

# Operational Issues for Hospitals

UT LAW CLE'S 33RD ANNUAL HEALTH LAW CONFERENCE

APRIL 8, 2022

PRESENTED BY:

## Trent Krienke

Reed, Claymon, Meeker & Hargett, PLLC  
Austin, TX

[tkrienke@rcmhlaw.com](mailto:tkrienke@rcmhlaw.com)



## Brad Nitschke

Parkland Health  
Dallas, TX

[brad.nitschke@phhs.org](mailto:brad.nitschke@phhs.org)



## Serina Rivela

University Health  
San Antonio, TX

[serina.rivela@uhs-sa.com](mailto:serina.rivela@uhs-sa.com)



This presentation is intended to summarize recent legal developments that may affect hospital operations. To the extent any opinions are presented herein, those opinions are the personal opinion(s) of the presenters and should not be attributed to any other person or entity, including without limitation Parkland Health or University Health System. This presentation does not constitute legal advice and does not create an attorney-client relationship.

## Abortion Regulation: Senate Bills 4 and 8





# The Basics

## Senate Bill 4

- Regulates drug-induced abortion procedures, providers, and facilities.
  - Bans use of abortion-inducing drugs after 49 days LMP except in cases of medical emergency.
  - Requires additional documentation.
  - Physician must examine in-person
  - Limits distribution of abortion-inducing drugs.
  - Punishable by criminal prosecution.
- Expands abortion complication reporting to include more diagnoses and required reporters.

## Senate Bill 8

- Requires detection of fetal cardiac activity before any abortion.
- Bans abortions once fetal cardiac activity present except in cases maternal medical emergency.
- No express exception for fetal condition/anomalies.
- Private plaintiffs may sue to enforce.

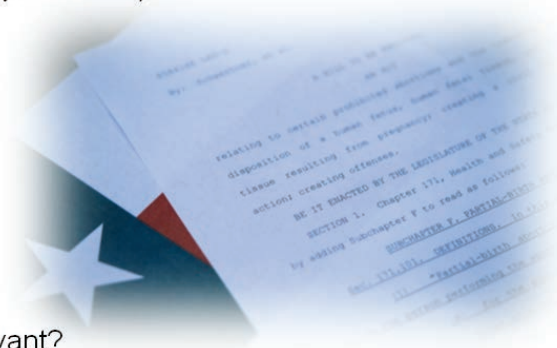
# SB4 and SB8: Clinical Impact

- If termination is contemplated:
  - Must determine whether fetal cardiac activity ("FCA") is present.
    - If no → may proceed with uterine evacuation
    - If FCA → maternal Medical Emergency (threat to life or substantial impairment of a major bodily function) must be present.
    - If FCA and > 49 days LMP → SB4 governs use of abortion-inducing drugs.
  - Physician (not APP) must administer prostaglandins
  - Follow-up visit required within 14 days after medication abortion



# SB4 and SB8: Operational Impact

- Aiding and abetting → consider scope of counseling (esp. by non-OBs)
  - Fetal abnormalities
  - Non-emergent maternal conditions
- “Medical emergency” = ?
  - Consider clinical signposts in advance
  - Identify process for evaluating individual cases
- Documentation
- Abortion complications
  - Statutory list + any adverse event. Is time of onset relevant?
  - Diagnosis or treatment outside OB service lines
  - Physician + facility reporting



# Hospital at Home Model



Find the full text of this and thousands of other resources from leading experts in dozens of legal practice areas in the [UT Law CLE eLibrary \(utcle.org/elibrary\)](https://utcle.org/elibrary)

Title search: Operational Issues for Hospitals

Also available as part of the eCourse

[2022 Health Law eConference](#)

First appeared as part of the conference materials for the  
33<sup>rd</sup> Annual Health Law Conference session

"Operational Issues for Hospitals"