

By: Simmons

H.B. No. 1989

A BILL TO BE ENTITLED

AN ACT

relating to the confidentiality and reporting of certain maternal mortality information to the Department of State Health Services, to an exception to certain reporting requirements for health care providers reviewing certain information on maternal mortality and morbidity, to the reimbursement of travel expenses incurred by Texas Maternal Mortality and Morbidity Review Committee members, and to a work group establishing a maternal mortality and morbidity data registry.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. This Act shall be known as Tomara's Bill.

SECTION 2. Section 34.001, Health and Safety Code, is amended by adding Subdivision (11-a) and amending Subdivision (12) to read as follows:

(11-a) "Pregnancy-associated death" means the death of a woman from any cause that occurs during or within one year of delivery or end of pregnancy, regardless of the outcome or location of the pregnancy.

(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 outcome, duration, or location [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.

SECTION 3. The heading to Section 34.002, Health and Safety Code, is amended to read as follows:

Sec. 34.002. TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW COMMITTEE; REFERENCE IN LAW.

SECTION 4. Section 34.002, Health and Safety Code, is amended by adding Subsection (a-1) and amending Subsection (e) to read as follows:

(a-1) Notwithstanding any other law, a reference in this chapter or other law to the Maternal Mortality and Morbidity Task Force means the Texas Maternal Mortality and Morbidity Review Committee.

(e) A member of the review committee appointed under Subsection (b)(1) is not entitled to compensation for service on the review committee, but may receive [or] reimbursement from the department as provided by Section 2110.004, Government Code, for travel [or other] expenses incurred by the member while conducting the business of the review committee.

SECTION 5. Section 34.008, Health and Safety Code, is amended by adding Subsection (e) to read as follows:

(e) Notwithstanding any other law and for purposes of this

chapter, a health care provider, including a nurse, who during the review of information relevant to a case of pregnancy-associated death, pregnancy-related death, or severe maternal morbidity obtained under this chapter learns of conduct related to the provider's profession that is subject to a reporting requirement is exempt from that reporting requirement for the reviewed information.

SECTION 6. Section 34.009(a), Health and Safety Code, is amended to read as follows:

(a) Any information pertaining to a pregnancy-associated death, a pregnancy-related death, or severe maternal morbidity is confidential for purposes of this chapter.

SECTION 7. Section 34.014, Health and Safety Code, is amended to read as follows:

Sec. 34.014. FUNDING. (a) The department may accept gifts and grants from any source to fund the duties of the department and the review committee under this chapter.

(b) The department may use only gifts, grants, or federal funds to reimburse travel or other expenses incurred by a member of the review committee in accordance with Section 34.002(e).

SECTION 8. Section 34.017, Health and Safety Code, is amended by adding Subsections (c), (d), and (e) to read as follows:

(c) The department may allow voluntary and confidential reporting to the department of pregnancy-associated deaths and pregnancy-related deaths by health care professionals, health care

facilities, and persons who complete the medical certification for a death certificate for deaths reviewed or analyzed by the review committee.

(d) The department shall allow voluntary and confidential reporting to the department of pregnancy-associated deaths and pregnancy-related deaths by family members of or other appropriate individuals associated with a deceased patient. The department shall:

(1) post on the department's Internet website the contact information of the person to whom a report may be submitted under this subsection; and

(2) conduct outreach to local health organizations on the availability of the review committee to review and analyze the deaths described by this subsection.

(e) Information reported to the department under this section is confidential in accordance with Section 34.009.

SECTION 9. Chapter 34, Health and Safety Code, is amended by adding Section 34.022 to read as follows:

Sec. 34.022. DEVELOPMENT OF WORK GROUP ON ESTABLISHMENT OF MATERNAL MORTALITY AND MORBIDITY DATA REGISTRY. (a) In this section, "maternal mortality and morbidity data registry" means an Internet website or database established to collect individualized patient information and aggregate statistical reports on the health status, health behaviors, and service delivery needs of maternal patients.

(b) The department shall establish a work group to provide advice and consultation services to the department on the report and recommendations required by Subsection (e). The work group consists of the following members appointed by the commissioner unless otherwise provided:

(1) one member with appropriate expertise appointed by the governor;

(2) two members with appropriate expertise appointed by the lieutenant governor;

(3) two members with appropriate expertise appointed by the speaker of the house of representatives;

(4) the chair of the Texas Hospital Association or the chair's designee;

(5) the president of the Texas Medical Association or the president's designee;

(6) the president of the Texas Nurses Association or the president's designee;

(7) one member who is a physician specializing in obstetrics and gynecology;

(8) one member who is a physician specializing in maternal and fetal medicine;

(9) one member who is a registered nurse specializing in labor and delivery;

(10) one member who is a representative of a hospital located in a rural area of this state;

(11) one member who is a representative of a hospital located in a county with a population of four million or more;

(12) one member who is a representative of a hospital located in an urban area of this state in a county with a population of less than four million;

(13) one member who is a representative of a public hospital;

(14) one member who is a representative of a private hospital;

(15) one member who is an epidemiologist;

(16) one member who is a statistician;

(17) one member who is a public health expert; and

(18) any other member with appropriate expertise as the commissioner determines necessary.

(c) The work group shall elect from among the membership a presiding officer.

(d) The work group shall meet periodically and at the call of the presiding officer.

(e) With the goals of improving the quality of maternal care and combating maternal mortality and morbidity and with the advice of the work group established under this section, the department shall assess and prepare a report and recommendations on the establishment of a secure maternal mortality and morbidity data registry to record information submitted by participating health care providers on the health status of maternal patients over

varying periods, including the frequency and characteristics of maternal mortality and morbidity during pregnancy and the postpartum period.

(f) In developing the report and recommendations required by Subsection (e), the department shall:

(1) consider individual maternal patient information related to health status and health care received over varying periods that should be submitted to the registry;

(2) review existing and developing registries used within and outside this state that serve the same or a similar purpose as a maternal mortality and morbidity data registry;

(3) review ongoing health data collection efforts and initiatives in this state to avoid duplication and ensure efficiency;

(4) review and consider existing laws that govern data submission and sharing, including laws governing the confidentiality and security of individually identifiable health information; and

(5) evaluate the clinical period during which a health care provider should submit to a maternal mortality and morbidity data registry known and available information, including information:

(A) from a maternal patient's first appointment with an obstetrician and each subsequent appointment until the date of delivery;

(B) for the 42 days following the date of a patient's delivery; and

(C) until the 364th day following the date of a patient's delivery.

(g) If the department recommends the establishment of a maternal mortality and morbidity data registry, the report under Subsection (e) must include specific recommendations on the relevant individual patient information and categories of information to be submitted to the registry, including recommendations on the intervals for submission of information.

The categories must include:

(1) notifiable maternal deaths, including individualized patient data on:

(A) patients who die during pregnancy; and

(B) patients who were pregnant at any point during the 12 months preceding their death;

(2) individualized patient information on each pregnancy and birth;

(3) individualized patient data on the most common high-risk conditions for maternal patients and severe cases of maternal morbidity;

(4) nonidentifying demographic data from the provider's patient admissions records, including age, race, and patient health benefit coverage status; and

(5) a statistical summary based on an aggregate of



individualized patient data that includes the following:

- (A) total live births;
- (B) maternal age distributions;
- (C) maternal race and ethnicity distributions;
- (D) health benefit plan issuer distributions;
- (E) incidence of diabetes, hypertension, and

hemorrhage among patients;

- (F) gestational age distributions;
- (G) birth weight distributions;
- (H) total preterm birth rate;
- (I) rate of vaginal deliveries; and
- (J) rate of cesarean sections.

(h) If the department establishes a maternal mortality and morbidity data registry, a health care provider submitting information to the registry shall comply with all applicable federal and state laws relating to patient confidentiality and quality of health care information.

(i) The report and recommendations required under Subsection (e) must outline potential uses of a maternal mortality and morbidity data registry, including:

- (1) periodic department analysis of information submitted to the registry; and
- (2) the feasibility of preparing and issuing reports, using aggregated information, to each health care provider participating in the registry to improve the quality of maternal

care.

(j) Not later than September 1, 2026, the department shall prepare and submit to the governor, the lieutenant governor, the speaker of the house of representatives, the Legislative Budget Board, and each standing committee of the legislature having primary jurisdiction over the department and post on the department's Internet website the report and recommendations required under Subsection (e).

(k) This section expires September 1, 2027.

SECTION 10. Not later than December 1, 2025, the executive commissioner of the Health and Human Services Commission shall adopt rules as necessary to implement Section 34.022, Health and Safety Code, as added by this Act.

SECTION 11. This Act takes effect September 1, 2025.