

BILL ANALYSIS

C.S.H.B. 2636
By: Kolkhorst
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Texas has experienced a rise in preterm births over the past decade and has also seen growth in the number of neonatal intensive care units throughout the state. There is concern that current standards for operating a neonatal intensive care unit and for Medicaid reimbursement for care provided in such units are insufficient.

C.S.H.B. 2636 seeks to address these issues by requiring the Health and Human Services Commission to create the Neonatal Intensive Care Unit Commission to study and make recommendations regarding a neonatal intensive care unit's operating standards, Medicaid reimbursement for services provided to an infant admitted to a neonatal intensive care unit, and best practices and protocols to lower admissions to neonatal intensive care units.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 2636 requires the executive commissioner of the Health and Human Services Commission to create and, not later than December 1, 2011, to appoint the members of the Neonatal Intensive Care Unit Commission to study and make recommendations regarding neonatal intensive care unit operating standards and reimbursement through the Medicaid program for services provided to an infant admitted to such a unit. The bill requires the commission to develop standards for operating a neonatal intensive care unit in Texas, develop an accreditation process for a neonatal intensive care unit to receive reimbursement for services provided through the Medicaid program, and study and make recommendations regarding best practices and protocols to lower admissions to a neonatal intensive care unit. The bill requires the executive commissioner to appoint the following as members of the commission: four neonatologists, at least two of whom must practice in a Level IIIC neonatal intensive care unit; one general pediatrician; two general obstetrician-gynecologists; two maternal fetal medicine specialists; one family practice physician who provides obstetrical care and practices in a rural community; one representative from a children's hospital; one representative from a hospital with a Level II neonatal intensive care unit; and one representative from a rural hospital.

C.S.H.B. 2636 requires the executive commissioner to designate a member of the commission to serve as presiding officer and requires the members of the commission to elect any other necessary officers. The bill requires the commission to meet at the call of the executive commissioner. The bill specifies that a member of the commission serves at the will of the executive commissioner and is not entitled to reimbursement of expenses or to compensation. The bill authorizes the commission to accept gifts and grants from any source to be used to carry out a function of the commission. The bill requires the commission, not later than January 1, 2013, to submit a report to the executive commissioner, the governor, the lieutenant governor, the speaker of the house of representatives, and the chairs of the appropriate legislative

committees on its findings and recommendations as required by the bill's provisions. The bill establishes that its provisions expire June 1, 2013.

EFFECTIVE DATE

September 1, 2011.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.H.B. 2636 differs from the original by requiring the executive commissioner of the Health and Human Services Commission to appoint specified medical professionals and representatives of certain medical facilities as members of the Neonatal Intensive Care Unit Commission, whereas the original authorizes the executive commissioner to appoint members to the commission necessary to carry out the duties of the commission.

C.S.H.B. 2636 contains a provision not included in the original establishing that the bill's provisions expire June 1, 2013. The substitute differs from the original in conforming and nonsubstantive ways.