

BILL ANALYSIS

S.B. 1842
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Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Staff at psychiatric facilities and hospitals sometimes must use restraint or seclusion to manage violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others. Restraint and seclusion are used only as an emergency intervention to help patients reestablish control of their behavior and only when less restrictive, nonphysical interventions have proved unsuccessful. Interested parties assert that the state's current rules relating to restraint and seclusion are more restrictive than the Centers for Medicare and Medicaid Services rules and allow only a physician or a physician's designee to conduct a face-to-face evaluation of the patient in order to assess the patient's stability after the initiation of the restraint or seclusion, which precludes such an evaluation from being performed by an appropriately licensed and trained registered nurse. The parties observe that Texas is one of only a couple of states that do not allow registered nurses to conduct these evaluations. S.B. 1842 seeks to address this issue.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTIONS 1 and 3 of this bill.

ANALYSIS

S.B. 1842 amends the Health and Safety Code to require the rules adopted by the executive commissioner of the Health and Human Services Commission (HHSC) relating to restraint and seclusion procedures at certain health care facilities to authorize a registered nurse, other than a nurse who initiated the use of restraint or seclusion, who is trained to assess medical and psychiatric stability with demonstrated competence as required by rule to conduct a face-to-face evaluation of a patient in a licensed hospital or mental health facility or in a state mental hospital, not later than one hour after the time the use of restraint or seclusion is initiated. The bill requires the rules to require a physician to conduct a face-to-face evaluation of a patient in a licensed hospital or mental health facility or in a state mental hospital and to document clinical justification for continuing the restraint or seclusion before issuing or renewing an order that continues the use of the restraint or seclusion. The bill requires the executive commissioner to adopt the rules not later than January 1, 2014.

S.B. 1842 requires certain health care facilities to file with the Department of State Health Services a quarterly report regarding hospital-based inpatient psychiatric services measures related to the use of restraint and seclusion that is required by the federal Centers for Medicare and Medicaid Services. The bill establishes that a facility is not required to comply with these reporting requirements before January 1, 2014.

EFFECTIVE DATE

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