A sampling of the numerous health care bills introduced by the Texas Legislature filed for 2009 indicates the wide range of issues to be addressed during this session. In addition to the findings issued to the legislature regarding the adequacy of health plans’ facility-based physician networks, which could be the basis of legislation introduced in 2009, Texas legislators will address providers of alternative health care services, physician liability, and health interpreters or translators.

The Texas Legislature has introduced legislation that would add a new chapter to the statutes, “Complementary and Alternative Health Care Services.” In addition to defining “complementary and alternative health care services,” H.B. 40 would clarify that providers of such service are not practicing medicine and would prohibit them from administering or prescribing legend drugs, dangerous drugs or controlled substances; conducting surgery; and administering to or prescribing X-ray radiation for another person. Individuals providing complementary and alternative health care services would also be prohibited from representing, stating, indicating, advertising or implying that such person is a physician, surgeon or medical doctor.

Before providing complementary and alternative health care services, an individual would provide a written statement stating that the person is not licensed as a health care or healing arts practitioner; describe the nature of services to be provided and theory of treatment on which the services are based; and education training, experience and whether any degree disclosed is recognized by the state.

The written statement would also include the following paragraph:

“The state of Texas has not adopted any educational or training standards for unlicensed complementary and alternative health care practitioners. This disclosure is for informational purposes only. Under Texas law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend that a person discontinue a medically prescribed treatment. A client may seek at any time a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner or a service from a physician, chiropractor, dentist, nurse, osteopath, physical therapist, occupational therapist, massage therapist, dietician, midwife, acupuncture practitioner, athletic trainer, or any other type of licensed health care practitioner.”

Additionally, S.B 74 would address liability for physicians and health care providers who provide emergency care during declared disasters. If such individuals in good faith administer emergency care in the course of their employment at the scene of an emergency or health care institution, they would not be liable for civil damages for acts or omissions performed during the emergency if the act was also performed during the management of an incident that resulted in a declaration of disaster. This would not apply to acts or omissions that are intentional, willfully negligent, or performed with conscious indifference or reckless disregard for the safety of others.

H.B. 233 would create an Advisory Committee on Qualifications for Health Care Translators and Interpreters, which would consist of not less than 10 members, including at least one health care practitioner. The advisory committee would establish and recommend qualifications for health care practitioners and translators, such as that the interpreter or translator has successfully completed at least 60 hours of training. The training would include anatomy, physiology, medical interpretation and interpreter ethics. Also, the advisory committee would develop strategies to regulate health care interpreters and translators and recommend legislation or rules necessary to establish and enforce the qualifications for such individuals.