

## **BILL ANALYSIS**

S.B. 1941  
By: Gutierrez  
Public Health  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Hyperemesis gravidarum is a condition that affects approximately one percent of women and an estimated three percent of all pregnancies. This condition is not well understood and is underresearched and underreported. The symptoms of hyperemesis include chronic and extreme vomiting and nausea that often prevent the affected women from being able to carry on with their normal activities. These symptoms typically last the majority, if not the entirety, of a pregnancy. Women who do not receive adequate care may lose five percent or more of their body weight. Unable to keep food or liquid down, some pregnant women may become severely dehydrated and malnourished, requiring frequent emergency medical visits. S.B. 1941 seeks to address this issue by requiring the Health and Human Services Commission to develop and implement a five-year strategic plan to improve diagnosis and public awareness of hyperemesis gravidarum and to develop a new plan every five years.

### **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. 1941 amends the Health and Safety Code to require the Health and Human Services Commission (HHSC) to develop and implement a five-year strategic plan to improve the diagnosis and treatment of and raise public awareness of hyperemesis gravidarum. The bill defines "hyperemesis gravidarum" as a disorder that causes a woman to experience extreme, persistent nausea and vomiting during pregnancy that may lead to dehydration, weight loss, or electrolyte imbalance. The bill requires HHSC, not later than September 1 of the last state fiscal year in each five-year period, to develop a new strategic plan for the next five state fiscal years that begins with the following state fiscal year. The bill requires the strategic plan to provide strategies to do the following:

- increase awareness among state-administered program providers who may serve women at risk of or experiencing hyperemesis gravidarum about the prevalence and effects of hyperemesis gravidarum on outcomes for women and children;
- establish a referral network of community-based health care providers and support services addressing hyperemesis gravidarum;
- increase women's access to formal and informal peer support services, including access to certified peer specialists who have successfully completed additional training related to hyperemesis gravidarum;
- raise public awareness of hyperemesis gravidarum; and

- leverage sources of funding to support existing community-based hyperemesis gravidarum screening, referral, treatment, and support services.

S.B. 1941 requires HHSC to develop the initial strategic plan not later than September 1, 2022, and requires HHSC to coordinate with the Department of State Health Services (DSHS) and the statewide health coordinating council in the development of the strategic plan. The bill requires HHSC, in consultation with DSHS and the statewide health coordinating council, to annually review the strategic plan and update the plan as necessary.

**EFFECTIVE DATE**

September 1, 2021.