

BILL ANALYSIS

Senate Research Center

S.B. 1602
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

If a patient suffers a complication from an abortion, the patient often returns to the clinic where the procedure took place or may pursue treatment at another medical facility. The Texas Health and Safety Code requires health care facilities to report surgical site infections and complications from various procedures in order to track the standard of care. However, there are no current specific reporting requirements in statute for complications resulting from an abortion. S.B. 1602 requires that certain health care facilities report complications from abortions and requires the Department of State Health Services to publish this data in an annual report.

S.B. 1602 amends Chapter 171, Health and Safety Code, to include the reporting of relevant medical information related to abortion complications.

As proposed, S.B. 1602 amends current law relating to reporting requirements by health care practitioners and certain health care facilities for abortion complications and to an annual report by the Department of State Health Services, and provides a civil penalty.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 171.006, Health and Safety Code) and SECTION 2 of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter A, Chapter 171, Health and Safety Code, by adding Section 171.006, as follows:

Sec. 171.006. ABORTION COMPLICATION REPORTING REQUIREMENTS; CIVIL PENALTY. (a) Defines "abortion complication" and "facility."

(b) Requires each facility to submit to the Department of State Health Services (DSHS) in the form and manner prescribed by DSHS rule a quarterly report on each abortion complication diagnosed or treated at the facility.

(c) Requires each health care practitioner providing diagnosis of or treatment for an abortion complication to submit to DSHS in the form and manner prescribed by DSHS rule an abortion complication report not later than the 30th day after the date the complication is diagnosed or treatment is provided for the abortion complication.

(d) Requires DSHS to develop a form for reporting an abortion complication under Subsection (b) or (c) and publish the form on DSHS's Internet website.

(e) Prohibits a report submitted under this section from identifying by any means the physician performing an abortion or the patient.

(f) Requires that a report submitted under Subsection (c) include, if known, for each abortion complication certain information.

(g) Provides that, except as provided by Section 245.023 (Public Information; Toll-Free Telephone Number), all information and records held by DSHS under this section are confidential and are not open records for the purposes of Chapter 552 (Public Information), Government Code. Prohibits that information from being released or made public on subpoena or otherwise, except that release may be made in certain circumstances.

(h) Requires that a report submitted under Subsection (c) meet the federal reporting requirements that mandate the most specific, accurate, and complete coding and reporting for the highest level of specificity.

(i) Requires DSHS to publish annually on its Internet website a report indicating on a statewide basis the occurrence of each item of information in the preceding calendar year required to be reported under Subsection (f).

(j) Provides that a health care practitioner who violates this section is subject to a civil penalty of \$500 for each violation. Requires the appropriate state regulatory board, if the health care practitioner commits a third violation of this section, to consider additional disciplinary action against the health care practitioner, including actions described by Subsection (k).

(k) Provides that a third violation of this section by a facility or a health care practitioner constitutes cause for the revocation or suspension of the facility's or health care practitioner's license, permit, registration, certificate, or other authority or for other disciplinary action against the facility or health care practitioner by the appropriate state regulatory board.

SECTION 2. Requires that, not later than January 1, 2018, DSHS develop the forms required by Section 171.006, Health and Safety Code, as added by this Act, and that the executive commissioner of the Health and Human Services Commission adopt the rules necessary to implement Section 171.006, Health and Safety Code, as added by this Act.

SECTION 3. Effective date: September 1, 2017.