

By: Klick

H.B. No. 2134

A BILL TO BE ENTITLED

AN ACT

relating to health care specialty consultations in certain child abuse or neglect investigations and assessments.

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

SECTION 1. Section 261.3017, Family Code, as added by Chapter 502 (H.B. 2848), Acts of the 85th Legislature, Regular Session, 2017, is amended by amending Subsections (b) and (c) and adding Subsections (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, including radiologists, geneticists, orthopedists, and endocrinologists, who specialize in identifying unique health conditions, including:

- (1) rickets;
- (2) Ehlers-Danlos Syndrome;
- (3) osteogenesis imperfecta;
- (4) vitamin D deficiency; and
- (5) other similar metabolic bone diseases or connective tissue disorders.

(c) During [~~If, during~~] an abuse or neglect investigation or an assessment provided under Subsection (b), the department or a

1 physician in the network [~~determines that a child requires a~~
2 ~~specialty consultation with a physician, the department or the~~
3 ~~physician]~~ shall refer the child's case to the system for a
4 specialty [~~the~~] consultation[~~7~~] if:

5 (1) the department or physician determines that the
6 child requires a specialty consultation with another physician;

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

10 (3) the child's parent or legal guardian or the
11 attorney of the parent or guardian requests a specialty
12 consultation [~~the system has available capacity to take the child's~~
13 ~~case~~].

14 (c-1) Before referring a child's case under Subsection (c),
15 the department or physician in the network shall provide to the
16 child's parent or legal guardian and any attorney of the parent or
17 guardian written notice of the name, contact information, and
18 credentials of the specialist. The parent or guardian may reject
19 the proposed referral and request referral to a specialist who is
20 selected by the parent or guardian and who has adequate expertise in
21 identifying the unique health conditions described by Subsection
22 (b).

23 (c-2) If a parent or legal guardian makes a request under
24 Subsection (c-1), the department or physician and the parent or
25 guardian shall collaborate in good faith to identify a mutually
26 acceptable specialist with the appropriate expertise.

27 (e) This section may not be construed to prohibit a child's

1 parent or legal guardian from obtaining a second opinion from a
2 physician or other health care provider of the parent's or
3 guardian's choice.

4 SECTION 2. Subchapter D, Chapter 261, Family Code, is
5 amended by adding Section 261.30175 to read as follows:

6 Sec. 261.30175. MITIGATION OF PROVIDER CONFLICTS IN ABUSE
7 OR NEGLECT INVESTIGATION CONSULTATIONS. (a) In this section:

8 (1) "Consultation" means a medical evaluation,
9 psychosocial assessment, medical case review, specialty
10 evaluation, or other forensic consultation service provided in
11 connection with a suspected case of abuse or neglect.

12 (2) "Health care provider" means an individual or
13 facility licensed, certified, or otherwise authorized to
14 administer health care services, for profit or otherwise, in the
15 ordinary course of business or professional practice. The term
16 includes a physician, medical student, resident physician, child
17 abuse fellow, advanced practice registered nurse, nurse, and
18 physician assistant.

19 (3) "Network" has the meaning assigned by Section
20 261.3017.

21 (4) "System" has the meaning assigned by Section
22 261.3017.

23 (b) A health care provider who reports the suspected abuse
24 or neglect of a child may not serve as a consultant to the
25 department on the reported case, and the department shall refer the
26 case to another health care provider for consultation. This
27 subsection applies regardless of whether the provider is a member

1 of the network or system.

2 (c) The network and system shall provide consultations for
3 the department on suspected child abuse or neglect cases through a
4 blind peer review process that conceals the identity of the alleged
5 victim, the alleged perpetrator, and the reporting health care
6 provider.

7 (d) To protect the integrity of an investigation and ensure
8 the privacy of all parties to the investigation, the network and
9 system shall select for a consultation on a suspected child abuse or
10 neglect case a health care provider who is located outside the
11 geographic areas where the alleged abuse or neglect occurred and
12 the reporting health care provider practices.

13 SECTION 3. This Act takes effect September 1, 2019.