

BILL ANALYSIS

Senate Research Center
87R27623 SRA-D

C.S.H.B. 1164
By: Oliverson et al. (Buckingham)
Health & Human Services
5/25/2021
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

H.B. 1164 seeks to create improved patient safety practices regarding Placenta Accreta Spectrum Disorder (PAS) and require all hospitals with a maternal level of care designation to implement those practices.

Concerned parties have identified maternal hemorrhaging as a leading cause of the state's maternal mortality rate. PAS is a serious and complex condition where placenta grows into, and sometimes through, the uterus during pregnancy, resulting in massive obstetric hemorrhages requiring blood transfusions. Treating patients with placenta accreta spectrum disorder is time-sensitive, making it essential that hospital staff are properly educated and trained to respond quickly to a patient in need.

H.B. 1164 seeks to help reduce the state's maternal mortality rate by requiring the adoption of patient safety protocols for placenta accreta spectrum disorder at level IV maternal level of care designated hospitals. To achieve this goal, the bill directs the Health and Human Services Commission, in conjunction with the Department of State Health Services and the Perinatal Advisory Council, to recommend rules on patient safety practices for the evaluation, diagnosis, treatment, management, and reporting of placenta accreta spectrum disorder. In implementing these recommendations and practices, designated hospitals would be required to have available a multidisciplinary team of health professionals with training and experience in team responses for treating or managing placenta accreta spectrum disorder.

By improving patient safety protocols through increased education and training for treating placenta accreta spectrum disorder, the bill would help reduce the maternal morbidity rate in the state.

(Original Author's / Sponsor's Statement of Intent)

C.S.H.B. 1164 amends current law relating to patient safety practices regarding placenta accreta spectrum disorder.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 241.1837, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter H, Chapter 241, Health and Safety Code, by adding Section 241.1837, as follows:

Sec. 241.1837. PATIENT SAFETY PRACTICES REGARDING PLACENTA ACCRETA SPECTRUM DISORDER. (a) Defines "placenta accreta spectrum disorder" and "telemedicine medical service."

(b) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner), in consultation with the Department of

State Health Services (DSHS), the Perinatal Advisory Council established under Section 241.187 (Perinatal Advisory Council), and other interested persons described by Subsection (c), by rule to develop patient safety practices for the evaluation, diagnosis, treatment, and management of placenta accreta spectrum disorder.

(c) Requires the executive commissioner, in adopting the patient safety practices under Subsection (b), to consult with:

- (1) physicians and other health professionals who practice in the evaluation, diagnosis, treatment, and management of placenta accreta spectrum disorder;
- (2) health researchers with expertise in placenta accreta spectrum disorder;
- (3) representatives of patient advocacy organizations; and
- (4) other interested persons.

(d) Requires that the patient safety practices developed under Subsection (b), at a minimum, require a hospital assigned a maternal level of care designation under Section 241.182 (Level of Care Designations) to:

- (1) screen patients for placenta accreta spectrum disorder, if appropriate;
- (2) manage patients with placenta accreta spectrum disorder, including referring and transporting patients to a higher level of care when clinically indicated;
- (3) foster telemedicine medical services, referral, and transport relationships with other hospitals assigned a maternal level of care designation under Section 241.182 for the treatment and management of placenta accreta spectrum disorder;
- (4) address inpatient postpartum care for patients diagnosed with placenta accreta spectrum disorder; and
- (5) develop a written hospital preparedness and management plan for patients with placenta accreta spectrum disorder who are undiagnosed until delivery, including educating hospital and medical staff who may be involved in the treatment and management of placenta accreta spectrum disorder.

(e) Requires that a hospital assigned a level IV maternal designation, in addition to implementing the patient safety practices required by Subsection (d), have available a multidisciplinary team of health professionals who participate in continuing staff and team-based education and training to care for patients with placenta accreta spectrum disorder.

(f) Authorizes the team of health professionals described by Subsection (e) to include anesthesiologists, obstetricians/gynecologists, urologists, surgical specialists, interventional radiologists, and other health professionals who are timely available on urgent request to assist in attending to a patient with placenta accreta spectrum disorder.

(g) Requires the Perinatal Advisory Council, using data collected by DSHS from available sources related to placenta accreta spectrum disorder, to recommend rules on patient safety practices for the evaluation, diagnosis, treatment, management, and reporting of placenta accreta spectrum disorder. Requires that the rules adopted under this subsection from the council's recommendations be

included in the patient safety practices a hospital assigned a maternal level of care designation under Section 241.182 is required to adopt under Subsection (d).

(h) Provides that notwithstanding any other law, this section, including the use of or failure to use any patient safety practices, information, or materials developed or disseminated under this section, does not create a civil, criminal, or administrative cause of action or liability or create a standard of care, obligation, or duty that provides a basis for a cause of action, and is prohibited from being referred to or used as evidence in a health care liability claim under Chapter 74 (Medical Liability), Civil Practice and Remedies Code.

SECTION 2. Amends Section 241.187(h), Health and Safety Code, to require the advisory council, in developing the criteria for the levels of neonatal and maternal care, to consider certain information, including the patient safety practices adopted under Section 241.1837. Makes nonsubstantive changes.

SECTION 3. (a) Provides that not later than December 1, 2021:

(1) DSHS, in collaboration with the Perinatal Advisory Council established under Section 241.187, Health and Safety Code, is required to consult with interested persons as required by Section 241.1837(c), Health and Safety Code, as added by this Act; and

(2) DSHS is required to collect and provide to the Perinatal Advisory Council the data required by Section 241.1837(g), Health and Safety Code, as added by this Act.

(b) Requires the executive commissioner, not later than August 1, 2022, to adopt rules for the patient safety practices for the treatment of placenta accreta spectrum disorder as required by Section 241.1837, Health and Safety Code, as added by this Act, based on the Perinatal Advisory Council's recommendations as required by Section 241.1837(g), Health and Safety Code, as added by this Act.

(c) Requires that a hospital with a maternal level of care designation as described by Section 241.182, Health and Safety Code, not later than October 1, 2022, adopt patient safety practices for the treatment of placenta accreta spectrum disorder as required by Section 241.1837, Health and Safety Code, as added by this Act.

(d) Provides that notwithstanding Section 241.1837, Health and Safety Code, as added by this Act, a hospital assigned a maternal level of care designation under Section 241.182, Health and Safety Code, is not required to comply with Section 241.1837 before January 1, 2023.

SECTION 4. Effective date: September 1, 2021.