IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 308

BY HEALTH AND WELFARE COMMITTEE

1	AN ACT
2	RELATING TO THE MEDICAL ETHICS DEFENSE ACT; AMENDING TITLE 54, IDAHO CODE,
3	BY THE ADDITION OF A NEW CHAPTER 13, TITLE 54, IDAHO CODE, TO PROVIDE
4	A SHORT TITLE, TO PROVIDE LEGISLATIVE FINDINGS AND PURPOSE, TO DEFINE
5	TERMS, TO PROVIDE FOR RIGHTS OF CONSCIENCE OF MEDICAL PRACTITION-
6	ERS, HEALTH CARE INSTITUTIONS, AND HEALTH CARE PAYERS, TO PROVIDE FOR
7	WHISTLEBLOWER PROTECTION, TO PROVIDE FOR CIVIL REMEDIES, AND TO PRO-
8	VIDE SEVERABILITY; REPEALING SECTION 18-611, IDAHO CODE, RELATING TO
9	FREEDOM OF CONSCIENCE FOR HEALTH CARE PROFESSIONALS; AND DECLARING AN
10	EMERGENCY.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Title 54, Idaho Code, be, and the same is hereby amended by the addition thereto of a $\underline{\text{NEW CHAPTER}}$, to be known and designated as Chapter 13, Title 54, Idaho Code, and to read as follows:

CHAPTER 13 MEDICAL ETHICS DEFENSE ACT

54-1301. SHORT TITLE. This act shall be known and may be cited as the "Medical Ethics Defense Act."

- 54-1302. LEGISLATIVE FINDINGS AND PURPOSE. (1) The legislature finds that the right of conscience is a fundamental and inalienable right. It was central to the founding of the United States, has been deeply rooted in our nation's history and tradition for centuries, and has been central to the practice of medicine, through the Hippocratic oath, for millennia.
- (2) Despite its preeminent importance, however, threats to the right of conscience of medical practitioners, health care institutions, and health care payers have become increasingly common and severe in recent years. The swift pace of scientific advancement and the expansion of medical capabilities, along with the mistaken notion that medical practitioners, health care institutions, and health care payers are mere public utilities, promise to only make the current crisis worse unless something is done to restore conscience to its rightful place.
- (3) With this purpose in mind, the legislature declares that it is the public policy of the state of Idaho to protect the right of conscience for medical practitioners, health care institutions, and health care payers.
- (4) As the right of conscience is fundamental, no medical practitioner, health care institution, or health care payer should be compelled to participate in or pay for any medical procedure or prescribe or pay for any medication to which such practitioner, institution, or payer objects on the basis of conscience, whether such conscience is informed by religious, moral, or ethical beliefs or principles.

(5) It is the purpose of this chapter to protect medical practitioners, health care institutions, and health care payers from discrimination, punishment, or retaliation as a result of any instance of conscientious medical objection.

54-1303. DEFINITIONS. For the purpose of this chapter:

- (1) "Conscience" means the ethical, moral, or religious beliefs or principles held by any medical practitioner, health care institution, or health care payer. Conscience with respect to institutional entities or corporate bodies, as opposed to individual persons, is determined by reference to that entity's 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, health care institution, or health care payer as a result of the practitioner's, institution's, or payer's 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 or other assistance; impediments to creating any health care institution or payer or expanding or improving said health care institution or payer; impediments to acquiring, associating with, or merging with any other health care institution or payer; the threat thereof with regard to any of the actions described in this subsection; or any other penalty or disciplinary or retaliatory action, whether executed or threatened. However, discrimination excludes the negotiation or purchase of insurance by a nongovernmental 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 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 services performed or provided by any medical practitioner, including but not limited to physicians, nurses, allied health professionals, paraprofessionals, contractors, or employees of health care institutions.

- (5) "Health care 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) "Health care 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) "Licensing authority" means any agency, bureau, commission, department, division, or professional or occupational licensing board charged with granting, suspending, or revoking the license, certificate, registration, permit, or other authorization of any person to practice a profession or occupation, including but not limited to the professional and occupational licensing boards within the department of self-governing agencies.
- (8) "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.
- (9) "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.
- (10) "Pay" or "payment" means to pay for, contract for, arrange for the whole or partial payment of, reimburse, or remunerate costs.
- 54-1304. RIGHTS OF CONSCIENCE OF MEDICAL PRACTITIONERS, HEALTH CARE INSTITUTIONS, AND HEALTH CARE PAYERS. (1) A medical practitioner, health care institution, or health care payer has the right not to participate in or pay for any medical procedure or service that violates the practitioner's, institution's, or payer's conscience.
- (2) 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 medical 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.

- (3) No medical practitioner, health care institution, or health care payer shall be civilly, criminally, or administratively liable for exercising the practitioner's, institution's, or payer's right of conscience not to participate in or pay for a medical procedure or service. No health care 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 health care institution.
- (4) No medical practitioner, health care institution, or health care payer shall be discriminated against in any manner as a result of the practitioner's, institution's, or payer's decision to decline to participate in or pay for a medical procedure or service on the basis of conscience.
- (5) Notwithstanding any other provision of this chapter to the contrary, a religious medical practitioner, health care institution, or health care 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.
- (6) A medical 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.
- (7) In cases where a living will or physician's orders for scope of treatment is operative, as defined by the medical consent and natural death act, and a physician has a conscience objection to the treatment desired by the patient, the physician shall comply with the provisions of section 39-4513(2), Idaho Code, before withdrawing care and treatment to the patient.
- (8) Nothing in this section shall affect the rights of conscience provided for in section 18-612, Idaho Code, to the extent that those rights are broader in scope than those provided for in this section.
- (9) Nothing in this section shall be construed to override the requirement to provide emergency medical treatment to all patients as set forth in 42 U.S.C. 1395dd.
- 54-1305. WHISTLEBLOWER PROTECTION. (1) No medical practitioner shall be discriminated against in any manner because the medical practitioner:
 - (a) Provided, caused to be provided, or is about to provide or cause to be provided to the practitioner's employer, the attorney general of Idaho, any state agency charged with protecting health care rights of conscience, the United States department of health and human services 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 chapter;

- (b) Testified or is about to testify in a proceeding concerning such violation; or
- (c) Assisted or participated, or is about to assist or participate, in such a proceeding.
- (2) 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:
 - (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) A licensing authority, a certifying board, or the department of health and welfare may not reprimand, sanction, or revoke or threaten to revoke a license, certificate, or registration of a medical practitioner for engaging in speech or expressive activity protected under the first amendment to the United States constitution, unless the board demonstrates beyond a reasonable doubt that the practitioner's speech was the direct cause of physical harm to a person with whom the medical practitioner had a practitioner-patient relationship within the three (3) years immediately preceding the incident of physical harm.
 - (a) The licensing authority or certifying board must provide a medical practitioner with any complaint it has received that may result in the revocation of the medical practitioner's license, certification, or registration within fourteen (14) days after receipt of the complaint.
 - (b) The licensing authority or certifying board must pay the medical practitioner an administrative penalty of five hundred dollars (\$500) for each day the complaint is not provided to the medical practitioner after the specified fourteen (14) days.
- 54-1306. CIVIL REMEDIES. (1) A civil action for damages or injunctive relief, or both, may be brought by any medical practitioner, health care institution, or health care payer for any violation of any provision of this chapter. Any additional burden or expense on another medical practitioner, health care institution, or health care payer arising from the exercise of the right of conscience shall not be a defense to any violation of this chapter. However, no civil action may be brought against an individual who declines to use or purchase a medical procedure or services from a specific medical practitioner, health care institution, or health care payer for exercising the rights granted in section 54-1304(1), Idaho Code.
- (2) Any party aggrieved by any violation of this chapter may commence a civil action and shall be entitled, upon the finding of a violation, to recover three (3) times the practitioner's, institution's, or payer's actual damages sustained or twenty-five thousand dollars (\$25,000), whichever is more, along with the costs of the action and reasonable attorney's fees. Such damages shall be cumulative and in no way limited by any other remedies that may be available under any other federal, state, or municipal law. A court considering such civil action may also award injunctive relief, in-

cluding but not limited to reinstatement of a medical practitioner to the practitioner's previous position, reinstatement of board certification, and relicensure of a health care institution or health care payer.

54-1307. SEVERABILITY. The provisions of this chapter are hereby declared to be severable and if any provision of this chapter or the application of such provision to any person or circumstance is declared invalid for any reason, such declaration shall not affect the validity of the remaining portions of this chapter.

9 SECTION 2. That Section 18-611, Idaho Code, be, and the same is hereby repealed.

SECTION 3. An emergency existing therefor, which emergency is hereby declared to exist, this act shall be in full force and effect on and after its passage and approval.