

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 — (*Registered, but did not testify:* Lisa Hollier, American Congress of Obstetricians and Gynecologists - Texas District, Texas Association of Obstetricians and Gynecologists, Texas Children's Hospital; Juliana Kerker, American Congress of Obstetricians and Gynecologists-Texas District, Texas Association of Obstetricians and Gynecologists; Shelby Massey, American Heart Association; Marisa Finley, Baylor Scott & White Health; Jason Sabo, Children at Risk; Cheasty Anderson, Children's Defense Fund - Texas; Stacy Wilson, Children's Hospital Association of Texas; Jessica Follett, CHRISTUS Health; Andrea Garcia, League of Women Voters - TX; Nora Del Bosque, March of Dimes; Christine Yanas, Methodist Healthcare Ministries of South Texas; Heather Busby, 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.; Adriana Kohler, Texans Care for Children; Gwen Daverth, Texas Campaign to Prevent Teen Pregnancy; Ryan Valentine, Texas Freedom Network; Sara Gonzalez, Texas Hospital Association; Andrew Cates, Texas Nurses Association; Clayton Travis, Texas Pediatric Society; Leah Gonzalez, Texas Women's Healthcare Coalition; Jennifer Allmon, the Texas Catholic Conference of Bishops; John Burleson, Travis County Resistance; Knox Kimberly, Upbring; Maggie Jo Buchanan, Young Invincibles; and six 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 9 would continue the Maternal Mortality and Morbidity Task Force until September 1, 2023.

Duties of task force. The bill would expand the duties of the task force to include the study and review of:

- rates or disparities in pregnancy-related deaths and severe maternal morbidity;
- health conditions and factors that disproportionately affect the

most at-risk population as determined in the joint biennial report by the task force and the Department of State Health Services (DSHS); and

- best practices and programs operating in other states that have reduced rates of pregnancy-related death.

CSHB 9 also would require the task force to compare the rates of pregnancy-related deaths based on the mother's socioeconomic status and to consult with the Perinatal Advisory Council when making recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas. The recommendations made in consultation with the advisory council would have to be included in the task force's biennial joint report with DSHS.

Analysis and reporting of pregnancy-related death data. When analyzing cases of pregnancy-related death, DSHS could either randomly select cases or select all cases for the task force to review. CSHB 9 would require DSHS to conduct a statistical analysis of the aggregate data for pregnancy-related deaths and severe maternal morbidity to identify any trends, rates, or disparities. The department also would be required to submit a biennial report by December 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 9 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 section on death data reporting would expire September 1, 2021.

Maternal health and safety initiative. The bill also would require DSHS, in collaboration with the task force, to create a maternal health and

safety initiative. The initiative would promote and facilitate among Texas health care providers the use of informational materials on maternal health and safety, including tools and procedures related to best practices. The bill would require DSHS to submit a report to the executive commissioner of the Health and Human Services Commission (HHSC) by December 1 of each even-numbered year with a summary of the maternal health and safety initiative's outcomes and recommendations for improving its effectiveness.

Screening and education for substance use. By June 1, 2018, the bill would require the task force to coordinate with DSHS to make educational materials on substance use available to physicians and other individuals licensed or certified in conducting substance use screening of pregnant women. This information would include guidance in best practices for verbally screening pregnant women for substance use and a list of substance use treatment resources throughout the state. DSHS and the task force also would review and promote the use of materials on the consequences of opioid drug use during pregnancy. The information and materials would be available on the DSHS website.

Feasibility study and other requirements. The bill would require HHSC to:

- evaluate options for reducing pregnancy-related deaths, focusing on the most prevalent causes of maternal mortality as identified in the joint biennial report from DSHS and the task force, and for treating postpartum depression in economically disadvantaged women;
- coordinate with DSHS and the task force in identifying strategies to lower costs of providing Medicaid related to severe maternal morbidity and chronic illness;
- coordinate with DSHS and the task force to identify strategies in improving quality outcomes related to the underlying causes of severe maternal morbidity and chronic illness;
- use existing resources, in collaboration with DSHS, to study the feasibility of adding a provider's use of certain best practices in

maternal health and safety as a quality indicator for HHSC data and Medicaid quality-based payment purposes; and

- by December 1 of each even-numbered year, submit a report including a summary of the efforts of HHSC and DSHS to accomplish tasks required by CSHB 9 related to pregnancy-related deaths, severe maternal morbidity, and postpartum depression, as well as a summary of the maternal health and safety initiative report.

The requirement for HHSC to collaborate with DSHS on a feasibility study related to a maternal health and safety initiative 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 9, 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 9 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 through 2023 would allow the state to address more directly the causes of pregnancy-related deaths in Texas. By expanding the task force's duties, CSHB 9 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 would help DSHS make decisions on prevention programs going forward.

The bill would help combat the effects of postpartum depression, including suicide. Suicide is one of the leading causes of pregnancy-related deaths, and requiring the Health and Human Services Commission to evaluate options for treating postpartum depression in economically disadvantaged women could lead to improved access to mental and behavioral health screenings before and after childbirth.

The Maternal Mortality and Morbidity Task Force works best as a statewide task force, bringing together physicians, DSHS staff, community advocates, registered nurses, medical examiners, ob-gyns, researchers, nurse-midwives, social workers, and other experts in pregnancy-related deaths to work on this issue. Continuing the task force would demonstrate the importance Texas places on reducing the state's rates of maternal mortality and morbidity.

The committee substitute reflects proposals to reduce maternal mortality and morbidity that were not in the introduced bill, including making available substance use treatment screenings and educational materials for pregnant women and reporting on best practices in collecting death information.

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 9 would help reduce the rate of maternal mortality and morbidity in Texas, it should be amended to reflect other proposals that could 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:

According to the Legislative Budget Board's fiscal note, CSHB 9 would have a negative impact to general revenue related funds of \$475,349 during fiscal 2018-19 due to additional staff costs and other expenses.

A companion bill, SB 17 by Kolkhorst, was approved by the Senate on July 25.

The committee substitute differs from the bill as filed by including provisions on screening and educational materials for substance use and on cause of death data.

Three other bills related to the Maternal Mortality and Morbidity Task Force are on today's calendar for second-reading consideration. HB 10 by Walle, 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.