

BILL ANALYSIS

Senate Research Center
82R10120 SJM-D

S.B. 1050
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Health & Human Services
4/2/2011
As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The American College of Obstetricians & Gynecologists, the American Academy of Pediatrics, and the Joint Commission on Accreditation of Healthcare Organization have all recommended against the practice of elective caesarian sections and inductions before 39 weeks.

The costly procedures carry risks that should be avoided when the procedures are not medically required. These risks, specifically in terms of cesarean sections, include higher rates of maternal injury and mortality, higher rates of infant delivery injury, which can lead to expensive neonatal intensive care unit use, and increased likelihood of costly hospital readmission for the infant.

The rise of preterm births has been strongly linked to the dramatic rise in use of cesarean delivery and early inductions in the United States with the greatest percentage increase among singleton births occurring among late preterm births that were the results of elective procedures. In Texas, the percent of deliveries performed by cesarean section increased from 23.5 percent in 1996, to 32.6 percent in 2005.

Costs of prematurity for the average first year medical costs, including both inpatient and outpatient care, are about 10 times greater for preterm infants (\$32,325) than for term infants (\$3,325). In 2005, the annual societal economic cost (medical, educational, and lost productivity) associated with preterm birth in the United States was estimated at \$51,600 per infant born preterm. According to the Department of State Health Services, in 2007, nearly 66 percent of all preterm births were covered by Medicaid.

Requiring the collection of information related to early induction and cesarean section births is a first step towards provider accountability, consumer empowerment, and public awareness of a costly elective procedure that has been shown to have both financial ramifications for the state and significant health consequences for individuals. S.B. 1050 provides for the inclusion of confidential information on a birth certificate when birth is the result of labor induction or cesarean section.

As proposed, S.B. 1050 amends current law relating to the collection of certain information on a birth certificate.

[**Note:** While statutory reference in this bill is to the Texas Department of Health (TDH), the following amendments affect the Department of State Health Services, as the successor agency to TDH.]

RULEMAKING AUTHORITY

Rulemaking authority previously granted to the Texas Board of Health is transferred to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 192.002, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 192.002, Health and Safety Code, by amending Subsection (b) and adding Subsection (b-1), as follows:

(b) Provides that the section of the birth certificate entitled "For Medical and Health Use Only" is not part of the legal birth certificate. Requires the following information, if the birth is the result of a labor induction or a cesarean section, to be collected under that section of the birth certificate:

(1) whether the labor induction or cesarean section was performed before the 40th week of gestation; and

(2) whether the labor induction or cesarean section was medically indicated.

(b-1) Creates this subsection from existing text. Provides that information held by the Department of State Health Services (DSHS) under the section of the certificate described by Subsection (b) is confidential. Prohibits the information from being released or made public on subpoena or otherwise, except that release may be made for statistical purposes only so that no person, patient, or facility is identified, or to medical personnel of health care entity, as that term is defined in Subtitle B, Title 3, Occupations Code, or appropriate state or federal agencies for statistical research. Authorizes the executive commissioner of the Health and Human Services Commission (executive commissioner), rather than the Texas Board of Health, to adopt rules to implement Subsection (b) and this subsection.

SECTION 2. Requires the executive commissioner, not later than December 1, 2011, to adopt any rules and DSHS to prescribe the form necessary to implement Section 192.002, Health and Safety Code, as amended by this Act.

SECTION 3. Provides that Section 19.002 (Form of Birth Certificate), Health and Safety Code, as amended by this Act, applies to the collection of information regarding a birth that occurs on or after January 1, 2012. Provides that the collection of information regarding a birth that occurred before that date is governed by the law in effect at the time of the birth, and the former law is continued in effect for that purpose.

SECTION 4. Effective date: September 1, 2011.