

By: Thierry, Oliverson

H.B. No. 136

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the confidentiality and reporting of certain
3 information on maternal mortality to the Department of State Health
4 Services and to a work group establishing a maternal mortality and
5 morbidity data registry.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

7 SECTION 1. Section 34.001, Health and Safety Code, is
8 amended by adding Subdivision (11-a) and amending Subdivision (12)
9 to read as follows:

10 (11-a) "Pregnancy-associated death" means the death
11 of a woman from any cause that occurs during or within one year of
12 delivery or end of pregnancy, regardless of the outcome or location
13 of the pregnancy.

14 (12) "Pregnancy-related death" means the death of a
15 woman while pregnant or within one year of delivery or end of
16 pregnancy, regardless of the outcome, duration, or location [~~and~~
17 ~~site~~] of the pregnancy, from any cause related to or aggravated by
18 the pregnancy or its management, but not from accidental or
19 incidental causes.

20 SECTION 2. The heading to Section 34.002, Health and Safety
21 Code, is amended to read as follows:

22 Sec. 34.002. TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW
23 COMMITTEE; REFERENCE IN LAW.

24 SECTION 3. Section 34.002, Health and Safety Code, is

1 amended by adding Subsection (a-1) and amending Subsection (e) to
2 read as follows:

3 (a-1) Notwithstanding any other law, a reference in this
4 chapter or other law to the Maternal Mortality and Morbidity Task
5 Force means the Texas Maternal Mortality and Morbidity Review
6 Committee.

7 (e) A member of the review committee appointed under
8 Subsection (b)(1) is not entitled to compensation for service on
9 the review committee but, subject to Section 34.014(b), may be
10 reimbursed [~~or reimbursement~~] for travel or other expenses incurred
11 by the member while conducting the business of the review
12 committee.

13 SECTION 4. Section 34.008, Health and Safety Code, is
14 amended by adding Subsection (e) to read as follows:

15 (e) For purposes of this chapter, a licensed health care
16 provider, including a nurse, who is involved in obtaining
17 information relevant to a case of pregnancy-associated death,
18 pregnancy-related death, or severe maternal morbidity under this
19 chapter and who is required under other law to report a violation
20 related to the provider's profession is exempt from the requirement
21 to report the violation for information obtained under this
22 chapter.

23 SECTION 5. Section 34.009(a), Health and Safety Code, is
24 amended to read as follows:

25 (a) Any information pertaining to a pregnancy-associated
26 death, a pregnancy-related death, or severe maternal morbidity is
27 confidential for purposes of this chapter.

1 SECTION 6. Section 34.014, Health and Safety Code, is
2 amended to read as follows:

3 Sec. 34.014. FUNDING. (a) The department may accept gifts
4 and grants from any source to fund the duties of the department and
5 the review committee under this chapter.

6 (b) The department may use only gifts, grants, or federal
7 funds to reimburse travel or other expenses incurred by a member of
8 the review committee in accordance with Section 34.002(e).

9 SECTION 7. Section 34.017, Health and Safety Code, is
10 amended by adding Subsections (c), (d), and (e) to read as follows:

11 (c) The department may allow voluntary and confidential
12 reporting to the department of pregnancy-associated deaths and
13 pregnancy-related deaths by health care professionals, health care
14 facilities, and persons who complete the medical certification for
15 a death certificate for deaths reviewed or analyzed by the review
16 committee.

17 (d) The department shall allow voluntary and confidential
18 reporting to the department of pregnancy-associated deaths and
19 pregnancy-related deaths by family members of or other appropriate
20 individuals associated with a deceased patient. The department
21 shall:

22 (1) post on the department's Internet website the
23 contact information of the person to whom a report may be submitted
24 under this subsection; and

25 (2) conduct outreach to local health organizations on
26 the availability of the review committee to review and analyze the
27 deaths described by this subsection.

1 (e) Information reported to the department under this
2 section is confidential in accordance with Section 34.009.

3 SECTION 8. Chapter 34, Health and Safety Code, is amended by
4 adding Section 34.022 to read as follows:

5 Sec. 34.022. DEVELOPMENT OF WORK GROUP ON ESTABLISHMENT OF
6 MATERNAL MORTALITY AND MORBIDITY DATA REGISTRY. (a) In this
7 section, "maternal mortality and morbidity data registry" means an
8 Internet website or database established to collect individualized
9 patient information and aggregate statistical reports on the health
10 status, health behaviors, and service delivery needs of maternal
11 patients.

12 (b) The department shall establish a work group to provide
13 advice and consultation services to the department on the report
14 and recommendations required by Subsection (e). The work group
15 consists of the following members appointed by the commissioner
16 unless otherwise provided:

17 (1) one member with appropriate expertise appointed by
18 the governor;

19 (2) two members with appropriate expertise appointed
20 by the lieutenant governor;

21 (3) two members with appropriate expertise appointed
22 by the speaker of the house of representatives;

23 (4) the chair of the Texas Hospital Association or the
24 chair's designee;

25 (5) the president of the Texas Medical Association or
26 the president's designee;

27 (6) the president of the Texas Nurses Association or

- 1 the president's designee;
2 (7) one member who is a physician specializing in
3 obstetrics and gynecology;
4 (8) one member who is a physician specializing in
5 maternal and fetal medicine;
6 (9) one member who is a registered nurse specializing
7 in labor and delivery;
8 (10) one member who is a representative of a hospital
9 located in a rural area of this state;
10 (11) one member who is a representative of a hospital
11 located in a county with a population of four million or more;
12 (12) one member who is a representative of a hospital
13 located in an urban area of this state in a county with a population
14 of less than four million;
15 (13) one member who is a representative of a public
16 hospital;
17 (14) one member who is a representative of a private
18 hospital;
19 (15) one member who is an epidemiologist;
20 (16) one member who is a statistician;
21 (17) one member who is a public health expert; and
22 (18) any other member with appropriate expertise as
23 the commissioner determines necessary.
24 (c) The work group shall elect from among the membership a
25 presiding officer.
26 (d) The work group shall meet periodically and at the call
27 of the presiding officer.

1 (e) With the goals of improving the quality of maternal care
2 and combating maternal mortality and morbidity and with the advice
3 of the work group established under this section, the department
4 shall assess and prepare a report and recommendations on the
5 establishment of a secure maternal mortality and morbidity data
6 registry to record information submitted by participating health
7 care providers on the health status of maternal patients over
8 varying periods, including the frequency and characteristics of
9 maternal mortality and morbidity during pregnancy and the
10 postpartum period.

11 (f) In developing the report and recommendations required
12 by Subsection (e), the department shall:

13 (1) consider individual maternal patient information
14 related to health status and health care received over varying
15 periods that should be submitted to the registry;

16 (2) review existing and developing registries used in
17 and outside this state that serve the same or a similar purpose as a
18 maternal mortality and morbidity data registry;

19 (3) review ongoing health data collection efforts and
20 initiatives in this state to avoid duplication and ensure
21 efficiency;

22 (4) review and consider existing laws that govern data
23 submission and sharing, including laws governing the
24 confidentiality and security of individually identifiable health
25 information; and

26 (5) evaluate the clinical period during which known
27 and available information should be submitted to a maternal

1 mortality and morbidity data registry by a health care provider,
2 including information:

3 (A) from a maternal patient's first appointment
4 with an obstetrician and each subsequent appointment until the date
5 of delivery;

6 (B) for the 42 days following a patient's
7 delivery; and

8 (C) until the 364th day following a patient's
9 delivery.

10 (g) If the department recommends the establishment of a
11 maternal mortality and morbidity data registry, the report under
12 Subsection (e) must include specific recommendations on the
13 relevant individual patient information and categories of
14 information to be submitted to the registry, including
15 recommendations on the intervals for submission of information.
16 The categories of individual patient information described by this
17 subsection must include:

18 (1) notifiable maternal deaths, including
19 individualized patient data on:

20 (A) patients who die during pregnancy; and

21 (B) patients who were pregnant at any point in
22 the 12 months preceding their death;

23 (2) individualized patient information on each
24 pregnancy and birth;

25 (3) individualized patient data on the most common
26 high-risk conditions for maternal patients and severe cases of
27 maternal morbidity;

1 (4) nonidentifying demographic data from the
2 provider's patient admissions records, including age, race, and
3 patient health benefit coverage status; and

4 (5) a statistical summary based on an aggregate of
5 individualized patient data that includes the following:

6 (A) total live births;

7 (B) maternal age distributions;

8 (C) maternal race and ethnicity distributions;

9 (D) health benefit plan issuer distributions;

10 (E) incidence of diabetes, hypertension, and
11 hemorrhage among patients;

12 (F) gestational age distributions;

13 (G) birth weight distributions;

14 (H) total preterm birth rate;

15 (I) rate of vaginal deliveries; and

16 (J) rate of cesarean sections.

17 (h) If the department establishes a maternal mortality and
18 morbidity data registry, a health care provider submitting
19 information to the registry shall comply with all applicable
20 federal and state laws relating to patient confidentiality and
21 quality of health care information.

22 (i) The report and recommendations required under
23 Subsection (e) must outline potential uses of a maternal mortality
24 and morbidity data registry, including:

25 (1) periodic analysis by the department of information
26 submitted to the registry; and

27 (2) the feasibility of preparing and issuing reports,

1 using aggregated information, to each health care provider
2 participating in the registry to improve the quality of maternal
3 care.

4 (j) Not later than September 1, 2022, the department shall
5 prepare and submit to the governor, the lieutenant governor, the
6 speaker of the house of representatives, the Legislative Budget
7 Board, and each standing committee of the legislature having
8 primary jurisdiction over the department and post on the
9 department's Internet website the report and recommendations
10 required under Subsection (e).

11 (k) This section expires September 1, 2023.

12 SECTION 9. The executive commissioner of the Health and
13 Human Services Commission shall adopt rules as necessary to
14 implement Section 34.022, Health and Safety Code, as added by this
15 Act, not later than December 1, 2021.

16 SECTION 10. This Act takes effect September 1, 2021.