

1-1 By: Kolkhorst S.B. No. 750
 1-2 (In the Senate - Filed February 11, 2019; March 1, 2019,
 1-3 read first time and referred to Committee on Health & Human
 1-4 Services; April 8, 2019, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
 1-6 April 8, 2019, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8	X			
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 750 By: Kolkhorst

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to maternal and newborn health care and the quality of
 1-22 services provided to women in this state under certain health care
 1-23 programs.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. Subchapter B, Chapter 531, Government Code, is
 1-26 amended by adding Section 531.0738 to read as follows:

1-27 Sec. 531.0738. APPLICATION FOR FUNDING TO IMPLEMENT MODEL
 1-28 OF CARE FOR CERTAIN MEDICAID RECIPIENTS. (a) The commission shall
 1-29 apply to the Centers for Medicare and Medicaid Services to receive
 1-30 any federal money available to implement a model of care that
 1-31 improves the quality and accessibility of care for:

1-32 (1) pregnant women with opioid use disorder enrolled
 1-33 in Medicaid during the prenatal and postpartum periods; and

1-34 (2) their children after birth.

1-35 (b) This section expires September 1, 2021.

1-36 SECTION 2. Chapter 31, Health and Safety Code, is amended by
 1-37 adding Section 31.018 to read as follows:

1-38 Sec. 31.018. REFERRAL FROM HEALTHY TEXAS WOMEN PROGRAM TO
 1-39 PRIMARY HEALTH CARE SERVICES PROGRAM. (a) In this section,
 1-40 "Healthy Texas Women program" means a program operated by the
 1-41 commission that is substantially similar to the demonstration
 1-42 project operated under former Section 32.0248, Human Resources
 1-43 Code, and that is intended to expand access to preventive health and
 1-44 family planning services for women in this state.

1-45 (b) The executive commissioner by rule shall ensure that
 1-46 women receiving services under the Healthy Texas Women program are
 1-47 referred to and provided with information on the primary health
 1-48 care services program.

1-49 SECTION 3. Chapter 32, Health and Safety Code, is amended by
 1-50 adding Subchapters E and F to read as follows:

1-51 SUBCHAPTER E. ENHANCED PRENATAL AND POSTPARTUM CARE SERVICES

1-52 Sec. 32.101. ENHANCED PRENATAL SERVICES FOR CERTAIN WOMEN.

1-53 The commission, in collaboration with managed care organizations
 1-54 that contract with the commission to provide health care services
 1-55 to medical assistance recipients under Chapter 533, Government
 1-56 Code, shall develop and implement cost-effective, evidence-based,
 1-57 and enhanced prenatal services for high-risk pregnant women covered
 1-58 under the medical assistance program.

1-59 Sec. 32.102. EVALUATION AND ENHANCEMENT OF POSTPARTUM CARE
 1-60 SERVICES FOR CERTAIN WOMEN. (a) In this section, "Healthy Texas

2-1 Women program" means a program operated by the commission that is
2-2 substantially similar to the demonstration project operated under
2-3 former Section 32.0248, Human Resources Code, and that is intended
2-4 to expand access to preventive health and family planning services
2-5 for women in this state.

2-6 (b) The commission shall evaluate postpartum care services
2-7 provided to women enrolled in the Healthy Texas Women program after
2-8 the first 60 days of the postpartum period.

2-9 (c) Based on the commission's evaluation under Subsection
2-10 (b), the commission shall develop an enhanced, cost-effective, and
2-11 limited postpartum care services package for women enrolled in the
2-12 Healthy Texas Women program to be provided:

2-13 (1) after the first 60 days of the postpartum period;
2-14 and

2-15 (2) for a period of not more than 12 months after the
2-16 date of enrollment in the Healthy Texas Women program.

2-17 SUBCHAPTER F. DELIVERY AND IMPROVEMENT OF MATERNAL HEALTH CARE
2-18 SERVICES INVOLVING MANAGED CARE ORGANIZATIONS

2-19 Sec. 32.151. DEFINITIONS. In this subchapter:

2-20 (1) "Healthy Texas Women program" means a program
2-21 operated by the commission that is substantially similar to the
2-22 demonstration project operated under former Section 32.0248, Human
2-23 Resources Code, and that is intended to expand access to preventive
2-24 health and family planning services for women in this state.

2-25 (2) "Medicaid managed care organization" means a
2-26 managed care organization as defined by Section 533.001, Government
2-27 Code, that contracts with the commission under Chapter 533,
2-28 Government Code, to provide health care services to medical
2-29 assistance program recipients.

2-30 Sec. 32.152. ASSESSING PROVISION OF HEALTHY TEXAS WOMEN
2-31 PROGRAM SERVICES THROUGH MANAGED CARE. (a) The commission shall
2-32 assess:

2-33 (1) the feasibility and cost-effectiveness of
2-34 contracting with Medicaid managed care organizations to provide
2-35 Healthy Texas Women program services through managed care in one or
2-36 more health care service regions in this state if the Healthy Texas
2-37 Women Section 1115 Demonstration Waiver is approved; and

2-38 (2) the potential impact of that delivery model on
2-39 women receiving services under the program.

2-40 (b) This section expires September 1, 2021.

2-41 Sec. 32.153. CONTINUITY OF CARE FOR CERTAIN WOMEN ENROLLING
2-42 IN HEALTHY TEXAS WOMEN PROGRAM. The commission shall develop and
2-43 implement strategies to ensure the continuity of care for women who
2-44 transition from the medical assistance program and enroll in the
2-45 Healthy Texas Women program. In developing and implementing
2-46 strategies under this section, the commission may collaborate with
2-47 health care providers participating in the Healthy Texas Women
2-48 program and Medicaid managed care organizations that provide health
2-49 care services to pregnant women.

2-50 Sec. 32.154. POSTPARTUM DEPRESSION TREATMENT NETWORK.
2-51 Using money from an available source designated by the commission,
2-52 the commission, in collaboration with Medicaid managed care
2-53 organizations and health care providers participating in the
2-54 Healthy Texas Women program, shall develop and implement a
2-55 postpartum depression treatment network for women enrolled in the
2-56 medical assistance or Healthy Texas Women program.

2-57 Sec. 32.155. STATEWIDE INITIATIVES TO IMPROVE QUALITY OF
2-58 MATERNAL HEALTH CARE. (a) In this section, "social determinants
2-59 of health" means the environmental conditions in which an
2-60 individual lives that affect the individual's health and quality of
2-61 life.

2-62 (b) The commission shall develop or enhance statewide
2-63 initiatives to improve the quality of maternal health care services
2-64 and outcomes for women in this state. The commission shall specify
2-65 the initiatives that each managed care organization that contracts
2-66 with the commission to provide health care services in this state
2-67 must incorporate in the organization's managed care plans. The
2-68 initiatives may address:

2-69 (1) prenatal and postpartum care rates;

- 3-1 (2) maternal health disparities that exist for
3-2 minority women and other high-risk populations of women in this
3-3 state;
3-4 (3) social determinants of health; or
3-5 (4) other priorities specified by the commission.
3-6 (c) A managed care organization required to incorporate the
3-7 initiatives in the organization's managed care plans under
3-8 Subsection (b) may incorporate any additional initiatives to
3-9 improve the quality of maternal health care services for women
3-10 receiving health care services through the organization.
3-11 (d) The commission shall prepare and submit to the
3-12 legislature and make available to the public an annual report that
3-13 summarizes:
3-14 (1) the commission's progress in developing or
3-15 enhancing initiatives under this section; and
3-16 (2) each managed care organization's progress in
3-17 incorporating the required initiatives in the organization's
3-18 managed care plans.
3-19 (e) The commission may submit the report required under
3-20 Subsection (d) with the report required under Section 536.008,
3-21 Government Code.
3-22 SECTION 4. The heading to Chapter 34, Health and Safety
3-23 Code, is amended to read as follows:
3-24 CHAPTER 34. TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW
3-25 COMMITTEE [~~TASK FORCE~~]
3-26 SECTION 5. Section 34.001, Health and Safety Code, is
3-27 amended by adding Subdivision (12-a) to read as follows:
3-28 (12-a) "Review committee" means the Texas Maternal
3-29 Mortality and Morbidity Review Committee.
3-30 SECTION 6. Sections 34.002, 34.003, 34.004, and 34.005,
3-31 Health and Safety Code, are amended to read as follows:
3-32 Sec. 34.002. TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW
3-33 COMMITTEE [~~TASK FORCE~~]. (a) The Texas Maternal Mortality and
3-34 Morbidity Review Committee [~~Task Force~~] is administered by the
3-35 department.
3-36 (b) The review committee [~~task force~~] is a
3-37 multidisciplinary advisory committee within the department and is
3-38 composed of the following 17 members:
3-39 (1) 15 members appointed by the commissioner as
3-40 follows:
3-41 (A) four physicians specializing in obstetrics,
3-42 at least one of whom is a maternal fetal medicine specialist;
3-43 (B) one certified nurse-midwife;
3-44 (C) one registered nurse;
3-45 (D) one nurse specializing in labor and delivery;
3-46 (E) one physician specializing in family
3-47 practice;
3-48 (F) one physician specializing in psychiatry;
3-49 (G) one physician specializing in pathology;
3-50 (H) one epidemiologist, biostatistician, or
3-51 researcher of pregnancy-related deaths;
3-52 (I) one social worker or social service provider;
3-53 (J) one community advocate in a relevant field;
3-54 (K) one medical examiner or coroner responsible
3-55 for recording deaths; and
3-56 (L) one physician specializing in critical care;
3-57 (2) a representative of the department's family and
3-58 community health programs; and
3-59 (3) the state epidemiologist for the department or the
3-60 epidemiologist's designee.
3-61 (c) In appointing members to the review committee [~~task~~
3-62 force], the commissioner shall:
3-63 (1) include members:
3-64 (A) working in and representing communities that
3-65 are diverse with regard to race, ethnicity, immigration status, and
3-66 English proficiency; and
3-67 (B) from differing geographic regions in the
3-68 state, including both rural and urban areas;
3-69 (2) endeavor to include members who are working in and

4-1 representing communities that are affected by pregnancy-related
 4-2 deaths and severe maternal morbidity and by a lack of access to
 4-3 relevant perinatal and intrapartum care services; and

4-4 (3) ensure that the composition of the review
 4-5 committee [~~task force~~] reflects the racial, ethnic, and linguistic
 4-6 diversity of this state.

4-7 (d) The commissioner shall appoint from among the review
 4-8 committee [~~task force~~] members a presiding officer.

4-9 (e) A member of the review committee [~~task force~~] appointed
 4-10 under Subsection (b)(1) is not entitled to compensation for service
 4-11 on the review committee [~~task force~~] or reimbursement for travel or
 4-12 other expenses incurred by the member while conducting the business
 4-13 of the review committee [~~task force~~].

4-14 (f) In carrying out its duties, the review committee [~~task~~
 4-15 ~~force~~] may use technology, including teleconferencing or
 4-16 videoconferencing, to eliminate travel expenses.

4-17 Sec. 34.003. TERMS; VACANCY. (a) Review committee [~~Task~~
 4-18 ~~force~~] members appointed by the commissioner serve staggered
 4-19 six-year terms, with the terms of four or five members, as
 4-20 appropriate, expiring February 1 of each odd-numbered year.

4-21 (b) A review committee [~~task force~~] member may serve more
 4-22 than one term.

4-23 (c) A vacancy on the review committee [~~task force~~] shall be
 4-24 filled for the unexpired term in the same manner as the original
 4-25 appointment.

4-26 Sec. 34.004. MEETINGS. (a) The review committee [~~task~~
 4-27 ~~force~~] shall meet at least quarterly. The review committee [~~task~~
 4-28 ~~force~~] may meet at other times at the call of the commissioner.

4-29 (b) Meetings of the review committee [~~task force~~] are
 4-30 subject to Chapter 551, Government Code, except that the review
 4-31 committee [~~task force~~] shall conduct a closed meeting to review
 4-32 cases under Section 34.007.

4-33 (c) The review committee [~~task force~~] shall:

4-34 (1) allow for public comment during at least one
 4-35 public meeting each year;

4-36 (2) present in open session recommendations made under
 4-37 Section 34.005 to help reduce the incidence of pregnancy-related
 4-38 deaths and severe maternal morbidity in this state; and

4-39 (3) post public notice for meetings conducted for the
 4-40 sole purpose of reviewing cases for selection under Section 34.007.

4-41 Sec. 34.005. DUTIES OF REVIEW COMMITTEE [~~TASK FORCE~~]. The
 4-42 review committee [~~task force~~] shall:

4-43 (1) study and review:

4-44 (A) cases of pregnancy-related deaths;

4-45 (B) trends, rates, or disparities in
 4-46 pregnancy-related deaths and severe maternal morbidity;

4-47 (C) health conditions and factors that
 4-48 disproportionately affect the most at-risk population as
 4-49 determined in the joint biennial report required under Section
 4-50 34.015; and

4-51 (D) best practices and programs operating in
 4-52 other states that have reduced rates of pregnancy-related deaths;

4-53 (2) compare rates of pregnancy-related deaths based on
 4-54 the socioeconomic status of the mother;

4-55 (3) determine the feasibility of the review committee
 4-56 [~~task force~~] studying cases of severe maternal morbidity; and

4-57 (4) in consultation with the Perinatal Advisory
 4-58 Council, make recommendations to help reduce the incidence of
 4-59 pregnancy-related deaths and severe maternal morbidity in this
 4-60 state.

4-61 SECTION 7. Section 34.0055(a), Health and Safety Code, is
 4-62 amended to read as follows:

4-63 (a) Using existing resources, the commission, in
 4-64 consultation with the review committee [~~task force~~], shall:

4-65 (1) make available to physicians and other persons
 4-66 licensed or certified to conduct a substance use screening and
 4-67 domestic violence screening of pregnant women information that
 4-68 includes:

4-69 (A) guidance regarding best practices for

5-1 verbally screening a pregnant woman for substance use and verbally
5-2 screening a pregnant woman for domestic violence using a validated
5-3 screening tool; and
5-4 (B) a list of substance use treatment resources
5-5 and domestic violence prevention and intervention resources in each
5-6 geographic region of this state; and
5-7 (2) review and promote the use of educational
5-8 materials on the consequences of opioid drug use and on domestic
5-9 violence prevention and intervention during pregnancy.

5-10 SECTION 8. Section 34.006, Health and Safety Code, is
5-11 amended to read as follows:
5-12 Sec. 34.006. CONSULTATIONS AND AGREEMENTS WITH OUTSIDE
5-13 PARTIES. (a) The department and review committee [~~task force~~] may
5-14 consult with any relevant experts and stakeholders, including:
5-15 (1) anesthesiologists;
5-16 (2) intensivists or critical care physicians;
5-17 (3) nutritionists;
5-18 (4) substance abuse treatment specialists;
5-19 (5) hospital staff or employees;
5-20 (6) representatives of the state Medicaid program;
5-21 (7) paramedics or other emergency medical response
5-22 personnel;
5-23 (8) hospital-based risk management specialists;
5-24 (9) representatives of local health departments and
5-25 public health districts in this state;
5-26 (10) public health experts;
5-27 (11) government representatives or officials; and
5-28 (12) law enforcement officials.

5-29 (b) In gathering information, the department and review
5-30 committee [~~task force~~] may consult with representatives of any
5-31 relevant state professional associations and organizations,
5-32 including:
5-33 (1) District XI of the American Congress of
5-34 Obstetricians and Gynecologists;
5-35 (2) the Texas Association of Obstetricians and
5-36 Gynecologists;
5-37 (3) the Texas Nurses Association;
5-38 (4) the Texas Section of the Association of Women's
5-39 Health, Obstetric and Neonatal Nurses;
5-40 (5) the Texas Academy of Family Physicians;
5-41 (6) the Texas Pediatric Society;
5-42 (7) the Consortium of Texas Certified Nurse-Midwives;
5-43 (8) the Association of Texas Midwives;
5-44 (9) the Texas Hospital Association;
5-45 (10) the Texas Medical Association; and
5-46 (11) the Texas Public Health Association.

5-47 (c) In consulting with individuals or organizations under
5-48 Subsection (a) or (b), a member of the review committee [~~task force~~]
5-49 or employee of the department may not disclose any identifying
5-50 information of a patient or health care provider.

5-51 (d) The department on behalf of the review committee [~~task~~
5-52 ~~force~~] may enter into agreements with institutions of higher
5-53 education or other organizations consistent with the duties of the
5-54 department or review committee [~~task force~~] under this chapter.

5-55 SECTION 9. Sections 34.007(a) and (c), Health and Safety
5-56 Code, are amended to read as follows:
5-57 (a) The department shall determine a statistically
5-58 significant number of cases of pregnancy-related deaths for review.
5-59 The department shall either randomly select cases or select all
5-60 cases for the review committee [~~task force~~] to review under this
5-61 subsection to reflect a cross-section of pregnancy-related deaths
5-62 in this state.

5-63 (c) If feasible, the department may select cases of severe
5-64 maternal morbidity for review. In selecting cases under this
5-65 subsection, the department shall randomly select cases for the
5-66 review committee [~~task force~~] to review to reflect trends
5-67 identified under Subsection (b).

5-68 SECTION 10. Sections 34.008(a) and (b), Health and Safety
5-69 Code, are amended to read as follows:

6-1 (a) On selecting a case of pregnancy-related death or severe
 6-2 maternal morbidity for review, the department shall, in accordance
 6-3 with this section, obtain information relevant to the case to
 6-4 enable the review committee [~~task force~~] to review the case. The
 6-5 department shall provide the information to the review committee
 6-6 [~~task force~~].

6-7 (b) The information provided to the review committee [~~task~~
 6-8 ~~force~~] may not include identifying information of a patient or
 6-9 health care provider, including:

6-10 (1) the name, address, or date of birth of the patient
 6-11 or a member of the patient's family; or

6-12 (2) the name or specific location of a health care
 6-13 provider that treated the patient.

6-14 SECTION 11. Section 34.009, Health and Safety Code, is
 6-15 amended by amending Subsections (b), (c), (d), (e), and (h) and
 6-16 adding Subsection (b-1) to read as follows:

6-17 (b) Except as provided by Subsection (b-1), confidential
 6-18 [~~Confidential~~] information that is acquired by the department and
 6-19 that includes identifying information of an individual or health
 6-20 care provider is privileged and may not be disclosed to any person.
 6-21 Information that may not be disclosed under this subsection
 6-22 includes:

6-23 (1) the name and address of a patient or a member of
 6-24 the patient's family;

6-25 (2) any service received by the patient or a member of
 6-26 the patient's family;

6-27 (3) the social and economic condition of the patient
 6-28 or a member of the patient's family;

6-29 (4) medical, dental, and mental health care
 6-30 information related to the patient or a member of the patient's
 6-31 family, including diagnoses, conditions, diseases, or disability;
 6-32 and

6-33 (5) the identity of a health care provider that
 6-34 provided any services to the patient or a member of the patient's
 6-35 family.

6-36 (b-1) Confidential information that is acquired by the
 6-37 department under this section that includes identifying
 6-38 information of an individual or health care provider may be
 6-39 securely disclosed to an appropriate federal agency for the limited
 6-40 purpose of complying with applicable requirements under the federal
 6-41 Preventing Maternal Deaths Act of 2018 (Pub. L. No. 115-344).

6-42 (c) Review committee [~~Task force~~] work product or
 6-43 information obtained by the department under this chapter,
 6-44 including information contained in an electronic database
 6-45 established and maintained under Section 34.012, or any other
 6-46 document or record, is confidential. This subsection does not
 6-47 prevent the review committee [~~task force~~] or department from
 6-48 releasing information described by Subsection (d) or (e) or from
 6-49 submitting the report required by Section 34.015.

6-50 (d) Information is not confidential under this section if
 6-51 the information is general information that cannot be connected
 6-52 with any specific individual, case, or health care provider, such
 6-53 as:

6-54 (1) total expenditures made for specified purposes;

6-55 (2) the number of families served by particular health
 6-56 care providers or agencies;

6-57 (3) aggregated data on social and economic conditions;

6-58 (4) medical data and information related to health
 6-59 care services that do not include any identifying information
 6-60 relating to a patient or the patient's family;

6-61 (5) information, including the source, value, and
 6-62 purpose, related to gifts, grants, or donations to or for use by the
 6-63 review committee [~~task force~~]; and

6-64 (6) other statistical information.

6-65 (e) The review committee [~~task force~~] may publish
 6-66 statistical studies and research reports based on information that
 6-67 is confidential under this section, provided that the information:

6-68 (1) is published in the aggregate;

6-69 (2) does not identify a patient or the patient's

7-1 family;

7-2 (3) does not include any information that could be
7-3 used to identify a patient or the patient's family; and

7-4 (4) does not identify a health care provider.

7-5 (h) The review committee [~~task force~~] and the department
7-6 shall comply with all state and federal laws and rules relating to
7-7 the transmission of health information, including the Health
7-8 Insurance Portability and Accountability Act of 1996 (Pub. L.
7-9 No. 104-191) and rules adopted under that Act.

7-10 SECTION 12. Section 34.010, Health and Safety Code, is
7-11 amended to read as follows:

7-12 Sec. 34.010. SUBPOENA AND DISCOVERY. Review committee
7-13 [~~Task force~~] work product or information that is confidential under
7-14 Section 34.009 is privileged, is not subject to subpoena or
7-15 discovery, and may not be introduced into evidence in any
7-16 administrative, civil, or criminal proceeding against a patient, a
7-17 member of the family of a patient, or a health care provider.

7-18 SECTION 13. Section 34.011(a), Health and Safety Code, is
7-19 amended to read as follows:

7-20 (a) A member of the review committee [~~task force~~] or a
7-21 person employed by or acting in an advisory capacity to the review
7-22 committee [~~task force~~] and who provides information, counsel, or
7-23 services to the review committee [~~task force~~] is not liable for
7-24 damages for an action taken within the scope of the functions of the
7-25 review committee [~~task force~~].

7-26 SECTION 14. Sections 34.012(a) and (c), Health and Safety
7-27 Code, are amended to read as follows:

7-28 (a) The department may establish and maintain an electronic
7-29 database to track cases of pregnancy-related deaths and severe
7-30 maternal morbidity to assist the department and review committee
7-31 [~~task force~~] in performing functions under this chapter.

7-32 (c) The database may be accessed only by the department and
7-33 the review committee [~~task force~~] for the purposes described in
7-34 this chapter.

7-35 SECTION 15. Section 34.014, Health and Safety Code, is
7-36 amended to read as follows:

7-37 Sec. 34.014. FUNDING. The department may accept gifts and
7-38 grants from any source to fund the duties of the department and the
7-39 review committee [~~task force~~] under this chapter.

7-40 SECTION 16. Sections 34.015(a) and (b), Health and Safety
7-41 Code, are amended to read as follows:

7-42 (a) Not later than September 1 of each even-numbered year,
7-43 the review committee [~~task force~~] and the department shall submit a
7-44 joint report on the findings of the review committee [~~task force~~]
7-45 under this chapter to the governor, lieutenant governor, speaker of
7-46 the house of representatives, and appropriate committees of the
7-47 legislature.

7-48 (b) The report must include the review committee's [~~task~~
7-49 ~~force's~~] recommendations under Section 34.005(4).

7-50 SECTION 17. Section 34.0155, Health and Safety Code, is
7-51 amended to read as follows:

7-52 Sec. 34.0155. REPORT ON PREGNANCY-RELATED DEATHS, SEVERE
7-53 MATERNAL MORBIDITY, AND POSTPARTUM DEPRESSION. The commission
7-54 shall:

7-55 (1) evaluate options for reducing pregnancy-related
7-56 deaths, focusing on the most prevalent causes of pregnancy-related
7-57 deaths as identified in the joint biennial report required under
7-58 Section 34.015, and for treating postpartum depression in
7-59 economically disadvantaged women;

7-60 (2) in coordination with the department and the review
7-61 committee [~~task force~~], identify strategies to:

7-62 (A) lower costs of providing medical assistance
7-63 under Chapter 32, Human Resources Code, related to severe maternal
7-64 morbidity and chronic illness; and

7-65 (B) improve quality outcomes related to the
7-66 underlying causes of severe maternal morbidity and chronic illness;
7-67 and

7-68 (3) not later than December 1 of each even-numbered
7-69 year, submit to the governor, the lieutenant governor, the speaker

8-1 of the house of representatives, the Legislative Budget Board, and
8-2 the appropriate standing committees of the legislature a written
8-3 report that includes:

8-4 (A) a summary of the commission's and
8-5 department's efforts to accomplish the tasks described by
8-6 Subdivisions (1) and (2); and

8-7 (B) a summary of the report required by Section
8-8 34.0156.

8-9 SECTION 18. Section 34.0156(a), Health and Safety Code, is
8-10 amended to read as follows:

8-11 (a) Using existing resources, the department, in
8-12 collaboration with the review committee [~~task force~~], shall promote
8-13 and facilitate the use among health care providers in this state of
8-14 maternal health and safety informational materials, including
8-15 tools and procedures related to best practices in maternal health
8-16 and safety.

8-17 SECTION 19. Section 34.017(b), Health and Safety Code, is
8-18 amended to read as follows:

8-19 (b) The department may not disclose the information
8-20 described by Subsection (a) to the review committee [~~task force~~] or
8-21 any other person.

8-22 SECTION 20. Section 34.018, Health and Safety Code, is
8-23 amended to read as follows:

8-24 Sec. 34.018. SUNSET PROVISION. (a) The review committee
8-25 [~~task force~~] is subject to Chapter 325, Government Code (Texas
8-26 Sunset Act). Unless continued in existence as provided by that
8-27 chapter, the review committee [~~task force~~] is abolished and this
8-28 chapter expires September 1, 2027 [~~2023~~].

8-29 (b) The Sunset Advisory Commission shall review the review
8-30 committee during the two-year period preceding the date the
8-31 department is scheduled for abolition under Section 1001.003, but
8-32 the review committee is continued in existence until the date
8-33 provided by Subsection (a). This subsection expires September 1,
8-34 2025.

8-35 SECTION 21. Section 1001.0712(c), Health and Safety Code,
8-36 is amended to read as follows:

8-37 (c) The department, in consultation with the Texas Maternal
8-38 Mortality and Morbidity Review Committee [~~Task Force~~], shall
8-39 examine national standards regarding the collection of death
8-40 information and may convene a panel of experts to advise the
8-41 department and the review committee [~~task force~~] in developing
8-42 recommendations for improving the collection of accurate
8-43 information related to cause of death.

8-44 SECTION 22. Section 34.001(14), Health and Safety Code, is
8-45 repealed.

8-46 SECTION 23. (a) In this section, "Healthy Texas Women
8-47 program" means a program operated by the Health and Human Services
8-48 Commission that is substantially similar to the demonstration
8-49 project operated under former Section 32.0248, Human Resources
8-50 Code, and that is intended to expand access to preventive health and
8-51 family planning services for women in this state.

8-52 (b) If the Centers for Medicare and Medicaid Services
8-53 approves the waiver submitted by the executive commissioner of the
8-54 Health and Human Services Commission under Section 1115 of the
8-55 federal Social Security Act (42 U.S.C. Section 1315) for the
8-56 Healthy Texas Women Section 1115 Demonstration Waiver, the
8-57 executive commissioner shall, as soon as practicable after the
8-58 waiver is granted, seek an amendment to the waiver to provide
8-59 enhanced services under the Healthy Texas Women program.

8-60 SECTION 24. As soon as practicable after the effective date
8-61 of this Act:

8-62 (1) the executive commissioner of the Health and Human
8-63 Services Commission shall adopt rules as necessary to implement the
8-64 changes in law made by this Act; and

8-65 (2) the Health and Human Services Commission shall
8-66 apply for any federal money available to implement the model of care
8-67 described by Section 531.0738, Government Code, as added by this
8-68 Act.

8-69 SECTION 25. On the effective date of this Act:

9-1 (1) the Maternal Mortality and Morbidity Task Force is
9-2 renamed the Texas Maternal Mortality and Morbidity Review
9-3 Committee; and

9-4 (2) a reference in law to the task force means the
9-5 review committee.

9-6 SECTION 26. If before implementing any provision of this
9-7 Act a state agency determines that a waiver or authorization from a
9-8 federal agency is necessary for implementation of that provision,
9-9 the agency affected by the provision shall request the waiver or
9-10 authorization and may delay implementing that provision until the
9-11 waiver or authorization is granted.

9-12 SECTION 27. The Health and Human Services Commission is
9-13 required to implement a provision of this Act only if the
9-14 legislature appropriates money specifically for that purpose. If
9-15 the legislature does not appropriate money specifically for that
9-16 purpose, the commission may, but is not required to, implement a
9-17 provision of this Act using other appropriations available for that
9-18 purpose.

9-19 SECTION 28. This Act takes effect immediately if it
9-20 receives a vote of two-thirds of all the members elected to each
9-21 house, as provided by Section 39, Article III, Texas Constitution.
9-22 If this Act does not receive the vote necessary for immediate
9-23 effect, this Act takes effect September 1, 2019.

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