

1-1 By: Hull, et al. (Senate Sponsor - West) H.B. No. 1151  
1-2 (In the Senate - Received from the House April 16, 2025;  
1-3 April 23, 2025, read first time and referred to Committee on Health  
1-4 & Human Services; May 9, 2025, reported favorably by the following  
1-5 vote: Yeas 8, Nays 0; May 9, 2025, sent to printer.)

1-6 COMMITTEE VOTE

1-7	Yea	Nay	Absent	PNV
1-8	X			
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14			X	
1-15	X			
1-16	X			

1-17 A BILL TO BE ENTITLED  
1-18 AN ACT

1-19 relating to neglect of a child and the grounds for termination of  
1-20 the parent-child relationship and possession of a child by the  
1-21 Department of Family and Protective Services.

1-22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-23 SECTION 1. Section 161.001(c), Family Code, is amended to  
1-24 read as follows:

1-25 (c) Evidence of one or more of the following does not  
1-26 constitute clear and convincing evidence sufficient for a court to  
1-27 make a finding under Subsection (b) and order termination of the  
1-28 parent-child relationship:

1-29 (1) the parent homeschooled the child;  
1-30 (2) the parent is economically disadvantaged;  
1-31 (3) the parent has been charged with a nonviolent  
1-32 misdemeanor offense other than:

1-33 (A) an offense under Title 5, Penal Code;  
1-34 (B) an offense under Title 6, Penal Code; or  
1-35 (C) an offense that involves family violence, as  
1-36 defined by Section 71.004 of this code;

1-37 (4) the parent provided or administered low-THC  
1-38 cannabis to a child for whom the low-THC cannabis was prescribed  
1-39 under Chapter 169, Occupations Code;

1-40 (5) the parent declined immunization for the child for  
1-41 reasons of conscience, including a religious belief;

1-42 (6) the parent sought an opinion from more than one  
1-43 medical provider relating to the child's medical care, transferred  
1-44 the child's medical care to a new medical provider, or transferred  
1-45 the child to another health care facility; ~~or~~

1-46 (7) the parent allowed the child to engage in  
1-47 independent activities that are appropriate and typical for the  
1-48 child's level of maturity, physical condition, developmental  
1-49 abilities, or culture;

1-50 (8) the parent refused to administer or consent to the  
1-51 administration of a psychotropic medication to the child, or to  
1-52 consent to any other psychiatric or psychological treatment of the  
1-53 child, unless the refusal:

1-54 (A) presents a substantial risk of death,  
1-55 disfigurement, or bodily injury to the child; or

1-56 (B) results in an observable and material  
1-57 impairment to the growth, development, or functioning of the child;  
1-58 or

1-59 (9) the parent chose a recognized alternative health  
1-60 care treatment or therapy for the child that could be considered as  
1-61 new, emerging, or nonstandard, unless the treatment or therapy:

(A) presents a substantial risk of death, disfigurement, or bodily injury to the child; or  
 (B) results in an observable and material impairment to the growth, development, or functioning of the child.

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

(4) "Neglect" means an act or failure to act by a person responsible for a child's care, custody, or welfare evidencing the person's blatant disregard for the consequences of the act or failure to act that results in harm to the child or that creates an immediate danger to the child's physical health or safety and:

(A) includes:

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

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

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

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

(c) the failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused;

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

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

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

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

(B) does not include:

(i) the refusal by a person responsible for a child's care, custody, or welfare to permit the child to remain in or return to the child's home resulting in the placement of the child in the conservatorship of the department if:

(a) the child has a severe emotional disturbance;

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

(c) the person has exhausted all

reasonable means available to the person to obtain the mental health services described by Sub-subparagraph (b);

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

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

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

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

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

(iv) the refusal by a person responsible for a child's care, custody, or welfare 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:

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

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

(v) 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:

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

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

SECTION 3. Section 262.116(a), Family Code, is amended to read as follows:

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

(1) homeschooled the child;

(2) is economically disadvantaged;

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

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

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

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

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

(9) 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:

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

4-1 (B) results in an observable and material  
4-2 impairment to the growth, development, or functioning of the child;  
4-3 or  
4-4 (10) chose a recognized alternative health care  
4-5 treatment or therapy for the child that could be considered as new,  
4-6 emerging, or nonstandard, unless the treatment or therapy:  
4-7 (A) presents a substantial risk of death,  
4-8 disfigurement, or bodily injury to the child; or  
4-9 (B) results in an observable and material  
4-10 impairment to the growth, development, or functioning of the child.

4-11 SECTION 4. The changes in law made by this Act apply only to  
4-12 a suit filed by the Department of Family and Protective Services on  
4-13 or after the effective date of this Act. A suit filed by the  
4-14 department before that date is governed by the law in effect on the  
4-15 date the suit was filed, and the former law is continued in effect  
4-16 for that purpose.

4-17 SECTION 5. This Act takes effect September 1, 2025.

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