

1-1 By: Sparks S.B. No. 619
1-2 (In the Senate - Filed December 13, 2024; February 3, 2025,
1-3 read first time and referred to Committee on Health & Human
1-4 Services; March 31, 2025, reported favorably by the following
1-5 vote: Yeas 6, Nays 3; March 31, 2025, sent to printer.)

1-6 COMMITTEE VOTE

1-7		Yea	Nay	Absent	PNV
1-8	Kolkhorst	X			
1-9	Perry	X			
1-10	Blanco		X		
1-11	Cook		X		
1-12	Hall	X			
1-13	Hancock	X			
1-14	Hughes	X			
1-15	Miles		X		
1-16	Sparks	X			

1-17 A BILL TO BE ENTITLED
1-18 AN ACT

1-19 relating to protection of persons from participation in a health
1-20 care service for reasons of conscience; providing a civil remedy;
1-21 authorizing disciplinary action.

1-22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-23 SECTION 1. The legislature finds that:

1-24 (1) the public policy of this state is to respect the
1-25 conscience of all health care providers and the right of each health
1-26 care provider to hold their own belief about whether certain health
1-27 care services are morally acceptable;

1-28 (2) without comprehensive protections, the conscience
1-29 of health care providers may be violated; and

1-30 (3) each health care provider must be protected from
1-31 required participation in a health care service in which the
1-32 provider has declined participation for reasons of conscience and
1-33 from discriminatory adverse action resulting from the
1-34 nonparticipation.

1-35 SECTION 2. Chapter 161, Health and Safety Code, is amended
1-36 by adding Subchapter Z to read as follows:

1-37 SUBCHAPTER Z. TEXAS HEALTH CARE CONSCIENCE PROTECTION ACT

1-38 Sec. 161.751. DEFINITIONS. In this subchapter:

1-39 (1) "Conscience" means a sincerely held set of moral
1-40 convictions arising from:

1-41 (A) a belief in and relation to God;

1-42 (B) a religious faith or spiritual practice; or

1-43 (C) a moral philosophy or ethical position,
1-44 without regard to whether the philosophy or position is related to a
1-45 religious faith.

1-46 (2) "Emergency care" means bona fide emergency
1-47 services provided after a sudden onset of a medical or traumatic
1-48 condition manifested by acute symptoms of sufficient severity,
1-49 including severe pain, that the absence of immediate medical
1-50 attention could reasonably be expected to:

1-51 (A) place the patient's health in serious
1-52 jeopardy;

1-53 (B) result in serious impairment to the patient's
1-54 bodily functions; or

1-55 (C) result in serious dysfunction of any bodily
1-56 organ or body part of the patient.

1-57 (3) "Health care facility" means a public or private
1-58 organization, corporation, partnership, sole proprietorship,
1-59 association, agency, network, joint venture, or other entity that
1-60 provides health care services to patients. The term includes a
1-61 hospital, clinic, medical center, ambulatory surgical center,

private physician's office, pharmacy, nursing home, laboratory or diagnostic facility, infirmary, dispensary, medical school, nursing school, pharmacy school, or medical training facility.

(4) "Health care provider" means a nurse, nurse aide, medical assistant, hospital employee, allied health professional, laboratory technician, clinic employee, nursing home employee, pharmacist, pharmacy employee, researcher, medical, pharmacy, or nursing school student, professional, paraprofessional, or, regardless of whether the person holds a license, any other person who furnishes or assists in the furnishing of a health care service.

(5) "Health care service" means any phase of patient health care or treatment. The term includes:

(A) examination, testing, diagnosis, referral, prognosis, dispensing or administering a drug or device, ancillary research, instruction, therapy, treatment, and preparing for or performing a surgery or procedure;

(B) family planning, counseling, and referrals, and any other advice in connection with the use or procurement of contraceptives, sterilization, or abortion; and

(C) record preparation procedures, preparation of treatment notes, and any other care or treatment rendered by a health care facility, physician, or health care provider.

(6) "Physician" means an individual licensed to practice medicine in this state.

Sec. 161.752. RIGHT TO DECLINE PARTICIPATION IN HEALTH CARE SERVICE FOR REASONS OF CONSCIENCE; CONSTRUCTION OF SUBCHAPTER. (a) Except as provided by Subsection (b), a person may decline to participate in a health care service for reasons of conscience.

(b) A person may not decline to participate in the following services:

(1) emergency care; or

(2) except as provided by Chapter 166, life-sustaining treatment.

(c) Nothing in this subchapter may be construed to:

(1) supersede Chapter 166 governing the provision, withholding, or withdrawing of life-sustaining treatment; or

(2) apply to emergency care, life-sustaining treatment, or cardiopulmonary resuscitation.

(d) An exercise of the right of conscience under this section is limited to a person's right to refuse to participate in a specific health care service.

Sec. 161.753. IMMUNITY OF PHYSICIANS AND HEALTH CARE PROVIDERS. A physician or health care provider may not be held civilly or criminally liable because the physician or health care provider declines to participate in a health care service wholly or partly for reasons of conscience in accordance with Section 161.752.

Sec. 161.754. ADVERSE ACTION. A person, including a public official and a medical school or other institution that conducts education or training programs for physicians or health care providers, violates this subchapter by taking an adverse action against another person because the other person declines to participate in a health care service for reasons of conscience in accordance with Section 161.752. Violations include discrimination against or taking an adverse action with regard to:

(1) licensure;

(2) certification;

(3) employment terms, benefits, seniority status, promotion, or transfer;

(4) staff appointments or other privileges;

(5) denial of employment, admission, or participation in a program for which the other person is eligible;

(6) reference to reasons of conscience in an application form;

(7) questions regarding an applicant's participation in providing a health care service for reasons of conscience;

(8) imposition of a burden in the terms or conditions of employment;

(9) denial of aid, assistance, or benefits;

(10) conditional receipt of the aid, assistance, or benefits; or

(11) coercion or disqualification of the other person receiving aid, assistance, or benefits.

Sec. 161.755. PROTOCOL FOR DECLINING PARTICIPATION IN PROVISION OF HEALTH CARE SERVICE. (a) A health care facility shall develop a written protocol for circumstances in which a person declines to participate in providing a health care service, other than emergency care or life-sustaining treatment, for reasons of conscience. The protocol must:

(1) describe a patient's access to health care services and information to ensure the patient is not permanently or substantially prevented from obtaining the services; and

(2) explain the process the facility will implement to facilitate in a timely manner the patient's access to the services.

(b) A person who declines to participate in providing a health care service for reasons of conscience shall:

(1) notify the health care facility of the declination; and

(2) comply with the applicable protocol developed under this section.

(c) This section does not permit a protocol developed under this section to require a health care facility, physician, or health care provider to counsel a patient or refer the patient to another physician or facility regarding a health care service that is contrary to the conscience of the physician or health care provider.

Sec. 161.756. DISCIPLINARY ACTION; COMPLAINT. (a) A health care facility, physician, or health care provider that holds a license issued by a licensing agency in this state is subject to review and disciplinary action by the licensing agency for a violation of this subchapter as if the facility, physician, or provider violated the applicable licensing law.

(b) A person who is injured by a violation of this subchapter may file a complaint with the licensing agency that issued a license to the health care facility, physician, or health care provider that allegedly violated this subchapter.

(c) A physician or health care provider may not file a complaint with the appropriate licensing agency under this section unless the physician or health care provider complies with the health care facility's protocol developed under Section 161.755.

Sec. 161.757. CIVIL REMEDIES. A person who is injured by a violation of this subchapter may bring a civil action against a person who violates this subchapter. A person who brings an action under this section may obtain:

(1) injunctive relief;

(2) damages incurred by the person, including:

(A) actual damages for all psychological, emotional, and physical injuries resulting from the violation of this subchapter;

(B) court costs; and

(C) reasonable attorney's fees; or

(3) both injunctive relief and damages.

SECTION 3. Not later than December 1, 2025, a health care facility, as that term is defined by Section 161.751, Health and Safety Code, as added by this Act, shall develop a written protocol as required by Section 161.755, Health and Safety Code, as added by this Act.

SECTION 4. Section 161.753, Health and Safety Code, as added by this Act, applies only to a cause of action that accrues on or after the effective date of this Act.

SECTION 5. This Act takes effect September 1, 2025.

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