

## **BILL ANALYSIS**

H.B. 136  
By: Thierry  
Public Health  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Concerns have been raised regarding the lack of accurate information in the state's possession regarding the number of mothers who die after childbirth. Those concerned suggest that the lack of timely, comprehensive, reliable patient data may have contributed to a recent underestimation of the number of maternal deaths in Texas. Access to accurate data is vital to properly address the needs of mothers across Texas, improve the quality of maternal health care, and decrease the maternal morality rate. H.B. 136 seeks to address this lack of real-time data by establishing a workgroup to investigate the creation of an online maternal care data registry to aggregate and store data from hospitals and other health care providers on all pregnancy-related deaths and "near-deaths" across the state.

### **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 rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 9 of this bill.

### **ANALYSIS**

H.B. 136 amends the Health and Safety Code to provide for the confidentiality and reporting of certain information on maternal mortality to the Department of State Health Services (DSHS) and for the establishment of a maternal mortality and morbidity data registry. With respect to provisions governing the Texas Maternal Mortality and Morbidity Review Committee and information it obtains for review, the bill does the following:

- defines "pregnancy-associated death" as the death of a woman from any cause that occurs during or within one year of delivery or end of pregnancy regardless of the outcome or location of the pregnancy;
- revises the definition of "pregnancy-related death";
- makes any information pertaining to a pregnancy-associated death confidential for purposes of provisions relating to the review committee; and
- exempts a licensed health care provider, including a nurse, from the requirement to report a violation for information obtained for committee review if the provider is, as follows:
  - involved in obtaining information relevant to a case of pregnancy-associated death, pregnancy-related death, or severe maternal morbidity; and
  - required under other law to report a violation related to the provider's profession.

H.B. 136 provides for the voluntary and confidential reporting of pregnancy-associated deaths and pregnancy-related deaths to DSHS as follows:

- DSHS may allow such reporting by health care professionals, health care facilities, and persons who complete the medical certification for a death certificate for deaths reviewed or analyzed by the review committee; and
- DSHS must allow such reporting by family members of or other appropriate individuals associated with a deceased patient and must do the following with respect to this requirement:
  - post on its website the contact information of the person to whom a voluntary and confidential report may be submitted; and
  - conduct outreach to local health organizations on the availability of the review committee to review and analyze the deaths.

Information reported to DSHS under these provisions is confidential under the confidentiality provisions generally applicable to information obtained by DSHS for purposes of the review committee.

H.B. 136 requires DSHS, with the goals of improving the quality of maternal care and combating maternal mortality and morbidity, to assess and prepare a report and recommendations on the establishment of a secure maternal mortality and morbidity data registry to record information submitted by participating health care providers on the health status of maternal patients over varying periods, including the frequency and characteristics of maternal mortality and morbidity during pregnancy and the postpartum period. Accordingly, DSHS must do the following:

- establish a work group, with appointed membership as prescribed by the bill, to provide advice and consultation services to DSHS on the report and recommendations; and
- not later than September 1, 2022:
  - prepare and submit the report and recommendations to the governor, the lieutenant governor, the speaker of the house of representatives, the Legislative Budget Board, and each standing committee of the legislature having primary jurisdiction over DSHS; and
  - post the report and recommendations on the DSHS website.

H.B. 136 sets out the following report-related and registry-related provisions:

- DSHS must consider, review, and evaluate certain specified matters in developing the report and recommendations;
- the report must include, if DSHS recommends the establishment of a registry, specific recommendations on the relevant individual patient information and categories of information to be submitted to the registry, including recommendations on the intervals for submission of information;
- the categories of submitted individual patient information must include certain information described by the bill, including a statistical summary based on an aggregate of individualized patient data;
- a health care provider submitting information to an established registry must comply with all applicable federal and state laws relating to patient confidentiality and quality of health care information; and
- the report and recommendations must outline potential uses of the registry, including the following:
  - periodic analysis by DSHS of information submitted to the registry; and
  - the feasibility of preparing and issuing reports, using aggregated information, to each health care provider participating in the registry to improve the quality of maternal care.

H.B. 136 replaces references to the Maternal Mortality and Morbidity Task Force in statutory provisions relating to the task force with references to the Texas Maternal Mortality and Morbidity Review Committee.

H.B. 136 authorizes a member of the review committee to be reimbursed for travel or other expenses incurred by the member while conducting the business of the review committee and restricts the funds that DSHS may use for such reimbursement to gifts, grants, or federal funds.

H.B. 136 requires the executive commissioner of the Health and Human Services Commission, not later than December 1, 2021, to adopt rules as necessary to implement the bill's provisions relating to the development of a work group on the establishment of a maternal mortality and morbidity data registry. Those provisions expire September 1, 2023.

**EFFECTIVE DATE**

September 1, 2021.