

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 12

2020 Second Extraordinary Session

Robert Mills

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

HEALTH CARE. Provides access for patients of hospitals and residents of nursing homes, assisted living facilities, and other adult residential care homes to members of the clergy who volunteer to minister and provide religious sacraments and services, counseling, and mental health support during COVID-19 and other public health emergencies. (gov sig) (Item #28)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Removes authority for the Louisiana Department of Health to promulgate rules for visitation by clergy in facilities and instead authorizes each inpatient healthcare facility to adopt policies allowing members of the clergy to visit patients or residents during a public health emergency whenever a patient or resident requests such a visit.
2. Adds provision these policies include definitions, minimum requirements, and provisions to protect the health, safety, and welfare of the patients or residents and the staff of the inpatient health care facility.
3. Provides for preemption of policies by any federal statute, federal regulation, or guidance from a federal government agency that requires an inpatient health care facility to restrict patient visitation in a manner that is more restrictive.
4. Makes technical amendments

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

SB 12 Reengrossed

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Present law (R.S. 29:760-772) provides for the La. Health Emergency Powers Act, which allows the governor to issue an executive order or proclamation declaring a public health emergency, following consultation with the La. Dept. of Health (LDH), if he finds a public health emergency has occurred or the threat thereof is imminent.

Present law provides that, during and after a declaration of a state of public health emergency, the LDH secretary or his designee will provide information about and referrals to mental health support personnel to address psychological responses to the public health emergency.

Proposed law retains present law and further provides that LDH may include the availability of no-cost or reduced-cost counseling or mental health support services from licensed mental health professionals offered by religious organizations or other nonprofit organizations and no-cost emotional or spiritual support offered by clergy.

Present law provides that, during a state of public health emergency, a health care provider shall not be civilly liable for causing the death of, or, injury to, any person or damage to any property except in the event of gross negligence or willful misconduct.

Proposed law retains present law and provides that, during a state of public health emergency which is declared to combat COVID-19 or any other contagious or infectious disease, no inpatient health care facility will be liable to a member of the clergy who visits the inpatient health care facility for any civil damages for injury or death resulting from an actual or

alleged exposure to COVID-19 or any other contagious or infectious disease. Further provides that this limitation on liability will not apply to a facility that fails to substantially comply with the applicable procedures established by LDH that governs the health care facility operations and the injury or death was caused by the health care facility's gross negligence or wanton or reckless misconduct.

Proposed law requires that each inpatient healthcare facility adopt policies to allow members of the clergy to visit patients or residents during a public health emergency whenever a patient or resident requests such a visit. Requires that these policies include definitions, minimum requirements, and provisions to protect the health, safety, and welfare of the patients or residents and the staff of the inpatient health care facility. Further requires that these policies be preempted by any federal statute, federal regulation, or guidance from a federal government agency that requires an inpatient health care facility to restrict patient visitation in a manner that is more restrictive.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Amends R.S. 29:770(B) and 771(B)(2)(c); adds R.S. 40:2005.1)

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