

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 63
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Health & Human Services
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Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The Centers for Disease Control and Prevention (CDC) recommends "cocooning" as a strategy to protect babies from vaccine-preventable diseases in the first months of life. This entails vaccinating those in close contact with the infant, especially their parents and caregivers. Unborn children receive disease immunity through vaccines obtained by their mothers during pregnancy.

Currently, minor parents may consent to medical treatment, including immunizations, for their children. However, they may not consent to their own immunizations. Pregnant minors are also not currently allowed to consent to their own immunizations. C.S.S.B. 63 is intended to better protect unborn children and infants from vaccine-preventable diseases by allowing their parents to more easily access immunizations. Specifically, this bill allows pregnant minors or minor parents with custody of children to consent to their own immunizations if CDC recommends or authorizes initial dose before seven years.

C.S.S.B. 63 amends current law relating to consent to the immunization of certain children.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 32, Family Code, by adding Section 32.1011, as follows:

Sec. 32.1011. CONSENT TO IMMUNIZATION BY CHILD. (a) Authorizes a child, notwithstanding Section 32.003 (Consent to Treatment by Child) or 32.101 (Who May Consent to Immunization of Child), to consent to the child's own immunization for a disease if:

(1) the child:

(A) is pregnant; or

(B) is the parent of a child and has actual custody of that child; and

(2) the Centers for Disease Control and Prevention recommend or authorize the initial dose of an immunization for that disease to be administered before seven years of age.

(b) Requires that consent to immunization under this section meet the requirements of Section 32.002(a) (relating to the requirement that consent to medical treatment be in writing, among other requirements).

(c) Provides that consent by a child to immunization under this section is not subject to disaffirmance because of minority.

(d) Authorizes a health care provider or facility to rely on the written statement of the child containing the grounds on which the child has capacity to consent to the child's immunization under this section.

(e) Provides that to the extent of any conflict between this section and Section 32.003, this section controls.

SECTION 2. Effective date: upon passage or September 1, 2013.