

## HHS Enforcement Restructuring Signals Compliance Risks

By **Amelia Medina and Ahsin Azim** (June 17, 2026, 5:55 PM EDT)

The U.S. Department of Health and Human Services' Office for Civil Rights is best known for enforcing the Health Insurance Portability and Accountability Act, the federal privacy, security and breach notification framework for protected health information.[1]

Historically, however, that work often looked less like headline-grabbing enforcement and more like complaint resolution. The OCR investigated complaints, helped organizations fix deficiencies and imposed penalties when circumstances warranted.

As former OCR Director Melanie Fontes Rainer has been quoted as saying, "Yes, it's an office of law enforcement, but its primary objective is voluntary compliance. That isn't always enforcement." [2]

On May 18, HHS formally announced a broader shift.[3] The department reorganized the OCR into three subject matter divisions: the Civil Rights Division, the Conscience and Religious Freedom Division, and the Health Information Privacy, Data and Cybersecurity Division. The restructuring returns the OCR to a program-based structure, giving each area its own senior executive leadership.

The reorganization confirms what recent enforcement activity had appeared to indicate: HIPAA remains central, but the OCR is also prioritizing civil rights, conscience and religious freedom, and data and cybersecurity issues.

The OCR's docket now cuts across electronic health record and portal design, clinical staffing, university admissions and hiring, federal funding eligibility, and other operational aspects of a covered entity's business.

### The Three Divisions

Even before the May 18 announcement formalized the OCR's new structure, enforcement activity had started aligning with these three lanes. The discussion below maps that activity to each division and identifies the compliance priorities that follow.

#### *Civil Rights Division*

The OCR's civil rights work was already expanding before the restructuring was announced.



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In the higher education context, the OCR's activity following the U.S. Supreme Court's 2023 decision in *Students for Fair Admissions Inc. v. President & Fellows of Harvard College*,<sup>[4]</sup> which addressed race-conscious admissions policies, has focused on admissions, DEI-related requirements and campus discrimination.

Last May, the OCR's "Dear Colleague" letter<sup>[5]</sup> warned medical schools that using race as an admissions factor; requiring diversity, equity and inclusion statements; or relying on facially neutral proxies for race may violate Title VI and Section 1557 of the Affordable Care Act, which prohibits discrimination on the grounds of race, color, national origin, sex, age or disability in certain health programs and activities.<sup>[6]</sup>

The "Dear Colleague" letter further warned that noncompliance can jeopardize federal funding. The OCR has also opened compliance reviews involving allegations of antisemitism and other discrimination at universities.

For institutions, the immediate compliance task is to review admissions and hiring processes end-to-end, document post-*Students for Fair Admissions* policy changes, and preserve the rationale for any admissions or hiring criteria that could be viewed as race-based or proxy-based.

The OCR's civil rights focus is not limited to admissions. For example, at the department level, HHS activity has also reached federally funded youth programs and child welfare policies. The department has directed states and territories to remove gender identity content from federally funded Personal Responsibility Education Program sex education materials, and has terminated at least one state's PREP grant for noncompliance.<sup>[7]</sup>

Although these actions originate outside the OCR's traditional portfolio, the reorganization suggests that the Civil Rights Division may become an important entry point for civil rights enforcement touching healthcare, whether the matter begins within the OCR or elsewhere in HHS.

For organizations, the practical response is to identify which programs, grants and policies could draw civil rights scrutiny; assign internal ownership for monitoring federal guidance and state law changes; and establish OCR response protocols — including document preservation procedures and designated points of contact.

### ***Conscience and Religious Freedom Division***

During President Donald Trump's first term, HHS established a Conscience and Religious Freedom Division within the OCR in January 2018 to enforce federal laws protecting conscience and religious freedom in healthcare.

The division operated until March 2023, when the Biden administration dissolved it as part of a broader reorganization that combined conscience and civil rights functions into a single Policy Division. The May 18 restructuring reestablishes the division as a stand-alone unit with dedicated senior executive leadership.

The legal backdrop is a set of federal conscience statutes — including the Church Amendments, the Weldon Amendment and the Coats-Snowe Amendment<sup>[8]</sup> — that protect individuals and entities from being compelled to participate in procedures such as abortion or sterilization, and from discrimination based on their refusal to do so.<sup>[9]</sup> The OCR has put those authorities back in the foreground.

In an April U.S. Department of Justice Task Force report about eradicating anti-Christian bias,[10] HHS OCR Director Paula Stannard declared that "OCR is done treating conscience rights as second-class rights." [11]

Here, too, the talk is coupled with action. Among other steps, the OCR has rescinded guidance regarding services for transgender minors,[12] opened nearly 20 conscience-related enforcement actions,[13] issued notices of violation to states,[14] launched a whistleblower portal[15] and published guidance on religious exemptions for the Vaccines for Children Program.[16]

This activity gives providers a reason to treat conscience requests as an operational compliance issue, not only an employment or patient-relations issue. Providers should review accommodation procedures, escalation paths and documentation practices against federal conscience standards, and train clinical leaders on how to identify and route requests before they become ad hoc disputes.

### ***Health Information Privacy, Data and Cybersecurity Division***

The OCR's HIPAA work was also evolving before the May 18 reorganization gave the function a broader title. One example relates to the topic of parental access to minors' medical records: HIPAA generally treats a parent with decision-making authority as the child's "personal representative," giving that parent the same access rights as the patient, subject to certain exceptions.[17]

The OCR has framed that issue as an enforcement priority. In a "Dear Colleague" letter published in December 2025, the OCR flagged improper practices — such as requiring a minor's authorization when no law requires it — and stated that it will use "all civil remedies available, including civil money penalties"[18] to enforce correct practices. The OCR's framing also reaches related parental authority questions, including access to records involving vaccination decisions.

For healthcare leaders, the practical response is twofold.

First, test whether policy and technology match the legal rule. For example, map out applicable state minors' consent laws, verify HIPAA personal representative workflows, and confirm that portals and electronic health record systems provide access where required and restrict it where an exception applies.

Second, treat the division's expanded name as a signal to maintain security rule readiness, with privacy, IT and legal teams aligned on the elements of their mission that are presently in focus with the OCR.

### **Conclusion**

The OCR is no longer just a HIPAA office. With the May 18 reorganization, each of its three mandates now has its own division, leadership structure and enforcement focus. The stakes are operational, not just legal.

The best response is durable, cross-functional compliance: Align legal, privacy, IT, HR and clinical leadership around shared policies and tested response processes before an inquiry arrives.

Treat such inquiries seriously, respond to the OCR thoroughly and promptly, and prepare business and operational leaders for the prospect of interacting with an agency that is now more forceful and willing

to deploy its full complement of enforcement tools.

Enforcement priorities may continue to shift, but organizations that build adaptable governance now will be better positioned to meet the OCR's expanding mandate.

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[1] See 45 C.F.R. pts. 160 & 164.

[2] Chelsea Cirruzzo & Kelly Hooper, HHS Switches Gears: Cybersecurity Out, DEI Bans In, POLITICO (Apr. 30, 2025), <https://www.politico.com/newsletters/politico-pulse/2025/04/30/hhs-switches-gears-cybersecurity-out-dei-bans-in-00316786>.

[3] Press Release, HHS OCR, HHS Announces Restructuring of Its Office for Civil Rights (May 18, 2026), <https://www.hhs.gov/press-room/hhs-announces-restructuring-of-its-office-for-civil-rights.html>.

[4] 600 U.S. 181 (2023).

[5] HHS OCR Letter to Medical Schools on Guidance Addresses Federal Prohibitions on Explicit and Pretextual Race-Based Discrimination (May 6, 2025), <https://www.hhs.gov/sites/default/files/guidance-med-schools-dear-colleague-letter.pdf> (part of the "Dear Colleague Letters" from OCR); 42 U.S.C. §2000d (Title VI); 42 U.S.C. §18116 (Title I, Section 1557).

[6] On June 2, 2026, HHS published a Federal Register notice informing the public that the U.S. District Court for the Southern District of Mississippi vacated portions of HHS's 2024 Section 1557 final rule, see *Nondiscrimination in Health Programs and Activities*, 89 Fed. Reg. 37522 (May 6, 2024); *Tennessee v. Kennedy*, 807 F. Supp. 3d 613 (S.D. Miss. 2025), to the extent those provisions expanded Title IX's definition of sex discrimination to include gender-identity discrimination, and that OCR will not enforce the vacated provisions. CMS, FR Doc. No. 2026-11015, Notice of Vacatur Regarding Certain Provisions of the 2024 Nondiscrimination in Health Programs and Activities Final Rule (June 1, 2026), [https://public-inspection.federalregister.gov/2026-11015.pdf?utm\\_campaign=pi+subscription+mailing+list&utm\\_medium=email&utm\\_source=federalregister.gov](https://public-inspection.federalregister.gov/2026-11015.pdf?utm_campaign=pi+subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov) (to be published June 2, 2026).

[7] Press Release, HHS, Trump Administration Puts 46 States and Territories on Notice to Remove Gender Ideology Content from Sex Ed Materials (Aug. 26, 2025), <https://www.hhs.gov/press-room/hhs-acf-states-remove-gender-ideology-sex-ed.html>.

[8] The Church Amendments protect certain individuals and entities from being required, as a condition of federal participation, to perform or assist in procedures such as abortion or sterilization. The Weldon Amendment prohibits certain government entities from discriminating against health care entities that do not provide, pay for, provide coverage of, or refer for abortions. The Coats-Snowe Amendment protects medical training programs and health care entities from discrimination based on their willingness or refusal to provide abortion-related training or services.

[9] See, e.g., 42 U.S.C. §300a-7 (Church Amendments); Consolidated Appropriations Act, 2005, Pub. L. No. 108-447, div. F, §508(d), 118 Stat. 2809, 3163 (2004) (Weldon Amendment); 42 U.S.C. §238n (Coats-Snowe Amendment).

[10] U.S. Dep't of Just., *Eradicating Anti-Christian Bias within the Federal Government* (Apr. 30, 2026) <https://www.justice.gov/opa/media/1438506/dl>.

[11] See Press Release, HHS, *HHS Details Actions Taken to Support Americans of Faith in New Report* (Apr. 30, 2026), <https://www.hhs.gov/press-room/hhs-details-actions-taken-in-acb-report.html>.

[12] U.S. Dep't of Just., *Eradicating Anti-Christian Bias within the Federal Government* (Apr. 30, 2026) <https://www.justice.gov/opa/media/1438506/dl>.

[13] HHS, *Factsheet: How HHS Is Eradicating Bias Against Americans of Faith*, <https://www.hhs.gov/sites/default/files/ocr-fact-sheet-hhs-eradicating-bias.pdf>.

[14] See, e.g., Press Release, HHS, *HHS Takes Comprehensive Action to Enforce Conscience Rights and Protect Human Life* (Jan. 21, 2026), <https://www.hhs.gov/press-room/conscience-dlc.html>; HHS OCR Letter to Illinois on Notice of Violation: OCR Transaction Numbers 17-282111, 18-292352, 17-282092, 18-293480, and 18-304777 (Jan. 21, 2026), <https://www.hhs.gov/sites/default/files/nov-illinois.pdf>; Press Release, HHS, *HHS's Office for Civil Rights Investigates Thirteen States Under Federal Conscience Law* (Mar. 19, 2026), <https://www.hhs.gov/press-room/hhs-ocr-investigates-thirteen-state-abortion-coverage-mandates-under-federal-conscience-law.html>.

[15] Press Release, HHS, *HHS Takes Action to Protect Whistleblowers Who Defend Children and Launches First Conscience Investigation* (Apr. 14, 2025), <https://www.hhs.gov/press-room/hhs-launches-whistleblower-form-to-protect-kids.html>.

[16] HHS OCR Letter on Vaccines for Children Program Immunization Programs and Participating Providers (Sep. 4, 2025), <https://www.hhs.gov/sites/default/files/ocr-nationwide-vaccine-letter.pdf> (a Dear Colleague letter).

[17] See HHS OCR Letter on The HIPAA Privacy Rule and Parental Access to Minor Children's Medical Records (Dec. 3, 2025), <https://www.hhs.gov/sites/default/files/ocr-letter-hipaa-privacy-rule-and-parental-access-to-minor-childrens-medical-records.pdf> (a Dear Colleague letter); 45 C.F.R. §164.502(g) (personal representatives); 45 C.F.R. §164.524 (right of access).

[18] HHS OCR Letter on The HIPAA Privacy Rule and Parental Access, *supra* note 19, at 3.