

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515

July 18, 2022

Lisa J. Pino  
Director  
Office for Civil Rights (OCR)  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Director Pino,

I am writing to share my deep concerns regarding your recently released “Guidance to Nation’s Retail Pharmacies: Obligations under Federal Civil Rights Laws to Ensure Access to Comprehensive Reproductive Health Care Services.”<sup>1</sup> This guidance, tailored to increase access to medication for the purpose of inducing an elective abortion, most notably mifepristone, will harm the pharmacist-patient relationship, force actions that runs contrary to a pharmacist’s conscience and moral obligation, and impede a pharmacy’s ability to freely comply with state law.

Every day, pharmacists are directly involved in providing the best care for their patients and community. According to a recent Gallup poll, pharmacists are among the most highly trusted health care professionals.<sup>2</sup> People count on pharmacists' training and expertise to stay healthy and informed. Even more importantly, patients count on their pharmacists to ensure they stay out of urgent care centers and out of hospitals. Pharmacists are medical professionals who routinely screen for several factors to protect the lives of both mothers and children.

I am concerned that this guidance by your office, without the input of our nation’s pharmacists, will fundamentally damage the relationship between pharmacists and their patients. Dispensing or rejecting a prescription is one of the most crucial parts of a pharmacist’s duty – and it should never be made by bureaucrats in Washington, D.C.

In addition, this guidance will cause widespread unintended consequences. I am deeply concerned and disturbed that by forcing pharmacies to carry and dispense medication for the purpose of inducing an elective abortion, the Office for Civil Rights may be forcing actions that pharmacists believe to not be in the best interest of their patients and run contrary to their own conscience. This attempt also runs contrary to laws of several states. At a minimum, Arkansas, California, Colorado, Florida, Georgia, Idaho, Illinois, Maine, Mississippi, South Dakota,

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<sup>1</sup> HHS. <https://www.hhs.gov/sites/default/files/pharmacies-guidance.pdf>

<sup>2</sup> <https://news.gallup.com/poll/245597/nurses-again-outpace-professions-honesty-ethics.aspx>

Tennessee, and Washington have all enacted conscience clause laws that allow pharmacists to refuse to fill prescriptions for abortifacient drugs.<sup>3</sup>

This guidance has created a deeply complex and problematic patchwork of laws that confuses pharmacists, impedes their ability to serve their patients, and forces them to potentially face conflicting state and/or federal penalties when simply caring for their patients. Imposing federal guidance that runs contrary to state and federal law and the U.S. Supreme Court’s decision is irresponsible.

Beyond requiring that pharmacists assist in elective abortions, which may conflict with a pharmacist’s conscience on its own, abortion-specific drugs have been reported to threaten the health of women—even leading to death. Between 2000 and 2019, “over 3,800 adverse events were reported to the FDA, including at least 20 deaths, more than 500 life-threatening complications, and over 2,000 severe complications.”<sup>4</sup>

I believe that the guidance from your office is hasty and will have potentially disastrous consequences. Unelected bureaucrats should not be forcing pharmacists to knowingly dispense drugs intended for an abortion. I urge you to rescind this guidance immediately and allow for our nation’s pharmacists, as qualified health care providers, to utilize their expert professional judgement, acting in the best interests of their patients, their own protected consciences, and established state law.

Sincerely,



Earl L. “Buddy” Carter  
Member of Congress

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<sup>3</sup>[https://www.americanbar.org/groups/crsj/publications/human\\_rights\\_magazine\\_home/2013\\_vol\\_39/january\\_2013\\_no\\_2\\_religious\\_freedom/the\\_spread\\_of\\_conscience\\_clause\\_legislation/#:~:text=Arkansas%2C%20California%2C%20Colorado%2C%20Florida%2C%20Georgia%2C%20Idaho%2C%20Illinois%2C%20Maine%2C,states%20have%20adopted%20a%20patchwork%20of%20different%20approaches](https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/2013_vol_39/january_2013_no_2_religious_freedom/the_spread_of_conscience_clause_legislation/#:~:text=Arkansas%2C%20California%2C%20Colorado%2C%20Florida%2C%20Georgia%2C%20Idaho%2C%20Illinois%2C%20Maine%2C,states%20have%20adopted%20a%20patchwork%20of%20different%20approaches)

<sup>4</sup> <https://lozierinstitute.org/analysis-fda-decision-ignores-data-on-complications-puts-women-at-risk/>