

By: Truitt, Capelo

H.B. No. 1614

Substitute the following for H.B. No. 1614:

By: McReynolds

C.S.H.B. No. 1614

A BILL TO BE ENTITLED

AN ACT

relating to the reporting of medical errors and the establishment of a patient safety program in hospitals, ambulatory surgical centers, and mental hospitals.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. The purpose of this Act is to establish a program to:

(1) promote public accountability through the detection of statewide trends in the occurrence of certain medical errors by:

(A) requiring hospitals, ambulatory surgical centers, and mental hospitals to report errors;

(B) providing the public with access to statewide summaries of the reports; and

(C) requiring hospitals, ambulatory surgical centers, and mental hospitals to implement risk-reduction strategies; and

(2) encourage hospitals, ambulatory surgical centers, and mental hospitals to share best practices and safety measures that are effective in improving patient safety.

SECTION 2. Chapter 241, Health and Safety Code, is amended by adding Subchapter H to read as follows:

SUBCHAPTER H. PATIENT SAFETY PROGRAM

Sec. 241.201. DUTIES OF DEPARTMENT. The department shall

1 develop a patient safety program for hospitals. The program must:

2 (1) be administered by the hospital licensing program
3 within the department; and

4 (2) serve as an information clearinghouse for
5 hospitals concerning best practices and quality improvement
6 strategies.

7 Sec. 241.202. ANNUAL REPORT. (a) On renewal of a license
8 under this chapter, a hospital shall submit to the department an
9 annual report that lists the number of occurrences at the hospital
10 or at an outpatient facility owned or operated by the hospital of
11 each of the following events during the preceding year:

12 (1) a medication error resulting in a patient's
13 unanticipated death or major permanent loss of bodily function in
14 circumstances unrelated to the natural course of the illness or
15 underlying condition of the patient;

16 (2) a perinatal death unrelated to a congenital
17 condition in an infant with a birth weight greater than 2,500 grams;

18 (3) the suicide of a patient in a setting in which the
19 patient receives care 24 hours a day;

20 (4) the abduction of a newborn infant patient from the
21 hospital or the discharge of a newborn infant patient from the
22 hospital into the custody of an individual in circumstances in
23 which the hospital knew, or in the exercise of ordinary care should
24 have known, that the individual did not have legal custody of the
25 infant;

26 (5) the sexual assault of a patient during treatment
27 or while the patient was on the premises of the hospital or

1 facility;

2 (6) a hemolytic transfusion reaction in a patient
3 resulting from the administration of blood or blood products with
4 major blood group incompatibilities;

5 (7) a surgical procedure on the wrong patient or on the
6 wrong body part of a patient;

7 (8) a foreign object accidentally left in a patient
8 during a procedure; and

9 (9) a patient death or serious disability associated
10 with the use or function of a device designed for patient care that
11 is used or functions other than as intended.

12 (b) The department may not require the annual report to
13 include any information other than the number of occurrences of
14 each event listed in Subsection (a).

15 Sec. 241.203. ROOT CAUSE ANALYSIS AND ACTION PLAN. (a) In
16 this section, "root cause analysis" means the process of
17 identifying basic or causal factors underlying a variation in
18 performance that leads to an event listed in Section 241.202 and
19 that:

20 (1) focuses primarily on systems and processes;

21 (2) progresses from special causes in clinical
22 processes to common causes in organizational processes; and

23 (3) identifies potential improvements in processes or
24 systems.

25 (b) Not later than the 45th day after the date a hospital
26 becomes aware of the occurrence of an event listed in Section
27 241.202, the hospital shall:

1 (1) conduct a root cause analysis of the event; and
2 (2) develop an action plan that identifies strategies
3 to reduce the risk of a similar event occurring in the future.

4 (c) The department may review a root cause analysis or
5 action plan related to an event listed in Section 241.202 during a
6 survey, inspection, or investigation of a hospital.

7 (d) The department may not require a root cause analysis or
8 action plan to be submitted to the department.

9 (e) The department or an employee or agent of the department
10 in any form, format, or manner may not remove, copy, reproduce,
11 redact, or dictate from any part of a root cause analysis or action
12 plan.

13 Sec. 241.204. CONFIDENTIALITY; ABSOLUTE PRIVILEGE. (a)
14 Except as provided by Sections 241.205 and 241.206, all information
15 and materials obtained or compiled by the department under this
16 subchapter or compiled by a hospital under this subchapter,
17 including the root cause analysis, annual hospital report, action
18 plan, best practices report, department summary, and all related
19 information and materials, are confidential and:

20 (1) are not subject to disclosure under Chapter 552,
21 Government Code, or discovery, subpoena, or other means of legal
22 compulsion for release to any person, subject to Section
23 241.203(c); and

24 (2) may not be admitted as evidence or otherwise
25 disclosed in any civil, criminal, or administrative proceeding.

26 (b) The confidentiality protections under Subsection (a)
27 apply without regard to whether the information or materials are

1 obtained from or compiled by a hospital or an entity that has an
2 ownership or management interest in a hospital.

3 (c) The transfer of information or materials under this
4 subchapter is not a waiver of a privilege or protection granted
5 under law.

6 (d) Information reported by a hospital under this
7 subchapter and analyses, plans, records, and reports obtained,
8 prepared, or compiled by a hospital under this subchapter and all
9 related information and materials are subject to an absolute
10 privilege and may not be used in any form against the hospital or
11 the hospital's agents, employees, partners, assignees, or
12 independent contractors in any civil, criminal, or administrative
13 proceeding, regardless of the means by which a person came into
14 possession of the information, analysis, plan, record, report, or
15 related information or material. A court shall enforce this
16 privilege for all matters covered by this subsection.

17 (e) This section does not prohibit access to the patient's
18 medical records to the extent authorized by law by the patient or
19 the patient's legally authorized representative.

20 Sec. 241.205. ANNUAL DEPARTMENT SUMMARY. The department
21 annually shall compile and make available to the public a summary of
22 the events reported by hospitals as required by Section 241.202.
23 The summary may contain only aggregated information and may not
24 directly or indirectly identify:

- 25 (1) a specific hospital or group of hospitals;
26 (2) an individual; or
27 (3) a specific reported event or the circumstances or

1 individuals surrounding the event.

2 Sec. 241.206. BEST PRACTICES REPORT AND DEPARTMENT SUMMARY.

3 (a) A hospital shall provide to the department at least one report
4 of the best practices and safety measures related to a reported
5 event.

6 (b) A hospital may provide to the department a report of
7 other best practices and the safety measures, such as marking a
8 surgical site and involving the patient in the marking process,
9 that are effective in improving patient safety.

10 (c) The department by rule may prescribe the form and format
11 of a best practices report. The department may not require a best
12 practices report to exceed one page in length. The department shall
13 accept, in lieu of a report in the form and format prescribed by the
14 department, a copy of a report submitted by a hospital to a patient
15 safety organization.

16 (d) The department periodically shall:

17 (1) compile a summary of best practices reports; and

18 (2) make the summary available to the public.

19 (e) The summary may not directly or indirectly identify:

20 (1) a specific hospital or group of hospitals;

21 (2) an individual; or

22 (3) a specific reported event or the circumstances or
23 individuals surrounding the event.

24 Sec. 241.207. PROHIBITION. The hospital annual report,
25 the department summary, or the best practices report may not
26 distinguish between an event that occurred at an outpatient
27 facility owned or operated by the hospital and an event that

1 occurred at a hospital facility.

2 Sec. 241.208. REPORT TO LEGISLATURE. (a) Not later than
3 December 1, 2006, the commissioner of public health shall:

4 (1) evaluate the patient safety program established
5 under this subchapter; and

6 (2) report the results of the evaluation and make
7 recommendations to the legislature.

8 (b) The commissioner of public health shall conduct the
9 evaluation in consultation with hospitals licensed under this
10 chapter.

11 (c) The evaluation must address:

12 (1) the degree to which the department was able to
13 detect statewide trends in errors based on the types and numbers of
14 events reported;

15 (2) the degree to which the statewide summaries of
16 events compiled by the department were accessed by the public;

17 (3) the effectiveness of the department's best
18 practices summary in improving hospital patient care; and

19 (4) the impact of national studies on the
20 effectiveness of state or federal systems of reporting medical
21 errors.

22 Sec. 241.209. GIFTS, GRANTS, AND DONATIONS. The department
23 may accept and administer a gift, grant, or donation from any source
24 to carry out the purposes of this subchapter.

25 Sec. 241.210. EXPIRATION. Unless continued in existence,
26 this subchapter expires September 1, 2007.

27 SECTION 3. Sections 243.001 through 243.016, Health and

1 Safety Code, are designated as Subchapter A, Chapter 243, Health
2 and Safety Code, and a heading to Subchapter A is added to read as
3 follows:

4 SUBCHAPTER A. GENERAL PROVISIONS; LICENSING AND PENALTIES

5 SECTION 4. Chapter 243, Health and Safety Code, is amended
6 by adding Subchapter B to read as follows:

7 SUBCHAPTER B. PATIENT SAFETY PROGRAM

8 Sec. 243.051. DUTIES OF DEPARTMENT. The department shall
9 develop a patient safety program for ambulatory surgical centers.

10 The program must:

11 (1) be administered by the ambulatory surgical center
12 licensing program within the department; and

13 (2) serve as an information clearinghouse for
14 ambulatory surgical centers concerning best practices and quality
15 improvement strategies.

16 Sec. 243.052. ANNUAL REPORT. (a) On renewal of a license
17 under this chapter, an ambulatory surgical center shall submit to
18 the department an annual report that lists the number of
19 occurrences at the center or at an outpatient facility owned or
20 operated by the center of each of the following events during the
21 preceding year:

22 (1) a medication error resulting in a patient's
23 unanticipated death or major permanent loss of bodily function in
24 circumstances unrelated to the natural course of the illness or
25 underlying condition of the patient;

26 (2) the suicide of a patient;

27 (3) the sexual assault of a patient during treatment

1 or while the patient was on the premises of the center or facility;

2 (4) a hemolytic transfusion reaction in a patient
3 resulting from the administration of blood or blood products with
4 major blood group incompatibilities;

5 (5) a surgical procedure on the wrong patient or on the
6 wrong body part of a patient;

7 (6) a foreign object accidentally left in a patient
8 during a procedure; and

9 (7) a patient death or serious disability associated
10 with the use or function of a device designed for patient care that
11 is used or functions other than as intended.

12 (b) The department may not require the annual report to
13 include any information other than the number of occurrences of
14 each event listed in Subsection (a).

15 Sec. 243.053. ROOT CAUSE ANALYSIS AND ACTION PLAN. (a) In
16 this section, "root cause analysis" means the process of
17 identifying basic or causal factors underlying a variation in
18 performance that leads to an event listed in Section 243.052 and
19 that:

20 (1) focuses primarily on systems and processes;

21 (2) progresses from special causes in clinical
22 processes to common causes in organizational processes; and

23 (3) identifies potential improvements in processes or
24 systems.

25 (b) Not later than the 45th day after an ambulatory surgical
26 center becomes aware of the occurrence of an event listed in Section
27 243.052, the center shall:

1 (1) conduct a root cause analysis of the event; and
2 (2) develop an action plan that identifies strategies
3 to reduce the risk of a similar event occurring in the future.

4 (c) The department may review a root cause analysis or
5 action plan related to an event listed in Section 243.052 during a
6 survey, inspection, or investigation of an ambulatory surgical
7 center.

8 (d) The department may not require a root cause analysis or
9 action plan to be submitted to the department.

10 (e) The department or an employee or agent of the department
11 may not in any form, format, or manner remove, copy, reproduce,
12 redact, or dictate from any part of a root cause analysis or action
13 plan.

14 Sec. 243.054. CONFIDENTIALITY; ABSOLUTE PRIVILEGE. (a)
15 Except as provided by Sections 243.055 and 243.056, all information
16 and materials obtained or compiled by the department under this
17 subchapter or compiled by an ambulatory surgical center under this
18 subchapter, including the root cause analysis, annual report of an
19 ambulatory surgical center, action plan, best practices report,
20 department summary, and all related information and materials, are
21 confidential and:

22 (1) are not subject to disclosure under Chapter 552,
23 Government Code, or discovery, subpoena, or other means of legal
24 compulsion for release to any person, subject to Section
25 243.053(c); and

26 (2) may not be admitted as evidence or otherwise
27 disclosed in any civil, criminal, or administrative proceeding.

1 (b) The confidentiality protections under Subsection (a)
2 apply without regard to whether the information or materials are
3 obtained from or compiled by an ambulatory surgical center or an
4 entity that has an ownership or management interest in an
5 ambulatory surgical center.

6 (c) The transfer of information or materials under this
7 subchapter is not a waiver of a privilege or protection granted
8 under law.

9 (d) Information reported by an ambulatory surgical center
10 under this subchapter and analyses, plans, records, and reports
11 obtained, prepared, or compiled by the center under this subchapter
12 and all related information and materials are subject to an
13 absolute privilege and may not be used in any form against the
14 center or the center's agents, employees, partners, assignees, or
15 independent contractors in any civil, criminal, or administrative
16 proceeding, regardless of the means by which a person came into
17 possession of the information, analysis, plan, record, report, or
18 related information or material. A court shall enforce this
19 privilege for all matters covered by this subsection.

20 (e) This section does not prohibit access to the patient's
21 medical records to the extent authorized by law by the patient or
22 the patient's legally authorized representative.

23 Sec. 243.055. ANNUAL DEPARTMENT SUMMARY. The department
24 annually shall compile and make available to the public a summary of
25 the events reported by ambulatory surgical centers as required by
26 Section 243.052. The summary may contain only aggregated
27 information and may not directly or indirectly identify:

1 (1) a specific ambulatory surgical center or group of
2 centers;

3 (2) an individual; or

4 (3) a specific reported event or the circumstances or
5 individuals surrounding the event.

6 Sec. 243.056. BEST PRACTICES REPORT AND DEPARTMENT SUMMARY.

7 (a) An ambulatory surgical center shall provide to the department
8 at least one report of best practices and safety measures related to
9 a reported event.

10 (b) An ambulatory surgical center may provide to the
11 department a report of other best practices and the safety
12 measures, such as marking a surgical site and involving the patient
13 in the marking process, that are effective in improving patient
14 safety.

15 (c) The department by rule may prescribe the form and format
16 of a best practices report. The department may not require a best
17 practices report to exceed one page in length. The department shall
18 accept, in lieu of a report in the form and format prescribed by the
19 department, a copy of a report submitted by an ambulatory surgical
20 center to a patient safety organization.

21 (d) The department periodically shall:

22 (1) compile a summary of best practices reports; and

23 (2) make the summary available to the public.

24 (e) The summary may not directly or indirectly identify:

25 (1) a specific ambulatory surgical center or group of
26 centers;

27 (2) an individual; or

1 (3) a specific reported event or the circumstances or
2 individuals surrounding the event.

3 Sec. 243.057. PROHIBITION. The annual report of an
4 ambulatory surgical center, the department summary, or the best
5 practices report may not distinguish between an event that occurred
6 at an outpatient facility owned or operated by the center and an
7 event that occurred at a center facility.

8 Sec. 243.058. REPORT TO LEGISLATURE. (a) Not later than
9 December 1, 2006, the commissioner of public health shall:

10 (1) evaluate the patient safety program established
11 under this subchapter; and

12 (2) report the results of the evaluation and make
13 recommendations to the legislature.

14 (b) The commissioner of public health shall conduct the
15 evaluation in consultation with ambulatory surgical centers.

16 (c) The evaluation must address:

17 (1) the degree to which the department was able to
18 detect statewide trends in errors based on the types and numbers of
19 events reported;

20 (2) the degree to which the statewide summaries of
21 events compiled by the department were accessed by the public;

22 (3) the effectiveness of the department's best
23 practices summary in improving patient care; and

24 (4) the impact of national studies on the
25 effectiveness of state or federal systems of reporting medical
26 errors.

27 Sec. 243.059. GIFTS, GRANTS, AND DONATIONS. The department

1 may accept and administer a gift, grant, or donation from any source
2 to carry out the purposes of this subchapter.

3 Sec. 243.060. EXPIRATION. Unless continued in existence,
4 this subchapter expires September 1, 2007.

5 SECTION 5. Sections 577.001 through 577.019, Health and
6 Safety Code, are designated as Subchapter A, Chapter 577, Health
7 and Safety Code, and a heading to Subchapter A is added to read as
8 follows:

9 SUBCHAPTER A. GENERAL PROVISIONS; LICENSING AND PENALTIES

10 SECTION 6. Chapter 577, Health and Safety Code, is amended
11 by adding Subchapter B to read as follows:

12 SUBCHAPTER B. PATIENT SAFETY PROGRAM

13 Sec. 577.051. DUTIES OF DEPARTMENT. The department shall
14 develop a patient safety program for mental hospitals licensed
15 under Section 577.001(a). The program must:

16 (1) be administered by the licensing program within
17 the department; and

18 (2) serve as an information clearinghouse for
19 hospitals concerning best practices and quality improvement
20 strategies.

21 Sec. 577.052. ANNUAL REPORT. (a) On renewal of a license
22 under this chapter, a mental hospital shall submit to the
23 department an annual report that lists the number of occurrences at
24 the hospital or at an outpatient facility owned or operated by the
25 hospital of each of the following events during the preceding year:

26 (1) a medication error resulting in a patient's
27 unanticipated death or major permanent loss of bodily function in

1 circumstances unrelated to the natural course of the illness or
2 underlying condition of the patient;

3 (2) the suicide of a patient in a setting in which the
4 patient receives care 24 hours a day;

5 (3) the sexual assault of a patient during treatment
6 or while the patient was on the premises of the hospital or
7 facility;

8 (4) a hemolytic transfusion reaction in a patient
9 resulting from the administration of blood or blood products with
10 major blood group incompatibilities; and

11 (5) a patient death or serious disability associated
12 with the use or function of a device designed for patient care that
13 is used or functions other than as intended.

14 (b) The department may not require the annual report to
15 include any information other than the number of occurrences of
16 each event listed in Subsection (a).

17 Sec. 577.053. ROOT CAUSE ANALYSIS AND ACTION PLAN. (a) In
18 this section, "root cause analysis" means the process of
19 identifying basic or causal factors underlying a variation in
20 performance that leads to an event listed in Section 577.052 and
21 that:

22 (1) focuses primarily on systems and processes;
23 (2) progresses from special causes in clinical
24 processes to common causes in organizational processes; and
25 (3) identifies potential improvements in processes or
26 systems.

27 (b) Not later than the 45th day after the date a mental

1 hospital becomes aware of an event listed in Section 577.052, the
2 hospital shall:

- 3 (1) conduct a root cause analysis of the event; and
4 (2) develop an action plan that identifies strategies
5 to reduce the risk of a similar event occurring in the future.

6 (c) The department may review a root cause analysis or
7 action plan related to an event listed in Section 577.052(a) during
8 a survey, inspection, or investigation of a mental hospital.

9 (d) The department may not require a root cause analysis or
10 action plan to be submitted to the department.

11 (e) The department or an employee or agent of the department
12 may not in any form, format, or manner remove, copy, reproduce,
13 redact, or dictate from all or any part of a root cause analysis or
14 action plan.

15 Sec. 577.054. CONFIDENTIALITY; ABSOLUTE PRIVILEGE. (a)
16 Except as provided by Sections 577.055 and 577.056, all information
17 and materials obtained or compiled by the department under this
18 subchapter or compiled by a mental hospital under this subchapter,
19 including the root cause analysis, annual report of the hospital,
20 action plan, best practices report, department summary, and all
21 related information and materials, are confidential and:

22 (1) are not subject to disclosure under Chapter 552,
23 Government Code, or discovery, subpoena, or other means of legal
24 compulsion for release to any person, subject to Section
25 577.053(c); and

26 (2) may not be admitted as evidence or otherwise
27 disclosed in any civil, criminal, or administrative proceeding.

1 (b) The confidentiality protections under Subsection (a)
2 apply without regard to whether the information or materials are
3 obtained from or compiled by a mental hospital or an entity that has
4 an ownership or management interest in a hospital.

5 (c) The transfer of information or materials under this
6 subchapter is not a waiver of a privilege or protection granted
7 under law.

8 (d) Information reported by a mental hospital under this
9 subchapter and analyses, plans, records, and reports obtained,
10 prepared, or compiled by a hospital under this subchapter and all
11 related information and materials are subject to an absolute
12 privilege and may not be used in any form against the hospital or
13 the hospital's agents, employees, partners, assignees, or
14 independent contractors in any civil, criminal, or administrative
15 proceeding, regardless of the means by which a person came into
16 possession of the information, analysis, plan, record, report, or
17 related information or material. A court shall enforce this
18 privilege for all matters covered by this subsection.

19 (e) This section does not prohibit access to the patient's
20 medical records to the extent authorized by law by the patient or
21 the patient's legally authorized representative.

22 Sec. 577.055. ANNUAL DEPARTMENT SUMMARY. The department
23 annually shall compile and make available to the public a summary of
24 the events reported by mental hospitals as required by Section
25 577.052. The summary may contain only aggregated information and
26 may not directly or indirectly identify:

27 (1) a specific mental hospital or group of hospitals;

1 (2) an individual; or

2 (3) a specific reported event or the circumstances or
3 individuals surrounding the event.

4 Sec. 577.056. BEST PRACTICES REPORT AND DEPARTMENT SUMMARY.

5 (a) A mental hospital shall provide to the department at least one
6 report of best practices and safety measures related to a reported
7 event.

8 (b) A mental hospital may provide to the department a report
9 of other best practices and the safety measures that are effective
10 in improving patient safety.

11 (c) The department by rule may prescribe the form and format
12 of a best practices report. The department may not require a best
13 practices report to exceed one page in length. The department shall
14 accept, in lieu of a report in the form and format prescribed by the
15 department, a copy of a report submitted by a mental hospital to a
16 patient safety organization.

17 (d) The department periodically shall:

18 (1) compile a summary of best practices reports; and

19 (2) make the summary available to the public.

20 (e) The summary may not directly or indirectly identify:

21 (1) a specific mental hospital or group of hospitals;

22 (2) an individual; or

23 (3) a specific reported event or the circumstances or
24 individuals surrounding the event.

25 Sec. 577.057. PROHIBITION. The annual report of a mental
26 hospital, the department summary, or the best practices report may
27 not distinguish between an event that occurred at an outpatient

1 facility owned or operated by the hospital and an event that
2 occurred at a hospital facility.

3 Sec. 577.058. REPORT TO LEGISLATURE. (a) Not later than
4 December 1, 2006, the commissioner of public health shall:

5 (1) evaluate the patient safety program established
6 under this subchapter; and

7 (2) report the results of the evaluation and make
8 recommendations to the legislature.

9 (b) The commissioner of public health shall conduct the
10 evaluation in consultation with mental hospitals licensed under
11 this chapter.

12 (c) The evaluation must address:

13 (1) the degree to which the department was able to
14 detect statewide trends in errors based on the types and numbers of
15 events reported;

16 (2) the degree to which the statewide summaries of
17 events compiled by the department were accessed by the public;

18 (3) the effectiveness of the department's best
19 practices summary in improving hospital patient care; and

20 (4) the impact of national studies on the
21 effectiveness of state or federal systems of reporting medical
22 errors.

23 Sec. 577.059. GIFTS, GRANTS, AND DONATIONS. The department
24 may accept and administer a gift, grant, or donation from any source
25 to carry out the purposes of this subchapter.

26 Sec. 577.060. EXPIRATION. Unless continued in existence,
27 this subchapter expires September 1, 2007.

1 SECTION 7. (a) Not later than January 1, 2004, the Texas
2 Department of Health, using existing resources available to the
3 department, shall establish a patient safety program as required
4 under Subchapter H, Chapter 241, Health and Safety Code, as added by
5 this Act, under Subchapter B, Chapter 243, Health and Safety Code,
6 as added by this Act, and under Subchapter B, Chapter 577, Health
7 and Safety Code, as added by this Act.

8 (b) Beginning July 1, 2004, a hospital, ambulatory surgical
9 center, or mental hospital on renewal of a license under Chapter 241
10 or 243 or Section 577.001(a), Health and Safety Code, shall submit
11 the annual report required by Section 241.202, 243.052, or 577.052,
12 Health and Safety Code, as added by this Act.

13 SECTION 8. The expiration of Subchapter H, Chapter 241,
14 Health and Safety Code, as added by this Act, Subchapter B, Chapter
15 243, Health and Safety Code, as added by this Act, and Subchapter B,
16 Chapter 577, Health and Safety Code, as added by this Act, in
17 accordance with Sections 241.209, 243.060, and 577.060, Health and
18 Safety Code, as added by this Act, does not affect the
19 confidentiality of and privilege applicable to information and
20 materials or the authorized disclosure of summary reports of that
21 information and materials under Sections 241.204, 241.205,
22 241.206, 241.207, 243.054, 243.055, 243.056, 243.058, 577.054,
23 577.055, 577.056, and 577.058, Health and Safety Code, as added by
24 this Act, and these laws are continued in effect for this purpose.

25 SECTION 9. This Act takes effect immediately if it receives
26 a vote of two-thirds of all the members elected to each house, as
27 provided by Section 39, Article III, Texas Constitution. If this

C.S.H.B. No. 1614

- 1 Act does not receive the vote necessary for immediate effect, this
- 2 Act takes effect September 1, 2003.