

CONFERENCE COMMITTEE REPORT

SB 12

2020 Second Extraordinary Session

Robert Mills

October 22, 2020

To the Honorable President and Members of the Senate and to the Honorable Speaker and Members of the House of Representatives.

Ladies and Gentlemen:

We, the conferees appointed to confer over the disagreement between the two houses concerning Senate Bill No. 12 by Senator Robert Mills, recommend the following concerning the Reengrossed bill:

1. That the set of House Committee Amendments proposed by the House Committee on Health and Welfare (#649) and adopted by the House of Representatives on October 20, 2020, be adopted.
2. That the set of House Floor Amendments proposed by Representative Edmonds (#689) and adopted by the House of Representatives on October 21, 2020, be rejected.

Respectfully submitted,

Senators:

Representatives:

Senator Robert Mills

Representative Rick Edmonds

Senator Fred H. Mills Jr.

Representative Lawrence A. Bagley

Senator Gerald Boudreaux

Representative Tony Bacala

The legislative instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Brandi Cannon.

CONFERENCE COMMITTEE REPORT DIGEST

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Keyword and summary of the bill as proposed by the Conference Committee

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)

Report adopts House amendments to:

1. Makes technical changes.

Report rejects House amendments which would have:

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. Requires policies to 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 changes.

Digest of the bill as proposed by the Conference Committee

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 provides that LDH shall promulgate rules to require inpatient health care facilities 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. The rules must 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 provides that the rules shall 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 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)