

By: Collier

H.B. No. 3121

A BILL TO BE ENTITLED

AN ACT

1  
2 relating to maternal mortality and morbidity in this state and  
3 Medicaid eligibility of and coverage for certain services provided  
4 to pregnant women.

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

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

9 (11-a) "Pregnancy-associated death" means the death  
10 of a woman from any cause that occurs during or within one year of  
11 delivery or end of pregnancy, regardless of the outcome or location  
12 of the pregnancy.

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

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

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

23 SECTION 3. Section 34.002, Health and Safety Code, is  
24 amended by adding Subsection (a-1) and amending Subsection (e) to

1 read as follows:

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

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

12 SECTION 4. Section 34.008, Health and Safety Code, is  
13 amended by adding Subsection (e) to read as follows:

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

21 SECTION 5. Section 34.009(a), Health and Safety Code, is  
22 amended to read as follows:

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

26 SECTION 6. Section 34.014, Health and Safety Code, is  
27 amended to read as follows:

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

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

7           SECTION 7. Section 34.017, Health and Safety Code, is  
8 amended by adding Subsections (c), (d), and (e) to read as follows:

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

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

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

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

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

27           SECTION 8. Chapter 34, Health and Safety Code, is amended by

1 adding Section 34.022 to read as follows:

2 Sec. 34.022. DEVELOPMENT OF WORK GROUP ON ESTABLISHMENT OF  
3 MATERNAL MORTALITY AND MORBIDITY DATA REGISTRY. (a) In this  
4 section, "maternal mortality and morbidity data registry" means an  
5 Internet website or database established to collect individualized  
6 patient information and aggregate statistical reports on the health  
7 status, health behaviors, and service delivery needs of maternal  
8 patients.

9 (b) The department shall establish a work group to advise  
10 the department on the report and recommendations required by  
11 Subsection (e). The work group consists of the following members  
12 appointed by the commissioner unless otherwise provided:

13 (1) one member with appropriate expertise appointed by  
14 the governor;

15 (2) two members with appropriate expertise appointed  
16 by the lieutenant governor;

17 (3) two members with appropriate expertise appointed  
18 by the speaker of the house of representatives;

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

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

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

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

27 (8) one member who is a physician specializing in

1 maternal and fetal medicine;

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

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

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

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

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

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

15 (15) one member who is an epidemiologist;

16 (16) one member who is a statistician;

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

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

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

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

24 (e) With the goals of improving the quality of maternal care  
25 and combating maternal mortality and morbidity and with the advice  
26 of the work group, the department shall assess and prepare a report  
27 and recommendations on the establishment of a secure maternal

1 mortality and morbidity data registry to record information  
2 submitted by participating health care providers on the health  
3 status of maternal patients over varying periods, including the  
4 frequency and characteristics of maternal mortality and morbidity  
5 during pregnancy and the postpartum period.

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

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

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

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

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

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

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

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

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

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

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

13                           (A) patients who die during pregnancy; and

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

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

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

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

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

26                           (A) total live births;

27                           (B) maternal age distributions;

1 (C) maternal race and ethnicity distributions;

2 (D) health benefit plan issuer distributions;

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

5 (F) gestational age distributions;

6 (G) birth weight distributions;

7 (H) total preterm birth rate;

8 (I) rate of vaginal deliveries; and

9 (J) rate of cesarean sections.

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

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

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

20 (2) the feasibility of preparing and issuing reports,  
21 using aggregated information, to each health care provider  
22 participating in the registry to improve the quality of maternal  
23 care.

24 (j) Not later than September 1, 2026, the department shall  
25 prepare and submit to the governor, the lieutenant governor, the  
26 speaker of the house of representatives, the Legislative Budget  
27 Board, and each standing committee of the legislature having



1 primary jurisdiction over the department and post on the  
2 department's Internet website the report and recommendations  
3 required under Subsection (e).

4 (k) This section expires September 1, 2027.

5 SECTION 9. Subchapter B, Chapter 32, Human Resources Code,  
6 is amended by adding Section 32.02481 to read as follows:

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

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

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

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

24 (c) The commission shall prescribe eligibility requirements  
25 for participation in the program.

26 (d) Not later than September 1 of each year during the  
27 operation of the program, the commission shall prepare and publish

1 on the commission's Internet website a report evaluating:

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

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

7 (e) Not later than September 1, 2030, the commission shall  
8 prepare and submit to the legislature a written report that:

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

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

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

17 (f) The program terminates and this section expires  
18 September 1, 2031.

19 SECTION 10. (a) In this section:

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

22 (2) "Review committee" means the Texas Maternal  
23 Mortality and Morbidity Review Committee established under Chapter  
24 34, Health and Safety Code.

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

1 committee and department shall:

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

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

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

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

17 (A) cardiac health conditions;

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

20 (C) hemorrhage;

21 (D) obesity; and

22 (E) stress-related health conditions; and

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

26 (c) Based on the results of the study conducted under this  
27 section, the review committee and department shall develop

1 recommendations to address disparities in maternal mortality and  
2 morbidity among Black women, including recommendations on:

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

5 (2) patient outreach and education;

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

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

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

14 (d) Not later than September 1, 2026, the review committee  
15 and department shall prepare and submit to the governor, lieutenant  
16 governor, speaker of the house of representatives, and appropriate  
17 committees of the legislature a written report that summarizes the  
18 results of the study and includes the recommendations developed  
19 under this section. The report may be consolidated with the  
20 biennial report required under Section 34.015, Health and Safety  
21 Code.

22 (e) This section expires December 31, 2026.

23 SECTION 11. The executive commissioner of the Health and  
24 Human Services Commission shall adopt rules as necessary to  
25 implement Section 34.022, Health and Safety Code, as added by this  
26 Act, not later than December 1, 2025.

27 SECTION 12. If before implementing any provision of this

1 Act a state agency determines that a waiver or authorization from a  
2 federal agency is necessary for implementation of that provision,  
3 the agency affected by the provision shall request the waiver or  
4 authorization and may delay implementing that provision until the  
5 waiver or authorization is granted.

6 SECTION 13. This Act takes effect immediately if it  
7 receives a vote of two-thirds of all the members elected to each  
8 house, as provided by Section 39, Article III, Texas Constitution.  
9 If this Act does not receive the vote necessary for immediate  
10 effect, this Act takes effect September 1, 2025.