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**LSG Floor Report For General Calendar- Monday, May 31, 2017**

<p><b>HB 9</b>  <b>By:</b>          Burkett /          Davis, Sarah          / Morrison,          Geanie W. /          Klick / et al.</p>	<p>Relating to maternal health and safety, pregnancy-related deaths, and maternal morbidity, including postpartum depression.</p>	<p>Public Health</p>	<p>Texas’ maternal mortality rate is alarmingly high; a 2016 study in The Journal of Obstetrics and Gynecology revealed that it is not only higher than the national average, but is the highest in the developed world. Maternal deaths can be caused by cardiac events, drug overdose, mental illness (specifically postpartum depression), and other health issues. It is important to note that maternal mortality disproportionately impacts Black women; while Black women account for just 11.4% of total births in Texas, they constitute 29% of all maternal deaths. The Department of State Health Services’ (DSHS) Maternal Mortality and Morbidity Task Force was formed in 2013 to study the causes of maternal mortality and morbidity and to make recommendations for ways to reduce incidence of pregnancy related deaths among Texas women.</p> <p><b>DSHS Maternal Mortality and Morbidity Task Force</b>          This bill would extend the Sunset date for The Maternal Mortality and Morbidity Task Force to Sept. 1, 2023. Allowing for the continuation of a vital Task Force that will help protect the mothers and future of Texas. HB 9 adds the following items to what the Task Force and the Health and Human Services Commission (HHSC) will study and review regarding maternal morbidity: trends, rates, disparities, at risk populations, the socioeconomic status of mothers, and best practices used in other states to reduce maternal morbidity. The Task Force may also consult with the Perinatal Advisory Commission when determining recommendations in reducing maternal morbidity rates. This bill allows the Task Force to choose whether they will review randomly selected cases or all cases brought before the Task Force.</p> <p><b>Screening and Educational Materials for Substance Abuse:</b>          The Task Force and DSHS will be tasked with providing materials for physicians and individuals who screen expectant mothers for substance use. The materials will provide guidance on best practices for screening and a list of substance use treatment resources across the state. They will also be tasked in reviewing and promoting the use of materials that will help educate individuals on the consequences of opioid use during pregnancy.</p> <p><b>Report on Pregnancy Related Deaths, Severe Maternal Morbidity, and Postpartum Depression</b>          HB 9 will require a review of different strategies to help reduce pregnancy related deaths focusing on the most common causes of deaths as identified by the report generated by the Task Force. The bill also directs the task force to determine possible treatment options for post-partum depression amongst economically disadvantaged mothers. For cases involving severe maternal morbidity and</p>	<p><b>Favorable</b>          Evaluated by:          Ana Ramon          210-382-4295  <a href="mailto:Ana@Texaslsg.org">Ana@Texaslsg.org</a></p>
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<p><b>HB 10</b>                  By:                  Walle /                  Davis, Sarah                  / Minjarez /                  et al.</p>	<p>Relating to maternal morbidity and pregnancy-related deaths.</p>	<p>Public Health</p>	<p>HB 10 requires the task force and DSHS to review trends, rates, and disparities in pregnancy related deaths and severe maternal morbidity. This bill also gives authority to DSHS to select all cases of maternal mortality to review. Currently, they’re allowed to select cases at random and this would allow for a much more holistic understanding of the causes of maternal morbidity. It also requires the Task Force to determine best practice opportunities and select evidence based protocols for maternal health care. Helping utilize the work done by the task force for Texas Mothers and go beyond writing another report with little implementation. HB 10 would extend the Sunset date of the task force to Dec. 1, 2023.</p> <p><b>Maternal Health Care Information</b>                  The Task Force, DSHS, HHSC, and the state Perinatal Quality Collaborative shall help create and promote materials on maternal healthcare to healthcare providers. They should include information on best practices and tools available to help protect expectant mothers across the state. A summary of the implementation and results will be provided every two years to certain entities. It shall also include ways to improve on the information provided to healthcare providers. This does not create any standards or basis for persecution if there is a failure to utilize the information provided by this subsection.</p> <p><b>Feasibility Study Related to Maternal Health and Safety Initiative</b>                  From 2012-2014, 60% of all maternal deaths involved women in Medicaid from pregnancy to delivery. HB 10 requires the HHSC to look at value based payments as an option for Mothers who’re seeking affordable and accessible healthcare. HHSC oversees the Value Based Payment and Quality Improvement Advisory Committee. Utilizing these unique resources to promote better health outcomes and hopefully obtain cost effect solutions for Texas Families.</p>	<p><b>Favorable</b>                  Evaluated by:                  Ana Ramon                  210-382-4295  <a href="mailto:Ana@Texaslsg.org">Ana@Texaslsg.org</a></p>



			<p><b>Cause of Death Data Improvement</b>                  HB 10 requires DSHS to submit a report on the complications of collecting cause of death data and determine alternative ways to collect and improve the quality of the data on deaths of mothers in Texas. Often the death certificates provided to the Task Force lack the information necessary to understand the circumstances surrounding the mother’s death. This bill will also help combat the inaccuracies and inconsistencies in maternal death reporting. Each maternal mortality death requires, on average, 65 hours of preparation time before it is ready for review by the Task Force. Any shortfall in reporting will only make the preparation time that much longer and slow down the process of reviewing each case. HB 10 seeks to address this issue and begin the process of ensuring the quality of the data and aid the Task Force understand why mothers are dying in our state.</p>	
<p><b>HB 11</b>                  By: Thierry</p>	<p>Relating to pregnancy-related deaths and maternal morbidity, including postpartum depression.</p>	<p>Public Health</p>	<p>This bill extends the date of the Task Force to September 1, 2023. HB 11 adds: rates, health conditions and factors, and disparities in pregnancy related deaths to what the Task Force shall study.</p> <p>The 2016 Maternal Mortality Task Force Biennial Report indicated that African American women are disproportionality at risk compared to other groups in Texas. During the last reporting period, African American women accounted for 29% of maternal deaths but only make-up 11.4% of the births in Texas.</p> <p>HB 11 also instructs the Task Force to gather information on health conditions and variables surrounding the deaths of African American women identified in the biennial report. This bill also requires the Task Force to study best practices and programs in other states that have helped reduced the maternal mortality rate. It also instructs the Task Force to consider the socio-economic status of the mother when studying maternal morbidity. This bill also gives the Task Force the option to review maternal morbidity deaths at random or all cases brought before the Task Force.</p> <p><b>Report on Pregnancy-Related Deaths and Postpartum Depression</b>                  This section requires the HHSC to report on opportunities to reduce pregnancy-related deaths and the common causes of pregnancy related deaths. It also requires the Task Force to gather information and report on the treatment of post-partum depression in economically disadvantaged women. HHSC and DSHS will also be required to report on the steps taken by these entities to accomplish the aforementioned tasks.</p>	<p><b>Favorable</b>                  Evaluated by:                  Ana Ramon                  210-382-4295  <a href="mailto:Ana@Texaslsg.org">Ana@Texaslsg.org</a></p>
<p><b>HB 28</b>                  By: Ortega / Klick / Howard / Burkett</p>	<p>Relating to the membership of the Maternal Mortality and Morbidity Task Force.</p>	<p>Public Health</p>	<p>HB 28 would increase the number of members on the Maternal Mortality and Morbidity Task Force to 14. It adds a nurse who specializes in labor and delivery. Nurses are often the first to recognize and alert other health professionals on possible health complications for mothers. Adding a nurse will provide a unique insight on maternal morbidity and help protect Texas mothers.</p>	<p><b>Favorable</b>                  Evaluated by:                  Ana Ramon                  210-382-4295  <a href="mailto:Ana@Texaslsg.org">Ana@Texaslsg.org</a></p>

