

BILL ANALYSIS

Senate Research Center
89R3843 MM-F

H.B. 1151
By: Hull (West)
Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Parents in Texas have often faced Child Protective Services investigations that can lead to termination of parental rights, when they decline to consent to psychotropic medication or psychiatric treatments for their children. Additionally, when parents choose to pursue alternative health care treatments or therapies, they can be reported and investigated by the department. Parents have the right to direct medical and psychological care for their children and should not face state interference unless those decisions pose a substantial risk of death, disfigurement, and bodily injury, or it results in an observable and material impairment to the growth, development, or functioning of the child. Parents should not be at risk of having their children removed and their rights terminated for merely making a decision they believe is best for their child that does not pose a risk of harm.

H.B. 1151 seeks to ensure a parent's right to direct their medical and psychological care by codifying in the Texas Family Code that refusing a treatment or seeking a different kind of treatment for a child, in and of itself, does not constitute neglect. Therefore, since these actions by a parent do not meet the definition of neglect, the burden of proof for removal or termination is not met unless that treatment decision presents a substantial risk of harm or has already caused specific types harm to the child. This will allow parents to safely make necessary decisions for their children without the fear of unwarranted government interference.

H.B. 1151 amends current law relating to neglect of a child and the grounds for termination of the parent-child relationship and possession of a child by the Department of Family and Protective Services.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 161.001(c), Family Code, as follows:

(c) Provides that evidence of one or more of certain factors does not constitute clear and convincing evidence sufficient for a court to make a finding under Subsection (b) (relating to authorizing the court to order termination of the parent-child relationship if the court makes certain findings) and order termination of the parent-child relationship, including if the parent refused to administer or consent to the administration of a psychotropic medication to the child, or to consent to any other psychiatric or psychological treatment of the child, unless the refusal presents a substantial risk of death, disfigurement, or bodily injury to the child or results in an observable and material impairment to the growth, development, or functioning of the child; or the parent chose a recognized alternative health care treatment or therapy for the child that could be considered as new, emerging, or nonstandard, unless the treatment or therapy presents a substantial risk of death, disfigurement, or bodily injury to the child or results in an observable and material impairment to the growth, development, or functioning of the child. Makes nonsubstantive changes.

SECTION 2. Amends Section 261.001(4), Family Code, to redefine "neglect."

SECTION 3. Amends Section 262.116(a), Family Code, as follows:

(a) Prohibits the Department of Family and Protective Services from taking possession of a child under Subchapter B (Taking Possession of Child) based on the evidence that the parent meets certain criteria, including refusing to administer or consent to the administration of a psychotropic medication to the child, or to consent to any other psychiatric or psychological treatment of the child, unless the refusal presents a substantial risk of death, disfigurement, or bodily injury to the child or results in an observable and material impairment to the growth, development, or functioning of the child; or choosing a recognized alternative health care treatment or therapy for the child that could be considered as new, emerging, or nonstandard, unless the treatment or therapy presents a substantial risk of death, disfigurement, or bodily injury to the child or results in an observable and material impairment to the growth, development, or functioning of the child. Makes nonsubstantive changes.

SECTION 4. Makes application of this Act prospective.

SECTION 5. Effective date: September 1, 2025.