

BILL ANALYSIS

Senate Research Center
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C.S.H.B. 2620
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Health & Human Services
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Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Pregnant women are at nearly twice the risk of experiencing domestic violence. For an unborn child, many harmful fetal outcomes—including miscarriage, still-born birth, preterm labor and delivery, direct fetal injury, fetal hemorrhage, and placental abruption—are directly attributable to the physical trauma that stems from domestic violence perpetrated against the mother.

Although pregnancy is a time of increased risk and vulnerability for violence, for many women pregnancy also presents a unique opportunity for repeated contact with health care providers—for this reason, pregnancy can be an important and ideal window of opportunity for violence prevention and intervention.

Texas has wisely focused attention and funds on the critical times of pregnancy and very early childhood based on their importance on significant health outcomes.

A variety of state, private, and federally funded programs (e.g., Texas Healthy Babies Initiative, Nurse Family Partnership, and home visitation programs) have emerged to improve birth outcomes and enhance infant health and long term child well-being through parent education. The presence of domestic violence undermines most of these programs' outcomes without effective preventative and intervention approaches.

C.S.H.B. 2620 establishes a task force to examine and address the impact of domestic violence on the health of women and children during the perinatal period through the first two years of life to better promote healthy Texas families.

This task force will identify the gaps, needs, and opportunities across the health care spectrum to address this issue; support the inclusion of domestic violence information into education, standards, and protocols for clinical and community based health care providers and educators; and design health system responses to domestic violence against women who are pregnant and postpartum that include universal information, early screening and detection, and public awareness efforts.

C.S.H.B. 2620 amends current law relating to the creation of a task force on domestic violence.

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 Chapter 32, Health and Safety Code, by adding Subchapter C, as follows:

SUBCHAPTER C. TASK FORCE ON DOMESTIC VIOLENCE

Sec. 32.061. DEFINITION. Defines "task force" in this subchapter.

Sec. 32.062. ESTABLISHMENT; PRESIDING OFFICER. (a) Provides that the task force on domestic violence (task force) is composed of 25 members appointed by the

executive commissioner of the Health and Human Services Commission (executive commissioner) as set forth.

(b) Requires the executive commissioner to appoint a task force member to serve as presiding officer of the task force.

Sec. 32.063. DUTIES OF TASK FORCE. Requires the task force to meet at the call of the presiding officer to:

(1) examine the impact of domestic violence on maternal and infant mortality, the health of mothers, and the health and development of fetuses, infants, and children;

(2) identify the health care services available to children age two and younger and mothers and explore opportunities for improving the ability of those services to address domestic violence;

(3) identify methods to effectively include domestic violence information and support in educational standards for educators and protocols for health care providers; and

(4) investigate and make recommendations relating to the coordination of health care services for children age two and younger and pregnant and postpartum women who are victims of domestic violence, including recommendations for improving early screening and detection and public awareness efforts.

Sec. 32.064. REPORT. Requires the task force, not later than September 1, 2015, to submit a report to the governor, the lieutenant governor, the speaker of the house of representatives, the presiding officers of the standing committees of the legislature having primary jurisdiction over health and human services, the executive commissioner, and the commissioner of state health services containing the findings and legislative, policy, and research recommendations of the task force, and a description of the activities of the task force.

Sec. 32.065. EXPIRATION. Provides that the task force is abolished and this subchapter expires January 1, 2016.

SECTION 2. Effective date: upon passage or September 1, 2013.