



Beyond Roe: Religious Refusals



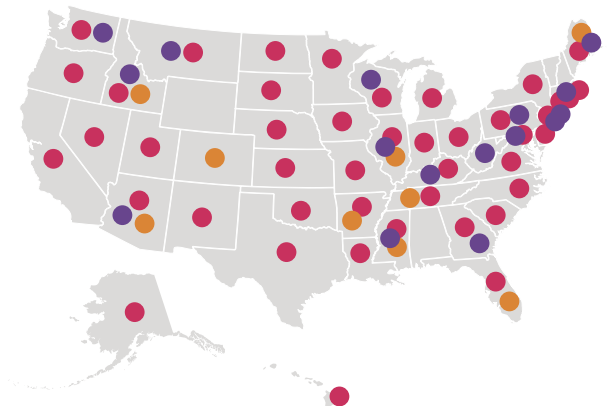
Religious refusal laws, also called “conscience protections,” permit health care professionals and institutions to refuse to perform or assist with certain health care services based on their personal religious and moral objection. While the right to religious freedom is a cornerstone of the U.S. Constitution, neglecting a patient’s right to care in the name of religious liberty is discriminatory and dangerous. Professional medical standards typically allow providers to refuse services that violate their religious or moral beliefs, but only when the refusal does not interfere with a patient’s right to care.¹ Religious refusal laws go much further to allow health care providers, administrative staff, pharmacies, and other organizations to refuse services to an individual based on personal objections.²

Religious Refusals’ Impact on Sexual and Reproductive Health and Rights

Religious refusal laws and conscience protections have serious implications for people’s access to sexual and reproductive health services, such as:^{3,4}

- Birth control
- Sterilization
- Infertility treatment
- Hormone therapy
- Genetic counseling
- HPV vaccines
- Treatment for sexual assault survivors
- Emergency reproductive care
- Health care for LGBTQ+ people and their families
- Abortion care (including referrals)

State-Level Impact on Sexual and Reproductive Health⁵



- States allowing some health care providers to refuse to provide abortion services
- States allowing some health care providers to refuse to provide services related to contraception
- States allowing some health care providers to refuse to provide sterilization services

THE DANGEROUS BROADENING OF RELIGIOUS REFUSALS

In 2020, the Supreme Court upheld a Trump administration regulation that allowed organizations that object to contraceptives for religious or moral reasons to be exempt from having to cooperate in providing those services to employees and students through group health plans. The result: Between 70,500 and 126,400 women were immediately left without access to low-cost contraceptives, and the court decision has the potential to impact 2.9 million more women if their employers choose exemption.^{6*} The Biden administration has yet to take any action on changing this rule.

*Population Institute (PI) is intentionally using women in statements where the data do not include the nonbinary people or trans men in the research. Otherwise, PI uses gender-inclusive language to include all individuals who may seek abortion services.

Religiously Affiliated Health Systems

Religiously affiliated health care systems are the fastest growing hospital systems in the U.S., and it is not always evident which health systems are faith-based and which are not.^{7,8} This can result in the refusal of reproductive healthcare services such as abortion to those seeking services within their health system, even in life threatening circumstances. Furthermore, faith-based health institutions are often the only local provider, leaving patients without other options for care, particularly if they lack access to resources that would enable them to travel to other locations.⁹

Prioritizing Patient Care Over Religious Beliefs

A recent nationally representative survey conducted by the National Women's Law Center revealed that **61 percent of voters show opposition to religious refusal laws**.¹⁰ In addition to religious refusal laws not being popular amongst U.S. voters, they create unnecessary barriers to access of reproductive health services. These broad exemptions have no place in healthcare.

Religious refusals alone are harmful; but when working in tandem with other restrictive policies, the barriers to accessing abortion can become insurmountable and deepen existing inequalities — even under *Roe*.

Endnotes

- 1 Guttmacher Institute. (2018, August 22). *Refusing to Provide or Cover Reproductive Health Services*. <https://www.guttmacher.org/evidence-you-can-use/refusing-provide-or-cover-reproductive-health-services>.
- 2 Guttmacher Institute. (2021, May 3). *Refusing to Provide Health Services*. <https://www.guttmacher.org/state-policy/explore/refusing-provide-health-services>
- 3 Fiala, C., & Arthur, J. H. (2017). There is no defense for 'Conscientious objection' in reproductive health care. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 216, 254–258. <https://doi.org/10.1016/j.ejogrb.2017.07.023>
- 4 Sonfield, A. (2019, October 7). "Refusal of Care" Rule Provides Potent New Tools to Deny Health Care. Guttmacher Institute. <https://www.guttmacher.org/article/2019/05/refusal-care-rule-provides-potent-new-tools-deny-health-care-and-discriminate>
- 5 Guttmacher Institute. (2021, May 3). *Refusing to Provide Health Services*. <https://www.guttmacher.org/state-policy/explore/refusing-provide-health-services>
- 6 Department of the Treasury. (2018). *Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act*. Federal Register. <https://www.govinfo.gov/content/pkg/FR-2018-11-15/pdf/2018-24512.pdf>
- 7 Solomon, T., Uttley, L., HasBrouck, P., & Jung, Y. (2020). (rep.). *Bigger and Bigger: The growth of Catholic health systems*. Washington, DC: COMMUNITY CATALYST.
- 8 Wascher JM, Hebert LE, Freedman LR, Stulberg DB. Do women know whether their hospital is Catholic? results from a national survey. *Contraception*. 2018;98(6):498-503. doi:10.1016/j.contraception.2018.05.017
- 9 Drake, C., Jarlenski, M., Zhang, Y., & Polsky, D. (2020). Market share of US Catholic hospitals and Associated Geographic network access to reproductive health services. *JAMA Network Open*, 3(1). <https://doi.org/10.1001/jamanetworkopen.2019.20053>
- 10 National Women's Law Center. (2019, October). *Put Patient Health First: Oppose Refusal of Care Laws*. https://nwlc.org/wp-content/uploads/2018/05/FS_carerefusal-1.pdf