HOUSE RESEARCH ORGANIZATION bill digest | 5/4/2011 | HB 2636 Kolkhorst (CSHB 2636 by Laubenberg)

SUBJECT: Creating a commission to study neonatal intensive care units

COMMITTEE: Public Health — committee substitute recommended

VOTE: 11 ayes — Kolkhorst, Naishtat, Alvarado, Coleman, S. Davis, V. Gonzales, S. King, Laubenberg, Schwertner, Truitt, Zerwas

0 nays

WITNESSES: For — Ralph Anderson, Eugene Toy, Texas Association of Obstetrics and Gynecology; Charles Hankins, Texas Children's Hospital; (*Registered but did not testify:* Joel Ballew, Texas Health Resources; Jennifer Banda, Texas Hospital Association; Ed Berger, Seton Family of Hospitals; Jaime Capelo, Pediatrix Medical Group; Robert K. Feather, Cook Children's Health Care System; Carrie Kroll, Texas Pediatric Society; Michelle Romero, Texas Medical Association; Morgan Sanders, March of Dimes; Rebekah Schroeder, Texas Children's Hospital; Bryan Sperry, Children's Hospital Association of Texas; Chris Yanas, Teaching Hospitals of Texas)

Against — None

On — (*Registered, but did not testify:* Patrick Waldron, Texas Department of State Health Services)

BACKGROUND: The increasing rate of preterm births — infants born before 37 weeks of pregnancy — is a growing public health concern in Texas. Premature infants are commonly placed in neonatal intensive care units (NICU) for special medical care. The average cost of care in a NICU is considerably more expensive than standard care.

As NICU beds have expanded, the criteria used by hospitals to decide whether an infant is placed into a NICU and at what care level continues to vary considerably across the state.

The Medicaid program currently pays for at least half of all births in the state, and reimbursement costs also are rising. More detailed information about the increased demand for NICU beds and the operating policies implemented by hospitals has been requested.

DIGEST:

CSHB 2636 would require the executive commissioner of the Texas Health and Human Services Commission (HHSC) to create and appoint members to a Neonatal Intensive Care Unit Commission. The commission would be required to develop NICU operating standards and an accreditation process to receive Medicaid reimbursement. The commission also would study and make recommendations about best practices and protocols to lower NICU admissions.

The executive commissioner of HHSC would have to appoint 13 members by December 1, 2011, comprised of:

- four neonatologists, at least two practicing in a Level III-C NICU;
- a general pediatrician;
- two general obstetrician-gynecologists;
- two maternal fetal medicine specialists;
- a primary care physician practicing obstetrics in a rural community;
- a representative from a children's hospital;
- a representative from a Level II NICU; and
- a representative from a rural hospital.

The executive commissioner of HHSC would select the presiding officer, and the members would elect any other necessary officers. The body would meet when requested and serve at the will of the executive commissioner.

Under the bill, members would not be entitled to compensation or reimbursement of expenses. The commission could accept gifts or grants from any source to carry out its functions.

The commission would have to submit a report of its findings and recommendations by January 1, 2013 to the executive commissioner, the governor, the lieutenant governor, the speaker, and the chairs of appropriate legislative committees.

The bill would take effect on September 1, 2011, and its provisions would expire on June 1, 2013.