

ACT #2021 - 561

1 SB9
2 215650-6
3 By Senators Elliott, Givhan, Roberts, Barfoot, Gudger, Weaver,
4 Shelnutt, Melson, Marsh, Chesteen, Butler, Sessions, Williams,
5 Chambliss, Livingston, Allen, Waggoner, Orr, Scofield and
6 Jones
7 RFD: Finance and Taxation General Fund
8 First Read: 28-OCT-21



1 SB9

2

3

4 ENROLLED, An Act,

5 Relating to vaccines; to require employers to allow

6 employees to claim an exemption from the COVID-19 vaccination

7 for medical reasons or sincerely held religious beliefs; to

8 provide for submission of a standard form requesting the

9 exemption; to provide standard language for the exemption

10 form; to prohibit an employer from requiring a COVID-19

11 vaccine if an exemption form is completed and submitted; to

12 authorize appeals to an administrative law judge for the

13 Department of Labor for denials of exemptions; to require the

14 Department of Labor to adopt an emergency rule; to provide an

15 appeal of determinations by the administrative law judge; to

16 generally provide for compensation of employees; and to

17 provide for repeal of the act on a certain date.

18 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

19 Section 1. (a) For purposes of this section, the

20 term "vaccination" means any injection intended to prevent the

21 spread of COVID-19 or minimize the effects of COVID-19,

22 irrespective of whether or not the injection meets the

23 classical definition of vaccine.

24 (b) An employer may not require any employee to

25 receive a vaccination as a condition of employment without

1 providing the employee the opportunity to be exempted from the
2 vaccination mandate for religious or medical reasons in
3 accordance with applicable law, rules, regulations, official
4 guidance, and this section.

5 (c) An employer shall exempt vaccination as a
6 condition of employment for any employee who has completed and
7 submitted the exemption form described in subsection (e). An
8 employer shall make this form readily available to all
9 employees to whom this section applies, along with directions
10 for submitting the form.

11 (d) When evaluating an employee's exemption request,
12 the employer shall liberally construe the employee's
13 eligibility for an exemption in favor of the employee,
14 consistent with applicable law.

15 (e) The exemption form must be completed and signed
16 by the employee and if applicable, signed by a health care
17 provider. The form shall read as follows:

18 "Any individual in the State of Alabama who is
19 subject to a requirement that he or she receive one or more
20 COVID-19 vaccinations as a condition of employment may claim
21 an exemption for medical reasons, because the vaccination
22 conflicts with sincerely held religious beliefs, or both.

23 You may request either a medical or a religious
24 exemption from the COVID-19 vaccination by completing this
25 form and submitting the form to your employer.

1 In the event your employer denies this request, you
2 have a right to file an appeal with the Department of Labor
3 within 7 days. Your employer will provide you with information
4 on how to file an appeal.

5 I am requesting exemption from the COVID-19 vaccine
6 requirements for one of the following reasons: (check all that
7 apply)

8 ___ My health care provider has recommended to me
9 that I refuse the COVID-19 vaccination based on my current
10 health conditions and medications. (NOTE: You must include a
11 licensed health care provider's signature on this form to
12 claim this exemption.)

13 ___ I have previously suffered a severe allergic
14 reaction (e.g., anaphylaxis) related to vaccinations in the
15 past.

16 ___ I have previously suffered a severe allergic
17 reaction related to receiving polyethylene glycol or products
18 containing polyethylene glycol.

19 ___ I have previously suffered a severe allergic
20 reaction related to receiving polysorbate or products
21 containing polysorbate.

22 ___ I have received monoclonal antibodies or
23 convalescent plasma as part of a COVID-19 treatment in the
24 past 90 days.

1 ___ I have a bleeding disorder or am taking a blood
2 thinner.

3 ___ I am severely immunocompromised such that
4 receiving the COVID-19 vaccination creates a risk to my
5 health.

6 ___ I have been diagnosed with COVID-19 in the past
7 12 months.

8 ___ Receiving the COVID-19 vaccination conflicts
9 with my sincerely held religious beliefs, practices, or
10 observances.

11 I hereby swear or affirm that the information in
12 this request is true and accurate. I understand that providing
13 false or misleading information is grounds for discipline, up
14 to and including termination from employment.

15 _____
16 Employee's Printed Name

17 _____
18 Employee's Signature

19 _____
20 Date

21 (Note: The following must be completed ONLY if
22 claiming the first medical exemption listed above.)

23 Certification by a licensed health care provider as
24 to the accuracy of information provided above:

25 _____

1 Name of Health Care Provider

2 _____

3 Signature of Health Care Provider

4 _____

5 Date"

6 (f) The submission of the completed form creates a
7 presumption that the employee is entitled to the exemption.

8 (g) (1) Notwithstanding the Alabama Administrative
9 Procedures Act, the Department of Labor, not more than 21 days
10 after the effective date of this act, shall adopt an emergency
11 rule establishing a process to permit an employee to file an
12 appeal of an employee's denial of a request for an exemption
13 with an administrative law judge or judges appointed by the
14 Secretary of Labor. The rule shall require an aggrieved
15 employee to file his or her appeal no later than the latter of
16 7 calendar days following the denial of a request for an
17 exemption or 3 business days following the adoption of the
18 rule. The rule shall also require the administrative law judge
19 to issue a ruling within 30 calendar days of receiving the
20 claim.

21 (2) An employee whose denial is upheld by an
22 administrative law judge, within 14 calendar days of the
23 ruling, may file an appeal with a court of competent
24 jurisdiction.

1 (h) (1) An employer who has denied an employee's
2 request may not terminate the employee on the basis of failing
3 to receive a vaccination for a period of 7 calendar days after
4 the denial was issued by the employer, or if an appeal was
5 made, until the administrative law judge or the court issues a
6 final ruling in the employer's favor.

7 (2) Notwithstanding subdivision (1), an employer
8 must compensate an employee whose request has been denied, at
9 the same rate of compensation the employee received prior to
10 submitting an exemption form, for a period of 7 calendar days
11 after the denial was issued by the employer, or if an appeal
12 was made, until the administrative law judge issues a ruling
13 in the employer's favor.

14 (i) Nothing in this section shall be construed to
15 alter or amend the ability of an employer to terminate an
16 employee for reasons other than the employee's COVID-19
17 vaccination status.

18 (j) This section does not create or imply a private
19 cause of action for employees who are terminated after
20 refusing to receive a vaccination mandated by their employer.

21 (k) Unless extended by an act of the Legislature,
22 this section shall be repealed on May 1, 2023.

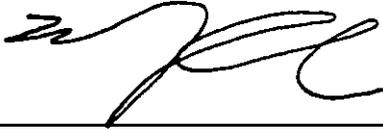
23 Section 2. Notwithstanding subdivision (h) (2) of
24 Section 1, any employee whose request for exemption is denied
25 and who, before the date the Department of Labor has adopted

1 rules pursuant to subdivision (g)(1) of Section 1, fails to
2 receive a vaccination, must receive full compensation through
3 the last date on which the employee has the opportunity to
4 appeal the denial to an administrative law judge.

5 Section 3. The Legislature shall appropriate funds
6 necessary to cover the cost of administrative law judges to
7 implement Section 1.

8 Section 4. This act shall become effective
9 immediately following its passage and approval by the
10 Governor, or its otherwise becoming law.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29



President and Presiding Officer of the Senate



Speaker of the House of Representatives

SB9

Senate 02-NOV-21

I hereby certify that the within Act originated in and passed the Senate, as amended.

Senate 04-NOV-21

I hereby certify that the within Act originated in and passed the Senate, as amended by Conference Committee Report.

Patrick Harris,
Secretary.

House of Representatives

Passed: 04-NOV-21, as amended

House of Representatives

Passed: 04-NOV-2021, as amended by Conference Committee Report.

APPROVED 11-5-2021

By: Senator Elliott

TIME 11:10 am

Alabama Secretary Of State


GOVERNOR

Act Num....: 2021-561
Bill Num....: S-9

Recv'd 11/05/21 11:31amKCW

ENGROSSED

Senate Bill No. 9

SPONSOR

1 Elliott

CO-SPONSORS

2 Givhan 19 Scofield

3 Roberts 20 Jones

4 Barfoot 21

5 Guadger 22

6 Weaver 23

7 Shelmitt 24

8 Nelson 25

9 Marsh 26

10 Chesteen 27

11 Butler 28

12 Sessions 29

13 Williams 30

14 Chambliss 31

15 Livingston 32

16 Allen 33

17 Waggoner 34

18 Orr 35

SENATE ACTION

I hereby certify that the Resolution as required in Section C of Act No. 81-889 was adopted and is attached to the Bill, SB 9.

yeas 26 nays 5 abstain

PATRICK HARRIS, Secretary

I hereby certify that the notice & proof is attached to the Bill, SB as required in the General Acts of Alabama, 1975 Act No. 919.

PATRICK HARRIS, Secretary

CONFERENCE COMMITTEE

Senate Conferees

HOUSE ACTION

DATE: 11-2 2021

RD 1 RFD HLTH

REPORT OF STANDING COMMITTEE

This bill having been referred by the House to its standing committee on Health was acted upon by such committee in session, and returned therefrom to the House with the recommendation that it be Passed, w/amend(s) w/sub. This 3rd day of November, 2021. Paul W. Fee, Chairperson

DATE: 11-3 2021

RF W.S. 2015 RD 2 CAL

DATE: 20__

RE-REFERRED [] RE-COMMITTED []

Committee

I hereby certify that the Resolution as required in Section C of Act No. 81-889 was adopted and is attached to the Bill, SB

YEAS NAYS

JEFF WOODARD, Clerk

FURTHER HOUSE ACTION (OVER)