



House Committee on Public Health, March 17, 2021

The Chair stated that her intent is to hold bills at least a week before passing to the full house.

The Committee on Public Health met to consider the following:

[HB 316](#) - Buckley

Relating to the advertising and labeling of certain meat food products.

[HB 723](#) - Patterson | et al.

Relating to notice of a modification to the medical certification information on a death certificate.

[HB 928](#) - Sherman, Sr.

Relating to the marketing and sale of catfish and similar fish by food service establishments; providing administrative and civil penalties.

[HB 1011](#) - Turner, John

Relating to expedited death certificates for religious purposes in certain counties.

[HB 1164](#) - Oliverson | et al.

Relating to the designation of centers of excellence for the management and treatment of placenta accreta spectrum disorder.

[HB 1363](#) - Minjarez

Relating to treatment of a patient by a physical therapist without a referral.

[HB 1386](#) - Harris | et al.

Relating to birth records of adopted persons; authorizing a fee.

[HB 1490](#) - Dean

Relating to notice of the cash price of certain health care services by certain hospitals.

[HB 1565](#) - Paddie

Relating to the continuation and transfer of the regulation of willied body programs to the Texas Funeral Service Commission and to the creation of the State Anatomical Advisory Committee; authorizing a fee.

The following actions were taken on previously heard bills.

HB119 - Reported favorably

HB652 - Committee Substitute (specified 6 diseases) was adopted and was reported favorably

HB797 - Complete Committee Substitute (no substantive changes made) was adopted and reported favorably

HB780 - Complete Committee Substitute (The fiscal note was eliminated by putting the information online in lieu of paper) was adopted and reported favorably

Only the following bills are covered in this report.

[HB 723](#) - Patterson | et al. Relating to notice of a modification to the medical certification information on a death certificate. The bill would require the Department of



State Health Services (DSHS) to prescribe a manner in which medical certifiers would provide written notification to the next of kin of a modification to the medical certification information on a death certificate. DSHS indicates it could absorb the costs associated with the bill within current resources.

The LBB fiscal note stated no significant fiscal implication to units of local government is anticipated.

Representative Patterson explained the Bill. He stated that after investigations, it was found that many senior citizens had not died of natural causes but had been murdered. The death certificate was changed but the family was not notified of the change. A committee substitute will clarify when notifications are required. The Chair inquired what type of communication is required. Representative Patterson stated that it would be determined by the agency.

Public Testimony

Cheryl Pangburn, self, spoke in favor of the bill, relating her personal experience with her mother's death certificate.

Shannon Dion, Secure Our Seniors Safety, spoke in favor of the bill. She related a case in Dallas where 18 seniors were notified that their loved one had been murdered as opposed to dying of natural causes. She related her personal experience. This bill would spare families from finding out about the death of their loved one through unofficial media.

The bill was left pending.

HB 1011 - Turner, John Relating to expedited death certificates for religious purposes in certain counties. The bill would amend the Health and Safety Code to require the issuance of expedited death certificates in certain counties if it is both necessary for religious purposes and the decedent's remains will be interred in a foreign country.

Based on information provided by the Health and Human Services Commission and the Department of State Health Services, it is assumed that any costs associated with the bill could be absorbed using existing resources.

LBB fiscal note stated that no significant fiscal implication to the State is anticipated

Representative Turner explained the bill. He stated the bill is offered in the spirit of religious liberty and requests a reasonable accommodation. This allows a death certificate in a timely manner for burial in a foreign country. The bill only applies to a county that chooses to adopt the provision and has a medical examiner.

Public Testimony

Howard Goldfeder, Self, described his personal experience and the difficulty he had with burial of his mother in Jerusalem.

Rabbi Aryeh Feigenbaum testified in favor of the bill. He described the process of timely burial and the red tape that families experience under the present laws. They strive to bury within 24 hours under their faith. He asked for support for the bill.

Charles Hirschberg, Jewish Burial Society, stated that he is present to answer questions. This also impacts the Muslim community.

The Bill was left pending.

[HB 1164](#) - Oliverson | et al. Relating to the designation of centers of excellence for the management and treatment of placenta accreta spectrum disorder. The bill would amend Chapter 32 of the Health and Safety Code to require the Department of State Health Services (DSHS), in consultation with the Texas Maternal Mortality and Morbidity Review Committee, to designate health care entities or programs as centers of excellence for the management and treatment of placenta accreta spectrum disorder. The bill would require DSHS to appoint a subcommittee to the review committee to advise the Health and Human Services Commission (HHSC) on the development of rules related to the designation of centers of excellence. HHSC would be required to develop rules and DSHS would be required to begin awarding designations by September 1, 2022.

The LBB fiscal Note states according to DSHS, the agency would need 2.0 full-time equivalents (FTEs) to implement and manage a program to designate centers of excellence for the management and treatment of placenta accreta spectrum disorder. This would include a nurse to participate in surveys, complaint investigations, and complete reports regarding the designated centers of excellence and a program specialist to coordinate the designation program and provide technical assistance.

HHSC indicated that any costs associated with implementing the provisions of the bill could be absorbed within existing resources.

Representative Oliverson explained the bill. He stated this is the only bill that has the immediate effect of lowering maternal mortality. It addresses a medical condition where the separation of the placenta from the uterus does not occur. The death rate is 2-4% and this bill would establish a center of excellence for the condition.

Public Testimony

Christina Reid, self, testified in support of the bill. She stated that she is a nurse practitioner and related her personal story who experienced the condition.

Steve Wallop, THA, testified against the bill. He stated they are not against the overarching goal of the bill, but the procedure laid out to address it. There are already hospital levels of care and there are 24 facilities that must provide all levels of care addressing morbidity and mortality. There are 17 Level Three facilities. Instead of centers of excellence the state should rely on the Perinatal Advisory Committee.

Dr. Michael Balfort, Self, stated that there is definitely a health disparity between the health outcomes of white and black women. This committee can address this by making changes. This condition can be diagnosed in the second trimester. He commented on the need for outcomes reporting.

Joy Klein, DSHS, testified on the bill.

HB 1490 - Dean, relating to notice of the cash price of certain health care services by certain hospitals. The bill would amend the Health and Safety Code to require certain hospitals to disclose the hospital's cash price for each health care service regularly provided by the hospital.

According to the Health and Human Services Commission, no significant fiscal impact to the state is anticipated. Neither the University of Texas System nor the Texas Tech University System anticipate a fiscal impact to their systems.

The City of Houston anticipates no fiscal impact to the city. No significant fiscal implication to other units of local government is anticipated.

The LBB Fiscal Note states no significant fiscal implication to the State is anticipated.

Representative Dean explained the bill. He stated the bill requires hospitals to post the cash prices on their website or upon request. Federal rules already provide for this, but if federal rules go away this would guarantee the price information is available to the patient.

Public Testimony

Cameron Duncan, Texas Hospital Association, testified on the bill. They had some preliminary concerns and stated that Rep. Dean has been working with them. THA supports informed decision-making. Some hospitals have real-time estimator tools already. Their concern is that some hospitals may not have a cash price specific to different services and

they would like to ensure that hospitals are not required to post information on services for which they do not have a set price. There were also EMTALA concerns.

The **Emergency Medical Treatment and Active Labor Act (EMTALA)** is an [act](#) of the [United States Congress](#), passed in 1986 as part of the [Consolidated Omnibus Budget Reconciliation Act](#) (COBRA). It requires hospital Emergency Departments that accept payments from [Medicare](#) to provide an appropriate *medical screening examination* (MSE) to anyone seeking treatment for a medical condition, regardless of [citizenship](#), [legal status](#), or [ability to pay](#). Participating hospitals may not transfer or discharge patients needing emergency treatment except with the [informed consent](#) or stabilization of the patient or when their condition requires transfer to a hospital better equipped to administer the treatment.

EMTALA applies to "participating hospitals." The statute defines participating hospitals as those that accept payment from the [Department of Health and Human Services, Centers for Medicare and Medicaid Services](#) (CMS) under the [Medicare](#) program. Because there are very few hospitals that do not accept Medicare, the law applies to nearly all hospitals. The combined payments of Medicare and Medicaid, \$602 billion in 2004, or roughly 44% of all medical expenditures in the U.S., make not participating in EMTALA impractical for nearly all hospitals. EMTALA's provisions apply to all patients, not just to Medicare patients.

The cost of emergency care required by EMTALA is not directly covered by the [federal government](#), so it has been characterized as an [unfunded mandate](#). Uncompensated care represents 6% of total hospital costs.

Source: Wikipedia

The Bill was left pending.

Other bills heard by this committee.

HB 316 Relating to the advertising and labeling of certain meat food products. The bill would prohibit labeling food in a manner that is false or misleading and adulterating or misbranding food. The bill would authorize the Department of State Health Services (DSHS) or the Office of the Attorney General (OAG) on behalf of DSHS to seek to enjoin false or misleading labeling or the adulteration of food by petitioning the district court. The bill would authorize DSHS or OAG to recover costs and attorney's fees. The bill would authorize DSHS to embargo and detain food that is adulterated or deceptively labeled. The bill would authorize a person who owns embargoed foods to challenge DSHS' determination in court, and a court could order the food returned and the food to be relabeled or the adulteration corrected under DSHS' supervision.

DSHS, HHSC, the Office of Court Administration, and OAG indicate that the provisions of the bill could be accomplished with existing resources.

The LBB fiscal note stated no significant fiscal implication to local courts is anticipated.

HB 928 Relating to the marketing and sale of catfish and similar fish by food service establishments; providing administrative and civil penalties. The bill would authorize administrative and civil penalties against food service establishments that misrepresent a product as catfish. It is assumed that the costs of implementing the bill could be absorbed using existing resources and would likely be offset by revenue increases due to collections of administrative and civil penalties.

The LBB Fiscal Note stated no significant fiscal implication to units of local government is anticipated. Any costs associated with implementing the bill would likely be offset by revenue increases due to collections of administrative and civil penalties.

HB 1363 Relating to treatment of a patient by a physical therapist without a referral. The bill establishes the conditions under which a physical therapist may provide services without a physician's referral.

The LBB Fiscal Note stated it is assumed that the bill's provisions relating to the treatment of a patient by a physical therapist without a referral would have no fiscal impact.

HB 1386 Relating to birth records of adopted persons; authorizing a fee. The bill would require the Department of State Health Services to provide noncertified copies of an adopted person's birth certificate without a court order under certain circumstances. It is assumed that the costs associated with the provisions of the bill could be absorbed using existing resources.

The LBB Fiscal Note states no significant fiscal implication to the State is anticipated.

HB 1565 Relating to the continuation and transfer of the regulation of willed body programs to the Texas Funeral Service Commission and to the creation of the State Anatomical Advisory Committee; authorizing a fee. The bill would transfer the remaining funds under the management of the secretary-treasurer of the Anatomical Board (outside the state treasury) to the general revenue fund for the purpose of the Texas Funeral Service Commission administering duties under Chapter 691, Health and Safety Code.

The bill would transfer fee collection authority from State Anatomical Board (SAB) to Texas Funeral Service Commission (TFSC). It is assumed that the TFSC will raise sufficient revenue



through tag fees, cadaver transfer fees (both in and out of state), and inspection fees identified under Sec. 691.012 of the Health and Safety Code, to cover the costs.

The LBB Fiscal Note states it is assumed that the SAB fund balance, which was \$373,896 at the end of calendar year 2020 would transfer to the general revenue fund in fiscal year 2022. SAB's existing fund balance comes from fees associated with the receipt and distribution of bodies and anatomical specimens, specifically a tag fee when a donation is first registered with the board (an identifying tag is attached to the body), and a transfer fee if a willed body program (WBP) loans a donation to an anatomical facility or other WBP. This fee collection authority would be unchanged under this bill, except to transfer it to TFSC.

TFSC anticipates costs of 4 FTEs to implement this bill; 1 FTE to issue SAB Tags to approved facilities and to track transfer of remains between facilities, 2 FTEs to be inspectors which will inspect all accredited medical schools/colleges, dental schools, Health Science Centers, hospitals, schools of mortuary science, and forensic science programs throughout Texas, and 1 FTE who will conduct audits of the facilities. These FTEs will cost \$163,655 per fiscal year in salaries, and \$45,000 per fiscal year in travel expenses.

It is assumed that from the estimates of fee collections provided by TFSC and Sunset Commission, the agency will raise sufficient revenue to cover the costs identified.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
