

SENATE AMENDMENTS

2nd Printing

By: Oliverson, Thierry, Howard, Hull,
Collier, et al.

H.B. No. 1164

A BILL TO BE ENTITLED

1 AN ACT

2 relating to patient safety practices regarding placenta accreta
3 spectrum disorder.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

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

7 Sec. 241.1837. PATIENT SAFETY PRACTICES REGARDING PLACENTA
8 ACCRETA SPECTRUM DISORDER. (a) In this section:

9 (1) "Placenta accreta spectrum disorder" includes
10 placenta accreta, placenta increta, and placenta percreta.

11 (2) "Telemedicine medical service" has the meaning
12 assigned by Section 111.001, Occupations Code.

13 (b) The executive commissioner, in consultation with the
14 department, the Perinatal Advisory Council established under
15 Section 241.187, and other interested persons described by
16 Subsection (c), shall by rule develop patient safety practices for
17 the evaluation, diagnosis, treatment, and management of placenta
18 accreta spectrum disorder.

19 (c) In adopting the patient safety practices under
20 Subsection (b), the executive commissioner must consult with:

21 (1) physicians and other health professionals who
22 practice in the evaluation, diagnosis, treatment, and management of
23 placenta accreta spectrum disorder;

24 (2) health researchers with expertise in placenta

1 accreta spectrum disorder;

2 (3) representatives of patient advocacy
3 organizations; and

4 (4) other interested persons.

5 (d) The patient safety practices developed under Subsection
6 (b) must, at a minimum, require a hospital assigned a maternal level
7 of care designation under Section 241.182 to:

8 (1) screen patients for placenta accreta spectrum
9 disorder, if appropriate;

10 (2) manage patients with placenta accreta spectrum
11 disorder, including referring and transporting patients to a higher
12 level of care when clinically indicated;

13 (3) foster telemedicine medical services, referral,
14 and transport relationships with other hospitals assigned a
15 maternal level of care designation under Section 241.182 for the
16 treatment and management of placenta accreta spectrum disorder;

17 (4) address inpatient postpartum care for patients
18 diagnosed with placenta accreta spectrum disorder; and

19 (5) develop a written hospital preparedness and
20 management plan for patients with placenta accreta spectrum
21 disorder who are undiagnosed until delivery, including educating
22 hospital and medical staff who may be involved in the treatment and
23 management of placenta accreta spectrum disorder.

24 (e) In addition to implementing the patient safety
25 practices required by Subsection (d), a hospital assigned a level
26 IV maternal designation shall have available a multidisciplinary
27 team of health professionals who have:

1 (1) successfully completed training on developing a
2 team response to placenta accreta spectrum disorder; or

3 (2) experience as a team treating or managing placenta
4 accreta spectrum disorder.

5 (f) The team of health professionals described by
6 Subsection (e) may include anesthesiologists, obstetricians,
7 gynecologists, urologists, surgical specialists, interventional
8 radiologists, and other health professionals who are timely
9 available on urgent request to assist in attending to a patient with
10 placenta accreta spectrum disorder.

11 (g) The Perinatal Advisory Council, using data collected by
12 the department from available sources related to placenta accreta
13 spectrum disorder, shall recommend rules on patient safety
14 practices for the evaluation, diagnosis, treatment, management,
15 and reporting of placenta accreta spectrum disorder. The rules
16 adopted under this subsection from the council's recommendations
17 must be included in the patient safety practices a hospital
18 assigned a maternal level of care designation under Section 241.182
19 is required to adopt under Subsection (d).

20 (h) Notwithstanding any other law, this section, including
21 the use of or failure to use any patient safety practices,
22 information, or materials developed or disseminated under this
23 section, does not create a civil, criminal, or administrative cause
24 of action or liability or create a standard of care, obligation, or
25 duty that provides a basis for a cause of action, and may not be
26 referred to or used as evidence in a health care liability claim
27 under Chapter 74, Civil Practice and Remedies Code.

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

3 (h) In developing the criteria for the levels of neonatal
4 and maternal care, the advisory council shall consider:

5 (1) any recommendations or publications of the
6 American Academy of Pediatrics and the American Congress of
7 Obstetricians and Gynecologists, including "Guidelines for
8 Perinatal Care";

9 (2) any guidelines developed by the Society of
10 Maternal-Fetal Medicine; ~~and~~

11 (3) the geographic and varied needs of citizens of
12 this state; and

13 (4) the patient safety practices adopted under Section
14 241.1837.

15 SECTION 3. (a) Not later than December 1, 2021:

16 (1) the Department of State Health Services, in
17 collaboration with the Perinatal Advisory Council established
18 under Section 241.187, Health and Safety Code, shall consult with
19 interested persons as required by Section 241.1837(c), Health and
20 Safety Code, as added by this Act; and

21 (2) the Department of State Health Services shall
22 collect and provide to the Perinatal Advisory Council the data
23 required by Section 241.1837(g), Health and Safety Code, as added
24 by this Act.

25 (b) Not later than August 1, 2022, the executive
26 commissioner of the Health and Human Services Commission shall
27 adopt rules for the patient safety practices for the treatment of

1 placenta accreta spectrum disorder as required by Section 241.1837,
2 Health and Safety Code, as added by this Act, based on the Perinatal
3 Advisory Council's recommendations as required by Section
4 241.1837(g), Health and Safety Code, as added by this Act.

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

10 (d) Notwithstanding Section 241.1837, Health and Safety
11 Code, as added by this Act, a hospital assigned a maternal level of
12 care designation under Section 241.182, Health and Safety Code, is
13 not required to comply with Section 241.1837 before January 1,
14 2023.

15 SECTION 4. This Act takes effect September 1, 2021.

ADOPTED

MAY 25 2021

By: Buckingham

Latey Law
Secretary of the Senate

H.B. No. 1164

Substitute the following for H.B. No. 1164:

By: *D. Buckingham*

C.S. H.B. No. 1164

A BILL TO BE ENTITLED

AN ACT

1
2 relating to patient safety practices regarding placenta accreta
3 spectrum disorder.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

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

7 Sec. 241.1837. PATIENT SAFETY PRACTICES REGARDING PLACENTA
8 ACCRETA SPECTRUM DISORDER. (a) In this section:

9 (1) "Placenta accreta spectrum disorder" includes
10 placenta accreta, placenta increta, and placenta percreta.

11 (2) "Telemedicine medical service" has the meaning
12 assigned by Section 111.001, Occupations Code.

13 (b) The executive commissioner, in consultation with the
14 department, the Perinatal Advisory Council established under
15 Section 241.187, and other interested persons described by
16 Subsection (c), shall by rule develop patient safety practices for
17 the evaluation, diagnosis, treatment, and management of placenta
18 accreta spectrum disorder.

19 (c) In adopting the patient safety practices under
20 Subsection (b), the executive commissioner must consult with:

21 (1) physicians and other health professionals who
22 practice in the evaluation, diagnosis, treatment, and management of
23 placenta accreta spectrum disorder;

24 (2) health researchers with expertise in placenta

1 accreta spectrum disorder;

2 (3) representatives of patient advocacy
3 organizations; and

4 (4) other interested persons.

5 (d) The patient safety practices developed under Subsection
6 (b) must, at a minimum, require a hospital assigned a maternal level
7 of care designation under Section 241.182 to:

8 (1) screen patients for placenta accreta spectrum
9 disorder, if appropriate;

10 (2) manage patients with placenta accreta spectrum
11 disorder, including referring and transporting patients to a higher
12 level of care when clinically indicated;

13 (3) foster telemedicine medical services, referral,
14 and transport relationships with other hospitals assigned a
15 maternal level of care designation under Section 241.182 for the
16 treatment and management of placenta accreta spectrum disorder;

17 (4) address inpatient postpartum care for patients
18 diagnosed with placenta accreta spectrum disorder; and

19 (5) develop a written hospital preparedness and
20 management plan for patients with placenta accreta spectrum
21 disorder who are undiagnosed until delivery, including educating
22 hospital and medical staff who may be involved in the treatment and
23 management of placenta accreta spectrum disorder.

24 (e) In addition to implementing the patient safety
25 practices required by Subsection (d), a hospital assigned a level
26 IV maternal designation shall have available a multidisciplinary
27 team of health professionals who participate in continuing staff

1 and team-based education and training to care for patients with
2 placenta accreta spectrum disorder.

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

9 (g) The Perinatal Advisory Council, using data collected by
10 the department from available sources related to placenta accreta
11 spectrum disorder, shall recommend rules on patient safety
12 practices for the evaluation, diagnosis, treatment, management,
13 and reporting of placenta accreta spectrum disorder. The rules
14 adopted under this subsection from the council's recommendations
15 must be included in the patient safety practices a hospital
16 assigned a maternal level of care designation under Section 241.182
17 is required to adopt under Subsection (d).

18 (h) Notwithstanding any other law, this section, including
19 the use of or failure to use any patient safety practices,
20 information, or materials developed or disseminated under this
21 section, does not create a civil, criminal, or administrative cause
22 of action or liability or create a standard of care, obligation, or
23 duty that provides a basis for a cause of action, and may not be
24 referred to or used as evidence in a health care liability claim
25 under Chapter 74, Civil Practice and Remedies Code.

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

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

3 (1) any recommendations or publications of the
4 American Academy of Pediatrics and the American College [~~Congress~~]
5 of Obstetricians and Gynecologists, including "Guidelines for
6 Perinatal Care";

7 (2) any guidelines developed by the Society of
8 Maternal-Fetal Medicine; [~~and~~]

9 (3) the geographic and varied needs of citizens of
10 this state; and

11 (4) the patient safety practices adopted under Section
12 241.1837.

13 SECTION 3. (a) Not later than December 1, 2021:

14 (1) the Department of State Health Services, in
15 collaboration with the Perinatal Advisory Council established
16 under Section 241.187, Health and Safety Code, shall consult with
17 interested persons as required by Section 241.1837(c), Health and
18 Safety Code, as added by this Act; and

19 (2) the Department of State Health Services shall
20 collect and provide to the Perinatal Advisory Council the data
21 required by Section 241.1837(g), Health and Safety Code, as added
22 by this Act.

23 (b) Not later than August 1, 2022, the executive
24 commissioner of the Health and Human Services Commission shall
25 adopt rules regarding patient safety practices for the treatment of
26 placenta accreta spectrum disorder as required by Section 241.1837,
27 Health and Safety Code, as added by this Act, based on the Perinatal

1 Advisory Council's recommendations as required by Section
2 241.1837(g), Health and Safety Code, as added by this Act.

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

8 (d) Notwithstanding Section 241.1837, Health and Safety
9 Code, as added by this Act, a hospital assigned a maternal level of
10 care designation under Section 241.182, Health and Safety Code, is
11 not required to comply with Section 241.1837 before January 1,
12 2023.

13 SECTION 4. This Act takes effect September 1, 2021.

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

May 27, 2021

TO: Honorable Dade Phelan, Speaker of the House, House of Representatives

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1164 by Oliverson (Relating to patient safety practices regarding placenta accreta spectrum disorder.), **As Passed 2nd House**

No significant fiscal implication to the State is anticipated.

The bill would require the Health and Human Services Commission (HHSC), in consultation with the Department of State Health Services (DSHS) and the Perinatal Advisory Council, to establish rules for patient safety practices related to placenta accreta spectrum disorder. HHSC and DSHS indicated that the provisions of the bill could be implemented within existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Hlth & Human Svcs Comm, 537 State Health Services

LBB Staff: JMc, SD, AKI, NDA, JLI

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

May 24, 2021

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1164 by Oliverson (Relating to patient safety practices regarding placenta accreta spectrum disorder.), **Committee Report 2nd House, Substituted**

No significant fiscal implication to the State is anticipated.

The bill would require the Health and Human Services Commission (HHSC), in consultation with the Department of State Health Services (DSHS) and the Perinatal Advisory Council, to establish rules for patient safety practices related to placenta accreta spectrum disorder. HHSC and DSHS indicated that the provisions of the bill could be implemented within existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Hlth & Human Svcs Comm, 537 State Health Services

LBB Staff: JMc, AKI, NDA, JLI

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

May 20, 2021

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1164 by Oliverson (Relating to patient safety practices regarding placenta accreta spectrum disorder.), **As Engrossed**

No significant fiscal implication to the State is anticipated.

The bill would require the Health and Human Services Commission (HHSC), in consultation with the Department of State Health Services (DSHS) and the Perinatal Advisory Council, to establish rules for patient safety practices related to placenta accreta spectrum disorder. HHSC and DSHS indicated that the provisions of the bill could be implemented within existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Hlth & Human Svcs Comm, 537 State Health Services

LBB Staff: JMc, AKI, NDA, JLI

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

April 19, 2021

TO: Honorable Stephanie Klick, Chair, House Committee on Public Health

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1164 by Oliverson (Relating to patient safety practices regarding placenta accreta spectrum disorder.), **Committee Report 1st House, Substituted**

No significant fiscal implication to the State is anticipated.

The bill would require the Health and Human Services Commission (HHSC), in consultation with the Department of State Health Services (DSHS) and the Perinatal Advisory Council, to establish rules for patient safety practices related to placenta accreta spectrum disorder. HHSC and DSHS indicated that the provisions of the bill could be implemented within existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Hlth & Human Svcs Comm, 537 State Health Services

LBB Staff: JMc, AKI, JLI, NDA

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

March 16, 2021

TO: Honorable Stephanie Klick, Chair, House Committee on Public Health

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB1164 by Oliverson (Relating to the designation of centers of excellence for the management and treatment of placenta accreta spectrum disorder.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB1164, As Introduced : a negative impact of (\$387,624) through the biennium ending August 31, 2023.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

<i>Fiscal Year</i>	<i>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</i>
2022	(\$191,062)
2023	(\$196,562)
2024	(\$196,914)
2025	(\$197,276)
2026	(\$197,650)

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	<i>Probable Savings/(Cost) from General Revenue Fund</i>	<i>Change in Number of State Employees from FY 2021</i>
2022	(\$191,062)	2.2
2023	(\$196,562)	2.0
2024	(\$196,914)	2.0
2025	(\$197,276)	2.0
2026	(\$197,650)	2.0

Fiscal Analysis

The bill would amend Chapter 32 of the Health and Safety Code to require the Department of State Health Services (DSHS), in consultation with the Texas Maternal Mortality and Morbidity Review Committee, to designate health care entities or programs as centers of excellence for the management and treatment of placenta accreta spectrum disorder. The bill would require DSHS to appoint a subcommittee to the review committee to advise the Health and Human Services Commission (HHSC) on the development of rules related to the designation of centers of excellence. HHSC would be required to develop rules and DSHS would be required to begin awarding designations by September 1, 2022.

Methodology

According to DSHS, the agency would need 2.0 full-time equivalents (FTEs) to implement and manage a program to designate centers of excellence for the management and treatment of placenta accreta spectrum disorder. This would include a nurse to participate in surveys, complaint investigations, and complete reports regarding the designated centers of excellence and a program specialist to coordinate the designation program and provide technical assistance.

HHSC indicated that any costs associated with implementing the provisions of the bill could be absorbed within existing resources.

Technology

The analysis assumes there would be technology costs related to staff augmentation of 0.2 FTEs in fiscal year 2022 to update the Regulatory Automation System. There would also be FTE-related costs including seat management, data center services, and software licenses. The total technology costs would be \$28,044 in fiscal year 2022 and \$10,910 in later years.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Hlth & Human Svcs Comm, 537 State Health Services

LBB Staff: JMc, AKi, JLi, NDa