

By: Kolkhorst

H.B. No. 915

A BILL TO BE ENTITLED

AN ACT

relating to the administration and monitoring of certain medications provided to foster children.

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

SECTION 1. Section 264.121, Family Code, is amended by adding Subsection (g) to read as follows:

(g) For a youth taking prescription medication, the department shall ensure that the youth's transition plan includes provisions to assist the youth in managing the use of the medication after leaving foster care, including information that educates the youth in the use of the medication and provides the youth with information about the resources that are available to assist the youth in managing the use of the medication.

SECTION 2. Section 266.001, Family Code, is amended by adding Subdivision (6) to read as follows:

(6) "Psychotropic drug" has the meaning assigned by Section 261.111.

SECTION 3. Section 266.004, Family Code, is amended by adding Subsection (a-1) to read as follows:

(a-1) Consent to the administration of a psychotropic drug is valid only if it is provided in the manner provided by Section 576.025(b), Health and Safety Code. The evidence of the consent may be included in the foster child's health passport.

SECTION 4. Section 266.005, Family Code, is amended by

1 adding Subsection (b-1) and amending Subsection (c) to read as
2 follows:

3 (b-1) The department shall notify the child's parents of the
4 initial prescription of a psychotropic drug to a foster child and of
5 any change in dosage of the psychotropic drug at the first scheduled
6 meeting between the parents and the child's caseworker after the
7 date the psychotropic drug is prescribed or the dosage is changed.

8 (c) The department is not required to provide notice under
9 Subsection (b) or (b-1) to a parent who:

10 (1) has failed to give the department current contact
11 information and cannot be located;

12 (2) has executed an affidavit of relinquishment of
13 parental rights;

14 (3) has had the parent's parental rights terminated;
15 or

16 (4) has had access to medical information otherwise
17 restricted by the court.

18 SECTION 5. Section 266.007, Family Code, is amended by
19 amending Subsection (a) and adding Subsection (d) to read as
20 follows:

21 (a) At each hearing under Chapter 263, or more frequently if
22 ordered by the court, the court shall review a summary of the
23 medical care provided to the foster child since the last hearing.
24 The summary must include information regarding:

25 (1) the nature of any emergency medical care provided
26 to the child and the circumstances necessitating emergency medical
27 care, including any injury or acute illness suffered by the child;

1 (2) all medical and mental health treatment that the
2 child is receiving and the child's progress with the treatment;

3 (3) any medication prescribed for the child, ~~and~~ the
4 condition, diagnosis, and symptoms for which the medication was
5 prescribed, and the child's progress with the medication;

6 (4) any non-pharmacological interventions tried
7 before the prescription of a psychotropic drug, plans for
8 discontinuing the psychotropic drug, and the child's prognosis with
9 and without the psychotropic drug;

10 (5) the degree to which the child or foster care
11 provider has complied or failed to comply with any plan of medical
12 treatment for the child;

13 (6) ~~(5)~~ any adverse reaction to or side effects of
14 any medical treatment provided to the child;

15 (7) ~~(6)~~ any specific medical condition of the child
16 that has been diagnosed or for which tests are being conducted to
17 make a diagnosis;

18 (8) ~~(7)~~ any activity that the child should avoid or
19 should engage in that might affect the effectiveness of the
20 treatment, including physical activities, other medications, and
21 diet; and

22 (9) ~~(8)~~ other information required by department
23 rule or by the court.

24 (d) At a hearing under Chapter 263 in which the court
25 reviews a summary of medical care provided to a foster child who is
26 prescribed a psychotropic drug, the court shall make a finding as to
27 whether the department has required, in nonemergency situations,

1 the child's physician to consider and eliminate the option of
2 non-pharmacological interventions, including psychosocial
3 interventions, before prescribing a psychotropic drug for the
4 child.

5 SECTION 6. Chapter 266, Family Code, is amended by adding
6 Section 266.011 to read as follows:

7 Sec. 266.011. MONITORING USE OF PSYCHOTROPIC DRUG. The
8 person authorized to consent to medical treatment for a foster
9 child prescribed a psychotropic drug shall ensure that the child
10 has an office visit with the prescribing physician at least once
11 every 90 days to allow the physician to:

12 (1) appropriately monitor the side effects of the
13 drug; and

14 (2) determine whether:

15 (A) the drug is helping the child achieve the
16 physician's treatment goals; and

17 (B) continued use of the drug is appropriate.

18 SECTION 7. Section 533.0161(b), Government Code, is amended
19 to read as follows:

20 (b) The commission shall implement a system under which the
21 commission will use Medicaid prescription drug data to monitor the
22 prescribing of psychotropic drugs for children who are:

23 (1) in the conservatorship of the Department of Family
24 and Protective Services[+] and

25 [~~2~~] enrolled in the STAR Health Medicaid managed care
26 program or eligible for both Medicaid and Medicare; and

27 (2) under the supervision of the Department of Family

1 and Protective Services through an agreement under the Interstate
2 Compact on the Placement of Children under Subchapter B, Chapter
3 162, Family Code.

4 SECTION 8. The heading to Subchapter A, Chapter 266, Family
5 Code, is repealed.

6 SECTION 9. This Act takes effect September 1, 2013.