

By: Raymond

H.B. No. 3158

A BILL TO BE ENTITLED

AN ACT

relating to advance directives or health care or treatment decisions made by or on behalf of patients.

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

SECTION 1. This Act may be cited as the Respecting Texas Patients' Right to Life Act of 2019.

SECTION 2. The purpose of this Act is to protect the right of patients and their families to decide whether and under what circumstances to choose or reject life-sustaining treatment. This Act amends the applicable provisions of the Advance Directives Act (Chapter 166, Health and Safety Code) to ensure that, when an attending physician is unwilling to respect a patient's advance directive or a patient's or family's decision to choose the treatment necessary to prevent the patient's death, life-sustaining medical treatment will be provided until the patient can be transferred to a health care provider willing to honor the directive or treatment decision.

SECTION 3. Section 166.045(c), Health and Safety Code, is amended to read as follows:

(c) If an attending physician refuses to comply with a directive or treatment decision to provide life-sustaining treatment to a patient [~~and does not wish to follow the procedure established under Section 166.046~~], life-sustaining treatment shall be provided to the patient [~~, but only~~] until [~~a reasonable~~

1 ~~opportunity has been afforded for the transfer of]~~ the patient is
2 transferred to another physician or health care facility willing to
3 comply with the directive or treatment decision to provide
4 life-sustaining treatment to the patient.

5 SECTION 4. Sections 166.046(a), (b), (d), (e), (e-1), and
6 (f), Health and Safety Code, are amended to read as follows:

7 (a) If an attending physician refuses to honor a patient's
8 advance directive or a health care or treatment decision made by or
9 on behalf of a patient, other than a directive or decision to
10 provide artificial nutrition and hydration to the patient, the
11 physician's refusal shall be reviewed by an ethics or medical
12 committee. The attending physician may not be a member of that
13 committee. The patient shall be given life-sustaining treatment
14 during the review and until the patient is transferred to another
15 physician or health care facility willing to comply with the
16 directive or treatment decision to provide life-sustaining
17 treatment to the patient.

18 (b) The patient or the person responsible for the health
19 care decisions of the individual who has made the decision
20 regarding the directive or treatment decision:

21 (1) may be given a written description of the ethics or
22 medical committee review process and any other policies and
23 procedures related to this section adopted by the health care
24 facility;

25 (2) shall be informed of the committee review process
26 not less than 48 hours before the meeting called to discuss the
27 patient's directive, unless the time period is waived by mutual

1 agreement;

2 (3) at the time of being so informed, shall be
3 provided[+;

4 [~~(A) a copy of the appropriate statement set~~
5 ~~forth in Section 166.052; and~~

6 [~~(B)~~] a copy of the registry list of health care
7 providers and referral groups that have volunteered their readiness
8 to consider accepting transfer or to assist in locating a provider
9 willing to accept transfer that is posted on the website maintained
10 by the department under Section 166.053; and

11 (4) is entitled to:

12 (A) attend the meeting;

13 (B) receive a written explanation of the
14 recommendations made [~~decision reached~~] during the review process;

15 (C) receive a copy of the portion of the
16 patient's medical record related to the treatment received by the
17 patient in the facility for the lesser of:

18 (i) the period of the patient's current
19 admission to the facility; or

20 (ii) the preceding 30 calendar days; and

21 (D) receive a copy of all of the patient's
22 reasonably available diagnostic results and reports related to the
23 medical record provided under Paragraph (C).

24 (d) If the attending physician, the patient, or the person
25 responsible for the health care decisions of the individual does
26 not agree with the recommendations made [~~decision reached~~] during
27 the review process under Subsection (b), the physician shall make a

1 reasonable effort to transfer the patient to a physician who is
2 willing to comply with the directive. If the patient is a patient in
3 a health care facility, the facility's personnel shall assist the
4 physician in arranging the patient's transfer to:

- 5 (1) another physician;
6 (2) an alternative care setting within that facility;
7 or
8 (3) another facility.

9 (e) If the patient or the person responsible for the health
10 care decisions of the patient is requesting life-sustaining
11 treatment that the attending physician [~~has decided~~] and the ethics
12 or medical committee consider [~~has affirmed is~~] medically
13 inappropriate treatment, the patient shall be given available
14 life-sustaining treatment pending transfer under Subsection (d).
15 This subsection does not authorize withholding or withdrawing pain
16 management medication, medical procedures necessary to provide
17 comfort, or any other health care provided to alleviate a patient's
18 pain. Artificially [~~The patient is responsible for any costs
19 incurred in transferring the patient to another facility. The
20 attending physician, any other physician responsible for the care
21 of the patient, and the health care facility are not obligated to
22 provide life-sustaining treatment after the 10th day after both the
23 written decision and the patient's medical record required under
24 Subsection (b) are provided to the patient or the person
25 responsible for the health care decisions of the patient unless
26 ordered to do so under Subsection (g), except that artificially]~~
27 administered nutrition and hydration must be provided unless, based

1 on reasonable medical judgment, providing artificially
2 administered nutrition and hydration would:

3 (1) hasten the patient's death;

4 (2) be medically contraindicated such that the
5 provision of the treatment seriously exacerbates life-threatening
6 medical problems not outweighed by the benefit of the provision of
7 the treatment;

8 (3) result in substantial irremediable physical pain
9 not outweighed by the benefit of the provision of the treatment;

10 (4) be medically ineffective in prolonging life; or

11 (5) be contrary to the patient's or surrogate's
12 clearly documented desire not to receive artificially administered
13 nutrition or hydration.

14 (e-1) If during a previous admission to a facility a
15 patient's attending physician and the review process under
16 Subsection (b) have determined that life-sustaining treatment is
17 inappropriate, and the patient is readmitted to the same facility
18 within six months from the date of the recommendations made
19 [~~decision reached~~] during the review process conducted upon the
20 previous admission, Subsections (b) through (e) need not be
21 followed if the patient's attending physician and a consulting
22 physician who is a member of the ethics or medical committee of the
23 facility document on the patient's readmission that the patient's
24 condition either has not improved or has deteriorated since the
25 review process was conducted.

26 (f) Life-sustaining treatment under this section may not be
27 entered in the patient's medical record as medically unnecessary

1 treatment [~~until the time period provided under Subsection (e) has~~
2 ~~expired~~].

3 SECTION 5. Section 166.051, Health and Safety Code, is
4 amended to read as follows:

5 Sec. 166.051. LEGAL RIGHT OR RESPONSIBILITY NOT AFFECTED.
6 This subchapter does not impair or supersede any legal right or
7 responsibility a person may have to effect the withholding or
8 withdrawal of life-sustaining treatment in a lawful manner,
9 provided that if an attending physician or health care facility is
10 unwilling to honor a patient's advance directive or a treatment
11 decision to provide life-sustaining treatment, life-sustaining
12 treatment must [~~is required to~~] be provided to the patient in
13 accordance with this chapter [~~, but only until a reasonable~~
14 ~~opportunity has been afforded for transfer of the patient to~~
15 ~~another physician or health care facility willing to comply with~~
16 ~~the advance directive or treatment decision~~].

17 SECTION 6. Section 25.0021(b), Government Code, is amended
18 to read as follows:

19 (b) A statutory probate court as that term is defined in
20 Section 22.007(c), Estates Code, has:

21 (1) the general jurisdiction of a probate court as
22 provided by the Estates Code; and

23 (2) the jurisdiction provided by law for a county
24 court to hear and determine actions, cases, matters, or proceedings
25 instituted under:

26 (A) Section [~~166.046,~~] 192.027, 193.007,
27 552.015, 552.019, 711.004, or 714.003, Health and Safety Code;

1 (B) Chapter 462, Health and Safety Code; or
2 (C) Subtitle C or D, Title 7, Health and Safety
3 Code.

4 SECTION 7. Sections 166.046(g) and 166.052, Health and
5 Safety Code, are repealed.

6 SECTION 8. This Act takes effect immediately if it receives
7 a vote of two-thirds of all the members elected to each house, as
8 provided by Section 39, Article III, Texas Constitution. If this
9 Act does not receive the vote necessary for immediate effect, this
10 Act takes effect September 1, 2019.