BILL ANALYSIS

H.B. 663 By: Thierry Public Health Committee Report (Unamended)

BACKGROUND AND PURPOSE

The 2022 Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services joint biennial report sheds light on the ongoing challenge of maternal mortality in Texas. Unfortunately, the report also reveals that, in some cases, the state was unable to verify a patient's pregnancy status upon death, leading to a number of fatalities being removed from the mortality rate. This lack of comprehensive and reliable patient data may have contributed to an underestimation of maternal deaths in Texas according to the report. In addition, health care providers in Texas lack current data needed to comprehensively assess the impact of the pandemic on maternal health care as the most recent joint biennial report relied on data from 2019, and reports from the Texas Tribune further highlight that there is currently a data backlog in the state with respect to maternal mortality and morbidities. Up-to-date, current data is necessary to prevent pregnancy related deaths, near deaths, and other critical metrics of maternal health care, and it is vital to have accurate data to properly address the needs of constituents and mothers across Texas. H.B. 663 seeks to address this issue by establishing a work group for the creation of an online maternal care data registry to aggregate data from participating health care providers on the health status of pregnant patients and to provide for the confidentiality and reporting of certain maternal mortality information.

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. 663 amends the Health and Safety Code to provide for the confidentiality and reporting of certain maternal mortality information 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" by including the specification that the applicable death is regardless of the outcome of the pregnancy;
- makes any information pertaining to a pregnancy-associated death confidential for purposes of provisions relating to the review committee; and

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- exempts a licensed health care provider, including a nurse, from the requirement to report a violation related to the provider's profession with regard to information obtained for committee review if the provider meets the following criteria:
 - o the provider is required under other law to report such a violation; and
 - the provider is involved in obtaining information relevant to a case of pregnancy-associated death, pregnancy-related death, or severe maternal morbidity.

H.B. 663 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:
 - o post on its website the contact information of the person to whom a voluntary and confidential report may be submitted; and
 - o conduct outreach to local health organizations on the review committee's availability 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. 663 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 to provide advice and consultation services to DSHS on the report and recommendations, with members appointed as follows:
 - o one member with appropriate expertise appointed by the governor;
 - o two members with appropriate expertise appointed by each the lieutenant governor and speaker of the house of representatives;
 - o the chair of the Texas Hospital Association or the chair's designee;
 - o the president of the Texas Medical Association or the president's designee;
 - o the president of the Texas Nurses Association or the president's designee;
 - o members appointed by the commissioner of DSHS with specified professions or affiliations; and
 - o any other member with appropriate expertise as the DSHS commissioner determines necessary; and
- not later than September 1, 2024:
 - 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
 - o post the report and recommendations on the DSHS website.

H.B. 663 sets out the following requirements relating to the report and registry:

- 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;

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- the categories 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:
 - o 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. 663 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. 663 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. 663 requires the executive commissioner of the Health and Human Services Commission, not later than December 1, 2023, 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, 2025.

EFFECTIVE DATE

September 1, 2023.

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