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	COMMITTEE/SUBCOMMITTEE	G	ACTION
ADOP	TED	_	(Y/N)
ADOP	TED AS AMENDED	_	(Y/N)
ADOP	TED W/O OBJECTION	_	(Y/N)
FAIL	ED TO ADOPT	_	(Y/N)
WITH	DRAWN	_	(Y/N)
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Committee/Subcommittee hearing bill: Health & Human Services Committee

Representative Rudman offered the following:

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Amendment (with title amendment)

Remove lines 95-166 and insert:

- (2) RIGHTS OF CONSCIENCE.— (a) A health care provider or health care payor has the right to opt out of participation in or payment for any health care service on the basis of a conscience-based objection.
- 1. A health care provider who is an individual must document in the patient's medical record that the health care provider gave verbal or written notice of his or her conscience-based objection to the patient, at the time of objection or as soon as practicable thereafter.

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- 2. A health care provider who is an individual must, at the time of objection or as soon as practicable thereafter, provide written notification of his or her conscience-based objection to the health care provider's supervisor or employer, if such health care provider has a supervisor or employer.
- 3. A health care provider who is a student must provide written notice of his or her conscience-based objection to his or her educational institution at the time of the conscience-based objection or as soon as practicable thereafter.
- (b) The exercise of the right of medical conscience is limited to conscience-based objections to a specific health care service. This section does not waive or modify any duty a health care provider or health care payor may have to provide or pay for other health care services that do not violate their rights of conscience or any duty a health care provider may have to provide informed consent to a patient in accordance with general law. Additionally, a health care payor may not decline to pay for a health care service it is contractually obligated to cover during the plan year.
- (c) A health care provider may not be discriminated against or suffer adverse action because the health care provider declined to participate in or pay for a health care service on the basis of a conscience-based objection.
 - (3) SPEECH AND WHISTLEBLOWER PROTECTIONS. -

	(a)	А	hea	alth	care	e pi	rovider	or	health	care	pay	or 1	may :	not	be
discr	rimi	nat	ted	aga:	inst	or	suffer	any	advers	se ac	tion	in	any	mar	nner
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- 1. Providing or causing to be provided or intending to provide or cause to be provided to their employer, the Attorney General, the Department of Health, any other state agency charged with protecting health care rights of conscience, the United States 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 health care provider or health care payor reasonably believes to be a violation of any provision of this act;
- 2. Testifying or intending to testify in a proceeding concerning such violation; or
- 3. Assisting or participating or intending to assist or participate in such a proceeding.
- (b) Unless the disclosure is specifically prohibited by law, a health care provider or health care payor may not be discriminated against in any manner for disclosing information that the health care provider or health care payor reasonably believes constitutes:
 - 1. A violation of any law, rule, or regulation;
- 2. A violation of any ethical guidelines for the provision of any medical procedure or service; or

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healt	h a	at	risk	or	present	a	substa	antial	and	spe	cif	ic da	ange	r to
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	(4)) (CIVIL	REN	ÆDIES.—A	A I	nealth	care	prov	ider	or	heal	lth	care

- (4) CIVIL REMEDIES.—A health care provider or health care payor may bring a civil cause of action for appropriate damages, an injunction, or any other appropriate relief in law or equity, including reasonable attorney fees, for any violation of this act.
- (5) IMMUNITY FROM LIABILITY.—A health care provider or health care payor may not be civilly liable for declining to participate in a health care service on the basis of a conscience-based objection. However, this section does not limit the applicability of Chapter 766 to any other health care service a health care provider actually performs.
- (6) EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT.—This section does not override the requirement to provide emergency medical treatment to all patients as set forth in the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. s. 1395dd.
- (7) LIFE SUPPORTING CARE. This section does not apply to medical treatments utilizing life-supporting or life-sustaining equipment as defined in s. 400.925.

TITLE AMENDMENT

Remove line 14 and insert:

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COMMITTEE/SUBCOMMITTEE AMENDMENT Bill No. CS/HB 1403 (2023)

Amendment No.

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