

- SUBJECT:** Designation of centers of excellence for fetal diagnosis and therapy
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 11 ayes — Crownover, Naishtat, Blanco, Coleman, Collier, S. Davis, Guerra, R. Miller, Sheffield, Zedler, Zerwas
- 0 nays
- WITNESSES:** For — Cris Daskevich, Texas Children's Hospital; (*Registered, but did not testify*: Claire Bocchini and Judy Levison, Doctors for Change; Shannon Lucas, March of Dimes; Lauren Rose, Texans Care for Children; Rebekah Schroeder, Texas Children's Hospital; Jennifer Allmon, the Texas Catholic Conference of Bishops; Casey Smith, United Ways of Texas; Wilson Lam)
- Against — None
- On — Johnson Anthony, Kenneth Moise, and KuoJen Tsao, UTHealth School of Medicine, The Fetal Center at Children's Memorial Hermann Hospital
- BACKGROUND:** There are currently two fetal centers in Texas: the Fetal Center at Children's Memorial Hermann Hospital and the Texas Children's Fetal Center. These centers offer fetal diagnosis, fetal intervention, and comprehensive fetal care for babies with congenital anomalies or genetic abnormalities. Some have called for a qualified facility that is expanding and integrating an advanced fetal care program to be designated as a "center of excellence."
- DIGEST:** CSHB 2131 would require the Department of State Health Services (DSHS), in consultation with the Fetal Diagnosis and Therapy Advisory Council, to designate one or more health care entities in the state as centers of excellence for fetal diagnosis and therapy. To be eligible to receive the designation, a health care entity would have to provide comprehensive maternal, fetal, and neonatal health care for pregnant

women with high-risk pregnancies complicated by one or more fetuses with anomalies, genetic conditions, or compromise caused by a pregnancy condition or by exposure.

The advisory council would be appointed by the executive commissioner of the Health and Human Services Commission (HHSC) and would consist of individuals with expertise in fetal diagnosis and therapy. A majority of the members of the advisory council would have to practice in those areas in a health profession in the state. The advisory council could include national and international experts.

The executive commissioner of HHSC, in consultation with DSHS and the Fetal Diagnosis and Therapy Advisory Council, would adopt rules establishing the criteria necessary for a health care entity in the state to receive the designation as a center. The bill would specify which criteria the two bodies would prioritize in their rules when designating a health care entity as a center.

The bill also would require the executive commissioner and the advisory council to ensure that a designation as a center was based directly on a health care entity's ability to:

- achieve cost-effectiveness in health care treatment;
- implement and maintain a cohesive multidisciplinary structure for its health care team;
- meet acceptable thresholds of patient volume and physician experience;
- monitor short-term and long-term patient diagnostic and therapeutic outcomes; and
- provide to DSHS annual reports based on those outcomes and make those reports available to the public.

CSHB 2131 would require the executive commissioner to adopt the rules for designating a center by December 1, 2015. The Department of State Health Services would begin designating health care entities as centers of excellence for fetal diagnosis and therapy by September 1, 2016.

The bill would take effect September 1, 2015.