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By:  Hall, et al. S.B. No. 1674

A BILL TO BE ENTITLED

AN ACT

relating to protection of individuals from participation in a health care service for reasons of conscience; providing a civil remedy; authorizing disciplinary action.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1.  The legislature finds that:

(1)  the public policy of this state is to respect the conscience of all health care providers and the right of each health care provider to hold their own belief about whether certain health care services are morally acceptable;

(2)  without comprehensive protections, the conscience of health care providers may be violated; and

(3)  each health care provider must be protected from required participation in a health care service in which the provider has declined participation for reasons of conscience and from discriminatory adverse action resulting from the nonparticipation.

SECTION 2.  Chapter 161, Health and Safety Code, is amended by adding Subchapter X to read as follows:

SUBCHAPTER X. TEXAS HEALTH CARE CONSCIENCE PROTECTION ACT

Sec. 161.701.  DEFINITIONS. In this subchapter:

(1)  "Conscience" means a sincerely held set of moral convictions arising from:

(A)  a belief in and relation to God;

(B)  a religious faith or spiritual practice; or

(C)  a moral philosophy or ethical position, without regard to whether the philosophy or position is related to a religious faith.

(2)  "Emergency care" means health care services provided to stabilize a patient's medical condition manifesting in acute symptoms of sufficient severity, including severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe the patient's condition, sickness, or injury is of sufficient severity that absence of immediate medical care could reasonably be expected to result in:

(A)  the patient's death;

(B)  the patient's health being seriously jeopardized;

(C)  serious impairment of the patient's bodily functions;

(D)  serious dysfunction of a bodily organ or part of the patient;

(E)  serious disfigurement of the patient; or

(F)  for a pregnant woman, serious jeopardy to the health of the woman's unborn child.

(3)  "Health care facility" means a public or private organization, corporation, partnership, sole proprietorship, association, agency, network, joint venture, or other entity that provides health care services to patients. The term includes a hospital, clinic, medical center, ambulatory surgical center, private physician's office, pharmacy, nursing home, laboratory or diagnostic facility, infirmary, dispensary, medical school, nursing school, or medical training facility.

(4)  "Health care provider" means a nurse, nurse aide, medical assistant, hospital employee, clinic employee, nursing home employee, pharmacist, pharmacy employee, researcher, medical, pharmacy, or nursing school student, professional, paraprofessional, or, without regard to whether the individual holds a license, any other individual who furnishes or assists in the furnishing of a health care service.

(5)  "Health care service" means any phase of patient health care or treatment, including any conduct that may give rise to a health care liability claim, as that term is defined by Section 74.001, Civil Practice and Remedies Code. The term includes:

(A)  testing, diagnosis, prognosis, ancillary research, instruction, medication, therapy, treatment, and surgery;

(B)  family planning, counseling, and referrals, and any other advice in connection with the use or procurement of contraceptives, sterilization, or abortion; and

(C)  any other care or treatment rendered by a health care facility, physician, or health care provider.

(6)  "Life-sustaining treatment" has the meaning assigned by Section 166.002.

(7)  "Participate" related to the provision of a health care service includes an act to receive, obtain, perform, assist in performing, give advice regarding, suggest, recommend, or refer a health care service.

(8)  "Physician" means an individual licensed to practice medicine in this state.

(9)  "Substantially prevent" related to the provision of a health care service means to significantly delay the provision of a health care service to a patient.

(10)  "Undue delay" related to the provision of a health care service means an unreasonable delay that impairs a patient's health.

Sec. 161.702.  RIGHT TO DECLINE PARTICIPATION IN HEALTH CARE SERVICE FOR REASONS OF CONSCIENCE; EXCEPTIONS. (a) Except as provided by Subsection (b), an individual may decline to participate in a health care service for reasons of conscience.

(b)  An individual may not decline to participate in the following services:

(1)  emergency care;

(2)  life-sustaining treatment; or

(3)  cardiopulmonary resuscitation.

(c)  An individual who declines for reasons of conscience to participate in providing life-sustaining treatment to a patient shall continue providing life-sustaining treatment to the patient until an accommodation is arranged under Section 161.706.

(d)  This section may not be construed to allow an individual to decline to participate in providing a health care service to a patient because of the patient's race, color, sex, national origin, religion, age, disability, physical condition, or economic status.

Sec. 161.703.  IMMUNITY OF PHYSICIANS AND HEALTH CARE PROVIDERS. A physician or health care provider may not be held civilly or criminally liable because the physician or health care provider declines to participate in a health care service wholly or partly for reasons of conscience.

Sec. 161.704.  ADVERSE ACTION. A person, including a public official or a medical school or other institution that conducts education or training programs for physicians or health care providers, violates this subchapter by taking an adverse action against an individual because the individual declines to participate in a health care service for reasons of conscience. Violations include taking an adverse action with regard to:

(1)  licensure;

(2)  certification;

(3)  employment terms, benefits, seniority status, promotion, or transfer;

(4)  staff appointments or other privileges;

(5)  denial of employment, admission, or participation in a program for which the individual is eligible;

(6)  reference to reasons of conscience in an application form;

(7)  questions regarding an applicant's participation in providing a health care service for reasons of conscience;

(8)  imposition of a burden in the terms or conditions of employment;

(9)  denial of aid, assistance, or benefits;

(10)  conditional receipt of the aid, assistance, or benefits; or

(11)  coercion or disqualification of the individual receiving aid, assistance, or benefits.

Sec. 161.705.  PROTOCOL FOR DECLINING PARTICIPATION IN PROVISION OF HEALTH CARE SERVICE. (a) A health care facility shall develop a written protocol for circumstances in which an individual declines to participate in providing a health care service, other than a life-sustaining treatment, for reasons of conscience. The protocol must describe a patient's access to health care services and information to ensure the patient is not permanently or substantially prevented from obtaining the services. The protocol must explain the process the facility will implement to facilitate in a timely manner the patient's access to the services.

(b)  An individual who declines to participate in providing a health care service for reasons of conscience shall:

(1)  notify the health care facility of the declination; and

(2)  comply with the applicable protocol developed under this section.

(c)  This section does not require a health care facility, physician, or health care provider to counsel a patient or refer the patient to another physician or facility regarding a health care service that is contrary to the conscience of the physician or health care provider.

Sec. 161.706.  PROTOCOL FOR LIFE-SUSTAINING TREATMENT. (a) A health care facility shall develop a written protocol for circumstances in which an individual declines to participate in providing life-sustaining treatment for reasons of conscience. The protocol must prohibit an individual from declining to provide life-sustaining treatment to a patient before the patient is transferred to another physician or health care provider at the health care facility who is willing to provide life-sustaining treatment to the patient. The protocol must explain the process the health care facility will implement to facilitate the transfer in a timely manner.

(b)  An individual who declines to participate in providing life-sustaining treatment for reasons of conscience shall notify the health care facility and comply with the applicable protocol developed under this section. The individual must continue to participate in providing life-sustaining treatment until the facility transfers the patient to another physician or health care provider at the facility.

(c)  If a transfer to another physician or health care provider at the health care facility cannot be arranged, the protocol at a minimum must require a health care facility, physician, or health care provider to:

(1)  timely inform the patient of the patient's condition, prognosis, and treatment options, and the risks and benefits of those treatment options, consistent with accepted standards of health care;

(2)  provide without undue delay copies of the patient's medical records to the patient or another health care facility, physician, or health care provider designated by the patient in accordance with medical privacy laws, if requested by the patient or the patient's legal representative; and

(3)  take any other action necessary to transfer the patient to another health care facility.

(d)  This section does not require a health care facility, physician, or health care provider to counsel a patient or refer the patient to another physician or facility regarding a health care service that is contrary to the conscience of the physician or health care provider. The information required by Subsection (c) may be provided by a health care facility, physician, or health care provider other than the physician or health care provider who declined to participate in providing life-sustaining treatment for reasons of conscience.

Sec. 161.707.  DISCIPLINARY ACTION; COMPLAINT. (a) A health care facility, physician, or health care provider that holds a license issued by a licensing agency in this state is subject to review and disciplinary action by the licensing agency for a violation of this subchapter as if the facility, physician, or provider violated the applicable licensing law.

(b)  An individual who is injured by a violation of this subchapter may file a complaint with the licensing agency that issued a license to the health care facility, physician, or health care provider that allegedly violated this subchapter.

(c)  A physician or health care provider may not file a complaint with the appropriate licensing agency under this section unless the physician or health care provider complies with the health care facility's protocol developed under Section 161.705 or 161.706, as appropriate.

Sec. 161.708.  CIVIL REMEDIES. A person who is injured by a violation of this subchapter may bring a civil action against a person who violates this subchapter. A person who brings the action under this section may obtain:

(1)  injunctive relief;

(2)  damages incurred by the person, including:

(A)  actual damages for all psychological, emotional, and physical injuries resulting from the violation of this subchapter;

(B)  court costs; and

(C)  reasonable attorney's fees; or

(3)  both injunctive relief and damages.

SECTION 3.  Not later than December 1, 2021, a health care facility, as that term is defined by Section 161.701, Health and Safety Code, as added by this Act, shall adopt protocols required by Sections 161.705 and 161.706, Health and Safety Code, as added by this Act.

SECTION 4.  Section 161.703, Health and Safety Code, as added by this Act, applies only to a cause of action that accrues on or after the effective date of this Act.

SECTION 5.  This Act takes effect September 1, 2021.