

- SUBJECT:** Fetal and infant mortality review teams and health warnings
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 7 ayes — Delisi, Laubenberg, Jackson, Cohen, Coleman, S. King, Truitt  
0 nays  
2 absent — Gonzales, Olivo
- SENATE VOTE:** On final passage, March 28 — 30-0, on Local and Uncontested Calendar
- WITNESSES:** (*On House companion bill, HB 420 by Veasey:*)  
For — Deborah Lane, Dallas Healthy Start, Texas Healthy Start Alliance; Latawnya Peachy, Catholic Charities Healthy Start, Healthy Start Alliance of Texas; (*Registered, but did not testify:* Dan Finch, Texas Medical Association; Jill Johnson, Texans Care for Children; Mark Mendez, Tarrant County Commissioners Court; Stephen Williams, City of Houston; Lynda Woolbert, Greater Texas Chapter of the National Association of Pediatric Nurse Practitioners)  
  
Against — None  
  
On — (*Registered, but did not testify:* Brian Castrucci, Department of State Health Services)
- BACKGROUND:** Texas has more than 50 local child fatality review teams, including the child fatality review team committee coordinated by the Department of State Health Services (DSHS), which access health records and other information to identify trends in the mortality of children from birth to age 18.
- DIGEST:** SB 143 would allow a local health authority or DSHS to create local fetal and infant mortality review teams. A review team would compile statistics of fetal and infant mortality, analyze the causes of fetal and infant mortality, and recommend measures to decrease fetal and infant mortality. A review team also could publish statistical studies and research reports based on its findings from the information provided to the review team.

Adjacent counties or municipalities could join to establish a joint review team, which would be considered a unit of local government.

The purpose of a review team would be to:

- improve the health and well-being of women, infants, and families;
- reduce racial disparities in rates of fetal and infant mortality;
- facilitate the operations of the team and train members on the review team process; and
- develop and deliver reports of findings to the community.

A review team would comprise culturally diverse members representing multiple disciplines, including such members as physicians, nurses, other medical professionals, local health department representatives, county and school representatives, and other community representatives. Meetings of a review team would be closed to the public and not be subject to open meetings requirements. Members would be immune from civil or criminal liability related to the work of the team.

A review team would analyze and compile statistical information about infant and fetal mortality. The team would review individual cases using anonymous and confidential information from medical dental records, autopsy reports, and other pertinent records. A health care provider could provide information to the review team without authorization from a parent or guardian, but any information provided to the review team would remain confidential. Information would be privileged and not subject to subpoena or discovery.

The following information about the deceased infant or that infant's family could not be disclosed by a member of the review team:

- their names and addresses;
- services they received and the identity of health care providers that provided those services;
- their social and economic conditions; and
- their medical, dental, and mental health care information, including diagnoses, conditions, diseases, or disability.

The bill would make unauthorized disclosure of confidential information by a member of a review team an offense, punishable as a class A misdemeanor (up to one year in jail and/or a maximum fine of \$4,000).

The bill would prohibit records about voluntary or therapeutic abortion from being disclosed, and fetal and infant mortality review would not apply to those cases.

The bill also would amend the required signage where cigarettes were sold to include the following: “PREGNANT WOMEN SHOULD NOT SMOKE. SMOKERS ARE MORE LIKELY TO HAVE BABIES WHO ARE BORN WITH LOW BIRTH WEIGHT, ARE BORN PREMATURE, ARE STILLBORN, OR DIE BECAUSE OF SUDDEN INFANT DEATH SYNDROME (SIDS).”

SB 143 would authorize the comptroller to adopt rules to implement this bill not later than 90 days after the effective date.

This bill would take effect September 1, 2007.

**SUPPORTERS  
SAY:**

SB 143 would create fetal and infant mortality review teams to identify trends in mortality of fetuses and infants through the study of medical and other records. Existing child fatality review teams look only at deaths after birth, so the fetal and infant teams would have a different focus that could yield more instructive information about miscarriages, stillbirth, and other neo-natal and infant deaths.

The teams also would be focused on health disparities or other possible explanations for differences in infant mortality among specific populations. SB 143 would apply the same strict standards regarding access to and protection of information that child fatality review teams currently must follow. In addition, the bill explicitly would exempt abortions from the purview of fetal and infant mortality review teams.

**OPPONENTS  
SAY:**

No apparent opposition.

**NOTES:**

The identical companion bill, HB 420 by Veasey, was heard and left pending in the House Public Health Committee on March 7.