

By: Thierry

H.B. No. 1958

A BILL TO BE ENTITLED

AN ACT

1
2 relating to maternal mortality and morbidity in this state and
3 Medicaid eligibility of and coverage for certain services provided
4 to pregnant women.

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

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

9 (11-a) "Pregnancy-associated death" means the death
10 of a woman from any cause that occurs during or within one year of
11 delivery or end of pregnancy, regardless of the outcome or location
12 of the pregnancy.

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

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

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

23 SECTION 3. Section 34.002, Health and Safety Code, is
24 amended by adding Subsection (a-1) and amending Subsections (b) and

1 (e) to read as follows:

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

6 (b) The review committee is a multidisciplinary advisory
7 committee within the department and is composed of the following 23
8 [~~17~~] members:

9 (1) 21 [~~15~~] members appointed by the commissioner as
10 follows:

11 (A) four physicians specializing in obstetrics,
12 at least one of whom is a maternal fetal medicine specialist;

13 (B) one certified nurse-midwife;

14 (C) one registered nurse;

15 (D) one nurse specializing in labor and delivery;

16 (E) one physician specializing in family
17 practice;

18 (F) one physician specializing in psychiatry;

19 (G) one physician specializing in pathology;

20 (H) one epidemiologist, biostatistician, or
21 researcher of pregnancy-related deaths;

22 (I) one social worker or social service provider;

23 (J) two [~~one~~] community advocates [~~advocate~~] in a
24 relevant field;

25 (K) one medical examiner or coroner responsible
26 for recording deaths; [~~and~~]

27 (L) one physician specializing in critical care;

1 (M) one physician specializing in emergency
2 care;

3 (N) one physician specializing in cardiology;

4 (O) one physician specializing in
5 anesthesiology;

6 (P) one physician specializing in oncology; and

7 (Q) one representative of a managed care
8 organization;

9 (2) a representative of the department's family and
10 community health programs; and

11 (3) the state epidemiologist for the department or the
12 epidemiologist's designee.

13 (e) A member of the review committee appointed under
14 Subsection (b)(1) is not entitled to compensation for service on
15 the review committee but, subject to Section 34.014(b), may be
16 reimbursed [~~or reimbursement~~] for travel or other expenses incurred
17 by the member while conducting the business of the review
18 committee.

19 SECTION 4. Section 34.003(a), Health and Safety Code, is
20 amended to read as follows:

21 (a) Review committee members appointed by the commissioner
22 serve staggered six-year terms, with one-third or as near as
23 possible to one-third of the members' terms [~~of four or five~~
24 ~~members, as appropriate,~~] expiring February 1 of each odd-numbered
25 year.

26 SECTION 5. Section 34.008, Health and Safety Code, is
27 amended by adding Subsection (e) to read as follows:

1 (e) For purposes of this chapter, a health care provider,
2 including a nurse, who is involved in obtaining information
3 relevant to a case of pregnancy-associated death,
4 pregnancy-related death, or severe maternal morbidity under this
5 chapter and who is required under other law to report a violation
6 related to the provider's profession is exempt from that reporting
7 requirement for the information obtained under this chapter.

8 SECTION 6. Section 34.009(a), Health and Safety Code, is
9 amended to read as follows:

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

13 SECTION 7. Section 34.014, Health and Safety Code, is
14 amended to read as follows:

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

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

21 SECTION 8. Section 34.017, Health and Safety Code, is
22 amended by adding Subsections (c), (d), and (e) to read as follows:

23 (c) The department may allow voluntary and confidential
24 reporting to the department of pregnancy-associated deaths and
25 pregnancy-related deaths by health care providers and persons who
26 complete the medical certification for a death certificate for
27 deaths reviewed or analyzed by the review committee.

1 (d) The department shall allow voluntary and confidential
2 reporting to the department of pregnancy-associated deaths and
3 pregnancy-related deaths by family members of or other appropriate
4 individuals associated with a deceased patient. The department
5 shall:

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

9 (2) conduct outreach to local health organizations on
10 the availability of the review committee to review and analyze the
11 deaths described by this subsection.

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

14 SECTION 9. Chapter 34, Health and Safety Code, is amended by
15 adding Section 34.022 to read as follows:

16 Sec. 34.022. DEVELOPMENT OF WORK GROUP ON ESTABLISHMENT OF
17 MATERNAL MORTALITY AND MORBIDITY DATA REGISTRY. (a) In this
18 section, "maternal mortality and morbidity data registry" means an
19 Internet website or database established to collect individualized
20 patient information and aggregate statistical reports on the health
21 status, health behaviors, and service delivery needs of maternal
22 patients.

23 (b) The department shall establish a work group to advise
24 the department on the report and recommendations required by
25 Subsection (e). The work group consists of the following members
26 appointed by the commissioner unless otherwise provided:

27 (1) one member with appropriate expertise appointed by

- 1 the governor;
- 2 (2) two members with appropriate expertise appointed
- 3 by the lieutenant governor;
- 4 (3) two members with appropriate expertise appointed
- 5 by the speaker of the house of representatives;
- 6 (4) the chair of the Texas Hospital Association or the
- 7 chair's designee;
- 8 (5) the president of the Texas Medical Association or
- 9 the president's designee;
- 10 (6) the president of the Texas Nurses Association or
- 11 the president's designee;
- 12 (7) one member who is a physician specializing in
- 13 obstetrics and gynecology;
- 14 (8) one member who is a physician specializing in
- 15 maternal and fetal medicine;
- 16 (9) one member who is a registered nurse specializing
- 17 in labor and delivery;
- 18 (10) one member who is a representative of a hospital
- 19 located in a rural area of this state;
- 20 (11) one member who is a representative of a hospital
- 21 located in a county with a population of four million or more;
- 22 (12) one member who is a representative of a hospital
- 23 located in an urban area of this state in a county with a population
- 24 of less than four million;
- 25 (13) one member who is a representative of a public
- 26 hospital;
- 27 (14) one member who is a representative of a private

1 hospital;

2 (15) one member who is an epidemiologist;

3 (16) one member who is a statistician;

4 (17) one member who is a public health expert; and

5 (18) any other member with appropriate expertise as
6 the commissioner determines necessary.

7 (c) The work group shall elect from among the membership a
8 presiding officer.

9 (d) The work group shall meet periodically and at the call
10 of the presiding officer.

11 (e) With the goals of improving the quality of maternal care
12 and combating maternal mortality and morbidity and with the advice
13 of the work group, the department shall assess and prepare a report
14 and recommendations on the establishment of a secure maternal
15 mortality and morbidity data registry to record information
16 submitted by participating health care providers on the health
17 status of maternal patients over varying periods, including the
18 frequency and characteristics of maternal mortality and morbidity
19 during pregnancy and the postpartum period.

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

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

25 (2) review existing and developing registries used
26 within and outside this state that serve the same or a similar
27 purpose as a maternal mortality and morbidity data registry;

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

4 (4) review and consider existing laws that govern data
5 submission and sharing, including laws governing the
6 confidentiality and security of individually identifiable health
7 information; and

8 (5) evaluate the clinical period during which a health
9 care provider should submit to a maternal mortality and morbidity
10 data registry known and available information, including
11 information:

12 (A) from a maternal patient's first appointment
13 with an obstetrician and each subsequent appointment until the date
14 of delivery;

15 (B) for the 42 days following a patient's
16 delivery; and

17 (C) until the 364th day following a patient's
18 delivery.

19 (g) If the department recommends the establishment of a
20 maternal mortality and morbidity data registry, the report under
21 Subsection (e) must include specific recommendations on the
22 relevant individual patient information and categories of
23 information to be submitted to the registry and on the intervals for
24 submission of information. The categories must include:

25 (1) notifiable maternal deaths, including
26 individualized patient data on:

27 (A) patients who die during pregnancy; and

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

3 (2) individualized patient information on each
4 pregnancy and birth;

5 (3) individualized patient data on the most common
6 high-risk conditions for maternal patients and severe cases of
7 maternal morbidity;

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

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

13 (A) total live births;

14 (B) maternal age distributions;

15 (C) maternal race and ethnicity distributions;

16 (D) health benefit plan issuer distributions;

17 (E) incidence of diabetes, hypertension, and
18 hemorrhage among patients;

19 (F) gestational age distributions;

20 (G) birth weight distributions;

21 (H) total preterm birth rate;

22 (I) rate of vaginal deliveries; and

23 (J) rate of cesarean sections.

24 (h) If the department establishes a maternal mortality and
25 morbidity data registry, a health care provider submitting
26 information to the registry shall comply with all applicable
27 federal and state laws relating to patient confidentiality and

1 quality of health care information.

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

5 (1) periodic department analysis of information
6 submitted to the registry; and

7 (2) the feasibility of preparing and issuing reports,
8 using aggregated information, to each health care provider
9 participating in the registry to improve the quality of maternal
10 care.

11 (j) Not later than September 1, 2024, the department shall
12 prepare and submit to the governor, the lieutenant governor, the
13 speaker of the house of representatives, the Legislative Budget
14 Board, and each standing committee of the legislature having
15 primary jurisdiction over the department and post on the
16 department's Internet website the report and recommendations
17 required under Subsection (e).

18 (k) This section expires September 1, 2025.

19 SECTION 10. Section 32.024(1-1), Human Resources Code, is
20 amended to read as follows:

21 (1-1) The commission shall continue to provide medical
22 assistance to a woman who is eligible for medical assistance for
23 pregnant women for a period of not less than 12 [~~six~~] months
24 following the last month of the woman's pregnancy [~~date the woman~~
25 ~~delivers or experiences an involuntary miscarriage~~].

26 SECTION 11. Subchapter B, Chapter 32, Human Resources Code,
27 is amended by adding Section 32.02481 to read as follows:

1 Sec. 32.02481. MEDICAL ASSISTANCE PILOT PROGRAM FOR DOULA
2 SERVICES. (a) In this section:

3 (1) "Doula" means a nonmedical birthing coach who
4 provides doula services and meets the qualifications for a doula as
5 determined by commission rule.

6 (2) "Doula services" means nonmedical childbirth
7 education, coaching, and support services, including emotional and
8 physical support provided during pregnancy, labor, delivery, and
9 the postpartum period, or provided intermittently during pregnancy
10 and the postpartum period.

11 (b) The commission shall establish a pilot program to
12 provide medical assistance reimbursement for doula services
13 provided by a doula. The executive commissioner, in consultation
14 with the Perinatal Advisory Council established under Section
15 241.187, Health and Safety Code, by rule shall determine the
16 qualifications necessary for an individual to be considered a doula
17 and the doula services to be covered under the pilot program.

18 (c) Not later than September 1, 2024, the commission shall
19 implement the pilot program in:

20 (1) the most populous county in this state; and

21 (2) the county with the greatest maternal health
22 support needs, as determined by the county's maternal and infant
23 mortality rates and the number of births in the county by Medicaid
24 recipients.

25 (d) The commission shall prescribe eligibility requirements
26 for participation in the pilot program.

27 (e) Not later than September 1 of each year during the

1 operation of the pilot program, the commission shall prepare and
2 publish on the commission's Internet website a report evaluating:

3 (1) the total costs during the preceding year of
4 providing medical assistance reimbursement for doula services
5 under the pilot program; and

6 (2) the impact on birth outcomes for women who receive
7 doula services under the pilot program.

8 (f) Not later than September 1, 2028, the commission shall
9 prepare and submit to the legislature a written report that:

10 (1) summarizes the results of the pilot program,
11 including the effectiveness of the pilot program in reducing
12 maternal mortality rates and racial disparities in health outcomes
13 in the geographic areas of this state in which the pilot program
14 operates;

15 (2) includes feedback from participating doulas and
16 recipients who received doula services under the pilot program; and

17 (3) includes a recommendation on whether the pilot
18 program should be continued, expanded, or terminated.

19 (g) The pilot program terminates and this section expires
20 September 1, 2029.

21 SECTION 12. (a) In this section:

22 (1) "Department" means the Department of State Health
23 Services.

24 (2) "Review committee" means the Texas Maternal
25 Mortality and Morbidity Review Committee established under Chapter
26 34, Health and Safety Code.

27 (b) The review committee and the department shall jointly

1 conduct a study to evaluate maternal mortality and morbidity among
2 Black women in this state. In conducting the study, the review
3 committee and department shall:

4 (1) compare maternal mortality and morbidity rates
5 among Black women in this state in relation to maternal mortality
6 and morbidity rates among each other race and ethnicity;

7 (2) compare maternal mortality and morbidity rates
8 among Black women in this state in relation to socioeconomic status
9 and education level;

10 (3) assess the impact of social determinants of
11 health, including an evaluation of data on pregnancy-related
12 deaths, pregnancy-related complications that almost resulted in
13 death, and morbidities, to identify any correlation in that data to
14 women who are uninsured, women who receive health care coverage
15 under Medicaid, and women who receive health care coverage through
16 a private insurer;

17 (4) evaluate the impact of the following health
18 conditions on maternal mortality and morbidity:

19 (A) cardiac health conditions;

20 (B) preeclampsia, eclampsia, and other
21 hypertensive disorders;

22 (C) hemorrhage;

23 (D) obesity; and

24 (E) stress-related health conditions; and

25 (5) assess the extent to which implicit biases held by
26 health care providers against Black individuals affect maternal
27 mortality and morbidity among Black women.

1 (c) Based on the results of the study conducted under this
2 section, the review committee and department shall develop
3 recommendations to address disparities in maternal mortality and
4 morbidity among Black women, including recommendations on:

5 (1) strategies to reduce the incidence of
6 pregnancy-related deaths and severe maternal morbidity;

7 (2) patient outreach and education;

8 (3) health care provider training, including a
9 recommendation on the potential benefit of training on cultural
10 competency and implicit biases against Black individuals;

11 (4) best practices identified as successful in
12 reducing maternal mortality and morbidity; and

13 (5) the implementation in this state of programs
14 operating in other states that have reduced maternal mortality and
15 morbidity rates.

16 (d) Not later than September 1, 2024, the review committee
17 and department shall prepare and submit to the governor, lieutenant
18 governor, speaker of the house of representatives, and appropriate
19 committees of the legislature a written report that summarizes the
20 results of the study and includes the recommendations developed
21 under this section. The report may be consolidated with the
22 biennial report required under Section 34.015, Health and Safety
23 Code.

24 (e) This section expires December 31, 2024.

25 SECTION 13. The executive commissioner of the Health and
26 Human Services Commission shall adopt rules as necessary to
27 implement Section 34.022, Health and Safety Code, as added by this

1 Act, not later than December 1, 2023.

2 SECTION 14. Notwithstanding Section 32.02481(e), Human
3 Resources Code, as added by this Act, the Health and Human Services
4 Commission shall prepare and publish the first report required by
5 that section not later than September 1, 2025.

6 SECTION 15. If before implementing any provision of this
7 Act a state agency determines that a waiver or authorization from a
8 federal agency is necessary for implementation of that provision,
9 the agency affected by the provision shall request the waiver or
10 authorization and may delay implementing that provision until the
11 waiver or authorization is granted.

12 SECTION 16. This Act takes effect immediately if it
13 receives a vote of two-thirds of all the members elected to each
14 house, as provided by Section 39, Article III, Texas Constitution.
15 If this Act does not receive the vote necessary for immediate
16 effect, this Act takes effect September 1, 2023.