



Texas Catholic Conference of Bishops

THE PUBLIC POLICY VOICE OF THE CHURCH

SUPPORT HB 3162: Texas Advance Directives Act Reform FOLLOW CHAIR STEPHANIE KLICK ON FLOOR

This bill was developed after months of extensive negotiation. HB 3162 represents a substantially improved cooperative effort to comprehensively address this sensitive issue. **Thank you, Chair Stephanie Klick, Sen. Drew Springer, Rep. James Frank and to the following stakeholder organizations who are supporting this bill:**

Texas Catholic Conference of Bishops
Texas Alliance for Life
Texas Hospital Association
Texas Nurses Association
Protect Fragile Texas Kids
Texas-New Mexico Hospice Organization

Texans for Life Committee
Texas Right to Life
Texas Medical Association
Catholic Hospital Association of Texas
Coalition for Texans with Disabilities
Family Freedom Project

This bill provides greater protection of the rights of both the patient and the healthcare provider. This bill corrects deficiencies in several areas, including increased transparency regarding the ethics committee meeting, timely communication between healthcare providers and patients' families, and the circumstances under which interventions may be withheld or withdrawn.

Key Reform Components of HB 3162

Current Law	Reform Measures Sought
No explicit criteria regarding the condition of patient for whom the dispute resolution process may be invoked	Process limited to incompetent patients and language added to protect patients with disabilities [Sec. 166.046(a)]
Surrogate provided 48 hrs notice of ethics committee meeting regarding continuation or withdrawal of life sustaining treatment (LST)	Notice increased to seven calendar days [Sec. 166.046(b)(1)] and: <ul style="list-style-type: none"> • Must be in writing • Disclosure of ethics committee members to family/surrogate • Family/Surrogate advocates (attorney/outside physicians) allowed to participate in meeting • Expanded explanation of committee's final decision

<p>No explicit requirements regarding transfer process</p>	<p>Transfer efforts begin before dispute resolution process commences Disclosure of personnel effecting transfer efforts Disclosure of facilities contacted for transfer and their reasons for declining If necessary, trach and PEG procedures required to assist transfer of patient</p>
<p>Surrogate has 10 calendar days to transfer patient if committee's decision is that LST should be withdrawn</p>	<p>Number of days to transfer increases to 25 days [Sec. 166.046(e)].</p>
<p>No explicit criteria related to decision to continue or withdraw LST</p>	<p>The ethics committee must consider:</p> <ul style="list-style-type: none"> • the patient's known wishes • whether LST benefits outweigh harms • whether LST conforms with the prevailing standard of care <p>The ethics committee may not:</p> <ul style="list-style-type: none"> • make quality of life judgements • consider a patient's pre-existing disability unless relevant to medical appropriateness of continuing LST [Sec.166.0465(b)]
<p>Do-not-resuscitate (DNR) order valid only if issued by the attending physician</p>	<p>Any physician providing direct care to a patient may issue a DNR order</p>
<p>Surrogate not allowed to revoke a DNR order issued by a physician</p>	<p>Surrogate may revoke a DNR order issued by a physician</p>
<p>Confusing statutory language leads to duplicate notification to surrogates regarding DNR orders</p>	<p>Clarifies that DNR notification and confirmation does not need to be repeated once the notice is provided</p>
<p>No reporting requirements on use of dispute resolution process</p>	<p>Facilities must submit a report to HHSC that includes information including:</p> <ul style="list-style-type: none"> • number of days between admission and invocation of dispute resolution process • outcomes such as successful transfer, withdrawal or continuation of LST, patient's death • deidentified data on patient such as age range and race <p>HHSC must post aggregate state data and post on the department's website</p>

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