88R7534 LRM-D

By:  Thierry H.B. No. 1958

A BILL TO BE ENTITLED

AN ACT

relating to maternal mortality and morbidity in this state and Medicaid eligibility of and coverage for certain services provided to pregnant women.

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

SECTION 1.  Section 34.001, Health and Safety Code, is amended by adding Subdivision (11-a) and amending Subdivision (12) to read as follows:

(11-a)  "Pregnancy-associated death" means 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.

(12)  "Pregnancy-related death" means the death of a woman while pregnant or within one year of delivery or end of pregnancy, regardless of the outcome, duration, or location [~~and site~~] of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

SECTION 2.  The heading to Section 34.002, Health and Safety Code, is amended to read as follows:

Sec. 34.002.  TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW COMMITTEE; REFERENCE IN LAW.

SECTION 3.  Section 34.002, Health and Safety Code, is amended by adding Subsection (a-1) and amending Subsections (b) and (e) to read as follows:

(a-1)  Notwithstanding any other law, a reference in this chapter or other law to the Maternal Mortality and Morbidity Task Force means the Texas Maternal Mortality and Morbidity Review Committee.

(b)  The review committee is a multidisciplinary advisory committee within the department and is composed of the following 23 [~~17~~] members:

(1)  21 [~~15~~] members appointed by the commissioner as follows:

(A)  four physicians specializing in obstetrics, at least one of whom is a maternal fetal medicine specialist;

(B)  one certified nurse-midwife;

(C)  one registered nurse;

(D)  one nurse specializing in labor and delivery;

(E)  one physician specializing in family practice;

(F)  one physician specializing in psychiatry;

(G)  one physician specializing in pathology;

(H)  one epidemiologist, biostatistician, or researcher of pregnancy-related deaths;

(I)  one social worker or social service provider;

(J)  two [~~one~~] community advocates [~~advocate~~] in a relevant field;

(K)  one medical examiner or coroner responsible for recording deaths; [~~and~~]

(L)  one physician specializing in critical care;

(M)  one physician specializing in emergency care;

(N)  one physician specializing in cardiology;

(O)  one physician specializing in anesthesiology;

(P)  one physician specializing in oncology; and

(Q)  one representative of a managed care organization;

(2)  a representative of the department's family and community health programs; and

(3)  the state epidemiologist for the department or the epidemiologist's designee.

(e)  A member of the review committee appointed under Subsection (b)(1) is not entitled to compensation for service on the review committee but, subject to Section 34.014(b), may be reimbursed [~~or reimbursement~~] for travel or other expenses incurred by the member while conducting the business of the review committee.

SECTION 4.  Section 34.003(a), Health and Safety Code, is amended to read as follows:

(a)  Review committee members appointed by the commissioner serve staggered six-year terms, with one-third or as near as possible to one-third of the members' terms [~~of four or five members, as appropriate,~~] expiring February 1 of each odd-numbered year.

SECTION 5.  Section 34.008, Health and Safety Code, is amended by adding Subsection (e) to read as follows:

(e)  For purposes of this chapter, a health care provider, including a nurse, who is involved in obtaining information relevant to a case of pregnancy-associated death, pregnancy-related death, or severe maternal morbidity under this chapter and who is required under other law to report a violation related to the provider's profession is exempt from that reporting requirement for the information obtained under this chapter.

SECTION 6.  Section 34.009(a), Health and Safety Code, is amended to read as follows:

(a)  Any information pertaining to a pregnancy-associated death, a pregnancy-related death, or severe maternal morbidity is confidential for purposes of this chapter.

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

Sec. 34.014.  FUNDING. (a) The department may accept gifts and grants from any source to fund the duties of the department and the review committee under this chapter.

(b)  The department may use only gifts, grants, or federal funds to reimburse travel or other expenses incurred by a member of the review committee in accordance with Section 34.002(e).

SECTION 8.  Section 34.017, Health and Safety Code, is amended by adding Subsections (c), (d), and (e) to read as follows:

(c)  The department may allow voluntary and confidential reporting to the department of pregnancy-associated deaths and pregnancy-related deaths by health care providers and persons who complete the medical certification for a death certificate for deaths reviewed or analyzed by the review committee.

(d)  The department shall allow voluntary and confidential reporting to the department of pregnancy-associated deaths and pregnancy-related deaths by family members of or other appropriate individuals associated with a deceased patient. The department shall:

(1)  post on the department's Internet website the contact information of the person to whom a report may be submitted under this subsection; and

(2)  conduct outreach to local health organizations on the availability of the review committee to review and analyze the deaths described by this subsection.

(e)  Information reported to the department under this section is confidential in accordance with Section 34.009.

SECTION 9.  Chapter 34, Health and Safety Code, is amended by adding Section 34.022 to read as follows:

Sec. 34.022.  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 advise 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;

(4)  the chair of the Texas Hospital Association or the chair's designee;

(5)  the president of the Texas Medical Association or the president's designee;

(6)  the president of the Texas Nurses Association or the president's designee;

(7)  one member who is a physician specializing in obstetrics and gynecology;

(8)  one member who is a physician specializing in maternal and fetal medicine;

(9)  one member who is a registered nurse specializing in labor and delivery;

(10)  one member who is a representative of a hospital located in a rural area of this state;

(11)  one member who is a representative of a hospital located in a county with a population of four million or more;

(12)  one member who is a representative of a hospital located in an urban area of this state in a county with a population of less than four million;

(13)  one member who is a representative of a public hospital;

(14)  one member who is a representative of a private hospital;

(15)  one member who is an epidemiologist;

(16)  one member who is a statistician;

(17)  one member who is a public health expert; and

(18)  any other member with appropriate expertise as the commissioner determines necessary.

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

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

(e)  With the goals of improving the quality of maternal care and combating maternal mortality and morbidity and with the advice of the work group, the department shall 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.

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

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

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

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

(4)  review and consider existing laws that govern data submission and sharing, including laws governing the confidentiality and security of individually identifiable health information; and

(5)  evaluate the clinical period during which a health care provider should submit to a maternal mortality and morbidity data registry known and available information, including information:

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

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

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

(g)  If the department recommends the establishment of a maternal mortality and morbidity data registry, the report under Subsection (e) must include specific recommendations on the relevant individual patient information and categories of information to be submitted to the registry and on the intervals for submission of information. The categories must include:

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

(A)  patients who die during pregnancy; and

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

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

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

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

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

(A)  total live births;

(B)  maternal age distributions;

(C)  maternal race and ethnicity distributions;

(D)  health benefit plan issuer distributions;

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

(F)  gestational age distributions;

(G)  birth weight distributions;

(H)  total preterm birth rate;

(I)  rate of vaginal deliveries; and

(J)  rate of cesarean sections.

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

(i)  The report and recommendations required under Subsection (e) must outline potential uses of a maternal mortality and morbidity data registry, including:

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

(2)  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.

(j)  Not later than September 1, 2024, the department shall prepare and submit 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 the department and post on the department's Internet website the report and recommendations required under Subsection (e).

(k)  This section expires September 1, 2025.

SECTION 10.  Section 32.024(l-1), Human Resources Code, is amended to read as follows:

(l-1)  The commission shall continue to provide medical assistance to a woman who is eligible for medical assistance for pregnant women for a period of not less than 12 [~~six~~] months following the last month of the woman's pregnancy [~~date the woman delivers or experiences an involuntary miscarriage~~].

SECTION 11.  Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.02481 to read as follows:

Sec. 32.02481.  MEDICAL ASSISTANCE PILOT PROGRAM FOR DOULA SERVICES. (a) In this section:

(1)  "Doula" means a nonmedical birthing coach who provides doula services and meets the qualifications for a doula as determined by commission rule.

(2)  "Doula services" means nonmedical childbirth education, coaching, and support services, including emotional and physical support provided during pregnancy, labor, delivery, and the postpartum period, or provided intermittently during pregnancy and the postpartum period.

(b)  The commission shall establish a pilot program to provide medical assistance reimbursement for doula services provided by a doula. The executive commissioner, in consultation with the Perinatal Advisory Council established under Section 241.187, Health and Safety Code, by rule shall determine the qualifications necessary for an individual to be considered a doula and the doula services to be covered under the pilot program.

(c)  Not later than September 1, 2024, the commission shall implement the pilot program in:

(1)  the most populous county in this state; and

(2)  the county with the greatest maternal health support needs, as determined by the county's maternal and infant mortality rates and the number of births in the county by Medicaid recipients.

(d)  The commission shall prescribe eligibility requirements for participation in the pilot program.

(e)  Not later than September 1 of each year during the operation of the pilot program, the commission shall prepare and publish on the commission's Internet website a report evaluating:

(1)  the total costs during the preceding year of providing medical assistance reimbursement for doula services under the pilot program; and

(2)  the impact on birth outcomes for women who receive doula services under the pilot program.

(f)  Not later than September 1, 2028, the commission shall prepare and submit to the legislature a written report that:

(1)  summarizes the results of the pilot program, including the effectiveness of the pilot program in reducing maternal mortality rates and racial disparities in health outcomes in the geographic areas of this state in which the pilot program operates;

(2)  includes feedback from participating doulas and recipients who received doula services under the pilot program; and

(3)  includes a recommendation on whether the pilot program should be continued, expanded, or terminated.

(g)  The pilot program terminates and this section expires September 1, 2029.

SECTION 12.  (a) In this section:

(1)  "Department" means the Department of State Health Services.

(2)  "Review committee" means the Texas Maternal Mortality and Morbidity Review Committee established under Chapter 34, Health and Safety Code.

(b)  The review committee and the department shall jointly conduct a study to evaluate maternal mortality and morbidity among Black women in this state. In conducting the study, the review committee and department shall:

(1)  compare maternal mortality and morbidity rates among Black women in this state in relation to maternal mortality and morbidity rates among each other race and ethnicity;

(2)  compare maternal mortality and morbidity rates among Black women in this state in relation to socioeconomic status and education level;

(3)  assess the impact of social determinants of health, including an evaluation of data on pregnancy-related deaths, pregnancy-related complications that almost resulted in death, and morbidities, to identify any correlation in that data to women who are uninsured, women who receive health care coverage under Medicaid, and women who receive health care coverage through a private insurer;

(4)  evaluate the impact of the following health conditions on maternal mortality and morbidity:

(A)  cardiac health conditions;

(B)  preeclampsia, eclampsia, and other hypertensive disorders;

(C)  hemorrhage;

(D)  obesity; and

(E)  stress-related health conditions; and

(5)  assess the extent to which implicit biases held by health care providers against Black individuals affect maternal mortality and morbidity among Black women.

(c)  Based on the results of the study conducted under this section, the review committee and department shall develop recommendations to address disparities in maternal mortality and morbidity among Black women, including recommendations on:

(1)  strategies to reduce the incidence of pregnancy-related deaths and severe maternal morbidity;

(2)  patient outreach and education;

(3)  health care provider training, including a recommendation on the potential benefit of training on cultural competency and implicit biases against Black individuals;

(4)  best practices identified as successful in reducing maternal mortality and morbidity; and

(5)  the implementation in this state of programs operating in other states that have reduced maternal mortality and morbidity rates.

(d)  Not later than September 1, 2024, the review committee and department shall prepare and submit to the governor, lieutenant governor, speaker of the house of representatives, and appropriate committees of the legislature a written report that summarizes the results of the study and includes the recommendations developed under this section. The report may be consolidated with the biennial report required under Section 34.015, Health and Safety Code.

(e)  This section expires December 31, 2024.

SECTION 13.  The executive commissioner of the Health and Human Services Commission shall adopt rules as necessary to implement Section 34.022, Health and Safety Code, as added by this Act, not later than December 1, 2023.

SECTION 14.  Notwithstanding Section 32.02481(e), Human Resources Code, as added by this Act, the Health and Human Services Commission shall prepare and publish the first report required by that section not later than September 1, 2025.

SECTION 15.  If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 16.  This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2023.