

Parenthood Guided by Conscience

Understanding Federal Health Care Conscience Protections for Families

Federal law recognizes that deeply held religious beliefs and moral convictions can shape health care decisions that families make and the care that providers offer. This overview explains federal conscience protections that the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR), enforces in covered health care settings concerning pregnancy, childbirth, postpartum, newborn, pediatric, and end-of-life care.

This overview is written primarily for expecting and new parents. It focuses on the protections that are most likely to affect you when making decisions about your own care, your pregnancy, or your child's care, including decisions about treatment, advance directives, vaccines, and newborn or child services. These protections are program specific. They do not apply in every setting, and some do not create a personal right to receive or refuse a particular service.

Federal law also protects providers, plans, training programs, medical trainees, and institutions that decline to offer certain services based on religious belief or moral conviction (together, conscience). Those protections are summarized briefly at the end of this overview. Further guidance for providers and institutions is available in the [HHS OCR Dear Colleague Letter on Safeguarding Federal Conscience Protections](#).

Protections that may apply more directly to families, patients, and beneficiaries

Advance directives and the Patient Self-Determination Act

Certain Medicare and Medicaid hospitals, facilities, providers, organizations, and Medicaid managed care organizations must: (1) give adult patients written information about their rights under State law to accept or refuse medical or surgical treatment and make advance directives; (2) document whether an advance directive exists; (3) not condition care or discriminate based on whether one has been signed; and (4) in Medicaid, provide education about advance directives. These provisions help protect patients' ability to refuse unwanted treatment or to accept treatment only under conditions consistent with their beliefs and values. Separate Medicare and Medicaid provisions also state that certain federal laws do not require providers or organizations to counsel on or for, or provide, assisted suicide, euthanasia, or "mercy killing." [This may be relevant if you are making decisions about your own care during pregnancy, childbirth, or serious illness, including decisions you make in advance about your labor and delivery, such as which interventions you do or do not want to include in a birth plan.](#)

Observance of religious beliefs in Medicaid

Federal Medicaid laws do not require a State to force any person, including a parent or guardian acting for a child, to undergo screening, examination, diagnosis, treatment, or other services under a State Medicaid plan over a religious objection, subject to narrow public health exceptions. States, therefore, may not treat Medicaid participation as a reason to override religious objections to many forms of care but may still act to prevent the spread of infectious disease or protect environmental health. [This may be relevant if you object on religious grounds to certain services for yourself or your child. Your participation in Medicaid generally cannot be used as a reason to override that objection.](#)

Vaccines for Children (VFC)

Participating VFC providers and State, local, and territorial immunization programs must comply with applicable State law, including religious or other exemptions from vaccination requirements recognized by the State. This provision does not create a new federal exemption. Instead, it requires VFC participants to comply with State-law exemptions, which matters both for providers, who must follow those requirements as a condition of participation, and for families seeking exemptions under State law. [This may be relevant to parents seeking a religious or other State-law exemption for a child's vaccination in the VFC program. Because this provision follows State law, available exemptions depend on the State where you live.](#) More information is available in the [HHS OCR Dear Colleague Letter on the Vaccines for Children Program](#).

Religious Nonmedical Health Care Institutions (RNHCIs)

In Medicare, certain beneficiaries who are conscientiously opposed to accepting nonexcepted medical treatment may choose to receive covered services at RNHCIs, which rely on nonmedical nursing services and religious methods of healing. The required form must include a signed statement that accepting nonexcepted medical treatment would be inconsistent with the individual's sincere religious beliefs. [This may be relevant to families planning Medicare-covered](#)

care consistent with their religious beliefs about accepting certain medical treatment.

Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA does not make medical treatment a federal requirement over a parent's or guardian's religious objection. It also does not require or forbid a State abuse-or-neglect finding when a parent or guardian relies wholly or partly on spiritual means rather than medical treatment. CAPTA does, however, require States to have legal authority to intervene when necessary to prevent or address serious harm to a child, or to prevent withholding medically indicated treatment from children with life-threatening conditions. [In practice, federal law neither requires nor forbids States from making abuse or neglect findings in these situations; that determination remains with State law and courts.](#)

Garrett Lee Smith Youth Suicide Early Intervention and Prevention Program

Federal law addresses parental objections to youth suicide screening under this program. The statute provides that nothing in that section requires suicide assessment, early intervention, or treatment services for youth whose parents or legal guardians object on religious or moral grounds. [This may be relevant if you have religious or moral objections to suicide assessment or early intervention services for your child under this program.](#)

Newborn, Infant, and Young Child Hearing Screening

The federal early hearing detection and intervention statute does not preempt or prohibit State law, including State laws that do not require hearing-loss screening for children whose parents object because the screening conflicts with religious beliefs. Federal law therefore preserves State religious exemptions where they exist but does not create a federal exemption where State law provides none. [This may be relevant to parents with religious objections to newborn hearing screening. Whether an exemption is available depends on the laws of your State.](#)

Protections that primarily shield providers, plans, training programs, and institutions

These principal federal conscience authorities generally apply when a health care provider or entity declines to perform, assist with, pay for, cover, or refer for certain services, or faces adverse action based on a conscience objection. The three most significant federal authorities in this area are:

Church Amendments (42 U.S.C. § 300a-7)

These provisions protect certain individuals and entities in specified federally funded settings from being required to perform or assist in abortion or sterilization, or in some circumstances to make facilities or personnel available for those procedures, when doing so would conflict with religious beliefs or moral convictions. They also prohibit certain recipients of covered federal funds from discriminating in employment, staff privileges, or certain training-related decisions because of a person's participation or nonparticipation in abortion, sterilization, certain lawful health services or research activities, or related religious or moral convictions.

Coats-Snowe Amendment (42 U.S.C. § 238n)

This statute prohibits the Federal Government, and any State or local government receiving federal funding, from discriminating against certain health care entities because they refuse to perform induced abortions, provide abortion referrals, undergo or provide abortion training, or make arrangements for those activities. It also protects certain entities based on participation in training programs that do not perform induced abortions or provide or require abortion training.

Weldon Amendment

This recurring appropriations provision bars Labor-HHS-Education appropriations act funds from going to a Federal agency or program, or to a State or local government, if it discriminates against a health care entity because that entity does not provide, pay for, provide coverage of, or refer for abortions. "Health care entity" is defined broadly and can include (but is not limited to) individual physicians and other health care professionals, hospitals, provider-sponsored organizations, health maintenance organizations, health insurance plans, and other kinds of health care facilities, organizations, and plans.

[If your provider has declined to offer one of the services or procedures listed above, or if you are a provider or institution seeking information about your own conscience protections, visit \[hhs.gov/conscience\]\(https://www.hhs.gov/conscience\) for more information.](#)