

BILL ANALYSIS

Senate Research Center
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S.B. 17
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The Maternal Mortality and Morbidity Task Force (task force) established by S.B. 495, 83rd Legislature, is a multidisciplinary group tasked to study maternal mortality and morbidity in Texas. The task force has produced two reports since its inception, providing critical information on maternal mortality trends and demographics in Texas. Considering the findings of the task force, much work still needs to be done to more directly address the causes of pregnancy-related deaths in Texas and severe maternal morbidity.

S.B. 17 as proposed extends the expiration date of the task force from September 1, 2019, to September 1, 2023. S.B. 17 also directs the Health and Human Services Commission (HHSC) to evaluate options to address the most prevalent causes of maternal death as identified by the task force, including options for treating postpartum depression in low-income women.

S.B. 17 also directs the Department of State Health Services to implement a maternal health and safety initiative with healthcare providers to lower incidences of maternal mortality and morbidity. The bill also requires HHSC to determine the feasibility of adding maternal health and safety protocols and best practices as a measure of quality outcomes and for quality payment purposes in the Medicaid program.

As proposed, S.B. 17 amends current law relating to maternal health and safety, pregnancy-related deaths, and maternal morbidity, including postpartum depression.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 34.005, Health and Safety Code, as follows:

Sec. 34.005. DUTIES OF TASK FORCE. Requires the Maternal Mortality and Morbidity Task Force (task force) to:

(1) study and review:

(A) makes a nonsubstantive change;

(B) trends, rates, or disparities in pregnancy-related deaths and severe maternal morbidity, rather than trends in severe maternal morbidity;

(C) health conditions and factors that disproportionately affect the most at-risk population as determined in the joint biennial report required under Section 34.015 (Reports); and

(D) best practices and programs operating in other states that have reduced rates of pregnancy-related deaths;

(2) compare rates of pregnancy-related deaths based on the socioeconomic status of the mother;

(3) redesignates existing Subdivision (2) as Subdivision (3) and makes no further changes to this subdivision; and

(4) in consultation with the Perinatal Advisory Council, make certain recommendations. Redesignates existing Subdivision (3) as Subdivision (4).

SECTION 2. Amends Sections 34.007(a) and (b), Health and Safety Code, as follows:

(a) Requires the Department of State Health Services (DSHS) to either randomly select cases or select all cases for the task force to review under this subsection (relating to requiring DSHS to determine a statistically significant number of cases of pregnancy-related deaths for review) to reflect a cross-section of pregnancy-related deaths in this state.

(b) Requires DSHS to statistically analyze aggregate data of pregnancy-related deaths and severe maternal morbidity in this state to identify any trends, rates, or disparities.

SECTION 3. Amends Section 34.015(b), Health and Safety Code, to require that the joint biennial report submitted by the task force and DSHS include the task force's recommendations under Section 34.005(4), rather than under Section 34.005(3).

SECTION 4. Amends Chapter 34, Health and Safety Code, by adding Sections 34.0155, 34.0156, and 34.0157, as follows:

Sec. 34.0155. REPORT ON PREGNANCY-RELATED DEATHS, SEVERE MATERNAL MORBIDITY, AND POSTPARTUM DEPRESSION. Requires the Health and Human Services Commission (HHSC) to:

(1) evaluate options for reducing pregnancy-related deaths, focusing on the most prevalent causes of pregnancy-related deaths as identified in the joint biennial report required under Section 34.015, and for treating postpartum depression in economically disadvantaged women;

(2) in coordination with DSHS and the task force, identify strategies to lower costs of providing medical assistance under Chapter 32 (Medical Assistance Program), Human Resources Code, related to severe maternal morbidity and chronic illness and improve quality outcomes related to the underlying causes of severe maternal morbidity and chronic illness; and

(3) not later than December 1 of each even-numbered year, submit to the governor, the lieutenant governor, the speaker of the house of representatives, the Legislative Budget Board, and the appropriate standing committees of the legislature a written report that includes certain information.

Sec. 34.0156. MATERNAL HEALTH AND SAFETY INITIATIVE. (a) Requires DSHS, in collaboration with the task force, to promote and facilitate, using existing resources, the use among health care providers in this state of maternal health and safety informational materials, including tools and procedures related to best practices in maternal health and safety.

(b) Requires DSHS, not later than December 1 of each even-numbered year, to submit a report to the executive commissioner of HHSC that includes certain information.

Sec. 34.0157. FEASIBILITY STUDY RELATED TO MATERNAL HEALTH AND SAFETY INITIATIVE. (a) Requires HHSC, using existing resources and not later than December 1, 2018, to study and determine the feasibility of adding a provider's use of

procedures included in the maternal health and safety initiative described by Section 34.0156 as an indicator of quality for HHSC data and medical assistance quality-based payment purposes.

(b) Requires DSHS to collaborate with HHSC in compiling available data and information needed to complete the feasibility study.

(c) Requires HHSC to include HHSC's determination from the feasibility study in the report required by Section 34.0155.

(d) Provides that this section expires May 1, 2019.

SECTION 5. Amends Section 34.018, Health and Safety Code, to provide that, unless continued in existence as provided by Chapter 325 (Sunset Law), Government Code (Texas Sunset Act), the task force is abolished and this chapter (Maternal Mortality and Morbidity Task Force) expires September 1, 2023, rather than September 1, 2019.

SECTION 6. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 7. Effective date: upon passage or on the 91st day after the last day of the legislative session.