

SUBJECT: Developing work group on a maternal mortality, morbidity data registry

COMMITTEE: Public Health — favorable, without amendment

VOTE: 9 ayes — Klick, Campos, Jetton, A. Johnson, J. Jones, V. Jones,
Oliverson, Price, Smith

1 nay — Tinderholt

1 absent — Collier

WITNESSES: For — Nakeenya Wilson, Maternal Health Equity Collaborative; Jody Harrison; Mattie Mason; Dinah Waranch (*Registered, but did not testify*: Stephanie Perdue, Central Texas Pride Community Center, LGBT-Rex; Jason Sabo, Children at Risk; Wendy Wilson, Consortium for Texas Certified Nurse Midwives; Michael Webb, Equality Federation; Michael Rinehart, Evangelical Lutheran Church in America, Gulf Coast Synod; Katherine Strandberg, Every Body Texas; Luis Figueroa, Every Texan; Taylor Fuerst, First United Methodist Church of Austin; Cathy Torres, Frontera Fund; Jennifer Biundo, Healthy Futures of Texas; Lindsay Lanagan, Legacy Community Health; Christine Yanas, Methodist Healthcare Ministries; Andrew Cates, Nurse Family Partnership; Elena Ferguson, Positive Women's Network-USA; Adrian Shelley, Public Citizen; Alec Mendoza, Texans Care for Children; Ana Gonzalez, Texas AFL-CIO; David Reynolds, Texas Chapter American College of Physicians Services; Meredith Cooke, Texas Children's Hospital; Gabriella Fuentes, Texas Council on Family Violence; Ashley Morgan, Texas EMS Trauma & Acute Care Foundation; Kamyon Conner, Texas Equal Access Fund; Joshua Houston, Texas Impact; Caitlin Flanders, Texas Medical Association; Jill Sutton, Texas Osteopathic Medical Association; Clayton Travis, Texas Pediatric Society; Kristen Lenau, Texas Women's Healthcare Coalition; Cynthia Van Maanen, Travis County Democratic Party; Laura Atlas Kravitz, Texas Women's Foundation; Tiffany Patterson, United Ways of Texas; Nicole Ma, Steven Wu, Woori Juntos; and 50 individuals)

Against — (*Registered, but did not testify*: Zenobia Joseph; Natalya Velasco)

On — (*Registered, but did not testify*: Dr. Manda Hall, Department of State Health Services)

BACKGROUND: Concerns have been raised that the lack of comprehensive and reliable patient data may have contributed to an underestimation of maternal deaths in Texas.

DIGEST: HB 663 would require the Department of State Health Services to establish a work group to provide advice and consultation services to the department on the report and recommendations required by the bill from the department. The work group would consist of various members as specified in the bill. The work group would elect a presiding officer and meet periodically at the call of the presiding officer.

Along with the advice of the work group, the department would be required to prepare a report and recommendations on the establishment of a secure maternal mortality and morbidity data registry to record information submitted by participating health care providers. The department would fulfill these duties with the goal of improving the quality of maternal care and combating maternal mortality and morbidity. The information would include the health status of maternal patients over varying periods and the frequency and characteristics of maternal mortality and morbidity during and after pregnancy.

In developing the report and recommendations, the department would be required to:

- consider individual patient information related to health status and health care received that should be submitted to the registry;
- review existing registries that serve the same or a similar purpose;
- review ongoing health data collection efforts in the state to avoid duplication;
- review and consider existing laws governing confidentiality and

- security of individual health information; and
- evaluate the clinical period during which a provider should submit information to a registry.

If the department recommended the establishment of a maternal mortality and morbidity data registry, the report would need to include specific recommendations on the relevant patient information and certain categories of information to be submitted to the registry specified in the bill. The report also would need to include potential uses of the registry.

If the department established a registry, a provider that submitted information to the registry would be required to comply with all applicable federal and state laws relating to patient confidentiality and quality of health care information.

By September 1, 2024, the department would be required to prepare and submit the report and the recommendations to:

- the governor;
- the lieutenant governor;
- the speaker of the House of Representatives;
- the Legislative Budget Board; and
- each standing committee of the Legislature having primary jurisdiction over the department.

The department also would be required to post the report and the recommendations on its website.

The bill would define "pregnancy-associated death" as the death of a woman from any cause that occurred during or within one year of delivery or end of pregnancy, regardless of the outcome or location of the pregnancy. The bill also would amend the definition of "pregnancy-related death" to clarify that the outcome of a pregnancy did not affect an event being qualified as a pregnancy-related death.

The bill would specify that a reference in the bill or in Health and Safety

Code sec. 34 to the Maternal Mortality and Morbidity Task Force meant the Texas Maternal Mortality and Morbidity Review Committee.

The bill would allow the department to use only gifts, grants, or federal funds to reimburse travel or other expenses incurred by a member of the review committee, and make conforming changes in statute.

The bill would exempt a licensed health care provider who was required under other law to report a violation in relation to the provider's profession from that reporting requirement for any information obtained for the purposes of the review committee. The bill would specify that any information pertaining to a pregnancy-associated death was confidential.

Under the bill, the department would be required to allow voluntary and confidential reporting of pregnancy-associated deaths and pregnancy-related deaths by health care professionals, health care facilities, and those who completed the medical certification for a death certificate for deaths reviewed or analyzed by the review committee. The department also would be required to allow such reporting by family members of a deceased patient. The department would be required to post on its website the contact information of the person to whom a report could be submitted. The department also would be required to conduct outreach to local health organizations on the availability of the review committee to review and analyze these deaths. Any information reported to the department under this section would be confidential.

The bill would take effect September 1, 2023. The executive commissioner of the Health and Human Services Commission would be required to adopt rules to implement the bill by December 1, 2023. Provisions related to the development of a work group on the establishment of a maternal mortality and morbidity data registry would expire September 1, 2025.

NOTES:

According to the Legislative Budget Board, the bill would have a negative impact of \$2,108,615 to general revenue related funds through the biennium ending August 31, 2025.

