

- SUBJECT:** Continuing the Maternal Mortality and Morbidity Task Force until 2023
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 9 ayes — Price, Sheffield, Arévalo, Burkett, Cortez, Guerra, Klick, Oliverson, Zedler
- 0 nays
- 2 absent — Coleman, Collier
- WITNESSES:** For — (*Registered, but did not testify:* Juliana Kerker, American Congress of Obstetricians and Gynecologists-Texas District and Texas Association of Obstetricians and Gynecologists; Anne Dunkelberg, Center for Public Policy Priorities; Wendy Wilson, Consortium of Texas Certified Nurse-Midwives; Leah Gonzalez, Healthy Futures of Texas; Nora Del Bosque, March of Dimes; Bill Kelly, City of Houston Mayor's Office; Christine Yanas, Methodist Healthcare Ministries; Will Francis, National Association of Social Workers-Texas Chapter; Jessica Schleifer, Teaching Hospitals of Texas; Marshall Kenderdine, Texas Academy of Family Physicians; Tim Schauer, Texas Association of Community Health Plans; Sara Gonzalez, Texas Hospital Association; Marilyn Doyle, Texas Medical Association; Clayton Travis, Texas Pediatric Society; Lane Aiena; Thomas Parkinson)
- Against — None
- On — Evelyn Delgado, Texas Department of State Health Services
- BACKGROUND:** The 83rd Legislature in 2013 enacted SB 495 by Huffman, which created the Maternal Mortality and Morbidity Task Force. The task force is a multidisciplinary entity within the Department of State Health Services that studies and reviews cases of pregnancy-related deaths and trends in severe maternal morbidity and makes recommendations to help reduce the frequency of these incidents in Texas. The task force and DSHS published a joint report on the task force's findings and recommendations in 2016.

Provisions governing the task force are scheduled to expire in 2019.

DIGEST: HB 2035 would continue the Maternal Mortality and Morbidity Task Force until September 1, 2023.

The bill would take effect September 1, 2017.

SUPPORTERS SAY: HB 2035 would continue the Maternal Mortality and Morbidity Task Force to help address a rise in rates of maternal mortality and morbidity in Texas. Studies have found that Texas has a higher rate of maternal mortality and morbidity than most other states and many industrialized countries. Continuing the task force through 2023 would allow it to develop a better understanding for this rise.

Analyzing maternal mortality and morbidity cases is time-consuming. The task force is limited by availability of specialized staff, and the process involves redacting to keep patient information private. The task force has reviewed cases from 2011 and 2012 and needs more time to review recent cases to find a reason for the recent spike in maternal deaths.

The Department of State Health Services (DSHS) uses task force findings to decide what kind of public health interventions and prevention initiatives would best prevent maternal mortality and morbidity. It also uses the information to decide how to leverage and target existing programs. Allowing the task force to continue reviewing cases would help DSHS make decisions on prevention programs going forward.

The Maternal Mortality and Morbidity Task Force works best as a statewide task force, bringing together physicians, DSHS staff, community advocates, registered nurses, medical examiners, ob-gyns, researchers, nurse-midwives, social workers, and other experts in pregnancy-related deaths to work on this issue. Continuing the task force would demonstrate the importance Texas places on reducing the state's rate of maternal mortality and morbidity.

OPPONENTS Continuing the task force under HB 2035 is not necessary. A non-

SAY: governmental entity, such as a private research institution, would be better suited to undertake the work of the task force.