

SUBJECT: Improving maternal and newborn health for women with opioid disorders

COMMITTEE: Public Health — favorable, without amendment

VOTE: 7 ayes — S. Thompson, Wray, Allison, Coleman, Frank, Price, Zedler

0 nays

4 absent — Guerra, Lucio, Ortega, Sheffield

SENATE VOTE: On final passage, April 10 — 30-0

WITNESSES: For — (*Registered, but did not testify*: Duane Galligher, Association of Substance Abuse Programs of Texas; Anne Dunkelberg, Center for Public Policy Priorities; Maggie Stern, Childrens Defense Fund; Tim Schauer, Community Health Choice; Priscilla Camacho, Dallas Regional Chamber; Mary Cullinane, League of Women Voters of Texas; Lindsay Lanagan, Legacy Community Health; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Greg Hansch and Alissa Sughrue, National Alliance on Mental Illness Texas; Eric Kunish, National Alliance on Mental Illness Austin; Will Francis, National Association of Social Workers - Texas Chapter; AJ Louderback, Sheriffs Association of Texas; Maureen Milligan, Teaching Hospitals of Texas; Jason Baxter, Texas Association of Health Plans; Kathryn Freeman, Texas Baptist Christian Life Commission; Lee Johnson, Texas Council of Community Centers; Douglas Smith, Texas Criminal Justice Coaliton; Carrie Kroll, Texas Hospital Association; Kaitlyn Doerge, Texas Pediatric Society; Beth Cortez-Neavel, TexProtects - Texas Association for the Protection of Children; Piper Nelson, The SAFE Alliance; Jennifer Allmon, The Texas Catholic Conference of Bishops; Nataly Saucedo, United Ways of Texas; Michelle Wittenburg, Upbring; Joy Davis)

Against — None

On — (*Registered, but did not testify*: Manda Hall, Department of State

Health Services; Lisa Ramirez, HHSC)

**BACKGROUND:** Health and Safety Code ch. 34 establishes the maternal mortality and morbidity task force to study and review certain issues related to pregnancy-related death and severe maternal morbidity and make recommendations for improving maternal health in the state.

It has been reported that drug overdoses are a leading cause of maternal deaths in Texas, and concerned parties have suggested that developing and implementing initiatives to improve maternal and newborn health for women with opioid use disorder could reduce the incidence of such deaths.

**DIGEST:** SB 436 would require the Department of State Health Services (DSHS), in collaboration with the maternal mortality and morbidity task force, to develop and implement initiatives to:

- improve screening procedures to better identify and care for women with opioid use disorder;
- improve continuity of care for women with opioid use disorder by ensuring that health care providers referred the women to appropriate treatment and verified that the women received the treatment;
- optimize health care provided to pregnant women with opioid use disorder;
- optimize health care provided to newborns with neonatal abstinence syndrome by encouraging maternal engagement;
- increase access to medication-assisted treatment for women with opioid use disorder during pregnancy and the postpartum period; and
- prevent opioid use disorder by reducing the number of opioid drugs prescribed before, during, and following a delivery.

Before implementing these initiatives, DSHS could conduct a limited pilot program in one or more geographic areas of Texas to implement the initiatives at certain licensed hospitals with expertise in caring for

newborns with neonatal abstinence syndrome or related conditions. The pilot program would have to conclude by March 1, 2020. This provision would expire September 1, 2021.

DSHS, in collaboration with the task force, would be required to promote and facilitate health care providers' use of maternal health informational materials, including tools and procedures related to best practices in maternal health to improve obstetrical care for women with opioid use disorder.

The department also would have to prepare and submit a written report that evaluated the success of the initiatives developed and implemented by the bill and the pilot program, if applicable. This report would have to be submitted to the presiding officers of the standing committees of each house of the Legislature with primary jurisdiction over public health by December 1, 2020.

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 September 1, 2019.

**NOTES:**

According to the Legislative Budget Board, SB 436 would result in an estimated negative impact of about \$2.8 million in general revenue related funds through fiscal 2020-2021, with a similar impact in subsequent biennia.