SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the
members elected to each house, as provided by Section 39, Article III, Texas Constitution. If
this Act does not receive the vote necessary for immediate effect, this Act takes effect
September 1, 2013.

Passed the Senate on March 26, 2013: Yeas 31, Nays 0; passed the House on May 15,
2013: Yeas 147, Nays 0, two present not voting.

Approved June 10, 2013.

Effective June 10, 2013.

CHAPTER 217

H.B. No. 15

AN ACT
relating to level of care designations for hospitals that provide neonatal and maternal services.

Be it enacted by the Legislature of the State of Texas:

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

SUBCHAPTER H. HOSPITAL LEVEL OF CARE DESIGNATIONS
FOR NEONATAL AND MATERNAL CARE

Sec. 241.181. DEFINITIONS. In this subchapter:
(1) "Department" means the Department of State Health Services.
(2) "Executive commissioner" means the executive commissioner of the Health and
Human Services Commission.

Sec. 241.182. LEVEL OF CARE DESIGNATIONS. (a) The executive commissioner, in
accordance with the rules adopted under Section 241.183, shall assign level of care designa-
tions to each hospital based on the neonatal and maternal services provided at the hospital.
(b) A hospital may receive different level designations for neonatal and maternal care,
respectively.

Sec. 241.183. RULES. (a) The executive commissioner, in consultation with the depart-
ment, shall adopt rules:
(1) establishing the levels of care for neonatal and maternal care to be assigned to
hospitals;
(2) prescribing criteria for designating levels of neonatal and maternal care, respective-
ly, including specifying the minimum requirements to qualify for each level designation;
(3) establishing a process for the assignment of levels of care to a hospital for neonatal
and maternal care, respectively;
(4) establishing a process for amending the level of care designation requirements,
including a process for assisting facilities in implementing any changes made necessary
by the amendments;
(5) dividing the state into neonatal and maternal care regions;
(6) facilitating transfer agreements through regional coordination;
(7) requiring payment, other than quality or outcome-based funding, to be based on
services provided by the facility, regardless of the facility's level of care designation; and
(8) prohibiting the denial of a neonatal or maternal level of care designation to a
hospital that meets the minimum requirements for that level of care designation.
(b) The criteria for levels one through three of neonatal and maternal care adopted under
Subsection (a)(2) may not include requirements related to the number of patients treated at
a hospital.
(c) The Health and Human Services Commission shall study patient transfers that are not medically necessary but would be cost-effective. Based on the study under this subsection, if the executive commissioner determines that the transfers are feasible and desirable, the executive commissioner may adopt rules addressing those transfers.

(d) Each level of care designation must require a hospital to regularly submit outcome and other data to the department as required or requested.

(e) The criteria a hospital must achieve to receive each level of care designation must be posted on the department's Internet website.

Sec. 241.184. CONFIDENTIALITY; PRIVILEGE. (a) All information and materials submitted by a hospital to the department under Section 241.183(d) are confidential and:

(1) are not subject to disclosure under Chapter 552, Government Code, or discovery, subpoena, or other means of legal compulsion for release to any person; and

(2) may not be admitted as evidence or otherwise disclosed in any civil, criminal, or administrative proceeding.

(b) The confidentiality protections under Subsection (a) apply without regard to whether the information or materials are submitted by a hospital or an entity that has an ownership or management interest in a hospital.

(c) A state employee or officer may not be examined in a civil, criminal, or special proceeding, or any other proceeding, regarding the existence or contents of information or materials submitted to the department under Section 241.183(d).

(d) The submission of information or materials under Section 241.183(d) is not a waiver of a privilege or protection granted under law.

(e) The provisions of this section regarding the confidentiality of information or materials submitted by a hospital in compliance with Section 241.183(d) do not restrict access, to the extent authorized by law, by the patient or the patient's legally authorized representative to records of the patient's medical diagnosis or treatment or to other primary health records.

(f) A department summary or disclosure, including an assignment of a level of care designation, may not contain information identifying a patient, employee, contractor, volunteer, consultant, health care practitioner, student, or trainee.

Sec. 241.185. ASSIGNMENT OF LEVEL OF CARE DESIGNATION. (a) The executive commissioner, in consultation with the department, shall assign the appropriate level of care designation to each hospital that meets the minimum standards for that level of care. The executive commissioner shall evaluate separately the neonatal and maternal services provided at the hospital and assign the respective level of care designations accordingly.

(b) Every three years, the executive commissioner and the department shall review the level of care designations assigned to each hospital and, as necessary, assign a hospital a different level of care designation or remove the hospital's level of care designation.

(c) A hospital may request a change of designation at any time. On request under this subsection, the executive commissioner and the department shall review the hospital's request and, as necessary, change the hospital's level of care designation.

Sec. 241.186. HOSPITAL NOT DESIGNATED. A hospital that does not meet the minimum requirements for any level of care designation for neonatal or maternal services:

(1) may not receive a level of care designation for those services; and

(2) is not eligible to receive reimbursement through the Medicaid program for neonatal or maternal services, as applicable, except emergency services required to be provided or reimbursed under state or federal law.

Sec. 241.187. PERINATAL ADVISORY COUNCIL. (a) In this section, “advisory council” means the Perinatal Advisory Council established under this section.

(b) The advisory council consists of 17 members appointed by the executive commissioner as follows:

(1) four physicians licensed to practice medicine under Subtitle B, Title 3, Occupations Code, specializing in neonatology:
(A) at least two of whom practice in a Level III or IV neonatal intensive care unit; and
(B) at least one of whom practices in a neonatal intensive care unit of a hospital located in a rural area;
(2) one physician licensed to practice medicine under Subtitle B, Title 3, Occupations Code, specializing in general pediatrics;
(3) two physicians licensed to practice medicine under Subtitle B, Title 3, Occupations Code, specializing in obstetrics-gynecology;
(4) two physicians licensed to practice medicine under Subtitle B, Title 3, Occupations Code, specializing in maternal fetal medicine;
(5) one physician licensed to practice medicine under Subtitle B, Title 3, Occupations Code, specializing in family practice who provides obstetrical care in a rural community;
(6) one registered nurse licensed under Subtitle E, Title 3, Occupations Code, with expertise in maternal health care delivery;
(7) one registered nurse licensed under Subtitle E, Title 3, Occupations Code, with expertise in perinatal health care delivery;
(8) one representative from a children’s hospital;
(9) one representative from a hospital with a Level II neonatal intensive care unit;
(10) one representative from a rural hospital;
(11) one representative from a general hospital; and
(12) one ex officio representative from the office of the medical director of the Health and Human Services Commission.
(c) To the extent possible, the executive commissioner shall appoint members to the advisory council who previously served on the Neonatal Intensive Care Unit Council established under Chapter 818 (H.B. 2636), Acts of the 82nd Legislature, Regular Session, 2011.
(d) Members of the advisory council described by Subsections (b)(1)-(11) serve staggered three-year terms, with the terms of five or six of those members expiring September 1 of each year. A member may be reappointed to the advisory council.
(e) A member of the advisory council serves without compensation but is entitled to reimbursement for actual and necessary travel expenses related to the performance of advisory council duties.
(f) The department, with recommendations from the advisory council, shall develop a process for the designation and updates of levels of neonatal and maternal care at hospitals in accordance with this subchapter.
(g) The advisory council shall:
(1) develop and recommend criteria for designating levels of neonatal and maternal care, respectively, including specifying the minimum requirements to qualify for each level designation;
(2) develop and recommend a process for the assignment of levels of care to a hospital for neonatal and maternal care, respectively;
(3) make recommendations for the division of the state into neonatal and maternal care regions;
(4) examine utilization trends relating to neonatal and maternal care; and
(5) make recommendations related to improving neonatal and maternal outcomes.
(h) In developing the criteria for the levels of neonatal and maternal care, the advisory council shall consider:
(1) any recommendations or publications of the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists, including “Guidelines for Perinatal Care”;
(2) any guidelines developed by the Society of Maternal–Fetal Medicine; and
(3) the geographic and varied needs of citizens of this state.

(i) In developing the criteria for designating levels one through three of neonatal and maternal care, the advisory council may not consider the number of patients treated at a hospital.

(j) The advisory council shall submit a report detailing the advisory council’s determinations and recommendations to the department and the executive commissioner not later than September 1, 2015.

(k) The advisory council shall continue to update its recommendations based on any relevant scientific or medical developments.

(l) The advisory council is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the advisory council is abolished and this section expires September 1, 2025.

SECTION 2. (a) Not later than December 1, 2013, the executive commissioner of the Health and Human Services Commission shall appoint the members of the Perinatal Advisory Council as required by Section 241.187, Health and Safety Code, as added by this Act. Notwithstanding Section 241.187(d), Health and Safety Code, as added by this Act, the executive commissioner shall appoint:

(1) two members described by Section 241.187(b)(1), Health and Safety Code, one member described by Section 241.187(b)(3), Health and Safety Code, and the members described by Sections 241.187(b)(6) and (9), Health and Safety Code, to an initial term that expires September 1, 2017;

(2) one member described by Section 241.187(b)(1), Health and Safety Code, one member described by Section 241.187(b)(3), Health and Safety Code, one member described by Section 241.187(b)(4), Health and Safety Code, and the members described by Sections 241.187(b)(2), (7), and (10), Health and Safety Code, to an initial term that expires September 1, 2018; and

(3) one member described by Section 241.187(b)(1), Health and Safety Code, one member described by Section 241.187(b)(4), Health and Safety Code, and the members described by Sections 241.187(b)(5), (8), and (11), Health and Safety Code, to an initial term that expires September 1, 2019.

(b) Not later than March 1, 2017, after consideration of the report of the Perinatal Advisory Council, the executive commissioner of the Health and Human Services Commission shall adopt the initial rules required by Section 241.183, Health and Safety Code, as added by this Act.

(c) The executive commissioner of the Health and Human Services Commission shall complete for each hospital in this state:

(1) the neonatal level of care designation not later than August 31, 2017; and
(2) the maternal level of care designation not later than August 31, 2019.

(d) Notwithstanding Section 241.186, Health and Safety Code, as added by this Act:

(1) a hospital is not required to have a neonatal level of care designation as a condition of reimbursement for neonatal services through the Medicaid program before September 1, 2017; and
(2) a hospital is not required to have a maternal level of care designation as a condition of reimbursement for maternal services through the Medicaid program before September 1, 2019.

SECTION 3. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 4. This Act takes effect September 1, 2013.

Passed by the House on April 17, 2013: Yeas 147, Nays 0, 1 present, not voting; the House concurred in Senate amendments to H.B. No. 15 on May 16, 2013: Yeas 137, Nays 0, 2 present, not voting; passed by the Senate, with amendments, on May 15, 2013: Yeas 31, Nays 0.
relating to alternative methods of dispute resolution in certain disputes between the Department of Aging and Disability Services and an assisted living facility licensed by the department.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. Section 247.051, Health and Safety Code, is amended to read as follows:

Sec. 247.051. INFORMAL DISPUTE RESOLUTION. (a) The Health and Human Services Commission by rule shall establish an informal dispute resolution process to address disputes between a facility and the department concerning a statement of violations prepared by the department in accordance with this section. The process must provide for adjudication by an appropriate disinterested person of disputes relating to a statement of violations [a proposed enforcement action or related proceeding under this chapter]. The informal dispute resolution process must require:

1. the assisted living facility to request informal dispute resolution not later than the 10th day after the date of notification by the department of the violation of a standard or standards;

2. the Health and Human Services Commission to complete the process not later than the 90th [30th] day after the date of receipt of a request from the assisted living facility for informal dispute resolution; [and]

3. that, not later than the 10th business day after the date an assisted living facility requests an informal dispute resolution, the department forward to the assisted living facility a copy of all information that is referred to in the disputed statement of violations or on which a citation is based in connection with the survey, inspection, investigation, or other visit, excluding:

   (A) the name of any complainant, witness, or informant;

   (B) any information that would reasonably lead to the identification of a complainant, witness, or informant;

   (C) information obtained from or contained in the records of the facility;

   (D) information that is publicly available; or

   (E) information that is confidential by law;

4. the Health and Human Services Commission to give full consideration to all factual arguments raised during the informal dispute resolution process that:

   (A) are supported by references to specific information that the facility or department relies on to dispute or support findings in the statement of violations; and

   (B) are provided by the proponent of the argument to the Health and Human Services Commission and the opposing party;

5. that informal dispute resolution staff give full consideration to the information provided by the assisted living facility and the department;

6. that ex parte communications concerning the substance of any argument relating to a survey, inspection, investigation, visit, or statement of violations under consideration not occur between the informal dispute resolution staff and the assisted living facility or the department; and

7. that the assisted living facility and the department be given a reasonable opportunity to submit arguments and information supporting the position of the assisted living facility.