

By: Thierry, et al.

H.B. No. 2703

Substitute the following for H.B. No. 2703:

By: Thompson of Harris

C.S.H.B. No. 2703

A BILL TO BE ENTITLED

AN ACT

relating to a work group on the establishment of a maternal mortality and morbidity data registry.

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

SECTION 1. Chapter 34, Health and Safety Code, is amended by adding Section 34.019 to read as follows:

Sec. 34.019. DEVELOPMENT OF WORK GROUP ON ESTABLISHMENT OF MATERNAL MORTALITY AND MORBIDITY DATA REGISTRY. (a) In this section, "maternal mortality and morbidity data registry" means an Internet website or database established to collect individualized patient information and aggregate statistical reports on the health status, health behaviors, and service delivery needs of maternal patients.

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

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

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

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

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

1 the commissioner determines necessary.

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

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

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

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

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

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

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

27 (4) review and consider existing laws that govern data

1 submission and sharing, including laws governing the
2 confidentiality and security of individually identifiable health
3 information; and

4 (5) evaluate the clinical period during which known
5 and available information should be submitted to a maternal
6 mortality and morbidity data registry by a health care provider,
7 including information:

8 (A) from a maternal patient's first appointment
9 with an obstetrician and each subsequent appointment until the date
10 of delivery;

11 (B) for the 42 days following a patient's
12 delivery; and

13 (C) until the 364th day following a patient's
14 delivery.

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

23 (1) notifiable maternal deaths, including
24 individualized patient data on:

25 (A) patients who die during pregnancy; and

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

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

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

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

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

11 (A) total live births;

12 (B) maternal age distributions;

13 (C) maternal race and ethnicity distributions;

14 (D) health benefit plan issuer distributions;

15 (E) incidence of diabetes, hypertension, and
16 hemorrhage among patients;

17 (F) gestational age distributions;

18 (G) birth weight distributions;

19 (H) total preterm birth rate;

20 (I) rate of vaginal deliveries; and

21 (J) rate of cesarean sections.

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

27 (i) The report and recommendations required under

1 Subsection (e) must outline potential uses of a maternal mortality
2 and morbidity data registry, including:

3 (1) periodic analysis by the department of information
4 submitted to the registry; and

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

9 (j) Not later than September 1, 2020, the department shall
10 prepare and submit to the governor, lieutenant governor, speaker of
11 the house of representatives, Legislative Budget Board, and each
12 standing committee of the legislature having primary jurisdiction
13 over the department and post on the department's Internet website
14 the report and recommendations required under Subsection (e).

15 (k) This section expires September 1, 2021.

16 SECTION 2. The executive commissioner of the Health and
17 Human Services Commission shall adopt rules as necessary to
18 implement Section 34.019, Health and Safety Code, as added by this
19 Act, not later than December 1, 2019.

20 SECTION 3. This Act takes effect September 1, 2019.