

SUBJECT: Implementation of voluntary perinatal health care systems

COMMITTEE: Public Health — committee substitute recommended

VOTE: 5 ayes — Berlanga, Hirschi, Glaze, Janek, Maxey

0 nays

4 absent — Coleman, Delisi, McDonald, Rodriguez

WITNESSES: For — Jacob Kay; Audelio Rivera

Against — None

DIGEST: CSHB 2212 would amend the Maternal and Infant Health Improvement Act to establish a Perinatal Health Care System to develop a coordinated and cooperative system of perinatal health care within particular geographic areas to help reduce unnecessary mortality and morbidity among women and infants.

CSHB 2212 would set out the duties of the Texas Board of Health in the implementation of this system, which would include:

- adopting minimum standards and objectives relative to implementing a voluntary perinatal health care system;
- adopting policies relative to health promotion and education, risk assessment and assess to care. The board would also be required to adopt polices including the transfer and transportation of pregnant women and infants.

The rules adopted by the board would be required to reflect all geographic areas of the state, provide specific requirements for patient care and facility coordination.

CSHB 2212 would set out the duties of the Texas Department of Health (TDH), which would include:

- developing and monitoring a statewide network of voluntary perinatal health care systems;
- developing and maintaining a reporting system to monitor and evaluate perinatal patient care in the perinatal health care systems in the state;
- providing coordination and cooperation in Texas and among Texas and adjoining states.

CSHB 2212 would allow TDH to develop a grant program in order to initiate, expand, maintain and improve voluntary perinatal health care systems. TDH would be required to establish eligibility criteria and rules relative to grant awards.

CSHB 2212 would require each voluntary perinatal health care system to have a coordinating board, access to appropriate emergency medical services, risk assessment, transport and transfer protocols for perinatal patients, one or more perinatal facilities and documentation of broad-based participation in planning by providers of perinatal services and community representatives throughout the defined geographic region.

CSHB 2212 would specify that health care facilities could not be prohibited from providing services they are authorized and licensed to provide.

CSHB 2212 would change the definition of "maternal and infant health improvement services" to mean those services necessary to assure quality health care for women and children. The current definition — to prevent or reduce the occurrence of maternal, fetal, and infant death, low birth weight infants, handicapping conditions, unplanned adolescent pregnancies and births without appropriate intrapartum care — would be repealed.

CSHB 2212 would also delete references to an application requirement in order to receive services and instead refer to a determination of eligibility to receive maternal and infant health improvement services.

CSHB 2212 would expand the definition of infant care to include maternal as well as infant health care from birth to age 12 months.

CSHB 2212 would change the definition of "perinatal care" from beginning on the 20th complete week of gestation and ending on the infant's 28th completed day of life to beginning before conception and ending on the infant's first birthday.

CSHB 2212 would include new definitions including "postpartum care" and "preconceptional care". Preconceptional care would be defined as maternal and infant health improvement services appropriate for women before conception provided with the intent of planning and reducing health risks that might adversely affect their pregnancies.

In order to improve these health care services for women and infants, CSHB 2212 would call for the promotion of health education, assuring access to safe and appropriate perinatal services and encouraging optimal use of health care personnel.

CSHB 2212 would repeal sections relating to program services, service providers, individual referrals and applications for services, eligibility for services, memorandums of understanding with the Department of Human Services (DHS); and the maternal and child health advisory committees.

The bill would take effect September 1, 1995.

**SUPPORTERS  
SAY:**

CSHB 2212 would update provisions of the Maternal and Infant Health Improvement Act (MIHIA) and establish a new voluntary program aimed at promoting preventive perinatal care. Changes affecting Medicaid coverage for children and pregnant women at the federal level in the later part of the 1980s have made the provisions of MIHIA redundant and obsolete. The bill would eliminate outdated provisions for joint coordination with the Department of Human Services to reflect that TDH is now the lead agency in providing services to pregnant women and infants.

CSHB 2212 would provide for a voluntary program at no additional cost to the state to promote perinatal care as an important part of preventative health care for mothers and their babies. By promoting perinatal health care, the state can encourage women to take all necessary steps before conception and during pregnancy to ensure that they will have pregnancies free of complications. Often simple measures taken by a prospective

mother before conception, such as better nutrition, can alleviate problems that could occur once pregnancy has occurred. Medical conditions that could have been easily diagnosed before or in the early stages of pregnancy go untreated, causing major complications for the mothers and/or their babies.

CSHB 2212 would save state and local taxpayer dollars on health care expenditures and would help ensure the birth of healthy, productive citizens. Birth defects and premature births cost millions of dollars to insurers, hospitals and taxpayers. An average stay of a premature baby in the hospital for just 15 week can cost as much as \$300,000. Premature babies who stay in the hospital for close to a year can have health bills totaling close to \$1 million. These children may subsequently be afflicted with various medical problems throughout their adult lives.

OPPONENTS  
SAY:

CSHB 2212 would broaden the authority of the board of health to promulgate rules and regulations governing perinatal programs. New voluntary perinatal programs would have more criteria to meet as a result of CSHB 2213, and TDH would be made responsible for monitoring a statewide network of perinatal care systems and coordinating services. Increased state regulation of voluntary perinatal systems at the local community level could actually inhibit their development.

This bill would broaden the current definition of perinatal care, from the 20th week of gestation to 28 days after birth, to the period before conception to the infant's first birthday. The starting point of period before conception is open-ended, with no clear indication of when the health care provided under the program would commence.

Approval of CSHB 2212 would not improve existing health care services delivered to pregnant women and their infants, but by broadening TDH regulatory powers and expanding coverage to preconception, it would move the state further down the path to a state system of universal health care for all citizens.

NOTES:

The committee substitute for HB 2212 made formatting and technical changes.

Rep. Davila has prefiled an amendment to authorize a health start\healthy families pilot program, modeled on a program in Hawaii, in five communities to provide services aimed at preventing child abuse and neglect during the prenatal period and/or from birth through age five.

The companion bill, SB 1229 by Zaffirini, passed the Senate on April 12 by 31-0 on the Local and Uncontested Calendar and was reported favorably, without amendment, by the House Public Health Committee on April 28. SB 1229 is eligible to be considered in lieu of HB 2212.