

By: Lucio, et al.

S.B. No. 1944

A BILL TO BE ENTITLED

AN ACT

relating to end-of-life issues and hospice care.

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

SECTION 1. Subchapter A, Chapter 166, Health and Safety Code, is amended by adding Section 166.012 to read as follows:

Sec. 166.012. PATIENT AND PROVIDER AUTONOMY. This chapter does not:

(1) authorize a surrogate or patient's proxy to supersede the patient's wishes or desires, if known by the patient's physician, family member, or surrogate;

(2) subject to Section 166.046, require a health care provider to continue treatment or care considered outside the appropriate scope of care or in violation of the provider's ethical duties; or

(3) prohibit a health care provider or facility from performing any test or diagnostic necessary to determine the patient's medical condition or related functions.

SECTION 2. Section 166.046, Health and Safety Code, is amended by adding Subsections (a-1), (a-2), and (b-1) and amending Subsections (b), (c), and (e) to read as follows:

(a-1) When an ethics or medical committee review is initiated under this chapter, the ethics or medical committee shall:

(1) inform the patient or surrogate that the patient

1 or surrogate may discontinue the process under this section by
2 providing written notice to the ethics or medical committee;

3 (2) appoint a patient liaison familiar with
4 end-of-life issues and hospice care options to assist the patient
5 or surrogate throughout the process described by this section; and

6 (3) advise the patient or surrogate that the patient's
7 attending physician may present medical facts at the meeting of the
8 ethics or medical committee.

9 (a-2) The patient's attending physician may attend and
10 present facts at an ethics or medical committee review meeting
11 initiated under this chapter but may not participate as a member of
12 the committee in the review of that case.

13 (b) When a meeting of the ethics or medical committee is
14 required under this section, not later than the seventh calendar
15 day before the date scheduled for that meeting, unless this period
16 is waived by mutual agreement, the committee shall provide to the
17 patient or surrogate [~~The patient or the person responsible for the~~
18 ~~health care decisions of the individual who has made the decision~~
19 ~~regarding the directive or treatment decision~~]:

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

24 (2) notice that the patient or surrogate is entitled
25 to receive the continued assistance of a patient liaison to assist
26 the patient or surrogate throughout the review process;

27 (3) notice that the patient or surrogate may:

1 (A) seek a second opinion at the patient's or
2 surrogate's expense from other medical professionals regarding the
3 patient's medical status and treatment requirements; and

4 (B) communicate the resulting information to the
5 members of the committee for consideration before the meeting;

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

10 ~~[(3) at the time of being so informed, shall be~~
11 ~~provided;~~

12 ~~[(A)]~~ a copy of the appropriate statement set
13 forth in Section [166.052](#); and

14 (5) [(B)] a copy of the registry list of health care
15 providers, health care facilities, and referral groups that, in
16 compliance with any state laws prohibiting barratry, have
17 volunteered their readiness to consider accepting transfer or to
18 assist in locating a provider willing to accept transfer that is
19 posted on the website maintained by the department under Section
20 [166.053](#).

21 (b-1) The patient or surrogate~~, and~~

22 ~~[(4)]~~ is entitled to:

23 (1) an invitation to [(A)] attend and participate in
24 the meeting of the ethics or medical committee, excluding the
25 committee's deliberations, if the patient or surrogate elects to
26 attend or participate;

27 (2) be accompanied at the meeting by as many as five

1 persons, or more persons at the committee's discretion, for
2 support, subject to the facility's reasonable written attendance
3 policy as necessary to:

4 (A) facilitate information sharing and
5 discussion of the patient's medical status and treatment
6 requirements; and

7 (B) preserve the order and decorum of the
8 meeting;

9 (3) receive a written explanation of the decision
10 reached during the review process;

11 (4) [~~(C)~~] receive a copy of the portion of the
12 patient's medical record related to the treatment received by the
13 patient in the facility for the lesser of:

14 (A) [~~(i)~~] the period of the patient's current
15 admission to the facility; or

16 (B) [~~(ii)~~] the preceding 30 calendar days; and

17 (5) [~~(D)~~] receive a copy of all of the patient's
18 reasonably available diagnostic results and reports related to the
19 medical record provided under Subdivision (4) [~~Paragraph (C)~~].

20 (c) The written explanation required by Subsection (b-1)(3)
21 [~~(b)(4)(B)~~] must be included in the patient's medical record.

22 (e) If the patient or the person responsible for the health
23 care decisions of the patient is requesting life-sustaining
24 treatment that the attending physician has decided and the ethics
25 or medical committee has affirmed is medically inappropriate
26 treatment, the patient shall be given available life-sustaining
27 treatment pending transfer under Subsection (d). This subsection

1 does not authorize withholding or withdrawing pain management
2 medication, medical procedures necessary to provide comfort, or any
3 other health care provided to alleviate a patient's pain. The
4 patient is responsible for any costs incurred in transferring the
5 patient to another facility. The attending physician, any other
6 physician responsible for the care of the patient, and the health
7 care facility are not obligated to provide life-sustaining
8 treatment after the 14th calendar [~~10th~~] day after both the written
9 decision and the patient's medical record required under Subsection
10 (b-1) [~~(b)~~] are provided to the patient or the person responsible
11 for the health care decisions of the patient unless ordered to do so
12 under Subsection (g), except that artificially administered
13 nutrition and hydration must be provided unless, based on
14 reasonable medical judgment, providing artificially administered
15 nutrition and hydration would:

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

27 SECTION 3. Subchapter B, Chapter 166, Health and Safety

1 Code, is amended by adding Section 166.0465 to read as follows:

2 Sec. 166.0465. ETHICS OR MEDICAL COMMITTEE POLICIES;
3 CONFLICTS OF INTEREST AND DISCRIMINATION. Each health care
4 facility that provides review by an ethics or medical committee
5 under Section 166.046 shall adopt and implement a policy on:

6 (1) preventing financial and health care professional
7 conflicts of interest that may arise during a review under that
8 section;

9 (2) allowing participation on, and interaction with,
10 the committee by telephone, videoconference, or other secure
11 electronic means; and

12 (3) prohibiting consideration of a patient's permanent
13 physical or mental disability during the review unless the
14 disability is relevant in determining whether a medical or surgical
15 intervention is medically appropriate.

16 SECTION 4. Sections 166.052(a) and (b), Health and Safety
17 Code, are amended to read as follows:

18 (a) In cases in which the attending physician refuses to
19 honor an advance directive or health care or treatment decision
20 requesting the provision of life-sustaining treatment, the
21 statement required by Section 166.046(b)(4) [~~166.046(b)(3)(A)~~]
22 shall be in substantially the following form:

23 When There Is A Disagreement About Medical Treatment: The
24 Physician Recommends Against Certain Life-Sustaining Treatment
25 That You Wish To Continue

26 You have been given this information because you have
27 requested life-sustaining treatment* for yourself as the patient or

1 on behalf of the patient, as applicable, which the attending
2 physician believes is not medically appropriate. This information
3 is being provided to help you understand state law, your rights, and
4 the resources available to you in such circumstances. It outlines
5 the process for resolving disagreements about treatment among
6 patients, families, and physicians. It is based upon Section
7 [166.046](#) of the Texas Advance Directives Act, codified in Chapter
8 [166](#), Texas Health and Safety Code.

9 When an attending physician refuses to comply with an advance
10 directive or other request for life-sustaining treatment because of
11 the physician's judgment that the treatment would be medically
12 inappropriate, the case will be reviewed by an ethics or medical
13 committee. Life-sustaining treatment will be provided through the
14 review.

15 You will receive notification of this review at least seven
16 calendar days [~~48 hours~~] before a meeting of the committee related
17 to your case. You are entitled to attend the meeting. With your
18 agreement, the meeting may be held sooner than seven calendar days
19 [~~48 hours~~], if possible.

20 You are entitled to receive a written explanation of the
21 decision reached during the review process.

22 If after this review process both the attending physician and
23 the ethics or medical committee conclude that life-sustaining
24 treatment is medically inappropriate and yet you continue to
25 request such treatment, then the following procedure will occur:

26 1. The physician, with the help of the health care facility,
27 will assist you in trying to find a physician and facility willing

1 to provide the requested treatment.

2 2. You are being given a list of health care providers,
3 licensed physicians, health care facilities, and referral groups
4 that have volunteered their readiness to consider accepting
5 transfer, or to assist in locating a provider willing to accept
6 transfer, maintained by the Department of State Health Services.
7 You may wish to contact providers, facilities, or referral groups
8 on the list or others of your choice to get help in arranging a
9 transfer.

10 3. The patient will continue to be given life-sustaining
11 treatment until the patient can be transferred to a willing
12 provider for up to 14 calendar [~~10~~] days from the time you were
13 given both the committee's written decision that life-sustaining
14 treatment is not appropriate and the patient's medical record. The
15 patient will continue to be given after the 14-calendar-day
16 [~~10-day~~] period treatment to enhance pain management and reduce
17 suffering, including artificially administered nutrition and
18 hydration, unless, based on reasonable medical judgment, providing
19 artificially administered nutrition and hydration would hasten the
20 patient's death, be medically contraindicated such that the
21 provision of the treatment seriously exacerbates life-threatening
22 medical problems not outweighed by the benefit of the provision of
23 the treatment, result in substantial irremediable physical pain not
24 outweighed by the benefit of the provision of the treatment, be
25 medically ineffective in prolonging life, or be contrary to the
26 patient's or surrogate's clearly documented desires.

27 4. If a transfer can be arranged, the patient will be

1 responsible for the costs of the transfer.

2 5. If a provider cannot be found willing to give the
3 requested treatment within 14 calendar [~~10~~] days, life-sustaining
4 treatment may be withdrawn unless a court of law has granted an
5 extension.

6 6. You may ask the appropriate district or county court to
7 extend the 14-calendar-day [~~10-day~~] period if the court finds that
8 there is a reasonable expectation that you may find a physician or
9 health care facility willing to provide life-sustaining treatment
10 if the extension is granted. Patient medical records will be
11 provided to the patient or surrogate in accordance with Section
12 [241.154](#), Texas Health and Safety Code.

13 *"Life-sustaining treatment" means treatment that, based on
14 reasonable medical judgment, sustains the life of a patient and
15 without which the patient will die. The term includes both
16 life-sustaining medications and artificial life support, such as
17 mechanical breathing machines, kidney dialysis treatment, and
18 artificially administered nutrition and hydration. The term does
19 not include the administration of pain management medication or the
20 performance of a medical procedure considered to be necessary to
21 provide comfort care, or any other medical care provided to
22 alleviate a patient's pain.

23 (b) In cases in which the attending physician refuses to
24 comply with an advance directive or treatment decision requesting
25 the withholding or withdrawal of life-sustaining treatment, the
26 statement required by Section [166.046\(b\)\(4\)](#) [~~[166.046\(b\)\(3\)\(A\)](#)~~]
27 shall be in substantially the following form:

1 decision reached during the review process, and the attending
2 physician still refuses to comply with your request to withhold or
3 withdraw life-sustaining treatment, then the following procedure
4 will occur:

5 1. The physician, with the help of the health care facility,
6 will assist you in trying to find a physician and facility willing
7 to withdraw or withhold the life-sustaining treatment.

8 2. You are being given a list of health care providers,
9 licensed physicians, health care facilities, and referral groups
10 that have volunteered their readiness to consider accepting
11 transfer, or to assist in locating a provider willing to accept
12 transfer, maintained by the Department of State Health
13 Services. You may wish to contact providers, facilities, or
14 referral groups on the list or others of your choice to get help in
15 arranging a transfer.

16 *"Life-sustaining treatment" means treatment that, based on
17 reasonable medical judgment, sustains the life of a patient and
18 without which the patient will die. The term includes both
19 life-sustaining medications and artificial life support, such as
20 mechanical breathing machines, kidney dialysis treatment, and
21 artificially administered nutrition and hydration. The term does
22 not include the administration of pain management medication or the
23 performance of a medical procedure considered to be necessary to
24 provide comfort care, or any other medical care provided to
25 alleviate a patient's pain.

26 SECTION 5. Subchapter B, Chapter 166, Health and Safety
27 Code, is amended by adding Section 166.054 to read as follows:

1 Sec. 166.054. REPORTING REQUIREMENTS REGARDING ETHICS OR
2 MEDICAL COMMITTEE PROCESSES. (a) On submission of a health care
3 facility's application to renew its license, a facility in which
4 one or more meetings of an ethics or medical committee are held
5 under this chapter shall file a report with the department that
6 contains aggregate information regarding the number of cases
7 initiated by an ethics or medical committee under Section 166.046
8 and the disposition of those cases by the facility.

9 (b) Aggregate data submitted to the department under this
10 section may include only the following:

11 (1) the total number of patients for whom a review by
12 the ethics or medical committee was initiated under Section
13 166.046(b);

14 (2) the number of patients under Subdivision (1) who
15 were transferred to:

16 (A) another physician within the same facility;

17 or

18 (B) a different facility;

19 (3) the number of patients under Subdivision (1) who
20 were discharged to home;

21 (4) the number of patients under Subdivision (1) for
22 whom treatment was withheld or withdrawn pursuant to surrogate
23 consent:

24 (A) before the decision was rendered following a
25 review under Section 166.046(b);

26 (B) after the decision was rendered following a
27 review under Section 166.046(b); or

1 (C) during or after the 14-calendar-day period
2 described by Section 166.046(e);

3 (5) the average length of stay before a review meeting
4 is held under Section 166.046(b); and

5 (6) the number of patients under Subdivision (1) who
6 died while still receiving life-sustaining treatment:

7 (A) before the review meeting under Section
8 166.046(b);

9 (B) during the 14-calendar-day period described
10 by Section 166.046(e); or

11 (C) during any extension of the 14-calendar-day
12 period described by Section 166.046(e).

13 (c) The report required by this section may not contain any
14 data specific to an individual patient or physician.

15 (d) The executive commissioner shall adopt rules to:

16 (1) establish a standard form for the reporting
17 requirements of this section; and

18 (2) post on the department's Internet website the data
19 submitted under Subsection (b) in the format provided by rule.

20 (e) Data collected as required by, or submitted to the
21 department under, this section:

22 (1) is not admissible in a civil or criminal
23 proceeding in which a physician, health care professional acting
24 under the direction of a physician, or health care facility is a
25 defendant; and

26 (2) may not be used in relation to any disciplinary
27 action by a licensing board or other body with professional or

1 administrative oversight over a physician, health care
2 professional acting under the direction of a physician, or health
3 care facility.

4 SECTION 6. Section 166.202(a), Health and Safety Code, is
5 amended to read as follows:

6 (a) This subchapter applies to a DNR order issued for a
7 patient who has been admitted to [~~in~~] a health care facility or
8 hospital.

9 SECTION 7. Sections 166.203(a), (b), and (c), Health and
10 Safety Code, are amended to read as follows:

11 (a) A DNR order issued for a patient is valid only if a
12 physician providing direct care to the patient [~~patient's attending~~
13 ~~physician~~] issues the order, the order is dated, and the order:

14 (1) is issued in compliance with:

15 (A) the written and dated directions of a patient
16 who was competent at the time the patient wrote the directions;

17 (B) the oral directions of a competent patient
18 delivered to or observed by two competent adult witnesses, at least
19 one of whom must be a person not listed under Section 166.003(2)(E)
20 or (F);

21 (C) the directions in an advance directive
22 enforceable under Section 166.005 or executed in accordance with
23 Section 166.032, 166.034, [~~or~~] 166.035, 166.082, 166.084, or
24 166.085;

25 (D) the directions of:

26 (i) a patient's legal guardian;

27 (ii) a patient's [~~or~~] agent under a medical

1 power of attorney acting in accordance with Subchapter D; or
2 (iii) a patient's proxy as designated and
3 authorized by a directive executed or issued in accordance with
4 Subchapter B to make a treatment decision for the patient if the
5 patient becomes incompetent or otherwise mentally or physically
6 incapable of communication; or

7 (E) a treatment decision made in accordance with
8 Section 166.039; or

9 (2) is not contrary to the directions of a patient who
10 was competent at the time the patient conveyed the directions and,
11 in the reasonable medical judgment of the ~~[patient's attending]~~
12 physician issuing the order:

13 (A) the patient's death is imminent, regardless
14 of the provision of cardiopulmonary resuscitation; and

15 (B) the DNR order is medically appropriate.

16 (b) The DNR order:

17 (1) may be issued and entered in any format acceptable
18 under the policies of the health care facility or hospital; and

19 (2) takes effect at the time the order is issued,
20 provided the order is placed in the patient's medical record as soon
21 as practicable.

22 (c) Unless notice has already been provided in accordance
23 with Section 166.204(a-1), before ~~Before~~ placing in a patient's
24 medical record a DNR order issued under Subsection (a)(2), a ~~the~~
25 physician, a physician assistant, a nurse, or another ~~other~~
26 person acting on behalf of a health care facility or hospital shall:

27 (1) inform the patient of the order's issuance; or

1 (2) if the patient is incompetent, make a reasonably
2 diligent effort to contact or cause to be contacted and inform of
3 the order's issuance:

4 (A) the patient's known agent under a medical
5 power of attorney or legal guardian; or

6 (B) for a patient who does not have a known agent
7 under a medical power of attorney or legal guardian, a person
8 described by Section 166.039(b)(1), (2), or (3).

9 SECTION 8. Section 166.204, Health and Safety Code, is
10 amended by amending Subsection (a) and adding Subsection (a-1) to
11 read as follows:

12 (a) If a physician issues a DNR order under Section
13 166.203(a)(2), a physician, a physician assistant, a nurse, or
14 another person acting on behalf of a health care facility or
15 hospital shall provide notice of the order to the appropriate
16 persons in accordance with Subsection (a-1) of this section or
17 Section 166.203(c).

18 (a-1) Unless notice has already been provided in accordance
19 with Section 166.203(c), if [~~If~~] an individual arrives at a health
20 care facility or hospital that is treating a patient for whom a DNR
21 order is issued under Section 166.203(a)(2) and the individual
22 notifies a physician, physician assistant, or nurse providing
23 direct care to the patient of the individual's arrival, the
24 physician, physician assistant, or nurse who has actual knowledge
25 of the order shall disclose the order to the individual, provided
26 the individual is:

27 (1) the patient's known agent under a medical power of

1 attorney or legal guardian; or

2 (2) for a patient who does not have a known agent under
3 a medical power of attorney or legal guardian, a person described by
4 Section 166.039(b)(1), (2), or (3).

5 SECTION 9. Sections 166.205(a), (b), and (c), Health and
6 Safety Code, are amended to read as follows:

7 (a) A physician providing direct care to a patient for whom
8 a DNR order is issued shall revoke the patient's DNR order if:

9 (1) the advance directive on which the DNR order is
10 based is properly revoked in accordance with applicable provisions
11 of this chapter; or

12 (2) the patient or the individual at whose direction
13 the DNR order was issued~~[, as applicable, the patient's agent under~~
14 ~~a medical power of attorney or the patient's legal guardian if the~~
15 ~~patient is incompetent.~~

16 ~~[(1) effectively revokes an advance directive, in~~
17 ~~accordance with Section 166.042, for which a DNR order is issued~~
18 ~~under Section 166.203(a), or~~

19 ~~[(2)]~~ expresses to any person providing direct care to
20 the patient a revocation of consent to or intent to revoke a DNR
21 order issued under Section 166.203(a).

22 (b) A person providing direct care to a patient under the
23 supervision of a physician shall notify the physician of the
24 revocation of the advance directive or the request to revoke a DNR
25 order under Subsection (a).

26 (c) The ~~[A patient's attending]~~ physician who issued ~~[may at~~
27 ~~any time revoke]~~ a DNR order issued under Section 166.203(a)(2), or

1 any other attending physician providing direct care to the patient
2 in accordance with applicable hospital policies, may at any time
3 revoke the DNR order.

4 SECTION 10. Sections 166.206(a) and (b), Health and Safety
5 Code, are amended to read as follows:

6 (a) If a [~~an attending~~] physician, health care facility, or
7 hospital does not wish to execute or comply with a DNR order or the
8 patient's instructions concerning the provision of cardiopulmonary
9 resuscitation, the physician, facility, or hospital shall inform
10 the patient, the legal guardian or qualified relatives of the
11 patient, or the agent of the patient under a medical power of
12 attorney of the benefits and burdens of cardiopulmonary
13 resuscitation.

14 (b) If, after receiving notice under Subsection (a), the
15 patient or another person authorized to act on behalf of the patient
16 and the [~~attending~~] physician, health care facility, or hospital
17 remain in disagreement, the physician, facility, or hospital shall
18 make a reasonable effort to transfer the patient to another
19 physician, facility, or hospital willing to execute or comply with
20 a DNR order or the patient's instructions concerning the provision
21 of cardiopulmonary resuscitation.

22 SECTION 11. Section 166.209, Health and Safety Code, is
23 amended to read as follows:

24 Sec. 166.209. ENFORCEMENT. (a) Subject to Sections
25 166.205(d), 166.207, and 166.208, a [~~A~~] physician, physician
26 assistant, nurse, or other person commits an offense if, with the
27 specific intent to violate the requirements of this subchapter, the

1 person intentionally:

2 (1) conceals, cancels, effectuates, or falsifies
3 another person's DNR order; or

4 (2) [~~if the person intentionally~~] conceals or
5 withholds personal knowledge of another person's revocation of a
6 DNR order [~~in violation of this subchapter~~].

7 (a-1) An offense under Subsection (a) [~~this subsection~~] is a
8 Class A misdemeanor. This section [~~subsection~~] does not preclude
9 prosecution for any other applicable offense.

10 (b) Subject to Sections 166.205(d), 166.207, and 166.208, a
11 ~~[A]~~ physician, health care professional, health care facility,
12 hospital, or entity is subject to review and disciplinary action by
13 the appropriate licensing authority for intentionally:

14 (1) failing to effectuate a DNR order in violation of
15 this subchapter; or

16 (2) issuing a DNR order in violation of this
17 subchapter.

18 SECTION 12. Section 313.004(a), Health and Safety Code, is
19 amended to read as follows:

20 (a) If an adult patient of a home and community support
21 services agency or in a hospital or nursing home, or an adult inmate
22 of a county or municipal jail, is comatose, incapacitated, or
23 otherwise mentally or physically incapable of communication and
24 does not have a legal guardian or an agent under a medical power of
25 attorney who can concur with the patient's attending physician, an
26 adult surrogate from the following list, in order of priority, who
27 has decision-making capacity, is available after a reasonably

1 diligent inquiry, and is willing to consent to medical treatment on
2 behalf of the patient, may consent to medical treatment on behalf of
3 the patient in concurrence with the patient's attending physician:

4 (1) the patient's spouse;

5 (2) the patient's reasonably available adult children
6 ~~[an adult child of the patient who has the waiver and consent of all~~
7 ~~other qualified adult children of the patient to act as the sole~~
8 ~~decision-maker];~~

9 (3) ~~[a majority of]~~ the patient's parents ~~[reasonably~~
10 ~~available adult children];~~

11 (4) the patient's nearest living relative ~~[parents];~~

12 or

13 (5) if the patient does not have a legal guardian or an
14 agent under a medical power of attorney and a person listed in this
15 subsection is not available, another licensed physician who is not
16 involved in the direct treatment of the patient ~~[the individual~~
17 ~~clearly identified to act for the patient by the patient before the~~
18 ~~patient became incapacitated, the patient's nearest living~~
19 ~~relative, or a member of the clergy].~~

20 SECTION 13. Not later than March 1, 2022, the executive
21 commissioner of the Health and Human Services Commission shall
22 adopt the rules necessary to implement the changes in law made by
23 this Act to Chapter 166, Health and Safety Code.

24 SECTION 14. Chapter 166, Health and Safety Code, as amended
25 by this Act, applies only to a review, consultation, disagreement,
26 or other action relating to a health care or treatment decision made
27 on or after April 1, 2022. A review, consultation, disagreement, or

1 other action relating to a health care or treatment decision made
2 before April 1, 2022, is governed by the law in effect immediately
3 before the effective date of this Act, and the former law is
4 continued in effect for that purpose.

5 SECTION 15. Chapter 166, Health and Safety Code, as amended
6 by this Act, applies only to a do-not-resuscitate order issued on or
7 after the effective date of this Act. A do-not-resuscitate order
8 issued before the effective date of this Act is governed by the law
9 in effect on the date the order was issued, and that law is
10 continued in effect for that purpose.

11 SECTION 16. (a) A health care facility shall adopt the
12 policy required by Section 166.0465, Health and Safety Code, as
13 added by this Act, not later than April 1, 2022.

14 (b) A policy adopted under Section 166.0465, Health and
15 Safety Code, as added by this Act, applies only to an ethics or
16 medical committee review conducted on or after April 1, 2022.

17 SECTION 17. This Act takes effect September 1, 2021.