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1 UNITED STATES DISTRICT COURT
2 SOUTHERN DISTRICT OF NEW YORK

3 STATE OF NEW YORK, et al.,

4 Plaintiffs,

5 v.

19-cv-4676 (PAE)
19-cv-5433 (PAE)
19-cv-5435 (PAE)

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

9 Defendants.

Argument

10 -----x

11 New York, N.Y.
12 October 18, 2019
13 9:32 a.m.

14 Before:

15 HON. PAUL A. ENGELMAYER

District Judge

16 APPEARANCES

17 LETITIA JAMES
18 Attorney General of
19 The State of New York
20 BY: MATTHEW COLANGELO, ESQ.
21 AMANDA MEYER, ESQ

22 PLANNED PARENTHOOD FEDERATION OF AMERICA
23 BY: DIANA SALGADO, ESQ

24 -and-

25 COVINGTON & BURLING
BY: DAVID M. ZIONTS, ESQ

AMERICAN CIVIL LIBERTIES UNION
BY: ALEXA R. KOLBI-MOLINAS, ESQ.

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APPEARANCES CONTINUED

U.S. DEPARTMENT OF JUSTICE
BY: CHRIS BATES, ESQ.
BENJAMIN T. TAKEMOTO, ESQ.
VINITA ANDRAPALLIYAL, ESQ.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
BY: SEAN KEVENEY, ESQ.
JEAN-MICHEL VOLTAIRE, ESQ.

GIBSON, DUNN & CRUTCHER
Attorney for Defendant-Intervenor Christian Medical and
Dental Association
BY: ROBERT DUNN

BECKET
Attorney for Intervenor Defendants
BY: DANIEL BLOMBERG

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1 (In open court)

2 THE COURT: Good morning everyone.

3 I will have some words of introduction in a moment but
4 before I do I want to just take the roll to make sure I
5 understand who is who. Who do I have appearing for the
6 provider plaintiffs?

7 MS. KOLBI-MOLINAS: Alexa Kolbi-Molinas for plaintiffs
8 National Family Planning Reproductive Health Association and
9 Public Health solutions.

10 THE COURT: Good morning, Ms. Kolbi-Molinas.

11 MR. ZIONTS: Good morning, your Honor.

12 David Zionts for the Planned Parenthood plaintiffs.

13 THE COURT: Good morning, Mr. Zionts.

14 Anyone else for the provider plaintiffs?

15 MS. SALGADO: Yes, your Honor. Diana Salgado on
16 behalf of the Planned Parenthood plaintiffs.

17 THE COURT: Good morning, Ms. Salgado.

18 For the New York State and other state plaintiffs.

19 MS. SALGADO: Good morning, your Honor. Matthew
20 Colangelo from the New York Attorney General's Office on behalf
21 of the governmental plaintiffs.

22 There are a number of other plaintiffs' counsel in the
23 courtroom but not near a microphone. They include Marie Soueid
24 for the State of New Jersey, Jonathan Burke for Massachusetts,
25 Cynthia Weaver for New York City, Lisa Landau for New York

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1 State and Justin Deabler for New York State.

2 THE COURT: Good morning, Mr. Colangelo.

3 I appreciate your putting those names on the record.
4 I take as a given that a number of the people who are here are
5 lawyers who have worked in one way or the other on the case.
6 Solely in the interest of economy, I'm taking appearance only
7 from those in front of the bar but I very much value, as I'll
8 say in a moment, the contributions by everybody here and behind
9 the scenes.

10 MS. MEYER: Good morning, your Honor. Amanda Meyer on
11 behalf of the governmental plaintiffs.

12 THE COURT: Good morning to you, Ms. Meyer.

13 Now for the defense, who do I have for HHS?

14 MR. BATES: Christopher Bates from the U.S. Department
15 of Justice representing HHS but you're asking about counsel
16 from HHS?

17 THE COURT: Yes. Well I was asking for the
18 government. Thank you, Mr. Bates. Good morning.

19 MR. KEVENEY: Good morning, your Honor. Sean Keveney
20 with HHS.

21 THE COURT: Very good. Good morning, Mr. Keveney.
22 Anyone else for the government?

23 MR. VOLTAIRE: Jean-Michel Voltaire for HHS.

24 THE COURT: Very good, it's Mr. Voltaire?

25 MR. VOLTAIRE: Yes.

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1 THE COURT: Very good. Good morning, Mr. Voltaire.
2 Anyone else for HHS?

3 MS. ANDRAPALLIYAL: Vinita Andrapalliyal from DOJ
4 representing HHS.

5 THE COURT: Good morning, Ms. Andrapalliyal.
6 Anyone else for HHS?

7 MR. TAKEMOTO: And Benjamin Takemoto for the
8 Department of the Justice.

9 THE COURT: Good. Very good. Good morning
10 Mr. Takemoto. All right.

11 And for the intervenor defendants, who do I have?

12 MR. DUNN: Good morning, your Honor. Robert Dunn for
13 the Christian Medical and Dental Association.

14 THE COURT: Good morning, Mr. Dunn.

15 MR. BLOMBERG: Daniel Blomberg for intervenor
16 defendants.

17 THE COURT: Good morning, Mr. Blomberg.

18 You may all be seated.

19 Let me begin just by welcoming everyone in this
20 courtroom and to the extent there is anybody following in the
21 overflow courtroom, although at this point it doesn't appear
22 necessary, welcome to you as well.

23 We're here today for argument on a rule promulgated
24 earlier this year by the Department of Health and Human
25 Services. The rule is entitled Protecting Statutory Conscience

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1 Rights in Health Care Delegations of Authority. It is
2 scheduled to take effect on November 22.

3 In the consolidated lawsuits before me several groups
4 of plaintiffs challenged the rule on various grounds, including
5 based on The Administrative Procedure Act and on several
6 provisions of the Constitution.

7 Before argument begins I want to take a moment and
8 thank and compliment counsel. I have received, it is safe to
9 say, extensive briefing from the parties. The briefs have been
10 absolutely first rate. Really absolutely first rate. They are
11 as good as it gets. And I have benefited enormously from
12 counsel's thoughtful and close attention to the many complex
13 issues in the case.

14 I've also received a large number of amicus briefs.
15 They too have been thoughtful and very valuable to me.

16 So thank you to all of those who worked on the briefs.
17 And I'd ask the lead counsel here to please kindly, on my
18 behalf, acknowledge all of the lawyers and staff on your teams
19 who worked on these briefs and associated materials and please
20 thank them for me for a job very, very, very well done.

21 In terms of argument, here is how we will proceed.
22 And earlier this week I issued an order to this effect so this
23 will not come as a surprise to the counsel in front.

24 First of all, I'm going to hear argument from the
25 plaintiffs. I've allocated 75 minutes for that.

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1 Plaintiffs have divided their time and topics
2 according to a letter I received from them among four
3 advocates. The first two are on behalf of the provider
4 plaintiffs, which is to say Planned Parenthood and the National
5 Family Planning and Reproductive Health Association, et al.
6 The second two are on behalf of the governmental or state
7 plaintiffs and are from the New York State Attorney General's
8 office.

9 As I did in my order, I had asked plaintiffs' counsel
10 to please watch the clock and be sure to leave sufficient time
11 for the later of your four advocates because I expect I'll be
12 active in asking questions that may get you off script. I need
13 you, nevertheless, to be mindful of the time just so that
14 important topics that happen to be batting third and fourth
15 don't get squeezed for time.

16 After I hear from the plaintiffs, we'll then take a
17 short comfort break and I will then hear from the defendants to
18 whom I've also allocated 75 minutes. Specifically, I've
19 allocated 65 minutes for HHS and ten minutes to the intervenor
20 defendants, specifically counsel for Dr. Regina Frost and the
21 Christian Medical and Dental Association.

22 I hope afterwards we will have time for rebuttal and
23 follow-up. I certainly expect that I will have a lot of
24 questions for all counsel throughout.

25 So with that preface, let's begin with the provider

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1 plaintiffs and I understand that I'll hear first from
2 Mr. Zionts.

3 MR. ZIONTS: Thank you, your Honor.

4 THE COURT: Go ahead.

5 MR. ZIONTS: Thank you, your Honor. And good morning.
6 I'm mindful of your Honor's instruction in terms of time
7 allocation. Just to let you know in advance my plan here is to
8 speak for about 15 minutes and each of my colleagues plan to
9 speak for about 20 minutes although, of course, we'll be in
10 your hands in terms --

11 THE COURT: Thank you. That's helpful to know.

12 MR. ZIONTS: Your Honor, I'll be speaking about HHS's
13 authority or rather lack of authority to issue this regulation.
14 I'd like to start with a basic but fundamental point.

15 The heart of HHS's position is that the rule is just
16 housekeeping. The agency says it is just letting everyone know
17 how it interprets the refusal statutes and how it enforces them
18 so it doesn't need any delegation of substantive rule-making
19 authority.

20 Your Honor, the best answer to this argument is in the
21 text of the rule itself. At every step it is clear from the
22 face of the rule that it is legislative, imposing substantive
23 requirements on regulated parties.

24 So with the Court's permission, I would like to very
25 briefly walk through the rule's key provisions.

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1 THE COURT: If I may. I know -- I know what the key
2 provisions are. Let me see -- I understand your point that
3 components of the rule are substantive and legislative and I
4 understand those to involve the definitions of discriminate and
5 assist in the procedure and the like.

6 But let's focus on the other side of the equation. Is
7 there some part of the rule that you would acknowledge is
8 housekeeping and that can properly be done under the
9 housekeeping statute?

10 MR. ZIONTS: Your Honor, what I would say is there are
11 parts of this rule that could have been done in a way that
12 would be consistent with housekeeping.

13 For example, if the agency had simply said: Go look
14 at the UAR; we are letting you know that we will follow to the
15 letter the UAR and that is how we will enforce, I think that
16 would indeed be housekeeping.

17 But the way this rule is structured at every step of
18 the way it's hard to disassociate the pieces of this that
19 impose substantive requirements from other provisions that
20 might for example, if done differently, could be genuine
21 housekeeping.

22 THE COURT: Well let me pushback on that. You say
23 repeatedly in your briefs that you're not challenging the
24 conscience provisions that are in the statutes, correct?

25 MR. ZIONTS: Correct, your Honor.

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1 THE COURT: Let's assume for argument's sake, imagine
2 whatever scenario you would concede would be a between-the-eyes
3 blatant violation of those statutes. Right now I take it the
4 law is silent as to remedy.

5 Imagine a violation of the statutes. Put aside any
6 gloss on those statutes by rule. Just imagine a
7 between-the-eyes violation.

8 MR. ZIONTS: Right.

9 THE COURT: What does HHS do without rule-making to
10 explain how the process of adjudicating a violation is and what
11 the consequences would be and is that something that HHS can
12 properly rule-make on?

13 MR. ZIONTS: Well, your Honor, there was a 2011 rule,
14 that we do not challenge its validity, that provided a
15 complaints mechanism and we don't dispute the agency's power to
16 do that.

17 THE COURT: Now let's suppose the complaints process
18 results in a finding of a between-the-eyes violation or set of
19 violations. Is there anything out there right now that would
20 set out the consequences?

21 MR. ZIONTS: Your Honor, we also do not challenge the
22 existing regulatory grant procedure.

23 So, for example, if OCR, through that 2011 complaint
24 procedure, determined that there was a square violation of the
25 statute -- not the rule, of the statute -- then the agency's

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1 position, and we don't have any problem with this, is that they
2 would go through the ordinary procedures under the UAR.
3 Remedies would be limited to that. There would be notice and
4 due process and there would be -- one key feature of the UAR is
5 the remedy is generally limited to the specific source of
6 funding at issue. And they could do that. We're not disputing
7 that.

8 THE COURT: So if there were a violation, let's say,
9 of any or all of the ACA, Medicaid, or the other three primary
10 statutes that are our main focus here, you don't dispute that
11 under existing authority the agency, if it crossed its Ts and
12 dotted its Is, it could ultimately get to the place of
13 retracting federal funding limited to the funding stream
14 attributable to that statute?

15 MR. ZIONTS: Right, your Honor. It would be limited
16 to the funding stream.

17 And one just additional crucial point would be that in
18 terms of -- I think in this hypothetical we're talking about a
19 square, everyone-would-agree violation. And just one key
20 proviso I would put would be: HHS would have its view of what
21 the statute means and it would go through this procedure and it
22 would be free -- it would be upon the regulated party to
23 potentially go to court and say it doesn't mean this. And
24 there would be no deference at that point. The Court would
25 decide.

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1 THE COURT: Give me an example of something you would
2 agree is a between-the-eyes violation of the conscience
3 statutes.

4 MR. ZIONTS: Your Honor, I think Ms. Salgado may be
5 able to speak to this a bit more when she addresses
6 discrimination. If, for example, just turning to the Church
7 Amendments, speaking of discrimination of employment because
8 someone performed or refused to perform.

9 If you had someone who was -- who an employer demanded
10 you must perform an abortion or you'll be fired, there is no
11 hardship to the employer to find someone else to do it. There
12 is really no reason for purposes of patient care. There is no
13 emergency, etc. It's essentially: Person standing there. Do
14 it or you're fired. No good reason, no hardship preventing
15 that. I think we would all agree that that violates the
16 statute.

17 THE COURT: Under the UAR suppose there's a singular
18 violation, one violation to that effect. But it's absolutely
19 adjudicated perfectly and there is no question that exactly
20 that happened.

21 If the agency, crosses its Ts and dots its Is, at the
22 end of that possess for that single violation does the existing
23 statute and the existing regulations, do they permit the agency
24 to pull the entity's entire funding under that statute?

25 MR. ZIONTS: The agency's entire funding, I don't

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1 think so, your Honor.

2 THE COURT: Under that statutory -- under that one
3 statute?

4 MR. ZIONTS: Well, your Honor, I think it's not
5 just -- I distinguish between the statute itself.

6 So, for example, the Church Amendments which might
7 impose obligations across a range of funding stream grants,
8 etc. Generally the way the UAR works is that it speaks of the
9 cost of the specific federal award or activity. So in general
10 if there was -- we're speaking hypotheticals -- if there were
11 to be an actual health care entity that committed this
12 violation and committed a violation, of course, of a particular
13 funding stream, I think what the UAR would say is you could
14 lose that. Of course, there's voluntary remedies. The UAR is
15 phrased a little differently from this rule in that it is
16 intended to escalate and to give various offramps for voluntary
17 remedies and cessation. But ultimately you could lose funding
18 under the particular grant at issue. We don't think anything
19 in the UAR provides for just wiping out all federal funds.

20 THE COURT: Go ahead.

21 Sorry. Just explain to me just a little more the
22 meaning of funding stream, as you concede, it could be
23 implicated by a violation. The Church Amendment covers a
24 number of different funding streams. I want to be sure that I
25 understand what you're acknowledging and what you're resisting.

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1 How would HHS ultimately, if we got to the end of the series of
2 enforcement events, how would they go about defining the
3 funding stream that is jeopardized by such a brief?

4 MR. ZIONTS: Your Honor, I think just looking at the
5 language of Church, and it applies based on receiving a grant
6 contract, loan, or loan guarantee under the Public Health
7 Service Act. So I think you would go grant-by-grant,
8 contract-by-contract. And, again, you would have to see how
9 this would play it, and it could vary depending upon the
10 circumstances. I think you would look at the grant.

11 THE COURT: Let's look at a big one. Let's suppose
12 it's Medicare or Medicaid. Let's use New York State as an
13 example, although they'll have an opportunity to defend their
14 own perspective on this. But imagine, again, a
15 between-the-eyes violation of the sort that you hypothesize and
16 assuming that no offramp applies or is activated, at the end of
17 the day for one error like that, can New York State lose its
18 entire let us say Medicaid funding?

19 MR. ZIONTS: Your Honor, I do not want to stand here
20 and bind the State of New York.

21 THE COURT: Choose some other state.

22 MR. ZIONTS: Particularly when they are sitting right
23 here.

24 What I would say, it's an interesting problem that the
25 agency itself has not clarified. Their position here has been

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1 this is all part of existing regulations. And they're fairly
2 specific about the UAR, which is about grants in particular.

3 THE COURT: Why can't -- go ahead.

4 MR. ZIONTS: I was going to say with respect to
5 Medicaid, we're actually not sure how the agency believes it
6 would go about withdrawing federal funding; not in terms of the
7 rule, in terms of if it believes it as the existing statute.

8 So in the part of the rule where it speaks to: For
9 grants, see the UAR; for contracts, see this. For Medicaid, it
10 just says in the rule: See the Social Security Act. They
11 don't point to a provision. They don't point to a regulation.
12 So we're not really sure how they think existing regulations
13 would allow --

14 THE COURT: Well then that begs the question. It's
15 the agency's existing regulations don't clarify the universe.
16 What is it that prevents the agency, whether in the context of
17 this rule or another, from sharpening up its guidance even if,
18 perhaps, having a more muscular approach to these problems and
19 saying at least in this area where we're talking about
20 violations of religious or moral conscience rights recognized
21 by statute, we're going to have a particularly strong penalty
22 and deterrent. Why can't they do that?

23 MR. ZIONTS: Your Honor, we think -- well, first of
24 all, the statute itself, just looking at the Church Amendment,
25 Church B-- this may not be a good example because it doesn't

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1 apply to Medicaid funds but Church D may. Church D is simply
2 written as individuals have a right not to do acts. And it
3 doesn't say anything about: Or else you lose X or Y or X, Y,
4 and Z or everything under the sun.

5 So in our view -- we acknowledge there are things that
6 HHS can do under its existing authorities in a careful
7 step-by-step way, in a way that has been done for as long as
8 these statutes have been on the books and, in particular, under
9 the 2011 Rule.

10 But when Congress intends the Draconian remedy of you
11 lose all your federal funding, a state loses Medicaid, it says
12 so. Title VI says so. It says agencies have the authority to
13 promulgate regulations, provide for the termination of funding,
14 provide adaptors to process. There's even notice to
15 congressional committees. And it doesn't say anything like
16 this. So while -- we're happy to concede that there is some
17 level in the administration of these grant programs that it can
18 do, it would be quite anomalous if we're -- in Title VI
19 Congress was very explicit in saying you can take money but
20 only up to here and with these protections. Here, the Congress
21 didn't say anything but HHS has free reign to say we can take
22 it all.

23 THE COURT: Very helpful. I want to give you a chance
24 in a moment just to turn to the more substantive dimensions of
25 the regulation, but one final housekeeping-type question.

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1 The rule has new assurance and certification
2 requirements imposed on recipients. Are those compatible with
3 the housekeeping statutes?

4 MR. ZIONTS: We don't think so, your Honor. And,
5 again, if you look at the rule, here's how Section 88.6 is
6 written. Parties shall, in quotes, shall. Excuse me. It's
7 88.4. Requires that the applicant or recipient to comply with
8 applicable federal conscience and discrimination laws and this
9 part, and this part is referring to this part of the CFR.

10 So, first of all, that certification does not just
11 certify that you comply with the underlying statutes. It's
12 saying what we just added to the CFR, which are substantive
13 legislative requirements, you have to certify --

14 THE COURT: Fair. Fair point. Strip away the
15 substantive components of the rule and focus just on the
16 violations or not of the statute.

17 Could HHS under its housekeeping authority require the
18 hospital, state, etc. to comply with assurance and
19 certification if those -- if that's limited to compliance with
20 the statute?

21 MR. ZIONTS: Your Honor, I think there are -- in the
22 existing UAR there are much more general certifications. This
23 is a bit different in that --

24 THE COURT: But the UAR is a measure of what the
25 agency can do. It's one thing the agency has done but they may

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1 or may not be able to do more.

2 MR. ZIONTS: Agreed, your Honor.

3 The main point I would make is that this is, in our
4 view, a substantive requirement: You shall complete the
5 certification. And that has legal consequences. A
6 certification raises issues under the False Claims Act. You
7 could potentially be sued if someone thinks that you have made
8 a certification for compliance with these statutes and someone
9 believes that that was false and that led to receiving federal
10 funds. And so when an agency legislates and says you must do
11 this -- and when you look at the enforcement provisions as
12 well, 88.7, the enforcement provisions, they say they will take
13 your money away if you violate this part, and that includes
14 certification.

15 So even if you haven't done anything substantively
16 wrong, if you just don't do the certification the way they say,
17 they say you violated the regulation, we will enforce it,
18 that's a substantive force of law rule.

19 THE COURT: All right. Let's turn to the substantive
20 parts of the statute. And I think I understand from your
21 briefs the definitions of all the various statutory terms are
22 ones that you intend, and I understand why, are substantive.

23 MR. ZIONTS: Right. Your Honor, I think I'm about at
24 fifteen minutes. I will just say one word. The -- we do think
25 it is clear when you look at the way this rule is framed,

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1 including with the definitions and the way they work with what
2 the rule calls applicable requirements and prohibitions, this
3 is a federal agency telling regulated third parties: Do this
4 or you will be in trouble. Do this or we will enforce against
5 you.

6 The one point, just because it's not in the briefing,
7 I wanted to alert your Honor to a decision, fairly recent
8 decision from the D.C. Circuit called Guedes v. ATF. The
9 citation is 920 F.3d 1. It's somewhat similar in the sense
10 that there you had an agency insisting that all it was doing
11 was interpreting, telling people -- this had to do with the
12 bump stocks regulation -- it was just telling people how it
13 interprets this rule.

14 The agency said: No. It says shall. It's in this
15 CFR. The agency was claiming Chevron deference. Everything
16 about it said legislative substantive rule-making. And the
17 Court said yes. And I think the Court, if you look at the
18 opinion, you'll find a number of parallels. The one difference
19 in that statute was the agency was actually delegated authority
20 to issue a legislative rule. Here, we have all the indicia of
21 a substantive legislative rule. We just don't have any source
22 of authority to do that.

23 THE COURT: Final point on that. That appears to be
24 so, at least explicitly with respect to Church and Coats-Snowe
25 and Weldon. But under the Affordable Care Act and Medicare and

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1 Medicaid there is some grant of substantive rule-making
2 authority.

3 Suppose the rule had simply defined terms like
4 discriminate or refer, etc., within the framework of the
5 statutes that do have substantive rule-making authority
6 delegated to the agency. Could the agency have done that, had
7 it confined the definitions to the statutes that have the
8 explicit delegation of rule-making provisions?

9 MR. ZIONTS: We may have other problems with that, but
10 in terms of statutory authority, we absolutely agree. The ACA
11 says you can regulate on this topic. It can't --

12 THE COURT: So while you're not happy with the
13 definitions, as it relates to those statutes, the ACA,
14 Medicare, Medicaid, you're not making a lack-of-authority
15 challenge with respect to the definition of those statutory
16 terms for those statutes.

17 MR. ZIONTS: That's right, your Honor.

18 THE COURT: Thank you.

19 MR. ZIONTS: In the interest of keeping everything
20 moving, I'll turn things over to Ms. Salgado, unless your Honor
21 has any other questions on the rule-making issue.

22 THE COURT: No. I think there will be an issue about
23 remedy and severability that is very much implicated by our
24 last exchange. But I think it's better to move on and we'll
25 touch on that later. Very helpful. Thank you.

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1 So next up I think is Ms. Salgado.

2 MS. SALGADO: May it please the Court, Diana Salgado
3 on behalf of plaintiffs.

4 Your Honor I'm going to focus my time on two
5 plaintiffs' claims: That the rule is contrary to law and, if
6 time permits, that the final rule is not a logical outgrowth of
7 the proposal.

8 There are several reasons that the rule is contrary to
9 law but I'd like to start with conflict with the underlying
10 statutes. In promulgating this challenge regulation, not only
11 has the agency given the rule the force of law but it has also
12 stretched the terms of the statutes beyond their limit and far
13 exceed what Congress intended.

14 Starting with the term discrimination, which is found
15 in nearly all of the underlying statutes, HHS has taken a
16 general prohibition on nondiscrimination and promulgated a
17 regulation that defines the term to mean that health care
18 entities, such as the plaintiffs here, have an absolute duty to
19 accommodate employees who have objections to performing or
20 assisting in the performance of, and depending on the statute,
21 abortion or sterilization and must do so regardless of the
22 burden on employers and the patients they're seeking to serve.

23 THE COURT: So pause on that for a moment.

24 Let's focus on the part of the rule that affects
25 employees and employers. I take it your view is that up to

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1 this point the Title VII framework has governed that.

2 MS. SALGADO: That's correct, your Honor.

3 THE COURT: And Title VII requires that ultimately at
4 the end of the sequence if there is an undue hardship
5 essentially the employer is allowed to refuse to accommodate
6 the religious objector.

7 MS. SALGADO: Yes.

8 Title VII requires that an employer provide a
9 reasonable accommodation unless there is an undue hardship on
10 that employer.

11 THE COURT: So is the point here then at least as to
12 the employment dimension of the world covered by the rule,
13 we've got a square conflict with a statute, Title VII.

14 MS. SALGADO: Well, your Honor, we haven't -- that's
15 true. There is -- that the statutes or actually that the
16 agency, in the way that they have interpreted the statutes in
17 this rule, seeks to abrogate Title VII's application.

18 THE COURT: I have read with great interest your
19 briefs that focus on the emergency care and Title X and
20 whatnot. Why isn't the most explicit example or, as good an
21 example you have, Title VII where since 1972 we have a statute
22 that appears to encode the hardship exception and, therefore,
23 it has much more of a carve-out than the rule does in allowing
24 an employer that needs to exist to insist.

25 MS. SALGADO: I'm sorry, your Honor. Are you

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1 asking --

2 THE COURT: It's a softball but it's an important
3 question. But the reason I'm asking is from your briefs I did
4 not get the impression you were pushing nearly as frontally on
5 the conflict with the statute, and a familiar one at that,
6 Title VII, as a basis for your contrary-to-law argument.

7 MS. SALGADO: Well it is true, your Honor, as you
8 know, we have brought many claims in this case and one specific
9 one is not that the rule itself conflicts with Title VII;
10 rather, that the term discrimination and the way that the
11 agency has interpreted that rule here is not a faithful
12 application of the underlying statutes; that the agency has
13 exceeded what Congress intended when it passed the refusal
14 statutes.

15 THE COURT: Right. I'm just trying to understand why
16 the argument isn't being made flat-out that at least as to the
17 definition of discriminate it can't stand because that aspect
18 of the rule is contrary to a separate law, not the law under
19 which the agency purports to have but Title VII, which predates
20 even the first of the conscience statutes, has given employers
21 an opportunity -- a hardship basis for refusing to accommodate.

22 Why isn't the simple answer -- and I'll obviously be
23 eager to hear the government's perspective -- why isn't the
24 simple answer Title VII is law; the agency by regulation can't
25 contravene that?

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1 MS. SALGADO: That is our position. That's absolutely
2 our position, your Honor, is that in interpreting this -- the
3 statutes that the agency has promulgated a definition of
4 discrimination that is in conflict with Title VII.

5 THE COURT: If I were to agree on that, what part of
6 the rule would be unaffected by it? Would it be the parts that
7 simply don't affect the employment context?

8 MS. SALGADO: Your Honor, absolutely those parts would
9 be affected. I think that raises a fair question, which is:
10 Are there other applications of the agency's definition of
11 discrimination that are not a faithful application of the
12 statute beyond the employer and employee context.

13 And as a whole, your Honor, we believe that the term
14 discrimination is always sensitive to context and circumstance.
15 It always considers whether there is a justification for the
16 treatment that's being complained of.

17 So as a broader matter, the term discrimination that
18 the agency has put forth here in this rule as a whole is not a
19 faithful application of the statutes.

20 THE COURT: So let's get down to brass tacks. Your
21 agency employs medical professionals, correct?

22 MS. SALGADO: That's correct.

23 THE COURT: Pre-rule, if you had a religious objector
24 who didn't want to participate in an abortion, didn't want to
25 hand the forceps over or something like that, how would --

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1 within the Title VII framework and in the real world how does
2 your agency deal with an objector like that?

3 MS. SALGADO: Well, your Honor, you're correct that we
4 have health care professionals that would be subject to this
5 rule in medical centers all across the country, in every state
6 of this country. And how a religious objections are dealt with
7 are through the Title VII framework.

8 THE COURT: So a nurse says: I've been on the job for
9 a while. I've now developed a sincere religious view that
10 prevents me from assisting in an abortion. Let's put the nurse
11 in the operating room so we're not dealing with more distended
12 ways of assisting. The nurses says: No can do.

13 What is it that the -- how does the agency -- how does
14 your -- as an employer, how does your client deal with that
15 problem now within the Title VII framework?

16 MS. SALGADO: Well, your Honor, it's a hard question
17 to answer because the -- in terms of how a very specific
18 objection would be dealt with, I think it would depend on a
19 number of factors. It would depend on whether the agency or
20 the plaintiffs in this case have a duty to try to reasonably
21 accommodate the nurse.

22 So the question would be: Is there is a way to
23 accommodate this particular individual's objections by, for
24 example, if abortions were only performed on a certain day then
25 that nurse -- there would be perhaps a conversation about

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1 whether that nurse would be willing to work on the days when
2 abortions are not provided.

3 THE COURT: You would reallocate responsibility so the
4 nurse worked on non-abortion procedures?

5 MS. SALGADO: Exactly, yes.

6 Or there might be a question of whether instead of
7 actually working in a room where abortions are being provided,
8 whether the nurse would actually be -- whether be able to work
9 in a different room.

10 But all of those decisions have to be balanced with
11 whether accommodating that nurse would impose a hardship.

12 And if I may, your Honor, just add that the record
13 evidence, what it shows is that the plaintiffs in this case
14 operate several clinics where there is only one medical
15 professional.

16 THE COURT: That's where I was going to go in the
17 rural hypothetical or the short-staffed hypothetical that
18 appear here. Maybe it hasn't, in fact, arisen in the real
19 world, but how -- under the current framework what would your
20 client do if in the end there wasn't an alternative person to
21 fill in?

22 MS. SALGADO: Well, your Honor, I do think there is a
23 question of whether -- what the individual has been hired to do
24 as one of their primary or substantial duties to perform, then
25 I think there is a question of whether that individual was

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1 qualified for that position.

2 THE COURT: Right. And I'm using the hypothetical in
3 which a sincere religious conviction develops after the point
4 of hire. And so we're the actually -- you've got an
5 employee -- is it your view ultimately that under the Title VII
6 framework, in our hypothetical rural hospital, if the person
7 cannot do an essential part of the job and there's nobody else,
8 in the end that could be a basis for something up to discharge?

9 MS. SALGADO: Depending on the facts and
10 circumstances, yes. I mean I guess I would say that many of
11 Planned Parenthood's affiliates operate several health centers
12 in a particular region. So perhaps there would be -- and not
13 every one of those centers offers abortion so there would be a
14 conversation of whether that person could be transferred to a
15 different health center. And, yes, your Honor, if what the
16 nurse was hired to do was to assist with -- assist in the
17 performance of abortion services or in states that actually
18 allow it provide abortion services and the individual developed
19 a religious objection and was not able to perform the primary
20 duties of their position and was not willing to work on other
21 days or be transferred to another health center, then, yes,
22 your Honor, I think the Title VII framework does allow for
23 consideration of undue hardship.

24 THE COURT: And under the rule, same hypothetical, if
25 the rule were to take effect, how does it work as you

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1 understand the rule?

2 MS. SALGADO: I think the rule has no consideration or
3 the term -- the rule's definition of discrimination has no
4 consideration of a balancing of interests, the interests of the
5 employer in seeking to provide care, or the interests of their
6 patients. And it doesn't allow for any consideration of
7 hardship. The only thing that the rule references is, quote,
8 an effective accommodation, which is one that the employee must
9 voluntarily accept. And isn't lost on anyone than an effective
10 accommodation is different than a reasonable accommodation that
11 allows for some consideration of the balancing of interests.

12 THE COURT: But in the end there is no hardship
13 exception to the rule is your point.

14 MS. SALGADO: That's correct, your Honor.

15 I would say as an example of, a real world example,
16 because we've been talking about hypothetical situations, a
17 real world example of how the rule would work, if I may, a
18 reference the Court to the Shelton case.

19 THE COURT: I was -- I've got that on my list for the
20 defendants.

21 MS. SALGADO: And in that case the nurse refused to
22 assist in emergency abortions. The second time the patient was
23 standing in a pool of blood and the nurse still refused to
24 perform an emergency abortion. It took the hospital 30 minutes
25 to find another person to fill in. And even after that the

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1 hospital offered the nurse an accommodation to the NICU
2 department. She refused and the hospital had no other option
3 but the terminate her. She brought a Title VII claim and the
4 Court found against her because the hospital had offered a
5 reasonable accommodation.

6 THE COURT: Your point is under the rule if the rule
7 were law Shelton comes out the other way?

8 MS. SALGADO: That's right.

9 And certainly the agency has not said otherwise.

10 THE COURT: All right. Thank you. Very helpful. I
11 realize I've taken you off topic. Focus on other ways, apart
12 from the Title VII conflict, that the rule is contrary to law.

13 MS. SALGADO: Yes, your Honor.

14 So I think the -- as we were just discussing in the
15 context of emergency abortions, the rule has no exception for
16 cases where there is a need to provide emergency treatment.
17 And the parties agree that under the Emergency Medical
18 Treatment and Labor Act there is a duty for providers to
19 provide stabilizing treatments or a transfer, if possible. And
20 defendants don't dispute that in some cases patients need
21 emergency abortions. But the rule doesn't have any exception
22 for that. All the agency has said is that it will -- it will
23 seek to harmonize the statutes to the extent possible. That
24 isn't -- EMTALA doesn't say that it can be applied, quote, to
25 the extent possible. There is no exception.

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1 THE COURT: When was EMTALA enacted, if you know?

2 MS. SALGADO: I don't, your Honor. I know that it
3 predates -- I am sure that it predates Weldon and I don't
4 know -- I'm being told 1985 or 1986.

5 THE COURT: So it comes after Church. It comes after
6 the first of the conscience provisions but not some of the
7 later ones. I guess the question is whether there's anything
8 in the legislative history of the later ones that suggested an
9 intention to modify the state of play under EMTALA, emergency
10 statute.

11 MS. SALGADO: Yes, your Honor. Each of the statutes
12 there was discussion about -- well Weldon specifically
13 Representative Weldon specifically noted that EMTALA forbid
14 health care facilities to abandon patients with medical
15 emergencies and particularly pregnant women. Senator Church
16 also made clear: We're not permitted to shield a hospital from
17 denying services in, quote, in emergency situations, life or
18 death type. And Senator Coats also stressed in his amendment
19 which was, as I've said in the briefing, the Coats amendment
20 was actually focused on abortion training, so it was a little
21 bit more removed, but Senator Coats did stress that the
22 amendment wouldn't prevent physicians from being able to
23 provide -- or being trained to provide emergency treatment.

24 THE COURT: One thing I'm couldn't quite figure out
25 was the interplay between EMTALA and Title VII under current

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1 law. In other words, in practice is the way EMTALA applied in
2 the use of undue hardship notes from Title VII but in an
3 emergency context the employer has a particular deference, or
4 the hardship concern comes particularly before you can't have
5 somebody, you know, stopping in a transverse on the way to the
6 hospital because they realize they're driving somebody to an
7 abortion.

8 MS. SALGADO: Absolutely, your Honor. I think the
9 Sheldon case highlights this; is that the hospital, after
10 having two serious incidents in which a nurse was not providing
11 care to a patient that had life-threatening conditions, the
12 hospital had to remove the nurse. I'm not -- honestly, I'm not
13 quite sure whether that decision discusses EMTALA, but I think
14 that is an example where the hospital -- that it would have
15 been an undue hardship for the hospital if -- to keep that
16 staff and not be able to comply with EMTALA.

17 THE COURT: So I have your points on Title VII and
18 EMTALA. Just come back just for a moment to the ACA.

19 The ACA does have a substantive ruling provision and
20 it specifically says that nothing in the Act shall be construed
21 to have any effect on federal laws regarding conscience
22 protection.

23 Given that, what's the contrary-to-law argument you
24 have with respect to the ACA?

25 MS. SALGADO: Well in the ACA, in Section 1554 of the

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1 ACA specifically, that statute prohibits HHS from promulgating
2 regulations -- or shall not promulgate any regulation that
3 creates any unreasonable barrier, impedes timely access to
4 health services. And specifically Section 1554 of the ACA what
5 it says is: Notwithstanding any other provisions of this Act
6 the Secretary of Health shall not promulgate any regulation
7 that does these six different things.

8 So, your Honor, I think that it was clear that Section
9 1554 was meant to trump any other provision of the Act
10 including section -- I think you're referring to Section 1303,
11 42 U.S.C. 1823. So I think it's clear by the face of the
12 statute that Section 1554 was meant to trump any other
13 provisions of the Act including that provision.

14 I would also note that in Section 1303 --

15 THE COURT: In other words, the ACA leaves in place
16 all the conscience provisions that were there by statute. Your
17 issue is that if the agency substantively expands the reach of
18 those provisions, then you're not only -- whatever other
19 rule-making issues there may be, you're now encroaching into a
20 space that the ACA limits the agency's room to run in.

21 MS. SALGADO: Yes, your Honor. Section 1554 has been
22 on the books for nearly nine years, coexisting with refusal
23 statutes. So our position isn't that 15 -- defense counsel has
24 tried to argue this but our position isn't that 1554 conflicts
25 with the statute. It conflicts with the rule or, better yet,

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1 the rule conflicts with the statute because the rule itself
2 does -- it does create unreasonable barriers to the ability of
3 individuals to obtain appropriate medical care. It does impede
4 timely access to health care services. And the most clear
5 example of that is by not having exceptions for emergency
6 services. But I think that there are other ways in which the
7 rule also violates 1554, right, even outside of emergency care.
8 The rule also restricts full -- requires full disclosure of all
9 relevant information to patients. But through the expansive
10 definition of assist in the performance, which includes
11 referral. And the way in which they have defined referral
12 means that just the mere provision of information if that
13 person believes that it will assist someone in performing an
14 abortion is a referral, that would lead individuals to be able
15 to deny people basic information such as if a patient faced
16 with an unplanned pregnancy asked about abortion --

17 THE COURT: The rule reaches back to events, days,
18 weeks, months before the procedure, including a phonecall, a
19 conversation -- a chat with a receptionist.

20 MS. SALGADO: Exactly, your Honor. We think in those
21 ways, by allowing refusals or individuals to refuse to provide
22 basic information is another way in which it violates the clear
23 mandate of Section 1554.

24 THE COURT: Why don't you in the remaining time just
25 deal with logical outgrowth briefly. Your argument is that the

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1 agency in it's notes and rule-making didn't, among other
2 things, telegraph the possibility that it will be repudiating
3 the Title VII accommodation framework. I get the argument.
4 Nevertheless, a lot of commentators clearly understood that
5 that was in play because a lot of the comments on the rule are
6 addressing just that.

7 Doesn't that suggest that while the agency could have
8 been more precise it was understood that the accommodation
9 framework was in play in the rule-making process?

10 MS. SALGADO: Well I have two responses to that, your
11 Honor.

12 The first is that, as a legal matter, the agency
13 cannot bootstrap notice from the comments; otherwise, that
14 would turn notice into an elaborate treasure hunt of which
15 interested parties would have to search the record for the sort
16 of buried treasure.

17 But you are right, your Honor. There were several
18 commenters that submitted comments imploring the agency to make
19 clear that it was not taking away the reasonable accommodation
20 undue hardship framework. Those comments came from the
21 plaintiffs in this case but they also came from major medical
22 organizations, American College of Emergency Physicians, The
23 American Medical Association, The American Hospital
24 Association.

25 But they were in response -- what they were in

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1 response to was the fact that the proposed rule actually -- it
2 only had -- I think it had four sections. But the proposed
3 rule gave a definition of discrimination that just listed out
4 certain types of actions that would be deemed discrimination
5 like the withdrawal of a benefit or termination. And that's
6 all it said.

7 THE COURT: In other words, the rule was silent about
8 the other side of the equation?

9 MS. SALGADO: Exactly.

10 And in response to the comments, where the plaintiffs
11 and other organizations and other medical providers weren't
12 sure what the rule meant, in response to that they submitted
13 comments asking for the reasonable accommodation undue hardship
14 framework, explaining that it would --

15 THE COURT: But from an administrative law
16 perspective, the fact that the agency is essentially talking
17 about a bright line ban and not talking about an offset, a
18 hardship, a carve-out, an exception, why isn't that notice
19 enough that the agency's not talking about a hardship or an
20 exception; i.e., that's it's rethinking the whole framework?

21 MS. SALGADO: You're right, your Honor in that the --
22 we were on notice that the agency was rethinking or might have
23 been, I guess, really, right; that the agency might have been
24 rethinking the framework because our position is that when --
25 is that the term discrimination in the employment context

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1 inherently requires a balancing of interests; it inherently,
2 certainly in the context of religious accommodation, for
3 decades that term has meant to include the reasonable
4 accommodation undue hardship framework.

5 So what I would say what the public was on notice of
6 was that the agency may be thinking that it was going to strip
7 away Title VII protections. But what they weren't on notice of
8 was the unusual ground rules that the agency has put into the
9 rule in subsections four through six; not only that, there is
10 this, quote, effective accommodation, which is a term that the
11 agency has made up; but also that you can only ask employees
12 about their objections once perfect calendar year or you can't
13 ask potential hires unless there is persuasive justification.
14 You might be able to post notices but only unless it's adverse
15 action.

16 The public had no notice of those unusual groundworks.

17 THE COURT: This shows up in the final rule and not
18 before.

19 MS. SALGADO: Exactly.

20 And the reason why I think -- the agency tries to push
21 these away as just details, but at every turn through its
22 briefing it points to those subsections as the agency's -- the
23 framework that it is created and the reason why the rule is
24 justifiable and reasonable. And so we believe that the
25 agency's failure to put the public on notice of this new

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1 framework it created does violate the notice of common
2 procedures and the APA.

3 THE COURT: Ms. Salgado, I want to come back to
4 contrary law. There's an establishment clause challenge. For
5 argument's sake assume that the Court were to conclude that
6 there was not a facial establishment clause problem here but
7 there are all sorts of imaginable hypotheticals that could give
8 rise to as-applied challenges. Does that then become a basis
9 to argue that the rule is contrary to law or does the fact that
10 any establishment clause problem on my hypothetical conclusion
11 could only be as applied, prior view to the ability to identify
12 the establishment clause violation as contrary to law?

13 MS. SALGADO: If the Court -- I just want to follow
14 your hypothetical. If the Court found --

15 THE COURT: There is no facial establishment clause
16 problem but as applied you could have any number of such
17 problems but on its face it's not a violation of the
18 establishment clause, does that prevent you as a matter of
19 Administrative Procedure Act Doctrine, does that prevent you
20 from arguing that on that basis the law is contrary to law --
21 that the rule is contrary to law?

22 Do as-applied violations count?

23 MS. SALGADO: Well, we don't believe this is an
24 as-applied violation. But I will confess that you have stumped
25 me and if I may confer with my colleagues and get back to you.

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1 THE COURT: There will be a chance for -- I expect a
2 chance for rebuttal. That is of interest to me. Thank you,
3 Ms. Salgado. Very helpful.

4 Next up is Mr. Colangelo.

5 MR. COLANGELO: Good morning, your Honor.

6 Matthew Colangelo from the New York Attorney General's
7 Office on behalf of the plaintiffs. And I will argue the
8 arbitrary and capricious claims for relief in these
9 consolidated challenges.

10 Your Honor, to meet the standard for reasoned decision
11 making the agency must examine relevant data and articulate a
12 rational connection between the facts found and the choice
13 made. The agency fails this test and its decision must be set
14 aside as arbitrary where its explanation runs counter to the
15 evidence before the agency, the agency entirely failed to
16 consider important aspects of the problem, or the agency
17 doesn't justify its reversible unsettled policy.

18 Here, HHS fails each of these tests of a rational
19 agency's action, first, because the agency's explanation is
20 counter to the evidence in the administrative record.

21 In multiple critical respects the agency relied on a
22 factual claim of evidence that examination shows to be either
23 mischaracterized or flatly untrue.

24 THE COURT: I'm eager to have you get into it in just
25 a moment. One threshold question. It looks as if it has been

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1 ping pong ball between administrations here. You have the 2008
2 rule, which prefigures part of the current rule. It's
3 retracted to say that at some point the administrative
4 component in 2009 is substituted by a 2011 rule that, again, is
5 more housekeeping and now there's a change of administration
6 and there's a new policy.

7 To what degree does the agency have to -- let me put
8 it this way. You're arguing that there's a change in effect
9 from the 2011 rule and I appreciate that, but there is some
10 harmony, some extension, but some harmony with the 2008 rule.
11 Why isn't that also a relevant point of comparison here? Why
12 is the only test here how this compares with what the agency
13 had done and thought at the previous chapter which you go back
14 to two administrations ago they're more in sync?

15 MR. COLANGELO: It doesn't inform the Court's analysis
16 for two reasons, your Honor. First, if we're looking at the
17 chapters in the story, I think the story most reasonably told
18 is that for nearly the entire 46-year history, starting with
19 the enactment of the first Church Amendment in 1973, there was
20 no need at all for any regulatory implementation for any of
21 these statutes. The 2008 rule, published in December of 2008,
22 was the first effort to regulate these statutes at any point
23 and never took effect. So as a practical matter I don't think
24 the 2008 rule is --

25 THE COURT: Why did it never take effect? It was that

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1 the implementation date was into the next administration and it
2 was tabled or was there an injunction?

3 MR. COLANGELO: There was an implementation date that
4 was to take effect I believe the day before the inauguration of
5 the new president. The incoming administration suspended
6 effective dates. There was litigation in the District of
7 Connecticut. But then the agency said that it was not -- both
8 not enforcing the regulation and was not completing the
9 paperwork production act process to implement the certification
10 requirement in the 2008 rule. So as a practical matter that
11 rule was never enforced and didn't inform the state of play.

12 So I think the more realistic assessment of the state
13 of play is that for nearly five decades no regulations had been
14 necessary and, in fact, that's what the agency said in 2011
15 when it completed the rescission of the 2008 rule.

16 Your Honor to go to the many ways that this rule is
17 counter to the evidence, there is no specific example where
18 this error is more egregious than with respect to HHS's claim
19 that it relied upon a, quote, significant increase in
20 complaints filed with OCR alleging violations of the laws that
21 were the subject of the 2011 rule. The administrative record
22 makes clear, after we moved to compel its completion, that
23 those assertions are factually false. And a factually false
24 evidentiary claim can't be the basis for reasoned agency
25 decision making. Now for context, your Honor --

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1 THE COURT: There are a lot of complaints but they
2 deal with extraneous matters like vaccinations, right.

3 MR. COLANGELO: Yes, your Honor.

4 Nearly 80 percent of the 343 complaints the agency
5 said it relied on deal with vaccinations which the defendants
6 now concede have nothing to do with the underlying statutes.
7 Another 15 percent of the complaints are irrelevant because
8 they either oppose the rule-making. They don't allege
9 prohibitive conduct like the complaint that the state attorney
10 was failing to prosecute a voyeur. They don't cover a
11 protected entity like the complainant who said that the FDA was
12 acting like the Mafia because it required the removal of social
13 media ads for divine cancer care. That leaves just 21
14 complaints, only six percent of what the agency said in the
15 final rule that they were relying on, that even potentially
16 allege a violation.

17 Now we quarrel with some of those complaints. But
18 even if you accept them all, to say that you've relied on 343
19 complaints of discrimination when the record -- the uncontested
20 record shows you relied on at most 20 in a two-year period.

21 THE COURT: Is there any indication of how many
22 complaints had been there before just by way of comparison?

23 MR. COLANGELO: So the administrative record shows
24 that the agency received, I believe it was either nine or ten
25 complaints from 2010 to 2016. So the figure that I believe the

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1 agency cites is one or two each year for the years before 2016
2 and then they claim 343 in fiscal year 2018. In point of fact
3 they received only 20 in a merely two-year period from the
4 November 2016 election until the end of fiscal year 2018.

5 It's the definition of arbitrary to rest a decision so
6 consequential on claims that are factually untrue or can be so
7 readily disproved. The Second Circuit reached that conclusion
8 three-and-a-half decades ago in the *Mizerak v. Adams* case. An
9 agency's decision is arbitrary and must be set aside when it
10 rests on a crucial factual premise shown by the agency's
11 records to be indisputably incorrect.

12 Your Honor, to emphasize, this mismatch between what
13 the agency says they relied on and what the record shows is
14 only known because we sued and only known because after suing
15 we moved to compel completion of the record. It should go
16 without saying that it's not a rational basis for agency
17 decision making to fail to disclose the true facts.

18 THE COURT: Put another way, the administrative record
19 shows that this is a solution in search of a problem.

20 MR. COLANGELO: Yes, your Honor. I think that's
21 exactly right.

22 There are a number of other ways in particular that
23 the record shows that the rule is a solution in search of a
24 problem. So, for example, the harms that the agency
25 identifies, and by their own analysis HHS estimates that this

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1 is a billion-dollar rule, costs more than nine hundred million
2 dollars to implement over the first five years, so nearly a
3 billion-dollar rule in quantifiable costs.

4 THE COURT: What would make it so costly?

5 MR. COLANGELO: The most significant component of
6 those costs, your Honor, are the assurance and certification
7 requirements. I believe they estimate about \$150 million a
8 year to implement the certification and assurance requirements.
9 And then the additional costs that they quantify are other
10 costs regarding familiarization with the rule and other
11 compliance procedures.

12 One of the harms that they fail entirely to examine in
13 any adequate way is the overwhelming showing of harm to
14 specific patient populations in particular vulnerable
15 communities like immigrants, poor people, women, people of ill
16 health, the LGBT community. The administrative record includes
17 overwhelming evidence from not only advocacy organizations but
18 the nation's leading medical associations and health care
19 providers that access to care would be undermined by this rule
20 and the agency does not quantify those costs.

21 THE COURT: Come back for a moment though to your
22 first point which had to do with the falsity in the stated
23 number of complaints.

24 What should I take away from the fact of not just the
25 falsity but the number of complaints? Why so few complaints?

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1 What does that mean about the world as it's working?

2 MR. COLANGELO: So, your Honor, I think that the fact
3 that there is so few complaints shows that the fundamental
4 justifications for this rule are not well founded.

5 Now the agency says that they needed greater
6 enforcement authority and they needed to clear up confusion.
7 And they also make the assertion that the relative absence of
8 complaints before 2016 was really only a function of the prior
9 administration sending the signals that they weren't open for
10 business. They didn't want to hear from complainants regarding
11 violations of conscience rights.

12 Now, two-and-a-half years after the agency has
13 attempted to send the opposite signal, to receive only ten
14 complaints a year when, remember, your Honor, OCR receives in
15 the last fiscal year for which we have records 30,000
16 complaints of the other statutes that they --

17 THE COURT: OCR is Office of Civil rights within HHS?

18 MR. COLANGELO: Yes, your Honor.

19 THE COURT: So what would be the paradigm complaint
20 that that office gets?

21 MR. COLANGELO: So OCR investigates HIPAA complaints
22 for violations of health care privacy. They investigate Title
23 VI complaints for discrimination on the basis of race, color,
24 or national origin which can include complaints regarding a
25 denial of language access. OCR also investigates Title IX

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1 complaints as well as, I believe, Section 504 which relates to
2 disability.

3 So when the evidence here shows that less than three
4 one-hundredths of a percent of their annual complaint volume
5 relates to the statutes that they are enforce here, your Honor,
6 I think to answer your question directly, I think it shows,
7 again, that this is a solution in search of a problem.

8 THE COURT: I take your point about the number of
9 complaints. A separate justification which I guess applies
10 more to the enforcement architecture that the rule sets up as
11 opposed to the substantive standard, but focus on that for a
12 moment. Agency says essentially it's opaque. Where do you go
13 and how do you get this enforced?

14 Does the record reflect any instance in which the
15 agency did an investigation leading to enforcement action of
16 the sort that we see from other federal agencies, whether DOJ,
17 SEC, FCC, FTC. All sorts of agencies have enforcement
18 apparatuses which result in notices of potential violations,
19 evidence gathering, often a pre-allegation of what the charges
20 would be and then ultimately a charge either brought
21 administrative or either in litigation. I'm having difficulty
22 in the record figuring out whether any such complaint ever
23 reached the end line of that.

24 What have you found?

25 MR. COLANGELO: Your Honor, the final rule mentions

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1 agency action with regard to a Hawaii state statute that the
2 agency believe violated the Church Amendments. And the Hawaii
3 Attorney General said she would not enforce the statute.

4 I believe my next example would not be in the record
5 because it's more recent but within the last several months
6 OCR, the Office for Civil Rights, issued a notice of violation
7 regarding employment practices at the University of Vermont
8 Medical Center.

9 THE COURT: That's based on the complaint at tab 130,
10 right?

11 MR. COLANGELO: Yes, your Honor.

12 And then a third example I believe is the instance --
13 and the agency cites this in connection with litigation by
14 affected employees, but the instance of the nurse at Mount
15 Sinai Hospital here in New York. That nurse's complaint was
16 ultimately resolved by a successful OCR investigation.

17 THE COURT: I guess the question is I'm trying to
18 figure out whether there has been enough of a developed
19 enforcement process to conclude -- to allow us to conclude
20 whether there is clarity as to how it works and what the rules
21 are so as to bear on the need for enforcement clarification.

22 MR. COLANGELO: Well I think, your Honor, we don't
23 need to -- we don't necessarily need to look at some
24 significant extant body of investigations and resolutions
25 regarding the conscience protection because the question, as it

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1 pertains to arbitrary and capricious review of the rule, is
2 whether the agency has sufficiently connected the facts they
3 found to the procedures and substantive prohibitions that
4 they're implementing here. And the record does not show
5 anything close to a need for the enforcement procedures and the
6 intrusive mechanisms that they're implementing in this rule.

7 THE COURT: Even if the number of complaints
8 investigated doesn't get you there, is there any place a person
9 would go pre-rule to explain, for example, what the
10 consequences or the outer bound consequences could be of a
11 violation of one of the conscience statutes.

12 MR. COLANGELO: Yes, your Honor. I think the 2011
13 rule which delegates the authority to enforce these statutes to
14 the HHS Office for Civil Rights sets out the assignment and
15 delegation of that authority and someone could go to the Office
16 for Civil Rights with a complaint or an inquiry --

17 THE COURT: Where would you go if you are a entity
18 that is covered and, therefore, whose conduct could subject
19 somebody to the loss of a funding stream, where would you go
20 that spells out pre-rule what the consequences are of having on
21 your watch an employee of yours or a subrecipient of a grant or
22 whatnot violate a conscience statutory provision.

23 MR. COLANGELO: I think, your Honor, there are two
24 answers to that question.

25 The first is that you would go to OCR, which has been

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1 assigned authority to enforce these statutes, and one could
2 request technical assistance. I should say three answers.

3 Second is that the statutes themselves set out what the
4 contours of the prohibitions are.

5 THE COURT: Sorry. But that's the contours of the
6 prohibitions. I'm asking about the consequences.

7 Assume a violation of the statute. Let's use the hypo
8 from the first discussion I had. Is it clear right now to a
9 provider or to a state that receives funding what is in
10 jeopardy, concretely what funding stream is in jeopardy from a
11 violation in a particular area or is that something where
12 clarity could be enhanced by a rule.

13 MR. COLANGELO: I think -- there are two answers to
14 that question. The first is that OCR has provided guidance
15 regarding what funds are in jeopardy, including through the
16 2011 rule; but the second and more important answer, your Honor,
17 is that even if it is true that the agency had reason to
18 believe that greater clarity was needed in terms of what funds
19 are at risk, for which violations of which statutes, the agency
20 still has to connect this final rule to that concern. And they
21 haven't done that. The focus of the rule, including on the
22 complaints that they purport are at risk, and as implemented
23 through these Draconian enforcement provisions, the expansion
24 of liability to sub-recipients, the assurance and certification
25 requirements, the recordkeeping obligations and the expanded

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1 definitions of terms like health care entity, assist in the
2 performance of discrimination, none of those mechanisms are
3 necessary or at least not rationally connected in this record
4 to any interest in clarifying what the consequences are of a
5 violation of the statutes that the agency says here that
6 they're implementing.

7 So I guess a different way to put it, your Honor, is
8 that the agency --

9 THE COURT: Does the existing rule -- pre-rule, is it
10 clear what the liability would be, for example, for New York
11 State -- for a violation by a subrecipient, some -- you use
12 your Medicare funds or whatnot fund, a hospital and somebody on
13 their watch -- I may have a bad hypothetical, but essentially a
14 subrecipient's violation, does the rule clarify the
15 consequences, for example, to New York State if a subrecipient
16 breaches one of the conscience statutes?

17 MR. COLANGELO: The 2019 rule does assign
18 responsibility to every recipient for the activity of its
19 subrecipients.

20 THE COURT: Does anything beforehand clearly speak to
21 that? I'm trying to figure out if there are gaps or lacunas
22 here that could properly be clarified by rule.

23 MR. COLANGELO: I don't believe the 2011 rule speaks
24 to subrecipient conduct and a recipient's vicarious liability
25 at all, your Honor.

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1 There are, of course, preexisting mechanisms under the
2 general grant-making and acquisition regulations and frameworks
3 where recipients do have some obligation to ensure, for
4 example, anti fraud protections in how a subrecipient uses the
5 funds.

6 I will say, your Honor, there is no evidence in this
7 administrative record, certainly not that the agency has
8 pointed to, that either recipients or subrecipients or
9 complainants were asking: What are we going to do about a
10 subrecipient violating the conscience statutes?

11 Your Honor, I think the best way to think about this
12 is that even if one believes that there are other aspects of
13 the implementation of the refusal statutes that could
14 fruitfully be clarified, the agency has articulated a
15 justification that is based on specific claims of evidence that
16 are untrue. And it has implemented specific provisions to
17 enforce particular statutes that prohibit particular kinds of
18 conduct in connection with particular funding with no record
19 that there is any underlying justification for those -- for
20 those prohibitions as to that particular conduct.

21 THE COURT: One of the points you make in your brief
22 is that the agency didn't properly consider what you call
23 reliance interest.

24 MR. COLANGELO: Yes.

25 THE COURT: I couldn't quite tell concretely what you

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1 meant. What reliance interests should the agency have
2 considered that it didn't?

3 MR. COLANGELO: So, your Honor, and I think the Court
4 touched on this a moment ago with a question to my colleague
5 regarding Title VII. But the regulated entities, which include
6 the states and cities and providers that are plaintiffs in your
7 courtroom this morning, your Honor, regulated entities have
8 conformed their operations around the way HHS has implemented
9 these statutes for nearly five decades in a number of ways.
10 And this is evident both from the administrative record --

11 THE COURT: Pause on that. You said that HHS has
12 implemented these statutes. The overall portrait I get is that
13 the statutes have existed but that this is an area of relative
14 inactivity. Has HHS done much to enforce these statutes over
15 these decades or have plaintiffs essentially treated Title VII,
16 for example, as applicable but not because HHS has done
17 something but because Title VII is on the books.

18 MR. COLANGELO: Your Honor, the administrative record
19 shows that the plaintiffs have aligned their policies to the
20 refusal statutes consistent with how HHS has interpreted those
21 refusal statutes.

22 So, for example, the governmental plaintiffs discuss
23 this in our briefs in connection with how we have organized our
24 personnel practices, the typical requirements for advanced
25 notice of objections, the staffing procedures in terms of what

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1 to do when somebody raises an objection that was unanticipated.

2 THE COURT: Sure. But I mean that's a matter of
3 changing your procedures. Reliance interest I would think
4 would be more: We've hired a bunch of people whom we thought
5 we had the flexibility to move around and we're now stuck with
6 them as parts that will prevent effective delivery of medicine
7 in particular areas. Is there a reliance interest along those
8 lines that hasn't been considered?

9 MR. COLANGELO: Yes, your Honor.

10 There certainly is reliance interest on exactly what
11 the Court just articulated. And, in addition, if one thinks
12 about the expansion of the definitions of health care entity to
13 include nonmedical personnel, including plan sponsors, there is
14 no plaintiff in the courtroom right now, your Honor, that has
15 ever considered a clerk in the billing department, a
16 receptionist at the check-in desk --

17 THE COURT: What about the ambulance drive?

18 MR. COLANGELO: The ambulance drivers are not
19 typically considered in most employers' practices someone who
20 assists in the performance, for example, of an abortion if the
21 person they are transporting to the hospital may have a
22 miscarriage that may result in an abortion.

23 THE COURT: I mean plaintiffs may have conceived of
24 the rule a little differently but -- conceived of the statutes
25 differently. But pre-rule, if you can generalize, how did the

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1 providers and states treat the outer bound systems of
2 performance? Was it in effect within the operating theater?
3 Did it extend beyond that? How was it widely understood
4 pre-rule?

5 MR. COLANGELO: What the administrative record shows
6 is that, at least as to governmental plaintiffs, assist was
7 widely understood within the rule as providing a typically
8 medical aid in specific connection with and furtherance of a
9 particular procedure. So the medical staff performing a
10 procedure, the nurse assisting the medical staff or performing
11 procedures themselves, that would be considered assisting. The
12 billing clerk at the insurance company after the fact who sends
13 the bill, that's not -- no plaintiff --

14 THE COURT: And somebody who is giving patient
15 guidance in the days or weeks beforehand that may inform the
16 decision whether undertake the procedure, was that considered
17 pre-rule assisting the performance?

18 MR. COLANGELO: Not typically, your Honor, no, it has
19 not been.

20 THE COURT: And the scheduling -- not the scheduler,
21 no?

22 MR. COLANGELO: Certainly not, your Honor.

23 For these reasons the rule is arbitrary and
24 capricious. We're happy to address anymore questions on
25 rebuttal.

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1 THE COURT: Just one moment.

2 MR. COLANGELO: Yes.

3 THE COURT: Just explain to me you mentioned
4 disadvantaged populations. What's the reason to infer that
5 this rule would disproportionately affect particular
6 populations?

7 MR. COLANGELO: So there are two reasons, your Honor.
8 First, there is a documented existing pervasive disparities in
9 health care as to discrete and identifiable populations
10 including people of color, low-income families, the LGBT
11 community, and immigrants.

12 So the first reason is that any rule that affects the
13 delivery of health care will necessarily bear more heavily on
14 disadvantaged populations. And the administrative record
15 includes a number of examples. Both because those populations
16 are already subject to discrimination in health care, but
17 because in many instances they are also located in areas where
18 the provision of health care is strained by other factors,
19 whether it's rural communities or whether because of lack of
20 financial resources their most common vehicles for delivery of
21 care are in the emergency setting which is also stressed by
22 this rule. So that's one reason why the vulnerable populations
23 are likely to be particularly affected.

24 And the second reason, as a number of the
25 administrative record comments point out, is that as a

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1 historical matter many of the religious refusals to provide
2 care have arisen in the context of circumstances that
3 distinctly affect vulnerable populations like the LGBT
4 community. So, for example, an objection to gender
5 reassignment surgery or hormone therapy that would likely apply
6 to only a transgender individual --

7 THE COURT: But your point as to that, and I thought
8 this was in the context I think of one of the complaints, I
9 think it's the Washington State complaint, I thought your point
10 was that procedure is not implicated by these statutes at all.

11 MR. COLANGELO: Yes, your Honor. In connection with
12 the Washington Department of Corrections complaint, it's pretty
13 clear from the record that there is no connection between that
14 complaint and that complainant's concerns and what the statutes
15 are prohibiting. I'm trying to make a broader point that the
16 record is full of evidence that transgender individuals face
17 significant and extreme discrimination in health care.

18 THE COURT: Right. But the particular procedures that
19 are implicated by these statutes are primarily abortion and
20 sterilization, right?

21 MR. COLANGELO: Yes, your Honor.

22 THE COURT: To what extent do the statutes include,
23 for example, what you're talking about now which is change of
24 gender, procedures, that sort of thing?

25 MR. COLANGELO: Well, your Honor, there has been

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1 religious objections to that kind of procedure on the ground
2 that it would functionally result in sterilization.

3 THE COURT: So that's how it becomes within the scope
4 of these statutes?

5 MR. COLANGELO: Yes, your Honor.

6 THE COURT: Final question. HHS, as to the issue of
7 denial of access of care, says: No, we did respond to your
8 concerns, you just don't agree with us. Their statement is
9 that by making the health care world a more receptive one to
10 people with strong religious views you'll actually increase the
11 population of people who choose to participate in an area who
12 are right now deterred by the possibility of being in effect
13 stuck performing a procedure to which they object.

14 Is your objection to that simply that that's
15 unpersuasive or that the agency didn't consider the issue?

16 MR. COLANGELO: Your Honor, the plaintiffs' objection
17 to that is that its counter to the evidence and that they've
18 failed adequately to consider the issue and although --
19 although your Honor is correct that the defendants do say,
20 particularly in litigation, that this is simply a policy
21 disagreement and that they have reached a contrary view that we
22 disagree with, I think the fairest reading of what the agency
23 actually said in the final rule was that after considering the
24 overwhelming record evidence regarding access to care,
25 including the agency's own determination just eight years ago

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1 that expansion of the conscience protection rights would affect
2 detrimentally access to care, the agency said, quote, that they
3 should finalize the rule without regard to whether it exists on
4 the effect of access to care.

5 So although your Honor is correct that the rule
6 purports to walk through some of these analyses, I do think the
7 fairest reading is that they ultimately concluded that the
8 effect on access to care was immaterial.

9 I think the other reason why that conclusion is
10 irrational is that they discount the record evidence regarding
11 the effect on access to care for the same reasons that they
12 credit record evidence that supports the conclusions that
13 they -- we believe that they have predetermined that they
14 wanted to reach.

15 So, in other words, they dismiss some of the concerns
16 that your Honor and I have just been discussing regarding risks
17 to the LGBT community, they dismiss those concerns as anecdotal
18 and qualitative but they credit Kellyanne Conway's survey
19 conducted on behalf of the Prison Medical Association as a
20 qualitative survey because they thought it was informative.
21 It's irrational to be internally inconsistent. If you believe
22 qualitative evidence has some persuasive force, you can't
23 dismiss qualitative evidence when it cuts against your --

24 THE COURT: Thank you, Mr. Colangelo. Very helpful.
25 Finally, I'll hear from Ms. Meyer.

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1 MS. MEYER: Good morning again, your Honor.

2 THE COURT: Good morning.

3 MS. MEYER: I want to first address both the ripeness
4 and merits of the governmental plaintiffs --

5 THE COURT: The last thing you said?

6 MS. MEYER: Discuss the scope of relief of the
7 plaintiffs.

8 Plaintiffs' spending clause claim is ripe for judicial
9 review. On November 22 if the rule takes effect plaintiffs
10 will need to adjust their conduct immediately and significantly
11 or face risk -- or risk losing billions of dollars of funds
12 that the rule authorizes HHS to withhold or suspend.

13 THE COURT: So let's assume the rule takes effect
14 November 22. Right away what are the most primary, most
15 significant transformative things you would need to do to meet
16 the rule?

17 MS. MEYER: So if the rule takes effect the compliance
18 requirements go into effect immediately because the threat of
19 funding termination springs into effect immediately. So
20 specifically the plaintiffs have submitted over 48 declarations
21 containing hundreds of patients' sworn testimony from
22 preeminent leaders across the country in the health care
23 sector. And these leaders have testified that the harm
24 stemming from the final rule is real and immediate.

25 For example, plaintiffs' institutions have various

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1 policies and procedures in place that have balanced conscience
2 objections with patient care for decades. For example, many of
3 the institutions require that employees with conscience
4 objections provide their employer with advanced notice in
5 writing so that they can make accommodations in advance based
6 on objections to care.

7 An employee may not object in real time or abandon a
8 patient in need of care and an employee could face consequences
9 for failing to abide by these critical notice requirements.

10 THE COURT: The employer could?

11 MS. MEYER: The employee under plaintiffs' policies
12 exist -- that currently exist, if they do not provide advanced
13 notice of an objection, they could face consequences.

14 THE COURT: Explain that. In other words, I thought
15 your primary concern was really on the employer, that the
16 employer suddenly has to scramble to meet a new framework and
17 if it doesn't ask questions, for example, of employees to smoke
18 out potential objections, the employer then could be stuck in a
19 situation where it has somebody with a bona fide right to
20 object who the employer has to accommodate in a situation which
21 could affect care. I thought that was the primary argument. I
22 didn't perceive a separate impact on the employee. Can you
23 explain that?

24 MS. MEYER: Correct, your Honor. That is our primary
25 argument. The only point with respect to the fact that an

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1 employee could be disciplined for not giving an advanced notice
2 requirement is that is a provision that allows employers to
3 enforce these particular notice requirements that are now
4 implicated by the final rule. When the final rule does take
5 effect or if it does take effect on November 22, plaintiffs to
6 comply with this are going to have to overhaul those policies
7 and procedures in significant ways.

8 THE COURT: Give me a scenario of something that could
9 happen in the first week after the rule takes effect that could
10 affect let's say a funding stream but for the employer's quick
11 adaptation to the rule.

12 MS. MEYER: Many of our declarants have testified, for
13 example, in the emergency context that a women presenting with
14 an obstetrics problem would face -- would encounter anywhere
15 from 12 to 16 hospital employees. So our declarants have
16 testified that if the final rule goes into effect, they need to
17 be prepared to deal with objections on the spot from those
18 various 12 to 16 employees. And this is because of, for
19 example, the expansion of the definition of discrimination and
20 the expansion of the definition of assisting performance.

21 THE COURT: Let's focus on the employers' ability
22 under the rule to smoke out, if you will, from employees or
23 applicants what they object. Under the rule what can the
24 employer do in the hiring process to determine, if anything,
25 whether an employee is going to be off limits for certain

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1 procedures?

2 MS. MEYER: So in the hiring process the employer
3 cannot ask the hire whether there's any objection.

4 THE COURT: And that's true even in our rural
5 hypothetical even in the situation where accommodating may be
6 impractical.

7 MS. MEYER: Correct.

8 Once the employee is hired, the employer may ask once
9 per calendar year or with persuasive justification.

10 THE COURT: Let's suppose we don't know what
11 persuasive justification is. I take it that's undefined.

12 MS. MEYER: Correct.

13 THE COURT: Let's assume that the process of adapting
14 to the rule itself is a persuasive justification; that the fact
15 that there's a new regulatory framework in place almost
16 necessarily allows the employer right out of the gate to ask
17 employees who's eligible for what, on a conscience perspective,
18 for what areas of work.

19 Assume that the employer is allowed, at least, to ask
20 that and that would clear a persuasive justification bar, what
21 happens next? How is -- how is your primary conduct affected?

22 MS. MEYER: So assuming that that is a persuasive
23 justification which, frankly, our declarants cannot rely on
24 because they have not received that clarification from HHS so
25 they have to proceed under this regime of one calendar per

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1 year. But assuming that is a persuasive justification, there's
2 still the extreme financial burdens that are imposed on
3 institutions for needing to basically double or triple staff
4 certain departments or going to an employer and asking if they
5 will accept an accommodation like a transfer to a different
6 department. If that employee says no, then our institutions
7 have to have backup or shadows.

8 THE COURT: Is there anything out there in the world
9 that would guide me in the record as to the number of
10 employees, in fact, who work appertinent to procedures at issue
11 who actually would object in them?

12 In other words, there are a lot of hypotheticals that
13 have populated everybody's briefs. One thing that's a little
14 less clear is, assuming a widespread regulatory right to
15 object, assuming even a statute that said that, any information
16 out there about in practice what that would mean?

17 MS. MEYER: The exact number of people who holds
18 religious objections?

19 THE COURT: Right. Or number of people who both hold
20 those religious objections and are let us say presently in jobs
21 where those objections might be triggered.

22 MS. MEYER: We don't have those exact numbers in the
23 record, your Honor, but the objections to procedures do exist
24 and this is exactly why these policies and procedures are in
25 place, to make sure that employers can accommodate those

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1 conscience objections while protecting patient care.

2 THE COURT: Does the rule have any safe harbor, any
3 unramped period in effect where an employer gets some period of
4 time to adapt its procedures without being subject to loss of
5 funding because the procedures have not been fully developed or
6 implemented?

7 MS. MEYER: No, your Honor. HHS explicitly rejected
8 comments requesting that it allow for compliance in one year
9 after the effective date of the rule or for a one-year safe
10 harbor. So HHS explicitly made this choice. And, in fact, one
11 of the key reasons that HHS issued this final rule was to
12 affect compliance with --

13 THE COURT: So going back to the hypothetical earlier,
14 in the hypothetical situation in which a subrecipient of a
15 New York Medicaid grant, let us say, breaches the rule by
16 following a Title VII accommodation approach that's now been
17 eclipsed by the rule, if that happens on November 23 subject to
18 how the enforcement process plays out, at the end of that
19 process New York's failure to adapt its subrecipient's policies
20 to the new rule could cost New York its Medicaid funding?

21 MS. MEYER: Correct, your Honor.

22 THE COURT: Which is billions of dollars a year.

23 MS. MEYER: Yes. Yes, it is.

24 THE COURT: So I take -- I think I take the argument
25 as to ripeness. Let's focus on the merits of the spending

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1 clause point.

2 MS. MEYER: With respect to the final -- the merits,
3 the final rule violates each of the four limitations placed on
4 the federal government's use of funds in violation of this
5 spending clause. Critically the rule conditions plaintiffs'
6 compliance with HHS's new federal conscience reviews on 192
7 billion in federal health care funding. Specifically the rule
8 gives the department the authority to withhold funding in the
9 whole or part to deny use of federal financial assistance or
10 funds from the department in whole or part, to wholly or partly
11 suspend award activities, to terminate federal financial
12 assistance or other federal funds from the department in whole
13 or part, or to deny in whole or part new federal funds from the
14 department. This all includes based on any indication that a
15 recipient has failed to comply with the rule and during
16 pendency of good faith compliance efforts or for failure to
17 comply with the new assurance and certification requirements in
18 the rule.

19 THE COURT: May I ask you. One of the situations that
20 can give rise to a spending clause problem involves a situation
21 where the rule would violate another constitutional provision.
22 I'm going to come back to a question I asked one of your
23 colleagues earlier. Focus on -- one thing that you argue is
24 that the rule would violate the establishment clause. Indulge
25 the hypothetical that it might in some applications but it

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1 doesn't on its face and that that was the Court's
2 determination.

3 Is the spending clause implicated by that problem in
4 which one can imagine scenarios where you have an establishment
5 clause problem but that on its face the rule doesn't?

6 MS. MEYER: It is, your Honor, especially in the
7 context of this rule where if liability is imposed on the
8 states for the activity of their staff recipient. So, for
9 example, as a practical matter our declarants have testified
10 that they will have to review their contractual arrangements
11 with various subrecipients to ensure compliance with the final
12 rule because they are now subject to vicarious liability. And
13 in doing so, in reviewing those contracts and imposing
14 conditions if necessary on subrecipients, if those conditions
15 present a constitutional problem, what defendants are
16 subjecting plaintiffs to is imposing those unconstitutional
17 conditions on its recipients.

18 THE COURT: OK. Another dimension of spending clause
19 analysis involves retroactively. Articulate for me why the
20 rule has a retroactive effect. Right now are you able to hire
21 people -- are you able to ask the conscience question in
22 hiring?

23 MS. MEYER: We are, your Honor.

24 THE COURT: And is the retroactive point that you're
25 now stuck with people -- so if -- that doesn't work. In other

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1 words, if you were able to fence out people who simply couldn't
2 do core parts of the job by virtue of asking that in hiring,
3 how is there a retroactive application of the rule, meaning you
4 are getting punished for past conduct or decisions?

5 MS. MEYER: So one of the prohibitions of the spending
6 clause is retroactivity in the fact that plaintiffs need to
7 knowingly and voluntarily accept the conditions of the funding
8 streams. And when plaintiffs accepted these particular funds
9 they had no idea that HHS would expand their substantive
10 requirements to, for example, broaden definition of
11 discrimination in such a way that it would severely curtail
12 plaintiffs' current policies and procedures.

13 THE COURT: But you accept funding typically on a
14 year-to-year basis.

15 MS. MEYER: That's correct.

16 THE COURT: So we're in right the middle or early part
17 of the fiscal year right now. Suppose on November 23 comes the
18 violation. Suppose it's adjudicated in full on January 1.
19 Presumably the image -- I'm telescoping the process here just
20 for purposes of a hypothetical, I know the world doesn't work
21 that fast, but assuming that it did. If the agency were to cut
22 off your funding from January 1 through the end of the fiscal
23 year, why is that retroactive? Yes. You took the money not
24 knowing that the regulatory world would change, although the
25 notice was out there, but you would only be cutoff

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1 prospectively unless the agency is threatening to clawback the
2 money going back to the beginning of the fiscal year, how is
3 that retroactive?

4 MS. MEYER: A couple of responses, your Honor.

5 First, let me clarify that various contracts and
6 grants govern the administration of all of these underlying
7 funds. And so I don't think that it is accurate to say that we
8 renew, for instance, on a yearly basis. I think the underlying
9 funds are governed by various provisions of the grants and
10 contracts.

11 With respect to why this particular provision is, in
12 fact, retroactive is the obligations that are imposed on day
13 one go into effect on day one. And so the funding streams that
14 are threatened are the funding streams that we currently
15 operate under now and the policies and procedures that we have
16 to change are policies --

17 THE COURT: You have hired people and engaged
18 subcontractors and the like on the premises that the funding
19 stream is intact at least through the end of that grant or
20 installment whether it's yearly or whatnot. The point is
21 there's an architecture that develops around the expectation
22 that your Medicare grant isn't going to be yanked in the fiscal
23 year.

24 MS. MEYER: Yes, your Honor. And, in fact, we have
25 declarants that testified as to the expectation of the spending

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1 streams the governs had budgeted for them in 2019 and 2020 and
2 2021 and so you have those reliance interests as well.

3 In addition, the written assurances and certifications
4 of compliance with the final rule are new and retroactive
5 conditions that plaintiffs may be subject to immediately. The
6 final rule authorizes HHS to require certification if OCR
7 suspects a violation and it makes that certification an
8 explicit condition of continued receipt. So that's another way
9 in which this rule is retroactive.

10 THE COURT: I realize there are multiple ways in which
11 the spending clause could be violated but one of the things you
12 say is that -- one of the concerns implicated is that
13 retraction of spending is unrelated to the federal interests at
14 issue.

15 Assume for argument's sake a small dose of conscience
16 statutory violations. Just put aside the issue whether the
17 rule faithfully implements the statute and just let's take our
18 hypothetical of the no-doubt-about-it violation.

19 How would one go about narrowing the scope of the
20 financial penalty to get rid of your concern about the penalty
21 being Draconian or unrelated?

22 Is it literally just the salary of that employee? Is
23 it real -- does the fit have to be that tight as to what the
24 hospital or state uses or is there some broader retraction of
25 funds that it would still be considered in effect related to

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1 the violation?

2 MS. MEYER: So we think that under current procedures
3 for any type of funding with withholding or suspending or
4 termination that those procedures are tied to specific funding
5 streams. So if a violation came up HHS would look to the
6 specific funding stream that was implicated.

7 THE COURT: So right now assuming a violation of a
8 conscience statute which is litigated to completion and
9 procedurally sound, you would not contend there's a spending
10 clause problem with the retraction of the entirety of the funds
11 from that funding stream even if you only had one bad act or
12 one bad apple in the hospital?

13 MS. MEYER: We would -- we would rely on the
14 regulations and provisions that are already in place. So we do
15 not take issue in the underlying statutes that say certain
16 funding --

17 THE COURT: No. I appreciate that. But I'm trying to
18 understand your constitutional argument based on the spending
19 clause and I understand that you've argued ambiguity,
20 coerciveness, violation of other constitutional provisions.

21 I'm just focusing now on the problem which you say
22 also exists here of the penalty in effect, the spending
23 clause -- spending retraction being unrelated to the problem.

24 I think what you're saying to me is that you don't
25 have a problem with that as long as if -- even if the entire

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1 funding stream is taken away on the basis of a single violation
2 of the conscience statutes. Am I hearing you right?

3 MS. MEYER: So we're not quibbling with the fact that
4 HHS has options through provisions like the UAR at its
5 disposal. But here the amount of funding on which HHS
6 conditions compliance in the final rule is a much larger pool.

7 THE COURT: Right. Let's suppose there's a Medicaid
8 funding stream. I have the numbers handy somewhere. One
9 moment.

10 New York received -- well it's not clear. I don't
11 have it broken out by Medicaid. New York received many
12 billions of dollars in health care funding, but certainly
13 billions in Medicare. Let's just take Medicare for a moment.

14 Is it really your position that all of that could
15 properly be taken away based on a violation of the conscience
16 statutory provision applicable to Medicare by a single
17 violation by a single person? Is that the way we define
18 funding stream? And is that really your view that the spending
19 clause concept of unrelatedness is not offended by that?

20 MS. MEYER: Your Honor, our view is not that -- that a
21 small violation would jeopardize all of our Medicare funding,
22 which is exactly what the final rule says here.

23 THE COURT: So, is there a case that helps define the
24 relatedness concept?

25 If you're saying that there's a separate problem here

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1 that the funding -- that the threat to the funding stream
2 implicated by a singular violation, if what you're saying to me
3 is that presents a spending clause problem of an unrelated
4 penalty, what's the case that helps me with that?

5 MS. MEYER: So I think that there is a distinction
6 between our relatedness argument which we are saying that the
7 termination scheme plainly violates that requirement because
8 the rule conditions funds on things that have nothing to do
9 with health care like the Department of Labor and Education.

10 THE COURT: Right. That's your point which is that
11 we're going outside the scope of HHS or going to funding
12 streams not implicated by a particular violation.

13 MS. MEYER: Yes, your Honor.

14 THE COURT: But you're not making that argument even
15 if it costs you an entire funding stream that that is a
16 spending clause problem?

17 MS. MEYER: No, your Honor.

18 We are arguing separately that this scheme here is
19 coercive; it has combined funding streams. And it also puts
20 the final rule's new provisions and conditions those compliance
21 with new provisions on that funding stream.

22 THE COURT: Final couple questions just on remedy.

23 Hypothetically assume that portions of the rule are
24 problematic for one reason or another, including the ones that
25 have been articulated today, but that portions are not,

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1 including ones that sound in a more housekeeping nature, or
2 where the application of a certain term is authorized by a
3 rule-making grant as in ACA or Medicare or Medicaid.

4 Why shouldn't, given the severability provision in the
5 rule itself, the definitions that are statutorily authorized,
6 assume that we don't have the other APA problems that
7 Mr. Colangelo addressed, why shouldn't those definitions be
8 permitted to stand and why shouldn't the portions of the
9 regulatory administrative structure that I conclude are fair
10 and housekeeping, why shouldn't those stand?

11 MS. MEYER: The rule's provisions, your Honor, are
12 codependent. So, for example, several sections rely on one
13 another and cross-reference one another. For example, the
14 posting of notices in 88.5 is evidence of compliance for
15 purposes of enforcement in 88.7.

16 We don't believe that severability is appropriate.
17 So, for example, as to the definitions this rule is already
18 incredibly ambiguous, as we argued in our papers. And the
19 little explanation that HHS gives as to various situations in
20 the preamble is predicated on their understanding of multiple
21 interpretations and definitions in this rule working together.
22 And so where this rule provides very little clarity for
23 plaintiffs on how to comply in the first instance, if the Court
24 were to sever certain definitions but leave others, we would be
25 left with even less clarity.

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1 In terms of the severability clause itself, there are
2 several cases that say -- and we've cited them in our papers --
3 that the severability clause is not an indication by itself
4 that the rule should not be vacated in its entirety. Instead,
5 we look to the intent of the agency. And the agency made clear
6 here that it was trying to address confusion created by the
7 2011 rule. The confusion created by the 2011 rule, it claims,
8 stem from the 2011 rule's interpretation of Weldon, Coats-Snowe
9 and the Church Amendments. And so if the Court were to, for
10 instance, strike certain provisions with respect to those
11 statutory provisions, it's not clear at all that HHS would have
12 made the same decision to promulgate this rule absent those
13 core statutes.

14 THE COURT: Thank you very much.

15 In a moment we'll take a break. Let me just ask
16 counsel for defendants who will be arguing for each side and
17 who will be arguing first.

18 MR. BATES: Your Honor, I will be arguing for HHS.
19 Christopher Bates.

20 THE COURT: That's Mr. Bates. And you'll be going
21 first, I take it?

22 MR. BATES: Yes your Honor.

23 THE COURT: Who will be arguing for the intervenor?

24 MR. DUNN: I will, your Honor.

25 THE COURT: That's Mister?

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1 MR. DUNN: Dunn.

2 THE COURT: OK. Very good. We'll take a
3 fifteen-minute comfort break. I'll see you in fifteen minutes.
4 Thank you counsel.

5 (Recess)

6 THE COURT: Welcome back. Be seated.

7 I'll hear now from counsel for the government. That's
8 Mr. Bates.

9 MR. BATES: Thank you your Honor. Would you like me
10 to speak from here?

11 THE COURT: Podium, kindly, please.

12 MR. BATES: Good morning, your Honor.

13 THE COURT: Good morning.

14 MR. BATES: HHS promulgated a conference rule, a law
15 that exercises at its core, in order to provide clarity and
16 ensure robust protections for rights of conscience that are
17 protected under federal statute. I'd like to begin with the
18 agency's authority for this rule.

19 There are expressed delegations of authority to the
20 agency in a number of statutes to ensure compliance with grant
21 conditions, other conditions, and to insure clients under
22 applicable law. There's been some discussion about today there
23 are some limiting authority with regard to Medicare and
24 Medicaid and CHIP, which we have cite in our briefs, 42 U.S.C.
25 1302. There is limiting authority with regard to the ACA that

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1 applies to implementation of the ACA's conscience provisions
2 which we've cited in our briefs as well. It's in 42 U.S.C.
3 18 -- these are expressed delegations of authority for the
4 agency promulgated or related to --

5 THE COURT: But I take it with respect to Church,
6 Weldon and Coats-Snowe it's not disputed that there is no
7 express delegation.

8 There is not express delegation, you said, for those
9 three?

10 MR. BATES: That's correct.

11 THE COURT: The question just to take -- just to focus
12 our discussion. In total, there are about 30 or so statutes
13 that contain conscience provisions. Having looked at the
14 others, each is really targeted to a rather narrow scope type
15 of activity. Can I assume that for the purposes of discussion
16 we're really talking about the several you just mentioned that
17 have express delegation provisions and the three that I just
18 mentioned that do not, that the others are really targeted to
19 small corners of the world?

20 MR. BATES: So the intersections that do have
21 expressed limiting authority are -- do apply to a more discrete
22 subject.

23 THE COURT: So for the purpose of this discussion am I
24 safe to really treat us as talking about the ones you
25 identified a moment ago and the three that I identified in my

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1 statement to you?

2 MR. BATES: So in terms of rule-making as it pertains
3 to those three conscience statutes that you mentioned.

4 THE COURT: The heart -- the rule covers a broad set
5 of conduct. It, to be justified, would have to be justified
6 saving those discrete areas' conduct by one of either the
7 statutes you mentioned, Medicare, Medicaid, ACA, or the ones
8 that I identified to you as lacking express rule-making
9 authority. We're not for the most part relying on any of the
10 other three.

11 MR. BATES: For the other three conscience statutes,
12 that's correct, your Honor. There's also the other
13 housekeeping statute which we point to as authority for the
14 rule here. I would note for the Court's information that the
15 general housekeeping statute is the authority for the UAR; it
16 is, in fact, the only statute that the agency cites as
17 authority for the UAR. UAR is a comprehensive regulatory
18 scheme. It governs the agency's administration of grants and
19 processing the AG uses for ensuring compliance with grants. It
20 is a comprehensive scheme set for the UAR. The statute ability
21 for the UAR is solely general housekeeping statutes. That
22 doesn't indicate that the housekeeping statute does provide
23 broad authority in terms of assuring compliance.

24 THE COURT: Has HHS ever taken away anybody's funding
25 for violation of a conscience statute?

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1 MR. BATES: Agency counsel informed me no.

2 THE COURT: Has HHS ever threatened to do that?

3 MR. BATES: HHS has issued notice. It has issued
4 warning letters, notices of enforcement, has taken enforcement
5 actions under the conscience statutes. In terms of the --

6 THE COURT: What actions has it taken that are -- if
7 it's never taken away somebody's funding, what enforcement
8 action has it taken?

9 MR. BATES: So, your Honor, I'm looking over here at
10 agency counsel now for specifics.

11 THE COURT: Rather than your looking, agency counsel,
12 if there's an answer to the question that you want to furnish,
13 Mr. Bates, would write it out rather than our going --

14 MR. BATES: Certainly in the vast majority of
15 instances, conscience statutes, civil rights statutes as well,
16 the resolution that is reached is a voluntary resolution that's
17 worked out throughout informal processing, informal means
18 between the agency and the -- its only in instances where those
19 informal processes do not result in voluntary compliance that
20 further enforcement action is taken. As to the specifics of --
21 I'll wait for --

22 THE COURT: I'm eager to come back to get a
23 quantification as to the number of full enforcement actions in
24 this area. If it's not something you're immediately facile
25 with it, we'll come back to it, but it is of interest to me.

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1 Go ahead.

2 MR. BATES: So the general housekeeping statute is as
3 well exclusive authority for HHS's actions here. And then
4 there is also, as HHS explained in the rule, there is inherent
5 in Congress's adoption of the conscience statutes to require
6 recipients of federal funds from the department to comply with
7 statutes, the authority of the department to take measures to
8 ensure compliance with those statutes. The Supreme Court has
9 been clear that delegations of authority to --

10 THE COURT: Let me ask you this. The very last page
11 of your regulation -- and I take it this must be justified with
12 your housekeeping statute -- states that as a remedy for a
13 violation the agency can -- the remedies include, quote,
14 terminating federal financial assistance or other federal funds
15 from the department in whole or in part.

16 Putting aside what you say in the briefs, that appears
17 to be stating that for a singular violation of a conscience
18 statute, as interpreted in the rule, an entity such as New York
19 could lose all of its federal funding from HHS and perhaps from
20 other agencies.

21 Is there -- does the housekeeping statute UAR
22 authorize a rule like that, a consequence like that?

23 (Continued on next page)

24

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1 MR. BATES: So in terms of the last point about funds
2 from HHS for other entities, HHS has been clear in the rule
3 that the funding streams that are impacted by the rule are only
4 funds that are administered through HHS. So it would not
5 subject funding through other agencies for violations.

6 THE COURT: Does the rule say that?

7 MR. BATES: So, it says -- let me just turn to my
8 notes here. There are a number of places where it says that
9 the funds that are at issue in the rule are tied to specific
10 funding streams.

11 So I can provide a couple of quotes here for the
12 court's information. Page 23223: "The only funding streams
13 threatened by a violation of the conscience statutes are the
14 funding streams that such statutes directly implicate."

15 On page 23192: "The prohibition discrimination is
16 always conditioned on and applied in the context of violating a
17 specific right of protection, and each protected right is
18 typically associated with the particular federal funding stream
19 or streams."

20 THE COURT: Those are comments. The actual reg itself
21 on the last page, on its face, it has no limitation as to
22 funding stream. I appreciate that it can be read not to
23 implicate policies of the Department of Education or of Labor.
24 But on the face of it, what I just read to you seems to say
25 that, for a singular violation by New York State, it could lose

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1 the entirety of, let's say, the \$46.9 billion it got from HHS
2 in healthcare funding in fiscal year 2018. In the face of the
3 reg itself, where does it limit the threatened consequence to a
4 particular funding stream?

5 MR. BATES: So this is not a way in which the
6 regulation is different from the UAR, your Honor. The UAR also
7 uses somewhat broad language here, as well. HHS --

8 THE COURT: Does the UAR use the language that I
9 quoted to you from the last page?

10 MR. BATES: So the UAR does not use identical
11 language, but the UAR speaks about terminating funding in whole
12 or in part.

13 THE COURT: It says here "other federal funds from the
14 department." It's hard to read the words "other federal funds
15 from the department" as, given that it is unlimited, as
16 unlimited.

17 MR. BATES: So, again, your Honor, the agency made
18 clear in the preamble to the rule.

19 THE COURT: Preamble is not the rule. The text of the
20 rule appears, on an unlimited basis, to leave open the
21 possibility that, in an extreme case, the -- the agency could
22 seek to terminate all federal funds from the department. It
23 doesn't have any limitation in there. Would the UAR permit
24 that? Would the UAR permit as a matter of housekeeping the
25 agency to enforce the conscience statute so as to, without

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1 limitation to a particular funding stream, deprive a recipient
2 of the entirety of HHS funding for a singular violation?

3 MR. BATES: So, your Honor, I'm going to look to
4 agency counsel now to answer --

5 THE COURT: You have to stop looking at HHS counsel.
6 In baseball we call that sign stealing. You have to give me
7 the answer. This is a fundamental question. It is all over
8 the briefs. Yes or no: Do the funding statutes authorize you
9 to adopt a rule that on its face threatens the entirety of HHS
10 funding for a single violation? I take it the answer might be
11 different for a particular funding stream, but I'm reading the
12 text of the regulation now.

13 MR. BATES: So first point, your Honor, is that the
14 regulation would not do that. For the purposes -- for the
15 terms of the UAR, my understanding is that the UAR would not do
16 that either. The rule is similar to the UAR here in the sense
17 that it is tied to the specific funds that are at issue with
18 regard to the specific statute that the agency has found a
19 potential violation.

20 THE COURT: All right. So if I am understanding you
21 right, so we can proceed with the balance of the discussion,
22 your position, at least in this litigation, is that "all" that
23 is in jeopardy -- quote/unquote around "all" -- is the specific
24 funding stream implicated, right?

25 MR. BATES: That's correct, your Honor.

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1 THE COURT: So if, hypothetically, within the scope of
2 activity under Medicaid, there was a singular violation, you
3 would reserve the right or HHS would reserve the right to
4 withdraw the entirety of the Medicaid funding scheme, but that
5 wouldn't extend to, let's say, Medicare.

6 MR. BATES: That's correct, your Honor. And in
7 practice, HHS's practice is to tie or limit those enforcement
8 mechanisms to the specific grant report or funding stream
9 that's at issue.

10 THE COURT: But that's never happened in the context
11 of the conscience statute. It's happened in other contexts,
12 right?

13 MR. BATES: Yes.

14 THE COURT: How often does HHS terminate funding
15 midstream for a violation, civil rights violation?

16 MR. BATES: So my understanding, your Honor, is that
17 it is not common. My understanding is that there are
18 approximately 12 to 13 enforcement actions that are taken each
19 year, that this is under the civil rights statutes as well as
20 under the conscience statutes and HIPAA as well, which OCR also
21 administers. And agency counsel just confirmed that they have
22 never -- that they have never terminated funding for a
23 violation.

24 THE COURT: For a violation of this statute or
25 anything else?

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1 MR. BATES: Of any of them.

2 THE COURT: So HHS has never terminated funding of any
3 recipient for any civil rights violation?

4 MR. BATES: That's correct, your Honor.

5 THE COURT: So this would be a first if that were --
6 if what is threatened here, whatever the scope, were to
7 transpire?

8 MR. BATES: If HHS took an enforcement action under
9 the rule that resulted in the termination of funds, that would
10 be the first time that the agency had done that. But the
11 agency has authority, under other statutes, to do it in other
12 instances as well. So that is not unique to the rule or to the
13 conscience statutes.

14 THE COURT: May I ask you, do any of the conscience
15 statutes say anything about a remedy?

16 MR. BATES: I'm sorry. Say that again.

17 THE COURT: Do any of the conscience statutes say
18 anything about the remedy for a violation?

19 MR. BATES: So the conscience statutes provide that --
20 that none of the funds made available in the funding streams
21 that are specified in the various conscience statutes may be
22 used or made available to an entity that engages in
23 discrimination or other prohibited acts under the statute in
24 terms of what the -- a specific remedy for such violations are.
25 The conscience statutes themselves, or at least the three

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1 statutes that you identified, setting aside other conscience
2 statutes that you have more detailed -- the three that you have
3 identified do not specify those remedies. And so, again, for
4 purposes of that aspect of this, we would look to the
5 housekeeping statute and to other statutes that provide
6 authority for ensuring compliance with applicable laws.

7 THE COURT: Why is it that -- and I am now going -- I
8 have a question beyond conscience statute violations, but to
9 other civil rights violations that are within the ambit of OCR,
10 why is it that none of them ever reached a point by way of a
11 remedy of retraction of funding? What are the lesser remedies
12 that tend to be deployed?

13 MR. BATES: The funding component in HHS?

14 THE COURT: Right. In other words, I am now asking
15 you, beyond conscience statutes, you have told me that for no
16 violation has the department ever retracted or cut off funding.
17 What do they do to a violater?

18 MR. BATES: So under the UAR, there are various
19 remedies that are set off. The first point, again, your Honor,
20 I think, would be that it is uncommon for there to be a formal
21 enforcement remedy actually imposed. The vast majority of
22 these are worked out between the agency and the regulated
23 entity. And so at least in terms of the context of the UAR, so
24 the UAR sets out various penalties or enforcement mechanisms
25 that could come into play, such as temporarily withholding

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1 payments --

2 THE COURT: Has that ever happened?

3 MR. BATES: -- disallowing matching funds.

4 THE COURT: Sorry. I took you to be saying

5 essentially that there hasn't been a financial hit for

6 violations. Maybe I misread you. Has there been some lesser

7 financial consequence to violaters of any of these conscience

8 statutes?

9 MR. BATES: So agency counsel informed me no.

10 THE COURT: Let's deal with the enforcement part of

11 our argument now, and we will get back to the authorization.

12 To what degree has HHS ever investigated complaints of

13 violations of the conscience statute? How often does that

14 happen?

15 MR. BATES: So there are obviously more investigations

16 per year than there are, you know, further action or further

17 enforcement actions taken. I know that in this most recent

18 year there were three enforcement actions that were brought. I

19 believe that those were mentioned earlier.

20 In terms of the number of investigations beyond that,

21 obviously the answer is higher. HHS does review complaints

22 when they come in, institutes investigations of those

23 complaints.

24 And in terms of a discrete number, with your Honor's

25 indulgence, I'm going to wait for if agency's counsel has a

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1 specific number to give me on that. I do know that the
2 number --

3 THE COURT: Would it be useful just to take a moment
4 and have agency counsel at the podium? Because I am interested
5 in, in practice, how enforcement works and how it has worked.
6 That's an important backdrop here. You tell me, but at some
7 point I want to have that discussion about the history of
8 enforcement of these statutes within HHS. If that's not
9 something that you are familiar with, but agency counsel is,
10 would that make sense?

11 MR. BATES: Yes, your Honor.

12 THE COURT: Let's just take a moment. I will come
13 back to you, because I realize there are many categories and
14 topics for us to discuss, but I would welcome briefly to hear
15 from agency counsel.

16 MR. TAKEMOTO: Can we pause for a moment so that we
17 can converse with --

18 THE COURT: No. No. You have prepared for months.
19 Let's get agency counsel. Come on.

20 MR. KEVENEY: Sean Keveny, your Honor, with HHS.

21 THE COURT: Sorry, that is Mr.?

22 MR. KEVENEY: Keveny, your Honor.

23 THE COURT: Mr. Keveny.

24 Just tell me about the history of the actual
25 enforcement of these statutes. How often does HHS investigate

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1 a complaint for a violation of these statutes?

2 MR. KEVENEY: With the caveat that I have only been at
3 HHS for about eight months, your Honor --

4 THE COURT: But you were the counsel assigned to this
5 important case.

6 MR. KEVENEY: Correct, your Honor, and I have asked
7 these questions within the agency.

8 There are approximately 35,000 complaints per year
9 that come into OCR. Those cover the full range of areas for
10 which OCR has enforcement authority, traditional civil rights
11 cases, Title VI, Title IX, 504 of the Rehabilitation Act,
12 HIPAA, and the conscience statutes.

13 THE COURT: Focusing on the conscience statutes, how
14 many investigations have been undertaken, if you know, of the
15 violations -- alleged violations of the conscience statutes?

16 MR. KEVENEY: It is my understanding, your Honor, that
17 there are approximately 20 open investigations. It is my
18 understanding that in the last three years there have been four
19 formal or informal notices of violation issued in connection
20 with the conscience statutes, including in Hawaii, Mt. Sinai
21 Hospital here in New York, Vanderbilt University, and most
22 recently the University of Vermont Medical Center.

23 THE COURT: That's the one that trips off of the
24 complaint that I referenced earlier, the UVM one.

25 MR. KEVENEY: That's correct, your Honor.

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1 THE COURT: How often has a violation been found by
2 OCR of a conscience statute?

3 MR. KEVENEY: A formal finding has only occurred in
4 the University of Vermont Medical Center.

5 THE COURT: Over the course of what period of time?

6 MR. KEVENEY: Over, to my knowledge, the last three
7 years. But it is important to distinguish, too, your Honor,
8 the difference between formal findings of violation and
9 informal communication of concerns or potential violations to a
10 covered entity -- and, by way of analogy, to put this in
11 helpful light, I will point the court to the Justice
12 Department's enforcement of Title VI the 1964 Civil Rights Act.
13 That's been on the books for years, it covers a wide range of
14 federal funding, and the Justice Department has never pulled
15 federal funding for a violation of the '64 Act.

16 THE COURT: Tell me, with respect to the
17 investigations of conscience violations, how many times has the
18 agency determined that there was a violation even if it is not
19 in an informal way?

20 MR. KEVENEY: To my knowledge, there are the four that
21 I referenced, your Honor.

22 THE COURT: Over what period of time?

23 MR. KEVENEY: Over the last three years.

24 THE COURT: All right. And was there, in the course
25 of that work, was there -- did the agency encounter problems

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1 presented by limited enforcement authority or ambiguous
2 enforcement authority, did the agency have any hiccups in doing
3 its work.

4 MR. KEVENEY: Yes. I can point the court
5 specifically, and I hesitate because we are in ongoing
6 negotiations with the University of Vermont, so to the extent
7 some of those negotiations may had been covered by the rules of
8 evidence, but the University of Vermont specifically --

9 THE COURT: As of the date the rule had been
10 promulgated here --

11 MR. KEVENEY: Yes.

12 THE COURT: -- what, if any, problems had the agency
13 encountered in the enforcement of the conscience provisions?

14 MR. KEVENEY: I can tell your Honor the University of
15 Vermont particularly challenged the agency's authority to
16 enforce any of these statutes, and that is an issue over which
17 we are engaged in ongoing discussions.

18 THE COURT: Was the University of Vermont experience
19 or your experience with the University of Vermont a reason for
20 this regulation? Does the rule say that; and, if not, is there
21 a basis on which to represent that that was a reason for this
22 rule?

23 MR. KEVENEY: Yes and no. So the rule, again,
24 obviously wouldn't specifically refer to the situation with the
25 University of Vermont, because it hadn't come up yet; but the

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1 concerns that arose in dealing with the University of Vermont
2 were very much on the agency's mind.

3 So, specifically, your Honor, the university,
4 understandably, has questioned what the procedures are, what
5 the procedures are for withdrawing funds, which portion --
6 which component of HHS would be ultimately responsible for
7 withdrawing any particular grant funds that the university
8 receives. Those are questions that this rule answers.

9 THE COURT: Prior to the University of Vermont issue,
10 and I'm not eager to get into anything that's confidential in
11 that case, but had the agency experienced any practical
12 problems investigating or enforcing allegations of violations
13 of conscience statutes?

14 MR. KEVENEY: Without knowing the details of the
15 Mt. Sinai investigation, your Honor, I can't answer that
16 definitively.

17 THE COURT: Can you answer it nondefinitively? I'm
18 trying to understand whether any part of this rule has its
19 anchor in learned experience from enforcing the statutes.

20 MR. KEVENEY: So I can tell you, your Honor, that much
21 of this rule is anchored in OCR and the federal government's
22 experience enforcing civil rights protections generally.
23 Obviously the rule draws upon the Title VI enforcement
24 framework and the federal government has -- and across the
25 federal government, including at HHS, has long experience

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1 enforcing Title VI. And it obviously has been useful over the
2 years to make sure the covered entities are aware of the
3 procedures the agencies will follow. The Justice Department
4 has its Title VI manual available online for covered entities
5 to see, so they are aware of what the potential consequences of
6 violations are. So in that sense, the agency's long experience
7 of enforcement does inform the architecture of this rule.

8 THE COURT: All right. In a moment I will let
9 Mr. Bates get back, but this question, you mentioned that there
10 are currently four notices of violation pending. How does that
11 compare to the previous three-year period or the three-year
12 period before that? Is the number four greater, lesser, or
13 about the same?

14 MR. KEVENEY: Greater.

15 THE COURT: It grew to four from what?

16 MR. KEVENEY: There was approximately, as is set forth
17 in the preamble of the rule, one complaint per year prior to
18 the issuance of the MPRM that is increased by a thousand
19 percent. There are approximately ten complaints per year.

20 THE COURT: That has happened since the notice of
21 rule-making in this case.

22 MR. KEVENEY: That's correct.

23 THE COURT: And without going out on a limb, is it
24 safe to assume that it was the notice of rule-making by the
25 agency itself that may have been causative in the increase in

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1 complaint.

2 MR. KEVENEY: That is certainly the agency's view,
3 setting aside difficulties --

4 THE COURT: All right.

5 MR. KEVENEY: -- in cause and effect generally.

6 THE COURT: So prior to the notice of rule-making was
7 there any empirical data that suggested an increase in
8 complaints actually made to the agency in this area?

9 MR. KEVENEY: Not that I am aware of.

10 THE COURT: I think if --

11 MR. KEVENEY: I think the answer is no.

12 THE COURT: If there is no one else in the room who
13 would be more aware of it, is the answer to that no?

14 MR. KEVENEY: I think the answer is no, your Honor. I
15 hesitate because there very may well have been statements from
16 the agency that it intended to start enforcing these statutes.
17 The Office of Civil Rights stood up a new unit, and I think
18 that predated the issuance of the MPRM.

19 THE COURT: All right. Mr. Keveney, I appreciate your
20 help. Is there anything else responsive to what I have asked
21 so far that you, given your familiarity as agency counsel, wish
22 to clarify?

23 MR. KEVENEY: No, your Honor.

24 THE COURT: Thanks very much. I appreciate you didn't
25 come here today expecting to argue, and I appreciate the

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1 helpful answers under fire.

2 MR. KEVENEY: Absolutely. You're welcome, your Honor.

3 MR. TAKEMOTO: Your Honor, may I say one thing? I
4 just want to formally object to the record just on the basis of
5 APA case are limited to the record and not based off of agency
6 testimony.

7 THE COURT: I appreciate that, so why don't we turn to
8 the record?

9 Mr. Bates, let's go to what Mr. Colangelo was saying
10 about the number of complaints. The record that Mr. Colangelo
11 recites suggests that the number of complaints that were
12 presented to the agency was not nearly the quote/unquote
13 significant increase that the agency represented. Factually,
14 over the course of your briefs, the number has gotten smaller
15 and smaller and smaller.

16 How many complaints does the agency say it received in
17 the ramp-up to this rule?

18 MR. BATES: So the agency stated in the rule that it
19 received 343 alleging violations.

20 THE COURT: That's what it said, but once we strip
21 away things like vaccinations, what are we left with that
22 actually implicate this rule?

23 MR. BATES: So it is a smaller number, your Honor. We
24 have cited a number of them in our reply brief. I believe that
25 we cited about ten in the reply brief, and I know that

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1 plaintiffs have stated that they believe that there are about
2 20 or 21. In terms of the exact number of complaints, there
3 are -- we didn't cite all the ones in our reply that we would
4 say fall in here, but it would be something probably relatively
5 similar to the number that the plaintiffs provided.

6 THE COURT: So you are not directionally disagreeing
7 with Mr. Colangelo's numeric representations.

8 MR. BATES: Not to the extent that plaintiffs have
9 identified that a number of the complaints of those 343 did not
10 allege violations that were relevant to the --

11 THE COURT: I'm sorry. Let's go back to the 343. The
12 agency at the time it proposed the rule represented that there
13 had been a significant increase in the number of complaints
14 that it used the 343 as a measure of that. If I am hearing you
15 right, that 343, once we strip away complaints that deal with
16 extraneous problems like vaccination, we are down to something
17 like 20, correct?

18 MR. BATES: In terms of the complaints that would have
19 dealt more directly with rights that were protected under the
20 conscience section.

21 THE COURT: I going to drill down a little more until
22 I get a direct answer. Yes or no: Are we down to about 20
23 that actually implicate these statutes as opposed to other
24 problems?

25 MR. BATES: Yes. In that ballpark, your Honor.

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1 THE COURT: Now, your brief, your brief ultimately, I
2 think it is your reply, identifies actually three at one point
3 that you say are responsive. I took a look at the three and,
4 unless I am missing something, two of the three aren't even
5 responsive.

6 There is a complaint from a law firm on behalf of an
7 adequacy group -- this is at tab 129 -- that doesn't cite any
8 specific instance of discrimination. There is a complaint at
9 tab 27 from the doctor at the Washington State Department of
10 Corrections that deals with the sex transformation procedure,
11 but there's no HHS funding that appears to be implicated. And
12 the third one seems actually to fit the paradigm here, and
13 that's the nurse at the University of Vermont who says she was
14 coerced into participating in an abortion. Am I misreading you
15 as to those three?

16 MR. BATES: So we also cited some additional
17 complaints in our reply brief, your Honor. That's at page 26,
18 note 5.

19 THE COURT: I have got that. But at one point you
20 highlighted those three. Am I right that two of the three
21 actually drop away?

22 MR. BATES: Two of the three would not implicate
23 violations of the conscience statutes. Those complaints I
24 believe would have alleged violation of the conscience statute;
25 and, in part, the rule here, as the agency explained in the

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1 preamble, was to help to increased understanding and awareness
2 of the rights that are protected under the conscience statute.
3 So the fact that there may have been complaints filed did not
4 actually implicate is still relevant here, because it shows
5 some confusion about what the statutes do cover.

6 THE COURT: All right. I took you off script. I know
7 you wanted to talk initially about authority and rule-making
8 authority. Thank you. Go ahead.

9 MR. BATES: So turning back to my notes here, so I
10 think that I also, as we explain in our briefs, in addition to
11 the express delegations of authority, there are also implicit
12 delegations that are relevant. The Supreme Court has made
13 clear that delegations of authority can be both explicit and
14 implicit, and in the process of enacting the conscience
15 statutes and imposing obligations on regulated entities,
16 placing obligation on the agency to ensure compliance with
17 those statutes, there was implicit delegation to the agency to
18 ensure that the agency complies with requirements of those
19 statutes. And so that is relevant --

20 THE COURT: What is the basis for arguing implicit
21 delegation for the three statutes I mentioned earlier that
22 would substantively define, for example, a term like "assist in
23 the performance" to capture, for example, the range of services
24 or acts that are covered? That seems substantive. That deals
25 with the range of people whose primary conduct implicates the

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1 rule. What's the basis for arguing that implicitly Congress
2 meant HHS to fill that gap and define that?

3 MR. BATES: So HHS is the agency that's tasked with
4 ensuring compliance with the statutes. So in the process of
5 ensuring compliance, HHS has authority to set forth definitions
6 for what those terms are in the statute.

7 THE COURT: But, so you say. I mean, isn't the other
8 way to look at it that if Congress was able to affirmatively
9 give you substantive rule-making authority for Medicare,
10 Medicaid, ACA for terms like "discrimination" or "aid and
11 assist in the performance," as the case may be, its silence on
12 that, as to the Church and Weldon and Coates-Snowe amendments,
13 implies that it wasn't intended to give, other than
14 housekeeping, rule-making authority to the agency.

15 MR. BATES: So, again, delegations can be both
16 explicit and implicit. The various statutes you have discussed
17 here, they were passed at different times by different
18 Congresses as parts of different public laws. So attempting to
19 engage in some sort of intertextual comparison among the
20 different statutes passed at different times doesn't
21 necessarily show that --

22 THE COURT: Be that as it may, what's your affirmative
23 evidence that when Frank Church put forward the Church
24 amendment, after *Roe*, he intended HHS to rule-make? 1972, the
25 year before Title VII adopts the accommodation framework with

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1 the hardship exception, allowing the employer to insist on
2 somebody's performance of the task. Frank Church was
3 presumably well aware of that, as was Congress. They passed
4 the Church amendment. There was not word one about Title VII
5 and there is not one word about delegating to the agency the
6 ability to rule-make in this area, let alone to supervene Title
7 VII. What's the basis for implying that intention on
8 Congress's part? It's the very next year.

9 MR. BATES: Well, that's, I think, the nature of an
10 implicit delegation, your Honor. That there is not --

11 THE COURT: No, but that is circular. Give me
12 something that suggests that HHS, in Congress's eyes, was free
13 to roam around and define those terms, including in a way that
14 would supervene a statute that Congress passed the previous
15 year. I mean, you keep saying it is implied, but implied from
16 what? Otherwise it is just a say-so. What's the evidence?

17 MR. BATES: Well, in terms of the question of
18 supervening Title VII, your Honor, again, conscience statute,
19 Church amendment was passed after Title VII. Congress chose
20 not to include certain aspects of Title VII in the Church
21 amendment. So that doesn't necessarily --

22 THE COURT: That doesn't mean that they disagree with
23 it. Maybe they liked what they had previously done. I mean,
24 in Title VII, as of 1972, you have an amendment that, at least
25 in the context of the religion protection in Title VII, as

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1 opposed to morality-based conscience objections, explicitly
2 deals with this problem at a level of greater specificity than
3 does Church or Coates-Snowe or Weldon. What is the basis for
4 inferring in those very short conscience provisions that post
5 date the 1972 amendment of Title VII that Congress was *sub*
6 *silentio* saying, you know, be done with this hardship
7 exception?

8 MR. BATES: So there is a difference in the statutory
9 text there, your Honor. And I apologize, I have lost my train
10 of thought here for a moment.

11 THE COURT: I'm focusing -- look, I want to engage
12 with you on the basis for implying that -- for implying an
13 intent on Congress's part to allow the agency to substantively
14 rule-make here, let alone substantively rule-make in a way that
15 would cover what were a different outcome and a different test,
16 what Congress itself had dealt with the previous year in Title
17 VII.

18 MR. BATES: I think that what you are speaking to
19 here, your Honor, may be a statutory gap. So this question of
20 how Congress set forth the scene in Title VII, how that's going
21 to interact here with the conscience statute, that may be an
22 example of a statutory gap that then is left for the agency to
23 fill.

24 THE COURT: But it's not -- it would be perhaps a gap
25 if there weren't conflict. But let's engage, then, with the

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1 issue of how the rule intersects with the area of conduct
2 covered by Title VII. So let's focus just on the employment
3 context as opposed to, for example, benefits situations. In
4 the context of employment, do you disagree with the way that
5 plaintiffs portrayed, pre-rule, the operation of the hardship
6 exception?

7 MR. BATES: In terms of?

8 THE COURT: How it worked.

9 MR. BATES: In terms of its application here?

10 THE COURT: How an employer, presented with an
11 employee who asserted an objection to, let's say, assisting in
12 an abortion. Do you disagree with the portrait, given by
13 plaintiffs, as to how the dynamic worked under Title VII, that
14 there would be an attempted accommodation, but in the end, if
15 there was a -- forgive me, I'm forgetting the adjective
16 modifying hardship. Undue hardship. Thank you. Do you agree
17 that that was the standard that applied in terms of an
18 employer's latitude to insist on an employee's performance of a
19 task under Title VII?

20 MR. BATES: So that may have been the standard that
21 the -- that employers of the plaintiffs were applying. That
22 exception does not apply in the text of the conscience
23 statutes.

24 THE COURT: No, no, no, no. Do you disagree that
25 under Title VII the employer was able to overcome in effect a

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1 religious-based objection to a procedure based on undue
2 hardship?

3 MR. BATES: Under Title VII, yes.

4 THE COURT: Okay. So had any court ever held that the
5 conscience statutes in the context of employment overcame that
6 framework, the Title VII framework?

7 MR. BATES: I am not sure that that issue ever had
8 been presented, your Honor.

9 THE COURT: Except in the *Shelton* case, which goes the
10 other way, Third Circuit, right? That's exactly the Third
11 Circuit. The Third Circuit in *Shelton* is an employment context
12 involving the nurse who refuses to participate in the abortion
13 and declines the accommodation, gets fired, sues, and loses,
14 essentially based on the Title VII hardship framework, right?

15 MR. BATES: So, that question would then depend, your
16 Honor, on if the plaintiff in that case raised the conscience
17 statutes and what the court decided about the interplay of the
18 conscience statute for Title VII in that case.

19 THE COURT: In other words, *Shelton*, you think, would
20 have come out differently if the lawyer in that case had had
21 the wisdom to invoke the conscience statute as having *sub*
22 *silentio* overcome the Title VII framework.

23 MR. BATES: That the conscience statutes are more
24 specific and address a more discrete instance, which is
25 conscience protections in the healthcare arena, and that

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1 therefore they apply there in that instance.

2 THE COURT: But the conscience statutes don't get to
3 this level of granularity. They use words like "discriminate,"
4 which, by the way, is also used in Title VII. But beyond the
5 words like "discriminate," they don't get granular as to the
6 operation of the statute as applied to workplace context. They
7 don't say there is or isn't an undue hardship. They just say
8 "don't discriminate," right?

9 MR. BATES: Yes, that's correct.

10 THE COURT: So what is the basis for inferring in that
11 that they meant discriminate in some way other than by then the
12 very familiar Title VII framework? I understand that might
13 have been preferred by some, but the statute itself just
14 doesn't say that.

15 MR. BATES: Congress chose not to include an undue
16 hardship exception in the conscience statutes.

17 THE COURT: When did they choose that? They use a
18 general term, but they don't -- they simply don't spell out the
19 details. But on what basis can you say that Congress
20 affirmatively chose Frank Church and all the others to not
21 afford an undue hardship exception? Was it a choice or was it
22 simply silence?

23 MR. BATES: I mean, they knew that that provision was
24 in Title VII. They could have included that provision in the
25 conscience statutes if they chose to --

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1 THE COURT: And they could have indicated in some way
2 in the legislative history or a committee report or the text a
3 disagreement with the existing framework and didn't do that
4 either.

5 The point is, it seems like it's an *ipse dixit* to say
6 that their silence means that they chose to quietly overcome
7 this very familiar framework. I am looking for some dollop of
8 evidence beyond your say-so that that's what Congress intended.
9 Do you have anything?

10 (Pause)

11 MR. BATES: I am just turning to my notes here, your
12 Honor.

13 THE COURT: Go ahead.

14 MR. BATES: So the absence in the text is a point,
15 your Honor. As I also mentioned, there are also differences
16 between what Title VII covers and what the conscience statutes
17 cover. And Congress may have determined based on difference in
18 scope not to include the exception there.

19 THE COURT: They might have done a lot of things. The
20 issue is what they actually did. To a large degree, the
21 conscience statutes cover the employment world, *i.e.*, the world
22 covered by Title VII. I'm asking you, last time, if there is
23 any reason to think, anything specific you can point to that
24 indicates that anybody at Congress intended to overcome the
25 Title VII framework with the conscience statutes in the area

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1 the Title VII framework otherwise applies to.

2 MR. BATES: Just in the statutory text, your Honor.

3 THE COURT: May I ask you, up until this rule, I know
4 that the Bush era 2008 rule doesn't define "discrimination," so
5 it didn't seek to overcome the Title VII framework, correct?

6 MR. BATES: So I have here the rule in front of me,
7 your Honor, the 2008 rule. I would need to review that
8 specific provision of the rule. I will take your Honor's --

9 THE COURT: Well, it doesn't define "discriminate."
10 It defines other terms, but it doesn't do that, right?

11 MR. BATES: I -- I'll -- I'll take your Honor's
12 correct on that.

13 THE COURT: As you understand here now, can you think
14 of any time prior to the promulgation of this rule when HHS,
15 either in the context of a rule-making or in the context of the
16 application of the conscience statutes to a particular
17 scenario, ever took the position prior to this rule-making that
18 the Title VII framework didn't apply to conscience objectors
19 covered in the employment setting?

20 MR. BATES: I'm not aware of HHS having previously
21 taken that position, your Honor.

22 THE COURT: So if Congress intended *sub silentio* to
23 overcome Title VII, it was first discovered in or about 2019?
24 Is that the point?

25 MR. BATES: That?

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1 THE COURT: All those people have been dead for a
2 while who passed -- it's the early parts of the statutes.
3 What's the basis in 2019 for saying that archeology discovers
4 that the framers of these statutes going back to 1973 intended
5 to override Title VII?

6 MR. BATES: I mean, I, I, I, I apologize. It seems to
7 be the same back-and-forth here, your Honor. It is based on
8 the statutory text. There is a difference in the statutory
9 text. Title VII explicitly has the exception that is not
10 present in the statutory text in any of the conscience
11 amendments which were passed at various times across various
12 Congresses and various public laws. There were multiple times
13 that Congress considered rights of conscience and in none of
14 those instances did they incorporate an undue hardship
15 exception.

16 THE COURT: Congress was surely aware with the second
17 and third and fourth and all of those up to the 30 conscience
18 statutes that there was apparently no authority out there that
19 read the conscience statutes as intentioned with Title VII or
20 as overcoming it. Given that Congress is presumed to be aware
21 of the facts on the ground, wouldn't one have expected in
22 conscience statutes 2 through 30 to then circle back and say,
23 hey, wait a minute, you know nothing of our work, you don't
24 know what we -- we obviously meant the first of these statutes
25 to override Title VII. You have misread us, so we are going to

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1 be clearer in each of the ensuing statutes.

2 Isn't there some mileage we can get out of the fact
3 that they didn't do that?

4 MR. BATES: I mean, it would depend on the extent to
5 which the issue had been brought to Congress's attention, your
6 Honor. I mean, the fact that Congress, time after time, has
7 enacted conscience statutes without this protection -- I
8 suppose one could draw the inference both ways. Here in the
9 text, we would say that the absence in the text, you compare
10 Title VII -- and I apologize if we are just going round and
11 round here, your Honor, but it is a difference in the statutory
12 text, and the question is, what is the inference that you draw
13 from the absence in the statutory text?

14 THE COURT: What inference do you draw from the fact
15 that the ACA, Affordable Care Act, 2010 says that it doesn't
16 conflict with Title VII?

17 MR. BATES: What do you mean, your Honor?

18 THE COURT: Doesn't the ACA, isn't the ACA, doesn't it
19 contain the explicit language harmonizing itself with Title
20 VII?

21 MR. BATES: It also says that nothing in the act --
22 let me just turn to. . .

23 THE COURT: That's one of your examples of substantive
24 rule-making authority. But the ACA, it is hard to read that
25 as, given its reference to Title VII, overcoming Title VII.

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1 MR. BATES: The ACA also says that nothing in the act
2 shall be construed to have any effect on federal laws regarding
3 conscience protection.

4 THE COURT: Sure. But that assumes the conclusion.
5 If you assume the conscience provisions overcame Title VII, I
6 suppose that's right. If you start with the opposite
7 conclusion, that Congress, in referencing Title VII,
8 presumably, if it intended to override Title VII, would have
9 said something different than it said, you come up to a very
10 different place.

11 All right. Let's go back to other issues of
12 authorization, unless there is something else you want to tell
13 me about Title VII.

14 MR. BATES: Just one point. To the extent there is an
15 issue you have identified here, your Honor, I think that it
16 would apply to that specific aspect of the definition of
17 "discrimination." And so to the extent that you find an issue
18 here, that is not a basis to sort of go beyond that specific
19 issue in terms of the scope of relief with regard to
20 plaintiffs' challenge.

21 THE COURT: As to that, do you agree that the rule
22 adopts a different framework with respect to discrimination and
23 then Title VII?

24 MR. BATES: The rule does not include the undue
25 hardship.

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1 THE COURT: Give me a concrete example in which that
2 difference would result in a different outcome.

3 MR. BATES: So the Title VII framework says that the
4 employer has to provide a reasonable accommodation unless doing
5 so would result in undue hardship. And so some of the examples
6 we have talked about, where an employee raises an objection to
7 a procedure and the employer offers an accommodation or the
8 employee seeks an accommodation and the employer determines
9 that the accommodation would be, you know, problematic, would
10 result in the employer having to spend some more money or
11 complicate their staffing decisions --

12 THE COURT: Let's be concrete. Suppose an employee
13 now says she has been a nurse or he has been a nurse assisting
14 in abortions and does not want to do so anymore, develops that
15 objection, and the employer says, fine, you are now going to no
16 longer be working in OB-GYN, but you can work in orthopedics,
17 you can work in pediatrics, you can work in neonatal; and the
18 employee says -- and same pay, same title, same perks -- and
19 the employee says, no, I insist on staying in OB-GYN. Under
20 the statute, under the rule, who wins?

21 MR. BATES: Under the conscience rule, your Honor?

22 THE COURT: Yes.

23 MR. BATES: So that will depend on whether that
24 reassignment constitutes discrimination.

25 THE COURT: But doesn't discrimination -- if the

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1 employee rejects the accommodation and the employee is being
2 transferred because of the religious objection to performing a
3 particular procedure in his or her department, doesn't that,
4 under the rule, constitute discrimination?

5 MR. BATES: So the rule says that the acceptance of
6 the accommodation, that that does not itself -- so it creates a
7 safe harbor. It says the accommodation is not itself
8 discrimination. It doesn't necessarily -- they will set in
9 place the converse or --

10 THE COURT: Right.

11 MR. BATES: -- that's going to be a fact-dependent
12 scenario depending on what the assignment entails that's going
13 to be a question for the agency in the first instance to
14 determine what the difference is between the responsibilities
15 and --

16 THE COURT: In my scenario, here, though, the OB-GYN
17 nurse is transferred to neonatal work, and every other mete and
18 bound of the employment is the same, and the only reason for
19 the transfer is, from the employer's perspective, it is
20 functionally a challenge to have somebody there who is saying
21 on a procedure-by-procedure basis, yes, I can, no, I can't.
22 You would rather have somebody who is available for all
23 procedures that come through the department. You can
24 understand the functional reasons for that.

25 But if the employee refuses to get out of that

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1 department than be transferred to another equally estimable
2 reputable department, isn't that, under the rule, in terms of
3 discrimination, there is nothing in the rule that gives the
4 employer comfort that in doing so they are not jeopardizing
5 their federal funds, correct?

6 MR. BATES: So again, your Honor, it is fact specific,
7 and it is going to be a determination by the agency based on
8 the facts of the scenario what the outcome is.

9 THE COURT: In the hypothetical I gave, though, does
10 that mean that the employer could be, depending on how the
11 agency views that problem, the employer could have violated the
12 conscience statutes as interpreted by the agency under my
13 scenario?

14 MR. BATES: Yes, your Honor.

15 THE COURT: Whereas, if, under the Title VII
16 framework, there was an undue hardship determination, the
17 employer would be free to do what it did, right? Undue
18 hardship is no longer something the employer can trot out under
19 this rule as a defense.

20 MR. BATES: That's correct, your Honor.

21 THE COURT: All right. So what defense does the
22 employer have if it's being candid in saying, yeah, of course
23 it is your objection to this procedure that is causing you to
24 be moved, it is nothing else, but we have a job to do and it is
25 much more functional to have somebody who is reporting for duty

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1 for all aspects of the job to be in that department, we honor
2 your work, we honor your religious conviction, but you are a
3 better fit for pediatrics and neonatal than for handling an
4 ectopic pregnancy. What defense does the employer have under
5 the rule?

6 MR. BATES: What do you mean by defense, your Honor?

7 THE COURT: Well, if you claim that it was a violation
8 and the employer admitted that the reason for the transfer was
9 because of the conscience objection and what it -- the
10 complications it presented for the workplace, under Title VII
11 the complications in the workplace have a doctrinal home. It's
12 called undue hardship. Maybe you meet it, maybe you don't.
13 But under the rule, is there anything that the employer can
14 point to to avoid liability for that behavior, for that
15 transfer?

16 MR. BATES: Not in terms of the possibility of an
17 undue hardship. The question would come down to what the
18 nature of the reassignment is and whether the nature of the
19 reassignment falls within the definition of the --

20 THE COURT: Right, but doesn't the rule essentially
21 say that in the event -- the rule doesn't say that only a
22 diminution of responsibility or a diminution of salary, or
23 something like that, constitutes discrimination. It is the
24 transfer itself, the accommodation itself, if it isn't accepted
25 by the employee, that is the discrimination. I'm asking you,

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1 can you point to something in the rule that you would, if you
2 were the general counsel or the employer, point to and say,
3 ah-ha, we have comfort. We can move this valued employee to an
4 area in which he can do equally valued and equally paid work
5 and not complicate our mission. Is there anything in the rule
6 that gives the employer a legal hook to hold on to?

7 MR. BATES: So the rule sets forth what constitutes
8 discrimination. The rule does not say *per se* that reassignment
9 is discrimination. It talks about adverse impact and those
10 sorts of things. I think that in the scenario that you posit,
11 the best practice might be to contact the agency and discuss
12 the situation with the agency and seek the agency's guidance.

13 THE COURT: I see. How long does that take?

14 MR. BATES: It could vary, your Honor. I mean, there
15 is information on the agency's website about how to get in
16 contact with the agency. I would presume it would vary
17 depending upon the complexity of the question and those sort of
18 things.

19 THE COURT: Would *Shelton* come out the other way under
20 your reading if the rule were determinative?

21 MR. BATES: So in terms -- so if you had a scenario
22 where you had a nurse who objected to performing an abortion
23 and did not accept a reassignment to another unit, the question
24 is --

25 THE COURT: And got fired.

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1 MR. BATES: So it would depend on, your Honor, whether
2 that reassignment constitutes discrimination.

3 THE COURT: No, it would be whether the termination
4 constitutes discrimination. Remember in *Shelton* she gets fired
5 and she sues for being fired after refusing the accommodation.
6 And I am asking you, under the rule, isn't it clear that
7 *Shelton* would come out the other way as long as providing the
8 employee made the right argument under the rule.

9 MR. BATES: Well, it does depend on whether the
10 reassignment is discrimination. Because if the employee were
11 terminated for refusing to accept something that is not
12 discrimination, then that wouldn't come within the ambit.
13 There has to be discrimination in order for the rule to be --

14 THE COURT: Maybe this is circular, but I'm trying to
15 figure out, it is HHS that has defined "discrimination." I'm
16 trying to figure out what in the definition of "discrimination"
17 gives the employer some latitude in dealing with this type of
18 problem.

19 MR. BATES: So the definition sets forth what can
20 constitute discrimination. It talks about -- let's see here.
21 It talks about withholding, reducing, excluding, terminating
22 employment, title, position, utilizing criterion, method of
23 administration.

24 THE COURT: So there is terminating employment.
25 *Shelton* nurse terminated employment. It is checkmate, isn't

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1 it, under the rule?

2 MR. BATES: Not if the reassignment itself was not
3 discrimination. So if the employer --

4 THE COURT: If the employee doesn't like being in
5 pediatrics or neonatal and says no, under the rule, isn't it
6 discrimination?

7 MR. BATES: Only if -- the reassignment. So the
8 termination in this hypothetical is triggered by the rejection
9 of the reassignment.

10 THE COURT: Right.

11 MR. BATES: So if the reassignment is discrimination,
12 the consequence that follows from that would also be
13 discrimination.

14 THE COURT: And under the rule, isn't the fact that
15 the reassignment is triggered by the refusal to accommodate
16 a -- it's triggered by the refusal to allow the morally
17 objecting or religiously objecting nurse to stay in his or her
18 job, isn't that itself an act of discrimination?

19 MR. BATES: I'm sorry. Can you repeat that, your
20 Honor?

21 THE COURT: Let me put it this way. You are, I take
22 it, at this point unprepared to give an answer to the question
23 under the *Shelton* scenario, which is the case and the case law
24 that is the most clear, how it would come out under the rule.
25 You certainly can't assure me to come out the same way.

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1 MR. BATES: No, your Honor.

2 THE COURT: Throughout your brief, you repeatedly tell
3 the court that this is just about housekeeping. Is it really
4 the agency's position that there is no substantive component to
5 any part of this rule?

6 MR. BATES: No, your Honor. The agency does take the
7 position that the rule is substantive, that it does impose
8 obligations on regulated entities.

9 THE COURT: Is that a change from what was said in the
10 brief? I think we collected about ten sound bites that say the
11 opposite. I'm not going to waste your time reading them to
12 you, but it was housekeeping, housekeeping, housekeeping
13 throughout the brief. I think this dialogue explores and
14 demonstrates that, for better or worse, there are substantive
15 changes in the sense that the law applies different or
16 potentially different consequences to the same primary conduct.

17 MR. BATES: And there are different elements at play
18 here, your Honor, so I think with regard to the definitions,
19 there are some substantive elements there. With regard to
20 compliance and enforcement of grant conditions and those sorts
21 of things, which, like the UAR, the agency has taken pursuant
22 to the housekeeping statute, those are housekeeping matters.

23 THE COURT: Okay. There certainly are some
24 housekeeping matters in here, but the brief depicted the rule
25 as entirely housekeeping.

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1 Let me continue to understand how this rule would
2 apply in some workplace context.

3 Let's take a clinic that unwittingly hires a
4 receptionist who objects to abortions. The clinic largely does
5 work that includes a lot of abortions. The receptionist
6 refuses to schedule abortions and refuses to switch jobs.
7 Business slows to a halt. Can the clinic fire the receptionist
8 without potentially breaching the rule?

9 MR. BATES: So in the rule, the agency said that
10 scheduling an abortion can constitute assistance in the
11 performance, so that would then bring this action within the
12 ambit of the rule.

13 THE COURT: Right.

14 MR. BATES: So that therefore the agency could not --
15 I'm sorry, not the agency -- the employer could not
16 discriminate on the basis of that which would include
17 termination.

18 THE COURT: Meaning that the termination, then, would
19 appear to be a violation of the rule.

20 MR. BATES: That's correct, your Honor.

21 THE COURT: All right. A pregnant woman takes an
22 ambulance across Central Park to Mt. Sinai Hospital and, midway
23 through, from conversation with the ambulance driver, it
24 becomes clear that she is headed there to terminate an ectopic
25 pregnancy. The driver tells her to get out in the middle of

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1 the park, and the employer fires the ambulance driver for that.
2 Is the ambulance driver assisting in the performance of the
3 procedure if the ambulance driver takes her to the hospital?

4 MR. BATES: So the agency did say in the rule that
5 transporting an individual to a hospital for the purpose of
6 having a procedure that falls within the ambit of the rule,
7 that that would constitute performance.

8 THE COURT: So the --

9 MR. BATES: I think that that might implicate other
10 issues as how the ambulance driver dealt with that situation.

11 THE COURT: Right. It's certainly not a best
12 practice. But the issue is, is the conduct of the ambulance
13 driver, in refusing to drive any further because of the
14 ambulance driver's sincere religious objection to the
15 procedure, is that protected by the rule?

16 MR. BATES: The rule protects an ambulance driver's
17 ability not to assist in the performance of a procedure to
18 which the driver has an objection.

19 THE COURT: So play out for me what is supposed to
20 happen in that scenario under the rule, if the ambulance driver
21 simply says, I'm breaching my convictions to get to the other
22 end of Central Park.

23 MR. BATES: So employers have an obligation, under
24 EMTALA, to provide sufficient staffing and recourse in the
25 event of emergencies that are implicated so the agency -- or,

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1 sorry, I keep saying "agency" when I mean to say "employer" --
2 so the employer, under EMTALA, should already have in place
3 procedures to handle that situation, and so therefore would put
4 into place whatever --

5 THE COURT: Right now --

6 MR. BATES: -- ambulance procedures were and would
7 have had the ability to ask the ambulance driver about his
8 objections, so that they would then be aware to know what the
9 proper way would be to deal with that situation.

10 THE COURT: So the employer, you are saying, would
11 have known before the ambulance mission began -- the employer
12 is allowed to ask the ambulance driver in the driver's
13 employment whether or not he objects to any particular
14 procedures, such as abortion, on religious grounds --

15 MR. BATES: Yes.

16 THE COURT: -- or other moral grounds.

17 And if the driver has said yes, then the employer is
18 allowed to task the driver with nonabortion ambulance drives?
19 I'm trying to understand just how this works.

20 MR. BATES: The employer would need to have in place a
21 procedure to handle a situation just as your Honor has posited.

22 THE COURT: And now, look, we are talking about
23 emergencies. It is a bleeding ectopic pregnancy, and the
24 driver realizes in the middle of the park what the nature of
25 this is. It's not, by the nature of emergency, something which

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1 calm deliberation or all facts are brought to bear at the
2 outset. So in the middle of the transverse in the park, the
3 driver realizes what is going to happen when the ambulance hits
4 the hospital, and the driver then says "no can do" and refuses
5 to drive any further. Can the employer take action against the
6 ambulance driver under this rule or is the employer risking its
7 federal funding by taking action against the driver?

8 MR. BATES: So, again, the employer should have had in
9 place procedures to deal with this, whether it be another
10 driver in place or something in place to deal with this
11 situation, and then to the question of what then happens to the
12 driver, the driver would be protected under the rule because it
13 would have had a right, under the conscience statutes, not to
14 assist in the performance of a procedure as to which the driver
15 has objection.

16 THE COURT: And in my scenario in which the -- we have
17 an emergency situation that pops up in the middle of the drive
18 that we have this problem, in other words, it can't be
19 anticipated at the outset, the employer cannot say to the
20 driver: We have somebody who is bleeding. You have to get to
21 the hospital. Sorry. The employer can't do that, you are
22 saying. The employer has to, quote, accommodate in the
23 crucible.

24 MR. BATES: So the employer has to accommodate, that's
25 correct, under the rule. HHS also made clear that if it

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1 intends to read EMTALA harmoniously with the requirements under
2 the rule, so that if it came to questions of enforcement by the
3 agency, working out sort of what to do in the scenario, that's
4 not necessarily to say, then, that the most extreme measures
5 are necessarily going to come into play because the agency has
6 said it intends to read them as harmoniously as possible.

7 THE COURT: Right. What that means is the agency may,
8 in its grace, choose not to cut off billions of dollars of
9 funding, but it also might, it still reserves the right to do
10 so, correct?

11 MR. BATES: The rule would not prohibit that, but the
12 agency is clear that it intends to read them harmoniously
13 wherever possible, that it will begin -- it says it will begin
14 with informal enforcement, informal communications, and only
15 take further action when voluntary compliance cannot be
16 reached. So there is a long series of events that has to take
17 place before any of these more extreme eventualities come into
18 play, and --

19 THE COURT: When, under the new rule, can the employer
20 even ask about these matters? I gather once a year or if there
21 is a persuasive justification, but not on a more regular basis,
22 right?

23 MR. BATES: Yes. After hiring, and once a year,
24 unless there is a more -- absent a persuasive justification.

25 THE COURT: What about the rural hypothetical? That's

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1 the classic example that's given for undue hardship, where you
2 have got a very limited number of personnel. You really need
3 to have somebody there who is a full spectrum, you know, nurse,
4 scheduler or whatnot. It is not realistic to have a substitute
5 in the wings or something like that. How does the rule apply
6 in that setting?

7 MR. BATES: It applies the same as it applies in other
8 settings, your Honor. It sets forth the various
9 responsibilities for employers. It doesn't create an exception
10 or other conditions that apply in rural instances.

11 THE COURT: Okay. So meaning that essentially if
12 there is an employee there who asserts religious objections to
13 a range of procedures and it is economically impractical, you
14 know, to have a platoon situation for objectionable and
15 non-objectionable procedures, where you have different
16 employees filling that role, the employer is -- simply has to
17 find a way to pay for a second job there, even if it is
18 impractical, right? The employer intends to continue
19 performing that service and the one person who works there, the
20 one scheduler, the one operating room nurse, that sort of
21 thing, the employer is stuck.

22 MR. BATES: So with regard to the specific discrete
23 service or discrete procedure that the employee may have an
24 objection to, yes, the employer would in that instance not be
25 able to force the employee to perform the procedure; and so if

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1 the employer wished to continue providing that service, it
2 would need to find an alternative way to do so.

3 THE COURT: Let's pivot now from discrimination, which
4 has been largely the focus of this line of hypotheticals and
5 questions, to "assist in the performance."

6 From your perspective, substantively, how does the
7 rules definition of "assist in the performance," insofar as it
8 spells out the range of people who are assisting in some sense
9 with a medical -- with an abortion, just to be direct, how does
10 it change, in your view, from prior definitions or
11 understandings? There really wasn't a definition of "assist in
12 the performance," but I take it the agency had never acted so
13 as to apply the term to people, for example, who did something
14 the day before a procedure. Is that correct?

15 MR. BATES: I believe so, your Honor.

16 THE COURT: So in what ways does "assist in the
17 performance" expand the scope of that term from what was
18 previously applied or understood?

19 MR. BATES: So in terms of the relationship between
20 the term and the statute, we have argued in our briefs that the
21 term is consistent, claiming in the statute, in terms of how
22 HHS has applied that term in the past. I think that is a
23 question that goes to prior enforcement actions.

24 THE COURT: So in any prior enforcement action, has
25 HHS ever even investigated somebody for -- where the objection

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1 was made by somebody who had a role in a procedure that didn't
2 involve the same day?

3 MR. BATES: So, your Honor, I don't want to ask to
4 bring agency counsel back up here, so I am going to say --

5 THE COURT: I'm sure agency counsel doesn't want to
6 come back up either, but --

7 MR. BATES: So I'm going to say no, with the caveat
8 that I would ask agency counsel to correct me if that's
9 incorrect.

10 THE COURT: You would say what?

11 MR. BATES: I would say no with the caveat that agency
12 counsel would correct me.

13 THE COURT: Agency counsel, if you have got an example
14 in mind where there was a -- an enforcement action or
15 interpretation taken where the conscience objection was to
16 something on a day other than the date of the procedure, I
17 would welcome your letting me know.

18 MR. BATES: No, your Honor.

19 THE COURT: I will construe silence that at least
20 offhand you don't have such an example.

21 That is a not inconsequential change. Whether or not
22 it is linguistically supportable by the text of the conscience
23 statutes, you will agree that that is a consequential change in
24 the way going forward these statutes would be applied, would
25 you not?

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1 MR. BATES: So your question is would that be -- to
2 the extent that HHS has not brought an enforcement action in
3 that scenario previously --

4 THE COURT: Or to the extent it is not announced that
5 people who perform previous-day or post-day support roles are
6 covered by the conscience statute, yeah, I mean, in other
7 words, whether or not it can be linguistically supported by the
8 text of the conscience statutes and the words "assist in the
9 performance of," it is a newly articulated interpretation that
10 doesn't have its anchor in anything that's been articulated or
11 acted upon before. Is that much correct?

12 MR. BATES: Not previously by the agency.

13 THE COURT: Well, by anybody else? Who else?

14 MR. BATES: Well, there is the text of the statute
15 which sets forth the term "assisted performance." HHS
16 administers that statute. So insofar as HHS has not taken
17 enforcement action pursuant to that scenario then --

18 THE COURT: Do you know if HHS has even been presented
19 with the scenario before in all the years of these statutes,
20 where somebody who was distressed about the possibility of
21 non-same day steps or assistance towards an abortion felt that
22 that religious objection, that conscience objection wasn't
23 being respected, has the agency even been presented with that
24 as a problem in any of the complaints presented?

25 MR. BATES: Not to my knowledge, your Honor, and we

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1 would be happy to submit briefing to the court about these sort
2 of specifics.

3 THE COURT: Let me ask you, you were relying on all
4 these vaccination complaints. Did any one of those complaints
5 even involve somebody who was scheduling a vaccination or doing
6 something as to even a vaccination other than on the day of the
7 vaccination?

8 MR. BATES: I don't know the answer to that, your
9 Honor, not to my knowledge.

10 THE COURT: In terms of the rule-making process here
11 and the factual basis, you heard me engage with Mr. Colangelo
12 about the number of complaints. Can you point to a single
13 complaint that the agency has ever gotten in connection with a
14 failure to accommodate somebody whose connection to the
15 abortion or sterilization procedure was other than on the day
16 in question? Is there a single example of that?

17 MR. BATES: In terms of the complaints, not that I am
18 aware of, your Honor.

19 THE COURT: So how can the agency be said to have a
20 factual basis for that dimension of its work?

21 MR. BATES: Because "assistance in the performance,"
22 that term --

23 THE COURT: No, no, no, no. I understand that if we
24 are playing the textual game that one can use -- one can
25 construe "assist" in a variety of ways, and I understand the

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1 linguistic basis for saying that assistance goes all the way
2 back to, you know, a person who paid for the nursing school of
3 the nurse, I get all that, you can do that. I am asking you
4 factually why the rule was enacted? The agency said we have
5 got the significant number of complaints. Well, that's all
6 fine and good, but how does that sync up to the broadened
7 definition of "assist in the performance"? Even if you had a
8 lot of complaints, that might justify rule-making in the area
9 of the ambit of the complaints, but if there literally wasn't
10 anybody who complained that their conscience rights were being
11 offended by participating in some non-same day way, I'm trying
12 to understand if there is any factual way to prompt for that,
13 for engaging in this space? Why rule-make on that point?

14 MR. BATES: So an agency does have authority and
15 ability to use its expertise to engage in rule-making and set
16 forth definitions, and I don't believe it is the case your
17 Honor that, in setting forth the definition in this context or
18 in another context, an agency must sync up every single
19 individual piece of a definition that sets out with some
20 complaint or a piece of evidence that was brought. It doesn't
21 have to rate some massive chart where it is linking up all of
22 the definitions with all of the complaints or evidence that was
23 brought forward to the agency.

24 THE COURT: But arbitrary and capricious review turns,
25 as Mr. Colangelo pointed out, on a factual basis. I am trying

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1 to test the factual basis for this consequential part of the
2 rule. That's all. And I take it the answer is that although
3 there is a textual justification, there is not a factual basis
4 for rule-making on that point.

5 MR. BATES: On the point that action taken a day
6 before a procedure can constitute assistance in the performance
7 of the procedure, so on that discrete point, there is not, to
8 my knowledge, a complaint that addresses that issue.

9 THE COURT: Is the agency aware of any receptionist,
10 ambulance driver, elevator repairman, anybody, who ever
11 complained that their ancillary work, other than on the day of
12 the procedure, was violating their conscience rights?

13 MR. BATES: Not that I'm aware of, your Honor.

14 THE COURT: All right. Is this statute consistent
15 with EMTALA or not?

16 MR. BATES: May I add one point, your Honor?

17 THE COURT: Please go ahead.

18 MR. BATES: Getting back to that hypothetical you have
19 identified a specific scenario, that doesn't necessarily then
20 mean the definition itself as a whole is invalid. You have
21 identified sort of one application that, to the extent it
22 raises issues, may be a potential issue, but that would go to
23 the application as to that specific factual scenario, like an
24 as-applied challenge as opposed to a facial challenge, which is
25 what we face here.

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1 THE COURT: It would be facial as to parts of the
2 definition but not to, perhaps, parts of the definition that
3 involve the nurse handing over the forceps, right? In other
4 words, it is not that -- it is not that the distant, remote
5 assistance is in any scenario justified by an empirical basis
6 before the agency, it is that there are parts of the definition
7 that are not made problematic by that failure of evidence,
8 *i.e.*, the nurse who is immediately in the operating theater.

9 MR. BATES: That's correct.

10 THE COURT: Just briefly, counsel for the plaintiffs
11 says that, on the contrary to law point, the statute is
12 inconsistent with EMTALA, the Emergency Medical Act.

13 Putting aside the agency's promise to do its best to
14 harmonize them, on the face of the rule how is the rule -- is
15 the rule, on its face, consistent with EMTALA?

16 MR. BATES: On this question, the rule is, like the
17 conscience statutes themselves, the conscience statutes
18 themselves do not discuss the interaction of those statutes
19 with EMTALA. So this question applies equally to the
20 conscience statutes themselves. And the agency said it intends
21 to read them harmoniously. It applies both to the rule and to
22 the conscience statutes.

23 THE COURT: Isn't there all sorts of legislative
24 history, including Weldon and Church, that, if we consider it,
25 makes clear they had no intention of compromising the execution

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1 of emergency medicine? I recognize there are issues about the
2 extent to which one can consider legislative history, but put
3 that aside for a moment, doesn't the legislative history to the
4 extent that it exists make clear that emergency medicine was
5 intended to be cordoned off from the impact of the conscience
6 statute.

7 MR. BATES: So there is legislative history indicating
8 that the individuals who made those statements did not -- were
9 not expecting for the conscience statutes to impact the
10 requirements to provide emergency services under EMTALA.

11 THE COURT: Like Frank Church.

12 MR. BATES: That's correct.

13 THE COURT: All right.

14 MR. BATES: And the rule implements those statutes,
15 and so the interaction between the statutes and EMTALA is going
16 to be the same as the interaction between the rule and EMTALA.

17 THE COURT: It depends how one construes the statute.
18 Has the agency -- prior to the rule, had the agency been
19 presented by any complaint from anybody practicing emergency
20 medicine?

21 MR. BATES: So there were complaints. There were
22 complaints by various nurses. I don't know that those
23 complaints specified whether the nurse participated in
24 emergency services or not.

25 THE COURT: Why -- what was the agency's basis for

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1 interpreting the rule so as not to carve out the emergency
2 situation? Given that EMTALA is out there as a federal
3 statute, what was the agency's reasoning in not correspondingly
4 carving out the emergency space in terms of the ambit of the
5 rule?

6 MR. BATES: I think it was consistent with the
7 conscience statutes, which don't explicitly do that either. It
8 was implementing the conscience statutes. Conscience statutes
9 don't have that explicit carveout. So, again, it is a question
10 of the interaction between the rule and EMTALA is going to be
11 the same as the interaction between the statutes and EMTALA.
12 So I don't think the agency found it necessary to carve that
13 out because it wasn't in the statutes either, and the
14 interaction is going to be the same between the two of those.

15 THE COURT: *Shelton*, of course, applies in the
16 emergency context. It is at once a Title VII case and an
17 emergency medical case. Did the agency consider *Shelton*
18 explicitly in its rule-making as a federal appellate court
19 application of these concepts in the Title VII context? Did it
20 engage with that? What was its reasoning for, in effect,
21 coming up with a different framework?

22 MR. BATES: So I believe that the agency did cite
23 *Shelton* at some point in the footnotes. I don't know the exact
24 footnote that that was at, your Honor.

25 But getting to your question about, again, the

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1 interaction between the rule and EMTALA, again, I apologize if
2 I am repeating myself, I think the agency determined reasonably
3 that the interaction between the rule and EMTALA would be the
4 same between the interaction between the conscience statutes
5 and EMTALA, and so that it wasn't necessary, then, to provide
6 an explicit carveout because the extent that there is tension
7 there, it is the tension with the conscience statutes as well,
8 so that resolving that tension is the same between the statutes
9 and the rule, and so it wasn't necessary to provide a carveout
10 that wasn't in the statutes that was implementing itself.

11 THE COURT: All right. Go ahead. I have taken you
12 off. I think we have covered a lot of what I am sure you
13 intended to cover, but I want to make sure that you have enough
14 air time for the points you wanted to make to me.

15 MR. BATES: Thank you, your Honor. How much time do I
16 have remaining?

17 THE COURT: I have taken you off script. You have got
18 what you need.

19 MR. BATES: So let me just go through my notes here,
20 your Honor.

21 So we talked about the evidence that the agency can
22 serve. We talked about the complaints. I noted that, as we
23 did cite in our reply, that a number of the complaints did
24 implicate violations of the conscience statutes. So there was,
25 before the agency, evidence of the complaints, as agency

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1 counsel mentioned, that there was an increase in complaints,
2 even setting aside the vaccination complaints, they went from,
3 like, one year to around ten or so a year, so there was a
4 substantial increase.

5 THE COURT: But that was after the notice of
6 rule-making. Prior to the notice of rule-making, which
7 presumably was prompted by -- I mean it is a Heisenberg
8 principle you have here, right? Where you -- once you throw
9 out the notice of rule-making, you are stirring the pot. Prior
10 to the notice of rule-making, was there any increase in
11 complaints?

12 MR. BATES: So not prior to the notice of the
13 rule-making, but the rule-making, to the extent it did increase
14 its knowledge or awareness of these rights --

15 THE COURT: But it's not laboratory conditions. In
16 other words, if you say, We are open season for new complaints,
17 you can't then treat the new complaints as reflecting that
18 concern over an area as growing. You are responding to the
19 invitation.

20 MR. BATES: Well, it could also be an indication that
21 when individuals are made aware of these issues, that they will
22 then respond by filing complaints. So, yes, there may have
23 been a causal relationship between the MPRM and the complaints,
24 but the fact that complaints were then filed and people were
25 made aware may indicate that there had been problems going on

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1 for a while, but just folks weren't aware of their rights. So
2 once they were made aware of their rights by the MPRM that they
3 then sought to bring them to the attention of the agency.

4 THE COURT: You said there were ten complaints after
5 the notice of rule-making. With as much specificity as
6 possible, what scenarios did they implicate?

7 MR. BATES: So among the ones that we cite in our
8 reply, it depends on the level of specificity that is included
9 in the complaints themselves. There was a nurse who was placed
10 on administrative leave by a hospital on the ground -- she
11 alleges this -- that she was placed on administrative leave by
12 a hospital on the ground that she sought a religious
13 accommodation for having to perform abortions.

14 THE COURT: The actual performance, in other words,
15 operating theater apparently.

16 MR. BATES: She had not gone to that level of granular
17 detail, but performance of abortions.

18 Complaint by a nurse alleging that she was terminated
19 from a hospital for her unwillingness to participate in the
20 provision of abortion-related services.

21 Complaint by a nurse alleging she was --

22 THE COURT: Do we know what that means, what services
23 those were?

24 MR. BATES: She does not spell that out in the
25 complaint.

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1 Complaint by a nurse alleging that she was coerced
2 into performing an abortion after previously notifying her
3 employer of religious objections to performing abortions.

4 Complaint by a nursing professor alleging that she was
5 not hired for a full-time faculty position because of her views
6 on abortion.

7 So these are just a few examples, your Honor, that do
8 show that there are instances where employers are not abiding
9 by their obligations under the conscience statutes, and so this
10 is evidence before the agency that there were problems and --

11 THE COURT: What would the reason be, if any, for an
12 uptick if one was to credit that in disrespect for
13 conscience-based -- sincere conscience-based objections? In
14 other words, if the premise is this is a growing problem in our
15 country, can you theorize why that would be? We are dealing
16 with a quite small numbers here, so I am not blind to that.
17 But if one accepts the premise that there had been a
18 consequential increase not generated by the notice of
19 rule-making, any idea why?

20 MR. BATES: So the fact that -- it is not necessarily
21 going to be the case that there was an uptick in the actual
22 violations of rights under the statute, although that might be
23 the case, it may have been the case that there were -- even if
24 the amount was consistent, going back 20 or 30 years, the folks
25 were not aware of their obligations under the statute so that

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1 they were not aware of their rights under the statutes, then
2 that would be equally a problem as if there was a change in how
3 employers dealt with requests --

4 THE COURT: So why not just have a public awareness
5 campaign? Why not if you see something say something? Why
6 isn't that the answer if people don't understand their rights?
7 Why do we need this whole apparatus of the rule?

8 MR. BATES: That could have been one way that the
9 agency could have addressed the problem, your Honor. The
10 agency, in the exercise of its expertise, in the exercise of
11 its authority, after having reviewed the situation, decided
12 that, in addition to the notice requirements under the rules
13 that would advise individuals of their rights, that the best
14 way to address the problem was through the policy as
15 implemented in the rule. The agency has the authority and the
16 ability to, in the exercise of its expertise, to decide what
17 the best way is to address a policy, and the court, upon
18 review, need not agree with the agency that it was the best
19 policy or even that it was better than the alternative
20 policies, but merely that the agency gave a -- considered the
21 relevant data and gave an explanation -- rational explanation
22 for -- in connection between the data and the decisions that it
23 made.

24 THE COURT: Can I come back "to assisting in the
25 performance," that definition. Am I right that that is

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1 actually only in the Church amendment or is that somewhere
2 else?

3 MR. BATES: So I'm just comparing here Church,
4 Coates-Snowe, and Weldon, because I know those are the ones we
5 have been talking most about. So in those three, that is the
6 only -- that is the only --

7 THE COURT: And that has no substantive rule-making
8 delegation explicit.

9 MR. BATES: Church does not.

10 THE COURT: All right. I want to make sure I give a
11 little time to our intervenors. Is there anything further you
12 wanted to say to me? If not, I have got one or two more
13 questions.

14 MR. BATES: I think I might just note, there was not a
15 great deal of discussion today about the establishment clause.
16 I would just point to -- point your Honor to our argument about
17 the state or forum is distinguishable here.

18 And in terms of the scope of relief --

19 THE COURT: Yes. That's what I was going to get to.

20 MR. BATES: Okay. Just real quickly there, your
21 Honor, plaintiffs have asserted that sort of a standard
22 procedure when a court finds a rule invalid is vacatur of the
23 rule in its entirety in nationwide application. I believe they
24 cited some D.C. Circuit cases to that effect. We cited the
25 California case, *California v. ASR*, out of the Ninth Circuit,

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1 that vacated the nationwide scope of an injunction under a
2 facial challenge under the APA.

3 Just for your Honor's information, in that
4 *California v. ASR* case, that cites another Ninth Circuit case,
5 *Havens Hospice*, which is relevant here and there is also a
6 Fourth Circuit case, *Virginia Society for Human Life*, that I
7 think has some very helpful language about in a similar
8 instance where a plaintiff made an argument that, under the
9 EPA, the standard remedy is vacatur in the entirety, nationwide
10 relief, and the Fourth Circuit rejected that argument there.

11 So to the extent plaintiffs are saying that the
12 normal -- the usual practice, there is authority out of both
13 the Ninth and Fourth Circuits saying that is not in fact --

14 THE COURT: So there are two questions. One is
15 severability and one is if there were an injunction, whether it
16 applies on a more limited basis. Let's just take the second
17 one. What is your view as to the proper geographic scope of
18 any injunction or any relief in this case?

19 MR. BATES: So it would be the scope necessary to
20 afford relief to the parties in this case, so there are various
21 state and various municipal plaintiffs in this case. So it
22 would be --

23 THE COURT: There are 23 states, right?

24 MR. BATES: 23 states and municipalities. I don't
25 know that all of the government plaintiffs are states.

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1 THE COURT: All right. But, in other words, by your
2 lights, if the court were to rule against the government in
3 whole or in part, and let's move out of the world of
4 injunctions and focus on the merits, the summary judgment
5 dimension, is it your view that that should be -- invalidation
6 should only be as to those 23 states and as to the activities
7 of the named plaintiffs in other states?

8 MR. BATES: That's correct, your Honor.

9 THE COURT: So the rule would still stand in 27
10 states, plus territories, less -- but not as applied to, for
11 example, Planned Parenthood to the extent that it has a
12 presence in those 27 states. Is that what you are saying?

13 MR. BATES: So it depends on who the plaintiffs are.
14 So -- and that depends on sort of the relationship between
15 Planned Parenthood writ large and its -- I don't know the exact
16 terminology to use here, your Honor, but the sub-entities that
17 it contracts with and sort of who are plaintiffs in the case
18 and who are not, but our position would be that the remedy
19 should be limited to the plaintiffs in this case. So it would
20 be --

21 THE COURT: So other people in New York State who
22 haven't joined the lawsuit could still have the rule enforced
23 against them. Even if I found that it was arbitrary and
24 capricious, contrary to law, all of that stuff, other people in
25 New York State could still have the rule applied because they

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1 didn't join this lawsuit.

2 MR. BATES: Other --

3 THE COURT: I thought what you were saying was 23
4 states it is invalid, 27 states somebody has got to sue in
5 those states. I think you are now actually saying that unless
6 this turned into a class action or an opt-in class involving
7 every medical entity in the United States, you haven't actually
8 sued in this case, you can't get the benefit of relief. Is
9 that what the United States is telling me?

10 MR. BATES: That the relief should be limited to the
11 plaintiffs as the regulated parties here.

12 THE COURT: So.

13 MR. BATES: To the extent New York is a regulated
14 entity --

15 THE COURT: Right. You are telling me that to get
16 relief, let's suppose, just indulge the hypothetical, that the
17 rule is found by the court to be for one reason or another
18 invalid. Is what you are really telling me is to get the
19 benefit of that rule there now have to be follow-on lawsuits by
20 every hospital and doctor and clinic and, you know, farmhouse,
21 you know, to get relief as opposed to the invalidation of the
22 rule having operation of law across the board? Is that really
23 what the United States thinks is the right approach here? I
24 get the problems with nationwide injunctions, but you are going
25 way beyond that. You are telling me that you actually have to

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1 be a party to the case to get relief. Was there thought given
2 to that position before this argument began?

3 MR. BATES: So, your Honor, we have cited to the court
4 the *Gill* case of the Supreme Court that instructed that the
5 remedy should be limited to the inadequacy that produced the
6 injury, tailored to redress the plaintiffs' particular injury.
7 The remedy here should be tied to the injury that the
8 plaintiffs have alleged. And my understanding is that the
9 states and municipalities have brought this suit in their
10 capacity as regulated entities.

11 THE COURT: Is there any reason why the arguments that
12 have been made today and in the briefs apply any differently to
13 the other 27 states or to medical providers in -- to covered
14 entities by the rule in any -- in the 23 states who haven't
15 filed suit or anywhere in the 27? The rule -- the infirmities
16 that have been alleged about the rule rise or fall without
17 respect to the identity of the plaintiff who sues, no?

18 MR. BATES: In terms of the arguments about why the
19 rule is legally invalid in terms -- the harms that are alleged
20 against the rule, those do relate to what services regulated
21 entities provide, what policies those regulated entities have
22 in place in terms of the alleged harms that are --

23 THE COURT: But that's more of a preliminary
24 injunction notion, and I get that. That's a little different.
25 But in the context of the relief that the parties reciprocally

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1 seek on summary judgment, it is a unitary calculation.

2 Regardless of whether you are affected a little or a lot, the
3 rule either is valid or it is not, correct?

4 MR. BATES: Yes.

5 THE COURT: Okay. All right. Thank you very much.
6 Appreciate the helpful argument under substantial fire. Thank
7 you.

8 All right. I will hear now from Mr. Dunn.

9 MR. DUNN: Thank you, your Honor. Robert Dunn for
10 defendant intervenors. Thank you for granting us intervention
11 and the chance to present argument today.

12 THE COURT: As you know, the reason I granted
13 intervention was substantially on the basis that the case might
14 need to be resolved as a preliminary injunction and, as such, I
15 wanted to make sure there was a voice given to parties who
16 could be harmed by an injunction stopping the rule. I don't
17 know whether or not we will go in that direction, but the
18 unique value that the intervenors add is in bringing to bear in
19 a real world sense the experiences of the people whose rights
20 are affected by the rule.

21 MR. DUNN: Understood, and appreciate that. Hopefully
22 our briefing contributed to that.

23 THE COURT: It did very much.

24 MR. DUNN: So a couple of points on that and then we
25 can pivot to discussing the definition of discrimination which

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1 might be helpful as well.

2 But the two quick points I want to make and advance,
3 with respect to CNDA and its members, they treat patients of
4 every religion, every race, every gender, sexual orientation,
5 etc. There have been some insinuations in the brief that the
6 rule is essentially a cloak or a cover for the expression of
7 animus and bigotry, and I hope that plaintiffs' counsel will
8 confirm that that's not the case, but the briefing suggests
9 that --

10 THE COURT: I don't think plaintiffs' counsel said
11 anything like that, and I take the conscience statutes as
12 directed at protecting very valid interests, which is the
13 legitimate desire of people, in good faith, for moral or
14 religious reasons, not to participate in various procedures. I
15 don't think that's at issue, and I appreciate as well your
16 point that renaming the statutes, the refusal statutes may be
17 seen by some as not fully respecting the legitimate conscience
18 interests. I read that. I understood what you were saying.

19 MR. DUNN: So we are all agreed this is about
20 protecting folks who have objections to specific procedures,
21 not patients. With that in mind, our position is that the rule
22 is important. I think there has been some discussion of is it
23 a solution in search of a problem? In the rule-making, on
24 pages 23175 to 179, I think the agency does a good job of
25 looking back at some of the prior comments that were submitted

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1 both in the 2008 and the 2011 and the current rule-making.
2 Beyond complaints filed at OCR, these are comments from
3 healthcare providers -- doctors, nurses in the profession --
4 who have personally experienced discrimination or pressure.
5 There was some of discussion in the briefing about the 2008
6 CMDA survey. In that survey, the respondents -- we are talking
7 about doctors and nurses primarily -- 40 percent of them said I
8 have experienced personal pressure or some form of
9 discrimination.

10 THE COURT: And I read that with interest. What was
11 less clear to me was what their experiences had been in front
12 of HHS.

13 MR. DUNN: And from what I gather, most do not proceed
14 in front of HHS.

15 THE COURT: Is that because they are unaware of their
16 legal right to do so?

17 MR. DUNN: I think it is probably because HHS cannot
18 do much for them. There is no private right of action. HHS
19 cannot get them reinstated, cannot provide them damages.

20 THE COURT: But your co-counsel, counsel for HHS, says
21 that to the degree that there have been cases, in effect, some
22 solution, some accommodation has often been worked out, whether
23 in this or other civil rights areas, short of an ultimate
24 adjudication in which simply reporting to the agency gets the
25 mighty HHS on the side of the objector and often results, in

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1 practice, in getting relief. And what was striking to me from
2 what you submitted was not the number of people who say that
3 they have had discomfort in the workplace because their
4 conscience objections haven't been treated seriously, but any
5 argument that the regulatory apparatus is not up to the task or
6 that they have had bad experiences with it. Can you help me
7 with that?

8 MR. DUNN: Yeah. I think that from the comments
9 submitted to the agency, the uniform theme of those comments
10 are there are no teeth in the actual existing regulation.

11 THE COURT: Has any member of CMDA -- there are
12 20,000 -- brought a complaint before the agency?

13 MR. DUNN: Not to my knowledge.

14 THE COURT: So maybe they should try. In other words,
15 how can they say the agency is not up to the task if they
16 haven't given it a whirl.

17 MR. DUNN: If you uphold the rule, I am sure they
18 will.

19 THE COURT: But with respect, the justification for
20 the rule is a greater number of complaints. I have heard about
21 that. But that somehow or other there is a -- the agency has
22 proven toothless or incapable of action. If this is a concern
23 of your membership and none of them has ever gone to the
24 agency, how do we know if that is true?

25 MR. DUNN: Well, I mean, you look at the existing

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1 rule, the 2008 rule that was, you know, a blip in time, and the
2 2011 rule, which essentially, you know, wiped out all of the
3 substantive provision of the 2008 rule --

4 THE COURT: But, sorry, it is your co-counsel who says
5 the statutes are the source of all this authority and that the
6 application by the agency is merely explaining what Congress
7 meant by the rule, by the statutes. If you buy that, if you
8 believe that, all along the statutes have had meaning
9 consistent with what is being articulated today. That was an
10 invitation for somebody to go before the agency and say, I
11 shouldn't have had to hand over that forceps, I should have
12 been respected when I said I didn't want to do it, or even
13 other ways of assisting. I'm having difficulty with the
14 premise that there is an enforcement gap here that is
15 demonstrated other than stated. Is there anything you can
16 point to?

17 MR. DUNN: Yeah. I think what it comes down to is if
18 you are a physician or a nurse and you have been discriminated
19 against or terminated or transferred, you have to put your
20 career a little bit on the line to run to HHS and sort of flag
21 yourself as a thorn in the side of a hospital that wants to
22 provide these types of services. You are kind of putting your
23 career in jeopardy. Once you have done that, you basically can
24 be blacklisted essentially from the profession, and it is
25 unclear what HHS can do for you, you know, absent the rule. So

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1 you can run to HHS and say, hey, the Church amendment says they
2 can't do this if they receive federal funds, and my
3 understanding is my employer received federal funds, do
4 something for me.

5 THE COURT: But HHS says that in the limited number of
6 cases it has done something for people, just as it says it has
7 done so with respect to other civil rights violations. Is the
8 problem a public education problem? Do your clients know of
9 either the conscience statutes or the existence of HHS or that
10 there is a remedial place, procedure and a place to go? Do the
11 members of the organization, Dr. Frost and the other 20,000, do
12 they know about all this?

13 MR. DUNN: I'm quite certain that there is an
14 information problem and that this is not something that is well
15 known both for the employers and the employees. I think there
16 were comments submitted to the effect that even in the
17 enforcement proceedings some of the hospitals were made aware
18 of the statutes and said, We didn't even know about these
19 statutes. So I think there is a lack of awareness of the
20 statutes themselves and certainly lack of awareness of HHS's
21 role in them.

22 THE COURT: Am I correct to assume that most of your
23 members probably fit into the employment box?

24 MR. DUNN: Almost all of them.

25 THE COURT: So what has their experience been with the

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1 Title VII framework? How does that work for them?

2 MR. DUNN: Unclear. I think an employer who is fired
3 probably has -- there have been undoubtedly Title VII claims in
4 that context, you know, less clear when we are talking about
5 transfers or other types of hiring, you know, I didn't get
6 hired, difficult to --

7 THE COURT: Are they finding that the undue hardship
8 exception, if you will, under Title VII has been applied to
9 capaciously so as to, in effect, unneedlessly override
10 legitimate conscience objections? Is that what they are
11 saying?

12 MR. DUNN: I think that's a concern that's been
13 expressed. It puts the burden quite heavily on them to prove
14 that it wasn't an undue hardship. Because the employer can
15 invoke the undue hardship standard and it is difficult for an
16 employee to combat that.

17 I think the bigger concern is that many of these
18 instances sort of evade Title VII, where people are feeling
19 like they are pressured to do something, they do it, don't feel
20 like they have a recourse under Title VII when they have sort
21 of done it, and part of the thing that the rule provides is it
22 gives them a recourse with the agency.

23 THE COURT: But they haven't -- but the -- they have
24 had recourse, even the 2011 rule which you are not pleased with
25 gave the recourse and presumably it was there before, but it

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1 certainly is clear who you call, right? The rule is
2 consequential here because of its interpretation of
3 discrimination, aid in the performance, and referral and the
4 like, but can it really be said that, after the 2011 rule,
5 members of your organization didn't know where to go if they
6 were concerned that their statutory conscience rights were
7 being infringed?

8 MR. DUNN: Well, there are sort of two answers to
9 that. The first is, I think there was probably a lack of
10 confidence in the agency administering the rule at that point,
11 and that's an issue of sort of, as you mentioned, the political
12 ping-ponging, how serious is the administration and the agency
13 taking conscience protections. You know, we had litigation all
14 over the country regarding the contraception mandate and the
15 agency was taking positions there that indicated it was not
16 terribly sympathetic to, you know, sort of rights of conscience
17 and religious freedom. So that I think probably plays a role.
18 And I think the other part is just you go to the agency for
19 what? And it is a big step for someone to sort of invoke the
20 power of the federal government if you don't know what you are
21 going to get or what the agency can do for you.

22 THE COURT: But isn't that exactly what the rule does?
23 It just gives the agency -- it broadens, perhaps, the scope of
24 the prohibitions beyond certainly what was previously
25 understood and it may give the agency more muscle if you accept

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1 the face of the rule that said all HHS funding is in play, but
2 in the end there is still no private right of action. The
3 statute still doesn't allow you to go to court if you are the
4 ambulance driver or the nurse in *Shelton*. You have to bring
5 your lawsuit under something else, like Title VII. The rule
6 still directs you to the agency. So to the extent that that is
7 a deterrent, what's changed?

8 MR. DUNN: Well, the specific power that HHS has
9 invoked to step in and address funding streams, you know,
10 regardless of how broadly you construe that, there is an
11 extreme. You can cut off funds that the Labor Department
12 supposedly administers. That would be an extreme version. But
13 even if it was just a narrow funding stream to the specific
14 offending employer, that's muscle.

15 THE COURT: It's because the agency is putting at
16 risk, at least -- depending on how we construe this, at least
17 the funding stream that the rule has teeth you were saying.

18 MR. DUNN: Yes. I think that's more or less it.

19 THE COURT: Doesn't that help plaintiffs on their
20 spending clause argument?

21 MR. DUNN: They have to still prove all of the
22 retroactivity and the unexpected nature of it, and we have
23 addressed that in our briefing. But there is a spending
24 element here. The agency specifically invoked its spending
25 power, so I think the fact that it is putting spending at

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1 risk --

2 THE COURT: The agency says that essentially under the
3 UAR it had the same authority with or without the statute to
4 implicate the spending stream.

5 MR. DUNN: But nobody knew that.

6 THE COURT: That's public education, right? There is
7 a remedy other than a statute for that, than a rule.

8 MR. DUNN: If that's true, then the challenge to HHS's
9 authority to strip funding under this rule is also irrelevant,
10 because if they had that power all along, what are we talking
11 about?

12 THE COURT: Understood. I get that.

13 From your perspective as an advocate for the religious
14 or moral objector, what do we do with the *Shelton* scenario?
15 What's the right answer to that?

16 MR. DUNN: I think that's a great question. I think I
17 read the rule slightly differently than plaintiffs' counsel.
18 Possibly I read the rule differently than DOJ. I don't think
19 so. The way I look at it, if you take a look at the definition
20 of discrimination in 88.2, you have to prove some sort of
21 adverse treatment or some sort of penalty to even say this is
22 discrimination. But paragraph 4, the point of paragraph 4,
23 notwithstanding paragraphs 1 through 3, is to basically
24 incentivize employers to provide reasonable or effective
25 accommodations to provide them. Now there is a safe harbor if

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1 it is accepted, so that's one thing. Provided it is accepted,
2 there is no issue here.

3 THE COURT: But in *Shelton*, the nurse refuses to be
4 transferred.

5 MR. DUNN: Yes. And I take the next sentence to
6 basically say "in determining whether any entity has engaged in
7 discriminatory action with respect to any complaint or
8 compliance review under this part, OCR will take into account
9 the degree to which an entity had implemented policies to
10 provide effective accommodations for the exercise of protected
11 conduct," etc., etc.

12 THE COURT: But it doesn't say we will take into
13 account the impact on the entity of continuing the employee in
14 the present job. In other words, it removes the Title VII
15 undue hardship. It focuses on something else.

16 MR. DUNN: It does. But to the extent that, in
17 *Shelton*, the accommodation offered appeared to be in effect an
18 accommodation that appeared to be offered in good faith.

19 THE COURT: And was rejected.

20 MR. DUNN: And was rejected. I take the rule to say
21 OCR will take that into consideration when even deciding if
22 there was discrimination, and it might well decide in that
23 particular situation that there was no discrimination.

24 THE COURT: Well, we don't know.

25 MR. DUNN: We don't know.

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1 THE COURT: We can't.

2 Final question for you, and I realize this is a
3 hypothetical, but the rural hypothetical and the ambulance in
4 Central Park hypothetical, how does your client base view
5 those?

6 MR. BATES: Sorry, say --

7 THE COURT: How would your client base view those
8 scenarios where, in a very real world sense, there are adverse
9 health consequences to patients from the Central Park driver
10 refusing to bring the bleeding ectopic patient to the hospital
11 because of an objection or in the rural scenario where the
12 person refuses an accommodation and is essentially occupying a
13 singular position.

14 You know, it is easy in the real world to understand
15 adverse medical or treatment availability consequences. I
16 welcome your view as an advocate for the people with religious
17 objections, how you view those scenarios? I appreciate they
18 are extreme, but they are out there in the briefing.

19 MR. DUNN: So with the ambulance hypothetical, that
20 one strikes me as about as extreme as you can get, because
21 nobody calls 911 and says, I am having an ectopic pregnancy.
22 They say, I am having abdominal pain with bleeding. So the
23 driver isn't going to ascertain what's going on, what the
24 treatment is on the back end and make the decision to kick the
25 person out. It's hard to deal with something quite that

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1 extreme.

2 But the rural situation, that, I think, is a real
3 issue, because you could have a doctor, the only physician in a
4 hospital that itself permits abortions to be provided, and he
5 or she objects and says --

6 THE COURT: And Title VII framework would presumably
7 permit the person to be screened to allow the hiring of
8 somebody who is able to do the full job or the termination of
9 somebody who refuses to do a good portion of it in those
10 circumstances. Just from a human perspective, how does your
11 client -- do you object to the Title VII framework application
12 to that scenario? Is there something problematic about that?

13 MR. DUNN: I don't object to the Title VII
14 application, but with respect to the rule, I mean, I think the
15 consequence of that is to say, well, you know, Christian
16 doctors or religious doctors can never serve in those
17 positions. So I think that would have some real world effects,
18 too, if you are going -- and nurses, like no nurse can serve in
19 a rural hospital if she has a religious objection to abortion.
20 And I recognize this is a balancing, and there are winners and
21 losers on both sides, but clinics closing down, nurses leaving
22 their profession, doctors leaving the profession, that has an
23 adverse impact on patients as well, and I think the agency
24 tried to balance that.

25 THE COURT: All right. Thank you. Very helpful. I

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1 appreciate the very thoughtful briefing as well.

2 Is there any rebuttal from plaintiffs?

3 MR. ZIONTS: Your Honor, we are very conscience of the
4 time, and I think a couple of us have very, very few points to
5 make, subject to any questions that you have.

6 THE COURT: Go ahead.

7 MR. ZIONTS: In terms of regulatory authority, really
8 just two points, your Honor.

9 One, we have heard a lot of assurances this morning.
10 We really aren't going to do that. The agency is not going to
11 go that far. It's not going to take every last dime of New
12 York's \$45 billion in Medicaid. The rule says what it says.
13 It says "terminating federal financial assistance from the
14 department in whole or in part" and our clients can't say,
15 well, in open court a lawyer from the Department of Justice did
16 say they are probably not really going to do it. Our clients
17 have to adjust their conduct based on what it says in the
18 C.F.R.

19 The only other point I would make, your Honor, in
20 terms of where the agency gets this implicit authority that it
21 believes it has to issue substantive rules with authoritative
22 interpretations, I think the closest we heard to something was
23 essentially inferring it from their enforcement role, you know,
24 they have to enforce these statutes so that, by implication,
25 they bootstrap onto that the idea that they need to issue

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1 substantive rules and authoritative interpretations.

2 Respectfully, your Honor, that is just flat out
3 inconsistent with how Title VII and the EEOC have operated for
4 half a century. It's been very clear, the Supreme Court has
5 said it multiple times, EEOC obviously has a role to play in
6 the enforcement of Title VII. But Congress did not delegate a
7 substantive rule-making authority. It can issue binding
8 force-of-law interpretations. that doesn't mean that agency is
9 toothless. It issues guidance. It issues interpretive
10 opinions. It tells -- you know, your Honor mentioned public
11 awareness campaigns. The EEOC has no shortage of ways to let
12 it be known how it views Title VII.

13 The exact same thing could be said of HHS here. HHS
14 and other agencies, all the time they issue guidance documents.
15 They have a big box at the front that says: This is not
16 binding, a court may interpret this differently, but this is
17 how we see the world, this is how we see is the statutes, this
18 is how we are going to interpret it. There is nothing
19 preventing HHS from doing that. It just didn't do it.

20 THE COURT: All right. Thank you. Anything else from
21 plaintiffs?

22 MS. SALGADO: Yes, your Honor.

23 THE COURT: Go ahead.

24 MS. SALGADO: Your Honor, I wanted to get back to the
25 question that you asked me, the last question you asked me.

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1 There was some confusion about what the court was concerned
2 about, but the question is whether, here, if the court believes
3 that there is a constitutional violation, but that it is as
4 applied to the plaintiffs --

5 THE COURT: It was that one could imagine
6 constitutional applications that would be unconstitutional but
7 that the rule was not facially invalid under the establishment
8 clause. That was the hypothetical.

9 MS. SALGADO: Right. And I think here plaintiffs have
10 shown that the rule is unconstitutional as to plaintiffs here
11 because it does require plaintiffs to put above all other
12 interests the day the rule takes effect those of religious
13 beliefs that were put into this rule. So just take as a
14 concrete example, on the day the rule takes effect, plaintiffs
15 are required to change their hiring practices. The record
16 shows they have open positions, they are hiring, and the record
17 shows that through that process they ask questions. The rule
18 prohibits that from doing so because it -- because -- well, I'm
19 not really sure why the rule does that, but it prohibits
20 covered entities from asking prospective employees whether they
21 have religious objectives to performing the services that they
22 are being hired to do. So in that example, your Honor, we
23 believe that the rule is putting above all other interests
24 those of religious beliefs and does violate the establishment
25 clause. So the question about whether there is an as

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1 applied -- the question about as applied versus facial --

2 THE COURT: Your premise is not that it is in fact an
3 as-applied violation as to your client. That was not what I
4 was -- I was not so finding but, rather, just positing that
5 there are possible applications that could be unconstitutional.
6 That was the question. If that's all we have got, is it
7 contrary to law?

8 MS. SALGADO: The relief under the APA is under its
9 nature the relief must be set aside.

10 THE COURT: Thank you.

11 MS. SALGADO: The only other question I wanted to --
12 oh, and just one last point about the question about as applied
13 versus facial is that, even setting that aside, your Honor, I
14 just wanted to say that the canon, the constitutional avoidance
15 would still prohibit the agency from defining the term
16 "discrimination" in the way that it has here.

17 THE COURT: All right. Thank you.

18 MS. SALGADO: Thank you.

19 THE COURT: Anything else from plaintiffs?

20 (Continued on next page)

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1 MR. COLANGELO: Thank you, your Honor.

2 The justice department made a number of arguments
3 attempting to pare back the Draconian scope of the enforcement
4 provisions here and in particular mentioned the intent to
5 pursue voluntary compliance efforts.

6 I want to point out that the rule itself expressly
7 disclaims any need to wait for the resolution of voluntary
8 compliance efforts before funds can be terminated. That's at
9 88.7(i)(2).

10 Attempts to resolve matters informally shall not
11 preclude OCR from simultaneously pursuing any action described
12 in the other paragraphs.

13 Your Honor, my second point. There has been
14 considerable discussion regarding Title VII and the import for
15 the Court's analysis of the rule's departure from the Title VII
16 framework.

17 One argument that we just wanted to point out, your
18 Honor, is the particularly on-point case that we've cited in
19 our papers is Chamber of Commerce v. United States Department
20 of Labor. This is a Fifth Circuit case from 2018 where the
21 Court held that it was arbitrary for the Labor Department to
22 interpret a long extant statute, in that case ERISA which was
23 enacted in 1974, more or less contemporaneously with the
24 amendments we're talking about here.

25 It was arbitrary for the Department of Labor to

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1 interpret ERISA to regulate in a new way the thousands of
2 people and organizations working in that market or to discover
3 in a long extant statute an unheralded power to regulate a
4 significant portion of the economy.

5 So for all the reasons the Court has been discussing,
6 the concerns about Title VII bear directly on the arbitrary and
7 capricious analysis.

8 Finally, your Honor, the agency has conceded in this
9 courtroom that the complaint -- the volume of complaint
10 evidence it was looking at was ten complaints a year, not 343.
11 And of those ten complaints a year the agency has deemed only
12 three or four complaints worthy of investigation.

13 That alone is fatal to the final rule. It is
14 unsupportable for the agency to claim that this rule is
15 necessary to enforce in a context where they've only pursued
16 three or four a year and where it's not the explanation that
17 they gave.

18 Thank you.

19 THE COURT: Thank you.

20 Ladies and gentlemen, we're going to adjourn now but
21 before we do I just want to say something for the benefit of
22 all the people out here which is you have all had the privilege
23 of seeing some truly excellent lawyers all around and I think
24 we judges don't often give shout-outs, not often enough. But
25 the quality of the briefs I got in this case was extraordinary

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1 and the quality of the advocacy I've gotten here was
2 extraordinary and invaluable to me in making sense of what is
3 really a series of complicated problems.

4 So thank you very much for the excellence of the
5 advocacy and all the hard work.

6 We stand adjourned.

7 (Adjourned)

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