

AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #291982

## Ohio Revised Code

Section 4743.10 Freedom to decline for conscience-based objections.

Effective: September 30, 2021 Legislation: House Bill 110 - 134th General Assembly

(A) As used in this section:

(1) "Health care service" means medical care provided to any patient at any time over the entire course of the patient's treatment and may include one or more of the following: testing; diagnosis; referral; dispensing or administering a drug, medication, or device; psychological therapy or counseling; research; prognosis; therapy; record making procedures and notes related to treatment; preparation for or performance of a surgery or procedure; or any other care or services performed or provided by any medical practitioner.

(2) "Medical practitioner" means any person who facilitates or participates in the provision of health care services, including nursing, physician services, counseling and social work, psychological and psychiatric services, research services, surgical services, laboratory services, and the provision of pharmaceuticals and may include any of the following: any student or faculty at a medical, nursing, mental health, or counseling institution of higher education or an allied health professional, paraprofessional, or employee or contractor of a health care institution.

(3) "Participation in a health care 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 health care service.

(B) Notwithstanding any conflicting provision of the Revised Code, a medical practitioner, health care institution, or health care payer has the freedom to decline to perform, participate in, or pay for any health care service which violates the practitioner's, institution's, or payer's conscience as informed by the moral, ethical, or religious beliefs or principles held by the practitioner, institution, or payer. Exercise of the right of conscience is limited to conscience-based objections to a particular health care service.

(C) Whenever a situation arises in which a requested course of treatment includes a particular health



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care service that conflicts with the moral, ethical, or religious beliefs or convictions of a medical practitioner, the medical practitioner shall be excused from participating in the particular health care service to which the practitioner has a conflict.

When a medical practitioner becomes aware of the conflict, the medical practitioner shall notify the practitioner's supervisor, if applicable, and request to be excused from participating in the particular health care service that conflicts with the practitioner's beliefs or convictions.

When possible and when the medical practitioner is willing, the medical practitioner shall seek to transfer the patient to a colleague who will provide the requested health care service.

If participation in a transfer of care for a particular health care service violates the medical practitioner's beliefs or convictions or no willing colleague is identified, the patient shall be notified and provided the opportunity to seek an alternate medical practitioner. Upon patient request, the patient's medical records shall be promptly released to the patient.

The medical practitioner is responsible for providing all appropriate health care services, other than the particular health care service that conflicts with the medical practitioner's beliefs or convictions, until another medical practitioner or facility is available.

(D) A medical practitioner, health care institution, or health care payer shall not be civilly, criminally, or administratively liable for exercising the practitioner's, institution's, or payer's right of conscience by declining to participate in or pay for a particular health care service.

A health care institution shall not be civilly, criminally, or administratively liable for the exercise of conscience rights not to participate in a particular health care service by a medical practitioner who is employed by, under contract with, or granted admitting privileges by the health care institution.

A medical practitioner, health care institution, or health care payer shall not be discriminated against or suffer any other adverse action as a result of declining to participate in or pay for a particular health care service on the basis of conscience.

(E) Unless specifically prohibited by law, a medical practitioner shall not be discriminated against or



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suffer any adverse action for disclosing any information that the medical practitioner reasonably believes evinces any violation of this section or any other law, rule, or regulation; any violation of any standard of care or other ethical guidelines for the provision of any health care service; or gross mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety.

(F) A civil action for damages, injunctive relief, or any other appropriate relief may be brought by any medical practitioner, health care institution, or health care payer for any violation of any provision of this section.

Upon a finding of a violation of the rights of conscience in this section, a court shall award threefold the actual damages sustained and reasonable costs and attorney's fees. A court considering such civil action may also award injunctive relief, which may include 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.

(G) This section shall not be construed to override the requirement to provide emergency medical treatment to all patients as set forth in 42 U.S.C. § 1395dd.

(H) With respect to the right of a health care payer to decline to pay for a health care service as established in division (B) of this section, the payer's right to decline applies only to payments and health care services for which a contract has been entered into between the payer and policyholder on or after the effective date of this section .