

BILL ANALYSIS

C.S.H.B. 3374
By: Morrison
State Affairs
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Medical groups recommend, as a best practice, providing current, accurate information about Down syndrome to parents at the time they are told their fetus or infant has the disorder and also connecting the parents with a local Down syndrome association at that time. Anecdotal evidence, as well as published academic studies, confirm that many women want but do not receive such information at the time they receive a prenatal or postnatal diagnosis, which leaves them not only uninformed but also isolated and alone. C.S.H.B. 3374 seeks to address these concerns.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

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

C.S.H.B. 3374 amends the Health and Safety Code to require the Department of State Health Services (DSHS) to make available information regarding Down syndrome, including information addressing physical, developmental, educational, and psychosocial outcomes, life expectancy, clinical course, and intellectual and functional development for individuals with Down syndrome; information regarding available treatment options for individuals with Down syndrome; contact information for national and local Down syndrome education and support programs, services, and organizations; information hotlines, resource centers, and clearinghouses; and any other information required by DSHS. The bill requires such information to be current, evidence-based information that has been reviewed by medical experts and local Down syndrome organizations and to be published in English and Spanish. The bill requires DSHS to make the information available on DSHS's website in a format that may be easily printed and authorizes DSHS to provide the information in writing to health care providers if DSHS determines that providing written information is cost-effective.

C.S.H.B. 3374 requires a health care provider who administers or causes to be administered a test for Down syndrome or who initially diagnoses a child with Down syndrome to provide the DSHS information on Down syndrome to expectant parents who receive a prenatal test result indicating a probability or diagnosis that the unborn child has Down syndrome or to a parent of a child who receives a diagnosis of Down syndrome or a test result indicating a probability or diagnosis that the child has Down syndrome. The bill authorizes a health care provider to provide additional information about Down syndrome that is current and evidence-based and has been reviewed by medical experts and national Down syndrome organizations. The bill prohibits a health care provider who is unable to access the DSHS information on Down syndrome from

being held civilly or criminally liable or subject to review or disciplinary action by the appropriate licensing authority for failing to provide the information.

EFFECTIVE DATE

September 1, 2015.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 3374 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Chapter 161, Health and Safety Code, is amended by adding Subchapter W to read as follows:

SUBCHAPTER W. INFORMATION REGARDING DOWN SYNDROME

Sec. 161.651. DEFINITIONS.

Sec. 161.652. INFORMATION REGARDING DOWN SYNDROME.

(a) A health care provider that administers or causes to be administered a test for Down syndrome shall, upon receiving a test result that is positive for Down syndrome, provide the expectant or new parent with educational information made available by the department under subsection(c).

(b) Delivery of information prepared by the department in accordance with subsection (c) at the time genetic results or diagnostic conclusions are provided shall constitute compliance with this section.

(c) The department shall make the following information available on the department's publicly accessible Internet website:

(1) information addressing physical, developmental, educational, and psychosocial outcomes, life expectancy, clinical course, and intellectual and functional development for individuals with Down syndrome;

(2) information regarding available treatment options for individuals with Down syndrome;

(3) contact information for national and local Down syndrome education and support programs, including organizations in Houston, Dallas, San Antonio, and Austin,

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Chapter 161, Health and Safety Code, is amended by adding Subchapter W to read as follows:

SUBCHAPTER W. INFORMATION REGARDING DOWN SYNDROME

Sec. 161.651. DEFINITIONS.

Sec. 161.652. INFORMATION REGARDING DOWN SYNDROME.

(See Section 161.653(a) below)

(a) The department shall make available information regarding Down syndrome that includes:

(1) information addressing physical, developmental, educational, and psychosocial outcomes, life expectancy, clinical course, and intellectual and functional development for individuals with Down syndrome;

(2) information regarding available treatment options for individuals with Down syndrome;

(3) contact information for national and local Down syndrome education and support programs, services, and organizations, including organizations in Houston, Dallas,

as well as other local Down syndrome organizations in Texas;

(4) information hotlines and websites, resource centers, and clearinghouses specific to Down syndrome; and

(4) any other information the department considers necessary.

(d) The written information described by Subsection (c) must be current, evidence-based information that has been reviewed by medical experts and national Down syndrome organizations.

(e) The information described by Subsection (c) must be published in English and Spanish.

(See Section 161.652(a) above)

San Antonio, and Austin, and information hotlines, resource centers, and clearinghouses; and

(4) any other information required by the department.

(b) The information described by Subsection (a) must be:

(1) current, evidence-based information that has been reviewed by medical experts and local Down syndrome organizations; and

(2) published in English and Spanish.

(c) The department shall make the information described by Subsection (a) available on the department's Internet website in a format that may be easily printed. The department may provide the information described by Subsection (a) in writing to health care providers if the department determines that providing written information is cost-effective.

Sec. 161.653. DUTY OF HEALTH CARE PROVIDER.

(a) A health care provider who administers or causes to be administered a test for Down syndrome or who initially diagnoses a child with Down syndrome shall provide the information described by Section 161.652 to:

(1) expectant parents who receive a prenatal test result indicating a probability or diagnosis that the unborn child has Down syndrome; or

(2) a parent of a child who receives:

(A) a test result indicating a probability or diagnosis that the child has Down syndrome; or

(B) a diagnosis of Down syndrome.

(b) In addition to providing the information described by Subsection (a), a health care provider may provide additional information about Down syndrome that is current and evidence-based and has been reviewed by medical experts and national Down syndrome organizations.

(c) A health care provider who is unable to access the information described by Section 161.652 may not be held civilly or criminally liable or subject to review or disciplinary action by the appropriate licensing authority for failing to provide that

information as required by Subsection (a).

SECTION 2. This Act takes effect
September 1, 2015.

SECTION 2. Same as introduced version.