

Chapter 12

S.B. No. 17

AN ACT

relating to maternal health and safety, pregnancy-related deaths,
and maternal morbidity, including postpartum depression.

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

SECTION 1. Section 34.002(b), Health and Safety Code, is
amended to read as follows:

(b) The task force is a multidisciplinary advisory
committee within the department and is composed of the following 17
~~[15]~~ members:

(1) 15 ~~[13]~~ 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) ~~[(E)]~~ one physician specializing in
psychiatry;

(G) ~~[(F)]~~ one physician specializing in
pathology;

(H) ~~[(G)]~~ one epidemiologist, biostatistician,
or researcher of pregnancy-related deaths;

See
list

1 (I) [~~(H)~~] one social worker or social service
2 provider;

3 (J) [~~(I)~~] one community advocate in a relevant
4 field; ~~and]~~

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

7 (L) one physician specializing in critical care;

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

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

12 SECTION 2. Section 34.004, Health and Safety Code, is
13 amended by amending Subsection (b) and adding Subsection (c) to
14 read as follows:

15 (b) Meetings of the task force are [~~closed to the public and~~
16 ~~are not~~] subject to Chapter 551, Government Code, except that the
17 task force shall conduct a closed meeting to review cases under
18 Section 34.007.

19 (c) The task force shall:

20 (1) allow for public comment during at least one
21 public meeting each year;

22 (2) present in open session recommendations made under
23 Section 34.005 to help reduce the incidence of pregnancy-related
24 deaths and severe maternal morbidity in this state; and

25 (3) post public notice for meetings conducted for the
26 sole purpose of reviewing cases for selection under Section 34.007.

27 SECTION 3. Section 34.005, Health and Safety Code, is

1 amended to read as follows:

2 Sec. 34.005. DUTIES OF TASK FORCE. The task force shall:

3 (1) study and review:

4 (A) cases of pregnancy-related deaths; ~~and~~

5 (B) trends, rates, or disparities in
6 pregnancy-related deaths and ~~in~~ severe maternal morbidity;

7 (C) health conditions and factors that
8 disproportionately affect the most at-risk population as
9 determined in the joint biennial report required under Section
10 34.015; and

11 (D) best practices and programs operating in
12 other states that have reduced rates of pregnancy-related deaths;

13 (2) compare rates of pregnancy-related deaths based on
14 the socioeconomic status of the mother;

15 (3) determine the feasibility of the task force
16 studying cases of severe maternal morbidity; and

17 (4) in consultation with the Perinatal Advisory
18 Council, ~~(3)~~ make recommendations to help reduce the incidence of
19 pregnancy-related deaths and severe maternal morbidity in this
20 state.

21 SECTION 4. Chapter 34, Health and Safety Code, is amended by
22 adding Section 34.0055 to read as follows:

23 Sec. 34.0055. SCREENING AND EDUCATIONAL MATERIALS FOR
24 SUBSTANCE USE AND DOMESTIC VIOLENCE. (a) Using existing
25 resources, the commission, in consultation with the task force,
26 shall:

27 (1) make available to physicians and other persons

see
b2a

S.B. No. 17

1 licensed or certified to conduct a substance use screening and
2 domestic violence screening of pregnant women information that
3 includes:

4 (A) guidance regarding best practices for
5 verbally screening a pregnant woman for substance use and verbally
6 screening a pregnant woman for domestic violence using a validated
7 screening tool; and

8 (B) a list of substance use treatment resources
9 and domestic violence prevention and intervention resources in each
10 geographic region of this state; and

11 (2) review and promote the use of educational
12 materials on the consequences of opioid drug use and on domestic
13 violence prevention and intervention during pregnancy.

14 (b) The commission shall make the information and
15 educational materials described by Subsection (a) available on the
16 commission's Internet website.

17 SECTION 5. Sections 34.007(a) and (b), Health and Safety
18 Code, are amended to read as follows:

19 (a) The department shall determine a statistically
20 significant number of cases of pregnancy-related deaths for review.
21 The department shall either randomly select cases or select all
22 cases for the task force to review under this subsection to reflect
23 a cross-section of pregnancy-related deaths in this state.

24 (b) The department shall statistically analyze aggregate
25 data of pregnancy-related deaths and severe maternal morbidity in
26 this state to identify any trends, rates, or disparities.

27 SECTION 6. Section 34.009(d), Health and Safety Code, is

1 amended to read as follows:

2 (d) Information is not confidential under this section if
3 the information is general information that cannot be connected
4 with any specific individual, case, or health care provider, such
5 as:

6 (1) total expenditures made for specified purposes;

7 (2) the number of families served by particular health
8 care providers or agencies;

9 (3) aggregated data on social and economic conditions;

10 (4) medical data and information related to health
11 care services that do not include any identifying information
12 relating to a patient or the patient's family; ~~and~~

13 (5) information, including the source, value, and
14 purpose, related to gifts, grants, or donations to or for use by the
15 task force; and

16 (6) other statistical information.

17 SECTION 7. Section 34.015(b), Health and Safety Code, is
18 amended to read as follows:

19 (b) The report must include the task force's
20 recommendations under Section 34.005(4) [~~34.005(3)~~].

21 SECTION 8. Chapter 34, Health and Safety Code, is amended by
22 adding Sections 34.0155, 34.0156, and 34.0157 to read as follows:

23 Sec. 34.0155. REPORT ON PREGNANCY-RELATED DEATHS, SEVERE
24 MATERNAL MORBIDITY, AND POSTPARTUM DEPRESSION. The commission
25 shall:

26 (1) evaluate options for reducing pregnancy-related
27 deaths, focusing on the most prevalent causes of pregnancy-related

1 deaths as identified in the joint biennial report required under
2 Section 34.015, and for treating postpartum depression in
3 economically disadvantaged women;

4 (2) in coordination with the department and the task
5 force, identify strategies to:

6 (A) lower costs of providing medical assistance
7 under Chapter 32, Human Resources Code, related to severe maternal
8 morbidity and chronic illness; and

9 (B) improve quality outcomes related to the
10 underlying causes of severe maternal morbidity and chronic illness;
11 and

12 (3) not later than December 1 of each even-numbered
13 year, submit to the governor, the lieutenant governor, the speaker
14 of the house of representatives, the Legislative Budget Board, and
15 the appropriate standing committees of the legislature a written
16 report that includes:

17 (A) a summary of the commission's and
18 department's efforts to accomplish the tasks described by
19 Subdivisions (1) and (2); and

20 (B) a summary of the report required by Section
21 34.0156.

22 Sec. 34.0156. MATERNAL HEALTH AND SAFETY INITIATIVE.

23 (a) Using existing resources, the department, in collaboration
24 with the task force, shall promote and facilitate the use among
25 health care providers in this state of maternal health and safety
26 informational materials, including tools and procedures related to
27 best practices in maternal health and safety.

1 (b) Not later than December 1 of each even-numbered year,
2 the department shall submit a report to the executive commissioner
3 that includes:

4 (1) a summary of the initiative's implementation and
5 outcomes; and

6 (2) recommendations for improving the effectiveness
7 of the initiative.

8 Sec. 34.0157. FEASIBILITY STUDY RELATED TO MATERNAL HEALTH
9 AND SAFETY INITIATIVE. (a) Using existing resources and not later
10 than December 1, 2018, the commission shall study and determine the
11 feasibility of adding a provider's use of procedures included in
12 the maternal health and safety initiative described by Section
13 34.0156 as an indicator of quality for commission data and medical
14 assistance quality-based payment purposes.

15 (b) The department shall collaborate with the commission in
16 compiling available data and information needed to complete the
17 feasibility study.

18 (c) The commission shall include the commission's
19 determination from the feasibility study in the report required by
20 Section 34.0155.

21 (d) This section expires May 1, 2019.

22 SECTION 9. Section 34.018, Health and Safety Code, is
23 amended to read as follows:

24 Sec. 34.018. SUNSET PROVISION. The task force is subject to
25 Chapter 325, Government Code (Texas Sunset Act). Unless continued
26 in existence as provided by that chapter, the task force is
27 abolished and this chapter expires September 1, 2023 [~~2019~~].

1 SECTION 10. Subchapter D, Chapter 1001, Health and Safety
2 Code, is amended by adding Section 1001.0712 to read as follows:

3 Sec. 1001.0712. CAUSE OF DEATH DATA IMPROVEMENT. (a) Not
4 later than December 1 of each even-numbered year, the department
5 shall submit to the governor, lieutenant governor, speaker of the
6 house of representatives, and appropriate standing committees of
7 the legislature a report on the processes and procedures for
8 collecting cause of death information, including any challenges to
9 collecting accurate information relating to maternal mortality.

10 (b) In preparing the report, the department may examine:

11 (1) issues relating to the quality of the death
12 information being collected, including the accuracy and
13 completeness of the information;

14 (2) the role of medical certifiers in death
15 information collection;

16 (3) the perceptions of the individuals collecting the
17 death information regarding the information's integrity;

18 (4) the training required for the individuals
19 collecting death information; and

20 (5) the structural, procedural, and technological
21 issues of collecting the information.

22 (c) The department, in consultation with the Maternal
23 Mortality and Morbidity Task Force, shall examine national
24 standards regarding the collection of death information and may
25 convene a panel of experts to advise the department and the task
26 force in developing recommendations for improving the collection of
27 accurate information related to cause of death.

1 (d) The report may be included as part of another report the
2 department is required to submit to the legislature.

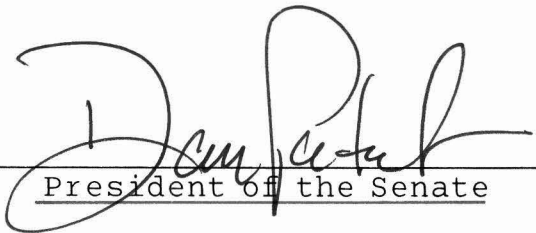
3 (e) This section expires September 1, 2021.

4 SECTION 11. Not later than June 1, 2018, the Health and
5 Human Services Commission shall make available the information and
6 educational materials described by Section 34.0055, Health and
7 Safety Code, as added by this Act.

8 SECTION 12. If before implementing any provision of this
9 Act a state agency determines that an additional waiver or
10 additional authorization from a federal agency is necessary for
11 implementation of that provision, the agency affected by the
12 provision shall request the waiver or authorization and may delay
13 implementing that provision until the waiver or authorization is
14 granted.

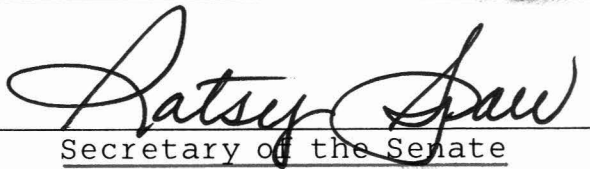
15 SECTION 13. This Act takes effect immediately if it
16 receives a vote of two-thirds of all the members elected to each
17 house, as provided by Section 39, Article III, Texas Constitution.
18 If this Act does not receive the vote necessary for immediate
19 effect, this Act takes effect on the 91st day after the last day of
20 the legislative session.

S.B. No. 17

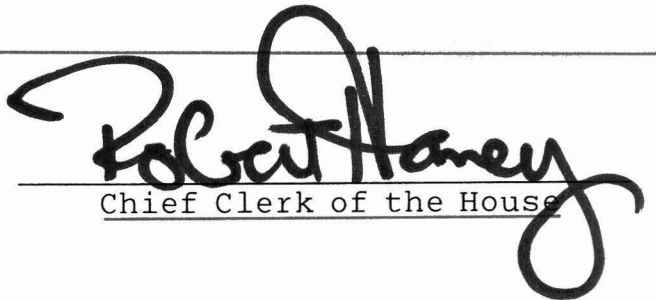

President of the Senate


Speaker of the House

I hereby certify that S.B. No. 17 passed the Senate on July 25, 2017, by the following vote: Yeas 31, Nays 0; and that the Senate concurred in House amendments on August 15, 2017, by the following vote: Yeas 31, Nays 0.


Secretary of the Senate

I hereby certify that S.B. No. 17 passed the House, with amendments, on August 14, 2017, by the following vote: Yeas 146, Nays 0, two present not voting.



Chief Clerk of the House

Approved:

8-16-2017
Date


Governor

FILED IN THE OFFICE OF THE
SECRETARY OF STATE
3:25 PM O'CLOCK

AUG 16 2017

Secretary of State

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATURE 1st CALLED SESSION - 2017
Revision 1

August 15, 2017

TO: Honorable Dan Patrick, Lieutenant Governor, Senate

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB17 by Kolkhorst (Relating to maternal health and safety, pregnancy-related deaths, and maternal morbidity, including postpartum depression.), **As Passed 2nd House**

No significant fiscal implication to the State is anticipated.

The bill would amend Health and Safety Code Chapter 34 to expand the Maternal Mortality and Morbidity Task Force's duties. The bill would require the Maternal Mortality and Morbidity Task Force and the Health and Human Services Commission (HHSC) to make information available to physicians and other licensed persons regarding best practices for screening pregnant women for substance use, a list of substance use treatment resources in the state, and review and promote educational materials regarding opioid drug use during pregnancy. The information shall be posted on HHSC's website.

The bill specifies how DSHS shall determine the number of cases of pregnancy-related deaths for review.

The bill would require the HHSC and DSHS to report on efforts taken to reduce the incidence of pregnancy-related deaths.

The bill would require DSHS, in collaboration with the Maternal Mortality and Morbidity Task Force, to promote maternal health and safety informational materials, and submit a report to the executive commissioner on maternal health and safety initiative outcomes and recommendations. The bill would also require HHSC to conduct a study on the feasibility of adding a provider's use of the materials as a pay-for-quality measure.

The bill would extend the Maternal Mortality and Morbidity Task Force until September 1, 2023.

The bill would require DSHS to submit a report on processes, procedures, and challenges associated with collecting cause of death information, including information regarding maternal mortality.

The bill would require meetings of the task force to comply with state requirements on conducting open meetings, pursuant to Government Code, Chapter 551 except in certain circumstances.

The bill would take effect immediately upon receiving a two-thirds majority vote in each house. Otherwise, it would take effect 91 days after the last day of the First Called Session, 85th Legislature.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies:

LBB Staff: UP, KCA, EP, SSc

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATURE 1st CALLED SESSION - 2017

August 14, 2017

TO: Honorable Dan Patrick, Lieutenant Governor, Senate

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB17 by Kolkhorst (Relating to maternal health and safety, pregnancy-related deaths, and maternal morbidity, including postpartum depression.), **As Passed 2nd House**

Estimated Two-year Net Impact to General Revenue Related Funds for SB17, As Passed 2nd House: a negative impact of (\$475,349) through the biennium ending August 31, 2019.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2018	(\$225,523)
2019	(\$249,826)
2020	\$0
2021	\$0
2022	\$0

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from <i>General Revenue Fund</i> 1	Change in Number of State Employees from FY 2017
2018	(\$225,523)	2.0
2019	(\$249,826)	2.0
2020	\$0	0.0
2021	\$0	0.0
2022	\$0	0.0

Fiscal Analysis

The bill would amend Health and Safety Code Chapter 34 to expand the Maternal Mortality and Morbidity Task Force's duties.

The bill would require the Maternal Mortality and Morbidity Task Force and the Department of

State Health Services (DSHS) to make information available to physicians and other licensed persons regarding best practices for screening pregnant women for substance use, a list of substance use treatment resources in the state, and review and promote educational materials regarding opioid drug use during pregnancy. The information shall be posted on the Health and Human Services Commission's (HHSC) website.

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The bill would take effect immediately upon receiving a two-thirds majority vote in each house. Otherwise, it would take effect 91 days after the last day of the First Called Session, 85th Legislature.

Methodology

According to DSHS, the agency would require additional Full-Time Equivalents (FTEs) to carry out provisions of the bill. DSHS reports that, in order to carry out the cumulative effect of the additional tasks required by the bill, specifically associated with developing educational materials and information regarding substance abuse, 1.0 FTE program specialist position and 1.0 FTE epidemiologist position would be required. The additional FTEs would cost an additional \$416,325 for the 2018-19 biennium. DSHS reports an additional \$50,988 would be needed for the 2018-19 biennium associated with HHSC oversight costs.

This analysis assumes that costs associated with implementing the bill could not be absorbed within DSHS' existing resources. DSHS currently employs 2.15 FTEs to support the Maternal Mortality and Morbidity Task Force. DSHS current unit staff are dedicated to other agency assignments, and additional FTEs would be required to carry out all provisions of the bill.

Technology

Technology costs identified by DSHS are estimated to be \$8,037 for the 2018-19 biennium. This includes costs associated with specialized software and software licensure that would be used to carry out the provisions of the bill.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies:

LBB Staff: UP, KCA, EP, SSc

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATURE 1st CALLED SESSION - 2017

August 11, 2017

TO: Honorable Four Price, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB17 by Kolkhorst (Relating to maternal health and safety, pregnancy-related deaths, and maternal morbidity, including postpartum depression.), **As Engrossed**

Estimated Two-year Net Impact to General Revenue Related Funds for SB17, As Engrossed: a negative impact of (\$475,349) through the biennium ending August 31, 2019.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

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2022	\$0

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from <i>General Revenue Fund</i> 1	Change in Number of State Employees from FY 2017
2018	(\$225,523)	2.0
2019	(\$249,826)	2.0
2020	\$0	0.0
2021	\$0	0.0
2022	\$0	0.0

Fiscal Analysis

The bill would amend Health and Safety Code Chapter 34 to expand the Maternal Mortality and Morbidity Task Force's duties.

The bill would require the Maternal Mortality and Morbidity Task Force and the Department of

State Health Services (DSHS) to make information available to physicians and other licensed persons regarding best practices for screening pregnant women for substance use, a list of substance use treatment resources in the state, and review and promote educational materials regarding opioid drug use during pregnancy. The information shall be posted on DSHS' website.

The bill specifies how DSHS shall determine the number of cases of pregnancy-related deaths for review.

The bill would require the Health and Human Services Commission (HHSC) and DSHS to report on efforts taken to reduce the incidence of pregnancy-related deaths.

The bill would require DSHS, in collaboration with the Maternal Mortality and Morbidity Task Force, to promote maternal health and safety informational materials, and submit a report to the executive commissioner on maternal health and safety initiative outcomes and recommendations. The bill would also require HHSC to conduct a study on the feasibility of adding a provider's use of the materials as a pay-for-quality measure.

The bill would extend the Maternal Mortality and Morbidity Task Force until September 1, 2023.

The bill would require DSHS to submit a report on processes, procedures, and challenges associated with collecting cause of death information, including information regarding maternal mortality.

The bill would take effect immediately upon receiving a two-thirds majority vote in each house. Otherwise, it would take effect 91 days after the last day of the First Called Session, 85th Legislature.

Methodology

According to DSHS, the agency would require additional Full-Time Equivalent (FTEs) to carry out provisions of the bill. DSHS reports that, in order to carry out the cumulative effect of the additional tasks required by the bill, specifically associated with developing educational materials and information regarding substance abuse, 1.0 FTE program specialist position and 1.0 FTE epidemiologist position would be required. The additional FTEs would cost an additional \$416,325 for the 2018-19 biennium. DSHS reports an additional \$50,988 would be needed for the 2018-19 biennium associated with HHSC oversight costs.

This analysis assumes that costs associated with implementing the bill could not be absorbed within DSHS' existing resources. DSHS currently employs 2.15 FTEs to support the Maternal Mortality and Morbidity Task Force. DSHS current unit staff are dedicated to other agency assignments, and additional FTEs would be required to carry out all provisions of the bill.

Technology

Technology costs identified by DSHS are estimated to be \$8,037 for the 2018-19 biennium. This includes costs associated with specialized software and software licensure that would be used to carry out the provisions of the bill.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies:

LBB Staff: UP, KCA, EP, SSc

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATURE 1st CALLED SESSION - 2017

July 20, 2017

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB17 by Kolkhorst (Relating to maternal health and safety, pregnancy-related deaths, and maternal morbidity, including postpartum depression.), **As Introduced**

No significant fiscal implication to the State is anticipated.

The bill would amend Health and Safety Code Chapter 34 to expand the Maternal Mortality and Morbidity Task Force's duties. The bill would require the Health and Human Services Commission to evaluate options for reducing pregnancy-related deaths, and to submit a written report that summarizes the Health and Human Services Commission's and the Department of State Health Services' efforts to reduce the incidence of pregnancy-related deaths. The Health and Human Services Commission is directed to conduct a study on the feasibility of adding a pay-for-quality measure related to provider procedures, and to include the study's findings in the report. The bill would continue the Maternal Mortality and Morbidity Task Force through September 1, 2023.

The bill would take effect immediately upon receiving a two-thirds majority vote in each house. Otherwise, it would take effect 91 days after the last day of the First Called Session, 85th Legislature.

According to the Health and Human Services Commission and the Department of State Health Services, it is assumed that the duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission, 537 State Health Services, Department of

LBB Staff: UP, KCA, EP, SSc