

## **BILL ANALYSIS**

C.S.H.B. 10  
By: Walle  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Interested parties note that the Maternal Mortality and Morbidity Task Force provides critical information on maternal mortality trends in Texas and contend that work still needs to be done to more directly address the causes of pregnancy-related deaths and the high maternal mortality rate in Texas. C.S.H.B. 10 seeks to facilitate this work by postponing the date on which the task force is abolished and providing for certain studies 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. 10 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. The bill requires the task force to identify practice opportunities in maternal health care and develop evidence-based best practice recommendations for maternal health care, prioritized to address the most prevalent causes of pregnancy-related death and severe maternal morbidity. The bill includes among the entities with whom the Department of State Health Services (DSHS) and the task force may consult in gathering information representatives of any state agency, collaborative, or council, including the Health and Human Services Commission (HHSC), the state perinatal quality collaborative, and the Perinatal Advisory Council.

C.S.H.B. 10 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. 10 requires DSHS, using existing resources and in collaboration with the task force, HHSC, and the state perinatal quality collaborative, to promote and facilitate the use among health care providers in Texas of maternal health care informational materials and to submit not later than December 1 of each even-numbered year to the executive commissioner of HHSC, governor, lieutenant governor, speaker of the house of representatives, Legislative Budget Board, and appropriate standing committees of the legislature a report that includes a summary of the

implementation and outcomes of providing such informational materials and recommendations for improving the informational materials. The bill establishes that the promotion, facilitation, provision, use, or failure to use the informational materials does not create a cause of action or create a standard of care, obligation, or duty that provides a basis for a cause of action and that evidence that a person failed to comply with the practices or procedures recommended in the informational materials is not admissible in a civil, judicial, or administrative proceeding.

C.S.H.B. 10 requires HHSC, using existing resources and not later than December 1, 2018, to study and determine the feasibility of facilitating the adoption of the task force's best practice recommendations and improving maternal health outcomes as part of a value-based and quality improvement initiative to promote better health outcomes and to lower costs for publicly funded health care services. The bill requires HHSC, in conducting the study, to consult with interested persons as necessary and requires DSHS to collaborate with HHSC in compiling available data and information needed to complete the feasibility study. The bill requires HHSC to include its determination from the feasibility study in the report on the maternal health care information required by the bill and authorizes the report to be included as a part of another report HHSC is required to submit to the legislature. The bill's provisions relating to the feasibility study expire May 1, 2019.

C.S.H.B. 10 postpones from September 1, 2019, to December 31, 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. 10 requires DSHS, not later than October 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, including any challenges to collecting accurate information relating to maternal mortality. 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. 10 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 to read as follows:  
Sec. 34.005. DUTIES OF TASK FORCE.  
The task force shall:  
(1) study and review:  
(A) cases of pregnancy-related deaths; and

##### **HOUSE COMMITTEE SUBSTITUTE**

SECTION 1. Section 34.005, Health and Safety Code, is amended to read as follows:  
Sec. 34.005. DUTIES OF TASK FORCE.  
The task force shall:  
(1) study and review:  
(A) cases of pregnancy-related deaths; and

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

(2) determine the feasibility of the task force studying cases of severe maternal morbidity; ~~and~~

(3) make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in this state; and

(4) identify clinical practice opportunities in maternal health care and develop evidence-based and provider-based best practice recommendations to address those issues, prioritized by most prevalent causes of pregnancy-related death and severe maternal morbidity, in consultation with:

(A) the commission;

(B) the department;

(C) the Texas Collaborative for Healthy Mothers and Babies;

(D) the Perinatal Advisory Council; and

(E) any relevant experts and other interested persons.

No equivalent provision.

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

(2) determine the feasibility of the task force studying cases of severe maternal morbidity; ~~and~~

(3) make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in this state; and

(4) identify practice opportunities in maternal health care and develop evidence-based best practice recommendations for maternal health care, prioritized to address the most prevalent causes of pregnancy-related death and severe maternal morbidity.

SECTION 2. Section 34.006(b), Health and Safety Code, is amended to read as follows:

(b) In gathering information, the department and task force may consult with representatives of any state agencies, collaboratives, and councils and any relevant state professional associations and organizations, including:

(1) District XI of the American Congress of Obstetricians and Gynecologists;

(2) the Texas Association of Obstetricians and Gynecologists;

(3) the Texas Nurses Association;

(4) the Texas Section of the Association of Women's Health, Obstetric and Neonatal Nurses;

(5) the Texas Academy of Family Physicians;

(6) the Texas Pediatric Society;

(7) the Consortium of Texas Certified Nurse-Midwives;

(8) the Association of Texas Midwives;

(9) the Texas Hospital Association;

(10) the Texas Medical Association; ~~and~~

(11) the Texas Public Health Association;

(12) the commission;

(13) the state perinatal quality collaborative; and

(14) the Perinatal Advisory Council, as defined by Section 241.187.

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

SECTION 3. Chapter 34, Health and Safety Code, is amended by adding Sections 34.0156 and 34.0157 to read as follows:

Sec. 34.0156. MATERNAL HEALTH AND SAFETY INITIATIVE. (a) Using existing resources, the department, in collaboration with the task force, shall promote and facilitate the use among health care providers in this state of maternal health and safety informational materials, including tools and procedures related to best practice recommendations in maternal health and safety under Section 34.005.

(b) Not later than December 1 of each even-numbered year, the department shall submit to the executive commissioner, governor, lieutenant governor, speaker of the house of representatives, Legislative Budget Board, and appropriate standing committees of the legislature a report that includes:

(1) a summary of the initiative's implementation and outcomes; and

(2) recommendations for improving the effectiveness of the initiative.

Sec. 34.0157. FEASIBILITY STUDY RELATED TO MATERNAL HEALTH AND SAFETY INITIATIVE. (a) Using existing resources and not later than December 1, 2018, the commission shall study and determine the feasibility of facilitating the adoption of best practice recommendations under Section 34.005 and improving maternal health outcomes as part of a value-based and quality improvement initiative to promote better health outcomes

SECTION 3. Same as introduced version.

SECTION 4. Chapter 34, Health and Safety Code, is amended by adding Sections 34.0156 and 34.0157 to read as follows:

Sec. 34.0156. MATERNAL HEALTH CARE INFORMATION; ACTION NOT CREATED. (a) Using existing resources, the department, in collaboration with the task force, the commission, and the state perinatal quality collaborative, shall promote and facilitate the use among health care providers in this state of maternal health care informational materials, including tools and procedures related to best practice recommendations for maternal health care developed under Section 34.005.

(b) Not later than December 1 of each even-numbered year, the department shall submit to the executive commissioner, governor, lieutenant governor, speaker of the house of representatives, Legislative Budget Board, and appropriate standing committees of the legislature a report that includes:

(1) a summary of the implementation and outcomes of providing the informational materials described by Subsection (a); and

(2) recommendations for improving the informational materials provided under Subsection (a).

(c) Notwithstanding any other law, the promotion, facilitation, provision, use, or failure to use the informational materials described by Subsection (a) does not create a cause of action or create a standard of care, obligation, or duty that provides a basis for a cause of action. Evidence that a person failed to comply with the practices or procedures recommended in the informational materials is not admissible in a civil, judicial, or administrative proceeding.

Sec. 34.0157. FEASIBILITY STUDY RELATED TO MATERNAL HEALTH AND SAFETY INITIATIVE. (a) Using existing resources and not later than December 1, 2018, the commission shall study and determine the feasibility of facilitating the adoption of best practice recommendations under Section 34.005 and improving maternal health outcomes as part of a value-based and quality improvement initiative to promote better health outcomes

and to lower costs for publicly funded health care services. In conducting the study, the commission as necessary shall consult with interested persons, including managed care organizations and providers.

(b) The department shall collaborate with the commission in compiling available data and information needed to complete the feasibility study.

(c) The commission shall include the commission's determination from the feasibility study in the report required by Section 34.0156. The report may be included as part of another report the department is required to submit to the legislature.

(d) This section expires May 1, 2019.

SECTION 4. Section 34.018, Health and Safety Code, is amended.

SECTION 5. Subchapter D, Chapter 1001, Health and Safety Code, is amended.

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 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.

and to lower costs for publicly funded health care services. In conducting the study, the commission as necessary shall consult with interested persons, including managed care organizations and providers.

(b) The department shall collaborate with the commission in compiling available data and information needed to complete the feasibility study under Subsection (a).

(c) The commission shall include the commission's determination from the feasibility study under Subsection (a) in the report required by Section 34.0156. The report may be included as part of another report the commission is required to submit to the legislature.

(d) This section expires May 1, 2019.

SECTION 5. Same as introduced version.

SECTION 6. Same as introduced version.

SECTION 7. Same as introduced version.

SECTION 8. Same as introduced version.