



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



**House Public Health Committee
Senate Bill 749
Relating to Level of Care Designations for
Hospitals That Provide Neonatal and Maternal Levels of Care
May 1, 2019**

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Testimony Submitted on behalf of
Texas Medical Association
Texas Academy of Family Physicians
Texas Pediatric Society
American College of Obstetricians and Gynecologists – District XI (Texas)
Texas Association of Obstetricians and Gynecologists

Good afternoon, Chairwoman Thompson and committee members. Thank you for the opportunity to testify. I am Doug Curran, MD, a practicing rural family physician from Athens, Texas speaking today ON Senate Bill 749 on behalf of the Texas Medical Association; Texas Association of Obstetricians and Gynecologists; American College of Obstetricians and Gynecologists, Texas Chapter; and the other specialty societies listed above.

We applaud Senator Kolkhorst and Rep. Price for their commitment to improving birth outcomes for both mothers and babies. Over the past decade, they along with this committee have championed legislation to establish **a more coordinated, evidence-based system of care for newborns and pregnant women.**

Hospitals in Texas that provide care to newborns and/or pregnant women must obtain designation based on their clinical capabilities and resources. Designation for hospitals that provide care to newborns took effect last September. To date, the Texas Department of State Health Services (DSHS) has designated 234 hospitals to provide neonatal care, ranging from Level 1 – nurseries for generally healthy babies – to Level IV – facilities that provide critical care to the most premature newborns. Beginning on Sept. 1, 2020, hospitals providing maternal care also must be designated. SB749 will extend the maternal level of care designation by one year.

Like all new quality improvement initiatives, hiccups have occurred. In a state as large and geographically diverse as Texas, it is quite challenging to design a system that will promote best practices and high quality of care while accommodating disparate hospital and community resources. Case in point: The current maternal level-of-care rules inadvertently excluded family physicians from providing on-call obstetrical care in rural facilities, something SB 749 partially fixed.

As the bill has advanced through the process, our organizations have worked closely with the author and the hospital associations to resolve outstanding issues with the legislation. As president of the Texas Medical Association, I personally worked with all the organizations to find compromise and common ground. Yet, the clinical and operational complexity of many of the issues precluded our organizations from reaching agreement before the Senate adopted the bill.

As such, there are four outstanding issues that we respectfully request Chairman Price and the committee address now that the bill is in the House:

- 1) Clarify that the obstetrical care provided by a hospital with a Level I or II maternal designation will be provided consistent with the community's capabilities and that the facility will have a plan for responding to obstetrical emergencies. The engrossed version of SB 749 clarifies that family physicians can provide obstetrical and gynecological services at Level I or II maternal care facilities, a change we advocated for because it reflects current practice. The additional language merely reflects the recognition that in hospitals without full or part-time OBGyn coverage, there will be emergency circumstances in which an OBGyn with specialized surgical or medical expertise may need to respond via phone or telemedicine.
- 2) Ensure that the independent 3-person review panel established by the bill will include a physician whenever such appeals relate to medical staff requirements or physician care;
- 3) Ensure that waivers cannot be used to replace a physician with a non-physician; and
- 4) Clarify that providers can provide services only to the extent permitted under their scope of practice as defined by state law and that medical associations be consulted regarding the use of telemedicine medical services to satisfy levels of care designation requirements.

The proposed amendments have been agreed to by statewide physician and hospital associations. (For reference, the proposed language and detailed explanation of the changes is included with my written testimony.) **Adoption of these changes will enable us to strongly support the bill.**

The neonatal and maternal designation standards are new. It takes time – and patience — to find the right balance. As the state and stakeholders navigate the process, we urge lawmakers to stay focused on the original purpose of establishing neonatal and maternal levels of care in the first place – to provide a statewide system that promotes safe, high-quality, medically appropriate care to improve birth outcomes for mothers and babies.

We appreciate your consideration. Thank you for the opportunity to testify.

