U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office for Civil Rights

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*SENT VIA CERTIFIED U.S. MAIL, RETURN RECEIPT*

Governor JB Pritzker
207 Statehouse
Springfield, IL 62706

Kwame Raoul
Illinois Attorney General
500 South Second Street
Springfield, IL 62701

Secretary Mario Treto, Jr.
Illinois Department of Financial & Professional Regulation
320 West Washington, 3rd Floor
Springfield, IL 62786

January 21, 2026

**RE: Notice of Violation: OCR Transaction Numbers 17-282111, 18-292352, 17-282092, 18-293480, and 18-304777**

Dear Governor Pritzker, Attorney General Raoul, and Secretary Treto:

This letter notifies you that the U.S. Department of Health & Human Services (HHS) Office for Civil Rights (OCR) finds that the Illinois Health Care Right of Conscience Act (HCRCA), as amended by P.A. 99-690 (effective Jan. 1, 2017), violates the Weldon and Coats-Snowe Amendments as it relates to abortion. This determination is based on OCR's investigations of complaints filed by the Alliance Defending Freedom (ADF) (OCR Transaction Numbers 17-282111[1] and 17-282092),[2] Thomas More Society (OCR Transaction Numbers 18-292352[3] and 18-304777),[4] and an individual physician (OCR Transaction Number 18-293480)[5] (collectively, the Complainants). The Complainants allege that the State of Illinois (Illinois) engaged in impermissible discrimination when it amended the HCRCA to require providers with a conscience objection to certain services to counsel patients about, refer patients for, and/or make arrangements for, the performance of or referral for, such services.[6]

[1] Letter 1 from REDACTED, Attorney, to HHS OCR (Sept. 11, 2017) (on file with HHS OCR). The initial complainant represented by ADF in this complaint has since passed away. ADF informed OCR that they are representing another, similarly situated physician in this matter.
[2] Letter 2 from REDACTED, Attorney, to HHS OCR (Sept. 11, 2017) (on file with HHS OCR). The initial complainant represented by ADF in this complaint has since retired and moved out of state. OCR's finding of a facial violation of the Federal health care conscience statutes does not, however, depend on this single complainant.
[3] Letter from REDACTED, Attorney, to HHS OCR (Jan. 4, 2018) (on file with HHS OCR).
[4] Letter from REDACTED, Attorney, to HHS OCR (March 23, 2018) (on file with HHS OCR).
[5] Letter from Individual Physician to HHS OCR, (Jan. 17, 2018) (on file with HHS OCR).
[6] As noted in this letter, the counseling provisions of P.A. 99-690, Section 6.1(1) of the HCRCA, have been held unconstitutional by a district court and permanently enjoined. *Nat'l Inst. of Fam. & Life Advocs. v. Treto*, No. 16 CV

Federal regulations[7] designate OCR to receive and handle complaints based on Federal laws protecting conscience and preventing coercion, including the Weldon Amendment[8] and the Coats-Snowe Amendment.[9] OCR has authority to investigate the allegations under these laws because Illinois receives funds from HHS that are governed by these statutes.[10]

## BACKGROUND OF THE COMPLAINTS

OCR received five complaints[11] in 2017 and 2018 alleging that the amendments added by P.A. 99-690 to the HCRCA contain counseling and referral requirements[12] that violate federal health care conscience statutes. The complainants include physicians, pro-life crisis pregnancy resource centers,[13] and a professional organization representing pro-life obstetricians and gynecologists.

The complainants assert that the counseling and referral requirements added by P.A. 99-690 to the HCRCA would require them to counsel patients about, refer patients for, and make arrangements for the performance of or referral for an abortion, despite the religious or moral objections of the complainants to providing such services.

## PROCEDURAL BACKGROUND

The HCRCA, originally enacted in 1977, provides an affirmative defense in civil and criminal proceedings to providers with conscience objections to providing certain procedures.[14] In 2017, it was amended by P.A. 99-690 to limit access to that affirmative defense. The amendments require objecting providers to "adopt written access to care and information protocols" and ensure

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50310, 777 F. Supp. 3d 867 (N.D. Ill. 2025). As a result, this Notice of Violation does not address the question of whether the counseling requirements are in conflict with the Federal health care conscience statutes. If this determination is reversed on appeal, OCR may consider the legality of the counseling requirement under the Weldon, Coats-Snowe, and/or Church Amendments.

We note that the Illinois Department of Healthcare and Family Services filed a fiscal note on the Illinois Senate version of P.A. 99-690 (S.B. 1564), expressing concern that the bill would violate the Church Amendments, 42 U.S.C. §300a-7, which OCR also enforces. Because we find that the referral requirements of P.A. 99-690 violate the Weldon and Coats-Snowe Amendments, we do not consider whether they also violate the Church Amendments.

[7] 45 C.F.R. Part 88.

[8] *E.g.*, Section 507(d) of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2024, Pub. Law No. 118-47, 138 Stat. 460, 703 (Mar. 23, 2024) *as carried forward by* the Full-Year Continuing Appropriations and Extensions Act, 2025, Pub. Law No. 119-4, 139 Stat. 9 (Mar. 15, 2025) (LHHS Appropriations Laws).

[9] 42 U.S.C. § 238n.

[10] *See infra*, Jurisdiction and OCR's Investigation.

[11] *Supra* notes 1-5.

[12] HCRCA, 745 ILCS 70/6.1 (as amended by P.A. 99-690).

[13] According to floor statements made in the passage of P.A. 99-690, crisis pregnancy centers would qualify as "health care facilities" under the HCRCA. Illinois Senate Transcript, 99th Sess., April 22, 2015, at 188 ("Senator Righter: …Under the definition that you have provided of what is health care and, therefore, what is a health care facility, crisis pregnancy centers in this State qualify as a health care provider who will now be required to provide some assistance to that person as to where they can get abortion… Senator Biss: …In the – in the case of a situation where the woman simply comes into the crisis pregnancy center and says that she wants an abortion, they're required only to do, as I read before, provide information, if she asks for it, about other providers who may offer the health care service.")

[14] HCRCA, 745 ILCS 70/4, 70/9.

"conscience-based refusals occur in accordance with these protocols" for the protections of the Act to apply.[15] Those protocols must address:

> (1) The health care facility, physician, or health care personnel shall inform a patient of the patient's condition, prognosis, legal treatment options, and risks and benefits of the treatment options in a timely manner, consistent with current standards of medical practice or care.
>
> (2) When a health care facility, physician, or health care personnel is unable to permit, perform, or participate in a health care service that is a diagnostic or treatment option requested by a patient because the health care service is contrary to the conscience of the health care facility, physician, or health care personnel, then the patient shall either be provided the requested health care service by others in the facility or be notified that the health care will not be provided and be referred, transferred, or given information in accordance with paragraph (3).
>
> (3) If requested by the patient or the legal representative of the patient, the health care facility, physician, or health care personnel shall: (i) refer the patient to, or (ii) transfer the patient to, or (iii) provide in writing information to the patient about other health care providers who they reasonably believe may offer the health care service the health care facility, physician, or health personnel refuses to permit, perform, or participate in because of a conscience-based objection.[16]

ADF and Thomas More Society filed lawsuits on behalf of their clients challenging paragraphs (1) and (3) of section 6.1 of the HCRCA under the Coats-Snowe Amendment and on constitutional and state law grounds.[17] On July 19, 2017, the United States District Court for the Northern District of Illinois granted a preliminary injunction enjoining the Secretary of the Illinois Department of Financial & Professional Regulation from enforcing the amended provisions of the HCRCA.[18] The court dismissed the claims as to the Coats-Snowe Amendment, finding that the "Coats-Snowe Amendment does not confer a private right of action."[19]

OCR held the complaints it had received in abeyance pending the resolution of the litigation. After further proceedings in the case, on April 4, 2025, the Northern District of Illinois declared section 6.1(1) unconstitutional and permanently enjoined it, but upheld section 6.1(3).[20] Plaintiffs

[15] *Id*. 70/6.1 (as amended by P.A. 99-690).
[16] HCRCA, 745 ILCS 70/6.1 (as amended by P.A. 99-690).
[17] Complaint, *Pregnancy Care Ctr. Of Rockford v. Rauner*, No. 2016-MR-000741 (Ill. Cir. Ct. Aug. 5, 2016); Complaint, *Nat'l Inst. of Fam. and Life Advocs. v. Rauner*, No. 3:16-CV-50310, Dkt. No. 1 (N.D. Ill. Sep. 29, 2016); Complaint, *Schroeder v. Rauner*, No. 3:17-CV-03076, Dkt. No. 1 (C.D. Ill. March 16, 2017). The represented plaintiffs in these suits are not all the same individuals or entities as those for whom ADF and Thomas More Society filed complaints with OCR.
[18] *Nat'l Inst. of Fam. and Life Advocs. v. Rauner*, No. 16 C 50310, 2017 WL 11570803 (N.D. Ill. July 19, 2017) (granting motion to dismiss in part and denying in part and granting motion for preliminary injunction).
[19] *Id*. at *3.
[20] *Nat'l Inst. of Fam. & Life Advocs. v. Treto*, No. 16 CV 50310, 777 F. Supp. 3d 867 (N.D. Ill. 2025). The court did not address section 6.1(2), which is addressed in this letter, because it was not challenged in court. *See* footnote 6 of the court's opinion: "The Court only addresses Section 6.1(1) and (3), because the others aren't contested. *See* NIFLA dkt. 275 at 9. Section 6.1(2) is not mentioned. *Id.*"

appealed the decision as to section 6.1(3)[21] and an injunction and stay pending appeal regarding that provision was granted.[22] Illinois cross-appealed.[23]

## JURISDICTION AND OCR'S INVESTIGATION

Throughout the introduction, passage, and enactment of P.A. 99-690 into law, Illinois received, and continues to receive, Federal financial assistance made available in the annual Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Acts.[24] These funds give OCR jurisdiction over this matter, including under the Weldon and Coats-Snowe Amendments.

The Weldon Amendment states in relevant part:

> None of the funds made available in this Act may be made available to a . . . State or local government, if such . . . government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.[25]

The Coats-Snowe Amendment states in relevant part:

> The Federal Government, and any State or local government that receives Federal financial assistance, may not subject any health care entity to discrimination on the basis that—(1) the entity refuses to . . . perform [induced] abortions, or to provide referrals for . . . such abortions, [or] (2) the entity refuses to make arrangements for any of the activities specified in paragraph (1).[26]

Based on the plain language of the Weldon and Coats-Snowe Amendments, Illinois is prohibited from discriminating against a health care entity on the basis that the entity does not "refer for abortions" or "make arrangements for" abortion or referral for abortion.

OCR conducted an investigation following receipt of the complaints from ADF, Thomas More Society, and the individual physician, and follow-up inquiries after the April 2025 decision by the Northern District of Illinois. As part of OCR's investigations, OCR conducted interviews with each Complainant or their representatives. In December 2018, OCR sent Illinois a notice letter accepting the cases for investigation along with a data request requesting information on P.A. 99-690, Illinois's enforcement of P.A. 99-690, and HHS funding received by Illinois.[27]

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[21] Plaintiff's Notice of Appeal, *Nat'l Inst. of Fam. & Life Advocs. v. Treto*, No. 16-CV-50310, Dkt. No. 297 (N.D. Ill. April 17, 2025).
[22] Order Granting Unopposed Motion for Injunction and Stay Pending Exhaustion of Appeals, *Nat'l Inst. of Fam. & Life Advocs. v. Treto*, No. 16-CV-50310, Dkt. No.305 (N.D. Ill. April 21, 2025).
[23] Notice of Cross-Appeal, *Nat'l Inst. of Fam. & Life Advocs. v. Treto*, No. 16-CV-50310, Dkt. No. 300 (N.D. Ill. April 18, 2025).
[24] *See*, *e.g.*, Footnote 28, *infra*.
[25] *E.g.*, Footnote 8, *supra* (the LHHS Appropriations Laws).
[26] 42 U.S.C. § 238n.
[27] Letter from Luis E. Perez, HHS OCR, to Governor Rauner, et al. (Dec. 14, 2018) (on file with HHS OCR).

Illinois responded in February 2019, asserting that it had not enforced any portion of P.A. 99-690 due to the preliminary injunction against the law; asserting that it did not find the Supreme Court's decision in *National Institute for Family and Life Advocates v. Becerra*, 585 U.S. 755 (2018), to be dispositive as to whether P.A. 99-690 was constitutional or enforceable; and providing limited information about the Federal financial assistance received by Illinois.[28]

## FINDINGS AND ANALYSIS

Under section 6.1(2), which is still in effect, and (3)(i)-(iii), which is enjoined and stayed pending appeal, the HCRCA imposes requirements that conflict on their face with the prohibitions against discrimination in the Weldon Amendment and the Coats-Snowe Amendment. Taking these provisions together, Illinois denies a health care facility, physician, or health care personnel that is a conscientious objector the protection of the HCRCA's liability shield unless the conscientious objector is willing to "refer for" abortion (Weldon) or "provide referrals for" abortion or "make arrangements for" abortion or referrals for abortion (Coats-Snowe). The conscientious objector must be willing to refer to, to transfer to, or to provide written information to a patient about, other health care provider(s) the conscientious objector reasonably believes may provide that patient with an abortion. If the conscientious objector is unwilling to participate in these abortion activities, then Illinois denies that conscientious objector the full protection of the HCRCA. Put differently, the HCRCA facially treats two conscientious objectors differently solely because one is willing to refer for abortion, or make arrangements for abortion or referral for abortion. The Weldon and Coats-Snowe Amendments, however, require that states like Illinois that receive certain federal funds not discriminate against physicians and other protected health care entities on those bases. Because the HCRCA discriminates against conscientious objectors who are unwilling to participate personally in these abortion referral and arrangement activities, the facial requirements of the HCRCA, as amended by P.A. 99-690, violate the Weldon and Coats-Snowe Amendments.[29]

The Weldon and Coats-Snowe Amendments both define "health care entity" in an illustrative, non-exhaustive fashion. Pursuant to the Weldon Amendment, "the term 'health care entity' includes an individual physician or other health care professional, a hospital, a provider sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan." Pursuant to the Coats-Snowe Amendment, "[t]he term 'health care entity' includes an individual physician, a postgraduate physician training program, and a participant in a program of training in the health professions." Accordingly, physicians, health care personnel, and health care facilities subject to P.A. 99-690

[28] Letter from REDACTED, Deputy Bureau Chief, Office of the Illinois Attorney Gen., to HHS OCR (Feb. 25, 2019) (on file with HHS OCR). For example, Illinois confirmed it had received funds under the following block grants from HHS during Fiscal Years 2016-19: Maternal and Child Health Services Block Grant, received by the Illinois Department of Public Health; Preventive Health and Health Services Block Grant, received by the Illinois Department of Public Health; Block Grants for Community Mental Health Services, received by the Illinois Department of Human Services; Block Grants for Prevention and Treatment of Substance Abuse, received by the Illinois Department of Human Services.

[29] While this letter only addresses the HCRCA, taking adverse action against certain conscience objectors based on their refusal to provide or refer for abortion, or make arrangements for abortion or for referral for abortion, independent of the HCRCA, may also violate the Weldon and Coats-Snowe Amendments.

qualify as "health care entities" under the Weldon and Coats-Snowe Amendments. They therefore receive the protections of the Amendments.

Under the Weldon Amendment, the Department is obligated to ensure funds appropriated under the LHHS Appropriations Laws are not used to support a state or local government that subjects "any . . . health care entity to discrimination on the basis that the health care entity does not . . . refer for abortions." Similarly, under the Coats-Snowe Amendment, a state or local government receiving Federal financial assistance has a duty to refrain from subjecting "any health care entity to discrimination on the basis that . . . the entity refuses to . . . provide referrals . . . for abortion . . . [or] make arrangements for [abortion or referrals for abortion]." The terms "refer for," "provide referrals for," and "make arrangements for" are not defined in the statutes.

Under Section 6.1(3) of the HCRCA, a covered health care entity must comply with one of three requirements in order to satisfy the protocol requirements for liability protection: "(i) refer the patient to, or (ii) transfer the patient to, or (iii) provide in writing information to the patient about other health care providers who they reasonably believe may offer the health care service the health care facility, physician, or health personnel refuses to permit, perform, or participate in because of a conscience-based objection." Illinois has acknowledged in litigation that Section 6.1(3) is "intended . . . to facilitate the provision of medical services."[30] While the statute provides an option as to which of three requirements a conscientious objector shall adopt to satisfy the protocol requirement, each requirement conflicts on its face with both the Weldon Amendment and the Coats-Snowe Amendment.

The first alternative requirement is to "refer . . . to other health care providers who [the conscientious objector] reasonably believe[s] may offer the health care service."[31] When applied to a context where the objected-to service is abortion, it is directly at odds with the provisions in the Weldon and Coats-Snowe Amendments that bar governmental discrimination against health care entities that do not or refuse to refer for abortion. Because Illinois accepts funds from HHS that are subject to these laws, Illinois is barred from impermissibly conditioning a benefit, namely, the liability shield available in the HCRCA, on whether the health care entity will refer for abortions.

The second alternative requirement is to "transfer . . . to other health care providers who [the conscientious objector] reasonably believe[s] may offer the health care service."[32] When applied to a context where the objected-to service is abortion, it is also directly at odds with the provision in the Coats-Snowe Amendment that bars discrimination against health care entities that refuse to make arrangements for abortion. OCR also concludes, in light of the natural meaning and interpretation of the provision, that the requirement constitutes a requirement to "refer for" abortion (Weldon) or "provide referrals for" abortion, or "make arrangements for" referrals for abortion (Coats-Snowe), for the same reasons outlined below for why the requirement to provide written information at section 6.1(3)(iii) violates these same provisions. Because Illinois accepts funds from HHS that are subject to the Weldon and Coats-Snowe Amendments, Illinois is barred

[30] *Nat'l Inst. of Fam. & Life Advocs. v. Treto*, 777 F.Supp.3d 867, 893 (N.D. Ill. 2025).
[31] HCRCA, 745 ILCS 70/6.1(3)(i).
[32] HCRCA, 745 ILCS 70/6.1(3)(ii).

from impermissibly conditioning a benefit, namely, the liability shield available in the HCRCA, on whether the health care entity will transfer patients for abortions.

The third alternative requirement is to provide written information "about other health care providers who [the conscientious objector] *reasonably believe[s] may offer the health care service*" (emphasis added). HCRCA 6.1(3)(iii). Like the requirement to transfer, when applied to a context where the objected-to service is abortion, OCR concludes that this requirement constitutes a requirement to "refer for" abortion (Weldon) or "provide referrals for" abortion or "make arrangements for" abortion or referrals for abortion (Coats-Snowe). The definition of "refer" in Illinois law or the omission of the term from an Illinois statute does not control the proper interpretation of "refer"/"referrals" in these federal laws. A plain-meaning approach to the text of the Amendments show they reach the conduct described in section 6.1(3)(ii) and (iii). The clear purpose of section 6.1(3)(ii) and (iii) is to require objecting providers to facilitate access to abortion, the same as any other referral "for abortion."[33] While these requirements under section 6.1(3)(ii) and (iii), of course, do not use the term "referral," that omission of the word itself cannot be dispositive. Congressional intent cannot be thwarted by a thesaurus or by artful drafting.[34] Indeed, nothing in the Weldon and Coats-Snowe Amendments suggest that their protections do not extend to situations constituting the functional equivalent of referrals (or arrangements for referrals) simply because, with statutory wordsmithing, a requirement does not use the magic word "referral."

According to Black's Law Dictionary, a "referral" is defined as "[t]he act or instance of sending or directing to another for information, service, consideration, or decision."[35] In this context, a provider that, in accordance with section 6.1(3)(ii), transfers a patient to another provider who they reasonably believe provides abortion, at the request of the patient, is literally engaged in the "act . . . of sending to another for service." Likewise, a provider that, in accordance with section 6.1(3)(iii), provides a patient with written information, specifically about other providers whom the provider reasonably believes may provide the specific service being requested, is clearly engaging in a form of "directing" the patient "to another for [a] service." While a referral can direct a patient to one specific provider, akin to the requirements of section 6.1(3)(i), there are also "open referrals" where the patient is given a list of potential providers (or services) from which the patient may choose, such as in section 6.1(3)(iii). Both approaches to a referral engage in the "act . . . of sending or directing to another for…service." Several courts have similarly refused to find that the term "referral" is always limited only to the context of a physician sending a patient to a specific second provider through a formal mechanism of transferring the patient's information to the second provider.[36]

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[33] Both the Weldon and Coats-Snowe Amendments prohibit discrimination based on a provider's refusal to refer "for abortion."

[34] *Household Credit Servs., Inc. v. Pfennig,* 541 U.S. 232, 233 (2004) (Courts and agencies "must give effect to the unambiguously expressed intent of Congress[.]"); *see also Henderson ex rel. Henderson v. Shinseki*, 562 U.S. 428, 436 (2011) (noting in the context of jurisdictional questions, that "Congress, of course, need not use magic words in order to speak clearly.").

[35] Black's Law Dictionary 1471 (10th ed. 2014).

[36] *See Stop Ill. Health Care Fraud v. Sayeed*, 957 F.3d 743, 750 (7th Cir. 2020) (citing *U.S. v. Patel*, 778 F.3d 607 (7th Cir. 2015), the court elaborated "the definition of a referral under the Anti-Kickback Statute is broad,

Understanding sections 6.1(3)(ii) and (iii) as forms of "referral" is further supported by the context in which the transfer of the patient or provision of written information is required. Sections 6.1(3)(ii) and (iii) require the provision of written information where a patient is "request[ing]"[37] transfer to another provider *for an abortion* or asking a provider for information about other providers *who provide abortion*. The goal behind the patient's request necessitates that the provider's response to that request be in furtherance of that goal. It would defy logic for a patient to make such a request and not expect the provider to facilitate a transfer to or provide information about a specific kind of provider: one likely to provide abortions. Indeed, this is why section 6.1(3) ties both the transfer and provision of information specifically to providers the conscientious objector "*reasonably believe[s] may offer [abortion]*." Testimony from a committee hearing regarding P.A. 99-690 (S.B. 1564) makes clear that the intention of P.A. 99-690's amendments to the HCRCA is specifically to have *providers* "facilitate access to [abortion]."[38] But requiring objecting providers to facilitate access to abortion is exactly the type of government coercion that the Weldon and Coats-Snowe Amendments were designed to prohibit.[39] Illinois nonetheless intentionally passed P.A. 99-690 to specifically target providers who objected to abortion.[40] And Illinois did so despite a dearth of evidence to support Illinois's assertion that P.A. 99-690 was necessary because "the health of women was in grave peril."[41] Ultimately, the HCRCA, as amended, provides an empty offer to those who object to abortion if, despite being triggered by the objector's refusal to "permit, perform, or participate in" abortion, the objector can only satisfy the requirements of the HCRCA if she, at a minimum, provides written information that she "reasonably believes" may direct a patient to an abortion provider in order to obtain an abortion.

Further, the Coats-Snowe Amendment, at 42 U.S.C. §238n(a)(2), prohibits discrimination against an entity where "the entity refuses to *make arrangements for*" an abortion or referral for

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encapsulating both direct and indirect means of connecting a patient with a provider. It goes beyond explicit recommendations to include more subtle arrangements. And the inquiry is a practical one that focuses on substance, not form."). *See also U.S. v. Williams*, 218 F. Supp. 3d 730, 737-8 (N.D. Ill. 2016) ("The fact that the Seventh Circuit, in *United States v. Patel,* also found that the referral provision 'extends[s] to the certification and recertification of patients for government-reimbursed healthcare' does not alter this analysis. Simply because the Seventh Circuit read the statute to ***also*** cover physician authorization does not mean that is the ***only*** way a referral can be made." (citation removed)).

[37] HCRCA, 745 ILCS 70/6.1(3) ("If requested by the patient or the legal representative of the patient…").

[38] Statement by Lorie Chaiten, Illinois State House: Human Services Committee Hearing on SB 1564, Committee Hearing on Amendment to the Illinois Healthcare Right of Conscience Act, Wednesday, May 13, 2015, at 7.

[39] "This provision is intended to protect the decisions of physicians, nurses, clinics, hospitals, medical centers, and even health insurance providers from being forced by the government to provide, refer, or pay for abortions. This is a reasonable Federal policy, one that was overwhelmingly approved by this very body by a vote of 229–189. The policy simply states that health care entities should not be forced to provide elective abortions, a practice to which a majority of health care providers object, and I can tell Members from personal experience, and which they will not perform as a matter of conscience." 150 Cong. Rec. H10,090 (Nov. 20, 2004) (statement of Rep. Weldon). "What we do is attempt to protect the civil rights of those who feel that they do not want to participate in mandatory abortion training or performance of abortions. That is a civil right that I think deserves to be provided and is provided in this legislation. It is a fundamental civil right, as a matter of conscience, as a matter of moral determination, as a matter of any other determination, as to whether or not this procedure, which is controversial to say the least, ought to be mandated…" 142 Cong. Rec. S2265 (Mar. 19, 1996) (statement of Sen. Coats).

[40] *See generally*, Illinois Senate Transcript, 99th Sess., April 22, 2015.

[41] The district court stated that it received "no evidence. . .that supports that concern." *Nat'l Inst. of Fam. and Life Advocates v. Treto*, 777 F. Supp. 3d 867, 873 (N.D. Ill. 2025).

an abortion (emphasis added). This term is also not defined. However, "'it's a 'fundamental canon of statutory construction' that words generally should be 'interpreted as taking their ordinary . . . meaning . . . at the time Congress enacted the statute.'" *New Prime Inc. v. Oliveira*, 586 U.S. 105, 113 (2019) (citation removed). "In construing a statute, we are obliged to give effect, if possible, to every word Congress used." *Reiter v. Sonotone Corp.*, 442 U.S. 330, 339 (1979) *accord*, *e.g.*, *NetworkIP, LLC v. F.C.C.*, 548 F.3d 116, 121 (D.C. Cir. 2008). According to the 1995 edition of Merriam-Webster's Collegiate Dictionary, the term "arrangement" means "the act of arranging," and the term "arrange" in turn means "to make preparations for" or "to put into a proper order or into a correct or suitable sequence, relationship, or adjustment." Merriam-Webster's Collegiate Dictionary, Tenth Edition 64 (1995). Transferring or referring a patient are clear examples of "making preparations" for a patient to access an abortion procedure. Providing a patient requesting information about obtaining an abortion with written information regarding other providers who "may offer the health care service" similarly lays the groundwork, preparations, or arrangements for that patient to receive that abortion or a referral for that abortion. As Illinois acknowledged in litigation, section 6.1(3) is "intended . . .to facilitate the provision of medical services."[42] The sole purpose of providing a patient requesting an abortion with the written information about abortion providers is to direct them to another provider who can provide the abortion procedure. The goal of that action under P.A. 99-690 is no different than the goal of transferring or referring the patient in a more direct manner.

Illinois amended the HCRCA to limit the rights of conscientious objectors in a manner that privileges only conscientious objectors who do not object to "refer[ring] for" abortion (Weldon) or "provid[ing] referrals for" or "mak[ing] arrangements for" abortion or referrals for abortion (Coats-Snowe). Illinois appears to have done this despite being aware of the potential for conflict between P.A. 99-690 and the Federal health care conscience statutes.[43] In addition, concern about the interaction between P.A. 99-690 and the Federal health care conscience statutes was raised in a committee hearing in the Illinois State House.[44] While OCR does not opine on the validity of or need for P.A. 99-690 in other contexts, it is in clear conflict with the Weldon and Coats-Snowe Amendments in the context of abortion.

## CONCLUSION AND REMEDY

For all the above reasons, OCR finds that Illinois's Health Care Right of Conscience Act (HCRCA), as amended by P.A. 99-690, violates the Weldon and Coats-Snowe Amendments in

[42] *Nat'l Inst. of Fam. and Life Advocs. v. Treto*, 777 F.Supp.3d 867, 893 (2025).
[43] "It is unclear if the passage of SB 1564 would jeopardize federal funding for the Illinois Medical Assistance Program. The Church Amendment codified at 42 U.S.C. § 300a-7, stipulates that for healthcare services funded in whole or in part by a program administered by the U.S. Department of Health and Human Services (HHS), no person may be required to 'perform or assist in the performance of any sterilization procedure or abortion if his performance or assistance in the performance of such procedure or abortion would be contrary to his religious beliefs or moral convictions.' The requirement in SB 1564 that the provider refer individuals to other providers who perform the procedure, especially if abortion or sterilization, violates the Church amendment; such referral could be interpreted as assistance with a morally objectionable procedure." Fiscal Note (Dept. of Healthcare & Family Services), Bill Status of P.A. 99-690, Illinois General Assembly, available at http://www.ilga.gov/legislation/billstatus.asp?DocNum=1564&GAID=13&GA=99&DocTypeID=SB&LegID=88256&SessionID=88&SpecSess= (last accessed on May 23, 2025).
[44] *See generally*, Illinois State House: Human Services Committee Hearing on SB 1564, Committee Hearing on Amendment to the Illinois Healthcare Right of Conscience Act, Wednesday, May 13, 2015.

certain respects. OCR has determined that the HCRCA's provisions, to the extent they require entities designated as "physicians," "health care personnel," or "health care facilities" under the HCRCA to comply with HCRCA § 6.1(2)-(3) in order to avail themselves of the liability protections under the HCRCA where the objected-to service is abortion, facially violate the Weldon and Coats-Snowe Amendments. Therefore, in the context of conscience objections to abortion, the State of Illinois cannot implement or enforce HCRCA § 6.1(2)-(3) and be in compliance with the Weldon and Coats-Snowe Amendments, as is required in light of Illinois' receipt of funds from HHS that are appropriated to the Department in the annual appropriations act.

OCR is charged with helping ensure entities come into compliance with Federal laws protecting conscience and prohibiting coercion in health care, including the Weldon Amendment and Coats-Snowe Amendment. Accordingly, OCR requests that the Illinois notify OCR **within thirty (30) days from the date of this letter** whether, should the provision not be permanently enjoined, Illinois intends to enforce HCRCA § 6.1(2)-(3) where the objected-to service is abortion, or will instead agree to take corrective action to come into compliance with the law and remedy the effects of its discriminatory conduct. OCR stands ready to assist Illinois in coming into compliance with the Weldon and Coats-Snowe Amendments. If OCR does not receive sufficient assurance that Illinois will not enforce HCRCA § 6.1(2)-(3) where the objected-to service is abortion, or that it is willing to negotiate in good faith towards that end, OCR will forward this Notice of Violation and the evidence supporting OCR's findings in this matter to the appropriate HHS funding components for further action under applicable grants and contracts regulations, or take any other appropriate action to address Illinois' violation of the Amendments. Such actions may ultimately result in suspensions, terminations, or other limitations on continued receipt of certain HHS funds in accordance with the Constitution, the laws of the United States, and applicable Supreme Court case law. *See*, *e.g.*, 2 C.F.R. Part 200[45]; 2 C.F.R. Part 300; 45 C.F.R. § 75.371; 45 C.F.R. § 75.372; 45 C.F.R. §§ 88.1 et seq.

Sincerely,

/s/

Paula M. Stannard
Director
Office for Civil Rights

[45] *See also* 2 C.F.R. 200.0, *et seq.*; Health and Human Services, *Adoption of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards Health and Human Services Adoption of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, 89 FR 80055-01 (Oct. 2, 2024).