CHAPTER 526
S.B. No. 490
AN ACT
relating to the expiration of tuition equalization grant requirements for grants awarded before the 2005-2006 academic year.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. Section 61.225, Education Code, is amended by adding Subsections (d) and (e) to read as follows:

(d) This section does not apply to the eligibility requirements for grants awarded for an academic year after the 2014-2015 academic year.

(e) This section expires January 1, 2016.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2013.

Passed the Senate on April 4, 2013: Yeas 31, Nays 0; passed the House on May 22, 2013: Yeas 148, Nays 0, two present not voting.

Approved June 14, 2013.
Effective June 14, 2013.

CHAPTER 527
S.B. No. 495
AN ACT
relating to the creation of a task force to study maternal mortality and severe maternal morbidity.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 34 to read as follows:

CHAPTER 34. MATERNAL MORTALITY AND MORBIDITY TASK FORCE

Sec. 34.001. DEFINITIONS. In this chapter:

(1) "Commissioner" means the commissioner of state health services.

(2) "Department" means the Department of State Health Services.

(3) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

(4) "Health care provider" means an individual or facility licensed, certified, or otherwise authorized to administer health care, for profit or otherwise, in the ordinary course of business or professional practice, including a physician or a hospital or birthing center.

(5) "Institution of higher education" has the meaning assigned by Section 61.003, Education Code.

(6) "Intrapartum care" has the meaning assigned by Section 32.002.

(7) "Life-threatening condition" means a condition from which the likelihood of death is probable unless the course of the condition is interrupted.

(8) "Maternal morbidity" means a pregnancy-related health condition occurring during pregnancy, labor, or delivery or within one year of delivery or end of pregnancy.
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(9) "Patient" means the woman who while pregnant or within one year of delivery or end of pregnancy suffers death or severe maternal morbidity.

(10) "Perinatal care" has the meaning assigned by Section 32.002.

(11) "Physician" means a person licensed to practice medicine in this state under Subtitle B, Title 3, Occupations Code.

(12) "Pregnancy-related death" means the death of a woman while pregnant or within one year of delivery or end of pregnancy, regardless of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

(13) "Severe maternal morbidity" means maternal morbidity that constitutes a life-threatening condition.

(14) "Task force" means the Maternal Mortality and Morbidity Task Force.

Sec. 34.002. MATERNAL MORTALITY AND MORBIDITY TASK FORCE. (a) The Maternal Mortality and Morbidity Task Force is administered by the department.

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

(1) 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 physician specializing in family practice;
   (E) one physician specializing in psychiatry;
   (F) one physician specializing in pathology;
   (G) one epidemiologist, biostatistician, or researcher of pregnancy-related deaths;
   (H) one social worker or social service provider;
   (I) one community advocate in a relevant field; and
   (J) one medical examiner or coroner responsible for recording deaths;
(2) a representative of the department's family and community health programs; and
(3) the state epidemiologist for the department or the epidemiologist's designee.

(c) In appointing members to the task force, the commissioner shall:
   (1) include members:
      (A) working in and representing communities that are diverse with regard to race, ethnicity, immigration status, and English proficiency; and
      (B) from differing geographic regions in the state, including both rural and urban areas;
   (2) endeavor to include members who are working in and representing communities that are affected by pregnancy-related deaths and severe maternal morbidity and by a lack of access to relevant perinatal and intrapartum care services; and
   (3) ensure that the composition of the task force reflects the racial, ethnic, and linguistic diversity of this state.

(d) The commissioner shall appoint from among the task force members a presiding officer.

(e) A member of the task force appointed under Subsection (b)(1) is not entitled to compensation for service on the task force or reimbursement for travel or other expenses incurred by the member while conducting the business of the task force.

(f) In carrying out its duties, the task force may use technology, including teleconferencing or videoconferencing, to eliminate travel expenses.
Sec. 34.003. TERMS; VACANCY. (a) Task force members appointed by the commissioner serve staggered six-year terms, with the terms of four or five members, as appropriate, expiring February 1 of each odd-numbered year.

(b) A task force member may serve more than one term.

(c) A vacancy on the task force shall be filled for the unexpired term in the same manner as the original appointment.

Sec. 34.004. MEETINGS. (a) The task force shall meet at least quarterly. The task force may meet at other times at the call of the commissioner.

(b) Meetings of the task force are closed to the public and are not subject to Chapter 551, Government Code.

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

1. study and review:
   (A) cases of pregnancy-related deaths; and
   (B) trends in severe maternal morbidity;

2. determine the feasibility of the task force studying cases of severe maternal morbidity; and

3. make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in this state.

Sec. 34.006. CONSULTATIONS AND AGREEMENTS WITH OUTSIDE PARTIES. (a) The department and task force may consult with any relevant experts and stakeholders, including:

1. anesthesiologists;
2. intensivists or critical care physicians;
3. nutritionists;
4. substance abuse treatment specialists;
5. hospital staff or employees;
6. representatives of the state Medicaid program;
7. paramedics or other emergency medical response personnel;
8. hospital-based risk management specialists;
9. representatives of local health departments and public health districts in this state;
10. public health experts;
11. government representatives or officials; and
12. law enforcement officials.

(b) In gathering information, the department and task force may consult with representatives of any relevant state professional associations and organizations, including:

1. District XI of the American Congress of Obstetricians and Gynecologists;
2. the Texas Association of Obstetricians and Gynecologists;
3. the Texas Nurses Association;
4. the Texas Section of the Association of Women's Health, Obstetric and Neonatal Nurses;
5. the Texas Academy of Family Physicians;
6. the Texas Pediatric Society;
7. the Consortium of Texas Certified Nurse–Midwives;
8. the Association of Texas Midwives;
9. the Texas Hospital Association;
10. the Texas Medical Association; and
11. the Texas Public Health Association.
(c) In consulting with individuals or organizations under Subsection (a) or (b), a member of the task force or employee of the department may not disclose any identifying information of a patient or health care provider.

(d) The department on behalf of the task force may enter into agreements with institutions of higher education or other organizations consistent with the duties of the department or task force under this chapter.

Sec. 34.007. SELECTION AND REVIEW OF CASES. (a) The department shall determine a statistically significant number of cases of pregnancy-related deaths for review. The department shall randomly select cases for the task force to review under this subsection to reflect a cross-section of pregnancy-related deaths in this state.

(b) The department shall analyze aggregate data of severe maternal morbidity in this state to identify any trends.

(c) If feasible, the department may select cases of severe maternal morbidity for review. In selecting cases under this subsection, the department shall randomly select cases for the task force to review to reflect trends identified under Subsection (b).

Sec. 34.008. OBTAINING DE-IDENTIFIED INFORMATION FOR REVIEW. (a) On selecting a case of pregnancy-related death or severe maternal morbidity for review, the department shall, in accordance with this section, obtain information relevant to the case to enable the task force to review the case. The department shall provide the information to the task force.

(b) The information provided to the task force may not include identifying information of a patient or health care provider, including:

(1) the name, address, or date of birth of the patient or a member of the patient's family; or

(2) the name or specific location of a health care provider that treated the patient.

(c) On the request of the department, a hospital, birthing center, or other custodian of the requested information shall provide the information to the department. The information shall be provided without the authorization of the patient or, if the patient is deceased, without the authorization of the patient's family.

(d) A person who provides information to the department under this section is not subject to an administrative, civil, or criminal action for damages or other relief for providing the information.

Sec. 34.009. CONFIDENTIALITY; PRIVILEGE. (a) Any information pertaining to a pregnancy-related death or severe maternal morbidity is confidential for purposes of this chapter.

(b) Confidential information that is acquired by the department and that includes identifying information of an individual or health care provider is privileged and may not be disclosed to any person. Information that may not be disclosed under this subsection includes:

(1) the name and address of a patient or a member of the patient's family;

(2) any service received by the patient or a member of the patient's family;

(3) the social and economic condition of the patient or a member of the patient's family;

(4) medical, dental, and mental health care information related to the patient or a member of the patient's family, including diagnoses, conditions, diseases, or disability; and

(5) the identity of a health care provider that provided any services to the patient or a member of the patient's family.

(c) Task force work product or information obtained by the department under this chapter, including information contained in an electronic database established and maintained under Section 34.012, or any other document or record, is confidential. This subsection does not prevent the task force or department from releasing information described by Subsection (d) or (e) or from submitting the report required by Section 34.015.
(d) Information is not confidential under this section if the information is general information that cannot be connected with any specific individual, case, or health care provider, such as:

1. total expenditures made for specified purposes;
2. the number of families served by particular health care providers or agencies;
3. aggregated data on social and economic conditions;
4. medical data and information related to health care services that do not include any identifying information relating to a patient or the patient’s family; and
5. other statistical information.

(e) The task force may publish statistical studies and research reports based on information that is confidential under this section, provided that the information:

1. is published in the aggregate;
2. does not identify a patient or the patient’s family;
3. does not include any information that could be used to identify a patient or the patient’s family; and
4. does not identify a health care provider.

(f) The department shall adopt and implement practices and procedures to ensure that information that is confidential under this section is not disclosed in violation of this section.

(g) Information that is confidential under this section is excepted from disclosure under Chapter 552, Government Code, as provided by Section 552.101 of that chapter.

(h) The task force and the department shall comply with all state and federal laws and rules relating to the transmission of health information, including the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191) and rules adopted under that Act.

Sec. 34.010. SUBPOENA AND DISCOVERY. Task force work product or information that is confidential under Section 34.009 is privileged, is not subject to subpoena or discovery, and may not be introduced into evidence in any administrative, civil, or criminal proceeding against a patient, a member of the family of a patient, or a health care provider.

Sec. 34.011. IMMUNITY. (a) A member of the task force or a person employed by or acting in an advisory capacity to the task force and who provides information, counsel, or services to the task force is not liable for damages for an action taken within the scope of the functions of the task force.

(b) Subsection (a) does not apply if the person acts with malice or without the reasonable belief that the action is warranted by the facts known to the person.

(c) This section does not provide immunity to a person described by Subsection (a) for a violation of a state or federal law or rule relating to the privacy of health information or the transmission of health information, including the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191) and rules adopted under that Act.

Sec. 34.012. DATABASE OF DE-IDENTIFIED INFORMATION. (a) The department may establish and maintain an electronic database to track cases of pregnancy-related deaths and severe maternal morbidity to assist the department and task force in performing functions under this chapter.

(b) The information in the database may not include identifying information, including:

1. the name of a patient; or
2. the name or specific location of a health care provider that treated a patient.

(c) The database may be accessed only by the department and the task force for the purposes described in this chapter.

Sec. 34.013. INAPPLICABILITY OF CHAPTER. This chapter does not apply to disclosure of records pertaining to voluntary or therapeutic termination of pregnancy, and those records may not be collected, maintained, or disclosed under this chapter.

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Sec. 34.014. FUNDING. The department may accept gifts and grants from any source to fund the duties of the department and the task force under this chapter.

Sec. 34.015. REPORTS. (a) Not later than September 1 of each even-numbered year, the task force and the department shall submit a joint report on the findings of the task force under this chapter to the governor, lieutenant governor, speaker of the house of representatives, and appropriate committees of the legislature.

(b) The report must include the task force's recommendations under Section 34.005(3).

(c) The department shall disseminate the report to the state professional associations and organizations listed in Section 34.006(b) and make the report publicly available in paper or electronic form.

Sec. 34.016. RULES. The executive commissioner may adopt rules to implement this chapter.

Sec. 34.017. DEPARTMENT ACCESS TO INFORMATION. (a) Notwithstanding Chapter 108 or any other law, the department may have access to the following information that may include the identity of a patient to fulfill its duties under this chapter:

1. birth records;
2. fetal death records;
3. maternal death records; and
4. hospital and birthing center discharge data.

(b) The department may not disclose the information described by Subsection (a) to the task force or any other person.

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

SECTION 2. (a) Not later than September 1, 2014, the Department of State Health Services shall submit a report to the governor, lieutenant governor, speaker of the house of representatives, and appropriate committees of the legislature outlining:

1. the department's progress in establishing the Maternal Mortality and Morbidity Task Force required by Chapter 34, Health and Safety Code, as added by this Act; and
2. any recommendations for legislation to assist the department in studying pregnancy-related deaths and severe maternal morbidity.

(b) The Department of State Health Services and the Maternal Mortality and Morbidity Task Force created by Chapter 34, Health and Safety Code, as added by this Act, are not required to submit the first report required by Section 34.015, Health and Safety Code, as added by this Act, before September 1, 2016.

(c) Not later than December 1, 2013, the commissioner of state health services shall appoint the members of the Maternal Mortality and Morbidity Task Force in accordance with Subdivision (1), Subsection (b), Section 34.002, Health and Safety Code, as added by this Act. In making the initial appointments, the commissioner shall designate five members to serve terms expiring February 1, 2015, four members to serve terms expiring February 1, 2017, and four members to serve terms expiring February 1, 2019.

SECTION 3. This Act takes effect September 1, 2013.

Passed the Senate on May 2, 2013: Yeas 31, Nays 0; the Senate concurred in House amendments on May 21, 2013: Yeas 31, Nays 0; passed the House, with amendments, on May 17, 2013: Yeas 129, Nays 11, two present not voting.

Approved June 14, 2013.

Effective September 1, 2013.