

SUBJECT: Requiring adoption of patient safety practices for placenta accreta disorder

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — Klick, Allison, Campos, Coleman, Collier, Jetton, Oliverson,
Price, Smith, Zwiener

0 nays

1 absent — Guerra

WITNESSES: For — Christina Reed, Baylor College of Medicine and Texas Children's
Hospital; Michael Belfort; (*Registered, but did not testify*: Jennifer
Allmon, The Texas Catholic Conference of Bishops; Thomas Parkinson)

Against — Steve Wohleb, Texas Hospital Association; (*Registered, but
did not testify*: Jessica Schleifer, Teaching Hospitals of Texas)

On — Jorie Klein, Department of State Health Services

BACKGROUND: Health and Safety Code sec. 241.182 requires the executive commissioner
of the Health and Human Services Commission to assign level of care
designations to each hospital based on the neonatal and maternal services
provided at the hospital. A hospital may receive different level
designations for neonatal and maternal care.

Sec. 241.187 governs the Perinatal Advisory Council, which consists of
19 members appointed by the executive commissioner. Among the
advisory council's required duties is to develop and recommend criteria
for designating levels of neonatal and maternal care, including specifying
the minimum requirements to qualify for each level designation. In
developing the criteria, the advisory council must consider:

- any recommendations or publications of the American Academy of
Pediatrics and the American Congress of Obstetricians and
Gynecologists, including "Guidelines for Perinatal Care;"

- any guidelines developed by the Society of Maternal-Fetal Medicine; and
- the geographic and varied needs of citizens of the state.

DIGEST:

CSHB 1164 would require the executive commissioner of the Health and Human Services Commission (HHSC), in consultation with the Department of State Health Services (DSHS), the Perinatal Advisory Council, and other interested persons, by rule to develop patient safety practices for the evaluation, diagnosis, treatment, and management of "placenta accreta spectrum disorder," defined as including placenta accreta, placenta increta, and placenta percreta.

Patient safety practices. The bill would require the Perinatal Advisory Council, using data collected by DSHS, to recommend rules on patient safety practices for the evaluation, diagnosis, treatment, management, and reporting of placenta accreta spectrum disorder. By August 1, 2022, the executive commissioner of HHSC would have to adopt rules for the required patient safety practices based on the Perinatal Advisory Council's recommendations.

In adopting the required patient safety practices, the executive commissioner would have to consult with physicians, other health professionals, and health researchers who practiced or had expertise in placenta accreta spectrum disorder; representatives of patient advocacy organizations; and other interested persons.

At a minimum, the patient safety practices would have to require a hospital that was assigned a maternal level of care designation under current law to:

- screen patients for placenta accreta spectrum disorder, if appropriate;
- manage patients with the disorder, including referring and transporting patients to a higher level of care when clinically indicated;
- foster telemedicine services, referral, and transport relationships

with other hospitals assigned a maternal level of care designation for the treatment and management of placenta accreta spectrum disorder;

- address inpatient postpartum care for patients diagnosed with the disorder; and
- develop a written hospital preparedness and management plan for patients with placenta accreta spectrum disorder who were undiagnosed until delivery, including educating hospital and medical staff who could be involved in the treatment and management of the disorder.

A hospital assigned a level IV maternal designation 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. The team of health professionals could include anesthesiologists, obstetricians, gynecologists, urologists, surgical specialists, interventional radiologists, and other health professionals who were timely available on urgent request to assist a patient with placenta accreta spectrum disorder.

By October 1, 2022, a hospital with a maternal level of care designation would have to adopt the patient safety practices for the treatment of placenta accreta spectrum disorder required under the bill. These would have to include the rules on patient safety practices adopted from the Perinatal Advisory Council's recommendations.

A hospital with a maternal level of care designation would not be required to comply with other bill provisions before January 1, 2023.

Other provisions. By December 1, 2021, the bill would require DSHS, in collaboration with the Perinatal Advisory Council, to consult with interested persons as specified in the bill. By that date, DSHS also would be required to collect and provide to the advisory council data required under the bill.

The bill would make conforming changes under Health and Safety Code

sec. 241.187.

The bill would take effect September 1, 2021.

**SUPPORTERS
SAY:**

CSHB 1164 would help address the state's maternal mortality rate by requiring the adoption of patient safety protocols for placenta accreta spectrum disorder. This disorder is a serious and complex condition that involves the placenta not detaching from the uterus, and it can lead to hemorrhage requiring massive 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. By requiring maternal level of care designated hospitals to adopt patient safety protocols for placenta accreta spectrum disorder, the bill would help improve mothers', and their babies', chances of survival, preventing avoidable deaths and keeping Texas families together.

Concerns about the bill as filed were addressed in the committee substitute by removing the provision that would have required the Department of State Health Services to designate certain health care entities or programs as centers of excellence for the management and treatment of placenta accreta spectrum disorder.

**CRITICS
SAY:**

No concerns identified.