

BILL ANALYSIS

C.S.H.B. 2149
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Upon involuntary intake to a mental health facility, patients are usually undergoing a mental health crisis and are likely not in a position in that intake process to actually understand their rights. As such, simply reading patients their rights on intake is not sufficient, and patients need opportunities to review their rights after intake. C.S.H.B. 2149 seeks to create an environment in which more patients understand their rights, and in which abuses that violate the patients' rights would become less common, by updating the requirements for mental health facilities to post patients' rights in plain view and requiring that these posters be both in English and a second language appropriate to the community, with contact information posted regarding submissions of a complaint alleging a violation of the patient's rights. Additionally, it requires that patients be informed of their rights a second time after intake, when they may be in a better mental position to understand the rights.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 2149 amends the Health and Safety Code to require the requisite oral and written communication of the patient's bill of rights, before a facility may admit the patient for inpatient mental health, chemical dependency, or comprehensive medical rehabilitation services, or before a child-care facility may accept a minor for treatment, to be provided on two separate days as follows:

- if English is the patient's primary language, once at the time the patient is admitted to the facility and again not later than the third day after the date the patient is admitted to the facility; and
- if English is not the patient's primary language, once not later than 24 hours after the patient is admitted to the facility and again not later than the third day after the date the patient is admitted to the facility.

C.S.H.B. 2149 revises the requirements for the copy of the "patient's bill of rights" that is prominently and conspicuously posted by a facility by doing the following:

- specifying that a second language in which the "patient's bill of rights" must be is appropriate to the demographic composition of the community served by the facility; and

- including the requirement that the "patient's bill of rights" include the name and contact information of the person with whom a complaint regarding a violation of the rights and any other provisions the executive commissioner of the Health and Human Services Commission considers necessary to protect the health, safety, and rights of a patient receiving voluntary or involuntary mental health, chemical dependency, or comprehensive medical rehabilitation services in an inpatient facility may be filed.

The bill defines "facility" as an inpatient facility at which voluntary or involuntary mental health, chemical dependency, or comprehensive medical rehabilitation services are provided, including a child-care facility, hospital, mental health facility, and treatment facility.

C.S.H.B. 2149 revises the requirement for a patient receiving involuntary inpatient mental health services to be informed of the rights provided by the Texas Mental Health Code orally, in simple nontechnical terms, and in writing that is in the person's primary language, if possible, by doing the following:

- specifying that the patient is informed orally or in writing in the same manner as a facility for inpatient mental health, chemical dependency, or comprehensive medical rehabilitation services provides the oral and written communication of the bill of rights; and
- including a requirement for the patient to be informed through a poster displayed in the mental health facility in the same manner as such facilities provide the bill of rights.

C.S.H.B. 2149 applies only to a patient's admittance to an inpatient mental health facility, chemical dependency, or comprehensive medical rehabilitation services on or after the bill's effective date.

EFFECTIVE DATE

September 1, 2023.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 2149 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

Whereas the introduced revised the requirements for a patient receiving involuntary inpatient mental health services at a mental health facility to be informed of the rights provided by the Texas Mental Health Code by including a requirement for the patient to be informed through a poster prominently and conspicuously displayed in an area frequented by both patients and employees of the mental health facility and prescribed the information and form of the poster and required the oral and written communication to be provided in a certain manner, the substitute also revises the requirement for an inpatient facility at which voluntary or involuntary mental health, chemical dependency, or comprehensive medical rehabilitation to provide a person's parent, managing conservator, or guardian of the "patient's bill of rights" in the same manner and requires the poster a facility is required to post of the "patient's bill of rights" to include the same information as the poster the mental health facility is required to display informing a patient of the rights under the Texas Mental Health Code.

The substitute revises a provision shared with the introduced limiting the applicability of the bill's provisions to a patient's admittance to an inpatient mental health facility on or after the bill's effective date by also extending that applicability to admittance to a facility for inpatient chemical dependency services and inpatient comprehensive medical rehabilitation services on or after that date.

The substitute includes a provision absent from the introduced defining "facility" as an inpatient facility at which voluntary or involuntary mental health, chemical dependency, or

comprehensive medical rehabilitation services are provided, including a child-care facility, hospital, mental health facility, and treatment facility.