

BILL ANALYSIS

Senate Research Center

H.B. 3374
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Medical groups recommend, as a best practice, providing current, accurate information about Down syndrome to parents at the time they are told their fetus or infant has the disorder and also connecting the parents with a local Down syndrome association at that time. Anecdotal evidence, as well as published academic studies, confirm that many women want but do not receive such information at the time they receive a prenatal or postnatal diagnosis, which leaves them not only uninformed but also isolated and alone. H.B. 3374 seeks to address these concerns.

H.B. 3374 amends the Health and Safety Code to require the Department of State Health Services (DSHS) to make available information regarding Down syndrome, including information addressing physical, developmental, educational, and psychosocial outcomes, life expectancy, clinical course, and intellectual and functional development for individuals with Down syndrome; information regarding available treatment options for individuals with Down syndrome; contact information for national and local Down syndrome education and support programs, services, and organizations; information hotlines, resource centers, and clearinghouses; and any other information required by DSHS. The bill requires such information to be current, evidence-based information that has been reviewed by medical experts and local Down syndrome organizations and to be published in English and Spanish. The bill requires DSHS to make the information available on DSHS's website in a format that may be easily printed and authorizes DSHS to provide the information in writing to health care providers if DSHS determines that providing written information is cost-effective.

H.B. 3374 requires a health care provider who administers or causes to be administered a test for Down syndrome or who initially diagnoses a child with Down syndrome to provide the DSHS information on Down syndrome to expectant parents who receive a prenatal test result indicating a probability or diagnosis that the unborn child has Down syndrome or to a parent of a child who receives a diagnosis of Down syndrome or a test result indicating a probability or diagnosis that the child has Down syndrome. The bill authorizes a health care provider to provide additional information about Down syndrome that is current and evidence-based and has been reviewed by medical experts and national Down syndrome organizations. The bill prohibits a health care provider who is unable to access the DSHS information on Down syndrome from being held civilly or criminally liable or subject to review or disciplinary action by the appropriate licensing authority for failing to provide the information.

H.B. 3374 amends current law relating to information regarding Down syndrome.

[**Note:** While the statutory reference in this bill is to the Texas Department of Health (TDH), the following amendments affect the Department of State Health Services, as the successor agency to TDH.]

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 Chapter 161, Health and Safety Code, by adding Subchapter W, as follows:

SUBCHAPTER W. INFORMATION REGARDING DOWN SYNDROME

Sec. 161.651. DEFINITIONS. Defines “Down syndrome” and “health care provider.”

Sec. 161.652. INFORMATION REGARDING DOWN SYNDROME. (a) Requires the Texas Department of Health (TDH) to make available information regarding Down syndrome that includes:

(1) information addressing physical, developmental, educational, and psychosocial outcomes, life expectancy, clinical course, and intellectual and functional development for individuals with Down syndrome;

(2) information regarding available treatment options for individuals with Down syndrome;

(3) contact information for national and local Down syndrome education and support programs, services, and organizations, including organizations in Houston, Dallas, San Antonio, and Austin, and information hotlines, resource centers, and clearinghouses; and

(4) any other information required by TDH.

(b) Requires that the information described by Subsection (a) be:

(1) current, evidence-based information that has been reviewed by medical experts and local Down syndrome organizations and does not explicitly or implicitly present pregnancy termination as an option when a prenatal test indicates that the unborn child has Down syndrome; and

(2) published in English and Spanish.

(c) Requires TDH to make the information described by Subsection (a) available on TDH’s Internet website in a format that may be easily printed. Authorizes TDH to provide the information described by Subsection (a) in writing to health care providers if TDH determines that providing written information is cost-effective.

Sec. 161.653. DUTY OF HEALTH CARE PROVIDER. (a) Requires a health care provider who administers or causes to be administered a test for Down syndrome or who initially diagnoses a child with Down syndrome to provide the information described by Section 161.652 to:

(1) expectant parents who receive a prenatal test result indicating a probability or diagnosis that the unborn child has Down syndrome; or

(2) a parent of a child who receives a test result indicating a probability or diagnosis that the child has Down syndrome or a diagnosis of Down syndrome.

(b) Authorizes a health care provider, in addition to providing the information described by Subsection (a), to provide additional information about Down syndrome that is current and evidence-based and has been reviewed by medical experts and national Down syndrome organizations.

(c) Provides that, notwithstanding any other law, this section does not impose a standard of care or create an obligation or duty that provides a basis for a cause of action against a health care provider. Prohibits a health care provider from being held civilly or criminally liable for failing to provide information as required by Subsection (a).

SECTION 2. Effective date: September 1, 2015.