

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 1467
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Health & Human Services
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Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Hospitals and doctors need to know when their patients pass away so they can keep their records correct and up to date. But sometimes, when a person dies outside of a hospital or clinic, their doctor or healthcare provider does not get that information right away. This can create big problems.

A 2023 study from the University of California-Los Angeles (UCLA) found that 20 percent of patients who were listed as "alive with a serious illness" in medical records were actually already deceased. This mistake can cause issues for families of deceased patients who might receive appointment reminders, medical bills, or other messages, which can be upsetting and frustrating. It can also lead to prescriptions still being filled for people who have passed away, leading to wasted medication and possible misuse. Hospitals not having complete and accurate data can make it harder for them to track patient outcomes and improve care. It also affects programs like Medicaid that reward hospitals for good care. Lastly, outdated information can create opportunities for identity fraud.

S.B. 1467 is meant to fix these problems by making sure hospitals in Texas can get updated mortality information from the Texas Department of State Health Services (DSHS). This bill allows DSHS to share basic information about people who have passed away with Texas hospitals. The information includes the county where the person lived, their date of birth, and their full name.

DSHS already collects and shares this kind of information with the Texas Department of Public Safety and the secretary of state's office to help keep records accurate. This bill simply expands access to this data to hospitals so they can update their records, too.

Hospitals will still have to follow strict privacy laws to keep this information secure and confidential. This change will help doctors, hospitals, and healthcare providers keep better records, improve patient safety, and reduce unnecessary stress for families.

C.S.S.B. 1467 adds definitions and clarifying language to specify the role of DSHS. This language has been reviewed by DSHS and reduces the fiscal note, changing the number of FTEs required from five FTEs to two FTEs.

C.S.S.B. 1467 amends current law relating to death records maintained by the vital statistics unit of the Department of State Health Services and provided to certain hospitals.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter A, Chapter 191, Health and Safety Code, by adding Section 191.012, as follows:

Sec. 191.012. DEATH INFORMATION PROVIDED TO CERTAIN HOSPITALS. (a) Defines "hospital" and "trauma facility."

(b) Requires the Department of State Health Services (DSHS) to implement an efficient and effective procedure to provide death information to a hospital designated as a Level I trauma facility to assist with the hospital's participation in the Medicaid managed care program operated under Chapter 540 (Medicaid Managed Care Program), Government Code.

(c) Requires that the procedure implemented under Subsection (b) at a minimum provide the following information for each deceased person for whom a death certificate is filed with a local registrar in this state: the county of residence of the deceased, the date of birth of the deceased, and the full name of the deceased.

(d) Authorizes DSHS, subject to available resources, to use the procedure implemented under Subsection (b) to provide death information to a hospital that is not designated as a Level I trauma facility.

SECTION 2. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 3. Effective date: September 1, 2025.