

## Refusing to Provide Health Services

**BACKGROUND:** Almost every state has a policy explicitly allowing some health care professionals or certain institutions to refuse to provide or participate in abortion, contraceptive services or sterilization services. Even in states without explicit refusal statutes, an individual health care professional's actions may be legally protected by statutes prohibiting discrimination against employees, based on their religious objections. While some of the institutional policies are limited to private, or even religious, health care institutions, others apply to all institutions providing health care. (At the federal level, health care institutions and providers may refuse to participate in abortion services on the basis of their religious or moral beliefs.)

A few states have enacted laws that specifically allow pharmacists or pharmacies to refuse to provide health care due to religious or moral objections. Several other states have broadly worded refusal clause statutes that might protect pharmacists or pharmacies from liability for their refusal. (See [Emergency Contraception](#).)

### HIGHLIGHTS:

- 46 states allow some health care providers to refuse to provide abortion services.
  - All of these states permit individual health care providers to refuse to provide abortion services.
  - 43 states allow health care institutions to refuse to provide abortion services, 14 limit the exemption to private health care institutions and 1 state allows only religious health care entities to refuse to provide such care.
  
- 13 states allow some health care providers to refuse to provide services related to contraception.
  - 8 states allow individual health care providers to refuse to provide services related to contraception
  - 4 states explicitly permit pharmacists to refuse to dispense contraceptives. (5 additional states have broad refusal clauses that do not specifically include pharmacists, but may apply to them.)
  - 1 state explicitly permits pharmacies to refuse to dispense contraceptives.
  - 4 states have broad refusal clauses that do not specifically include pharmacies, but may apply to them.
  - 9 states allow health care institutions to refuse to provide services related to contraception, 6 states limit the exemption to private entities.
  
- 17 states allow some health care providers to refuse to provide sterilization services.
  - 16 states allow individual health care providers to refuse to provide sterilization services.
  - 15 states allow health care institutions to refuse to provide sterilization services; 4 limit the exemption to private entities.



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# POLICIES ALLOWING PROVIDERS TO REFUSE

STATE	ABORTION		CONTRACEPTION				STERILIZATION	
	Individual Providers	Institutions	Individual Providers	Pharmacists	Pharmacies	Institutions	Individual Providers	Institutions
Alaska	X	Private						
Arizona	X <sup>ψ</sup>	X <sup>ψ</sup>	§	§	§	§		
Arkansas	X	X	X	X	*	Private	X	X
California	X	Religious		†				
Colorado	X	X	X	*	*	Private		
Connecticut	X							
Delaware	X	X						
Florida	X	X	X	*				
Georgia	X	X		X			X	X
Hawaii	X	X						
Idaho	X	X					X	X
Illinois	X	Private	X	*	‡	X	X	X
Indiana	X	Private						
Iowa	X	Private						
Kansas	X	X					X	X
Kentucky	X	X					X	
Louisiana	X	X						
Maine	X	X	X	*	*	Private		
Maryland	X	X					X	X
Massachusetts	X	X				Private	X	Private
Michigan	X	X						
Minnesota	X	Private						
Mississippi	X	X	X	X	X	X	X	X
Missouri	X	X						
Montana	X	Private					X	Private
Nebraska	X	X						
Nevada	X	Private						
New Jersey	X	Private			Φ	Private	X	Private
New Mexico	X	X						X
New York	X							
North Carolina	X	X						
North Dakota	X	X						
Ohio	X	X						
Oklahoma	X	X						
Oregon	X	Private						
Pennsylvania	X	Private					X	Private
Rhode Island	X						X	
South Carolina	X	Private						
South Dakota	X	X		X				
Tennessee	X	X	X	*	*	Private		
Texas	X	Private						
Utah	X	Private						
Virginia	X	X						
Washington	X	X	X		Ω	X	X	X
West Virginia							X	X
Wisconsin	X	X			‡		X	X
Wyoming	X	Private						
<b>TOTAL</b>	<b>46</b>	<b>43</b>	<b>8</b>	<b>4</b>	<b>1</b>	<b>9</b>	<b>16</b>	<b>15</b>

Note: Unless indicated, the right to refuse applies to all institutions— private, religious and public.

§ Temporarily enjoined; law not in effect pending the outcome of litigation.

ψ An expansion of the state’s abortion refusal clause is temporarily enjoined pending the outcome of litigation; the prior law is in effect.

\* A broadly worded refusal clause may apply.

† Pharmacists have a duty to dispense valid prescriptions and can only refuse to dispense a prescription, including contraceptives, when their employers approves the refusal and the woman can still access her prescription in a timely manner.

‡ State law requires pharmacies to fill valid contraceptive prescriptions.

Φ Pharmacies have a duty to fill valid prescriptions.

Ω The policy in Washington requires pharmacies dispense valid prescriptions and deliver FDA-approved drugs, such as Plan B. Only the plaintiffs in an ongoing court case are exempt from the policy with regard to emergency contraception.

**CONTINUED**

## FOR MORE INFORMATION:

For information on state legislative and policy activity click on Guttmacher's [Monthly State Update](#) and for state level information and data on reproductive health issues, click on Guttmacher's [State Center](#).

Sonfield A, [Delineating the obligations that come with conscientious refusal: a question of balance](#), *Guttmacher Policy Review*, 2009, 12(3):6–10.

Sonfield A, [Proposed 'conscience' regulation opposed widely as threat to reproductive health and beyond](#), *Guttmacher Policy Review*, 2008, 11(4):17–19.

Sonfield A, [Provider refusal and access to reproductive health services: approaching a new balance](#), *Guttmacher Policy Review*, 2008, 11(2):2–6.

Guttmacher Institute, [Striking a balance between a provider's right to refuse and a patient's right to receive care](#), 2005.

Dailard C, [Beyond the issue of pharmacist refusals: pharmacies that won't sell emergency contraceptives](#), *The Guttmacher Report on Public Policy*, 2005, 8(3):10–12.

Sonfield A, [Rights vs. responsibilities: professional standards and provider refusals](#), *The Guttmacher Report on Public Policy*, 2005, 8(3):7–9.

Sonfield A, [New refusal clauses shatter balance between provider 'conscience,' patient needs](#), *The Guttmacher Report on Public Policy*, 2004, 7(3):1–3.

Gold RB, [Future uncertain for Catholic plans' creative approaches to providing contraceptive access](#), *The Guttmacher Report on Public Policy*, 2000, 3(6):1–2 & 14.

Gold RB and Sonfield A, [Refusing to participate in health care: a continuing debate](#), *The Guttmacher Report on Public Policy*, 2000, 3(1):8–11.

Dailard C, [State contraceptive coverage laws: creative responses to questions of 'conscience'](#), *The Guttmacher Report on Public Policy*, 1999, 2(4):1–2 & 14.

Cohen SA, [Objections, confusion among pharmacists threaten access to emergency contraception](#), *The Guttmacher Report on Public Policy*, 1999, 2(3):1–3.

Gold RB, [Contraceptive coverage: toward ensuring access while respecting conscience](#), *The Guttmacher Report on Public Policy*, 1998, 1(6):1–2 & 14.

Donovan P, [When plans opt out: family planning access in Medicaid managed care](#), *The Guttmacher Report on Public Policy*, 1998, 1(4):8–11.

Gold RB, [Conscience makes a comeback in the age of managed care](#), *The Guttmacher Report on Public Policy*, 1998, 1(1):1–2.