

SUBJECT: Extending maternal mortality task force; study on certain at-risk mothers

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Price, Sheffield, Arévalo, Burkett, Collier, Cortez, Klick,
Oliverson, Zedler

0 nays

2 absent — Coleman, Guerra

WITNESSES: For — Fatima Mann, Counter Balance Foundation; Darline Turner, Mamas on Bedrest & Beyond; Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas; Yannis Banks, Texas NAACP; Marsha Jones, The Afiya Center; Cheryl Perkins; Maria Person; (*Registered, but did not testify*: Rebecca Marques, ACLU of Texas; Lisa Hollier, American Congress of Obstetricians and Gynecologists-Texas District, Texas Association of Obstetricians and Gynecologists, and Texas Children's Hospital; Juliana Kerker, American Congress of Obstetricians and Gynecologists-Texas District and Texas Association of Obstetricians and Gynecologists; Shelby Massey, American Heart Association; Jason Sabo, Children at Risk; Cheasty Anderson, Children's Defense Fund-Texas; Wendy Wilson, Consortium of Texas Certified Nurse-Midwives; Nancy George, Doctors For Change; Andrea Garcia, League of Women Voters of Texas; Lucinda Saxon, Legacy Community Health; Amanda Williams, Lilith Fund; Nora Del Bosque, March of Dimes; Christine Yanas, Methodist Healthcare Ministries of South Texas; Heather Busby and Blake Rocap, NARAL Pro-Choice Texas; Greg Hansch, National Alliance on Mental Illness-TX; Will Francis, National Association of Social Workers-Texas Chapter; Katie Astoria, Elaine Cavazos, and Laura Howard, Pregnancy and Postpartum Health Alliance of Texas; Lucy Stein, Progress Texas; Jessica Schleifer, Teaching Hospitals of Texas; Adriana Kohler, Texans Care for Children; Mary Allen, Texas Association of Community Health Centers; Gwen Daverth, Texas Campaign to Prevent Teen Pregnancy; Ryan Valentine, Texas Freedom Network; Sara Gonzalez, Texas Hospital Association; Dan Finch, Texas Medical

Association; Clayton Travis, Texas Pediatric Society; Leah Gonzalez, Texas Women's Healthcare Coalition; Deneen Robinson, The Afiya Center; Jennifer Allmon, Texas Catholic Conference of Bishops; John Burlison, Travis County Resistance; Maggie Jo Buchanan, Young Invincibles; and 17 individuals)

Against — (*Registered, but did not testify*: Bettie Forman)

On — Lesley French, Health and Human Services Commission; (*Registered, but did not testify*: Manda Hall, 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). Under sec. 34.018, the task force is subject to the Texas Sunset Act and scheduled to expire on September 1, 2019.

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.

Under sec. 34.007, DSHS must randomly select cases for the task force to review that reflect a cross-section of pregnancy-related deaths. DSHS also is required to analyze aggregate data of severe maternal morbidity to identify any trends. Sec. 34.015 requires DSHS and the task force to submit a biennial joint report to certain state officials, legislative committees, and state professional associations and organizations.

DIGEST: CSHB 11 would continue the Maternal Mortality and Morbidity Task Force until September 1, 2023.

The bill would expand the duties of the task force to include studying, reviewing, and collecting data on:

- rates, health conditions and factors, and disparities in pregnancy-related deaths and severe maternal morbidity;
- the most prevalent health conditions and factors that caused death in African-American women as identified in the biennial report issued jointly by Department of State Health Services (DSHS) and the task force; and
- best practices and programs operating in other states that have reduced rates of pregnancy-related deaths.

CSHB 11 also would require the task force to compare rates of pregnancy-related deaths based on the mother's socioeconomic status.

The bill would direct the Department of State Health Services (DSHS), when analyzing cases of pregnancy-related death, either to randomly select cases or to select all cases for the task force to review. It would require DSHS 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 Health and Human Services Commission (HHSC) would:

- evaluate options for reducing pregnancy-related deaths, focusing on the most prevalent causes of pregnancy-related deaths as identified in the joint biennial report, and for treating postpartum depression in economically disadvantaged women; and
- submit by December 1 of each even-numbered year to certain state officials, the Legislative Budget Board, and appropriate standing legislative committees a written report summarizing commission efforts in conjunction with DSHS to accomplish these tasks.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect on the 91st day after the last day of the special session.

SUPPORTERS
SAY:

CSHB 11 would help address the increase in maternal mortality and morbidity rates in Texas by continuing the Maternal Mortality Task Force until 2023 and directing it to study the health conditions and factors that cause a disproportionate rate of pregnancy-related death in African-American women.

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 would allow the state to more directly address the causes of and lower the rate of pregnancy-related deaths in Texas, especially for African-American women. By expanding the task force's duties, the bill also would implement one of the governor's priorities for the special session.

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 and giving it clearer direction on case analysis would help DSHS make better decisions on prevention programs.

The bill would help combat the effects of postpartum depression, including suicide. Suicide is one of the leading causes of pregnancy-related deaths, and requiring the Health and Human Services Commission to evaluate options for treating postpartum depression in economically disadvantaged women could lead to improved access to mental and behavioral health screenings before and after childbirth.

The 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 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.

OTHER OPPONENTS SAY: While CSHB 11 would help reduce the rate of maternal mortality and morbidity in Texas, it should be amended to reflect other proposals that could further improve maternal health, including developing guidelines to reduce the number of unnecessary cesarean section procedures performed in the state, reporting on the number of providers in the state's family planning programs, continuing Medicaid for a year following an involuntary miscarriage, expanding health benefit plan coverage to include maternal morbidity and severe maternal morbidity, and implementing a strategic plan to improve access to postpartum depression screening.

NOTES: The committee substitute differs from the introduced bill in that CSHB 11 would require the task force to study, review, and collect data on the most prevalent health conditions and factors that caused death in African-American women.

Three other bills related to the changes to Maternal Mortality and Morbidity Task Force are on today's calendar for second-reading consideration. HB 9 by Burkett, et al. and HB 10 by Walle, et al. would continue the task force until 2023 and amend its duties, among other provisions. HB 28 by Ortega, et al. would increase the membership of the task force to include one nurse specializing in labor and delivery.

A companion bill, SB 82 by Kolkhorst, was left pending in the Senate Committee on Health and Human Services on July 21.