

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 919
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Health & Human Services
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Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Advanced practice registered nurses (APRNs) and physician assistants (PAs) play a key role in providing palliative and hospice care to Texas patients. State law allows APRNs to be the attending provider of record if a hospice patient elects them to be. They are intimately involved in the plan of care, treatment, and care coordination for the patient and their families. Despite their vital role in end-of-life care as palliative/hospice care providers, under current Texas law, APRNs and PAs are not authorized to sign out-of-hospital do not resuscitate orders (OOHDNRs) and death certificates for their patients, which results in unnecessary delays in care during an emotionally fragile time for patients and families.

In 2015, H.B. 1784 established the Texas Palliative Care Interdisciplinary Advisory Council (PCIAC), a statewide advisory group of physicians, nurses, social workers, and other palliative care providers charged with identifying barriers to quality, accessible palliative care in Texas. In its report to the Texas Legislature, the PCIAC published a number of recommendations for state lawmakers and included a personal statement highlighting specific barriers APRNs and PAs face when it comes to signing death certificates and OOHDNRs for patients.

Since APRNs and PAs cannot legally sign certain documents related to end-of-life care, patients and families can experience significant delays when it comes time to find a physician who can sign their OOHDNR or death certificate. This is especially the case in outpatient facilities where the physician provider may not be located on site, or in rural areas where the next closest physician provider may be many miles away and is reluctant to sign documents for a patient he or she may have never seen.

C.S.S.B. 919 amends the Health and Safety code to allow APRNs and PAs to sign OOHDNR and death certificates, which will prevent unnecessary delays in care for patients receiving palliative and hospice care.

C.S.S.B. 919 allows advanced practice registered nurses and physician assistants to sign a death certificate in limited situations.

C.S.S.B. 919 amends current law relating to the authority of an advanced practice registered nurse or physician assistant to sign a death certificate in limited situations.

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 193.005, Health and Safety Code, by amending Subsections (a), (b), and (c) and adding Subsection (a-1), as follows:

- (a) Requires a person required to file a death certificate or fetal death certificate to obtain the required medical certification from the decedent's attending physician or, subject to Subsection (a-1), a physician assistant (PA) or advanced practice registered nurse (APRN) of the decedent, rather than an attending physician, if the death occurred under

the care of the person in connection with, rather than medical attendance for the care and, treatment of the condition or disease process that contributed to the death.

(a-1) Authorizes a PA or APRN to complete the medical certification for a death certificate or fetal death certificate under this section (Personal Information) only if:

(1) a patient who has executed a written certification of a terminal illness has elected to receive hospice care and is receiving hospice services, as defined under Chapter 142 (Home and Community Support Services License), from a qualified hospice provider; or

(2) a patient is receiving palliative care.

(b) Requires the attending physician, PA, or APRN, rather than the attending physician, to complete the medical certification not later than five days after receiving the death certificate.

(c) Authorizes certain persons to complete the medical certification if:

(1) the attending physician, the PA, and the APRN described by Subsection (a), rather than the attending physician, are unavailable;

(2) the attending physician, PA, or APRN described by Subsection (a), rather than the attending physician, approves; and

(3) makes no changes to this subdivision.

SECTION 2. Amends Section 671.001(d), Health and Safety Code, to include an APRN among the persons authorized to determine and pronounce a person dead.

SECTION 3. Amends Section 671.002(a), Health and Safety Code, to include an APRN among certain persons who, when determining death, are not liable for civil damages or subject to criminal prosecutions for actions based on the determination of death.

SECTION 4. Effective date: upon passage or September 1, 2017.