

Amend SB 8 (house committee report) as follows:

(1) In the recital to SECTION 6.04 of the bill, amending Section 108.013, Health and Safety Code (page 51, line 22), strike "(n)" and substitute "(o)".

(2) In SECTION 6.04 of the bill, immediately following proposed Section 108.013(n), Health and Safety Code (page 54, between lines 5 and 6), insert the following:

(o) The department as the department determines appropriate may, subject to Section 166.054(c), include data collected in Section 166.054 in the data collected or disclosed under this section.

(3) Add the following appropriately numbered SECTION to ARTICLE 6 of the bill and renumber subsequent SECTIONS of ARTICLE 6 accordingly:

SECTION _____. Subchapter B, Chapter 166, Health and Safety Code, is amended by adding Section 166.054 to read as follows:

Sec. 166.054. REPORTING REQUIREMENTS. (a) The executive commissioner of the Health and Human Services Commission by rule shall require appropriate health care facilities in this state to annually provide to the department the following information:

(1) for cases in which an attending physician refused to comply with an advance directive or health care or treatment decision and did not wish to follow the procedure established by Section 166.046:

(A) the total number of cases;

(B) for each case:

(i) whether the attending physician objected to providing or to withholding treatment;

(ii) the patient's diagnosis and a statement as to whether the diagnosis is of an irreversible condition or terminal condition;

(iii) the race, gender, age, national origin, disability, if any, and financial status, including insurance status, of the patient;

(iv) the type of health care facility, including a hospital, long-term care facility, or institution licensed under Chapter 242, including a skilled nursing facility,

to which a transfer was sought; and

(v) whether the transfer occurred; and

(C) for each case in which a transfer was not made:

(i) whether the patient died;

(ii) the number of days between the date on which the opportunity to transfer the patient was first afforded and the date of the patient's death, if applicable; and

(iii) whether life-sustaining treatment had been withheld or withdrawn before the patient's death;

(2) for cases in which an attending physician's refusal to honor an advance directive or health care or treatment decision made by or on behalf of a patient was reviewed under Section 166.046:

(A) the total number of cases;

(B) for each case:

(i) whether the attending physician objected to providing or to withholding treatment;

(ii) the patient's diagnosis and a statement as to whether the diagnosis is of an irreversible condition or terminal condition;

(iii) the race, gender, age, national origin, disability, if any, and financial status, including insurance status, of the patient;

(iv) whether an ethics or medical committee meeting was held;

(v) whether the ethics or medical committee agreed with the physician or with the patient or the person responsible for the health care decisions of the patient;

(vi) the type of health care facility, including a hospital, long-term care facility, or institution licensed under Chapter 242, including a skilled nursing facility, to which a transfer was sought;

(vii) whether the transfer occurred; and

(viii) the number of days between the date the person received the written explanation to which the person is entitled under Section 166.046(b)(4)(B) and the date of the

patient's transfer or death, if applicable; and

(C) for each case in which a transfer was not made:

(i) whether the patient died;

(ii) the number of days between the date on which the opportunity to transfer the patient was first afforded and the date of the patient's death, if applicable; and

(iii) whether life-sustaining treatment had been withheld or withdrawn before the patient's death; and

(3) for each case in which the health care facility or its agents attempted to assist in finding another facility willing and able to accept transfer of the patient:

(A) the number of other facilities contacted and asked to consider accepting transfer; and

(B) to the extent provided to the reporting facility, the reasons given by the other facilities for refusing to accept or for accepting transfer.

(b) Not later than February 1 of each year, the department shall issue a public report cumulating the data reported under Subsection (a) for the previous calendar year and provide a copy of the report to the governor, lieutenant governor, and speaker of the house of representatives. The report must include the aggregate data for the entire state and, subject to Subsection (c), data for each reporting health care facility. The department must allow researchers access to the database of reported data to conduct studies based on cross-tabulation, subject to Subsection (c).

(c) Except to the extent waived by a patient or the patient's legally authorized representative, the department shall ensure that information made public or available to researchers under Subsection (b) does not compromise patient confidentiality.

(d) The reporting required under this section shall be integrated, to the extent practicable, with the uniform reporting and collection system established under Section 311.032. The department shall encourage the use of electronic reporting to the extent practicable. The department shall consult with the Department of Information Resources on developing an appropriate format for use in implementing this subsection.