



January 21, 2026

***Re: Safeguarding Federal Conscience and Related Protections in Health Care***

Dear Colleagues:

The U.S. Department of Health and Human Services (HHS), through its Office for Civil Rights (OCR), reaffirms this Administration's commitment to vigorous enforcement of federal conscience and related protections for health care providers and entities as well as patients and beneficiaries, as applicable, in HHS programs. Federal conscience protection statutes broadly prohibit discrimination by the federal government and by recipients of certain federal funds, including state and local governments and private entities, against health care providers and health care entities, and in some cases patients, by preventing them from being compelled either to act or, in defined circumstances, to undergo certain compulsory health care services contrary to their religious beliefs or moral convictions. These protections preserve professional and individual conscience against government discrimination, including in some contexts for patients, and generally ensure that service to the public is not conditioned on the surrender of conscience.

OCR enforces the federal health care conscience protection statutes, which apply across a broad range of HHS-funded programs. OCR is responsible for receiving and investigating complaints, conducting compliance reviews, and coordinating appropriate corrective action (including, where authorized, the withholding or termination of funds) to ensure full compliance with federal law.<sup>1</sup>

These statutes prohibit government or government funded discrimination against individuals and institutions that decline to participate in certain health care services, generally based on religious beliefs and/or moral convictions. They include protections in certain contexts for physicians, nurses, and other health professionals, as well as hospitals, clinics, postgraduate training programs, and health plans. Additionally, these conscience statutes address specific services such as abortion, sterilization, assisted suicide, vaccines, compulsory health services, and adherence or counseling related to advance directives.

Together, these conscience statutes form a durable framework that protects the ability of health care professionals and institutions to serve and care for patients while being able to operate consistently with their ethical, religious, and moral convictions. Additionally, these statutes safeguard patients and beneficiaries whose religious convictions or moral beliefs affect their willingness to accept certain treatments. By prohibiting discrimination in these defined contexts, Congress has ensured that individuals and entities are not forced to choose between adherence to conscience and continued service in the health care system, nor between adherence to conscience and continued participation in certain programs as a patient or beneficiary.

This letter summarizes the principal federal health care conscience protection authorities that OCR enforces and is intended to provide practical clarity concerning protected and prohibited conduct.

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<sup>1</sup> 45 C.F.R. Part 88.

## **I. Conscience Protections for Health Care Providers and Entities**

### **A. Church Amendments**

The Church Amendments, codified at 42 U.S.C. § 300a-7, contain five provisions safeguarding individuals and entities from being compelled to act against their sincerely held religious beliefs or moral convictions. Enacted in the early 1970s, these provisions reflect Congress' determination that participation in HHS-funded programs must not be conditioned on willingness to participate in abortion or sterilization procedures, or other objected-to activities, contrary to conscience.<sup>2</sup>

Under the first provision, § 300a-7(b), no court, public official, or public authority may require recipients of certain HHS funding to: (1) perform or assist in a sterilization or an abortion, if contrary to their religious beliefs or moral convictions; (2) make facilities available for sterilizations or abortions; or (3) provide personnel to perform or assist in the performance of a sterilization or abortion, if contrary to the religious beliefs or moral convictions of such recipients or their personnel.

The second provision, § 300a-7(c)(1), prohibits recipients of certain HHS funding from discriminating in employment<sup>3</sup> or the granting of staff privileges<sup>4</sup> against physicians or other health care personnel because the individual: (1) performed or assisted in the performance of a lawful sterilization procedure or abortion, or (2) refused to do so because of the individual's religious beliefs or moral convictions. The provision likewise bars discrimination against such individuals based on their religious beliefs or moral convictions respecting such procedures.

The third provision, § 300a-7(c)(2), prohibits recipients of certain HHS grants or contracts for biomedical or behavioral research from discriminating in employment or staff privileges against physicians or health care personnel because the individual: (1) performed or assisted in the performance of a lawful health service or research activity, or (2) refused to perform or assist in such service or activity due to the individual's religious beliefs or moral convictions. It also prohibits discrimination against such personnel based on their religious beliefs or moral convictions respecting such services or activities.

The fourth provision, § 300a-7(d), provides that no individual shall be required to perform or assist in the performance of any part of certain funded health service programs or research activities if doing so would be contrary to the individual's religious beliefs or moral convictions.

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<sup>2</sup> Recent OCR enforcement actions showcase the broad application of the Church Amendments in clinical settings. See, e.g., Press Release, U.S. Dep't of Health & Hum. Servs., *HHS Takes Action to Protect Whistleblowers who Defend Children and Launches First Conscience Investigation* (Apr. 14, 2025) ("pediatric teaching hospital"), <https://www.hhs.gov/press-room/hhs-launches-whistleblower-form-to-protect-kids.html>; Press Release, U.S. Dep't of Health & Hum. Servs., *HHS Acts to Protect Health Care Workers' Conscience Rights* (May 12, 2025) ("hospital. . . part of a larger health care system"), <https://www.hhs.gov/press-room/hhs-protects-workers-conscience-rights.html>; Press Release, U.S. Dep't of Health & Hum. Servs., *HHS Investigates a Major Health System in Michigan to Safeguard Health Care Workers' Conscience Rights* (June 20, 2025) ("organizational health care provider within [major health] system"), <https://www.hhs.gov/press-room/ocr-investigates-health-system-in-michigan.html>.

<sup>3</sup> Under § 300a-7(c)(1)(A), a covered entity may not discriminate in the employment, promotion, or termination of employment of any physician or other health care personnel.

<sup>4</sup> § 300a-7(c)(1)(B).

The final provision, § 300a-7(e), prohibits any entity receiving federal financial assistance under certain HHS statutes from denying admission to, or otherwise discriminating against, applicants for training or study (including internships and residencies) because of their reluctance or willingness to counsel, suggest, recommend, assist, or otherwise participate in the performance of abortions or sterilizations contrary to, or consistent with, the applicant's religious beliefs or moral convictions. This provision protects current and future health care professionals at an early stage of their careers and is especially significant in the context of graduate medical education.

## **B. Coats-Snowe Amendment**

The Coats-Snowe Amendment, codified at 42 U.S.C. § 238n, prohibits the federal government, and any state or local government receiving federal financial assistance, from discriminating against a health care entity for certain reasons related to abortion training or participation. Specifically, the statute bars adverse action against a health care entity<sup>5</sup> because it: (1) refuses to undergo, require, provide, or refer for abortion training; (2) refuses to perform abortions or to provide referrals for abortions; (3) refuses to make arrangements for any of these activities; or (4) is, or has, attended a postgraduate physician training program, or other health professions training program, that does not perform abortions or require, provide, refer for, or arrange for abortion training.<sup>6</sup>

It further requires that, when determining whether to grant legal status to a health care entity, the federal government, and any state or local government receiving federal financial assistance, must deem accredited any postgraduate physician training program that would be accredited but for an accrediting agency's reliance on a standard that requires the entity to: (1) perform abortions; (2) require, provide, or refer for training in the performance of abortion; or (3) make arrangements for such training.<sup>7</sup>

## **C. Weldon Amendment**

The Weldon Amendment, a recurring provision in the annual Departments of Labor, Health and Human Services, and Education (LHHS) appropriations acts, prohibits the availability of LHHS funds for any federal agency or program, or state or local government, that discriminates against a health care entity "on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions."<sup>8</sup> The Weldon Amendment defines "health care entity" to include "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."<sup>9</sup>

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<sup>5</sup> For purposes of the Amendment, the 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. 42 U.S.C. § 238n(c)(2).

<sup>6</sup> 42 U.S.C. § 238n(a).

<sup>7</sup> 42 U.S.C. § 238n(b).

<sup>8</sup> See, e.g., § 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).

<sup>9</sup> *Id.*

## **D. Vaccines for Children (VFC) and Applicable State Law Exemptions**

The VFC statute, codified at 42 U.S.C. § 1396s, requires participating providers to provide pediatric vaccines in compliance with applicable state law, including any such law relating to any religious or other exemption.<sup>10</sup> While the VFC provision itself does not create a new federal religious exemption, it incorporates state law exemptions, thereby ensuring that federally supported VFC immunization activities respect the religious or moral exemptions that states have chosen to recognize. This has implications both for providers (who must adhere to those requirements as a condition of program participation) and for families who seek exemptions under state law.<sup>11</sup>

## **E. Affordable Care Act (ACA) Conscience Protections**

The Patient Protection and Affordable Care Act<sup>12</sup> includes several conscience-related provisions that protect both providers and patients. Section 1553 prohibits the federal government, and any state or local government that receives federal financial assistance under the ACA, as well as any health care provider or any health plan created or funded under the ACA, from discriminating against an individual or institutional health care entity for refusing to provide items or services that cause or assist in causing the death of any individual, including by assisted suicide, euthanasia, or mercy killing.<sup>13</sup> This provision protects providers and institutions who decline to participate in or support assisted-suicide-related services, while also signaling to patients and families that they may seek care in institutions that adhere to such conscience-based limitations.

Section 1303(b)(4) of the ACA prohibits qualified health plans offered through an Exchange from discriminating against a health care provider or facility because of unwillingness to provide, pay for, cover, or refer for abortions.<sup>14</sup> Section 1303(c) clarifies that the ACA does not preempt state laws on abortion, or on conscience protections, including laws governing provider willingness or refusal.<sup>15</sup>

## **F. Medicare and Medicaid Program Protections for Providers and Plans**

In addition to the conscience protections described above, OCR enforces specific non-coercion and conscience-related provisions in Medicare Advantage (MA)<sup>16</sup> and Medicaid managed care programs.<sup>17</sup> MA organizations are not required to provide, reimburse for, or provide coverage of a counseling or referral service if the organization objects to that service on moral or religious grounds, provided that the organization gives notice of its policy. Medicaid managed care organizations are similarly protected from being required to provide, reimburse

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<sup>10</sup> 42 U.S.C. § 1396s(c)(2)(B)(ii).

<sup>11</sup> OCR recently launched a Vaccines for Children Program investigation. See U.S. Dep't of Health & Human Servs., *HHS Protects Parents' Rights in Children's Health Decisions* (Dec. 3, 2025), <https://www.hhs.gov/press-room/hhs-protects-parents-rights-in-childrens-health-decisions.html>.

<sup>12</sup> Public Law 111-148, 124 Stat. 119 (2010) (codified at 42 U.S.C. § 18001, *et seq.*).

<sup>13</sup> 42 U.S.C. § 18113.

<sup>14</sup> 42 U.S.C. § 18023(b)(4).

<sup>15</sup> *Id.* § 18023(c)(1), (2).

<sup>16</sup> 42 U.S.C. § 1395w-22(j)(3)(B).

<sup>17</sup> 42 U.S.C. § 1396u-2(b)(3)(B).

for, or provide coverage of counseling or referral services to which they object on moral or religious grounds, again subject to disclosure requirements. These provisions protect organization-level exercise of conscience, while existing Medicaid and Medicare statutes also safeguard beneficiaries by ensuring access to providers and by requiring transparency and advance notice when organizations exercise their conscience rights (discussed further in Section II below).

## **II. Conscience Protections for Patients and Beneficiaries in Health Care**

In addition to safeguarding providers and entities, several federal statutes protect the conscience rights of patients and beneficiaries in HHS-funded health care programs.<sup>18</sup>

### **A. Advance Directives and the Patient Self-Determination Act**

The Patient Self-Determination Act and its implementing provisions in Medicare and Medicaid require hospitals and other facilities to inform patients of their rights under state law to accept or refuse medical or surgical treatment and to formulate advance directives. Specifically, Medicare providers must maintain written policies and procedures to: (1) Provide written information to adult individuals regarding their rights under state law to make health care decisions, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives; (2) document in the medical record whether an individual has an advance directive; (3) not condition care or otherwise discriminate based on whether an individual has executed an advance directive; and (4) ensure compliance with state law requirements regarding advance directives.<sup>19</sup>

Medicaid similarly requires state plans to ensure that certain providers and Medicaid managed care organizations give patients written information about advance-directive rights, document the existence of directives, refrain from discrimination based on their execution, and provide education on advance-directive issues.<sup>20</sup> These provisions secure patients' ability to refuse unwanted treatment or to accept treatment only under conditions consistent with their beliefs and values, while also allowing state law to recognize provider conscience objections to implementing particular directives.

### **B. Observance of Religious Beliefs in Medicaid**

Section 1907 of the Social Security Act, codified at 42 U.S.C. § 1396f, titled "Observance of religious beliefs," provides that nothing in Medicaid shall be construed to require a state to compel any person to undergo medical screening, examination, diagnosis, treatment, or to accept any other services under a state Medicaid plan if the person (or a parent or guardian for a child) objects on religious grounds, subject to narrow public health exceptions. This provision prevents states from treating Medicaid participation as a basis to override religious objections to many forms of care, while still allowing states to act to prevent the spread of infectious disease or to protect environmental health.

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<sup>18</sup> The legal provisions in this section do not include prior discussion on patient and beneficiary protections under MA organizations and Medicaid managed care plans, and the VFC program.

<sup>19</sup> 42 U.S.C. § 1395cc(f).

<sup>20</sup> 42 U.S.C. § 1396a(w).

### **C. Religious Nonmedical Health Care Institutions**

In Medicare, Religious Nonmedical Health Care Institutions (RNHCIs) allow certain beneficiaries who are “conscientiously opposed to acceptance of nonexcepted medical treatment” to receive covered services in institutions that rely on nonmedical nursing and religious methods of healing. Under 42 U.S.C. § 1395i-5(b)(2)(A), the election form must include a statement, signed by the individual or legal representative, that the individual is conscientiously opposed to nonexcepted medical treatment and that acceptance of such treatment would be inconsistent with sincere religious beliefs. Under 42 U.S.C. § 1395x(ss), an RNHCI is defined, in part, as an institution that provides nonmedical nursing services exclusively to patients who choose to rely solely upon a religious method of healing and “does not provide. . . medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment, or the administration of drugs)” for its patients.

### **HHS Commitment to Conscience Protections in Health Care**

The federal health care conscience protection statutes are binding mandates of Congress and carry the full force and effect of law. They guarantee that participation in federal health care programs will not come at the expense of the freedom to exercise one’s conscience, and they secure the ability of individuals and institutions alike to contribute to, and receive care from, the health care system with integrity. These safeguards are essential to preserving a health care profession free of coercion for both providers and patients, in which conscience is respected.

OCR will continue to advance this mission through rigorous enforcement, proactive compliance reviews, responsive complaint resolution, and specialized technical assistance. Additional information on conscience, including summaries of applicable laws and relevant enforcement actions, as well as information about other authorities enforced by OCR, including provisions prohibiting discrimination on the basis of religion, can be found on OCR’s [website](#). As noted above, this letter is the first in a planned series of OCR resources on the exercise of conscience and protection of religious freedom with the aim of promoting transparency, improving compliance, and ensuring clarity regarding the rights and responsibilities that Congress has established.

Questions may be directed to [Conscience@hhs.gov](mailto:Conscience@hhs.gov).

Sincerely,

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