

Amend CSHB 3390 (house committee printing) by adding the following appropriately numbered SECTIONS to the bill and renumbering subsequent SECTIONS of the bill accordingly:

SECTION _____. Section 261.3017, Family Code, as added by Chapter 502 (HB 2848), Acts of the 85th Legislature, Regular Session, 2017, is amended by amending Subsections (b) and (c) and adding Subsections (b-1), (c-1), (c-2), and (e) to read as follows:

(b) Any agreement between the department and the network or between the Department of State Health Services and the system to provide assistance in connection with abuse and neglect investigations conducted by the department must require the network and the system to have the ability to obtain consultations with physicians licensed to practice medicine in this state and board certified in the relevant field or specialty, including radiologists, geneticists, orthopedists, and endocrinologists, to diagnose and treat certain ~~[who specialize in identifying]~~ unique health conditions, including:

- (1) rickets;
- (2) Ehlers-Danlos Syndrome;
- (3) osteogenesis imperfecta;
- (4) vitamin D deficiency; and
- (5) other medical conditions that mimic child maltreatment or increase the risk of misdiagnosis of child maltreatment ~~[similar metabolic bone diseases or connective tissue disorders]~~.

(b-1) The department may only refer a case the department is required to refer for a specialty consultation under Subsection (c) to a physician who:

(1) is licensed to practice medicine in this state under Subtitle B, Title 3, Occupations Code;

(2) is board certified in a field or specialty relevant to diagnosing and treating the conditions described by Subsection (b); and

(3) was not involved with the report of suspected abuse or neglect.

(c) During ~~[If, during]~~ an abuse or neglect investigation authorized by this subchapter or an assessment provided under

Subsection (b), the department ~~[or a physician in the network determines that a child requires a specialty consultation with a physician, the department or the physician]~~ shall refer the child's case ~~[to the system]~~ for a specialty ~~[the]~~ consultation~~[,]~~ if:

(1) the department determines the child requires a specialty consultation with a physician;

(2) the child's primary care physician or other primary health care provider who provided health care or treatment or otherwise evaluated the child recommends a specialty consultation; or

(3) the child's parent or legal guardian or, if represented by an attorney, the attorney of the parent or legal guardian requests a specialty consultation ~~[the system has available capacity to take the child's case]~~.

(c-1) Before referring a child's case under Subsection (c), the department shall provide to the child's parent or legal guardian or, if represented by an attorney, the attorney of the parent or legal guardian written notice of the name, contact information, and credentials of the specialist. The parent, legal guardian, or attorney, as applicable, may object to the proposed referral and request referral to another specialist.

(c-2) If a parent or legal guardian or, if represented by an attorney, the attorney of the parent or legal guardian objects to the proposed referral under Subsection (c-1), the department may object to the specialist proposed by the parent, legal guardian, or attorney, as applicable, and propose two alternative specialists. The department and the parent, legal guardian, or attorney, as applicable, shall collaborate in good faith to select an acceptable specialist from the proposed specialists.

(e) This section may not be construed to prohibit a child's parent or legal guardian or, if represented by an attorney, the attorney of the parent or legal guardian from otherwise obtaining an alternative opinion at the parent's, legal guardian's, or attorney's, as applicable, own initiative and expense.

SECTION _____. Subchapter D, Chapter 261, Family Code, is amended by adding Section 261.30175 to read as follows:

Sec. 261.30175. MITIGATION OF PROVIDER CONFLICTS IN ABUSE

OR NEGLECT INVESTIGATION CONSULTATIONS. (a) In this section:

(1) "Forensic assessment" means a medical examination, psychosocial evaluation, medical case review, specialty evaluation, or other forensic evaluation service conducted by a physician in connection with any investigation of a suspected case of abuse or neglect for the primary purpose of providing the department, law enforcement, or the court with expert advice, recommendations, or testimony on the case.

(2) "Health care practitioner" means an individual licensed, certified, or otherwise authorized to administer health care services in the ordinary course of business or professional practice. The term includes a physician, medical student, resident physician, child abuse fellow, advanced practice registered nurse, nurse, and physician assistant.

(3) "Network" has the meaning assigned by Section 261.3017, as added by Chapter 502 (HB 2848), Acts of the 85th Legislature, Regular Session, 2017.

(4) "System" has the meaning assigned by Section 261.3017, as added by Chapter 502 (HB 2848), Acts of the 85th Legislature, Regular Session, 2017.

(b) A health care practitioner who reports suspected abuse or neglect of a child may not provide forensic assessment services in connection with an investigation resulting from the report. This subsection applies regardless of whether the practitioner is a member of the network or system.

(c) When referring a case for forensic assessment, the department shall refer the case to a physician authorized to practice medicine in this state under Subtitle B, Title 3, Occupations Code, who was not involved with the report of suspected abuse or neglect.

(d) This section may not be construed to:

(1) prohibit the department from interviewing the health care practitioner in the practitioner's capacity as a principal or collateral source; or

(2) otherwise restrict the department's ability to conduct an investigation as provided by this subchapter.