

1-1 By: Oliverson, et al. (Senate Sponsor - Buckingham) H.B. No. 1164  
 1-2 (In the Senate - Received from the House April 28, 2021;  
 1-3 May 6, 2021, read first time and referred to Committee on Health &  
 1-4 Human Services; May 24, 2021, reported adversely, with favorable  
 1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;  
 1-6 May 24, 2021, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR H.B. No. 1164 By: Buckingham

1-19 A BILL TO BE ENTITLED  
 1-20 AN ACT

1-21 relating to patient safety practices regarding placenta accreta  
 1-22 spectrum disorder.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. Subchapter H, Chapter 241, Health and Safety  
 1-25 Code, is amended by adding Section 241.1837 to read as follows:

1-26 Sec. 241.1837. PATIENT SAFETY PRACTICES REGARDING PLACENTA  
 1-27 ACCRETA SPECTRUM DISORDER. (a) In this section:

1-28 (1) "Placenta accreta spectrum disorder" includes  
 1-29 placenta accreta, placenta increta, and placenta percreta.

1-30 (2) "Telemedicine medical service" has the meaning  
 1-31 assigned by Section 111.001, Occupations Code.

1-32 (b) The executive commissioner, in consultation with the  
 1-33 department, the Perinatal Advisory Council established under  
 1-34 Section 241.187, and other interested persons described by  
 1-35 Subsection (c), shall by rule develop patient safety practices for  
 1-36 the evaluation, diagnosis, treatment, and management of placenta  
 1-37 accreta spectrum disorder.

1-38 (c) In adopting the patient safety practices under  
 1-39 Subsection (b), the executive commissioner must consult with:

1-40 (1) physicians and other health professionals who  
 1-41 practice in the evaluation, diagnosis, treatment, and management of  
 1-42 placenta accreta spectrum disorder;

1-43 (2) health researchers with expertise in placenta  
 1-44 accreta spectrum disorder;

1-45 (3) representatives of patient advocacy  
 1-46 organizations; and

1-47 (4) other interested persons.

1-48 (d) The patient safety practices developed under Subsection  
 1-49 (b) must, at a minimum, require a hospital assigned a maternal level  
 1-50 of care designation under Section 241.182 to:

1-51 (1) screen patients for placenta accreta spectrum  
 1-52 disorder, if appropriate;

1-53 (2) manage patients with placenta accreta spectrum  
 1-54 disorder, including referring and transporting patients to a higher  
 1-55 level of care when clinically indicated;

1-56 (3) foster telemedicine medical services, referral,  
 1-57 and transport relationships with other hospitals assigned a  
 1-58 maternal level of care designation under Section 241.182 for the  
 1-59 treatment and management of placenta accreta spectrum disorder;

1-60 (4) address inpatient postpartum care for patients

2-1 diagnosed with placenta accreta spectrum disorder; and  
2-2 (5) develop a written hospital preparedness and  
2-3 management plan for patients with placenta accreta spectrum  
2-4 disorder who are undiagnosed until delivery, including educating  
2-5 hospital and medical staff who may be involved in the treatment and  
2-6 management of placenta accreta spectrum disorder.

2-7 (e) In addition to implementing the patient safety  
2-8 practices required by Subsection (d), a hospital assigned a level  
2-9 IV maternal designation shall have available a multidisciplinary  
2-10 team of health professionals who participate in continuing staff  
2-11 and team-based education and training to care for patients with  
2-12 placenta accreta spectrum disorder.

2-13 (f) The team of health professionals described by  
2-14 Subsection (e) may include anesthesiologists,  
2-15 obstetricians/gynecologists, urologists, surgical specialists,  
2-16 interventional radiologists, and other health professionals who  
2-17 are timely available on urgent request to assist in attending to a  
2-18 patient with placenta accreta spectrum disorder.

2-19 (g) The Perinatal Advisory Council, using data collected by  
2-20 the department from available sources related to placenta accreta  
2-21 spectrum disorder, shall recommend rules on patient safety  
2-22 practices for the evaluation, diagnosis, treatment, management,  
2-23 and reporting of placenta accreta spectrum disorder. The rules  
2-24 adopted under this subsection from the council's recommendations  
2-25 must be included in the patient safety practices a hospital  
2-26 assigned a maternal level of care designation under Section 241.182  
2-27 is required to adopt under Subsection (d).

2-28 (h) Notwithstanding any other law, this section, including  
2-29 the use of or failure to use any patient safety practices,  
2-30 information, or materials developed or disseminated under this  
2-31 section, does not create a civil, criminal, or administrative cause  
2-32 of action or liability or create a standard of care, obligation, or  
2-33 duty that provides a basis for a cause of action, and may not be  
2-34 referred to or used as evidence in a health care liability claim  
2-35 under Chapter 74, Civil Practice and Remedies Code.

2-36 SECTION 2. Section 241.187(h), Health and Safety Code, is  
2-37 amended to read as follows:

2-38 (h) In developing the criteria for the levels of neonatal  
2-39 and maternal care, the advisory council shall consider:

2-40 (1) any recommendations or publications of the  
2-41 American Academy of Pediatrics and the American College [Congress]  
2-42 of Obstetricians and Gynecologists, including "Guidelines for  
2-43 Perinatal Care";

2-44 (2) any guidelines developed by the Society of  
2-45 Maternal-Fetal Medicine; [and]

2-46 (3) the geographic and varied needs of citizens of  
2-47 this state; and

2-48 (4) the patient safety practices adopted under Section  
2-49 241.1837.

2-50 SECTION 3. (a) Not later than December 1, 2021:

2-51 (1) the Department of State Health Services, in  
2-52 collaboration with the Perinatal Advisory Council established  
2-53 under Section 241.187, Health and Safety Code, shall consult with  
2-54 interested persons as required by Section 241.1837(c), Health and  
2-55 Safety Code, as added by this Act; and

2-56 (2) the Department of State Health Services shall  
2-57 collect and provide to the Perinatal Advisory Council the data  
2-58 required by Section 241.1837(g), Health and Safety Code, as added  
2-59 by this Act.

2-60 (b) Not later than August 1, 2022, the executive  
2-61 commissioner of the Health and Human Services Commission shall  
2-62 adopt rules regarding patient safety practices for the treatment of  
2-63 placenta accreta spectrum disorder as required by Section 241.1837,  
2-64 Health and Safety Code, as added by this Act, based on the Perinatal  
2-65 Advisory Council's recommendations as required by Section  
2-66 241.1837(g), Health and Safety Code, as added by this Act.

2-67 (c) Not later than October 1, 2022, a hospital with a  
2-68 maternal level of care designation as described by Section 241.182,  
2-69 Health and Safety Code, shall adopt patient safety practices for

3-1 the treatment of placenta accreta spectrum disorder as required by  
3-2 Section 241.1837, Health and Safety Code, as added by this Act.

3-3 (d) Notwithstanding Section 241.1837, Health and Safety  
3-4 Code, as added by this Act, a hospital assigned a maternal level of  
3-5 care designation under Section [241.182](#), Health and Safety Code, is  
3-6 not required to comply with Section 241.1837 before January 1,  
3-7 2023.

3-8 SECTION 4. This Act takes effect September 1, 2021.

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