

SUBJECT: Maternal Mortality and Morbidity Task Force data analysis and reporting

COMMITTEE: Public Health — favorable, without amendment

VOTE: 8 ayes — Price, Sheffield, Arévalo, Burkett, Guerra, Klick, Oliverson,  
Zedler

0 nays

3 absent — Coleman, Collier, Cortez

SENATE VOTE: On final passage, April 27 — 31-0

WITNESSES: For — (*Registered, but did not testify*: Juliana Kerker, American Congress of Obstetricians and Gynecologists-Texas District, Texas Association of Obstetricians and Gynecologists; Joel Romo, American Heart Association; Stacey Pogue, Center for Public Policy Priorities; Mandi Kimball, Children at Risk; Liz Garbutt, Children's Defense Fund-Texas; Stacy Wilson, Children's Hospital Association of Texas; Leah Gonzalez, Healthy Futures of Texas; Nora Del Bosque, March of Dimes; Jason Sabo, Mental Health America of Greater Houston; Gyl Switzer, Mental Health America of Texas; Sebastien Laroche, Methodist Healthcare Ministries of South Texas, Inc.; Greg Hansch, National Alliance on Mental Illness Texas; Will Francis, National Association of Social Workers-Texas Chapter; Elaine Cavazos and Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas; Adriana Kohler, Texans Care for Children; Joshua Houston, Texas Impact; Michelle Romero, Texas Medical Association; Clayton Travis, Texas Pediatric Society; Maggie Jo Buchanan, Young Invincibles; Kristi Morrison; Nancy Sheppard)

Against — None

On — (*Registered, but did not testify*: Evelyn Delgado, Department of State Health Services)

BACKGROUND: Health and Safety Code, ch. 34 governs the Maternal Mortality and

Morbidity Task Force, which is administered by the Department of State Health Services (DSHS). Sec. 34.005 requires the task force to:

- study and review cases of pregnancy-related deaths and trends in severe maternal morbidity;
- determine the feasibility of studying cases of severe maternal morbidity; and
- make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity.

Sec. 34.007 requires DSHS to randomly select cases for the task force to review to reflect a cross-section of pregnancy-related deaths. DSHS also is required to analyze aggregate data of severe maternal morbidity to identify any trends.

DIGEST:

SB 1929 would expand the topics that the Maternal Mortality and Morbidity Task Force was required to study and review to include rates or disparities in pregnancy-related deaths and severe maternal morbidity. The bill would give the Department of State Health Services (DSHS) the option to either randomly select cases or select all cases for the task force to review. DSHS would have to conduct a statistical analysis of the aggregate data for pregnancy-related deaths and severe maternal morbidity to identify any trends, rates, or disparities.

The bill would require the Health and Human Services Commission (HHSC) to:

- evaluate options for reducing maternal mortality, focusing on the most prevalent causes of maternal mortality as identified in the DSHS and task force's joint biennial report, and for treating postpartum depression in economically disadvantaged women;
- submit a written report summarizing HHSC's efforts to assess options for reducing maternal mortality and for treating postpartum depression in economically disadvantaged women;
- seek federal funding for postpartum depression under the 21st Century Cures Act as permitted by state and federal law; and

- consider the biennial report's recommendations when using any federal grant money received.

HHSC would submit the written report to the governor, lieutenant governor, House speaker, Legislative Budget Board, and the appropriate House and Senate standing committees by December 1 of each even-numbered year.

The bill would extend the task force's Sunset date from September 1, 2019, to December 31, 2023.

The bill would take effect September 1, 2017.

**SUPPORTERS  
SAY:**

SB 1929 would help address an increase in maternal mortality and morbidity rates in Texas by continuing the Maternal Mortality and Morbidity Task Force. 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 of this threat to public health.

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 bill would help combat suicides resulting from postpartum depression. Suicide is one of the leading causes of pregnancy-related deaths, and requiring the Health and Human Services Commission to seek federal funding for postpartum depression would improve women's access to mental and behavioral health screenings before and after childbirth.

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 rates of maternal mortality and morbidity.

**OPPONENTS  
SAY:**

Continuing the Maternal Mortality and Morbidity Task Force would be unnecessary. A non-governmental entity, such as a private research institution, would be better suited to undertake the functions of the task force.