

BILL ANALYSIS

C.S.H.B. 2848
By: Burkett
Juvenile Justice & Family Issues
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties note that certain medical conditions produce symptoms that might lead a physician to believe erroneously that a child with such a condition has been abused or neglected. The goal of C.S.H.B. 2848 is to raise awareness of certain metabolic bone diseases or connective tissue disorders to prevent families from having to face false allegations of abuse or neglect.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 2848 amends the Family Code to require any agreement between the Department of Family and Protective Services (DFPS) and the Forensic Assessment Center Network or between DFPS and the system, defined by the bill as the entities that receive grants under the Texas Medical Child Abuse Resources and Education System, to provide assistance in connection with abuse and neglect investigations conducted by DFPS to require the network and the system to have the ability to obtain consultations with physicians who specialize in identifying unique health conditions, including rickets, Ehlers-Danlos Syndrome, osteogenesis imperfecta, vitamin D deficiency, and other similar metabolic bone diseases or connective tissue disorders. The bill requires the network and the system, in providing assessments to DFPS, to use a peer review process to resolve cases where physicians in the network or system disagree in the assessment of the causes of a child's injuries or in the presence of such a condition. The bill requires DFPS to include the requirements added by the bill's provisions in an agreement with the network or system only if DFPS receives an appropriation to enter such an agreement.

EFFECTIVE DATE

September 1, 2017.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2848 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Subchapter D, Chapter 261, Family Code, is amended by adding Section 261.3017 to read as follows:

Sec. 261.3017. PHYSICIAN MULTIDISCIPLINARY TEAM; CONSULTATION. (a) The department shall create a physician multidisciplinary team to consult with the department during abuse and neglect investigations.

(b) The multidisciplinary team must include radiologists, geneticists, and endocrinologists who have experience in identifying the following health conditions:

- (1) rickets;
- (2) Ehlers-Danlos Syndrome;
- (3) osteogenesis imperfecta;
- (4) vitamin D deficiency; and
- (5) other similar metabolic bone diseases or connective tissue disorders.

(c) The department shall provide training to each physician on the multidisciplinary team. The training must provide physicians with information and support regarding:

- (1) the identification of the physical symptoms of abuse and neglect; and
- (2) the alternative causes of physical symptoms that normally indicate child abuse or neglect when no other indicators of abuse and neglect are present.

(d) The department shall consult with the multidisciplinary team created under this section in an investigation of alleged child abuse and neglect in which physical symptoms are present but there are no other indicators of abuse and neglect.

(e) In an investigation described by Subsection (d), the department may not proceed in a case against a parent accused of child abuse or neglect until the department and multidisciplinary team have considered and ruled out other possible medical explanations for the child's physical symptoms.

No equivalent provision.

HOUSE COMMITTEE SUBSTITUTE

No equivalent provision.

SECTION 1. Subchapter D, Chapter 261, Family Code, is amended by adding Section 261.3017 to read as follows:

Sec. 261.3017. CONSULTATION WITH PHYSICIAN NETWORKS AND SYSTEMS REGARDING CERTAIN MEDICAL CONDITIONS. (a) In this section:

- (1) "Network" means the Forensic

Assessment Center Network.

(2) "System" means the entities that receive grants under the Texas Medical Child Abuse Resources and Education System (MEDCARES) authorized by Chapter 1001, Health and Safety Code.

(b) Any agreement between the department and the network or system to provide assistance in connection with abuse and neglect investigations conducted by the department must require the network and the system to have the ability to obtain consultations with physicians who specialize in identifying unique health conditions, including:

(1) rickets;

(2) Ehlers-Danlos Syndrome;

(3) osteogenesis imperfecta;

(4) vitamin D deficiency; and

(5) other similar metabolic bone diseases or connective tissue disorders.

(c) In providing assessments to the department as provided by Subsection (b), the network and the system must use a peer review process to resolve cases where physicians in the network or system disagree in the assessment of the causes of a child's injuries or in the presence of a condition listed under Subsection (b).

(d) The department shall include the requirements of Subsections (b) and (c) in an agreement with the network or system only if the department receives an appropriation to enter an agreement described by Subsection (b).

No equivalent provision.

SECTION 2. This Act takes effect September 1, 2017.

SECTION 2. The changes in law made by this Act apply only to a contract entered into or renewed on or after the effective date of this Act.

SECTION 3. Same as introduced version.