



2019-2020

Implementation Guide for New Health Care Laws from the 86th Texas Legislature

With hundreds of new laws affecting Texas health care, which ones do you need to know about now? This implementation guide for new health care laws passed by the 86th Texas Legislature offers a snapshot of the most pressing laws that affect your work. THA's legal and government relations experts identified and analyzed new laws and offer key actions and deadlines that hospitals and providers need to be aware of to comply with the law.

The *2019 New Health Care Laws* publication, THA's comprehensive analysis of all the health care laws, is available from www.tha.org/HLM2019. Ongoing updates about government action to implement these laws are discussed, as they become available, in THA's weekly newsletter, *The Health Care Advocate*. Questions about this guide or requests for additional information should be directed to THA's legal staff at (512) 465-1030.

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| ✓ | Name (Bill Number) | Applies To | Action Required | By When | 2019 HCL |
|---|--|--|--|---------|----------|
| | Court-Ordered Mental Health Treatment (SB 362) | Psychiatric hospitals and licensed psychiatric units of acute care hospitals. | <p>Within 30 days of commitment, assess whether it is appropriate to transfer a patient receiving court-ordered mental health treatment to outpatient mental health services. The facility may make recommendations to the court based on the required assessment.</p> <p>For patients receiving court-ordered inpatient mental health treatment in a bed funded under a contract with the Texas Health and Human Services Commission or operated by or funded under a contract with a local mental/behavioral health authority, upon discharge or furlough, the physician responsible for the patient's treatment must prepare a continuing care plan for a patient unless the patient does not require continuing care; and, subject to available THHSC funding, provide or pay for psychoactive medication and any other medication prescribed to the patient to counteract adverse side effects of psychoactive medication to last until the patient can see a physician.</p> | 9/1/19 | Page 5 |
| | Composition of Local Mental Health Authority Governing Bodies and the Boards of Trustees of Community Centers (SB 632) | Hospital districts operating a community center established under chapter 534 of the Health and Safety Code. | Ensure that the board of trustees of the community center is composed of not fewer than five or more than 13 members. In addition, ensure that the board of trustees of a community center serving only one region includes the sheriff of the county as an <i>ex officio</i> nonvoting member. The board of trustees of a community center serving more than one county must include a sheriff from at least two counties of the region to serve as <i>ex officio</i> nonvoting members. | 9/1/19 | Page 5 |
| | Voluntary Inpatient Mental Health Services (SB 1238) | Psychiatric hospitals and licensed psychiatric units of acute care hospitals | <p>For an admission of a minor by a non-parent, guardian or managing conservator for voluntary inpatient treatment, ensure that consent is obtained under a court order obtained under new chapter 35A of the Family Code.</p> <p>For voluntary inpatient admissions of any patient, if the required physician-performed admission exam is performed after the patient is admitted and the patient does not meet inpatient admission criteria, ensure that discharge and billing policies call to discharge the patient immediately and to not bill the patient or any payor for the admission.</p> | 9/1/19 | Page 11 |
| | Newborn and Infant Hearing Screening Results and Provision of Information (HB 2255) | Hospitals and birthing facilities that provide newborn screening services. | <p>A facility that operates a newborn or infant screening program must simultaneously deliver, to the parents of each screened newborn or infant, the screening results and standardized materials prepared by the Texas Department of State Health Services regarding follow-up care and available public resources. TDSHS will make these materials available to the public upon request.</p> <p>Report screening results to the newborn or infant's parents, attending physician, primary care physician or other applicable provider, TDSHS, and the Texas School for the Deaf. TDSHS must develop guidelines to protect individually identifying information, require written consent prior to the disclosure of such information to TDSHS or the Texas School for the Deaf, and allow for revocation of such consent. If an infant or newborn fails to pass a follow-up hearing screening, the facility must provide the results to the parents and, with the parents' consent, the Texas School for the Deaf.</p> | 9/1/19 | Page 29 |
| | New Disclosure Requirements for Independent and Hospital-Owned Freestanding Emergency Centers (HB 2041) | Independent and hospital-owned FECs licensed under chapter 254 of the Health and Safety Code, or subject to chapter 241 of the Health and Safety Code. | All FECs must provide to a patient or a patient's legally authorized representative and attempt to obtain a signature on a new disclosure statement that includes a list of in-network health benefit plans and, if not posted online, detailed lists of facility and observation fees. The disclosure statement must be in English and Spanish in size 16-point font with a place for a patient or legally authorized representative to sign. No FEC may use a logo or the terms "take" or "accept" regarding an out of network health benefit plan issuer. | 9/1/19 | Page 53 |
| | | Independent FECs licensed under chapter 254 of the Health and Safety Code. | Any independent FEC that closes, is no longer licensed or has its license suspended must immediately remove or cover any signs within view of the general public indicating that the facility is open. | | |

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| | Out-of-Network Surprise Billing Ban and Dispute Resolution Process (SB 1264) | Hospitals, physicians, providers, diagnostic imaging providers and laboratory service providers. | For care paid for by health plans regulated by the Texas Department of Insurance: <ul style="list-style-type: none"> • Hospitals may not send balance bills for out-of-network emergency care; facility-based providers may not send balance bills to patient for out-of-network services provided at in-network facilities; and diagnostic imaging providers and laboratory service providers may not balance bill patient for out-of-network services performed in connection with a health care service performed by a network physician or provider. • Out-of-network hospitals that believe they were underpaid by a payer may request mediation through a TDI internet portal. Non-hospital providers may request arbitration through a TDI portal for perceived underpayment. | 1/1/20 | Page 69 |
| | Unconscionable Prices Charged by Certain Health Care Facilities for Medical Care (HB 1941) | Independent freestanding emergency centers licensed under chapter 254 of the Health and Safety Code and non-Medicare participating hospitals. | For emergency care, independent freestanding emergency centers and non-Medicare participating hospitals that are not seeking to participate, may not charge a price that is 200% or more of the average hospital charge for the same or similar services in the county or they could be subject to a cause of action by the attorney general. | 9/1/19 | Page 73 |
| | Continuing Education for Surgical Technologists (SB 1239) | Hospital-employed non-certified surgical technologists. | Complete every two years 30 hours of continuing education related to surgical technology. On the facility's request, the person must submit to the facility evidence of completion of the CE. Note that hospitals are not required to verify or track CE hours, and the technologist is responsible for completion of all requirements. | 9/1/20 | Page 80 |
| | Limited Duration Treatment by Physical Therapists Without a Referral from a Physician or Health Care Provider (HB 29) | Physical therapists and their employers. | Update policies and procedures to permit licensed physical therapists with doctorates in physical therapy to treat patients for up to 15 consecutive business days without a referral from a referring practitioner and licensed physical therapists without doctorates in physical therapy to treat patients for up to 10 business days without a referral if they have completed at least 30 hours of education in differential diagnosis. The Texas Board of Physical Therapy Examiners will issue rules that will require a mandatory consent form. | 11/1/19 | Page 83 |
| | Frequency and Location of Prescriptive Authority Agreement Meetings Between APRNs and Physicians (HB 278) | Physicians and advanced practice registered nurses that participate in prescriptive authority agreements. | Update policies and procedures and inform affiliated physicians and APRNs that face-to-face meetings for prescriptive authority agreements are no longer required, but monthly meetings are still mandatory. Under the bill, the same requirements now apply to physician assistants and APRNs. | Applies to prescriptive authority agreements entered into on or after 9/1/19. | Page 85 |
| | Employment Protection for Jury Service (SB 370) | All employers. | Refrain from any adverse action against employees related to jury service, which includes discharge, threats of discharge, coercion or intimidation. | 9/1/19 | Page 93 |
| | Medical Authorization Form for the Release of Protected Health Information in a Health Care Liability Claim (SB 1565) | Hospitals and health care providers, with respect to release of medical records. | Note the change to the authorization form to disclose health care information under section 74.052 of the Civil Practice and Remedies Code (related to medical liability claims) the form now requires "date" of birth (rather than "place", as in the old form). | 9/1/19 | Page 93 |
| | Retaining Certain Medical Records of Forensic Medical Exams (HB 531) | Hospitals and physicians. | Maintain each medical record from the forensic medical examination of a sexual assault victim for at least 20 years from the date of creation. | Applies to records created on or after 3/1/20. | Page 96 |
| | Prohibited Adverse Employment Action Against an Employee who Reports Child Abuse or Neglect in Good Faith (HB 621) | All Providers. | Refrain from taking any adverse employment action against a professional who, in good faith, report child abuse or neglect or who initiate or cooperate in an investigation or proceeding related to an allegation of child abuse or neglect. "Adverse employment action" means an action that affects an employee's compensation, promotion, transfer, work assignment, or performance evaluation, or any other employment action that would dissuade a reasonable employee from making or supporting a report of abuse or neglect. | 9/1/19 | Page 97 |

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| | Right for a Deceased Person's Parent to View the Deceased's Body Before an Autopsy (HB 881) | Hospitals. | Allow a parent to view the body of a deceased child (regardless of age), subject to certain limitations related to criminal activity. Prior law only applied to a deceased minor. | 9/1/19 | Page 98 |
| | New Required Human Trafficking Training Course for Practitioners Providing Direct Patient Care (HB 2059) | All health care practitioners providing direct patient care. | Complete a course approved by the Texas Health and Human Services Commission on identifying and assisting victims of human trafficking as a condition of licensure or license renewal. Hospitals that currently offer, or wish to offer, a course on identifying and assisting victims of human trafficking should monitor THHSC's rulemaking process to understand the application process for agency approval. | 9/1/20 | Page 98 |
| | Continuing Education Requirements for Certain Health Care Professionals Regarding Pain Management and Opioid Prescribing (HB 2454) | Physicians holding a license on Jan. 1, 2021 who submit an application for renewal of a license that designates a direct patient care practice. | Complete at least two hours of continuing medical education regarding safe and effective pain management related to the prescription of opioids and other controlled substances, including education regarding (1) reasonable standards of care; (2) the identification of drug-seeking behavior in patients; and (3) effectively communicating with patients regarding the prescription of an opioid or other controlled substance. | In each of the two license renewal periods occurring after 1/1/21, and every eight years thereafter. | Page 99 |
| | | Physicians licensed after Jan. 1, 2021 who submit an application for renewal of a license that designates a direct patient care practice. | | Beginning 1/1/21, each renewal period after the physician's initial registration permit, with two of those hours completed within one year of issuance, and after, | |
| | | Advanced practice registered nurses and physician assistants who have entered into a prescriptive authority agreement authorizing the prescribing of opioids, and dentists whose practice includes direct patient care. | | Annually, beginning 1/1/21. | |
| | Hospital Liens (HB 2929) | Hospitals. | The new law: <ul style="list-style-type: none"> • Limits the amount of a hospital lien to the lesser of either the amount of the hospital's charges or 50% of the amount recovered by the injured individual through a personal injury claim. • Clarifies that hospitals must seek payment from a health plan under sections 146.002–146.003 of the Civil Practice and Remedies Code to recover from a patient. • Clarifies limits the lesser of either the amount of the hospital's charges or 50% of the amount recovered by the injured individual through a personal injury claim. Clarifies that hospitals must seek payment from a health plan under sections 146.002–146.003 of the Civil Practice and Remedies Code to recover from a patient. HB 2929 also clarifies that a lien applies regardless of where services were provided in a hospital. | 6/10/19 | Page 113 |
| | Medicaid Managed Care (SB 1096) | Hospitals that participate in Medicaid managed care. | Update discharge planning procedures and inform clinical staff that a Medicaid MCO must respond to a prior authorization request within 72 hours of receipt if the request is submitted by a provider of acute care inpatient services for services or equipment necessary to discharge the recipient from an inpatient facility. | Contracts between the Texas Health and Human Services Commission and Medicaid MCOs entered into or renewed after 9/1/19. | Page 125 |

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| | Medicaid Managed Care Prior Authorization, Medically Dependent Children Waiver Program and Medicaid Wrap-Around Benefits Reform (SB 1207) | Providers that participate in Medicaid managed care. | Update policies and procedures related to prior authorizations from Medicaid MCOs. A Medicaid MCO must provide at least 10 business days' notice before terminating, suspending or reducing a service to a Medicaid recipient, with separate notices to providers and recipients. Providers will receive a detailed clinical explanation and an opportunity to supplement the information. If the MCO's decision is based on insufficient or inadequate documentation, the MCO must provide a clear list of what is missing, the due date and a description of the reconsideration process. The bill also allows Medicaid recipients to request independent external medical reviews. | Contracts between the Texas Health and Human Services Commission and Medicaid MCOs entered into or renewed after 9/1/19. | Page 125 |
| | Access to Medication-Assisted Treatment (SB 1564) | Hospitals, physicians, pharmacists and other persons authorized to prescribe or dispense controlled substances. | Note the new exemption from having to access the Prescription Monitoring Program to receive information about a patient with sickle cell disease before prescribing or dispensing opioids, benzodiazepines, barbiturates or carisoprodol. | 6/10/19 | Page 134 |
| | | Providers of medication-assisted opioid or substance use disorder treatment. | Note the new requirement that the Texas Health and Human Services Commission must provide reimbursement for medication-assisted opioid or substance use disorder treatment without prior authorization. | | |
| | | Advance practice registered nurses, clinical nurse specialists, nurse anesthetists and nurse midwives. | Note the new provision that nurse professionals now are authorized to receive Medicaid reimbursement for the prescribing of buprenorphine for the treatment of opioid use disorder if the practitioner has obtained a federal waiver from registration requirements for dispensing narcotic drugs. | | |
| | System Redesign for Medicaid Acute Care Services and Long-Term Services and Supports for People with Intellectual and Development Disabilities (HB 4533) | All Medicaid providers. | Upon implementation by the Texas Health and Human Services Commission, phase out Texas Medicaid provider number and use exclusively the provider's National Provider Identifier for Medicaid claims submission. | Not later than 9/1/23. | Page 139 |
| | Requests for Nursing Peer Review Committee Determinations (HB 2410) | Hospitals. | Update policies and comply with new requirement that a nurse be able to request safe patient harbor verbally. If a nurse is unable to complete a form due to immediate patient care needs, the nurse may request a nursing peer review committee determination by orally notifying the nurse's supervisor. After receiving the oral notification, the nurse supervisor must record in writing: the name of requesting nurse; the date and time of the request; the location of the conduct or assignment that is the subject of the request; the name of the supervisor recording the request; a brief explanation of why the nurse is requesting a nursing peer review determination; and a description of the collaboration between the nurse and supervisor. To be valid, the request must be signed and attested to by the requesting nurse and the nurse's supervisor who prepared the written record. Hospitals are free to use the form developed by the Board of Nursing or, once rules are implemented specifying the parameters, their own forms. | 9/1/19 | Page 143 |
| | Disclosure of Contracting Information Under the Texas Public Information Act (SB 943) | Private entities, including nonpublic hospitals, who contract with a governmental body. | Provide contracting information to the governmental body in connection with a Texas Public Information Act request to the governmental body if the entity has a contract with the governmental body for the purchase of goods or services with a stated or actual value of \$1 million or more in public funds. However, the private entity is only required to provide contracting information to the governmental body if the information is in the possession of the private entity and not maintained by the governmental body. | 1/1/2020 | Page 147 |

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| | | Public hospitals, state hospitals and any entity that qualifies as a governmental body. | Government contracts valued at \$1 million or more with private entities must: <ul style="list-style-type: none">• Require the contracting entity to preserve all contracting information for the duration of the contract.• Promptly provide to the governmental body any contracting information related to the contract that is in the custody or possession of the entity on request of the governmental body.• Upon completion of the contract, either provide all contracting information to the governmental body at no cost or preserve the contracting information according to the governmental body's records retention requirements.• Include the following clause, "The requirements of subchapter J, chapter 552 of the Government Code, may apply to this (include "bid" or "contract" as applicable) and the contractor or vendor agrees that the contract can be terminated if the contractor or vendor knowingly or intentionally fails to comply with a requirement of that subchapter." | | |
| | Disclosure of Contracting Information Under the Texas Public Information Act (SB 944) | Public hospitals, state hospitals and any entity that qualifies as a governmental body. | Facilities should inform their public information coordinators and update their policies and procedures to reflect that protected health information defined by section 181.006 of the Health and Safety Code (incorporating the Health Insurance Portability and Accountability Act) is not subject to disclosure under the Texas Public Information Act. A governmental body may designate one mailing address and one email address for receiving written requests for public information by posting the addresses on its website and through physical signage. Facilities should update their personnel manuals and records retention policies to reflect that public information held on personal devices of current or former employees must be immediately transferred to the governmental body or held according to the governmental body's records retention policy. Public information held on a personal device must be produced to the governmental body within 10 days of a request. | 9/1/19 | Page 150 |
| | | | The attorney general must create a new public information request form that facilities may elect to use exclusively, if the form is posted on the governmental body's website. | 10/1/19 | |
| | Protection of Religious Beliefs and Moral Convictions, Including Beliefs and Convictions Regarding Marriage (SB 1978) | Governmental entities (including public hospitals) and officers, employees, and agents of governmental entities. | Refrain from taking any adverse action against a person based wholly or partly on the person's membership in, affiliation with, or contribution, donation, or other support provided to a religious organization. "Adverse action" includes action related to: grants, contracts, subcontracts, cooperative agreements, loans, scholarships, licenses, registrations, accreditation, employment, or other similar status; benefit programs; taxes, penalties, payment assessments, or tax-exempt status; tax deductions for charitable contributions; eligibility for a degree from an educational program or institution; access to a property, educational institution, speech forum, or charitable fund-raising campaign. | 9/1/19 | Page 152 |
| | Right to Express Breast Milk (HB 541) | All facilities. | Update policies to permit mothers to express breast milk in any location where the mother's presence is otherwise authorized (prior law only addressed breast-feeding). | 9/1/19 | Page 153 |
| | Filing an Assumed Name Certificate by Certain Business Entities (HB 3609) | Any corporation, limited partnership, limited liability partnership, limited liability company, or foreign filing entity required to file an assumed name certificate. | Note the change in process for filing assumed name certificates entities must now file an assumed name certificate only with the Office of the Secretary of State (and no longer with the county clerk). | 9/1/19 | Page 156 |

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| | Privacy of Personally Identifying Information (HB 4390) | All facilities and persons in contact with sensitive personal information. | Within 60 days of a determination that the breach of sensitive personal information occurred, disclose the breach to the attorney general and provide notice to any affected individual. These requirements are in addition to any other state, federal or other applicable requirement or obligation. "Sensitive personal information" is defined as: (1) an individual's first name or first initial and last name in combination with any one of the following, if unencrypted: social security number; driver's license number; account number or credit or debit card number in combination with any code, or password. (2) information that identifies an individual and relates to: the physical or mental health or condition of the individual; the provision of health care to the individual; or payment for the provision of health care to the individual. | 1/1/20 | Page 158 |
| | Licensing and Regulation of Pharmacists and Pharmacies (SB 683) | Pharmacies, including Class C pharmacies. | If the pharmacy does not dispense any controlled substance prescriptions during a period of seven consecutive days, send a report to the Texas State Board of Pharmacy indicating that the pharmacy did not dispense any controlled substance prescriptions during that period, unless the pharmacy has obtained a waiver or permission to delay reporting to TSBP. This requirement is also set out in HB 2847 (see page 88 of the <i>2019 New Health Care Laws</i>). Also note the expansion of persons with authorized access to the Prescription Monitoring Program database to include a pharmacist intern and pharmacy technician trainee. | 9/1/19 | Page 163 |
| | Additional Conditions for Physicians to Delegate to Pharmacists the Implementation or Modification of a Patient's Drug Therapy Under a Protocol (SB 1056) | Physicians and pharmacists. | Comply with two new conditions required for a physician to delegate to a pharmacist the implementation or modification of a patient's drug therapy under a protocol: (1) The delegation must follow a diagnosis, initial patient assessment and drug therapy order by the physician; and (2) the pharmacist must maintain a copy of the protocol for inspection until at least seven years after the protocol's expiration date. | 9/1/19 | Page 164 |
| | Providing Information Related to Safe Disposal of Controlled Prescription Drugs (HB 2088) | Dispensers of Schedule II controlled substances. | Provide written notice to the patient, defined by impending Texas State Board of Pharmacy rule, on the safe disposal of controlled substances, unless the dispensing pharmacy is authorized and regularly accepts such drugs for safe disposal, or the dispenser provides a mail-in pouch for surrendering unused controlled substances or chemicals to render such controlled substance unusable or non-retrievable. | 1/1/20 | Page 166 |
| | Electronic Prescribing of Controlled Substances and Reimbursement for Treatment of Substance Use Disorders (HB 2174) | Pharmacies and prescribers. | Requires e-prescribing for Schedule II substances, with certain exceptions, including emergencies (call-in prescriptions are permitted for emergencies). Hospitals will need to implement e-prescribing. Waiver eligibility for e-prescribing will be established through Texas State Board of Pharmacy rule and will include economic hardship, technological limitations and exceptional circumstances demonstrated by the prescriber. Waivers will be issued for a period of one year; however, prescribers may reapply for a subsequent waiver. | 1/1/21 | Page 166 |
| | | Practitioners and prescribers. | Limit prescriptions for opioids for the treatment of acute pain to a 10-day supply with no refills. Note that guidance from the Texas Medical Board indicates a prescriber may write an opioid prescription for up to 10 days without a refill; however, a patient may see the practitioner in a follow-up appointment and receive another prescription without a refill. According to TMB, the law does not limit the number of times this may occur. | 9/1/19 | |
| | Physician Delegation of Implementation and Modification of Drug Therapies Under a Protocol to Pharmacists Practicing at Federally Qualified Health Centers (HB 2425) | Physicians and federally qualified health centers. | Note the new provision that physicians may now delegate the implementation or modification of a patient's drug therapy under a protocol, including the authority to sign a prescription drug order for dangerous drugs, to a pharmacist practicing at a federally qualified health center if the other existing conditions of delegation are satisfied. (Prior to HB 2425, a pharmacist was required to practice at either a hospital, a hospital-based clinic or an academic health care institution.) | 9/1/19 | Page 168 |

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| | Disposal of Controlled Substance Prescription Drugs by Hospice Service Providers (HB 2594) | Hospices. | A hospice may dispose of an unused controlled substance prescription upon a patient's death or in other circumstances in which disposal is appropriate under adopted policies and procedures related to disposal. If adopted, the hospice must provide a copy of the policies and procedures to the patient and the patient's family; discuss the policies with the patient and the patient's family in a manner in which they understand; and document in the patient's clinical record that the policies and procedures were provided and discussed. If policies and procedures are adopted, the hospice should provide training to the organization's employees on secure and responsible disposal of controlled substance prescription drugs. | 9/1/19 | Page 168 |
| | Prescribing and Dispensing under the Texas Controlled Substances Act (HB 3284) | Pharmacists and prescribers of controlled substances. | Access the prescription monitoring database before prescribing or dispensing opioids, benzodiazepines, barbiturates or carisoprodol. | 3/1/20 (delayed from 9/1/19) | Page 170 |
| | Regulation of Certain Health Organizations Certified by the Texas Medical Board (HB 1532) | Organizations certified by the Texas Medical Board under section 162.001(b) of the Occupations Code (also known as 5.01a or 162b organizations). | Develop, implement and comply with an anti-retaliation policy that prohibits the organization from terminating, demoting, retaliating against, disciplining, discriminating against or otherwise penalizing a physician for (1) filing in good faith a complaint against the organization with TMB; (2) cooperating in good faith with an investigation or proceeding of TMB relating to a complaint; or (3) communicating to a patient in good faith what the physician reasonably believes to be the physician's best, independent medical judgment. TMB will have enforcement authority for an organization that fails to develop, implement or comply with the required policy. | 12/31/19 | Page 170 |
| | Prevention and Response to Opioid Misuse and Treatment of Co-Occurring Conditions (HB 3285) | Practitioners and dispensers who prescribe or dispense opioids. | Annually attend at least one hour of continuing education covering best practices, alternative treatment options and multi-modal approaches to pain management that may include physical therapy, psychotherapy, and other treatments. The Texas State Board of Pharmacy must adopt rules to establish the content of continuing education. | 9/1/19 | Page 171 |
| | Investigational Stem Cell Treatment Protocol Updates (HB 3148) | Hospitals offering or seeking to offer investigational stem cell therapy. | Note the expanded availability of investigational stem cell therapy in the state. In addition to affiliation with a medical school or hospital with at least 150 beds, a hospital may administer investigational stem cell therapy if accredited by the Association for the Accreditation of Human Research Protection Programs; registered with the U.S. Department of Health and Human Services, Office for Human Research Protections; or accredited by a national accreditation organization acceptable to the Texas Medical Board. | 9/1/19 | Page 184 |
| | | | Use the Texas Department of State Health Services' mandatory informed consent form for investigational stem cell treatment. | As early as 9/1/19, but only after TDSHS enacts rules | |
| | | | The Texas Department of State Health Services will maintain a registry of physicians administering investigational stem cell therapy. Physicians administering investigational stem cell therapy must register with TDSHS. | As early as 9/1/27, but only after TDSHS enacts rules | |
| | Reporting of Health Care-Associated Infections and Preventable Adverse Events (SB 384) | Hospitals and ambulatory surgical centers, with respect to healthcare-acquired infection reporting. | Report to the Texas Department of State Health Services only those conditions required to be reported to the Centers for Medicare & Medicaid Services, regardless of the facility's participation in Medicare. (The bill aligns healthcare-acquired infection reporting processes with CMS reporting requirements.) | 1/1/20 | Page 189 |
| | Carrying of Handguns by License Holders on Property Owned or Leased by a Governmental Entity (HB 1791) | State agencies and political subdivisions, including public hospitals, that own or lease nonhospital property. | Refrain from taking "any action" that states or implies that a license holder who is carrying a handgun is prohibited from entering or remaining on a premises owned or leased by the governmental entity. Previous law prohibited only the posting of signs prohibiting handguns. Note that a public hospital is still permitted to prohibit handguns within the licensed hospital premises; this law only affects non-hospital property. | 9/1/19 | Page 196 |
| | Prevention of Communicable Diseases in Certain Long-Term Care Facilities (HB 1848) | Long-term care facilities licensed or regulated under chapters 242, 247 or 252 of the Health & Safety Code. | Maintain an infection prevention and control program that includes monitoring of key infectious agents, including multidrug-resistant organism, and procedures for making rapid influenza diagnostic tests available to facility residents. | 9/1/19 | Page 196 |

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| | Disclosure of State Agency and Political Subdivision Contracts Related to Lobbying (SB 65) | State agencies and other governmental bodies, including public hospitals. | At the time an entity submits a signed contract to a governmental body for services that would require a registration as a lobbyist, the contracting party must submit to the governmental body a disclosure of interested parties; and, not later than the 30th day after the date the governmental entity or state agency receives a disclosure of interested parties, the governmental body must submit a copy of the disclosure to the Texas Ethics Commission. | 9/1/19 | Page 205 |
| | | Political subdivisions, including public hospitals. | For any contract for consulting services with a state agency, regardless of whether the term of the contract has expired, prominently display on the political subdivision's Internet website the following if the contract is for services requiring a person to register as a lobbyist: (1) the execution dates; (2) the contract duration terms, including any extension options; (3) the effective dates; (4) the final amount of money the political subdivision paid in the previous fiscal year; and (5) a list of all legislation advocated for, on, or against by all parties and subcontractors to the contract, including the position taken on each piece of legislation in the prior fiscal year. In lieu of displaying the items described by (1)-(5), a political subdivision may post on the political subdivision's Internet website the contract for those services. In addition, a political subdivision's proposed budget must include a line item indicating expenditures for directly or indirectly influencing or attempting to influence the outcome of legislation or administrative action. | The requirements apply to a consulting services contract entered into by a political subdivision before, on, or after 9/1/19. | |
| | New Definition of Prohibited Walking Quorum Under the Texas Open Meetings Act (SB 1640) | Public hospitals, state hospitals and any entity that qualifies as a governmental body. | Comply with the revisions to the Texas Open Meetings Act's prohibition on holding a series of small meetings in order to avoid a quorum, commonly known as a "walking quorum." The bill amends the definition of "deliberation" to mean: a verbal or written exchange between a quorum of a governmental body, or between a quorum of a governmental body and another person, concerning an issue within the jurisdiction of the governmental body. Public hospitals should take note of the new definition of a walking quorum and ensure that their policies and procedures continue to reflect that participating in a walking quorum is an offense under the Texas Open Meetings Act. | 6/10/19 | Page 207 |
| | Requiring State Agencies and Political Subdivisions with Taxing Authority to Post Certain Information Online (HB 305) | Political subdivisions with the authority to impose a tax that at any time on or after Jan. 1, 2019, maintained a publicly accessible Internet website. | Post on a publicly accessible Internet website the following information: (1) the political subdivision's contact information, including a mailing and e-mail address and telephone number; (2) each elected officer of the political subdivision; (3) the date and location of the next election for officers of the political subdivision; (4) the requirements and deadline for filing for candidacy of each elected office of the political subdivision, which shall be continuously posted for at least one year before the election day for the office; (5) each notice of a meeting of the political subdivision's governing body; and (6) each record of a meeting of the political subdivision's governing body. | 9/1/19 | Page 208 |
| | Rights of the Public to Address the Governing Body of a Political Subdivision at an Open Meeting (HB 2840) | Public hospitals or other governmental bodies subject to the Open Meetings Act. | Allow members of the public who desire to address the body regarding an item on an agenda for an open meeting to address the body regarding the item at the meeting before or during the body's consideration of the item. A governmental body may adopt reasonable rules regarding the public's right to address the body, including rules that limit the total amount of time for comment. A rule that limits the amount of time for public comment must provide that a member of the public who addresses the body through a translator be given at least twice the amount of time as a member of the public who does not require a translator to ensure that non-English speakers receive the same opportunity to address the body (this does not apply if the body uses simultaneous translation equipment in a manner that allows the body to hear the translated public testimony simultaneously). The governmental body may not prohibit public criticism of the governmental body, including criticism of any act, omission, policy, procedure, program or service. | 9/1/19 | Page 216 |

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| ✓ | Name (Bill Number) | Applies To | Action Required | By When | 2019 HCL |
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| | Information Provided to a Pregnant Woman Before an Abortion (SB 24) | Physicians who perform abortions, or the physician's designee. | Provide to a woman receiving an abortion a copy of all required informational materials: (1) on the day of the consultation for a pregnant woman who lives less than 100 miles from the nearest abortion provider licensed under chapter 245 of the Health and Safety Code or a facility where more than 50 abortions are performed in any 12-month period; or (2) before any sedative or anesthesia is administered to the pregnant woman on the day of the abortion and at least two hours before the abortion if the woman lives 100 miles or more from the nearest abortion provider licensed under chapter 245 or a facility where more than 50 abortions are performed in any 12-month period. | 9/1/19 | Page 244 |
| | Level of Care Designations for Hospitals That Provide Neonatal and Maternal Care (SB 749) | Hospitals seeking maternal care designation. | Review any application submitted prior to June 10, 2019, the effective date of the Act, to determine whether the application should be amended in light of the new provisions in SB 749, including the use of telemedicine to satisfy certain requirements, scope of practice and specialty coverage. | 6/10/19 | Page 247 |
| | | | Obtain maternal designation in order to be able to bill Medicaid for applicable services. | 9/1/21 (delayed from 9/1/20) | |
| | Maternal and Newborn Health Care/Quality of Services Provided to Women (SB 750) | Hospitals and birthing centers that provide maternal care. | Provide a medical record regarding a pregnancy-related death within 30 days of receipt of a request from the Texas Department of State Health Services. | 6/10/19 | Page 249 |
| | Statute of Limitations for Certain Sexual Offenses and the Collection, Analysis, and Preservation of Evidence of Sexual Assault and Other Sex Offenses (HB 8) | Hospitals and other providers of sexual assault and sexual offense forensic exams. | Upon receipt of a signed, written consent to release evidence from a sexual offense survivor, promptly notify any law enforcement agency investigating the alleged offense. At the time the written informational materials are given, orally communicate to a sexual offense survivor that public agencies are responsible for paying for the forensic portion of an examination and for the evidence collection kit used in connection with the examination. For a sexual assault survivor who has not given signed, written consent to the facility to release evidence of an exam to law enforcement, provide the standard written form developed by the Texas Department of Public Safety regarding evidence storage and destruction to the survivor before the survivor is released from the facility. | 9/1/19 | Page 252 |
| | Reimbursement by the Office of the Attorney General for Sexual Assault Forensic Exams (HB 616) | Hospitals and other providers of sexual assault and sexual offense forensic exams. | Perform the required exam on a sexual assault survivor to if requested by the survivor within 120 hours post assault (extended from 96 hours). Apply directly to the attorney general for reimbursement for the provision of a forensic medical exam (rather than the law enforcement agency as previously required). Applications for reimbursement must include documentation that a law enforcement agency requested the exam, and a complete and itemized bill of the reasonable costs of the forensic portion of the exam. | 9/1/19 | Page 255 |

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| ✓ | Name (Bill Number) | Applies To | Action Required | By When | 2019 HCL |
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| | Elderly Persons and Persons with a Disability who are Survivors of Sexual Assault (HB 4531) | Hospitals and other providers of sexual assault and sexual offense forensic exams. | <p>Comply with the revised consent requirements related to exams:</p> <ul style="list-style-type: none"> •A facility must presume that an adult sexual assault survivor requesting a forensic medical examination and treatment is competent. •If an adult sexual assault survivor has a legal guardian or other legal agent, the facility may provide an examination and treatment without the guardian's consent if (1) the facility determines the survivor understands the nature of the forensic medical examination and treatment; and (2) the survivor agrees to receive the forensic medical examination and treatment. •If an adult sexual assault survivor requests a forensic medical examination and treatment and a health care facility determines the survivor potentially is incapable of consenting, the facility may obtain consent from a relative or caretaker, the survivor's legal guardian or other legal agent, or petition a probate court in the county for an emergency order. However, the facility may not release information about an exam to a guardian or other legal agent if the facility knows or has reason to know that the person is a suspect or an accomplice in the assault. •The sexual assault survivor may refuse a sexual assault examination, even if the guardian or legal agent has consented to an examination. | 9/1/19 | Page 259 |