

## **BILL ANALYSIS**

Senate Research Center  
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S.B. 1448  
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Health & Human Services  
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As Filed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

S.B. 1448 modifies "consent to treatment" provisions under facility licensure statutes to allow psychologists, social workers, professional counselors, or chemical dependency counselors to obtain a patient's consent for treatment for chemical dependency, thus simplifying a complicated process that currently is not observed by practitioners at chemical dependency treatment facilities.

The bill also modifies in-service training requirements for persons conducting intake and assessments at chemical dependency treatment facilities so that the training is required before that person conducts an intake or assessment rather than requiring annual training.

Currently, the Health and Safety Code requires that a physician gain consent to treatment for an individual prior to treatment for chemical dependency, even if the treatment is performed by a non-physician. In practice, the Department of State Health Services statute requiring physician approval has gone unenforced because the agency itself was unaware of the statute's provision. It was recently discovered during a review of agency rules.

Annual in-service training for individuals conducting intake and assessments, a basic and routine task, is unnecessary, and consumes eight hours of valuable employee time with no discernable benefit to patient safety or quality of care. This bill modifies current training practice for intake and assessment counselors, mandating that they receive training previous to beginning this work and cancelling the requirement that they receive eight hours annual training in conducting intake and assessment. This will save eight work hours from being wasted on unnecessary training each year for each employee.

As proposed, S.B. 1448 amends current law relating to consent for treatment for chemical dependency in a treatment facility and required training for the facility's intake personnel.

[**Note:** While the statutory reference in this bill is to the Texas Commission on Alcohol and Drug Abuse (TCADA), the following amendments affect the Department of State Health Services, as the successor agency to TCADA.]

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Sections 462.009(e) and (g), Health and Safety Code, as follows:

(e) Provides that consent given by a patient or by a person authorized by law to consent to treatment on the patient's behalf for the administration of a medication, therapy, or treatment is valid only if:

(1) the consent is given voluntarily and without coercive or undue influence;

(2) before administration of the medication, therapy, or treatment, the treating physician or a psychologist, social worker, professional counselor, or chemical dependency counselor explains to the patient and to the person giving consent, in simple, nontechnical language:

(A) the specific condition to be treated;

(B) the beneficial effects on that condition expected from the medication, therapy, or treatment;

(C) the probable health and mental health consequences of not consenting to the medication, therapy, or treatment;

(D) the side effects and risks associated with the medication, therapy, or treatment;

(E) the generally accepted alternatives to the medication, therapy, or treatment, if any, and whether an alternative might be appropriate for the patient; and

(F) the proposed course of the medication, therapy, or treatment; and

(3) the informed consent is evidenced in the patient's clinical record by a signed form prescribed by the Texas Commission on Alcohol and Drug Abuse (TCADA) for this purpose or by a statement of the treating physician or the psychologist, social worker, professional counselor, or chemical dependency counselor that documents that consent was given by the appropriate person and the circumstances under which the consent was obtained.

(g) Provides that consent given by a patient or by a person authorized by law to consent to treatment on the patient's behalf applies to a series of doses of medication or to multiple therapies or treatments for which consent was previously granted. Requires the physician or the psychologist, social worker, professional counselor, or chemical dependency counselor, if the treating physician or the psychologist, social worker, professional counselor, or chemical dependency counselor obtains new information relating to a medication, therapy, or treatment for which consent was previously obtained, to explain the new information and obtain new consent.

SECTION 2. Amends Section 462.025(e), Health and Safety Code, to require a treatment facility, in accordance with TCADA rules, to provide, rather than provide annually, a minimum of eight hours of inservice training regarding intake and assessment for persons who will be conducting an intake or assessment for the facility. Prohibits a person from conducting intake or assessments without having completed the inservice training, rather than the initial and applicable annual inservice training.

SECTION 3. Effective date: September 1, 2011.