

- SUBJECT:** Medical history reports by parents who relinquish children for adoption.
- COMMITTEE:** Human Services — committee substitute recommended
- VOTE:** 6 ayes — Hupp, A. Allen, J. Davis, Gonzalez Toureilles, Naishtat, Paxton
0 nays
3 absent — Eissler, Goodman, Reyna
- WITNESSES:** For — Conni Barker, DePelchin Children's Center; (*Registered, but did not testify*: Josette Saxton, Texans Care for Children)
Against — None
- BACKGROUND:** Under current Texas law, parental rights may be relinquished by a witnessed affidavit verified before a notary public. The affidavit lays the predicate for a consent decree terminating the parent-child relationship. An affidavit of relinquishment also is used when a culpable parent chooses not to contest a petition for termination filed by the state.
- Among other circumstances, a child may be adopted if the parent-child relationship as to each living parent has been terminated or if a suit for termination is joined with the suit for adoption. Before an adoption can be granted, a social, health, educational and genetic history report is required. The report contains information on the child's health history at the time of placement, a social history, an educational history, and a description of the parent and grandparents. To the extent the information is available, the report must include the health and medical history of the parent, the grandparents, and extended family, as well as the health status at the time of placement. The purpose is to make it possible for an adopted child, upon reaching adulthood, to see a report summary on his or her biological background that is edited to protect the confidentiality of birth parents and their families.
- DIGEST:** CSHB 1999 would require a parent who signed an affidavit of voluntary relinquishment of parental rights regarding a biological child to prepare a medical history report that contained the medical history of the parent and the parent's ancestors.

Under the bill, DFPS would have to make available a form parents could use to prepare a medical history report. The form's design would permit a parent to identify any medical condition of the parent or the parent's ancestors that could indicate a predisposition for development of the condition by the child.

The medical history report would be used to prepare the health, social, educational, and genetic history report and would be made available to persons granted access under sec. 162.006, including the adoptive parents, managing conservators or guardians of the child, or the adopted child once that child reached adulthood.

The bill would take effect on September 1, 2005, and would apply only to a person who signed an affidavit of relinquishment of parental rights on or after that date.

**SUPPORTERS
SAY:**

When a parent signs an affidavit of relinquishment of parental rights, that parent now is not required to provide medical history information or the medical history of the parent's family. This has resulted in gaps in the medical and health history of adopted individuals. Many children adopted in closed adoptions in Texas are at a disadvantage compared to non-adopted children because medical problems could arise for which the adopted children and their adopted parents are unprepared. This lack of information could have serious health consequences for the children in future years.

Various agencies now are using their own forms to obtain information from biological parents. Some forms require very little information, with almost no medical history information required. CS HB 1999 would create a standardized form requiring biological parents to provide detailed medical history information on themselves and their family members so that if medical problems occurred later, the adopting parents and the child would have some knowledge to make decisions for the child. Medical history information would be made available to persons who had responsibility for, or a direct interest in, the health or welfare of the child.

Agencies, private facilitators, or lawyers counseling birth mothers do not always place sufficient importance on complete histories, and birth mothers sometimes are hesitant to pass along what they see as personal information. They also may be unaware that it is important to provide information about their own parents and other relatives, in addition to their

own history. For example, a young birthmother may have no heart trouble but come from a family where both of her parents and several aunts all had heart trouble. Knowing this would benefit her child and her child's doctor.

Physicians agree that the more they know about their patients' medical history, the easier it is to determine what kinds of medical screenings are needed. Knowing of a genetic predisposition may even make it possible to prevent the onset of certain conditions or to diagnose and treat conditions more quickly.

CSHB 1999 would maintain the confidentiality of the identity of the biological parent by requiring medical history information at the time of relinquishment so that a search would not have to be conducted later.

**OPPONENTS
SAY:**

This bill would require the medical history report to address the medical history only of the parent's ancestors, which might not include brothers or sisters. The definition of ancestors is not provided in the Family Code and the general definition of the term usually refers to one from whom a person is descended. The bill should provide that the form also require the medical history of the parent's siblings because this information could benefit the adopted child in preventing the onset of certain conditions and/or help to diagnose and treat conditions.

The bill also should require the form to include an inquiry into the onset of any medical condition of the parent or family members. It is helpful to know not only which genetic conditions have occurred, but also the age of onset. A family history of premenopausal breast cancer, early-onset colon cancer, or heart disease, for example, would indicate different screening plans than if the conditions had appeared later in life.

NOTES:

The committee substitute modified the original bill by making the medical history report available to persons granted access under section 162.006 of the Family Code.