SPEAKER:

CHAIR:

I move to amend SB875

Page ________  Section ________  Lines ________ Of the printed Bill

Page ________  Section ________  Lines ________ Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by inserting in lieu thereof the following language:

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AMEND TITLE TO CONFORM TO AMENDMENTS

Adopted: _____________________________

Amendment submitted by: Kevin West

__________________________
Reading Clerk
STATE OF OKLAHOMA

1st Session of the 59th Legislature (2023)

FLOOR SUBSTITUTE
FOR ENGROSSED
SENATE BILL NO. 875

By: Jett of the Senate

and

West (Kevin) of the House

FLOOR SUBSTITUTE

An Act relating to freedom of conscience; creating the Medical Ethics Defense Act; providing short title; defining terms; granting certain rights to certain medical practitioners, healthcare institutions, or healthcare payers; limiting exercise of certain rights; granting certain immunities; prohibiting certain discrimination; requiring opt-in for abortion; providing certain construction; prohibiting and requiring certain actions by licensing board under certain conditions; authorizing and prohibiting certain civil actions; prohibiting certain defense; providing for recovery of damages and other relief; providing severability; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-728g of Title 63, unless there is created a duplication in numbering, reads as follows:
This act may be known and cited as the “Medical Ethics Defense Act”.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-728h of Title 63, unless there is created a duplication in numbering, reads as follows:

1. “Conscience” means the ethical, moral, or religious beliefs or principles held by any medical practitioner, healthcare institution, or healthcare payer. Conscience with respect to institutional entities or corporate bodies, as opposed to individual persons, is determined by reference to that entity or body’s governing documents, including but not limited to any published ethical, moral, or religious guidelines or directives; mission statements; constitutions; articles of incorporation; bylaws; policies; or regulations;

2. “Disclosure” means a formal or informal communication or transmission, but does not include a communication or transmission concerning policy decisions that lawfully exercise discretionary authority unless the medical practitioner providing the disclosure or transmission reasonably believes that the disclosure or transmission evinces:

   a. any violation of any law, rule, or regulation,
   b. any violation of any ethical guidelines for the provision of any medical procedure or service, or
c. gross mismanagement, a gross waste of funds, an abuse of authority, practices or methods of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety;

3. “Discrimination” means any adverse action taken against, or any threat of adverse action communicated to, any medical practitioner, healthcare institution, or healthcare payer as a result of his, her, or its decision to decline to participate in a medical procedure or service on the basis of conscience.

Discrimination includes, but is not limited to, termination of employment; transfer from current position; demotion from current position; adverse administrative action; reassignment to a different shift or job title; increased administrative duties; refusal of staff privileges; refusal of board certification; loss of career specialty; reduction of wages, benefits, or privileges; refusal to award a grant, contract, or other program; refusal to provide residency training opportunities; denial, deprivation, or disqualification of licensure; withholding or disqualifying from financial aid and other assistance; impediments to creating any healthcare institution or payer or expanding or improving such healthcare institution or payer; impediments to acquiring, associating with, or merging with any other healthcare institution or payer; the threat thereof with regard to any of the preceding; or any other penalty, disciplinary, or retaliatory action, whether
executed or threatened. However, discrimination excludes the negotiation or purchase of insurance by a non-government entity;

4. “Medical procedure or service” means medical care provided to any patient at any time over the entire course of treatment, or medical research. This includes, but is not limited to, testing; diagnosis; referral; dispensing and/or administering any drug, medication, or device; psychological therapy or counseling; research; prognosis; therapy; record making procedures; notes related to treatment; set up or performance of a surgery or procedure; or any other care or service performed or provided by any medical practitioner including, but not limited to, physicians, nurses, allied health professionals, paraprofessionals, contractors, or employees of healthcare institutions;

5. “Healthcare institution” means any organization, corporation, partnership, association, agency, network, sole proprietorship, joint venture, or other entity that provides medical procedures or services. The term includes, but is not limited to, any public or private hospital, clinic, medical center, physician organization, professional association, ambulatory surgical center, private physician’s office, pharmacy, nursing home, medical school, nursing school, medical training facility, or any other entity or location in which medical procedures or services are performed;

6. “Healthcare payer” means any employer, health plan, health maintenance organization, insurance company, management services
organization, or any other entity that pays for, or arranges for the
payment of, any medical procedure or service provided to any
patient, whether that payment is made in whole or in part;

7. “Medical practitioner” means any person or individual who
may be or is asked to participate in any way in any medical
procedure or service. This includes, but is not limited to,
doctors, nurse practitioners, physician’s assistants, nurses,
nurses’ aides, allied health professionals, medical assistants,
hospital employees, clinic employees, nursing home employees,
pharmacists, pharmacy technicians and employees, medical school
faculty and students, nursing school faculty and students,
psychology and counseling faculty and students, medical researchers,
laboratory technicians, psychologists, psychiatrists, counselors,
mental health professionals, social workers, or any other person who
facilitates or participates in the provision of a medical procedure
or service;

8. “Participate” in a medical procedure or service means to
provide, perform, assist with, facilitate, refer for, counsel for,
advise with regard to, admit for the purposes of providing, or take
part in any way in providing any medical procedure or service, or
any form of such service;

9. “Pay” or “payment” means to pay for, contract for, arrange
for the payment of (whether in whole or in part), reimburse, or
remunerate;
SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-728i of Title 63, unless there is created a duplication in numbering, reads as follows:

A. Freedom of Conscience. A medical practitioner, healthcare institution, or healthcare payer has the right not to participate in or pay for any medical procedure or service which violates his, her, or its conscience.

B. Limitations. The exercise of the right of conscience is limited to conscience-based objections to a particular medical procedure or service. This section may not be construed to waive or modify any duty a health care practitioner, health care institution, or health care payer may have to provide other medical procedures or services that do not violate the practitioner’s, institution’s, or payer’s conscience.

C. Immunity from Liability. No medical practitioner, healthcare institution, or healthcare payer shall be civilly, criminally, or administratively liable for exercising his, her, or its right of conscience not to participate in or pay for a medical procedure or service. No healthcare institution shall be civilly, criminally, or administratively liable for the exercise of conscience rights not to participate in a medical procedure or service by a medical practitioner employed, contracted, or granted admitting privileges by the healthcare institution.
D. Discrimination. No medical practitioner, healthcare institution, or healthcare payer shall be discriminated against in any manner as a result of his, her, or its decision to decline to participate in or pay for a medical procedure or service on the basis of conscience.

E. Exception. Notwithstanding any other provision of this act to the contrary, a religious medical practitioner, healthcare institution, or healthcare payer that holds itself out to the public as religious, states in its governing documents that it has a religious purpose or mission, and has internal operating policies or procedures that implement its religious beliefs, shall have the right to make employment, staffing, contracting, and admitting privilege decisions consistent with its religious beliefs.

F. Opt-In Required. A health care practitioner may not be scheduled for, assigned, or requested to directly or indirectly perform, facilitate, refer for, or participate in an abortion unless the practitioner first affirmatively consents in writing to perform, facilitate, refer for, or participate in the abortion. This subsection does not establish a right to participate in an abortion otherwise prohibited by law.

G. Emergency Medical Treatments. Nothing herein shall be construed to override the requirement to provide emergency medical treatment to all patients set forth in 42 U.S.C. Section 1395dd. Medical emergencies shall be subject to the definitions and
requirements of Section 1-731.4 of Title 63 of the Oklahoma
Statutes.

SECTION 4. NEW LAW A new section of law to be codified
in the Oklahoma Statutes as Section 1-728j of Title 63, unless there
is created a duplication in numbering, reads as follows:

A. No medical practitioner shall be discriminated against in
any manner because the medical practitioner:

1. Provided, caused to be provided, or is about to provide or
cause to be provided to his or her employer, the Attorney General,
any state agency charged with protecting health care rights of
conscience, the U.S. Department of Health and Human Services, the
Office of Civil Rights, or any other federal agency charged with
protecting health care rights of conscience information relating to
any violation of, or any act or omission the medical practitioner
reasonably believes to be a violation of, any provision of this act;

2. Testified or is about to testify in a proceeding concerning
such violation; or

3. Assisted or participated, or is about to assist or
participate, in such a proceeding.

B. Unless the disclosure is specifically prohibited by law, no
medical practitioner shall be discriminated against in any manner
because the medical practitioner disclosed any information that the
medical practitioner reasonably believes evinces:

1. Any violation of any law, rule, or regulation;
2. Any violation of any ethical guidelines for the provision of any medical procedure or service; or

3. Gross mismanagement, a gross waste of funds, an abuse of authority, practices or methods of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety.

C. A licensing board may not reprimand, sanction, or revoke or threaten to revoke a license, certificate, or registration of a health care practitioner for engaging in speech or expressive activity protected under the First Amendment to the U.S. Constitution, unless the licensing board demonstrates beyond a reasonable doubt that the practitioner’s speech was the direct cause of physical harm to a person with whom the health care practitioner had a practitioner-patient relationship within the three (3) years immediately preceding the incident of physical harm.

1. The licensing board must provide a medical practitioner with any complaints it has received which may result in the revocation of the medical practitioner’s license, certification, or registration, within seven (7) days after receipt of the complaint.

2. The licensing board must pay the medical practitioner an administrative penalty of $500 for each day the complaint is not provided to the medical practitioner after the specified seven (7) days.
SECTION 5. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-728k of Title 63, unless there is created a duplication in numbering, reads as follows:

A. Civil Action for Violation of Right of Conscience. A civil action for damages or injunctive relief, or both, may be brought by any medical practitioner, healthcare institution, or healthcare payer for any violation of any provision of this act. Any additional burden or expense on another medical practitioner, healthcare institution, or healthcare payer arising from the exercise of the right of conscience shall not be a defense to any violation of this act. However, no civil action may be brought against an individual who declines to use or purchase any medical procedure or service from a specific medical practitioner, healthcare institution, or healthcare payer for exercising the rights granted in subsection A of Section 3 of this act.

B. Other Remedies. Any party aggrieved by any violation of this act may commence a civil action and shall be entitled, upon the finding of a violation, to recover threefold his, her, or its actual damages sustained, along with the costs of the action and reasonable attorney fees. Such damages shall be cumulative and in no way limited by any other remedies which may be available under any other federal, state, or municipal law. A court considering such civil action may also award injunctive relief, which may include, but is not limited to, reinstatement of a medical practitioner to his or
her previous position, reinstatement of board certification, and re-
licensure of a healthcare institution or healthcare payer.

SECTION 6. NEW LAW A new section of law to be codified
in the Oklahoma Statutes as Section 1-7281 of Title 63, unless there
is created a duplication in numbering, reads as follows:

Any provision of this act held to be invalid or unenforceable by
its terms, or as applied to any person or circumstance, shall be
construed so as to give it the maximum effect permitted by law,
unless such holding shall be one of utter invalidity or
unenforceability, in which event such provision shall be deemed
severable herefrom and shall not affect the remainder hereof or the
application of such provision to other persons not similarly
situated or to other, dissimilar circumstances.

SECTION 7. This act shall become effective November 1, 2023.

59-1-8300 TJ 04/24/23