

1-1 By: Hull, et al. (Senate Sponsor - West) H.B. No. 1151
 1-2 (In the Senate - Received from the House April 16, 2025;
 1-3 April 23, 2025, read first time and referred to Committee on Health
 1-4 & Human Services; May 9, 2025, reported favorably by the following
 1-5 vote: Yeas 8, Nays 0; May 9, 2025, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14			X	
1-15	X			
1-16	X			

1-17 A BILL TO BE ENTITLED
 1-18 AN ACT

1-19 relating to neglect of a child and the grounds for termination of
 1-20 the parent-child relationship and possession of a child by the
 1-21 Department of Family and Protective Services.

1-22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-23 SECTION 1. Section 161.001(c), Family Code, is amended to
 1-24 read as follows:

1-25 (c) Evidence of one or more of the following does not
 1-26 constitute clear and convincing evidence sufficient for a court to
 1-27 make a finding under Subsection (b) and order termination of the
 1-28 parent-child relationship:

- 1-29 (1) the parent homeschooled the child;
- 1-30 (2) the parent is economically disadvantaged;
- 1-31 (3) the parent has been charged with a nonviolent
 1-32 misdemeanor offense other than:

- 1-33 (A) an offense under Title 5, Penal Code;
- 1-34 (B) an offense under Title 6, Penal Code; or
- 1-35 (C) an offense that involves family violence, as
 1-36 defined by Section 71.004 of this code;

1-37 (4) the parent provided or administered low-THC
 1-38 cannabis to a child for whom the low-THC cannabis was prescribed
 1-39 under Chapter 169, Occupations Code;

1-40 (5) the parent declined immunization for the child for
 1-41 reasons of conscience, including a religious belief;

1-42 (6) the parent sought an opinion from more than one
 1-43 medical provider relating to the child's medical care, transferred
 1-44 the child's medical care to a new medical provider, or transferred
 1-45 the child to another health care facility; ~~or~~

1-46 (7) the parent allowed the child to engage in
 1-47 independent activities that are appropriate and typical for the
 1-48 child's level of maturity, physical condition, developmental
 1-49 abilities, or culture;

1-50 (8) the parent refused to administer or consent to the
 1-51 administration of a psychotropic medication to the child, or to
 1-52 consent to any other psychiatric or psychological treatment of the
 1-53 child, unless the refusal:

1-54 (A) presents a substantial risk of death,
 1-55 disfigurement, or bodily injury to the child; or

1-56 (B) results in an observable and material
 1-57 impairment to the growth, development, or functioning of the child;
 1-58 or

1-59 (9) the parent chose a recognized alternative health
 1-60 care treatment or therapy for the child that could be considered as
 1-61 new, emerging, or nonstandard, unless the treatment or therapy:

2-1 (A) presents a substantial risk of death,
2-2 disfigurement, or bodily injury to the child; or
2-3 (B) results in an observable and material
2-4 impairment to the growth, development, or functioning of the child.

2-5 SECTION 2. Section 261.001(4), Family Code, is amended to
2-6 read as follows:

2-7 (4) "Neglect" means an act or failure to act by a
2-8 person responsible for a child's care, custody, or welfare
2-9 evidencing the person's blatant disregard for the consequences of
2-10 the act or failure to act that results in harm to the child or that
2-11 creates an immediate danger to the child's physical health or
2-12 safety and:

2-13 (A) includes:

2-14 (i) the leaving of a child in a situation
2-15 where the child would be exposed to an immediate danger of physical
2-16 or mental harm, without arranging for necessary care for the child,
2-17 and the demonstration of an intent not to return by a parent,
2-18 guardian, or managing or possessory conservator of the child;

2-19 (ii) the following acts or omissions by a
2-20 person:

2-21 (a) placing a child in or failing to
2-22 remove a child from a situation that a reasonable person would
2-23 realize requires judgment or actions beyond the child's level of
2-24 maturity, physical condition, or mental abilities and that results
2-25 in bodily injury or an immediate danger of harm to the child;

2-26 (b) failing to seek, obtain, or follow
2-27 through with medical care for a child, with the failure resulting in
2-28 or presenting an immediate danger of death, disfigurement, or
2-29 bodily injury or with the failure resulting in an observable and
2-30 material impairment to the growth, development, or functioning of
2-31 the child;

2-32 (c) the failure to provide a child
2-33 with food, clothing, or shelter necessary to sustain the life or
2-34 health of the child, excluding failure caused primarily by
2-35 financial inability unless relief services had been offered and
2-36 refused;

2-37 (d) placing a child in or failing to
2-38 remove the child from a situation in which the child would be
2-39 exposed to an immediate danger of sexual conduct harmful to the
2-40 child; or

2-41 (e) placing a child in or failing to
2-42 remove the child from a situation in which the child would be
2-43 exposed to acts or omissions that constitute abuse under
2-44 Subdivision (1)(E), (F), (G), (H), or (K) committed against another
2-45 child;

2-46 (iii) the failure by the person responsible
2-47 for a child's care, custody, or welfare to permit the child to
2-48 return to the child's home without arranging for the necessary care
2-49 for the child after the child has been absent from the home for any
2-50 reason, including having been in residential placement or having
2-51 run away; or

2-52 (iv) a negligent act or omission by an
2-53 employee, volunteer, or other individual working under the auspices
2-54 of a facility or program, including failure to comply with an
2-55 individual treatment plan, plan of care, or individualized service
2-56 plan, that causes or may cause substantial emotional harm or
2-57 physical injury to, or the death of, a child served by the facility
2-58 or program as further described by rule or policy; and

2-59 (B) does not include:

2-60 (i) the refusal by a person responsible for
2-61 a child's care, custody, or welfare to permit the child to remain in
2-62 or return to the child's home resulting in the placement of the
2-63 child in the conservatorship of the department if:

2-64 (a) the child has a severe emotional
2-65 disturbance;

2-66 (b) the person's refusal is based
2-67 solely on the person's inability to obtain mental health services
2-68 necessary to protect the safety and well-being of the child; and

2-69 (c) the person has exhausted all

3-1 reasonable means available to the person to obtain the mental
3-2 health services described by Sub-subparagraph (b);
3-3 (ii) allowing the child to engage in
3-4 independent activities that are appropriate and typical for the
3-5 child's level of maturity, physical condition, developmental
3-6 abilities, or culture; ~~or~~
3-7 (iii) a decision by a person responsible
3-8 for a child's care, custody, or welfare to:
3-9 (a) obtain an opinion from more than
3-10 one medical provider relating to the child's medical care;
3-11 (b) transfer the child's medical care
3-12 to a new medical provider; or
3-13 (c) transfer the child to another
3-14 health care facility;
3-15 (iv) the refusal by a person responsible
3-16 for a child's care, custody, or welfare to administer or consent to
3-17 the administration of a psychotropic medication to the child, or to
3-18 consent to any other psychiatric or psychological treatment of the
3-19 child, unless the refusal:
3-20 (a) presents a substantial risk of
3-21 death, disfigurement, or bodily injury to the child; or
3-22 (b) results in an observable and
3-23 material impairment to the growth, development, or functioning of
3-24 the child; or
3-25 (v) choosing a recognized alternative
3-26 health care treatment or therapy for the child that could be
3-27 considered as new, emerging, or nonstandard, unless the treatment
3-28 or therapy:
3-29 (a) presents a substantial risk of
3-30 death, disfigurement, or bodily injury to the child; or
3-31 (b) results in an observable and
3-32 material impairment to the growth, development, or functioning of
3-33 the child.
3-34 SECTION 3. Section 262.116(a), Family Code, is amended to
3-35 read as follows:
3-36 (a) The Department of Family and Protective Services may not
3-37 take possession of a child under this subchapter based on evidence
3-38 that the parent:
3-39 (1) homeschooled the child;
3-40 (2) is economically disadvantaged;
3-41 (3) has been charged with a nonviolent misdemeanor
3-42 offense other than:
3-43 (A) an offense under Title 5, Penal Code;
3-44 (B) an offense under Title 6, Penal Code; or
3-45 (C) an offense that involves family violence, as
3-46 defined by Section 71.004 of this code;
3-47 (4) provided or administered low-THC cannabis to a
3-48 child for whom the low-THC cannabis was prescribed under Chapter
3-49 169, Occupations Code;
3-50 (5) declined immunization for the child for reasons of
3-51 conscience, including a religious belief;
3-52 (6) sought an opinion from more than one medical
3-53 provider relating to the child's medical care, transferred the
3-54 child's medical care to a new medical provider, or transferred the
3-55 child to another health care facility;
3-56 (7) allowed the child to engage in independent
3-57 activities that are appropriate and typical for the child's level
3-58 of maturity, physical condition, developmental abilities, or
3-59 culture; ~~or~~
3-60 (8) tested positive for marihuana, unless the
3-61 department has evidence that the parent's use of marihuana has
3-62 caused significant impairment to the child's physical or mental
3-63 health or emotional development;
3-64 (9) refused to administer or consent to the
3-65 administration of a psychotropic medication to the child, or to
3-66 consent to any other psychiatric or psychological treatment of the
3-67 child, unless the refusal:
3-68 (A) presents a substantial risk of death,
3-69 disfigurement, or bodily injury to the child; or

4-1 (B) results in an observable and material
 4-2 impairment to the growth, development, or functioning of the child;
 4-3 or
 4-4 (10) chose a recognized alternative health care
 4-5 treatment or therapy for the child that could be considered as new,
 4-6 emerging, or nonstandard, unless the treatment or therapy:
 4-7 (A) presents a substantial risk of death,
 4-8 disfigurement, or bodily injury to the child; or
 4-9 (B) results in an observable and material
 4-10 impairment to the growth, development, or functioning of the child.

4-11 SECTION 4. The changes in law made by this Act apply only to
 4-12 a suit filed by the Department of Family and Protective Services on
 4-13 or after the effective date of this Act. A suit filed by the
 4-14 department before that date is governed by the law in effect on the
 4-15 date the suit was filed, and the former law is continued in effect
 4-16 for that purpose.

4-17 SECTION 5. This Act takes effect September 1, 2025.

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