BILL ANALYSIS

C.S.H.B. 2403 By: Thierry Public Health Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties note a recent report that found that African American women are disproportionally at risk of maternal death. C.S.H.B. 2403 seeks to address this issue by requiring the Maternal Mortality and Morbidity Task Force to conduct a study to evaluate the causes of maternal mortality and morbidity in the state's African American population.

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. 2403 amends the Health and Safety Code to require the Maternal Mortality and Morbidity Task Force and the Department of State Health Services (DSHS) to conduct a study to evaluate the causes of maternal mortality and morbidity in the state's African American population. The bill requires the study to evaluate health conditions and factors that disproportionately affect the African American population, including cardiac health conditions; preeclampsia, eclampsia, and other hypertensive disorders; obesity; and stress-related health factors. The bill requires the study to compare rates of maternal mortality and morbidity based on the socioeconomic status of the mother. The bill requires the task force and DSHS, at the conclusion of the study, to develop recommendations for reducing the incidence of pregnancy-related deaths and severe maternal morbidity, patient outreach and education, health care provider training, best practices that have been identified as successful in reducing maternal mortality and morbidity, and programs operating in other states that have reduced maternal mortality and morbidity rates. The bill requires the task force and DSHS to prepare a written report that summarizes the study's findings and the task force's recommendations to be submitted not later than September 1, 2022. The bill specifies that such a report is in addition to the required joint biennial report of the task force and DSHS and requires the study biennial report submitted in 2018 and the report submitted in 2020 to include trends identified in conducting the study that highlight differences affecting the state's African American population compared to other populations related to maternal mortality and morbidity. The bill's provisions relating to the study expire September 1, 2021.

C.S.H.B. 2403 postpones from September 1, 2019, to September 1, 2023, the date on which the task force is abolished and statutory provisions relating to the task force expire unless continued in existence as provided by the Texas Sunset Act.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2017.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2403 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.

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Chapter 34, Health and Safety Code, is amended by adding Section 34.0175 to read as follows:

Sec. 34.0175. STUDY ON MATERNAL

AND

POPULATION; REPORT. (a) The task

force and the department shall conduct a

MORBIDITY

AMERICAN

(a) The Maternal Mortality and Morbidity Task Force, within the Department of State Health Services, shall conduct a study to evaluate the causes of maternal mortality African and morbidity in the state's American population. The study must health conditions evaluate that disproportionately affect African the American population, including:

(1) cardiac health conditions;

(2) eclampsia;

(2) certampsia,(3) hypertensive disorders;

(4) obesity; and

(5) stress-related health conditions.

(b) The study must compare rates of maternal mortality and morbidity based on the socioeconomic status and level of education of the mother.

(c) At the conclusion of the study, the Maternal Mortality and Morbidity Task Force shall develop recommendations on:

(1) reducing the incidence of pregnancyrelated deaths and severe maternal morbidity;

(2) patient outreach and education;

(3) health care provider training;

(4) best practices that have been identified as successful in reducing maternal mortality and morbidity; and

(5) programs operating in other states that have reduced maternal mortality and morbidity rates.

(d) The Maternal Mortality and Morbidity Task Force shall include a written report that summarizes the study's findings and the task force's recommendations in

the biennial report required under Section

study to evaluate the causes of maternal mortality and morbidity in the state's African American population. The study must evaluate health conditions and factors that disproportionately affect the African American population, including: (1) cardiac health conditions;

(2) preeclampsia, eclampsia, and other hypertensive disorders;

(3) obesity; and

MORTALITY

AMONG AFRICAN

(4) stress-related health factors.

(b) The study must compare rates of maternal mortality and morbidity based on the socioeconomic status of the mother.

(c) At the conclusion of the study, the task force and the department shall develop recommendations on:

(1) reducing the incidence of pregnancyrelated deaths and severe maternal morbidity;

(2) patient outreach and education;

(3) health care provider training;

(4) best practices that have been identified as successful in reducing maternal mortality and morbidity; and

(5) programs operating in other states that have reduced maternal mortality and morbidity rates.

(d) The task force and the department shall prepare a written report that summarizes the study's findings and the task force's recommendations to be submitted not later than September 1, 2022. This report is in addition to the biennial report required

85R 28574

Substitute Document Number: 85R 20659

34.015, Health and Safety Code, to be submitted not later than September 1, 2018.

SECTION 2. This Act expires December 31, 2018.

No equivalent provision.

SECTION 3. This Act takes effect immediately if it receives a vote of twothirds 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 September 1, 2017. under Section 34.015.

(e) The biennial report required under Section 34.015 submitted in 2018 and the report submitted in 2020 must include trends identified in conducting the study required under this section that highlight differences affecting the state's African American population compared to other populations related to maternal mortality and morbidity.

This section expires September 1, 2021.

SECTION 2. Section 34.018, Health and Safety Code, is amended to read as follows: Sec. 34.018. SUNSET PROVISION. The task force is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the task force is abolished and this chapter expires September 1, 2023 [2019].

SECTION 3. Same as introduced version.