the good health of all in the community."<sup>3</sup> This right inures to all persons and we treat all patients who come to our doors. However, the Federal healthcare

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<sup>2</sup> See, United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services (Fifth Edition)*, 2009, Part One, n. 5. Available at: <http://www.usccb.org/issues-and-action/human-life-and-dignity/health-care/upload/Ethical-Religious-Directives-Catholic-Health-Care-Services-fifth-edition-2009.pdf>

<sup>3</sup> *Ibid.* (Part One, Introduction).

provider conscience protection statutes have long recognized that there are certain procedures that do not and never will comply with our beliefs about human dignity and the common good or the ERDs.

We therefore appreciate that OCR has taken steps to streamline enforcement of the Federal healthcare provider conscience protection statutes and offer the following comments and recommendations for your consideration.

As a member of the Catholic Health Association (CHA), we associate ourselves closely with their comments. We think it important to emphasize our commitment to serve all by quoting specifically from CHA's comments, which state this commitment so well:

Our members are committed to providing health care services to any person in need of care, without regard to race, color, national origin, sex, age, or disability, or any other category or status. Every individual seeking health care should always be treated with kindness and respect, and failure to do so because of discomfort with or animus against an individual on any basis is unacceptable.

Ascension wholeheartedly endorses this statement of inclusion.

### **Definitions**

Consistent with CHA's comments, Ascension supports the proposed definition of health care entity. We believe the expansive definition and use of an illustrative, rather than exhaustive, list will allow Catholic healthcare entities to diversify if they so choose. In particular, we support inclusion of the term "plan sponsor" in this definition, which will ensure that faith based entities sponsoring a health plan are not put in the untenable position of funding services or procedures that otherwise violate their religious beliefs. We also support the proposed definition of "referral", which similarly ensures Catholic entities can maintain compliance with Catholic moral teaching and the ERDs that "Catholic health care institutions are not to provide abortion services, even based upon the principle of material cooperation."<sup>4</sup>

### **Assurance and Certification of Compliance Requirements**

For the reasons noted above, we support application of existing assurance and certification requirements to the Federal health care conscience and associated anti-discrimination laws. We agree that this requirement – which is analogous to those that apply with respect to other civil rights laws – provides a demonstrable way of ensuring applicants for Federal funding know of, and attest that they will comply with, applicable Federal health care conscience and associated anti-discrimination laws.

While we support the acknowledgment by covered entities of their obligations, we strongly encourage HHS to ensure that the final rule does not increase administrative burden more than

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<sup>4</sup> *Ibid.* (Part Four, n. 45).

a *de minimis* amount by leveraging existing approaches. We support building this requirement into the HHS-690 Form, which currently identifies several Federal civil rights statutes with which applicants and recipients must assure compliance. We believe adding the Federal health care conscience and associated anti-discrimination laws to the HHS-690 Form makes sense without adding undue burden.

### **Notice Requirement**

Again, consistent with CHA's comments, we support the proposed requirement that the Department and each recipient must post the specified notice text on the Department's and recipient's website(s), and in a physical location of each Department and recipient establishment where notices to the public and notices to their workforce are customarily posted. We ask, however, that HHS clarify whether and to what extent such notice will be subject to translation requirements.

### **Compliance Requirements**

While we do not oppose the proposed requirement that applicable entities maintain complete and accurate records evidencing compliance with Federal health care conscience and associated anti-discrimination laws, and afford OCR, upon request, reasonable access to such records and information in a timely manner, we would urge OCR to more clearly specify the parameters envisioned around document retention in order to support compliance. Specifically, OCR should provide clarification on how long such records should be maintained, in what form and manner OCR expects them to be retained, and any other specifics that might assist entities in providing OCR with the appropriate amount and kind of documentation desired.

In addition, we agree with the American Hospital Association's (AHA's) comment that it may be unnecessary to require recipients to report reviews, investigations, and complaints to any component of the Department from which it receives funding and to require recipients seeking new or renewed funding to report reviews, investigations, and complaints from the prior five years. OCR and other parts of HHS will already have access to the investigative history, and the goal of this regulation should be to maximize compliance while minimizing administrative cost and burden. Consistent with the Administration's commendable desire to provide regulatory relief to the private sector, we encourage the Department to achieve its and our goal of universal compliance by choosing the least burdensome method possible to encourage such compliance.

### **Enforcement Authority**

Consistent with CHA's comments, we support the proposal to give OCR discretion to use a variety of different enforcement mechanisms with respect to the Federal health care conscience and associated anti-discrimination laws, up to and including restricting funds for noncompliant entities in whole or in part. We strongly believe OCR should have the authority to pursue intermediate sanctions as well, and the proposed rule would make that explicit. We believe any entity which is accused of a violation of the Federal health care conscience and associated anti-discrimination laws should have the opportunity to dispute such allegations before any action is

taken to suspend, terminate, or preclude future Federal funding – especially given that such funds are often used to care for poor and vulnerable populations.

In alignment with both CHA and AHA, Ascension similarly supports implementation of appropriate due process for those who are alleged to have violated conscience rights laws prior to the suspension, termination, or preclusion of Federal funding. Notice, hearing, and appeal procedures similar to those established for other civil rights laws, like Title VI, would be entirely appropriate.

**Conclusion**

Ascension thanks you for the opportunity to comment on the proposed regulatory revisions. If you have any questions, please contact Peter Leibold, Chief Advocacy Officer, at [peter.leibold@ascension.org](mailto:peter.leibold@ascension.org) or 202.898.4680.

Sincerely,

A handwritten signature in cursive script that reads "Rev. Dennis Holtschneider". The signature is written in dark ink and is positioned above the typed name and title.

Reverend Dennis H. Holtschneider, C.M.  
Executive Vice President and Chief Operations Officer  
Ascension

# Exhibit 4



**Thomas More  
SOCIETY**



**THE ALLIANCE**

*Via Electronic Submission*

March 27, 2018

U.S. Department of Health and Human Services  
Office for Civil Rights  
Attention: Conscience NPRM, RIN 0945-ZA03  
Hubert H. Humphrey Building, Room 509F  
200 Independence Avenue, SW  
Washington, DC 20201

**RE: Public Comment Supporting Proposed Rule “Protecting Statutory Conscience Rights in Health Care,” RIN 0945-ZA03**

To Whom It May Concern:

On behalf of the National Catholic Bioethics Center, the National Association of Catholic Nurses, U.S.A., Thomas More Society, the Christian and Missionary Alliance, the Alliance Community for Retirement Living, Town and Country Manor, Shell Point Retirement Community, and Chapel Pointe, First Liberty Institute<sup>1</sup> submits the following comments in support of the proposed rule entitled “Protecting Statutory Conscience Rights in Health Care.” 83 Fed. Reg. 3880 (Jan. 26, 2018). We are a diverse group of faith-based ministries supportive of religious and conscience rights in healthcare.

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<sup>1</sup> First Liberty Institute is a non-profit law firm dedicated to defending and protecting religious freedom for all Americans.

We applaud the Department of Health and Human Services (“the Department”) for creating its new Division on Conscience and Religious Freedom as well as for promulgating a proposed rule designed to protect conscience rights in healthcare. For the wellbeing of patients and the integrity of the profession, doctors, nurses, and other healthcare professionals must be free to practice medicine in accordance with their professional judgment and ethical beliefs. Without conscience protections such as this rule, healthcare professionals throughout the country risk discrimination for refusing to perform, facilitate, or refer for procedures that they believe are unethical.

The proposed rule is designed to implement twenty-five currently existing federal statutory conscience rights, including the Church Amendments<sup>2</sup>, the Coats-Snow Amendment<sup>3</sup>, the Weldon Amendment<sup>4</sup>, and Section 1553 of the Affordable Care Act<sup>5</sup>. These statutes primarily provide conscience protections for those who hold religious or moral objections to abortion, sterilization, or euthanasia. The proposed rule ensures that presently existing laws protecting healthcare providers are implemented and enforced by the Department.

We write to emphasize the importance of this rule in preventing discrimination against healthcare professionals. We begin by explaining that it is the responsibility of the Department to ensure that existing conscience protections are enforced. We continue by exploring the constitutionality of the proposed rule. We conclude by documenting examples of violations against conscience rights in healthcare, indicating that the threat to conscience rights is rising.

## **I. The Department’s Responsibility to Ensure Conscience Protections Are Implemented**

Over the past five decades, twenty-five federal laws protecting conscience rights in healthcare have been enacted into law. These have been enacted by Democratic administrations and Republican administrations, and many have enjoyed bipartisan support.<sup>6</sup>

However, for the past several years, these statutes have not been vigorously enforced.<sup>7</sup> Perhaps due to a lack of enforcement, there has been a rise in intolerance toward individuals seeking to exercise their conscience rights and a general lack of awareness about the conscience rights of healthcare practitioners. The sharp increase in administrative complaints over the past

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<sup>2</sup> 42 U.S.C. § 300a-7.

<sup>3</sup> 42 U.S.C. § 238n.

<sup>4</sup> *See, e.g.*, Consolidated Appropriations Act, 2017, Pub. L. 115-31, Div. H, sec. 507(d), 131 Stat. 135.

<sup>5</sup> 42 U.S.C. § 18113.

<sup>6</sup> For example, the Coats-Snowe Amendment was signed into law by President Clinton in 1996.

<sup>7</sup> For example, the previous administration proposed rescinding an administrative rule protecting conscience rights, 74 Fed Reg. 10207 (Mar. 10, 2009), and promulgated a final rule that struck most of the initial rulemaking, 76 Fed. Reg. 9968 (Feb. 23, 2011).

year shows that without an administrative enforcement mechanism, coercions of conscience may continue unchecked.

Administrative enforcement is necessary to ensure that existing conscience statutes carry the force of law. Some courts have held that certain conscience protections, such as the Church Amendments, lack a private right of action.<sup>8</sup> Thus, individuals whose conscience rights have been violated may not be able to seek redress in court. Instead, they are dependent upon agency enforcement of conscience rights.

Even in instances where there exist private rights of action, the burden of litigation and the fear of retaliation may deter many individuals from seeking to vindicate their rights in the court system. Administrative enforcement of conscience rights can help to assuage these concerns and encourage compliance with the law.

## II. Constitutionality of the Proposed Rule

The proposed rule fully comports with the requirements of the First Amendment to the United States Constitution by ensuring that existing federal conscience protections are enforced. The First Amendment protects our freedom of conscience in addition to our freedom of religion.<sup>9</sup> In fact, the Supreme Court of the United States has stated that an “individual’s freedom of conscience” is “the central liberty that unifies the various Clauses in the First Amendment.”<sup>10</sup> The Court has recognized that it is important to “preserv[e] freedom of conscience to the full.”<sup>11</sup>

Conscience protection laws are common, particularly in the realm of healthcare law. In the wake of *Roe v. Wade*, the federal government and state governments passed a number of laws respecting the right not to be compelled to facilitate abortions.<sup>12</sup> At the same time, the Supreme Court repeatedly recognized that the substantive due process requirements created in *Roe v. Wade* did not require objecting states or local governments to pay for or promote abortions.<sup>13</sup> Neither did the ruling require taxpayers pay for abortions.<sup>14</sup>

<sup>8</sup> See, e.g., *Cenzon-DeCarlo v. Mount Sinai Hosp.*, 626 F.3d 695 (2d Cir. 2010).

<sup>9</sup> The first draft of the First Amendment, other states’ constitutions, and other founding documents refer to the sacred right of conscience as synonymous or closely related to the right of religious freedom. See Daniel L. Dreisbach & Mark David Hall, *The Sacred Rights of Conscience: Selected Readings on Religious Liberty and Church-State Relations in the American Founding*, Indianapolis, IN: Liberty Fund Press, 2009.

<sup>10</sup> *Corp. of Presiding Bishop of the Church of Jesus Christ of Latter-Day Saints v. Amos*, 483 U.S. 327, 341 n.2 (1987) (Brennan, J., concurring) (quoting *Wallace v. Jaffree*, 472 U.S. 38, 50 (1985)).

<sup>11</sup> *W. Va. State Bd. of Educ. v. Barnette*, 319 U.S. 624, 646 (1943).

<sup>12</sup> See Denise M. Burke & Anna Franzonello, *Healthcare Rights of Conscience: A Survey of Federal and State Law*, <http://www.aul.org/wp-content/uploads/2012/04/survey-fed-state-law.pdf>.

<sup>13</sup> *Beal v. Doe*, 432 U.S. 438, 445-46 (1977); *Maher v. Roe*, 432 U.S. 464, 477 (1977); *Poelker v. Doe*, 432 U.S. 519, 521 (1977).

<sup>14</sup> See *Harris v. McRae*, 448 U.S. 297, 326 (1980)

As with all other civil rights protected by federal law, religious and conscience rights are often protected through anti-discrimination regulations. For instance, the Department of Justice has promulgated regulations protecting individuals against race discrimination implementing the Title VI of the Civil Rights Act of 1964,<sup>15</sup> and the Department of Education has promulgated regulations protecting against sex discrimination implementing Title IX of the Education Amendments of 1972.<sup>16</sup> Statutes such as the Church Amendments operate in a similar way as other civil rights statutes, by protecting individuals against discrimination including coerced violations of deeply held beliefs against abortion. This proposed rule adopts the enforcement procedures for other civil rights laws and applies them to existing federal law respecting conscience rights.

### III. Conscience Rights are Incompatible with Compelled “Referrals”

The provider, physician, or practitioner who refuses to perform an objectionable procedure for reasons of religious or moral conviction should never be compelled to “refer” the requesting person to an alternative provider, physician, or practitioner known or believed to provide the objectionable procedure.

Many healthcare professionals consider referrals for an objected-to procedure the moral equivalent of having done the objected-to procedure oneself. To them, it is tantamount to arranging for someone else to do what one considers to be immoral.<sup>17</sup>

Recently, healthcare professionals in Vermont brought a lawsuit in order to ensure that they were not compelled to refer suicide-seeking patients to physicians known to perform “assisted suicide”—in direct violation of their religious or moral conviction. After much effort, the Vermont physicians obtained a stipulated agreement that they would not have to refer for physician assisted suicide.<sup>18</sup> Retaining clear and strong prohibitions against required referrals eliminates the need for conscientious healthcare professionals to resort to litigation.

Because of the moral weight of referrals, the proposed rule gives an appropriately broad definition of the term “referral”:

*Referral or refer for* includes the provision of any information (including but not limited to name, address, phone number, email, website, instructions, or description) by any method (including but not limited to notices, books, disclaimers, or pamphlets, online or in print), pertaining to a health care service, activity, or procedure, including related to availability, location, training, information resources, private or public funding or financing, or directions that could provide any assistance in a person obtaining, assisting, training in, funding,

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<sup>15</sup> 42 U.S.C. § 2000d.

<sup>16</sup> 20 U.S.C. § 1681.

<sup>17</sup> *Transfer of Care vs. Referral: A Crucial Moral Distinction*, THE NATIONAL CATHOLIC BIOETHICS CENTER (May 1, 2015), <https://www.ncbcenter.org/resources/news/transfer-care-vs-referral-crucial-moral-distinction/> (noting that a patient always retains the right to be transferred to an alternate provider of the patients selection).

<sup>18</sup> Consent Agreement and Stipulation, *Vermont Alliance for Ethical Healthcare, Inc. v. Hoser*, No. 5:16-cv-205 (D. Vt., May 3, 2017).

financing, or performing a particular health care service, activity, or procedure, where the entity or health care entity making the referral sincerely understands that particular health care service, activity, or procedure to be a purpose or possible outcome of the referral.<sup>19</sup>

The current broad scope of referral should be maintained in order to allow healthcare professionals to best abide by their own professional and ethical judgment. No one should be forced to refer against their conscience.

#### **IV. Examples of Widespread Discriminatory Conduct Violating Conscience Rights in Healthcare**

The Department wrote that it is seeking information, including any facts, surveys, audits, or reports, about the occurrence or nature of coercion, discriminatory conduct, or other violations of the Federal health care conscience and associated anti-discrimination laws. We would like to provide the following examples of discrimination against religious health care practitioners in response to the Department's request.

First Liberty Institute has represented or advised multiple healthcare professionals or organizations seeking to freely exercise their religious conscience rights without discrimination:

- First Liberty represented Dr. Byron Calhoun, a medical doctor who was discriminated against because of his pro-life volunteer work. Dr. Calhoun is a West Virginia University School of Medicine Professor and Vice Chairman of the Department of Obstetrics and Gynecology at the West Virginia University Hospital's Charleston Division. He volunteered his personal time to act as a national medical advisor for the National Institute of Family and Life Advocates, a pro-life advocacy group, due to his religious convictions on the sanctity of life. After Dr. Calhoun's involvement received media attention, the university threatened him with a written, professional reprimand. However, after First Liberty intervened, the university withdrew its threat of reprimand for engaging in pro-life activities, and the university claimed it never officially filed the reprimand against Dr. Calhoun, despite having provided him with a copy.<sup>20</sup>
- First Liberty represented a Catholic health educator who was terminated after being previously granted a conscience protection in the form of a minor religious accommodation. The accommodation allowed her to focus on teaching about chronic health conditions and exempted her from personally teaching about contraceptive use. She was told to "put aside" her "personal beliefs" and teach the class or be terminated, even though other employees had volunteered to teach the birth control class. After First Liberty

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<sup>19</sup> 83 Fed. Reg. 3880, 3924.

<sup>20</sup> For more information, see <https://firstliberty.org/cases/calhoun/>.

filed an EEOC charge, an amicable resolution was reached that respected free speech and religious liberty.<sup>21</sup>

- First Liberty Institute represented three faith-based pregnancy resource centers (“PRCs”) and filed a lawsuit challenging a 2010 Austin law requiring PRCs that oppose abortion and certain forms of birth control to post false and misleading signs at their front entrances. A federal district court held that Austin’s ordinance was unconstitutionally vague, and Austin was forced to pay almost a half-million dollars as a result of their violation of the PRCs’ constitutional rights.<sup>22</sup>
- First Liberty protected multiple clients’ conscience rights through litigation against the HHS Abortifacient Mandate (the “Mandate”). First Liberty sought and received injunctive relief from the Mandate’s requirement that client churches and faith-based ministries facilitate the coverage and dispensation of abortifacients that violated the sincerely held religious beliefs of Insight for Living Ministries, The Christian and Missionary Alliance Foundation, Inc. d/b/a Shell Point Retirement Community, The Alliance Community for Retirement Living, Inc., The Alliance Home of Carlisle Pennsylvania d/b/a Chapel Pointe at Carlisle, Town and Country Manor of the Christian and Missionary Alliance, Simpson University, and Crown College.<sup>23</sup>
- First Liberty filed an amicus brief in support of the Stormans family, who operate Ralph’s Thriftway in Olympia, Washington, and hold religious beliefs against dispensing abortion-causing drugs. The Ninth Circuit ordered the pharmacy to dispense these drugs. The Stormans appealed to the Supreme Court to protect their right to follow their conscience rather than be forced to be complicit in ending a human life. The amicus brief was signed by forty-three (43) members of Congress. The Supreme Court declined to hear the case.<sup>24</sup>
- First Liberty attorneys counseled a Texas physician who declined to refill the Viagra® and Levitra® prescriptions for an unmarried man based on sincerely held religious beliefs but immediately provided a referral to two urologists who would refill the prescription. After reviewing the patient’s complaint, the evidence, the jurisprudence arising under the Texas Religious Freedom and Restoration Act, the Texas Medical Board determined that the allegations did not violate the Medical Practice Act.

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<sup>21</sup> For more information, see <https://firstliberty.org/cases/palma/>.

<sup>22</sup> *Austin Lifecare, Inc. v. City of Austin*, No. A-11-CA-875-LY (W.D. Tex. June 23, 2014).

<sup>23</sup> For more information, see <https://firstliberty.org/cases/hhs-mandate/>.

<sup>24</sup> *Stormans, Inc. v. Selecky*, 586 F.3d 1109 (9th Cir. 2009).

- First Liberty attorneys have counseled myriad other healthcare practitioners, professionals, and organizations regarding rights of conscience vis-à-vis abortion, contraception, fertility treatments, hormone therapies, and end-of-life medical directives.

In addition to the cases and controversies cited above, the following examples evince the pervasive and growing discrimination and hostility against religious healthcare practitioners or conscience rights generally:

### *Abortion*

- In 2018, Washington state legislature passed a bill (SB 6219) requiring insurance plans to provide coverage for abortions if they provide coverage for maternity care. It also requires coverage of sterilizations and contraceptives, including abortion-inducing drugs. The bill has not yet been signed by the governor.<sup>25</sup>
- Baltimore’s city council passed an ordinance that compelled limited-service PRCs, such as those maintained by religious organizations, to post signs stating that they do not provide or make referrals for abortion or birth control services. Claiming the church’s free speech, free exercise of religion, and equal protection rights were violated, the Roman Catholic Congregation, Inc., and the Greater Baltimore Center for Pregnancy Concerns, Inc., sued the city. In 2018, the Fourth Circuit affirmed a decision holding the law unconstitutional.<sup>26</sup>
- In 2016, Illinois amended its Health Care Right of Conscience Act to require doctors and other healthcare personnel to explain the benefits of abortions, contraceptives, and sterilizations, even if such procedures are contrary to his or her conscience. Several doctors and clinics in Illinois filed a lawsuit challenging the new law. A state judge and a federal judge have issued preliminary injunctions against the amendment.<sup>27</sup>
- The American Civil Liberties Union (“ACLU”) sued Trinity Health Corp., a Catholic hospital group with eighty-six hospitals in twenty-one states, because the Catholic hospitals would not violate their religious beliefs by performing abortions. A federal judge dismissed the lawsuit, holding that the ACLU had no standing to sue the Catholic hospitals.<sup>28</sup>

<sup>25</sup> *SB 6219*, WASHINGTON STATE LEGISLATURE (last viewed Mar. 26, 2018), available at <http://app.leg.wa.gov/bills/summary?BillNumber=6219&Year=2017>.

<sup>26</sup> *Greater Balt. Ctr. for Pregnancy Concerns, Inc. v. Mayor & City Council of Balt.*, No. 16-2325 (4th Cir. Jan. 5, 2018).

<sup>27</sup> *The Pregnancy Care Center of Rockford v. Rauner*, No. 2016-MR-741 (Ill. Ckt. Ct., Dec. 20, 2016); *Nat. Inst. of Family & Life Advocates v. Rauner*, No. 3:16-cv-50310 (N.D. Ill. July 19, 2017).

<sup>28</sup> *Am. Civil Liberties Union v. Trinity Health Corp.*, No. 15-cv-12611 (E.D. Mich., Apr. 11, 2016).

- In 2014, California issued a new interpretation of the Knox-Keene Act requiring all organizations, including churches with religious objections to abortion, to provide insurance coverage for abortion if they cover maternity services. Three churches filed a lawsuit against the California Department of Managed Health Care challenging the requirement that the churches violate their religious beliefs by providing coverage for abortions.<sup>29</sup>
- The University of Medicine and Dentistry of New Jersey adopted a policy that requires all nursing students to participate in abortion procedures, even if it is against their religious convictions. A group of nurses filed suit against the university in November 2011, alleging Fourteenth Amendment and medical personnel rights violations. The case settled, and the nurses may now refuse to participate in abortions for religious reasons.<sup>30</sup>
- A nurse at Mount Sinai Hospital in New York was forced to participate in a late-term abortion against her conscience and religious convictions. She was threatened with severe penalties including termination and loss of license if she refused to participate in the abortion. Following a request from her attorneys, the U.S. Department of Health and Human Services investigated the hospital for civil rights violations. Mount Sinai Hospital now has a policy that no person can be forced to participate in an abortion against that person's conscience.<sup>31</sup>
- The Department's rule implementing Section 1557 of the Affordable Care Act declined to include a religious conscience exemption and instead required religious practitioners to sue in order to vindicate their conscience rights. The rule interpreted sex discrimination to include discrimination based upon "termination of pregnancy" or gender identity, which could be interpreted to require doctors to perform abortions or gender transitions, even if they do not believe it to be in the best interest of the patient and even if doing so would violate the doctor's religious beliefs. A group of religious health care systems and states filed a lawsuit, which resulted in an injunction against the rule.<sup>32</sup>

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<sup>29</sup> *Foothill Church v. Rouillard*, No. 2:15-cv-02165 (E.D. Cal., Oct. 23, 2017).

<sup>30</sup> See Seth Augenstein, *UMDNJ, 12 Nurses Settle Lawsuit Claiming They Were Forced to Assist with Abortions*, NJ.COM (DEC. 22, 2011), [http://www.nj.com/news/index.ssf/2011/12/umdnj\\_settles\\_with\\_nurses\\_over.html](http://www.nj.com/news/index.ssf/2011/12/umdnj_settles_with_nurses_over.html).

<sup>31</sup> *Cenzon-DeCarlo v. Mount Sinai Hosp.*, 626 F.3d 695 (2d Cir. 2010).

<sup>32</sup> *Franciscan All., Inc. v. Burwell*, No. 7:16-cv-108 (N.D. Tex., filed Aug. 23, 2016); see also *The Jurisprudence of the Body: Conscience rights in the Use of the Sword, Scalpel, and Syringe*, 21 TEX. REV. LAW & POL. 409 (2017).

- After a patient gave birth to a healthy baby, she complained that a doctor at Mercy Regional Medical Center had advised her to consider abortion. In response, the Catholic hospital's chief medical officer instructed the doctor not to recommend abortions in order to uphold the hospital's religious, pro-life stance. The ACLU demanded that the state Department of Public Health and Environment investigate and end the hospital's policy.<sup>33</sup>
- The American Civil Liberties Union ("ACLU") filed a lawsuit in 2016 against the U.S. Department of Health and Human Services as part of an effort to force Roman Catholic relief agencies to refer immigrants for abortions and contraceptives, in violation of Catholic religious beliefs.<sup>34</sup>
- California passed the Reproductive FACT Act, which requires pro-life pregnancy centers to display notices advertising California programs that provide state-subsidized abortions. Several lawsuits have been filed challenging the Reproductive FACT Act, and several pro-life pregnancy centers have announced that advertising abortions violates their religious beliefs and they would either close or refuse to obey such a law. The case is currently pending before the Supreme Court of the United States.<sup>35</sup>

### ***Sterilization***

- The American Civil Liberties Union ("ACLU") on behalf of Rachel Miller threatened to sue a Dignity Health Catholic hospital in Redding, California. The hospital initially refused to allow a doctor to conduct a sterilization procedure in its facilities because Catholic doctrine teaches that voluntary sterilization is gravely immoral. After the ACLU threatened to sue, the hospital allowed the procedure to go forward.<sup>36</sup>

### ***Contraceptives and Abortion-Inducing Drugs***

- Dr. Doris Fernandes, a Catholic physician working in Philadelphia's District Health Center, was fired for refusing to prescribe contraceptives or abortion-causing drugs. Patients seeking these drugs would be transferred to another physician at the clinic. In 2013, Dr. Fernandes was terminated after refusing to obey an order to begin prescribing

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<sup>33</sup> See *ACLU: Durango Hospital Illegally Bans Abortion Discussion*, CBS Denver (Nov. 13, 2013), <http://denver.cbslocal.com/2013/11/13/aclu-durango-hospital-illegally-bans-abortion-discussion/>.

<sup>34</sup> *Am. Civil Liberties Union of N. Cal. v. Burwell*, No. 3:16-cv-03539 (N.D. Cal., filed June 24, 2016); see also *Am. Civil Liberties Union of Mass. v. Sebelius*, No. 1:09-cv-10038-RGS (D. Mass., Mar. 23, 2012) (involving a similar case out of Massachusetts).

<sup>35</sup> *Nat. Inst. of Family & Life Advocates v. Becerra*, No. 16-1140.

<sup>36</sup> Bob Egelko, *Catholic Hospital Backs Down on Tubal Ligation Refusal*, SF GATE (Aug. 24, 2015), <https://www.sfgate.com/health/article/Catholic-hospital-backs-down-on-tubal-ligation-6463205.php>.

contraceptives. Following a lawsuit, Dr. Fernandes received a settlement in which the city agreed to respect the deeply held religious beliefs of medical providers.<sup>37</sup>

- For six years, Walgreens accommodated Pharmacist Dr. Philip Hall’s deeply held religious beliefs, including his strong objection to the dispensation of abortion-inducing drugs. When customers asked for these drugs, he either referred them to another pharmacist there or another nearby pharmacy. However, in August 2013, Walgreens attempted to coerce Hall to violate his religious beliefs. After he was fired, Hall filed a lawsuit in federal court to protect his religious freedom. The case settled.<sup>38</sup>
- Pharmacists Luke Vander Bleek and Glen Kosirog filed a lawsuit after Governor Rod Blagojevich issued an “Emergency Rule” stating that pharmacists cannot refuse to fill prescriptions for emergency contraceptives. After a five year legal battle, an Illinois judge ruled that the “Emergency Rule” violated the First Amendment and the Illinois Religious Freedom Restoration Act.<sup>39</sup>
- An Illinois state trial court issued a temporary restraining order protecting a Catholic-owned business from state law requiring contraceptive coverage in its health care plans to employees. The court held that the law imposes a substantial burden on the free exercise of religion.<sup>40</sup>
- Eight faculty members of Belmont Abbey College filed a complaint with the Equal Employment Opportunity Commission (“EEOC”) because the college declined to provide coverage for contraceptives in accordance with Catholic teachings. After initially ruling in support of the college, the EEOC then reversed its opinion and declared the college had engaged in sex discrimination by denying oral contraceptives to its female employees.<sup>41</sup>
- A pharmacist was fined over \$20,000 and had restrictions placed on his license after he refused to give a patient oral contraceptives because their use is against his religious beliefs as a Roman Catholic.<sup>42</sup>

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<sup>37</sup> *Fernandes v. City of Philadelphia*, No. 2:14-cv-05704 (E.D. Pa., filed Oct. 7, 2014).

<sup>38</sup> *Hall v. Walgreen Company*, No. 2:14-cv-00015 (M.D. Tenn. Feb. 19 2015).

<sup>39</sup> *Morr-Fitz, Inc. v. Blagojevich*, No. 2005-495 (Ill. Ck. Ct. Apr. 5, 2011).

<sup>40</sup> *Yep v. Ill. Dep’t of Ins.*, No. 2012 CH 5575 (Dupage Co. IL Cir. Ct., Jan. 15, 2013).

<sup>41</sup> See Patrick J. Reilly, *Look Who’s Discriminating Now*, WALL STREET JOURNAL (Aug. 13, 2009), <https://www.wsj.com/articles/SB10001424052970203863204574346833989489154>.

<sup>42</sup> *Noesen v. Dep’t. of Regulation & Licensing*, 311 Wis. 2d 237 (Wis. Ct. App. 2008).

**V. Conclusion**

As the Department considers modifications to the rule, we urge the Department to continue to provide broad protections for religious freedom. Healthcare practitioners must be free to work in a way that is consistent with their ethical beliefs and professional judgments in order to be able to provide the best care to their patients. This proposed rule serves to protect First Amendment religious freedom rights, healthcare professionals' capacity to uphold the tenets of the Hippocratic Oath, and the ethical integrity of the medical profession.

Thank you for your consideration of these comments.

Respectfully submitted,

Michael D. Berry  
Deputy General Counsel  
First Liberty Institute

John P. Stumbo  
President  
The Christian and Missionary Alliance

Stephanie N. Taub  
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Martin Schappell  
President and CEO  
Shell Point Retirement Community

Tom Brejcha  
President and Chief Counsel  
Thomas More Society

Deborah M. Sprague  
Executive Director  
Chapel Pointe

Andrew M. Bath  
Executive Vice President and General Counsel  
Thomas More Society

# **Exhibit 5**



*A Passionate Voice for Compassionate Care*

March 27, 2018

Department of Health and Human Services  
Office for Civil Rights  
Attn: Conscience NPRM  
RIN 0945-ZA03  
Room 509F Herbert H. Humphrey Building  
Washington, DC 20201

**REF: RIN 0945-ZA 03**

**Protecting Statutory Conscience Rights in Health Care; Delegations of Authority;  
Proposed Rule, 83 Fed. Reg. 3880, January 26, 2018**

Dear Sir or Madam:

The Catholic Health Association of the United States (CHA) is pleased to submit these comments in support of the referenced proposed rule to implement, enforce and promote awareness of existing Federal laws protecting conscience rights in the context of health care.

CHA is the national leadership organization of the Catholic health ministry, representing more than 2,000 Catholic health care sponsors, systems, hospitals, long-term care facilities and related organization across the continuum of care. CHA represents the largest not-for-profit provider of health care services in the nation:

- 1 in 6 patients in the United States is cared for in a Catholic hospital each year
- More than 5 million admissions to Catholic hospitals each year, including one million Medicaid admissions
- All 50 states and the District of Columbia are served by Catholic health care organizations
- Approximately 750,000 individuals are employed in Catholic hospitals

As a Catholic health ministry, our mission and our ethical standards in health care are rooted in and inseparable from the Catholic Church's teachings about the dignity of each and every human person, created in the image of God. Access to health care is essential to promote and protect the inherent and inalienable worth and dignity of every individual. These values form the basis for our steadfast commitment to the compelling moral implications of our health care ministry and have driven CHA's long history of insisting on and working for the right of everyone to affordable, accessible health care. As lawmakers were developing the health care reform package that culminated in the passage of the Affordable Care Act, we made clear that our vision

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for health care demanded that everyone receive the same level and quality of care, without limits or variation based on age, race, ethnicity, or financial means, or one's health, immigration or employment status. Our members are committed to providing health care services to any person in need of care, without regard to race, color, national origin, sex, age, or disability, or any other category or status. Every individual seeking health care should always be treated with kindness and respect, and failure to do so because of discomfort with or animus against an individual on any basis is unacceptable. At the same time, we firmly believe that organizations and individuals should not be required to participate in, pay for, provide coverage for or refer for services that directly contradict their deeply held religious or moral beliefs and convictions.

For over two hundred years, individual and institutional Catholic health care providers have carried out this mission in a manner consistent with our religious and moral convictions, the source of both our work and the limits on what we will do. For the past several decades we have had the explicit protection of federal laws which defend our right to provide health care in accord with our convictions. CHA has long supported and worked for the enactment of conscience clause protections such as the Church Amendments, Section 245 of the Public Health Service Act, the Weldon Amendment and the Affordable Care Act. Legal protections such as these are essential for the continuation of both our own ministry and our nation's commitment to freedom of religion and of conscience. The lack of implementing regulations and of clarity concerning enforcement mechanisms for these laws has stymied their effectiveness. We welcome the proposed rule, which effectively reflects the intent and content of the underlying laws, and offer the following comments.

- **Definition of "health care entity" and "referral"**

We support the proposed definition of "health care entity." Including the terms "sponsor" and "third party administrator" clarifies that the Weldon amendment protections for provider-sponsored organizations, health maintenance organizations and health insurance plans are not limited only to the issuers of such plans but extend to the plan sponsors and third-party administrators. We also welcome the definition of "referral or refer for," which makes clear that providers cannot be compelled in any way to assist in the procurement of services which their religious and moral convictions would prevent them from performing.

- **Minimizing Administrative Burden**

The proposed rule would require certain recipients to submit written assurances and certifications of compliance with federal health care conscience and anti-discrimination laws. We believe this is appropriate and consistent with the requirements of other civil rights laws. The preamble notes that this requirement would be implemented through "modified versions of the applicable civil rights clearance forms ... or similar forms that may be developed and implemented in the future." (83 Fed.Reg. 3896). We urge OCR to implement this requirement by amending the

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existing forms relevant recipients are already required to submit, in order to minimize the administrative burden on recipients.

- **Compliance and Enforcement**

As indicated above, the lack of effective and reasonable enforcement mechanisms has been an obstacle to ensuring that the conscience protections intended by Congress in laws such as the Church Amendments, Section 245 of the Public Health Service Act, the Weldon Amendment and the Affordable Care Act have been fully realized. We support the broad range of enforcement options included in the proposed rule. We endorse the expressed preference for informal settlement among the parties when there appears to have been a failure to comply. When the withholding of federal funds is an appropriate enforcement option, we agree that there should be flexibility to suspend funding in whole or in part. We also believe it is important to establish meaningful due process measures, including forms of notice, hearing and appeal, when OCR finds a compliance violation that cannot be resolved informally.

- **Further clarification**

We suggest that the final rule provide further clarification in two areas.

We support the requirement to post notices concerning Federal health care conscience and associated anti-discrimination laws, and request clarification on what language translation requirements apply to such notices.

Certain conscience laws, such as the Weldon amendment, forbid States receiving federal funds from discriminating against health care entities because they decline to participate in certain services or procedures. The final rule should clarify that once a State receives federal funds, the non-discrimination requirement applies to all agencies and offices of the State whether or not the specific agency or office in question itself receives federal funds.

Thank you for the opportunity to provide comments on the proposed rule implementing key Federal conscience protections. If you should have any questions about these comments or would like additional information, please do not hesitate to contact Kathy Curran, Senior Director, Public Policy, at 202-296-3993.

Sincerely,



Sr. Carol Keehan, DC  
President and CEO

# **Exhibit 6**



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE FOR CIVIL RIGHTS (OCR)  
CIVIL RIGHTS DISCRIMINATION COMPLAINT**

Form Approved: OMB No. 0990-0269.  
See OMB Statement on Reverse.



YOUR FIRST NAME [REDACTED]		YOUR LAST NAME [REDACTED]	
HOME PHONE (Please include area code) [REDACTED]		WORK PHONE (Please include area code) [REDACTED]	
STREET ADDRESS [REDACTED]		CITY [REDACTED]	
STATE [REDACTED]	ZIP [REDACTED]	E-MAIL ADDRESS (if available) [REDACTED]	

Are you filing this complaint for someone else?  Yes  No  
If Yes, whose civil rights do you believe were violated?

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

I believe that I have been (or someone else has been) discriminated against on the basis of:

- Race / Color / National Origin   
  Age   
  Religion   
  Sex  
 Disability   
  Other (specify): Federal Weldon Amendment conscience protections

Who or what agency or organization do you believe discriminated against you (or someone else)?

PERSON/AGENCY/ORGANIZATION

State of California - Department of Managed Health Care

STREET ADDRESS 980 Ninth Street, Suite 500		CITY Sacramento
STATE California	ZIP 95814	PHONE (Please include area code)

When do you believe that the civil right discrimination occurred?

LIST DATE(S)

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)

contravention of the federal Weldon Amendment by a California state government agency action. We believe that abortion is a grave moral evil and object to being morally complicit in abortion through the provision of insurance coverage for abortion to our employees. [Provide any relevant information about your church] On August 22, 2014, the California Department of Managed Health Care (DMHC) notified all private health care insurers in the state, including those through whom we purchase our employee plan, that all health care plans issued in California must immediately cover elective

*This field may be truncated due to size limit. See the "Allegation Description" file in the case folder.*

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

SIGNATURE [REDACTED]	DATE (mm/dd/yyyy) 10/09/2017
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Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's web site at: [www.hhs.gov/ocr/civilrights/complaints/index.html](http://www.hhs.gov/ocr/civilrights/complaints/index.html). To mail a complaint see reverse page for OCR Regional addresses.

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect OCR's decision to process your complaint.

Do you need special accommodations for us to communicate with you about this complaint? (Check all that apply)

- Braille       Large Print       Cassette tape       Computer diskette       Electronic mail       TDD
- Sign language interpreter (specify language): \_\_\_\_\_
- Foreign language interpreter (specify language): \_\_\_\_\_  Other: \_\_\_\_\_

If we cannot reach you directly, is there someone we can contact to help us reach you?

FIRST NAME		LAST NAME	
HOME / CELL PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS		CITY	
STATE	ZIP	E-MAIL ADDRESS (If available)	

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)  
PERSON/AGENCY/ORGANIZATION/ COURT NAME(S)

DATE(S) FILED	CASE NUMBER(S) (If known)
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To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

ETHNICITY (select one)      RACE (select one or more)

Hispanic or Latino       American Indian or Alaska Native       Asian       Native Hawaiian or Other Pacific Islander

Not Hispanic or Latino       Black or African American       White       Other (specify): \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN (if other than English) \_\_\_\_\_

How did you learn about the Office for Civil Rights?

- HHS Website/Internet Search     Family/Friend/Associate     Religious/Community Org     Lawyer/Legal Org     Phone Directory     Employer
- Fed/State/Local Gov     Healthcare Provider/Health Plan     Conference/OCR Brochure     Other (specify): \_\_\_\_\_

To mail a complaint, please type or print, and return completed complaint to the OCR Regional Address based on the region where the alleged violation took place. If you need assistance completing this form, contact the appropriate region listed below.

<p><b>Region I - CT, ME, MA, NH, RI, VT</b></p> <p>Office for Civil Rights, DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) (617) 565-3809 FAX</p>	<p><b>Region V - IL, IN, MI, MN, OH, WI</b></p> <p>Office for Civil Rights, DHHS 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD) (312) 886-1807 FAX</p>	<p><b>Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions</b></p> <p>Office for Civil Rights, DHHS 90 7th Street, Suite 4-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX</p>
<p><b>Region II - NJ, NY, PR, VI</b></p> <p>Office for Civil Rights, DHHS 26 Federal Plaza - Suite 3312 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX</p>	<p><b>Region VI - AR, LA, NM, OK, TX</b></p> <p>Office for Civil Rights, DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX</p>	
<p><b>Region III - DE, DC, MD, PA, VA, WV</b></p> <p>Office for Civil Rights, DHHS 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) (215) 861-4431 FAX</p>	<p><b>Region VII - IA, KS, MO, NE</b></p> <p>Office for Civil Rights, DHHS 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (TDD) (816) 426-3686 FAX</p>	
<p><b>Region IV - AL, FL, GA, KY, MS, NC, SC, TN</b></p> <p>Office for Civil Rights, DHHS 61 Forsyth Street, SW. - Suite 16T70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 562-7884 (TDD) (404) 562-7881 FAX</p>	<p><b>Region VIII - CO, MT, ND, SD, UT, WY</b></p> <p>Office for Civil Rights, DHHS 999 18th Street, Suite 417 Denver, CO 80202 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX</p>	<p><b>Region X - AK, ID, OR, WA</b></p> <p>Office for Civil Rights, DHHS 701 Fifth Avenue, Suite 1600, MS - 11 Seattle, WA 98104 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX</p>

**Burden Statement**

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 531H, Washington, D.C. 20201. Please do not mail complaint form to this address.

HHS-699 (7/09) (BACK)



## COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

Please read and review the documents entitled, *Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights* and *Protecting Personal Information in Complaint Investigations* for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

**In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.**

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.



- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

**After reading the above information, please check ONLY ONE of the following boxes:**

**CONSENT:** I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

**CONSENT DENIED:** I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: \_\_\_\_\_ Date: 10/09/2017  
\*Please sign and date \_\_\_\_\_ if submitting this form by email because submission by email represents your signature.

Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



## NOTICE TO COMPLAINANTS AND OTHER INDIVIDUALS ASKED TO SUPPLY INFORMATION TO THE OFFICE FOR CIVIL RIGHTS

### Privacy Act

The Privacy Act of 1974 (5 U.S.C. §552a) requires OCR to notify individuals whom it asks to supply information that:

— OCR is authorized to solicit information under:

- (i) Federal laws barring discrimination by recipients of Federal financial assistance on grounds of race, color, national origin, disability, age, sex, religion under programs and activities receiving Federal financial assistance from the U.S. Department of Health and Human Services (HHS), including, but not limited to, Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), and Sections 794 and 855 of the Public Health Service Act (42 U.S.C. §§295m and 296g);
- (ii) Titles VI and XVI of the Public Health Service Act (42 U.S.C. §§291 et seq. and 300s et seq.) and 42 C.F.R. Part 124, Subpart G (Community Service obligations of Hill-Burton facilities);
- (iii) 45 C.F.R. Part 85, as it implements Section 504 of the Rehabilitation Act in programs conducted by HHS; and
- (iv) Title II of the Americans with Disabilities Act (42 U.S.C. §12131 et seq.) and Department of Justice regulations at 28 C.F.R. Part 35, which give HHS "designated agency" authority to investigate and resolve disability discrimination complaints against certain public entities, defined as health and service agencies of state and local governments, regardless of whether they receive federal financial assistance.
- (v) The Standards for the Privacy of Individually Identifiable Health Information (The Privacy Rule) at 45 C.F.R. Part 160 and Subparts A and E of Part 164, which enforce the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 U.S.C. §1320d-2).

OCR will request information for the purpose of determining and securing compliance with the Federal laws listed above. Disclosure of this requested information to OCR by individuals who are not recipients of federal financial assistance is voluntary; however, even individuals who voluntarily disclose information are subject to prosecution and penalties under 18 U.S.C. § 1001 for making false statements.

Additionally, although disclosure is voluntary for individuals who are not recipients of federal financial assistance, failure to provide OCR with requested information may preclude OCR from making a compliance determination or enforcing the laws above.



OCR has the authority to disclose personal information collected during an investigation without the individual's consent for the following routine uses:

- (i) to make disclosures to OCR contractors who are required to maintain Privacy Act safeguards with respect to such records;
- (ii) for disclosure to a congressional office from the record of an individual in response to an inquiry made at the request of the individual;
- (iii) to make disclosures to the Department of Justice to permit effective defense of litigation; and
- (iv) to make disclosures to the appropriate agency in the event that records maintained by OCR to carry out its functions indicate a violation or potential violation of law.

Under 5 U.S.C. §552a(k)(2) and the HHS Privacy Act regulations at 45 C.F.R. §5b.11 OCR complaint records have been exempted as investigatory material compiled for law enforcement purposes from certain Privacy Act access, amendment, correction and notification requirements.

**Freedom of Information Act**

A complainant, the recipient or any member of the public may request release of OCR records under the Freedom of Information Act (5 U.S.C. §552) (FOIA) and HHS regulations at 45 C.F.R. Part 5.

**Fraud and False Statements**

Federal law, at 18 U.S.C. §1001, authorizes prosecution and penalties of fine or imprisonment for conviction of "whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry".



## **PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS**

To investigate your complaint, the Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) will collect information from different sources. Depending on the type of complaint, we may need to get copies of your medical records, or other information that is personal to you. This Fact Sheet explains how OCR protects your personal information that is part of your case file.

### **HOW DOES OCR PROTECT MY PERSONAL INFORMATION?**

OCR is required by law to protect your personal information. The Privacy Act of 1974 protects Federal records about an individual containing personally identifiable information, including, but not limited to, the individual's medical history, education, financial transactions, and criminal or employment history that contains an individual's name or other identifying information.

Because of the Privacy Act, OCR will use your name or other personal information with a signed consent and only when it is necessary to complete the investigation of your complaint or to enforce civil rights laws or when it is otherwise permitted by law.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

### **CAN I SEE MY OCR FILE?**

Under the Freedom of Information Act (FOIA), you can request a copy of your case file once your case has been closed; however, OCR can withhold information from you in order to protect the identities of witnesses and other sources of information.

### **CAN OCR GIVE MY FILE TO ANY ONE ELSE?**

If a complaint indicates a violation or a potential violation of law, OCR can refer the complaint to another appropriate agency without your permission.

If you file a complaint with OCR, and we decide we cannot help you, we may refer your complaint to another agency such as the Department of Justice.

### **CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?**

Access to OCR's files and records is controlled by the Freedom of Information Act (FOIA). Under FOIA, OCR may be required to release information about this case upon public request. In the event that OCR receives such a request, we will make every effort,



as permitted by law, to protect information that identifies individuals, or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

If OCR receives protected health information about you in connection with a HIPAA Privacy Rule investigation or compliance review, we will only share this information with individuals outside of HHS if necessary for our compliance efforts or if we are required to do so by another law.

**DOES IT COST ANYTHING FOR ME (OR SOMEONE ELSE) TO OBTAIN A COPY OF MY FILE?**

In most cases, the first two hours spent searching for document(s) you request under the Freedom of Information Act and the first 100 pages are free. Additional search time or copying time may result in a cost for which you will be responsible. If you wish to limit the search time and number of pages to a maximum of two hours and 100 pages; please specify this in your request. You may also set a specific cost limit, for example, cost not to exceed \$100.00.

If you have any questions about this complaint and consent package,  
Please contact OCR at <http://www.hhs.gov/ocr/office/about/contactus/index.html>

*OR*

Contact your OCR Regional Office  
(see Regional Office contact information on page 2 of the Complaint Form)

contravention of the federal Weldon Amendment by a California state government agency action. We believe that abortion is a grave moral evil and object to being morally complicit in abortion through the provision of insurance coverage for abortion to our employees. [Provide any relevant information about your church] On August 22, 2014, the California Department of Managed Health Care (DMHC) notified all private health care insurers in the state, including those through whom we purchase our employee plan, that all health care plans issued in California must immediately cover elective abortions under DMHC's interpretation of California state law (See DMHC's letter to insurers of August 22, 2014 <https://www.dmhc.ca.gov/Portals/0/082214letters/abc082214.pdf> ). Because no religious exemption exists from the DMHC order of August 22, 2014, our church's staff health insurance plans must include elective abortion coverage without our authorization and over our objections. All the health plans offered to our church included full and unrestricted coverage for direct abortion without limitation. Having no alternative, we were compelled to enroll in a plan that covers all abortions for all plan participants. This development is morally and religiously unacceptable to our faith ministry, as it burdens our conscience rights by compelling us to fund, through our premium payments, abortion on demand for our employees. Since 2005, the Weldon Amendment in federal law (Section 507 of the Consolidated Appropriations Act, 2017, Pub L. No 115-31 (May 5, 2017)) requires States to maintain neutrality on abortion by prohibiting precisely the sort of coercive, discriminatory, and divisive action the DMHC has taken with its abortion insurance mandate. Specifically, DMHC is "subject[ing]" our "health insurance plan" "to discrimination," by denying approval for a plan that omitted abortion coverage, solely "on the basis that the [plan] does not ... provide coverage of ... abortions." We request that this Office enforce the terms of the Weldon Amendment and prevent California from discriminating against us in violation of this federal law. DMHC is immediately forcing our Church to offer our employees a health plan that includes coverage of abortion, in violation of our deeply-held religious and moral convictions, and forcing us to consider cancellation of these plans. We ask that you act urgently to remedy this violation of our rights.

## CERTIFICATE OF SERVICE

I hereby certify that on April 27, 2020, I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Second Circuit by using the appellate CM/ECF system. Participants in the case are registered CM/ECF users, and service will be accomplished by the appellate CM/ECF system.

*s/ Leif Overvold*  
\_\_\_\_\_  
Leif Overvold