

## **BILL ANALYSIS**

H.B. 1340  
By: Rose  
Public Health  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

There are concerns that some teenagers do not always have someone with them at screenings or sick visits who is authorized to consent to immunization. For example, interested parties note that, when teenagers are brought into juvenile detention facilities or shelters for runaways, consent for medical treatment is generally obtained either from the parent or guardian or from another authorized person or entity but that subsequent screenings or sick visits may occur at which routine assessment for vaccination indicates a need for such immunization and at which such persons or entities are not available to give such consent. H.B. 1340 seeks to permit children ages 14 and older to consent to their own immunizations under certain circumstances.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

H.B. 1340 amends the Family Code to authorize a child to consent to the child's own immunization if the child is 14 years of age or older and the health care provider administering the immunization has on file a valid consent form for the medical treatment of the child by a parent, managing conservator, or guardian of the child or other person who, under the law of another state or a court order, may consent for the child or a person authorized to consent to treatment under statutory provisions relating to consent to treatment by a non-parent. The bill prohibits a provider from administering an immunization to a child under the bill's provisions if the provider has actual knowledge that a parent, managing conservator, or guardian of the child or other authorized person has expressly refused to give consent to the immunization.

H.B. 1340 requires a child who consents to immunization under the bill's provisions to provide the health care provider with sufficient and accurate health history and other information for the child and, if necessary, sufficient and accurate health history and information about the child's family to enable the child and the health care provider to determine adequately the risks and benefits inherent in the proposed immunization and to determine whether immunization is advisable. The bill requires consent to immunization under the bill's provisions to meet certain requirements under statutory provisions relating to consent forms for medical treatment and specifies that consent by a child to immunization under the bill's provisions is not subject to disaffirmance because of minority. The bill specifies that a health care provider or facility is not liable for the immunization of a child under the bill's provisions except for the provider's or the facility's own acts of negligence. The bill specifies that its provisions control to the extent any conflict exists between the bill's provisions and statutory provisions relating to consent to medical, dental, psychological, and surgical treatment by a child.

### **EFFECTIVE DATE**

On passage, or, if the bill does not receive the necessary vote, September 1, 2013.