

CONSCIENCE PROTECTIONS FOR CARE WORKERS

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TOPLINE: Policymakers should expand religious and conscience protections for care workers. Stronger, more consistent protections would attract and retain more religious and conscientious workers in the industry rather than force them out, expanding the labor force in critical sectors facing persistent shortages and rapid cost growth.

BACKGROUND: When forced to do things they think are wrong, care workers quit or never join an industry in the first place, directly impacting the quality and affordability of care. Federal protections like the Church, Coats-Snowe, and Weldon Amendments are vital countermeasures to combat attrition. Despite historic bipartisan buy-in, enforcement has been lacking in more progressive administrations.

Lacking durable federal protections, several states (Tennessee and Idaho in 2025, Utah in 2026) have adopted Medical Ethics Defense Acts covering physicians, nurses, and other licensed providers. In education, comparable pressure points include bans on prayer and policies regarding transgenderism and sexually explicit curriculum.

Action Items (Congress and States):

- Lawmakers should **create a private right of action for conscience violations**.
- Congress should **advance protections at the Department of Veterans Affairs, the Department of Defense, and other federal agencies**.
- States should **ensure conscience protections in medical education and accreditation**, including against mandatory abortion training in residencies.
- **States should adopt a Medical Ethics Defense Act** or similar statute, modeled on the Tennessee, Idaho, and Utah laws, if they haven't already.

How It Would Make Life More Affordable:

- It would help address the physician shortage, which HRSA projects will reach nearly [142,000](#) physicians by 2038. Care workers experiencing high moral distress are [three times](#) as likely to consider leaving.
- Lower turnover reduces the cost of recruiting and onboarding replacement staff, a cost currently passed through in prices and tuition.
- Protecting religious hospitals and schools from compliance-driven closure preserves health care access in communities where these institutions are the primary or sole provider, particularly rural and underserved areas.

Related Legislation: Conscience Protection Act ([S. 1756](#), [H.R. 3411](#)); Conscience Protections for Medical Residents Act ([S. 3238](#), [H.R. 6219](#)); Utah, Tennessee, and Idaho's respective versions of the Medical Ethics Defense Act.

BOTTOMLINE: Weak and inconsistent conscience protections push conscientious workers out of expensive care industries, tightening labor supply in sectors already short-staffed and driving up costs for patients, families, and students.