

## **BILL ANALYSIS**

C.S.H.B. 9  
By: Burkett  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Concerns have been raised regarding the high maternal mortality rate in Texas. Interested parties note that the Maternal Mortality and Morbidity Task Force provides critical information on maternal mortality trends and demographics in Texas and contend that work still needs to be done to more directly address the causes of pregnancy-related deaths in Texas. C.S.H.B. 9 seeks to facilitate this work by postponing the date on which the task force is abolished and providing for certain studies and initiatives to address the issue.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 9 amends the Health and Safety Code to include among the topics the Maternal Mortality and Morbidity Task Force is required to study and review trends, 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 of the task force's findings and recommendations, and best practices and programs operating in other states that have reduced rates of pregnancy-related deaths. The bill requires the task force to compare rates of pregnancy-related deaths based on the socioeconomic status of the mother and specifies that the task force's duty to make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas is performed in consultation with the Perinatal Advisory Council.

C.S.H.B. 9 requires the task force, in coordination with the Department of State Health Services (DSHS), to review and promote the use of educational materials on the consequences of opioid drug use during pregnancy and make available to physicians and other persons licensed or certified to conduct a substance use screening of pregnant women information that includes guidance regarding best practices for verbally screening a pregnant woman for substance use using a validated screening tool and a list of substance use treatment resources in each geographic region of Texas. The bill requires the task force, in coordination with DSHS and not later than June 1, 2018, to make such information and materials available and requires DSHS to make the information and materials available on the DSHS website.

C.S.H.B. 9 gives DSHS the option of selecting all cases of pregnancy-related deaths for the task

force to review to reflect a cross-section of pregnancy-related deaths in Texas as an alternative to randomly selecting such cases. The bill specifies that the DSHS analysis of aggregate data of severe maternal morbidity in Texas to identify any trends is a statistical analysis, extends that required analysis to data of pregnancy-related deaths in Texas, and expands the purposes of the analysis to include identifying rates or disparities.

C.S.H.B. 9 requires the Health and Human Services Commission (HHSC) to evaluate options for reducing pregnancy-related deaths, focusing on the most prevalent causes of pregnancy-related deaths as identified in the task force's joint biennial report, and for treating postpartum depression in economically disadvantaged women and, in coordination with DSHS and the task force, to identify strategies to lower costs of providing Medicaid related to severe maternal morbidity and chronic illness and improve quality outcomes related to the underlying causes of severe maternal morbidity and chronic illness. The bill requires HHSC, not later than December 1 of each even-numbered year, to 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 and prescribes the required report contents.

C.S.H.B. 9 requires DSHS, using existing resources and in collaboration with the task force, to promote and facilitate the use among health care providers in Texas of maternal health and safety informational materials and to submit not later than December 1 of each even-numbered year a report to the executive commissioner of HHSC that includes a summary of the initiative's implementation and outcomes and recommendations for improving the initiative's effectiveness. The bill 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 that initiative as an indicator of quality for HHSC data and Medicaid quality-based payment purposes. The bill requires DSHS to collaborate with HHSC in compiling available data and information needed to complete the feasibility study and requires HHSC to include its determination from the feasibility study in the report on pregnancy-related deaths, severe maternal morbidity, and postpartum depression required by the bill. The bill's provisions relating to the feasibility study expire May 1, 2019.

C.S.H.B. 9 postpones from September 1, 2019, to September 1, 2023, the date on which the task force is abolished and provisions relating to the task force expire unless continued in existence as provided by the Texas Sunset Act.

C.S.H.B. 9 requires DSHS, not later than December 1 of each even-numbered year, to submit to the governor, lieutenant governor, speaker of the house of representatives, and appropriate standing committees of the legislature a report on the processes and procedures for collecting cause of death information. The bill sets out the topics DSHS may examine in preparing the report and authorizes the report to be included as part of another report DSHS is required to submit to the legislature. The bill requires DSHS, in consultation with the task force, to examine national standards regarding the collection of death information and authorizes DSHS, in consultation with the task force, to convene a panel of experts to advise DSHS and the task force in developing recommendations for improving the collection of accurate information related to cause of death. The bill's provisions relating to cause of death data improvement expire September 1, 2021.

#### **EFFECTIVE DATE**

On passage, or, if the bill does not receive the necessary vote, the 91st day after the last day of the legislative session.

#### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 9 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences

between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Section 34.005, Health and Safety Code, is amended.

No equivalent provision.

SECTION 2. Sections 34.007(a) and (b), Health and Safety Code, are amended.

SECTION 3. Section 34.015(b), Health and Safety Code, is amended.

SECTION 4. Chapter 34, Health and Safety Code, is amended.

SECTION 5. Section 34.018, Health and Safety Code, is amended.

No equivalent provision.

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Same as introduced version.

SECTION 2. Chapter 34, Health and Safety Code, is amended by adding Section 34.0055 to read as follows:

Sec. 34.0055. SCREENING AND EDUCATIONAL MATERIALS FOR SUBSTANCE USE. (a) The task force, in coordination with the department, shall:

(1) make available to physicians and other persons licensed or certified to conduct a substance use screening of pregnant women information that includes:

(A) guidance regarding best practices for verbally screening a pregnant woman for substance use using a validated screening tool; and

(B) a list of substance use treatment resources in each geographic region of this state; and

(2) review and promote the use of educational materials on the consequences of opioid drug use during pregnancy.

(b) The department shall make available on the department's Internet website the information and educational materials described by Subsection (a).

SECTION 3. Same as introduced version.

SECTION 4. Same as introduced version.

SECTION 5. Same as introduced version.

SECTION 6. Same as introduced version.

SECTION 7. Subchapter D, Chapter 1001, Health and Safety Code, is amended by adding Section 1001.0712 to read as follows:

Sec. 1001.0712. CAUSE OF DEATH DATA IMPROVEMENT. (a) Not later than December 1 of each even-numbered year, the department shall submit to the governor, lieutenant governor, speaker of the house of representatives, and appropriate

standing committees of the legislature a report on the processes and procedures for collecting cause of death information, including any challenges to collecting accurate information relating to maternal mortality.

(b) In preparing the report, the department may examine:

(1) issues relating to the quality of the death information being collected, including the accuracy and completeness of the information;

(2) the role of medical certifiers in death information collection;

(3) the perceptions of the individuals collecting the death information regarding the information's integrity;

(4) the training required for the individuals collecting death information; and

(5) the structural, procedural, and technological issues of collecting the information.

(c) The department, in consultation with the Maternal Mortality and Morbidity Task Force, shall examine national standards regarding the collection of death information and may convene a panel of experts to advise the department and the task force in developing recommendations for improving the collection of accurate information related to cause of death.

(d) The report may be included as part of another report the department is required to submit to the legislature.

(e) This section expires September 1, 2021.

No equivalent provision.

SECTION 6. If before implementing any provision of this Act a state agency determines that an additional waiver or additional authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 8. Not later than June 1, 2018, the Maternal Mortality and Morbidity Task Force, in coordination with the Department of State Health Services, shall make available the information and educational materials described by Section 34.0055, Health and Safety Code, as added by this Act.

SECTION 9. Same as introduced version.

SECTION 7. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect on the 91st day after the last day of the legislative session.

SECTION 10. Same as introduced version.