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Refusal of Care Laws Put Providers' Personal Beliefs Ahead of Patient Well-Being

Health care is a basic human right, and everyone deserves access to the care they need. Yet across the nation, health care facilities and providers are refusing to give patients care, information, and referrals based on personal objections rather than patient needs. State and federal laws - known as refusal laws - allow such refusals, emboldening hospitals and individual health care providers to use personal beliefs to deny patients' care, even if their refusals result in harm to patients.

- Refusal laws invite health care workers to **impose their beliefs on people seeking care**, deciding who receives care and who doesn't based on personal beliefs, rather than the needs of the patient.
- Denying essential care to any person because of their sex, sexual orientation, gender, religion, or the kind of care they need is dangerous and dehumanizing.
- Discrimination in any context is egregious, and **allowing someone's personal views to override the medical needs of a patient can be downright deadly**.
- Religious freedom protects everyone's right to practice their religion or to practice no religion at all, **as long as that practice doesn't interfere with the rights of others**.

Refusal laws have allowed health care providers to deny essential care to patients because of personal objections to that care. They have also been misused by providers who discriminate against patients on the basis of their identities. Patients continue to be harmed by refusals of care - some never get the care they need, including in life-threatening situations, and many may face greater healthcare costs as a result of refusals. These denials of care also burden the broader health care system and weaken trust in the quality of care provided by that system. Refusal laws therefore not only endanger the health and safety of medically underserved populations, but of all people.

Refusal Laws Threaten the Health and Lives of Patients Nationwide

When physicians, hospitals, and other health care entities refuse to provide treatment based on personal beliefs, patients' health and lives are put in danger.

- **Hospitals have refused to provide emergency abortion care.** Dr. Anna Nusslock went to the emergency room in the middle of the night with heavy bleeding after her water broke just 15 weeks into her pregnancy. Even though her doctor determined that she needed an abortion to prevent an imminent risk to her life and health, the California hospital's religious policies prevented the doctor from providing the necessary care. Instead of treating Anna's emergency medical condition, the hospital sent her away with a bucket and towels.

- **Hospitals have refused to provide sterilization procedures.** Jennafer Norris requested a sterilization procedure at the time she delivered her baby because becoming pregnant again presented a danger to her health. Undergoing sterilization at the time of cesarean delivery presents less risks and is more cost-effective, but a hospital in Arkansas refused to provide the sterilization procedure for Jennafer, citing the hospital's religious policy.

- **Hospitals have refused to provide care that transgender patients need.** Evan Minton had an appointment to undergo transition-related health care at a hospital in California. He mentioned to the nurse prior to the surgery that he was transgender, and the next day the hospital canceled his procedure because it was related to gender transition. The hospital argued that religious doctrine allowed them to do this.

- **Providers have refused to treat transgender patients.** Tyra Hunter, a Black transgender woman, was involved in a car accident in Washington, DC. EMTs began treating her at the scene of the accident, but stopped providing care when they discovered she was a transgender woman. Instead, she was berated with racist and transphobic taunts. She was then given inadequate care at the hospital and died from her injuries soon after.

- **Providers have withheld critical information from patients.** A report by a county health official in Muskegon County, Michigan detailed how, over a seventeen-month period, a single hospital placed the health and lives of five patients at risk by refusing to inform them that emergency abortion care would be their safest treatment option. All five patients had experienced preterm premature rupture of membranes and were showing signs of infection, but none were told that emergency abortion care was an option - a much safer option - than natural miscarriage.

- **Pharmacies have refused to fill prescriptions for birth control, emergency contraception, miscarriage management, and transition-related medications.** In at least 26 states across the country, patients have been refused birth control at the pharmacy. Similarly, patients across the country have been regularly refused miscarriage management and transition-related medications at the pharmacy.

These are just a few examples of refusals to provide care. Below is an introduction to the federal laws that purport to allow such refusals, what those laws say, how they are being used, and why they are so harmful.

Church Amendments

The Church Amendments were passed in the months following *Roe v. Wade* and are codified at 42 U.S.C. § 300a-7.

What the Church Amendments say:

- The receipt of federal funds under the Public Health Service Act does not require an individual health care worker or health care institution to provide or assist in the provision of abortion or sterilization services, or to make facilities or personnel available for the provision of abortion or sterilization services, if doing so would be contrary to their religious beliefs or moral convictions.

- A recipient of federal funds under the Public Health Service Act cannot discriminate against an individual health care worker for providing or assisting in abortion or sterilization services, or for refusing to provide or assist in abortion or sterilization services on the grounds that it would be contrary to their religious beliefs or moral convictions.

- No health care worker can be required to perform or assist in the performance of any part of a "health service program or research activity" that is specifically funded under a program administered by the U.S. Department of Health and Human Services (HHS) if doing so would be contrary to their religious beliefs or moral convictions. This provision does not encompass every medical treatment or service performed by an entity receiving federal funds, but instead applies only to those treatments or services that are part of the specific "health service program or research activity" receiving the designated federal funds.
- A recipient of funds under any biomedical or behavioral research program administered by HHS cannot discriminate against an individual health care worker for providing any lawful health service or research activity, or refusing to provide such service or activity on the grounds that it would be contrary to their religious beliefs or moral convictions.
- A recipient of federal funds under the Public Health Service Act, the Community Mental Health Centers Act, or the Developmental Assistance and Bill of Rights Act cannot discriminate against an applicant for training or study because of the applicant's willingness or reluctance to counsel, assist, or participate in abortion or sterilization care if doing so would be contrary to their religious beliefs or moral convictions.

How the Church Amendments are enforced:

- The Church Amendments are usually enforced against hospitals on behalf of individual health care workers who claim to have been forced to provide care to which they object or had adverse employment actions taken against them for refusing to provide the care.
- The HHS Office for Civil Rights (OCR) can investigate potential violations of the Church Amendments and seek remediation from any health care entity that it concludes has violated the amendments. OCR can initiate investigations on its own accord or in response to complaints from third parties.
- Individual health care workers cannot bring a lawsuit in court for alleged violations of the Church Amendments, but the Church Amendments have been raised as a defense in cases in which a provider or hospital has refused to provide needed care.

The harms caused by the Church Amendments:

- The Church Amendments have allowed providers to deny people abortion and sterilization care, leading to negative health outcomes by reducing access to care, impairing patients' informed consent, eroding the provider/patient relationship, and violating medical standards of care. Women, people of color, LGBTQI+ people, immigrants and refugees, and people living with HIV/AIDS or disabilities are disproportionately harmed by refusals.
- For example, the State of California sued Providence St. Joseph Hospital in Eureka, California, for denying emergency abortion care to a woman experiencing preterm premature rupture of membranes, claiming that such denial violated the state's emergency services and nondiscrimination laws. In its defense, St. Joseph claimed that the Church Amendments allowed such a denial of care.
- The Church Amendments have been relied upon by prior administrations, including the George W. Bush administration and the Trump-Pence administration, to issue regulations creating new avenues for individuals to refuse to provide care. Recent efforts have similarly sought to stretch the Church Amendments beyond abortion or sterilization, creating new ways for health care providers to refuse care.
- For example, the Church Amendments were recently cited by an extreme anti-abortion organization in its representation of several nurses at Baptist Health in Lexington, Kentucky, who refused to participate in *miscarriage* care. These nurses had already received accommodations so that they would not be required to assist in abortion care. The demand letter that was sent by the anti-abortion organization on their behalf was specifically about miscarriage care.

- Similarly, in June 2025, the Trump administration initiated an investigation into a major health system in Michigan for allegedly violating the Church Amendments when a provider refused to provide medically necessary care for transgender people or refer to patients by their appropriate pronouns.

Weldon Amendment

The Weldon Amendment was originally adopted as part of the Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill in 2005 and has been included in appropriations bills every year since then.

What the Weldon Amendment says:

- The federal government and state or local governments cannot discriminate against any health care entity (including an individual physician or other health care professional, hospital, provider-sponsored organization, HMO, insurance plan, "or any other kind of health care facility, organization, or plan") that refuses to provide, pay for, provide coverage of, or refer for abortion care.
- The Weldon Amendment notably applies to health care entities that refuse abortion care, coverage, or referrals for any reason, or no reason at all. It is not limited to religious or moral objections.

How the Weldon Amendment is enforced:

- HHS's Office for Civil Rights enforces the Weldon Amendment. It can be enforced against state or local governments, and can also be enforced against federal agencies or programs, including HHS and programs administered by HHS. OCR can initiate investigations into potential violations on its own accord or in response to complaints from third parties.
- The penalty for a violation of the Weldon Amendment is the loss of funding under the Labor-HHS appropriations bill.
- Health care entities cannot bring a lawsuit in court for alleged violations of the Weldon Amendment, but the Amendment has been raised as a defense in cases in which a hospital has refused to provide needed care.

The harms caused by the Weldon Amendment:

- The Weldon Amendment emboldens health care entities to refuse abortion care and referrals, putting patients' health and lives in danger, even in states where abortion is legal. A single instance of refusing care can lead to a patient never getting the care they need - or receiving it only after enduring significant delays and harm.
- The Weldon amendment has been weaponized to threaten, penalize, or deter states from creating and enforcing policies to ensure that people can access abortion and information about abortion within their state. If the HHS OCR finds that a state violated the amendment, the state risks losing all of the funding it receives under the Labor-HHS appropriations bill, which can mean millions of dollars in health care funding.
- For example, in 2020, the Trump administration announced it would withhold $200 million in federal Medicaid funds quarterly from California, asserting that the state's requirement that health plans include abortion coverage violated the Weldon Amendment. The Trump administration took these measures even though no California official had taken any action against an entity covered by the Weldon Amendment that could constitute a violation of the law.
- More recently, in 2026, the Trump administration announced that it was investigating each of the thirteen states, including California, that require abortion coverage in health insurance plans. The Trump administration also threatened to withhold funding to the State of Illinois, alleging that the Illinois Health Care Right of Conscience Act, which ensures patients are able to access the care they need by requiring providers to give referrals for alternative health care providers if they are unwilling to provide the care themselves, violates the Weldon Amendment.
- The Weldon Amendment has also been used by anti-abortion policymakers to justify measures that would embolden even more refusals of care. For example, in its first term, the Trump Administration relied on the Weldon Amendment for a range of efforts to deny patient care, including rules allowing sweeping exemptions to the Affordable Care Act's birth control coverage benefit.

Coats-Snowe Amendment

The Coats-Snowe Amendment was enacted in 1996 and is codified at 42 U.S.C. § 238n.

What the Coats-Snowe Amendment says:

- The federal government and state or local governments cannot discriminate against any physician, post-graduate physician training program, or participant in such a program that refuses to provide, train for, or refer for abortions.
- The federal government and state or local governments cannot discriminate against someone who attends or attended a post-graduate physician training program or other program of training in the health professions that does not train for abortion care.
- The federal government and state or local governments must treat as accredited, for funding and other benefits purposes, a post-graduate physician training program that would be accredited but for the accrediting agency's requirement that the entity provide or train for abortions.

How the Coats-Snowe Amendment is enforced:

- HHS's Office for Civil Rights enforces the Coats-Snowe Amendment. It can be enforced against state or local governments, and also against federal agencies or programs, including HHS and programs administered by HHS. OCR can initiate investigations into potential violations on its own accord or in response to complaints from third parties.
- Individual providers and health care training programs cannot bring a lawsuit in court for alleged violations of the Coats-Snowe Amendment, but the Amendment has been raised as a defense in cases in which a provider or hospital has refused to provide needed care.

The harms caused by the Coats-Snowe Amendment:

- The Coats-Snowe Amendment has been used repeatedly to attempt to discourage abortion training in medical training programs and to make abortion training harder for medical residents and fellows to access. Denying this essential training to residents and fellows impedes future doctors' ability to provide abortion and miscarriage care throughout the country.
- In fact, anti-abortion lawmakers recently sought to expand the Coats-Snowe Amendment through a proposal in the 2025 appropriations bill that would have required any abortion training in obstetrics and gynecology programs to be opt-in rather than opt-out, and that would have threatened access to federal funding for any programs found to be in violation of the provision. These efforts seek to further marginalize and stigmatize abortion care, ultimately putting care further out of reach for people who need it.

Religious Freedom Restoration Act

The Religious Freedom Restoration Act (RFRA) is a bipartisan law that was intended to prevent the government from burdening individuals' religious practices. It is codified at 42 U.S.C. §§ 2000bb-2000bb-4. While not a religious refusal law like the Church, Weldon, and Coats-Snowe Amendments, it has been used to deny reproductive and other health care.

What the Religious Freedom Restoration Act says:

- The federal government cannot "substantially burden" a person's exercise of religion unless the burden is the "least restrictive means" of furthering a "compelling governmental interest."

How the Religious Freedom Restoration Act is enforced:

- RFRA does not grant a right to refuse care. Rather, it allows someone who believes their religious exercise has been substantially burdened by a law or government policy to seek an exemption from complying with that law or policy, or to defend themselves in court should they violate the law or policy. Once they've established a substantial burden, the government must prove the law or policy is the least restrictive means of pursuing a compelling government interest.

- RFRA only applies to actions by the federal government. However, many states have enacted state-level RFRAs that apply to state and local government action.

The harms caused by the Religious Freedom Restoration Act:

- Bad-faith interpretations of RFRA have pushed the law far beyond its original intent to enable corporations and individuals to misuse it to discriminate in the name of religion. In 2014, the U.S. Supreme Court ruled in Burwell v. Hobby Lobby Stores that large, for-profit, closely held corporations can use RFRA to evade the law that would otherwise require them to provide employees with insurance coverage for contraception. Since then, a federal judge ruled that employers can use RFRA to strip their employees' insurance coverage for PrEP, an HIV medication. While the Supreme Court held that Title VII barred discrimination against LGBTQ+ workers in Bostock v. Clayton County, the Court explicitly invited potential exemptions under RFRA. Subsequently, the Fifth Circuit Court of Appeals ruled that for-profit corporations can use RFRA to discriminate against LGBTQ+ workers.