COVID CONFUSION CONTINUES...

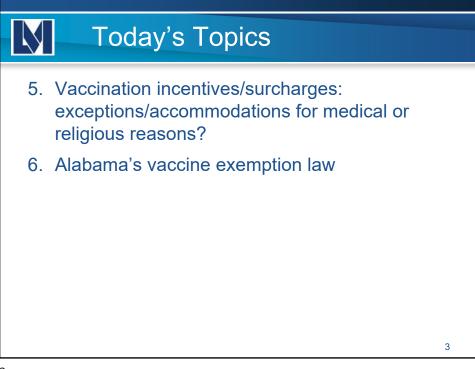


Presented by Whitney Brown and Al Vreeland Lehr Middlebrooks Vreeland & Thompson, P.C. November 12, 2021 Your Workplace is our Work®

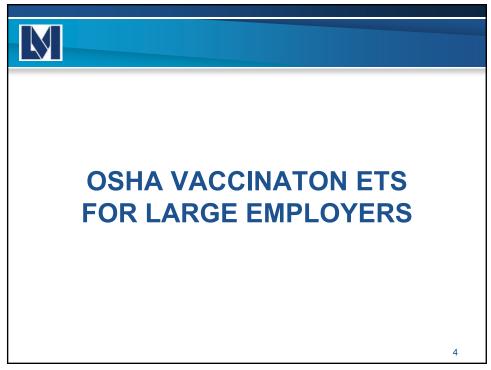
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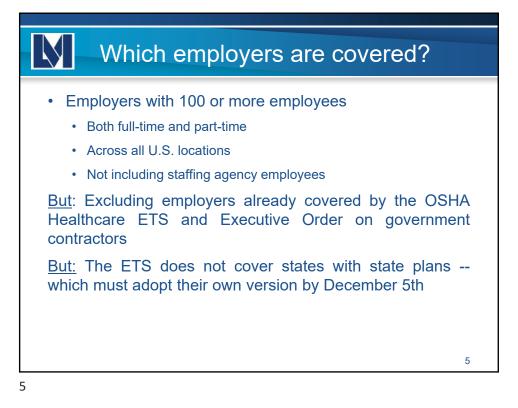
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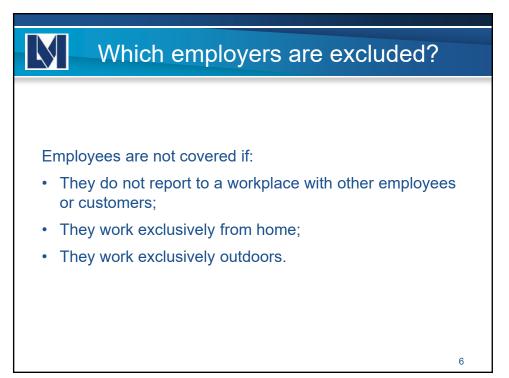
Notice Contractor Contractor Contractor Standard:2. Other mandates: Healthcare ETS, Federal Contractor Guidelines, CMS Omnibus Vaccination Rule 3. Accommodation/Exemptions: What may be required and sample forms 4. State law or federal law – which reigns supreme: state anti-mandatory vaccination laws or federal vaccination requirements?

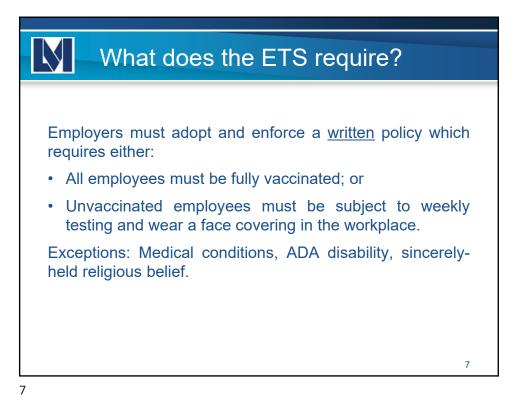


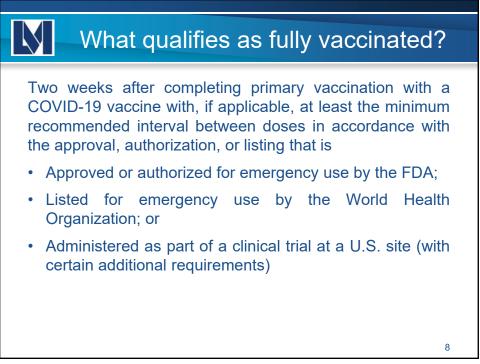








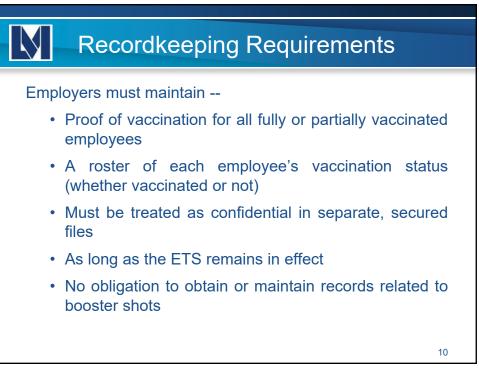






Employers are required to determine the vaccination status of all employees and must retain documentation of vaccination status. Acceptable proof:

- Vaccination card;
- Official documents from healthcare provider or government health agency;
- Documents from government immunization system.
- If an employee does not have any of these, they may submit a sworn statement attesting that they cannot obtain the documentation and stating the details of their vaccination (date, provider, type of vaccine).

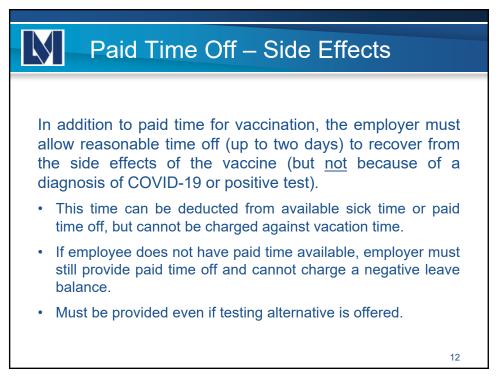




Employers must provide employees with a "reasonable amount" of paid time off to obtain a vaccination.

- Up to a maximum of 4 hours per dose (including travel) for vaccine during working hours
- · Cannot be deducted from existing sick or PTO time
- Does not apply for vaccinations outside of working hours
- Required even if employer allows testing alternative to vaccination



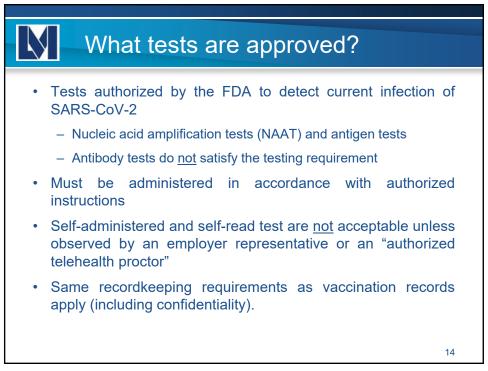


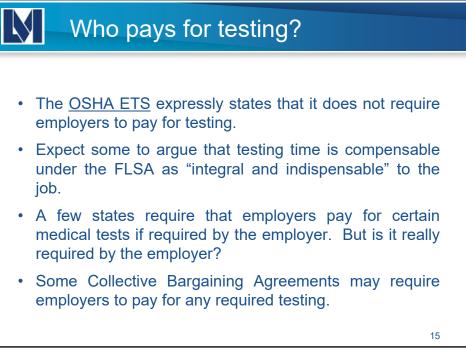
Testing and Masking Option

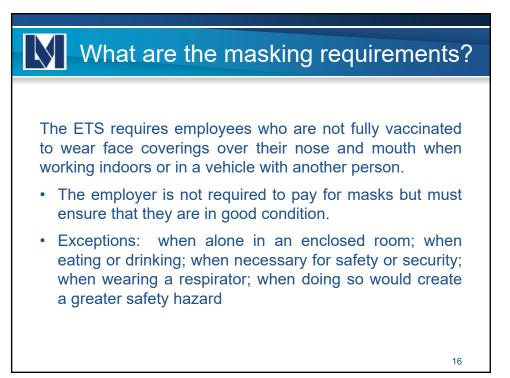
Employers have the <u>option</u> of offering employees the option of testing and masking instead of vaccination.

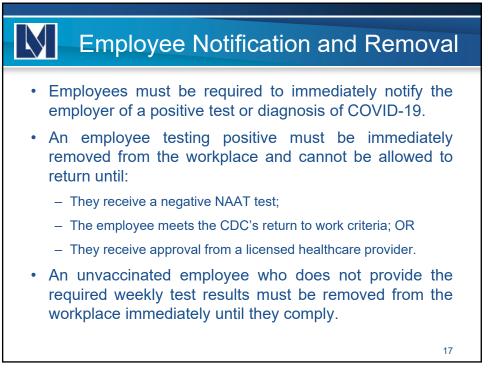
- Each employee who is not fully vaccinated and reports to a workplace with others present (co-workers or customers) must be tested at least every 7 days and provide proof of the most recent result within 7 days.
- Exception: Employees who test positive or are diagnosed with COVID-19 are not required to provide test results for 90 days.

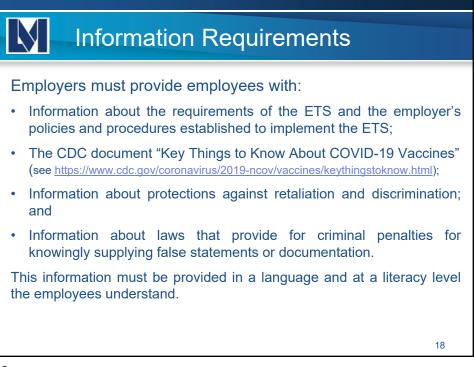








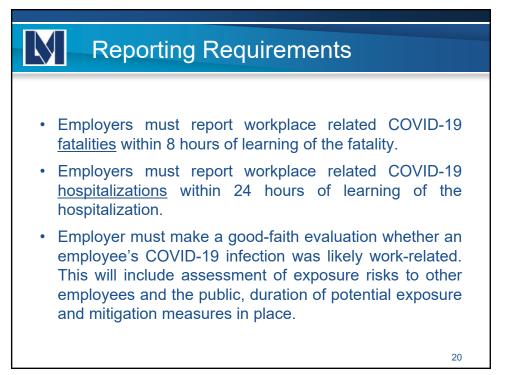




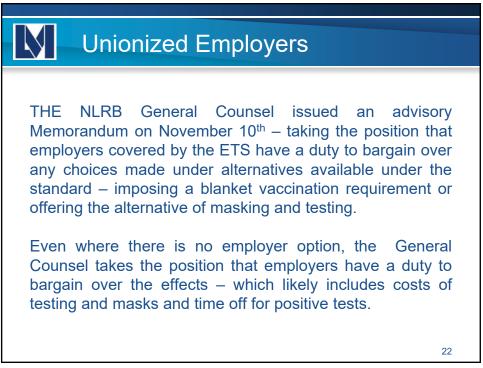


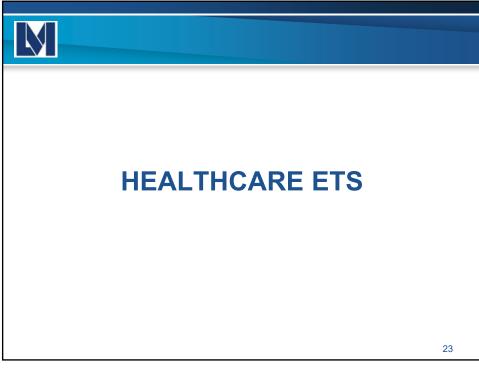
- If requested, an employer must provide an employee (or their representative) access to their own vaccination and testing records by the end of the next business day.
- If requested, by the end of the next business day, an employer must provide an employee (or employee representative) with the number of employees vaccinated and the total number of employees at that workplace.
- If OSHA comes knocking, you must provide your written plan and total COVID numbers within 4 hours and all other records required by the ETS by the end of the next business day.

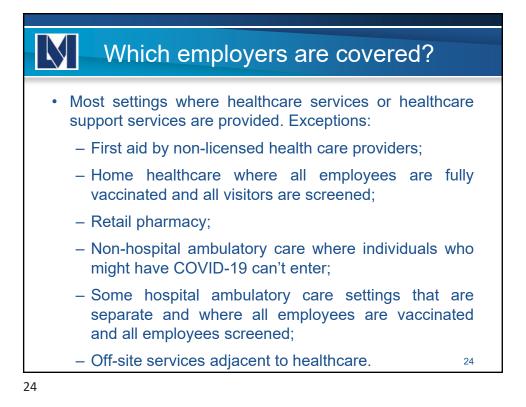


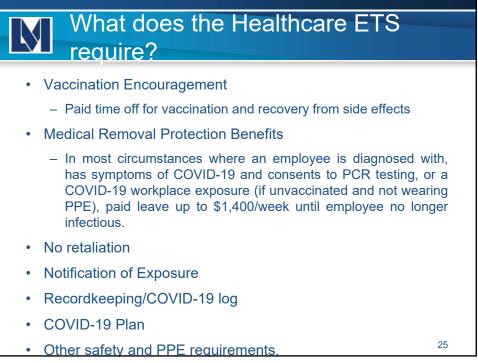


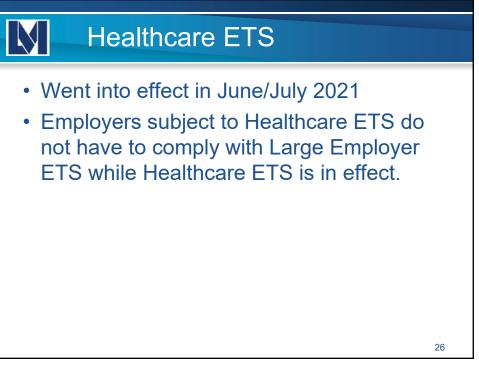
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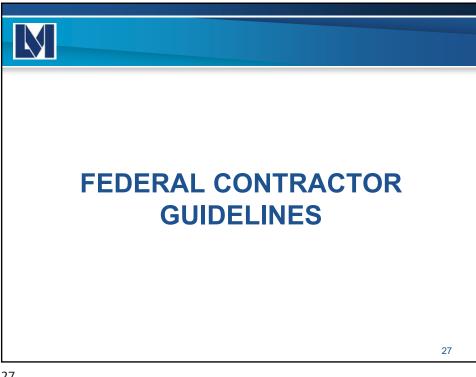


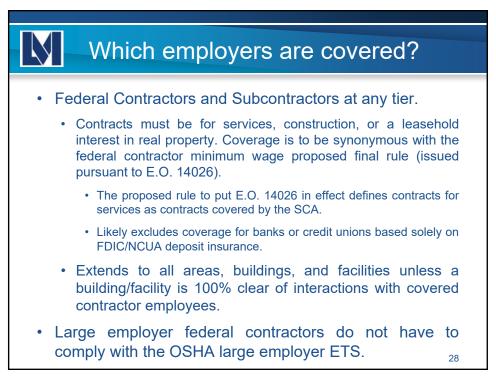


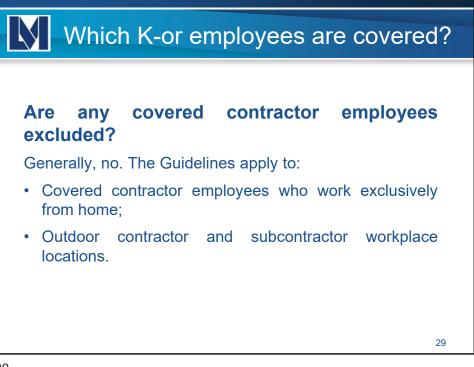


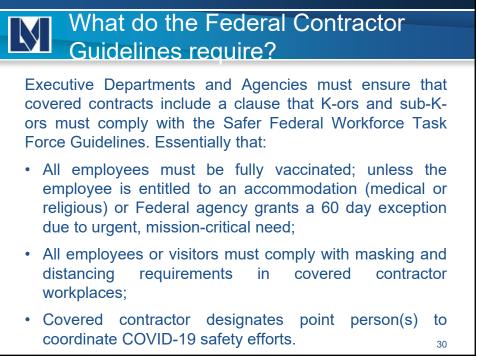


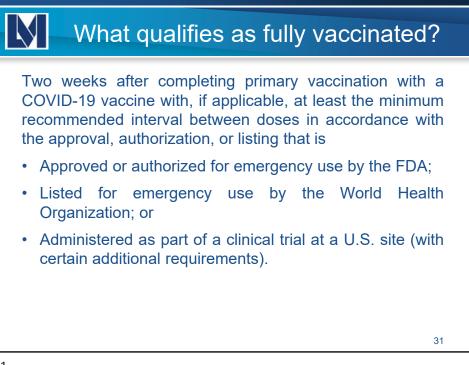


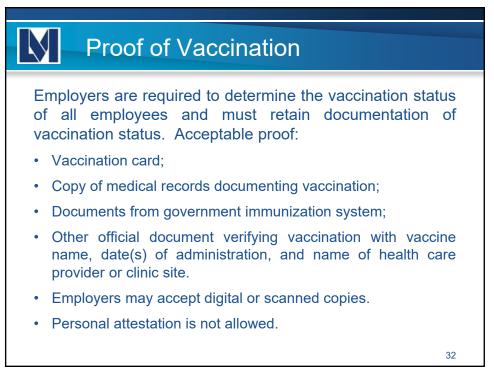


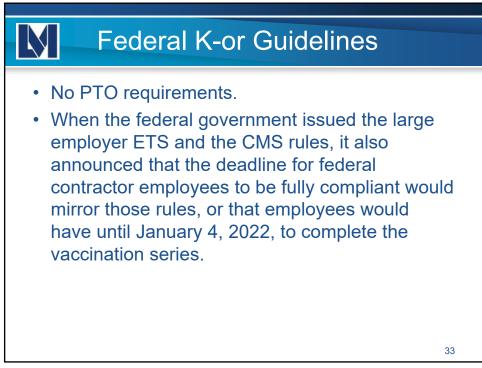


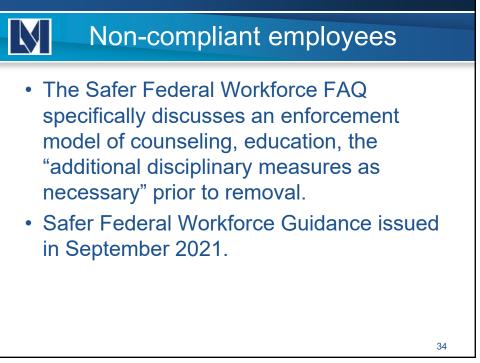


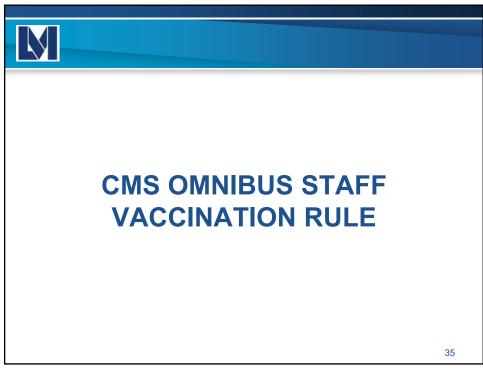






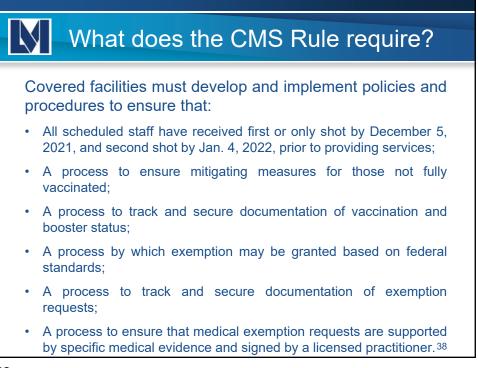


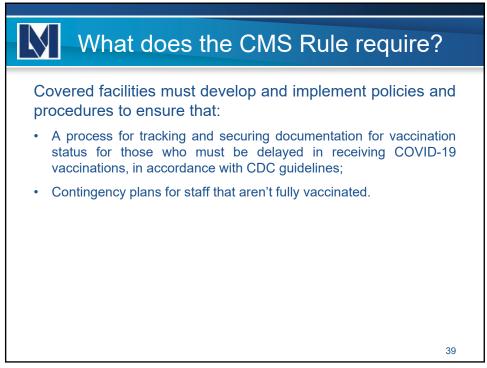


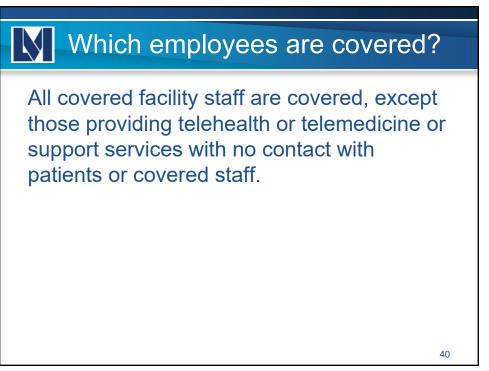


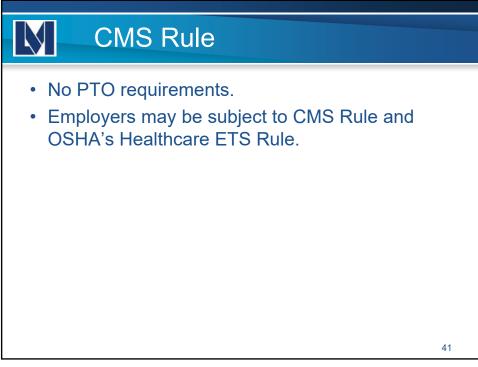


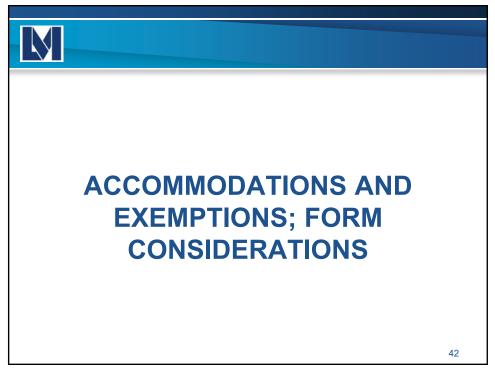










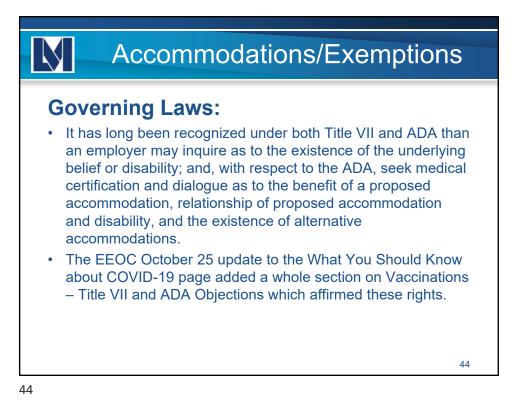




Governing Laws:

The Oldies and Goodies

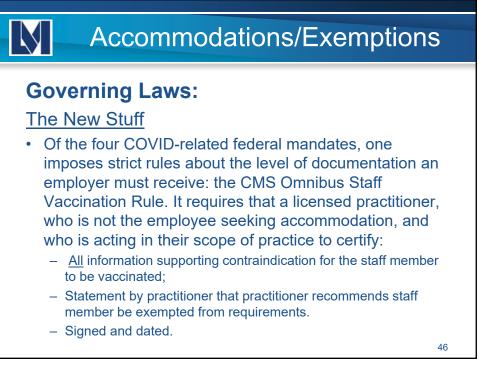
- Title VII (religious accommodation): an employer must provide reasonable accommodations related to an employee's sincerely held religious belief or practice, as long as it does not impose more than a *de minimis* cost.
- ADA (disability accommodation): an employer must provide reasonable accommodations that would permit an employee to perform his or her essential job functions, as long as it does not impose an undue hardship on the employer/workforce.

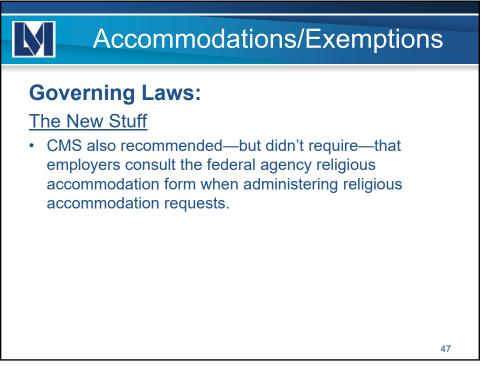


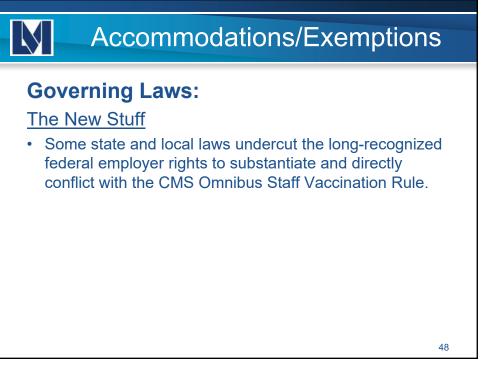
Accommodations/Exemptions

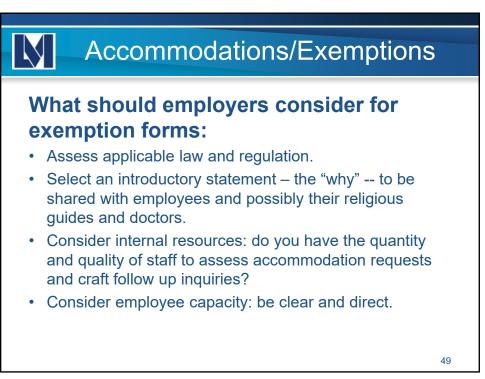
Governing Laws:

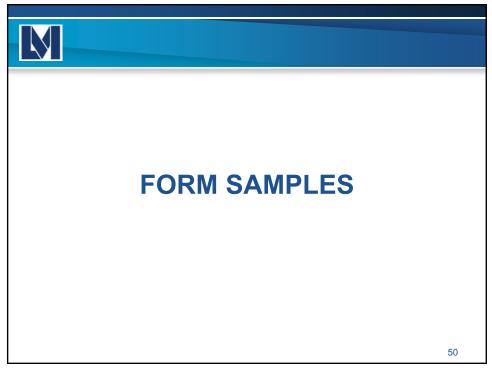
 However, while an employer can ask its employee about a religious belief or practice, it can't require the belief/practice be part of or endorsed by a recognized religion or religious leader. Employees can have sincerely held religious beliefs that are entirely self-developed or even in conflict with their denomination.











Form Sam		Madiaal	
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Request for Medical Exemption from Vaccination

Section 1: To be completed by employee

Name (print):	Date:
Dept	Position:
Manager.	Work/Cell Phone:

Company's vaccination requirement is true and accurate to the best of my knowledge. I further authorize my medical provider to provide the information requested on this form and follow-up(claritying micromation related to this requests an secessary. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that the Company is not required to provide this exemption if doing so is unreasonable, would pose a direct threat to myself or others in the workplace, or would create an unde hardholi for the Company. I further understand that, if this request is granted. I may be subject to alternative measures to mitigate disease exposure and transmission.

Date:

Employee Signature

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Section 2: Medical Certification for Vaccination Exemption

Employee Name: ____ Dear Medical Provider,

Please complete this form to assist the Company in the exemption assessment process. The person named above should not receive the above-indicated vaccine due to:

This	exemption	should	be:

- Temporary, expiring on: _/_/___, or when _____
- Permanent ("Permanent" exemption requests may still be subject to verification processes on an annual or other regular basis, or as circumstances dictate).

I certify the above information to be true and accurate, and request exemption from the above-indicated vaccine for the above-named individual. I understand that I may be contacted for additional clarification by an authorized representative for additional clarification and/or confirmation of completion of this form.

Medical Provider Name (print legibly):

(signature star	nps are not acceptable)
Practice Name	

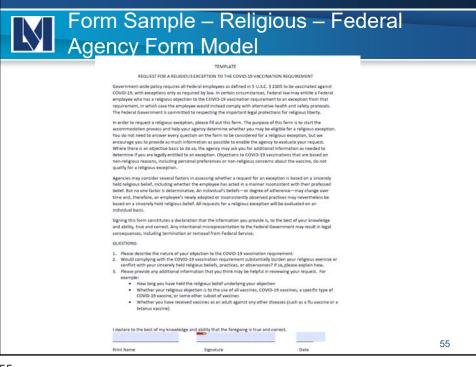
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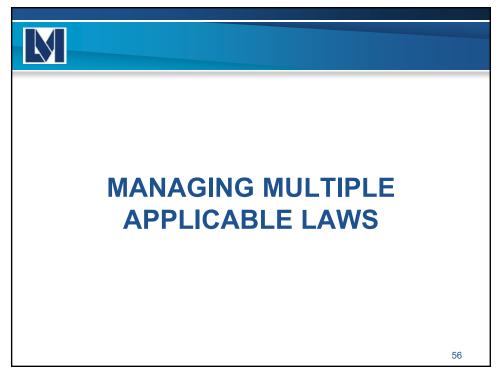
Date Provider Phone

M	Form	Sample – Medical (ADA)	
		Section 3: To be considered by the Review Committee Jatlach additional pages if needed) Date of initial request/ Date certification received:/ Describe the requested exception:	
		Evaluation of Impact (if any):	
		Describe alternative accommodations available; if any Date discussed with employee: Pail accommodation agreed on: Describe with request an one-qualifying scenare, Describe with request and any additional one of centified, unvisited to a substantial implainmed, follow un encements have information net responded to; information provided does not contraindicate vaccination;	
		Cleared due to instability to grant, no available or mutuality acceptable attenuative: Low document with employee	
		Dispatient/Facility Head Date: C2	
		Confidential Employees Medical Vecolution Respect of	52

F	orm Sar	np	e – Relig	ious	
Insert brief alatement of why policy will importance of vaccination against COVID exemptions will be granted on booking company in committed to providing a v commitment to providing reasonable acco practices, and observances of our emption COVID-19 vaccination based on a sincen below and return it to the Human Resources	Exemption from Vaccination In a expect safety, mandets, dol, Due to the information of a second second massion, manual basis doy, manual data and a second second second second years. To report a second second second second basis that any second second second second test data and the second second second second second second second report. You may attach and second second second second second second second second second		 a) if your request is not pursuant to an a religion, phase summatice the basis of your rec 		ed
To be completed by employee Name (print):	Date:		b.) In some cases, the Company may need to about your practices or beliefs. If requested, o to support your belief(s) and need for accommo to support your belief(s) and need for accommo to support your belief(s).	an you provide documentation or other author	
Dept:	Position				
Manager:	Work/Cell Phone:	P	I verify that the information I am submitting to Company's vaccination policy is true and acc		
other regular basis, or as circumstances dic 2.) Is your request pursuant to an establish Dutch Reformed Church, Church of Christ, 1	ed doctrine or practice of an organized religion (e.g.		I further understand that the Company is not r unreasonable, would pose a direct threat to my an undue hardship for the Company. I further be subject to alternative measures to mitigate d	self or others in the workplace, or would creat understand that, if this request is granted, I m	ite
a) Name of Religion:			Employee Signature	Date:	T
	trine or Practice that is contrary to the above named			- 1998)	
c.) Citation to Religious Dectrine	e or Practice if published:				
d.) If Employer has a question a	bout the dockine or practice, it may contact.				
(Name and Phone Number of Clerg)	/ Member).				
Confidential Employee Religious Vaccination Ec	emption flaquest of		Confidential Employee Religious Vacamation Exemp	tion Request of	

Forn	n Sample – Religious	
	To be completed by the Review Committee (attach additional pages if needed) Date of initial request. Describe the requested exception:	
	Evaluation of impact (if any):	
	Outcome of Exemption Request Deprevent	
	Denied due to inability to grant, alternative agreed on:/ Describe alternative accommodations available, if any: Date discussed with employee:/	
	Final accommodation agreed on Denied due to non-qualifying request. Denied due to non-qualifying request. Denied with request twa ano exablying (cs. not centified, unretable to a religious belief Denied with request twa ano exablying (cs. not centified, unretable to a religious belief denies not contraindicate vaccination):	
	Denied due to inability to grant, no available or mutually acceptable alternative: Data discussed with employee: If no accomposition identifies by Company or employee, describe with the vaccine exemption would be unreascenable, pose an undue hardship, or a direct threat.	
	If alternative accommodations were proposed but rejected, summarize the proposal(s), identify who made the proposal(s), and the reason(s) for rejection.	
	Department# acility Head Date:	
	Human Resources Director: Date:	
	Confidential Employee Religious Vaccination Exemption Request of	54



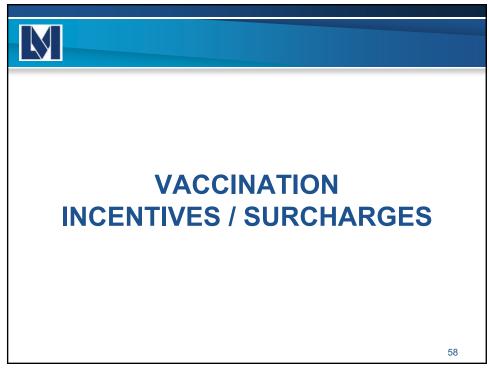


Employers Caught in the Middle: Conflicting State Laws

The Large Employer ETS, CMS Omnibus Staff Vaccination Rule, Federal Contractor Guidelines specifically state that they are intended to preempt inconsistent state and local laws. (The Healthcare ETS says that it does not preempt inconsistent requirements of state or local law).

- Where there is a direct conflict, the federal requirements will prevail over state requirements/limitations.
- However, more stringent state laws would not likely be preempted.
- And because of the alternative structure testing/masking can be offered some seemingly contradictory state laws may not in fact be inconsistent.



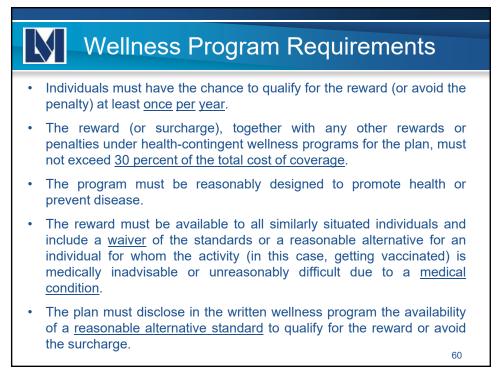


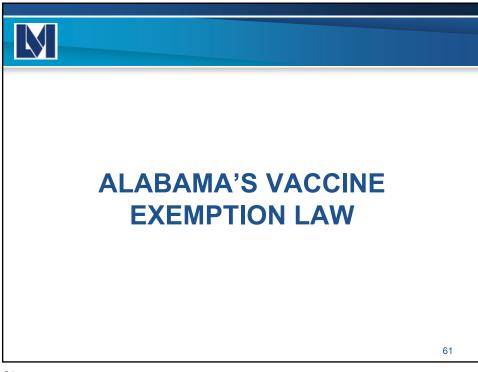
Can your health plan charge a higher premium for the unvaccinated?

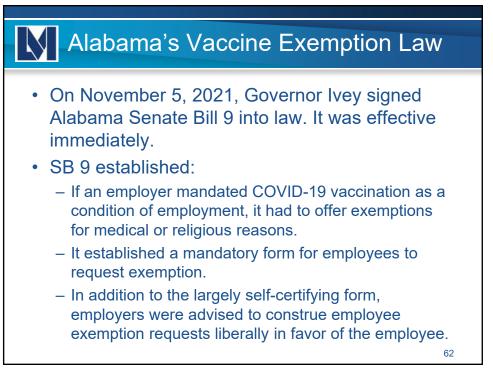
In general, HIPAA prohibits charging a higher premium based upon health factors, such as vaccination status.

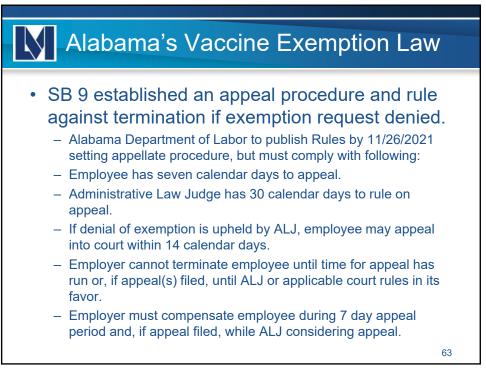
<u>However</u>, an employer can establish a wellness program and provide rewards to employees based on their participation. Under recent regulatory guidance, a wellness program can include a premium surcharge or discount based on vaccination status if the wellness program satisfies certain requirements.

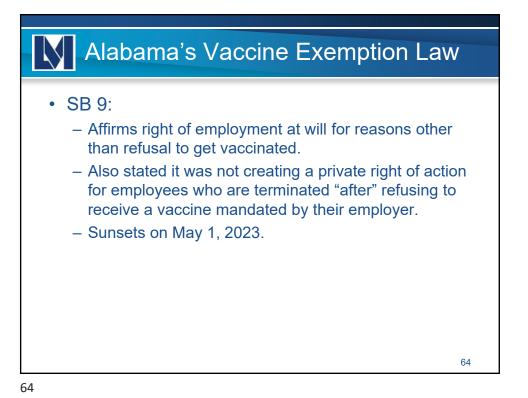
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Mandated Form– Ala SB 9

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

You may request either a medical or a religious exemption from the COVID-19 vaccination by completing this form and submitting the form to your employer. In the event your employer denies this request, you have a right to file an appeal with the Department of Labor within 7 days. Your employer will provide you with information on how to file an appeal.

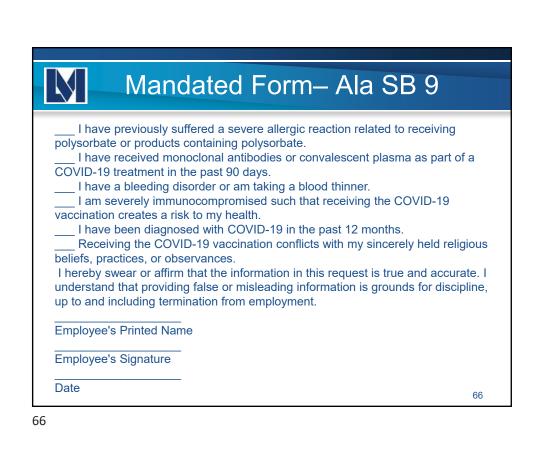
I am requesting exemption from the COVID-19 vaccine requirements for one of the following reasons: (check all that apply)

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

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

_____I have previously suffered a severe allergic reaction related to receiving polyethylene glycol or products containing polyethylene glycol.

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Mandated Form – Ala SB 9	
(Note: The following must be completed ONLY if claiming the first medical exemption listed above.)	
Certification by a licensed health care provider as to the accuracy of inform provided above:	ation
Name of Health Care Provider	
Signature of Health Care Provider	
Date	
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