

1-1 By: Hull, et al. (Senate Sponsor - Kolthorst) H.B. No. 2071
1-2 (In the Senate - Received from the House May 7, 2025;
1-3 May 8, 2025, read first time and referred to Committee on Health &
1-4 Human Services; May 19, 2025, reported favorably by the following
1-5 vote: Yeas 7, Nays 0; May 19, 2025, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	Kolthorst	X		
1-9	Perry	X		
1-10	Blanco	X		
1-11	Cook	X		
1-12	Hall	X		
1-13	Hancock	X		
1-14	Hughes		X	
1-15	Miles		X	
1-16	Sparks	X		

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

1-19 relating to certain policies and procedures for health care
1-20 specialty consultations in certain child abuse or neglect
1-21 investigations and assessments.

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

1-23 SECTION 1. Section 261.3017, Family Code, is amended by
1-24 amending Subsections (c-1) and (d) and adding Subsections (c-3) and
1-25 (e-1) to read as follows:

1-26 (c-1) For a case in which a specialty consultation is
1-27 required by Subsection (c), the department shall refer the case to a
1-28 physician who:

1-29 (1) is licensed to practice medicine in this state
1-30 under Subtitle B, Title 3, Occupations Code;

1-31 (2) is board certified in a field or specialty
1-32 relevant to diagnosing and treating the conditions described by
1-33 Subsection (b); ~~and~~

1-34 (3) was not involved with the report of suspected
1-35 abuse or neglect; and

1-36 (4) was not involved in reviewing the case, including
1-37 as a member of a review team under Section 261.312 or a
1-38 multidisciplinary team under Subchapter E, Chapter 264.

1-39 (c-3) Before referring a child's case under Subsection (c),
1-40 the department shall provide to the child's parent or legal
1-41 guardian or, if represented by an attorney, the attorney of the
1-42 parent or legal guardian all medical records, including
1-43 radiographs, images, and other documents used by the department and
1-44 the network during the abuse or neglect investigation.

1-45 (d) In providing assessments to the department as provided
1-46 by Subsection (b), the network and the system must use a blind peer
1-47 review process to resolve cases where physicians in the network or
1-48 system disagree in the assessment of the causes of a child's
1-49 injuries or in the presence of a condition listed under Subsection
1-50 (b). The department shall provide to the child's parent or legal
1-51 guardian or, if represented by an attorney, the attorney of the
1-52 parent or legal guardian the information used to resolve a case
1-53 described by this subsection, including the names of the
1-54 physicians, the physicians' opinions, the possible conflicting
1-55 conditions, all assessments conducted on the child who is the
1-56 subject of the case, and all medical records related to the child.

1-57 (e-1) The department, a referring provider, including a
1-58 hospital, and the network may not obstruct, prevent, or inhibit a
1-59 child's parent or legal guardian or, if represented by an attorney,
1-60 the attorney of the parent or legal guardian from obtaining all
1-61 medical records and documentation necessary to request an

alternative opinion, including access to the child for that purpose by a health care professional providing an alternative or second opinion or performing diagnostic testing.

SECTION 2. Sections 261.30175(b), (c), and (d), Family Code, are amended to read as follows:

(b) A health care practitioner who reports suspected abuse or neglect of a child or was involved in reviewing the case, including as a member of a review team under Section 261.312 or a multidisciplinary team under Subchapter E, Chapter 264, may not provide forensic assessment services in connection with an investigation resulting from the report. This subsection applies regardless of whether the practitioner is a member of the network or system.

(c) When referring a case for forensic assessment, the department shall refer the case to a physician authorized to practice medicine in this state under Subtitle B, Title 3, Occupations Code, who was not involved:

(1) with the report of suspected abuse or neglect; or
(2) in reviewing the case, including as a member of a review team under Section 261.312 or a multidisciplinary team under Subchapter E, Chapter 264.

(d) This section may not be construed to:

(1) prohibit the department from interviewing the health care practitioner in the practitioner's capacity as a principal or collateral source; ~~or~~

(2) otherwise restrict the department's ability to conduct an investigation as provided by this subchapter; or

(3) restrict the ability of the child's parent or legal guardian or, if represented by an attorney, the attorney of the parent or legal guardian to receive all medical records and documentation relating to a case in which the network is consulted.

SECTION 3. This Act takes effect September 1, 2025.

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