



**UNIVERSITY OF NOTRE DAME  
OFFICE OF THE PRESIDENT**

February 7, 2018

Dear Faculty and Staff,

In recent weeks I have received a number of emails and letters about the University's policy on access to contraceptive coverage, and I have spoken personally to faculty, staff and students about this matter. I addressed the topic initially in my Address to the Faculty in November, and have had the chance to give it further thought with the benefit of additional information. I write to announce steps based on Catholic principles that nevertheless provide access to some of the coverage that members of our community seek.

As I stated in my Faculty Address on November 7, 2017, the University joined a lawsuit against the U.S. Department of Health and Human Services and other federal agencies to challenge a mandate requiring employers to provide a range of what were called "contraceptive drugs and services." As I said then, the mandate was not part of the Affordable Care Act legislation passed by Congress, but was an administrative decree that was part of the implementation of the Act. It departed from a long tradition in federal law by distinguishing between religious institutions that were exempt, such as parishes, and those that were not, such as universities and hospitals, and it created a precedent for further constraints on the latter's religious freedom. The University of Notre Dame joined other plaintiffs in challenging this mandate to protect its ability to act in accord with its religious mission.

A federal court decision compelled the University to provide the challenged drugs and services through its third party insurance administrator and funded by the government. Consequently, those enrolled in our health plans have had access to these drugs and services since January 2014. In October 2017, however, the case was settled favorably, giving the University, its insurers and third party administrators the option of an exemption from providing these drugs and services.

The use of artificial contraceptives to prevent conception is contrary to Catholic teaching, though many conscientiously disagree with this particular teaching. When I delivered my Faculty Address in November, I thought it best, having established our right to decide, to allow the government-funded provision of these drugs and services to continue so that our employees could have access without University funding or immediate and direct involvement in their provision. The government-funded program, however, also includes

abortifacients, which, because they involve the destruction of innocent human life, are most gravely objectionable in the Catholic tradition. With further thought, wider consultation and more information, I concluded that it was best to reconsider this decision.

We must be unwavering in our fidelity to our Catholic mission at Notre Dame, while we recognize that among the values in our Catholic tradition is a respect for other religious traditions and the conscientious decisions of members of our community. Our health plans cover over 17,000 people—a group consisting of employees, students not covered by their parents' plan (who are primarily graduate students) and their respective family members. A tension exists between establishing policies in accord with Catholic teaching and respecting the religious traditions and decisions of the many members of our community. That tension is particularly pronounced in the area of health care, where the University recognizes its responsibility, grounded in its Catholic mission, to provide health insurance to employees, their families and many students, and most of those covered have no financially feasible alternative but to rely on the University for such coverage. The various parties are constrained in such a way that the decisions of the University inevitably affect those who rely on it for insurance.

The situation is one that demands discernment—something to which Pope Francis has called the Church in his various writings and addresses. Discernment, which has a long history in the Catholic spiritual tradition, is, of course, a process of weighing thoughtfully considerations for and against various courses of action. Yet it also demands prayerful attention to God's guidance through the prompting of the Holy Spirit.

As noted above, allowing the government-funded provision of drugs and services to continue through a third party administrator would provide access to contraceptives without University funding or immediate involvement. The government-funded program, however, includes the provision of abortion-inducing drugs, which are far more gravely objectionable in Catholic teaching. Stopping any access to contraceptives through our health care plan would allow the University to be free of involvement with drugs that are morally objectionable in Catholic teaching, but it would burden those who have made conscientious decisions about the use of such drugs and rely on the University for health care benefits.

I have reached the conclusion that it is best that the University stop the government-funded provision of the range of drugs and services through our third party administrator. Instead, the University will provide coverage in the University's own insurance plans for simple contraceptives (i.e., drugs designed to prevent conception). The University will also provide in its plans funding for natural family planning options—options that do not use artificial contraceptives but employ natural methods for preventing conception. The University's insurance plans (as opposed to the government-funded program) have never covered, and will not cover, abortion-inducing drugs.

Sterilization procedures for the purpose of preventing conception (as opposed to those intended to treat an illness) have never been covered and will not be covered in the University's insurance plans. Although contraceptive in nature, permanent sterilization through surgical intervention in a healthy bodily organ is viewed as more gravely objectionable than contraceptive drugs in Catholic teaching.

The University will provide to all who sign up for health care benefits a statement of the Catholic teaching on contraceptives, so that the Church's teaching is clearly presented. Although Pope Paul VI's Encyclical letter, *Humanae vitae*, written nearly fifty years ago now, has been controversial within and without Catholic circles since its publication, its prophetic quality is clear. It remains an important and thoughtful challenge to tendencies in our culture, even more pronounced today, toward the sexual objectification of women, the decline of committed and faithful marriages and family life, the threat of government intervention in human procreation, the lack of a healthy respect for the natural processes of our bodies and the threats of manipulation of our bodies and our environment through technology. I hope the University statement will invite reflection on the important moral questions at stake.

Some will ask why the University sued the government over the provision of "contraceptive drugs and services" only now to provide contraceptives in its plan. What we sincerely and firmly fought for in court was the ability, as a Catholic institution, to make decisions about the provision of health care consistent with Catholic principles. Until the federal mandate was imposed on us, we were among relatively few Catholic universities that excluded from our health plans contraceptives, except when prescribed to treat a medical condition. Having been required to provide access to contraceptives for several years, we now take account of the fact that some of those enrolled in our health plans—an increasingly diverse group—have come to rely on access to contraceptives through enrollment in our plans. While some may criticize the approach above as overly restrictive and others as not restrictive enough, it is our best effort to respect the many considerations at stake in a manner consistent with Catholic principles. The purpose of our lawsuit was to win the right to make that effort.

In order to provide time for all to prepare for this change, we will implement it in the middle of the plan year for employees on July 1, 2018. The Office of Human Resources will communicate to you more information about this change in March. The change to the student health plan will begin with its new plan year in August 2018.

I conclude by thanking all those who have offered their thoughts on this matter. I thank every member of this community for their commitment to the distinctive mission of Notre Dame.

In Notre Dame,  
Rev. John I. Jenkins, C.S.C.  
President