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

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

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

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

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

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

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

(3) at the time of being so informed, shall be provided:

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

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

(4) is entitled to:

(A) attend the meeting;

(B) receive a written explanation of the recommendations made during the review process;

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

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

(ii) the preceding 30 calendar days; and

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

(d) If the attending physician, the patient, or the person responsible for the health care decisions of the individual does not agree with the recommendations made during the review process under Subsection (b), the physician shall make a
reasonable effort to transfer the patient to a physician who is willing to comply with the directive. If the patient is a patient in a health care facility, the facility's personnel shall assist the physician in arranging the patient's transfer to:

(1) another physician;
(2) an alternative care setting within that facility; or
(3) another facility.

(e) If the patient or the person responsible for the health care decisions of the patient is requesting life-sustaining treatment that the attending physician [has decided] and the ethics or medical committee [has affirmed is] medically inappropriate treatment, the patient shall be given available life-sustaining treatment pending transfer under Subsection (d). This subsection does not authorize withholding or withdrawing pain management medication, medical procedures necessary to provide comfort, or any other health care provided to alleviate a patient's pain. Artificially [The patient is responsible for any costs incurred in transferring the patient to another facility. The attending physician, any other physician responsible for the care of the patient, and the health care facility are not obligated to provide life-sustaining treatment after the 10th day after both the written decision and the patient's medical record required under Subsection (b) are provided to the patient or the person responsible for the health care decisions of the patient unless ordered to do so under Subsection (g), except that artificially] administered nutrition and hydration must be provided unless, based
on reasonable medical judgment, providing artificially 
administered nutrition and hydration would:

(1) hasten the patient's death;
(2) be medically contraindicated such that the 
provision of the treatment seriously exacerbates life-threatening 
medical problems not outweighed by the benefit of the provision of 
the treatment;
(3) result in substantial irremediable physical pain 
not outweighed by the benefit of the provision of the treatment;
(4) be medically ineffective in prolonging life; or
(5) be contrary to the patient's or surrogate's 
clearly documented desire not to receive artificially administered 
nutrition or hydration.

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

(f) Life-sustaining treatment under this section may not be 
entered in the patient's medical record as medically unnecessary
SECTION 5. Section 166.051, Health and Safety Code, is amended to read as follows:

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

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

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

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

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

(A) Section [166.046,] 192.027, 193.007, 552.015, 552.019, 711.004, or 714.003, Health and Safety Code;
S.B. No. 2089

Sections 166.046(g) and 166.052, Health and Safety Code, are repealed.

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