

SUBJECT: Continuing the maternal mortality task force and expanding its duties

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Price, Sheffield, Arévalo, Burkett, Collier, Cortez, Klick, Oliverson, Zedler

0 nays

2 absent — Coleman, Guerra

WITNESSES: For — Lisa Hollier, American Congress of Obstetricians and Gynecologists - Texas District, Texas Association of Obstetricians and Gynecologists, Texas Children's Hospital; (*Registered, but did not testify*: Rebecca Marques, ACLU of Texas; Juliana Kerker, American Congress of Obstetricians and Gynecologists - Texas District, Texas Association of Obstetricians and Gynecologists; Shelby Massey, American Heart Association; Jason Sabo, Children at Risk; Cheasty Anderson, Children's Defense Fund - Texas; Stacy Wilson, Children's Hospital Association of Texas; Wendy Wilson, Consortium of Texas Certified Nurse-Midwives; Andrea Garcia, League of Women Voters - TX; Nora Del Bosque, March of Dimes; Christine Yanas, Methodist Healthcare Ministries of South Texas; Heather Busby and Blake Rocap, NARAL Pro-Choice Texas; Greg Hansch, National Alliance on Mental Illness (NAMI) TX; Will Francis, National Association of Social Workers - Texas Chapter; Katie Astoria, Elaine Cavazos, and Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas; Jessica Schleifer, Teaching Hospitals of Texas; Adriana Kohler, Texans Care for Children; Gwen Daverth, Texas Campaign to Prevent Teen Pregnancy; Ryan Valentine, Texas Freedom Network; Sara Gonzalez, Texas Hospital Association; Dan Finch, Texas Medical Association; Andrew Cates, Texas Nurses Association; Clayton Travis, Texas Pediatric Society; Leah Gonzalez, Texas Women's Healthcare Coalition; Jennifer Allmon, Texas Catholic Conference of Bishops; John Burleson, Travis County Resistance; Maggie Jo Buchanan, Young Invincibles; and eight individuals)

Against — (*Registered, but did not testify*: Fatima Mann, Counter Balance Foundation)

On — (*Registered, but did not testify*: Manda Hall, Department of State Health Services; Lesley French and Jami Snyder, Health and Human Services Commission)

BACKGROUND: Health and Safety Code, ch. 34 governs the Maternal Mortality and Morbidity Task Force, which is administered by the Department of State Health Services (DSHS). Under sec. 34.018, the task force is subject to the Texas Sunset Act and scheduled to expire on September 1, 2019.

Sec. 34.005 requires the task force to:

- study and review cases of pregnancy-related deaths and trends in severe maternal morbidity;
- determine the feasibility of studying cases of severe maternal morbidity; and
- make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity.

Under sec. 34.007, DSHS must randomly select cases for the task force to review that reflect a cross-section of pregnancy-related deaths. DSHS also is required to analyze aggregate data of severe maternal morbidity to identify any trends. Sec. 34.015 requires DSHS and the task force to submit a biennial joint report to certain state officials, legislative committees, and state professional associations and organizations.

DIGEST: CSHB 10 would continue the Maternal Mortality and Morbidity Task Force until December 31, 2023.

Duties of task force. The bill would expand the duties of the Maternal Mortality and Morbidity Task Force to include the study and review of trends, rates, or disparities in pregnancy-related deaths and severe maternal morbidity, rather than only trends in severe maternal morbidity. It also would require the task force to identify practice opportunities in

maternal health care and to develop evidence-based best practice recommendations for maternal health care, prioritized to address the most prevalent causes of pregnancy-related death and severe maternal morbidity.

The bill would allow the task force to consult with representatives of any state agencies, collaboratives, and councils when gathering information, including the Health and Human Services Commission (HHSC), the state perinatal quality collaborative, and the Perinatal Advisory Council.

Analysis and reporting of pregnancy-related death data. CSHB 10 would direct the Department of State Health Services (DSHS), when analyzing cases of pregnancy-related death, either to randomly select cases or to select all cases for the task force to review. The bill would require DSHS to conduct a statistical analysis of the aggregate data for pregnancy-related deaths and severe maternal morbidity in Texas to identify any trends, rates, or disparities.

Cause of death data collection and reporting. DSHS would be required to submit a biennial report by October 1 of each even-numbered year to certain state authorities and legislative committees on processes and procedures for collecting cause of death information, including any challenges to collecting accurate information relating to maternal mortality, as specified in the bill.

CSHB 10 would require DSHS to consult with the task force to examine national standards for the collection of death information and would allow DSHS to convene a panel of experts to advise the department and task force in developing recommendations for improving the collection of accurate information related to cause of death. This report could be included as part of another DSHS report to the Legislature. The cause of death data collection and reporting requirements would expire September 1, 2021.

Maternal health care informational materials. CSHB 10 would direct DSHS to collaborate with the task force, HHSC, and the state perinatal

quality collaborative to promote and facilitate the use of maternal health care informational materials among Texas health care providers. These materials would include tools and procedures related to best practice recommendations for maternal health care that would be developed by the task force. CSHB 10 would require DSHS to submit a report by December 1 of each even-numbered year to certain state officials, the Legislative Budget Board, and appropriate standing legislative committees that included a study of the implementation and outcomes of providing the informational materials and recommendations for improving them.

The bill would specify that its provisions related to the informational materials did not create a cause of action or create a standard of care, obligation, or duty that provided a basis for a cause of action. Evidence that a person failed to comply with the practices or procedures recommended by the informational materials would not be admissible in a civil, judicial, or administrative proceeding.

Feasibility study. CSHB 10 would direct HHSC to use existing resources to study and determine the feasibility of facilitating the adoption of best practice recommendations made by the task force and improving maternal health outcomes as part of a value-based and quality improvement initiative to promote better health outcomes and to lower costs for publicly funded health care services. In conducting the study, HHSC would consult as necessary with interested persons, including managed care organizations and providers. DSHS would collaborate with HHSC in compiling available data and information. HHSC could deliver the study as part of another required report. The feasibility study requirements would expire May 1, 2019.

Federal authorization and effective date. If a state agency determined that an additional waiver or authorization from a federal agency was necessary to implement a provision of CSHB 10, the affected agency could delay implementing that provision until it received the waiver or authorization.

This bill would take immediate effect if finally passed by a two-thirds

record vote of the membership of each house. Otherwise, it would take effect on the 91st day after the last day of the special session.

SUPPORTERS
SAY:

CSHB 10 would help address an increase in maternal mortality and morbidity rates in Texas by continuing the Maternal Mortality and Morbidity Task Force until 2023. Studies have found that Texas has a higher rate of maternal mortality and morbidity than most other states and many industrialized countries. Continuing the task force would allow the state to more directly address the causes and lower the rate of pregnancy-related deaths. By expanding the task force's duties, CSHB 10 also would implement one of the governor's priorities for the special session.

The Department of State Health Services (DSHS) uses task force findings to decide what kind of public health interventions and prevention initiatives would best prevent maternal mortality and morbidity. It also uses the information to decide how to leverage and target existing programs. Allowing the task force to continue reviewing cases and giving the task force clearer direction on case analysis would help DSHS make better decisions on prevention programs.

The task force works best as a statewide task force, bringing together stakeholders without the financial pressure of a private institution. A non-state entity could not do the work more efficiently and likely would encounter the same challenges in consolidating and analyzing sensitive health data. Continuing the task force would show the importance Texas places on reducing maternal mortality and morbidity rates.

The bill includes proposals from diverse stakeholders designed to reduce maternal mortality and morbidity without a cost to the state. CSHB 10 would help provide mothers with actionable solutions by promoting and facilitating use of maternal health care information materials among Texas health care providers. The bill also could help HHSC implement best practices identified by the task force into the Medicaid value-based payment structure, which could address some health insurance-related issues. This bill is designed to focus on the task force's functions and roles, and other solutions could be addressed by other legislation.

OPPONENTS SAY: Continuing the Maternal Mortality and Morbidity Task Force would be unnecessary. A non-governmental entity, such as a private research institution, would be better suited to undertake the functions of the task force.

OTHER OPPONENTS SAY: While CSHB 10 would help reduce the rate of maternal mortality and morbidity in Texas, it should be amended to reflect other proposals to further improve maternal health, including developing guidelines to reduce the number of unnecessary cesarean section procedures performed in the state, reporting on the number of providers in the state's family planning programs, continuing Medicaid for a year following an involuntary miscarriage, expanding health benefit plan coverage to include maternal morbidity and severe maternal morbidity, and implementing a strategic plan to improve access to postpartum depression screening.

NOTES: The committee substitute differs from the bill as filed in that it would allow the task force and DSHS to consult with any state agencies, collaboratives, and councils when gathering information. The substitute also specifies that the bill would not provide a basis for a cause of action.

Three other bills related to the Maternal Mortality and Morbidity Task Force are on today's calendar for second-reading consideration. HB 9 by Burkett, et al. and HB 11 by Thierry would continue the task force until 2023 and amend its duties, among other provisions. HB 28 by Ortega, et al. would increase the membership of the task force to include one nurse specializing in labor and delivery.