

AN ACT

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.

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

SECTION 1. Section 161.001(c), Family Code, is amended to read as follows:

(c) Evidence of one or more of the following does not constitute clear and convincing evidence sufficient for a court to make a finding under Subsection (b) and order termination of the parent-child relationship:

(1) the parent homeschooled the child;
(2) the parent is economically disadvantaged;
(3) the parent has been charged with a nonviolent misdemeanor offense other than:

(A) an offense under Title 5, Penal Code;
(B) an offense under Title 6, Penal Code; or
(C) an offense that involves family violence, as defined by Section 71.004 of this code;

(4) the parent provided or administered low-THC cannabis to a child for whom the low-THC cannabis was prescribed under Chapter 169, Occupations Code;

(5) the parent declined immunization for the child for reasons of conscience, including a religious belief;

1 (6) the parent sought an opinion from more than one
2 medical provider relating to the child's medical care, transferred
3 the child's medical care to a new medical provider, or transferred
4 the child to another health care facility; ~~or~~

5 (7) the parent allowed the child to engage in
6 independent activities that are appropriate and typical for the
7 child's level of maturity, physical condition, developmental
8 abilities, or culture;

9 (8) the parent refused to administer or consent to the
10 administration of a psychotropic medication to the child, or to
11 consent to any other psychiatric or psychological treatment of the
12 child, unless the refusal:

13 (A) presents a substantial risk of death,
14 disfigurement, or bodily injury to the child; or

15 (B) results in an observable and material
16 impairment to the growth, development, or functioning of the child;
17 or

18 (9) the parent chose a recognized alternative health
19 care treatment or therapy for the child that could be considered as
20 new, emerging, or nonstandard, unless the treatment or therapy:

21 (A) presents a substantial risk of death,
22 disfigurement, or bodily injury to the child; or

23 (B) results in an observable and material
24 impairment to the growth, development, or functioning of the child.

25 SECTION 2. Section 261.001(4), Family Code, is amended to
26 read as follows:

27 (4) "Neglect" means an act or failure to act by a

1 person responsible for a child's care, custody, or welfare
2 evidencing the person's blatant disregard for the consequences of
3 the act or failure to act that results in harm to the child or that
4 creates an immediate danger to the child's physical health or
5 safety and:

6 (A) includes:

7 (i) the leaving of a child in a situation
8 where the child would be exposed to an immediate danger of physical
9 or mental harm, without arranging for necessary care for the child,
10 and the demonstration of an intent not to return by a parent,
11 guardian, or managing or possessory conservator of the child;

12 (ii) the following acts or omissions by a
13 person:

14 (a) placing a child in or failing to
15 remove a child from a situation that a reasonable person would
16 realize requires judgment or actions beyond the child's level of
17 maturity, physical condition, or mental abilities and that results
18 in bodily injury or an immediate danger of harm to the child;

19 (b) failing to seek, obtain, or follow
20 through with medical care for a child, with the failure resulting in
21 or presenting an immediate danger of death, disfigurement, or
22 bodily injury or with the failure resulting in an observable and
23 material impairment to the growth, development, or functioning of
24 the child;

25 (c) the failure to provide a child
26 with food, clothing, or shelter necessary to sustain the life or
27 health of the child, excluding failure caused primarily by

1 financial inability unless relief services had been offered and
2 refused;

3 (d) placing a child in or failing to
4 remove the child from a situation in which the child would be
5 exposed to an immediate danger of sexual conduct harmful to the
6 child; or

7 (e) placing a child in or failing to
8 remove the child from a situation in which the child would be
9 exposed to acts or omissions that constitute abuse under
10 Subdivision (1)(E), (F), (G), (H), or (K) committed against another
11 child;

12 (iii) the failure by the person responsible
13 for a child's care, custody, or welfare to permit the child to
14 return to the child's home without arranging for the necessary care
15 for the child after the child has been absent from the home for any
16 reason, including having been in residential placement or having
17 run away; or

18 (iv) a negligent act or omission by an
19 employee, volunteer, or other individual working under the auspices
20 of a facility or program, including failure to comply with an
21 individual treatment plan, plan of care, or individualized service
22 plan, that causes or may cause substantial emotional harm or
23 physical injury to, or the death of, a child served by the facility
24 or program as further described by rule or policy; and

25 (B) does not include:

26 (i) the refusal by a person responsible for
27 a child's care, custody, or welfare to permit the child to remain in

1 or return to the child's home resulting in the placement of the
2 child in the conservatorship of the department if:

3 (a) the child has a severe emotional
4 disturbance;

5 (b) the person's refusal is based
6 solely on the person's inability to obtain mental health services
7 necessary to protect the safety and well-being of the child; and

8 (c) the person has exhausted all
9 reasonable means available to the person to obtain the mental
10 health services described by Sub-subparagraph (b);

11 (ii) allowing the child to engage in
12 independent activities that are appropriate and typical for the
13 child's level of maturity, physical condition, developmental
14 abilities, or culture; ~~or~~

15 (iii) a decision by a person responsible
16 for a child's care, custody, or welfare to:

17 (a) obtain an opinion from more than
18 one medical provider relating to the child's medical care;

19 (b) transfer the child's medical care
20 to a new medical provider; or

21 (c) transfer the child to another
22 health care facility;

23 (iv) the refusal by a person responsible
24 for a child's care, custody, or welfare to administer or consent to
25 the administration of a psychotropic medication to the child, or to
26 consent to any other psychiatric or psychological treatment of the
27 child, unless the refusal:

1 (a) presents a substantial risk of
2 death, disfigurement, or bodily injury to the child; or

3 (b) results in an observable and
4 material impairment to the growth, development, or functioning of
5 the child; or

6 (v) choosing a recognized alternative
7 health care treatment or therapy for the child that could be
8 considered as new, emerging, or nonstandard, unless the treatment
9 or therapy:

10 (a) presents a substantial risk of
11 death, disfigurement, or bodily injury to the child; or

12 (b) results in an observable and
13 material impairment to the growth, development, or functioning of
14 the child.

15 SECTION 3. Section [262.116](#)(a), Family Code, is amended to
16 read as follows:

17 (a) The Department of Family and Protective Services may not
18 take possession of a child under this subchapter based on evidence
19 that the parent:

20 (1) homeschooled the child;
21 (2) is economically disadvantaged;
22 (3) has been charged with a nonviolent misdemeanor
23 offense other than:

24 (A) an offense under Title 5, Penal Code;
25 (B) an offense under Title 6, Penal Code; or
26 (C) an offense that involves family violence, as
27 defined by Section [71.004](#) of this code;

1 (4) provided or administered low-THC cannabis to a
2 child for whom the low-THC cannabis was prescribed under Chapter
3 169, Occupations Code;

4 (5) declined immunization for the child for reasons of
5 conscience, including a religious belief;

6 (6) sought an opinion from more than one medical
7 provider relating to the child's medical care, transferred the
8 child's medical care to a new medical provider, or transferred the
9 child to another health care facility;

10 (7) allowed the child to engage in independent
11 activities that are appropriate and typical for the child's level
12 of maturity, physical condition, developmental abilities, or
13 culture; ~~[or]~~

14 (8) tested positive for marihuana, unless the
15 department has evidence that the parent's use of marihuana has
16 caused significant impairment to the child's physical or mental
17 health or emotional development;

18 (9) refused to administer or consent to the
19 administration of a psychotropic medication to the child, or to
20 consent to any other psychiatric or psychological treatment of the
21 child, unless the refusal:

22 (A) presents a substantial risk of death,
23 disfigurement, or bodily injury to the child; or

24 (B) results in an observable and material
25 impairment to the growth, development, or functioning of the child;
26 or

27 (10) chose a recognized alternative health care

1 treatment or therapy for the child that could be considered as new,
2 emerging, or nonstandard, unless the treatment or therapy:

3 (A) presents a substantial risk of death,
4 disfigurement, or bodily injury to the child; or

5 (B) results in an observable and material
6 impairment to the growth, development, or functioning of the child.

7 SECTION 4. The changes in law made by this Act apply only to
8 a suit filed by the Department of Family and Protective Services on
9 or after the effective date of this Act. A suit filed by the
10 department before that date is governed by the law in effect on the
11 date the suit was filed, and the former law is continued in effect
12 for that purpose.

13 SECTION 5. This Act takes effect September 1, 2025.

H.B. No. 1151

President of the Senate

Speaker of the House

I certify that H.B. No. 1151 was passed by the House on April 16, 2025, by the following vote: Yeas 145, Nays 1, 1 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 1151 was passed by the Senate on May 14, 2025, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____

Date

Governor