

BILL ANALYSIS

S.B. 17
By: Kolkhorst
Public Health
Committee Report (Unamended)

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. S.B. 17 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

S.B. 17 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.

S.B. 17 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 develop and make available such information and materials and requires DSHS to make the information and materials available on the DSHS website.

S.B. 17 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.

S.B. 17 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 requires HHSC, 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.

S.B. 17 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.

S.B. 17 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.

S.B. 17 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.