

**SUBJECT:** Requiring photo identification badges for providers in hospitals

**COMMITTEE:** Public Health — committee substitute recommended

**VOTE:** 10 ayes — Kolkhorst, Naishtat, Collier, Cortez, S. Davis, Guerra, S. King, Laubenberg, J.D. Sheffield, Zedler

0 nays

1 absent — Coleman

**WITNESSES:** For — (*Registered, but did not testify:* Dan Finch, Texas Medical Association; Martin Giesecke, Texas Society of Anesthesiologists; Lawrence Higdon, Texas Speech, Language, Hearing Association; Bradford Shields, Texas Society of Health System Pharmacists; Elizabeth Sjoberg, Texas Hospital Association; Lee Spiller, Citizens Commission on Human Rights; David Williams, Texas Nurse Practitioners)

Against — None

On — (*Registered, but did not testify:* Mari Robinson, Texas Medical Board)

**DIGEST:** CSHB 1782 would require hospitals to adopt a policy requiring a health care provider to wear a photo identification badge during patient encounters.

The badges would be worn visibly and clearly state the provider's:

- first or last name, at minimum;
- title and hospital department; and
- status as a resident, intern, student, or trainee, if applicable.

Badges would be required for all health care providers providing direct patient care, except when medically unallowable. Health care providers would be defined as those who provide health care services at a hospital as a physician, hospital employee or contractor, or during a training or educational program.

The bill would take effect January 1, 2014.

**SUPPORTERS  
SAY:**

CSHB 1782 would improve patient safety at very little cost to hospitals. By clearly identifying staff, photo ID badges would help prevent the unauthorized treatment of hospital patients. They also would reduce patient confusion and doubt about the source of medical advice and treatment offered, especially for hospital patients under the care of multiple providers.

The bill's badge requirements would enable patients and their caregivers to more accurately monitor the patient's condition and evaluate their treatment options by helping distinguish the information and services dispensed by providers of different titles, departments, and experience. Photo ID badges also improve communication between patients and health care providers by making providers more approachable, which allows patients to take a more active role in their health care.

Hospitals could easily adapt to CSHB 1782 because its requirements would not be new — they merely would modify existing hospital badge policies. Many have already implemented photo ID badges as a professional “best practice,” and some medical professions require their members to list their credentials on their badges. The bill would standardize these practices across all hospitals to increase predictability for patients and caregivers.

**OPPONENTS  
SAY:**

CSHB 1782 would produce minor improvements in patient safety at best, while imposing an unnecessary and burdensome regulation on hospitals. There is little evidence that photo identification badges improve patient outcomes, and accounts of patient confusion that would be prevented by the bill are scarce and anecdotal.

The bill's requirements would infringe on the right of hospitals to determine their own internal policies and procedures. Photo ID badges for staff are already common in hospitals, which demonstrates that such routine decisions are best made at the facility level. The mandate in CSHB 1782 would impose a financial and administrative burden that could be disproportionately felt by smaller hospitals.

**NOTES:**

CSHB 1782 differs from the bill as introduced in that it would:

- apply only to hospitals;
- amend the badge requirements by requiring only the provider's first or last name, hospital department, title, and trainee status, if applicable;
- not require the type of license held by the practitioner to appear on the badge;
- remove enforcement language equating a violation of the bill with a violation of the law regulating the provider's health care profession;
- amend the Health and Safety Code instead of the Occupations Code; and
- apply to health care providers as defined in the bill, rather than practitioners as defined in the Occupations Code.

The companion bill, SB 945 by Nelson, was passed by the Senate by a vote of 31-0 on March 21.