

**Agenda Item: 1.3**

**Prepared by: Bruce Holter/BON Staff**

**Meeting Date: October, 2017**

### **Legislative Report – 85th Texas Legislature – Special Session**

The report that follows includes all bills followed by Board staff enacted by the Texas Legislature during the special session that took place from July 18 to August 15, 2017. Board staff monitored 98 bills during the 29-day session. Only seven monitored bills were passed and signed into law by Governor Abbott. Those bills are included on the following pages. Nursing, Legal and Operations staff member assistance was instrumental in following and reporting on the bills included in this report. The staff members that reported on each bill are listed by their initials in the first column in the chart that follows. There were no bills amending the Nursing Practice Act passed in the 85<sup>th</sup> Special Legislative Session.

#### **Recommendation**

This item is for informational purposes only. No action is required.

Bill Number	Bill Summary	Author(s)	Implications for BON/NPA	Effective Date
<p><b>HB 13</b></p> <p><b>Reporting Requirements for Abortion Complications</b></p> <p>KB</p>	<p>Relating to reporting requirements by certain physicians and health care facilities for abortion complications; authorizing a civil penalty. Companion to HB 195 and SB 10.</p>	<p><b>Representative Giovanni Capriglione</b></p>	<p>No amendments to the NPA or direct implications for the BON.</p> <p>Amends Subchapter A, Chapter 171 of Texas Health and Safety Code to require a physician to submit to the Health and Human Services Commission (HHSC) in a form and manner prescribed by rule a report on each abortion complication diagnosed or treated by that physician or at the abortion facility within 72 hours after the complication was diagnosed or treated. A health care facility would be required to submit electronically to HHSC a report on each abortion complication within 30 days after the complication was diagnosed or treated.</p> <p>HHSC must develop reporting forms to be published online by January 1, 2018.</p>	<p>11/14/2017</p>
<p><b>HB 214</b></p> <p><b>Separate Insurance Policies for Non-Emergency Abortions</b></p> <p>DB</p>	<p>Relating to health plan and health benefit plan coverage for elective abortion.</p>	<p><b>Representative John Smithee</b></p>	<p>No amendments to the NPA.</p> <p>Nurses working in settings where elective abortions are performed may benefit from being aware of the patient's options related to insurance coverage for elective abortion in certain insurance policies.</p>	<p>12/1/2017</p>

<p><b>HB 215</b></p> <p><b>Reporting and Certification Requirements Regarding Abortions</b></p> <p>KB</p>	<p>Relating to reporting and certification requirements by certain physicians regarding certain abortions. Companion to SB 73.</p>	<p><b>Representative Jim Murphy</b></p>	<p>No amendments to the NPA.</p> <p>Amends the Health and Safety Code to set out reporting requirements for a physician who performs an abortion on a woman who is younger than 18 years of age and certification requirements for a physician who certifies that a third-trimester abortion was authorized on the basis of fetal abnormality. These requirements apply to abortions performed on or after December 1, 2017.</p>	<p>11/14/2017</p>
<p><b>SB 11</b></p> <p><b>Do-Not-Resuscitate Orders</b></p> <p>SC</p>	<p>Relating to general procedures and requirements in a hospital facility for certain do-not-resuscitate orders; creating a criminal offense.</p> <p>Establishes a definition for "DNR order" to: 1) specify when a do-not-resuscitate (DNR) order could be considered valid; 2) add notification requirements related to DNR orders; 3) provide a procedure for revoking a DNR order; 4) specify when a physician or other entity would not be criminally or civilly liable; and 5) create a criminal offense. SB 11 would define the term "DNR order" to mean an order instructing a health care</p>	<p><b>Senator Charles Perry</b></p>	<p>Does not amend the NPA.</p> <p>Amends Subchapter E, Chapter 166 or the Health and Safety Code.</p> <p>The physician, physician assistant, or nurse who provided direct care to a patient would have to disclose such a DNR order to the patient's known agent under a medical power of attorney or legal guardian if that individual arrived at the health care facility or hospital. If the patient did not have a known agent or legal guardian, the DNR order would have to be disclosed to the patient's spouse, adult children, or parents, in that order, if one of those individuals arrived. Notice would not need to be given to additional people beyond the first person notified. Failure to give such</p>	<p>4/1/2018</p>

	<p>professional not to attempt cardiopulmonary resuscitation (CPR) on a patient whose circulatory or respiratory function ceased. The bill would apply to DNR orders that were issued in a health care facility or hospital, not to an out-of-hospital DNR order as defined by Health and Safety Code, sec. 166.081. Under the bill, a DNR order would take effect at the time the order was issued, provided it was placed in the patient's medical record as soon as practicable.</p>		<p>notice would not affect the DNR order's validity.</p> <p>If a person made a good faith effort to disclose the DNR order and recorded that effort in the patient's medical record, that person would not be civilly or criminally liable or subject to disciplinary licensure action.</p>	
<p><b>SB 17</b></p> <p><b>Maternity Mortality Task Force</b></p> <p>VA</p>	<p>Relating to maternal health and safety, pregnancy-related deaths, and maternal morbidity, including postpartum depression. The Task Force on Maternal Mortality and Morbidity, launched by the Legislature in 2013, will continue its work until 2023. The bill charges the Task Force with studying how other states are working to decrease maternal death rates, looking at the health disparities and socioeconomic status of the mothers dying in Texas, and finding solutions to help women</p>	<p><b>Senator Lois Kolkhorst</b></p>	<p>No direct implications.</p>	<p>8/16/2017</p>

	with postpartum depression. The Task Force will also study how the state can develop a Maternal Health and Safety Initiative to share more information with health care providers on best practices and procedures for safely caring for pregnant women.			
<b>SB 20</b> <b>Sunset - Texas Medical Board et al</b>  JZ	Relating to the continuation and sunset review of certain governmental entities subject to abolishment on September 1, 2017.	<b>Senator Van Taylor</b>	No direct implications for NPA or BON. Continues the Texas Medical Board, Texas State Board of Examiners of Psychologists, Texas State Board of Examiners of Marriage and Family Therapists, Texas State Board of Examiners of Professional Counselors, and the Texas State Board of Social Work Examiners until September 1, 2019. The Sunset bills for these agencies failed to pass during the regular legislative session. This allows these agencies to continue to function until they are reviewed during the 86th legislative session.	8/11/2017
<b>SB 60</b> <b>Sunset - Texas Medical Board et al</b>  JZ	Relating to the repeal of certain riders for the Texas Medical Board and the Texas State Board of Examiners of Psychologists from the General Appropriations Act continuing those agencies during the 85th Regular Session.	<b>Senator Van Taylor</b>	No direct implications for the NPA or the BON. The General Appropriations Act for the 2018-2019 fiscal biennium included Sunset contingency riders making the funding of the Texas Medical Board and Texas State Board of Examiners of Psychologists contingent upon their continuation during the	8/11/2017

			regular session. The Sunset contingency riders are repealed from the General Appropriations Act, making both agencies eligible to receive state appropriations during the fiscal biennium.	
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