

By: Parker

H.B. No. 3369

A BILL TO BE ENTITLED

AN ACT

relating to advance directives and health care and treatment decisions.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 166.002, Health and Safety Code, is amended by adding Subdivision (16) to read as follows:

(16) "Reasonable medical judgment" means a medical judgment that would be made by a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

SECTION 2. Sections 166.045(c) and (d), Health and Safety Code, are amended to read as follows:

(c) If an attending physician refuses to comply with a directive or treatment decision for a reason permitted by Section 166.046(a-1) and not prohibited by Section 166.0455 and does not wish to follow the procedure established under Section 166.046, life-sustaining treatment shall be provided to the patient, but only until a reasonable opportunity has been afforded for the transfer of the patient to another physician or health care facility willing to comply with the directive or treatment decision.

(d) A physician, health professional acting under the direction of a physician, or health care facility is not civilly or criminally liable or subject to review or disciplinary action by

the person's appropriate licensing board if the person has complied with the procedures and limitations outlined in Sections 166.0455 and [Section] 166.046.

SECTION 3. Subchapter B, Chapter 166, Health and Safety Code, is amended by adding Section 166.0455 to read as follows:

Sec. 166.0455. LIMITATION ON REFUSAL TO EFFECTUATE CERTAIN ADVANCE DIRECTIVES OR TREATMENT DECISIONS. A physician or other health care professional, a health care facility, or an ethics or medical committee shall not override or refuse to honor and comply with a patient's advance directive or a health care or treatment decision made by or on behalf of a patient that directs the provision of life-sustaining treatment and shall not consider life-sustaining treatment to be inappropriate treatment under Section 166.046 based on:

(1) the lesser value the physician or professional, facility, or committee places on sustaining the life of an elderly, disabled, or terminally ill patient compared to the value of sustaining the life of a patient who is younger, not disabled, or not terminally ill;

(2) a disagreement between the physician or professional, facility, or committee and the patient, or the person authorized to make a treatment decision for the patient under Section 166.039, over the greater weight the patient or person places on sustaining the patient's life than the risk of disability; or

(3) the financial condition of the patient.

SECTION 4. Section 166.046, Health and Safety Code, is

1 amended by amending Subsections (a), (b), (c), (d), (e), and (g) and
2 adding Subsections (a-1), (a-2), and (c-1) to read as follows:

3 (a) If an attending physician refuses to honor or comply
4 with a patient's advance directive or a health care or treatment
5 decision made by or on behalf of a patient for a reason permitted by
6 Subsection (a-1) and not prohibited by Section 166.0455, the
7 physician's refusal shall be reviewed by an ethics or medical
8 committee. The attending physician may not be a member of that
9 committee. The patient shall be given life-sustaining treatment
10 during the review. A person may not coerce or attempt to coerce a
11 physician not to comply with a patient's advance directive or a
12 health care or treatment decision made by or on behalf of a patient
13 by threatening or implementing adverse employment decisions or
14 professional discipline.

15 (a-1) The ethics or medical committee reviewing the
16 physician's refusal under Subsection (a) shall not consider
17 life-sustaining treatment inappropriate unless, based on
18 reasonable medical judgment, the life-sustaining treatment
19 requested by or on behalf of the patient is:

20 (1) futile because the treatment is physiologically
21 ineffective in achieving the specific intended benefit to the
22 patient as intended by or on behalf of the patient; or

23 (2) medically inappropriate because providing the
24 treatment to the patient would clearly create a substantially
25 greater risk of causing or hastening the death of the patient than
26 would withholding or withdrawing the treatment.

27 (a-2) An ethics or medical committee shall record a meeting

1 held under this section.

2 (b) The patient, the patient's attorney, the patient's
3 advocate, or the person responsible for the health care decisions
4 of the individual who has made the decision regarding the directive
5 or treatment decision:

6 (1) may be given a written description of the ethics or
7 medical committee review process and any other policies and
8 procedures related to this section adopted by the health care
9 facility;

10 (2) unless the patient or person responsible for the
11 health care decisions of the patient requests an earlier meeting,
12 must ~~[shall]~~ be informed in writing ~~[of the committee review~~
13 ~~process]~~ not less than seven days ~~[48 hours]~~ before the meeting
14 called to discuss the patient's directive of:

15 (A) the committee review process;

16 (B) the right to representation by an attorney
17 and patient advocate present at the committee review meeting;

18 (C) the date, time, and location of the meeting;
19 and

20 (D) the name and title of each of the individuals
21 attending the meeting ~~[, unless the time period is waived by mutual~~
22 ~~agreement];~~

23 (3) at the time of being so informed, shall be
24 provided:

25 (A) a copy of the appropriate statement set forth
26 in Section [166.052](#); and

27 (B) a copy of the registry list of health care

1 providers and referral groups that have volunteered their readiness
2 to consider accepting transfer or to assist in locating a provider
3 willing to accept transfer that is posted on the website maintained
4 by the department under Section 166.053; and

5 (4) is entitled to:

6 (A) attend and participate in the entire meeting;

7 (B) receive a written explanation of the decision
8 reached during the review process;

9 (C) receive a copy of the portion of the
10 patient's medical record related to the treatment received by the
11 patient in the facility for the lesser of:

12 (i) the period of the patient's current
13 admission to the facility; or

14 (ii) the preceding 30 calendar days; ~~and~~

15 (D) receive a copy of all of the patient's
16 reasonably available diagnostic results and reports related to the
17 medical record provided under Paragraph (C);

18 (E) during the committee review meeting, have an
19 opportunity to:

20 (i) address the committee and ask questions
21 of the committee and others attending the meeting; and

22 (ii) respond to the attending physician's
23 or ethics or medical committee's statements; and

24 (F) after the ethics or medical committee has
25 rendered a decision:

26 (i) receive a written explanation of the
27 ethics or medical committee's decision, including, if applicable,

1 an explanation of why the requested treatment may be futile and
2 physiologically ineffective or medically inappropriate as
3 described by Subsection (a-1); and

4 (ii) receive a recording of the committee
5 review meeting.

6 (c) The written explanation required by Subsections
7 [Subsection] (b)(4)(B) and (F) must be included in the patient's
8 medical record.

9 (c-1) The ethics or medical committee shall not approve
10 withdrawing or withholding life-sustaining treatment if the ethics
11 or medical committee determines during the review described by
12 Subsection (a) that the physician refused to honor a patient's
13 advance directive or a health care or treatment decision made by or
14 on behalf of the patient for a reason prohibited by Section
15 166.0455.

16 (d) If the attending physician, the patient, or the person
17 responsible for the health care decisions of the individual does
18 not agree with the decision reached during the review process under
19 Subsection (b), the physician shall make a reasonable effort, in
20 accordance with rules adopted by the executive commissioner, to
21 transfer the patient to a physician who is willing to comply with
22 the directive. If the patient is a patient in a health care
23 facility, the facility's personnel shall assist the physician in
24 arranging the patient's transfer to:

25 (1) another physician;

26 (2) an alternative care setting within that facility;

27 or

1 (3) another facility.

2 (e) If the patient or the person responsible for the health
3 care decisions of the patient is requesting life-sustaining
4 treatment that the attending physician has decided and the ethics
5 or medical committee has affirmed is medically inappropriate
6 treatment, the patient shall be given available life-sustaining
7 treatment pending transfer under Subsection (d). This subsection
8 does not authorize withholding or withdrawing pain management
9 medication, medical procedures necessary to provide comfort, or any
10 other health care provided to alleviate a patient's pain. The
11 patient is responsible for any costs incurred in transferring the
12 patient to another facility. The attending physician, any other
13 physician responsible for the care of the patient, and the health
14 care facility are not obligated to provide life-sustaining
15 treatment after the 45th ~~[10th]~~ day after both the written decision
16 and the patient's medical record required under Subsection (b) are
17 provided to the patient or the person responsible for the health
18 care decisions of the patient unless ordered to do so under
19 Subsection (g), except that artificially administered nutrition
20 and hydration must be provided unless, based on reasonable medical
21 judgment, providing artificially administered nutrition and
22 hydration would:

23 (1) hasten the patient's death;

24 (2) be medically contraindicated such that the
25 provision of the treatment seriously exacerbates life-threatening
26 medical problems not outweighed by the benefit of the provision of
27 the treatment;

1 (3) result in substantial irremediable physical pain
2 not outweighed by the benefit of the provision of the treatment;

3 (4) be medically ineffective in prolonging life; or

4 (5) be contrary to the patient's or surrogate's
5 clearly documented desire not to receive artificially administered
6 nutrition or hydration.

7 (g) At the request of the patient or the person responsible
8 for the health care decisions of the patient, the appropriate
9 ~~[district or county]~~ court shall extend the time period provided
10 under Subsection (e) ~~[only]~~ if the court finds, by a preponderance
11 of the evidence, that there is a reasonable expectation that a
12 physician or health care facility that will honor the patient's
13 directive will be found if the time extension is granted.

14 SECTION 5. Subchapter B, Chapter 166, Health and Safety
15 Code, is amended by adding Sections 166.0463 and 166.0465 to read as
16 follows:

17 Sec. 166.0463. ETHICS OR MEDICAL COMMITTEE MEMBERS. (a) An
18 individual may not be a member of an ethics or medical committee of
19 a health care facility if the individual or individual's spouse:

20 (1) is employed by or participates in the management
21 of the facility or another affiliated facility;

22 (2) owns or controls, directly or indirectly, an
23 interest in the facility or another affiliated facility; or

24 (3) uses or receives a substantial amount of tangible
25 goods, services, or money from the facility or another affiliated
26 facility.

27 (b) An ethics or medical committee must include as members:

1 (1) if the patient is an adherent or member of a
2 recognized religious organization, a chaplain, spiritual advisor,
3 or spiritual care professional of that religious organization;

4 (2) an individual with experience as an advocate for
5 patients and patients' family caregivers; and

6 (3) a representative of an established patient
7 advocacy organization.

8 Sec. 166.0465. COURT PROCEEDINGS; APPEAL; FILING FEE AND
9 COURT COSTS. (a) A patient, the person responsible for the
10 patient's health care decisions, or the person who has made the
11 decision regarding the advance directive or treatment decision may
12 file a motion for injunctive relief in any county court at law,
13 court having probate jurisdiction, or district court, including a
14 family district court, based on:

15 (1) a request for extension of time to effect a patient
16 transfer for relief under Section [166.046\(g\)](#); or

17 (2) an allegation that a physician or other health
18 care professional, health care facility, or ethics or medical
19 committee is violating or threatening to violate this chapter.

20 (b) The person filing a motion under Subsection (a) shall
21 immediately serve a copy of the motion on the defendant.

22 (c) The court shall promptly set a time for a hearing on a
23 motion filed under Subsection (a) and shall keep a record of all
24 testimony and other oral proceedings in the action. The court shall
25 rule on the motion and issue written findings of fact and
26 conclusions of law not later than the fifth business day after the
27 date the motion is filed with the court.

1 (d) The time for the hearing and the date by which the court
2 must rule on the motion under Subsection (c) may be extended, for
3 good cause shown, by the court.

4 (e) Any party may appeal the decision of the court under
5 Subsection (c) to the court of appeals having jurisdiction over
6 civil matters in the county in which the motion was filed by filing
7 a notice of appeal with the clerk of the court that ruled on the
8 motion not later than the first business day after the date the
9 decision of the court was issued.

10 (f) On receipt of a notice of appeal under Subsection (e),
11 the clerk of the court that ruled on the motion shall deliver a copy
12 of the notice of appeal and record on appeal to the clerk of the
13 court of appeals. On receipt of the notice and record, the clerk of
14 the court of appeals shall place the appeal on the docket of the
15 court, and the court of appeals shall promptly issue an expedited
16 briefing schedule and set a time for a hearing.

17 (g) The court of appeals shall rule on an appeal under
18 Subsection (f) not later than the fifth business day after the date
19 the notice of appeal is filed with the court that ruled on the
20 motion.

21 (h) The times for the filing of briefs, the hearing, and the
22 date by which the court of appeals must rule on the appeal under
23 Subsection (g) may be extended, for good cause shown, by the court
24 of appeals.

25 (i) Any party may file a petition for review of the decision
26 of the court of appeals under Subsection (g) with the clerk of the
27 supreme court not later than the third business day after the date

1 the decision of the court of appeals was issued. Other parties may
2 file responses not later than the third business day after the date
3 the petition for review was filed. The supreme court shall grant,
4 deny, refuse, or dismiss the petition, without regard to whether a
5 reply to any response has been filed, not later than the third
6 business day after the date the response was due. If the supreme
7 court grants the petition for review, the court shall exercise the
8 court's sound discretion in determining how expeditiously to hear
9 and decide the case.

10 (j) If a motion is filed under Subsection (a) and the
11 dispute concerns whether life-sustaining treatment should be
12 provided to the patient, life-sustaining treatment must be provided
13 through midnight of the day by which a notice of appeal must be
14 filed unless the court directs that the life-sustaining treatment
15 be provided for a longer period. If a notice of appeal under
16 Subsection (e) is filed, life-sustaining treatment must be provided
17 through midnight of the day by which a petition for review to the
18 supreme court must be filed, unless the court of appeals directs
19 that the life-sustaining treatment be provided for a longer period.
20 If a petition for review to the supreme court is filed under
21 Subsection (i), life-sustaining treatment must be provided through
22 midnight of the day on which the supreme court denies, refuses, or
23 dismisses the petition or issues a ruling on the merits, unless the
24 supreme court directs that the life-sustaining treatment be
25 provided for a longer period.

26 (k) A filing fee or court cost may not be assessed for any
27 proceeding in a trial or appellate court under this section.

SECTION 6. Section 166.051, Health and Safety Code, is amended to read as follows:

Sec. 166.051. LEGAL RIGHT OR RESPONSIBILITY NOT AFFECTED. This subchapter does not impair or supersede any legal right or responsibility a person may have to effect the withholding or withdrawal of life-sustaining treatment in a lawful manner, provided that if an attending physician or health care facility is unwilling to honor and comply with a patient's advance directive or a treatment decision to provide life-sustaining treatment for a reason permitted by Section 166.046(a-1) and not prohibited by Section 166.0455, life-sustaining treatment is required to be provided the patient, but only until a reasonable opportunity has been afforded for transfer of the patient to another physician or health care facility willing to comply with the advance directive or treatment decision.

SECTION 7. Sections 166.052(a) and (b), Health and Safety Code, are amended to read as follows:

(a) In cases in which the attending physician refuses to honor an advance directive or health care or treatment decision requesting the provision of life-sustaining treatment, the statement required by Section 166.046(b)(3)(A) shall be in substantially the following form:

When There Is A Disagreement About Medical Treatment: The Physician Recommends Against Certain Life-Sustaining Treatment That You Wish To Continue

You have been given this information because you have requested life-sustaining treatment* for yourself as the patient or

on behalf of the patient, as applicable, which the attending physician believes is not medically appropriate. This information is being provided to help you understand state law, your rights, and the resources available to you in such circumstances. It outlines the process for resolving disagreements about treatment among patients, families, and physicians. It is based upon Section 166.046 of the Texas Advance Directives Act, codified in Chapter 166, Texas Health and Safety Code.

When an attending physician refuses to comply with an advance directive or other request for life-sustaining treatment because of the physician's judgment that the treatment would be medically inappropriate, the case will be reviewed by an ethics or medical committee. Life-sustaining treatment will be provided through the review.

You will receive notification of this review at least seven days [~~48 hours~~] before a meeting of the committee related to your case. You are entitled to attend and participate in the entire meeting with an attorney and patient advocate. With your agreement, the meeting may be held sooner than 48 hours, if possible.

A physician or other health care professional, a health care facility, or an ethics or medical committee may not deny a patient life-sustaining treatment based on:

1. the lesser value the physician or professional, facility, or committee places on sustaining the life of an elderly, disabled, or terminally ill patient compared to the value of sustaining the life of a patient who is younger, not disabled, or

1 not terminally ill;

2 2. a disagreement between the physician or professional,
3 facility, or committee and the patient, or the person authorized to
4 make a treatment decision for the patient under Section 166.039,
5 over the greater weight the patient or person places on sustaining
6 the patient's life than the risk of disability; or

7 3. the patient's financial condition.

8 Life-sustaining treatment may be denied if the treatment is:

9 1. futile because the treatment is physiologically
10 ineffective in achieving the specific intended benefit to the
11 patient as intended by or on behalf of the patient; or

12 2. medically inappropriate because providing the treatment
13 to the patient would clearly create a substantially greater risk of
14 causing or hastening the death of the patient than would
15 withholding or withdrawing it.

16 You are entitled to receive a written explanation of the
17 decision reached during the review process and the medical judgment
18 and reason leading to the decision.

19 If after this review process both the attending physician and
20 the ethics or medical committee conclude that life-sustaining
21 treatment is medically inappropriate and yet you continue to
22 request such treatment, then the following procedure will occur:

23 1. The physician, with the help of the health care facility,
24 will assist you in trying to find a physician and facility willing
25 to provide the requested treatment.

26 2. You are being given a list of health care providers,
27 licensed physicians, health care facilities, and referral groups

1 that have volunteered their readiness to consider accepting
2 transfer, or to assist in locating a provider willing to accept
3 transfer, maintained by the Department of State Health Services.
4 You may wish to contact providers, facilities, or referral groups
5 on the list or others of your choice to get help in arranging a
6 transfer.

7 3. The patient will continue to be given life-sustaining
8 treatment until the patient can be transferred to a willing
9 provider for up to 45 [~~10~~] days from the time you were given both the
10 committee's written decision and explanation that life-sustaining
11 treatment is not appropriate and the patient's medical record. The
12 patient will continue to be given after the 45-day [~~10-day~~] period
13 treatment to enhance pain management and reduce suffering,
14 including artificially administered nutrition and hydration,
15 unless, based on reasonable medical judgment, providing
16 artificially administered nutrition and hydration would hasten the
17 patient's death, be medically contraindicated such that the
18 provision of the treatment seriously exacerbates life-threatening
19 medical problems not outweighed by the benefit of the provision of
20 the treatment, result in substantial irremediable physical pain not
21 outweighed by the benefit of the provision of the treatment, be
22 medically ineffective in prolonging life, or be contrary to the
23 patient's or surrogate's clearly documented desires.

24 4. If a transfer can be arranged, the patient will be
25 responsible for the costs of the transfer.

26 5. If a provider cannot be found willing to give the
27 requested treatment within 45 [~~10~~] days, life-sustaining treatment

1 may be withdrawn unless a court of law has ruled otherwise [~~granted~~
2 ~~an extension~~].

3 6. You may ask the [~~appropriate district or county~~] court to
4 extend the 45-day [~~10-day~~] period if the court finds that there is a
5 reasonable expectation that you may find a physician or health care
6 facility willing to provide life-sustaining treatment if the
7 extension is granted. Patient medical records will be provided to
8 the patient or surrogate in accordance with Section [241.154](#), Texas
9 Health and Safety Code.

10 7. The law gives you the right to seek a court order to
11 require a physician or other health care professional, health care
12 facility, or ethics or medical committee to comply with your rights
13 under the Texas Advance Directives Act if the physician or
14 professional, facility, or committee is violating or threatening to
15 violate a provision of that Act. You may wish to talk to legal
16 counsel for further information about your right to seek a court
17 order.

18 *"Life-sustaining treatment" means treatment that, based on
19 reasonable medical judgment, sustains the life of a patient and
20 without which the patient will die. The term includes both
21 life-sustaining medications and artificial life support, such as
22 mechanical breathing machines, kidney dialysis treatment, and
23 artificially administered nutrition and hydration. The term does
24 not include the administration of pain management medication or the
25 performance of a medical procedure considered to be necessary to
26 provide comfort care, or any other medical care provided to
27 alleviate a patient's pain.

(b) In cases in which the attending physician refuses to comply with an advance directive or treatment decision requesting the withholding or withdrawal of life-sustaining treatment, the statement required by Section 166.046(b)(3)(A) shall be in substantially the following form:

When There Is A Disagreement About Medical Treatment: The Physician Recommends Life-Sustaining Treatment That You Wish To Stop

You have been given this information because you have requested the withdrawal or withholding of life-sustaining treatment* for yourself as the patient or on behalf of the patient, as applicable, and the attending physician disagrees with and refuses to comply with that request. The information is being provided to help you understand state law, your rights, and the resources available to you in such circumstances. It outlines the process for resolving disagreements about treatment among patients, families, and physicians. It is based upon Section 166.046 of the Texas Advance Directives Act, codified in Chapter 166, Texas Health and Safety Code.

When an attending physician refuses to comply with an advance directive or other request for withdrawal or withholding of life-sustaining treatment for any reason, the case will be reviewed by an ethics or medical committee. Life-sustaining treatment will be provided through the review.

You will receive notification of this review at least seven days [~~48 hours~~] before a meeting of the committee related to your case. You are entitled to attend and participate in the entire

1 meeting with an attorney and patient advocate. With your
2 agreement, the meeting may be held sooner than 48 hours, if
3 possible.

4 You are entitled to receive a written explanation of the
5 decision reached during the review process and the medical judgment
6 and reason leading to the decision.

7 If you or the attending physician do not agree with the
8 decision reached during the review process, and the attending
9 physician still refuses to comply with your request to withhold or
10 withdraw life-sustaining treatment, then the following procedure
11 will occur:

12 1. The physician, with the help of the health care facility,
13 will assist you in trying to find a physician and facility willing
14 to withdraw or withhold the life-sustaining treatment.

15 2. You are being given a list of health care providers,
16 licensed physicians, health care facilities, and referral groups
17 that have volunteered their readiness to consider accepting
18 transfer, or to assist in locating a provider willing to accept
19 transfer, maintained by the Department of State Health
20 Services. You may wish to contact providers, facilities, or
21 referral groups on the list or others of your choice to get help in
22 arranging a transfer.

23 3. The law gives you a right to seek a court order to require
24 a physician or other health care professional, health care
25 facility, or ethics or medical committee to comply with your rights
26 under the Texas Advance Directives Act if the physician, facility,
27 or committee is violating or threatening to violate a provision of

that Act. You may wish to talk to legal counsel for further information about your right to seek a court order.

*"Life-sustaining treatment" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support, such as mechanical breathing machines, kidney dialysis treatment, and artificially administered nutrition and hydration. The term does not include the administration of pain management medication or the performance of a medical procedure considered to be necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

SECTION 8. Subchapter B, Chapter 166, Health and Safety Code, is amended by adding Section 166.054 to read as follows:

Sec. 166.054. REPORTING REQUIREMENTS REGARDING ETHICS OR MEDICAL COMMITTEE. (a) A health care facility shall submit an annual report to the commission, in the form and manner prescribed by commission rule, of all meetings of an ethics or medical committee held under Section 166.046 during the preceding year.

(b) The report required by Subsection (a) must include:

(1) whether the health care facility held any ethics or medical committee meetings during the preceding year; and

(2) for each meeting held during the preceding year:

(A) whether treatment was withheld or withdrawn without the consent of the patient or person authorized to make treatment decisions on behalf of the patient after the meeting; and

(B) whether the patient died while receiving

1 life-sustaining treatment at the facility.

2 SECTION 9. Section 166.158(c), Health and Safety Code, is
3 amended to read as follows:

4 (c) A principal's health or residential care provider who
5 finds it impossible to follow a directive by the agent because of a
6 conflict with this subchapter or the medical power of attorney
7 shall inform the agent as soon as is reasonably possible. The agent
8 may select another attending physician. The procedures and
9 limitations established under Sections 166.045, 166.0455, and
10 166.046 apply if the agent's directive concerns providing,
11 withholding, or withdrawing life-sustaining treatment.

12 SECTION 10. Section 166.166, Health and Safety Code, is
13 amended to read as follows:

14 Sec. 166.166. OTHER RIGHTS OR RESPONSIBILITIES NOT
15 AFFECTED. This subchapter does not limit or impair any legal right
16 or responsibility that any person, including a physician or health
17 or residential care provider, may have to make or implement health
18 care decisions on behalf of a person, provided that if an attending
19 physician or health care facility is unwilling to honor and comply
20 with a patient's advance directive or a treatment decision to
21 provide life-sustaining treatment for a reason permitted by Section
22 166.046(a-1) and not prohibited by Section 166.0455,
23 life-sustaining treatment is required to be provided the patient,
24 but only until a reasonable opportunity has been afforded for
25 transfer of the patient to another physician or health care
26 facility willing to comply with the advance directive or treatment
27 decision.

1 SECTION 11. Not later than December 1, 2019, the executive
2 commissioner of the Health and Human Services Commission shall
3 adopt rules for the transfer of a patient as provided by Section
4 166.046(d), Health and Safety Code, as amended by this Act.

5 SECTION 12. Not later than December 1, 2019, the Supreme
6 Court of Texas shall issue the rules and prescribe the forms
7 necessary for the process established by Section 166.0465, Health
8 and Safety Code, as added by this Act. The rules shall prescribe
9 the method of service of the application under Section 166.0465,
10 Health and Safety Code, and may require filing and service of
11 notices, petitions, and briefs electronically to the extent the
12 Supreme Court of Texas considers appropriate.

13 SECTION 13. The changes in law made by this Act apply only
14 to a health care or treatment decision made on or after the
15 effective date of this Act.

16 SECTION 14. This Act takes effect immediately if it
17 receives a vote of two-thirds of all the members elected to each
18 house, as provided by Section 39, Article III, Texas Constitution.
19 If this Act does not receive the vote necessary for immediate
20 effect, this Act takes effect September 1, 2019.