

HEALTH AND SAFETY CODE

TITLE 2. HEALTH

SUBTITLE B. HEALTH PROGRAMS

CHAPTER 34. TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW

COMMITTEE

Sec. 34.001. DEFINITIONS. In this chapter:

(1) Repealed by Acts 2015, 84th Leg., R.S., Ch. 1, Sec. 3.1639(17), eff. April 2, 2015.

(2) Repealed by Acts 2015, 84th Leg., R.S., Ch. 1, Sec. 3.1639(17), eff. April 2, 2015.

(3) Repealed by Acts 2015, 84th Leg., R.S., Ch. 1, Sec. 3.1639(17), eff. April 2, 2015.

(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.

(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.

(12-a) "Review committee" means the Texas Maternal Mortality and Morbidity Review Committee.

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

(14) Repealed by Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 22, eff. June 10, 2019.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2015, 84th Leg., R.S., Ch. 1 (S.B. 219), Sec. 3.1639(17), eff. April 2, 2015.

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 5, eff. June 10, 2019.

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 22, eff. June 10, 2019.

Sec. 34.002. TEXAS MATERNAL MORTALITY AND MORBIDITY REVIEW COMMITTEE. (a) The Texas Maternal Mortality and Morbidity Review Committee is administered by the department.

(b) The review committee is a multidisciplinary advisory committee within the department and is composed of the following 23 members:

(1) 21 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 nurse specializing in labor and delivery;

(E) one physician specializing in family practice;

(F) one physician specializing in psychiatry;

(G) one physician specializing in pathology;

(H) one epidemiologist, biostatistician, or

researcher of pregnancy-related deaths;

(I) one social worker or social service provider;

(J) two community members with experience in a relevant health care field, including a field involving the analysis of health care data, one of whom must represent an urban area of this state and one of whom must represent a rural area of this state;

(K) one medical examiner or coroner responsible for recording deaths;

(L) one physician specializing in critical care;

(M) one physician specializing in emergency care;

(N) one physician specializing in cardiology;

(O) one physician specializing in anesthesiology;

(P) one physician specializing in oncology; and

(Q) one representative of a managed care organization;

(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 review committee, 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 review committee reflects the racial, ethnic, and linguistic diversity of this state.

(d) The commissioner shall appoint from among the review committee members a presiding officer.

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

(f) In carrying out its duties, the review committee may use technology, including teleconferencing or videoconferencing, to eliminate travel expenses.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 1, eff. August 16, 2017.

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 6, eff. June 10, 2019.

Acts 2023, 88th Leg., R.S., Ch. 671 (H.B. 852), Sec. 1, eff. September 1, 2023.

Sec. 34.003. TERMS; VACANCY. (a) Review committee members appointed by the commissioner serve staggered six-year terms, with one-third or as near as possible to one-third of the members' terms expiring February 1 of each odd-numbered year.

(b) A review committee member may serve more than one term.

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

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 6, eff. June 10, 2019.

Acts 2023, 88th Leg., R.S., Ch. 671 (H.B. 852), Sec. 2, eff. September 1, 2023.

Sec. 34.004. MEETINGS. (a) The review committee shall meet at least quarterly. The review committee may meet at other

times at the call of the commissioner.

(b) Meetings of the review committee are subject to Chapter 551, Government Code, except that the review committee shall conduct a closed meeting to review cases under Section 34.007.

(c) The review committee shall:

(1) allow for public comment during at least one public meeting each year;

(2) present in open session recommendations made under Section 34.005 to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in this state; and

(3) post public notice for meetings conducted for the sole purpose of reviewing cases for selection under Section 34.007. Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 2, eff. August 16, 2017.

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 6, eff. June 10, 2019.

Sec. 34.005. DUTIES OF REVIEW COMMITTEE. The review committee shall:

(1) study and review:

(A) cases of pregnancy-related deaths;

(B) trends, rates, or disparities in pregnancy-related deaths and severe maternal morbidity;

(C) health conditions and factors that disproportionately affect the most at-risk population as determined in the joint biennial report required under Section 34.015; and

(D) best practices and programs operating in other states that have reduced rates of pregnancy-related deaths;

(2) compare rates of pregnancy-related deaths based on the socioeconomic status of the mother;

(3) determine the feasibility of the review committee studying cases of severe maternal morbidity; and

(4) in consultation with the Perinatal Advisory

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

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 3, eff. August 16, 2017.

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 6, eff. June 10, 2019.

Sec. 34.0055. SCREENING AND EDUCATIONAL MATERIALS FOR SUBSTANCE USE AND DOMESTIC VIOLENCE. (a) Using existing resources, the commission, in consultation with the review committee, shall:

(1) make available to physicians and other persons licensed or certified to conduct a substance use screening and domestic violence screening of pregnant women information that includes:

(A) guidance regarding best practices for verbally screening a pregnant woman for substance use and verbally screening a pregnant woman for domestic violence using a validated screening tool; and

(B) a list of substance use treatment resources and domestic violence prevention and intervention resources in each geographic region of this state; and

(2) review and promote the use of educational materials on the consequences of opioid drug use and on domestic violence prevention and intervention during pregnancy.

(b) The commission shall make the information and educational materials described by Subsection (a) available on the commission's Internet website.

Added by Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 4, eff. August 16, 2017.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 7, eff. June 10, 2019.

Sec. 34.006. CONSULTATIONS AND AGREEMENTS WITH OUTSIDE PARTIES. (a) The department and review committee 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 review committee 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 review committee 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 review committee may enter into agreements with institutions of higher education or other organizations consistent with the duties of the department or review committee under this chapter.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 8, eff. June 10, 2019.

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 either randomly select cases or select all cases for the review committee to review under this subsection to reflect a cross-section of pregnancy-related deaths in this state.

(b) The department shall statistically analyze aggregate data of pregnancy-related deaths and severe maternal morbidity in this state to identify any trends, rates, or disparities.

(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 review committee to review to reflect trends identified under Subsection (b).

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 5, eff. August 16, 2017.

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 9, eff. June 10, 2019.

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 review committee to review the case. The department shall provide the information to the review committee.

(b) The information provided to the review committee 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.

(c-1) Not later than the 30th business day after receiving a request from the department for records regarding a pregnancy-related death for a specific patient, a hospital, birthing center, or other custodian of the records shall submit the records to the department. A request made under this subsection to a hospital or birthing center must be limited to a patient's medical records.

(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.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 10, eff. June 10, 2019.

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) Except as provided by Subsection (b-1), 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.

(b-1) Confidential information that is acquired by the department under this section that includes identifying information of an individual or health care provider may be securely disclosed to an appropriate federal agency for the limited purpose of complying with applicable requirements under the federal Preventing Maternal Deaths Act of 2018 (Pub. L. No. 115-344).

(c) Review committee 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 review committee 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;

(5) information, including the source, value, and purpose, related to gifts, grants, or donations to or for use by the review committee; and

(6) other statistical information.

(e) The review committee 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 review committee 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.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 6, eff. August 16, 2017.

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 11, eff. June 10, 2019.

Sec. 34.010. SUBPOENA AND DISCOVERY. Review committee 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.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 12, eff. June 10, 2019.

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

(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.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 13, eff. June 10, 2019.

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 review committee 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 review committee for the purposes described in this chapter.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 14, eff. June 10, 2019.

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.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

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

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 15, eff. June 10, 2019.

Sec. 34.015. REPORTS. (a) Not later than September 1 of each even-numbered year, the review committee and the department shall submit a joint report on the findings of the review committee 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 review committee's

recommendations under Section 34.005(4).

(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.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 7, eff. August 16, 2017.

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 16, eff. June 10, 2019.

Sec. 34.0155. REPORT ON PREGNANCY-RELATED DEATHS, SEVERE MATERNAL MORBIDITY, AND POSTPARTUM DEPRESSION. The commission shall:

(1) evaluate options for reducing pregnancy-related deaths, focusing on the most prevalent causes of pregnancy-related deaths as identified in the joint biennial report required under Section 34.015, and for treating postpartum depression in economically disadvantaged women;

(2) in coordination with the department and the review committee, identify strategies to:

(A) lower costs of providing medical assistance under Chapter 32, Human Resources Code, related to severe maternal morbidity and chronic illness; and

(B) improve quality outcomes related to the underlying causes of severe maternal morbidity and chronic illness; and

(3) not later than December 1 of each even-numbered year, submit to the governor, the lieutenant governor, the speaker of the house of representatives, the Legislative Budget Board, and the appropriate standing committees of the legislature a written report that includes:

(A) a summary of the commission's and department's efforts to accomplish the tasks described by Subdivisions (1) and (2); and

(B) a summary of the report required by Section 34.0156.

Added by Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 8, eff. August 16, 2017.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 17, eff. June 10, 2019.

Sec. 34.0156. MATERNAL HEALTH AND SAFETY INITIATIVE.

(a) Using existing resources, the department, in collaboration with the review committee, shall promote and facilitate the use among health care providers in this state of maternal health and safety informational materials, including tools and procedures related to best practices in maternal health and safety.

(b) Not later than December 1 of each even-numbered year, the department shall submit a report to the executive commissioner that includes:

(1) a summary of the initiative's implementation and outcomes; and

(2) recommendations for improving the effectiveness of the initiative.

Added by Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 8, eff. August 16, 2017.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 18, eff. June 10, 2019.

Sec. 34.0158. REPORT ON ACTIONS TO ADDRESS MATERNAL MORTALITY RATES. Not later than December 1 of each even-numbered year, the commission shall submit to the governor, the lieutenant governor, the speaker of the house of representatives, the Legislative Budget Board, and the appropriate standing committees of the legislature a written report summarizing the actions taken to address maternal morbidity and reduce maternal mortality rates. The report must include information from programs and initiatives created to address maternal morbidity and reduce maternal mortality rates in this state, including:

- (1) Medicaid;
- (2) the children's health insurance program, including the perinatal program;
- (3) the Healthy Texas Women program;
- (4) the Family Planning Program;
- (5) this state's program under the Maternal and Child Health Services Block Grant Act (42 U.S.C. Section 701 et seq.);
- (6) the Perinatal Advisory Council;
- (7) state health plans; and
- (8) the Healthy Texas Babies program.

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. 748), Sec. 3, eff. September 1, 2019.

Sec. 34.01581. OPIOID USE DISORDER MATERNAL AND NEWBORN HEALTH INITIATIVES. (a) The department, in collaboration with the review committee, shall develop and implement initiatives to:

- (1) improve screening procedures to better identify and care for women with opioid use disorder;
- (2) improve continuity of care for women with opioid use disorder by ensuring that health care providers refer the women to appropriate treatment and verify the women receive the treatment;
- (3) optimize health care provided to pregnant women with opioid use disorder;
- (4) optimize health care provided to newborns with neonatal abstinence syndrome by encouraging maternal engagement;
- (5) increase access to medication-assisted treatment for women with opioid use disorder during pregnancy and the postpartum period; and
- (6) prevent opioid use disorder by reducing the number of opioid drugs prescribed before, during, and following a delivery.

(b) Expired.

(c) Using existing resources, the department, in collaboration with the review committee, shall promote and facilitate the use among health care providers in this state of maternal health informational materials, including tools and



procedures related to best practices in maternal health to improve obstetrical care for women with opioid use disorder.

Added by Acts 2019, 86th Leg., R.S., Ch. 514 (S.B. 436), Sec. 1, eff. June 7, 2019.

Redesignated and amended from Health and Safety Code, Section 34.0158 by Acts 2021, 87th Leg., R.S., Ch. 915 (H.B. 3607), Sec. 10.001, eff. September 1, 2021.

Text of section effective until April 01, 2025

Sec. 34.0159. PROGRAM EVALUATIONS. The commission, in collaboration with the task force and other interested parties, shall:

(1) explore options for expanding the pilot program for pregnancy medical homes established under Section 531.0996, Government Code;

(2) explore methods for increasing the benefits provided under Medicaid, including specialty care and prescriptions, for women at greater risk of a high-risk pregnancy or premature delivery;

(3) evaluate the impact of supplemental payments made to obstetrics providers for pregnancy risk assessments on increasing access to maternal health services;

(4) evaluate a waiver to fund managed care organization payments for case management and care coordination services for women at high risk of severe maternal morbidity on conclusion of their eligibility for Medicaid;

(5) evaluate the average time required for pregnant women to complete the Medicaid enrollment process;

(6) evaluate the use of Medicare codes for Medicaid care coordination;

(7) study the impact of programs funded from the Teen Pregnancy Prevention Program federal grant and evaluate whether the state should continue funding the programs; and

(8) evaluate the use of telemedicine medical services for women during pregnancy and the postpartum period.

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. 748), Sec. 3, eff. September 1, 2019.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 2.28, eff. April 1, 2025.

Text of section effective on April 01, 2025

Sec. 34.0159. PROGRAM EVALUATIONS. The commission, in collaboration with the task force and other interested parties, shall:

(1) explore options for expanding the pilot program for pregnancy medical homes established under former Section 531.0996, Government Code;

(2) explore methods for increasing the benefits provided under Medicaid, including specialty care and prescriptions, for women at greater risk of a high-risk pregnancy or premature delivery;

(3) evaluate the impact of supplemental payments made to obstetrics providers for pregnancy risk assessments on increasing access to maternal health services;

(4) evaluate a waiver to fund managed care organization payments for case management and care coordination services for women at high risk of severe maternal morbidity on conclusion of their eligibility for Medicaid;

(5) evaluate the average time required for pregnant women to complete the Medicaid enrollment process;

(6) evaluate the use of Medicare codes for Medicaid care coordination;

(7) study the impact of programs funded from the Teen Pregnancy Prevention Program federal grant and evaluate whether the state should continue funding the programs; and

(8) evaluate the use of telemedicine medical services for women during pregnancy and the postpartum period.

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. 748), Sec. 3, eff. September 1, 2019.

Amended by:

Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. 4611), Sec. 2.28, eff. April 1, 2025.

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

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

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 review committee or any other person.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 19, eff. June 10, 2019.

Sec. 34.018. SUNSET PROVISION. (a) The review committee is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the review committee is abolished and this chapter expires September 1, 2027.

(b) The Sunset Advisory Commission shall review the review committee during the two-year period preceding the date the department is scheduled for abolition under Section 1001.003, but the review committee is continued in existence until the date provided by Subsection (a). This subsection expires September 1, 2025.

Added by Acts 2013, 83rd Leg., R.S., Ch. 527 (S.B. 495), Sec. 1, eff. September 1, 2013.

Amended by:

Acts 2017, 85th Leg., 1st C.S., Ch. 12 (S.B. 17), Sec. 9, eff.

August 16, 2017.

Acts 2019, 86th Leg., R.S., Ch. 596 (S.B. 619), Sec. 4.05, eff. June 10, 2019.

Acts 2019, 86th Leg., R.S., Ch. 601 (S.B. 750), Sec. 20, eff. June 10, 2019.

Sec. 34.019. DATA COLLECTION. The task force, under the direction of the department, shall annually collect information relating to maternity care and postpartum depression in this state. The information must be based on statistics for the preceding year and include the:

- (1) number of births by Medicaid recipients;
- (2) number of births by women with health benefit plan coverage;
- (3) number of Medicaid recipients screened for postpartum depression;
- (4) number of women screened for postpartum depression under health benefit plan coverage;
- (5) number of women treated for postpartum depression under health benefit plan coverage;
- (6) number of women screened for postpartum depression under the Healthy Texas Women program;
- (7) number of women treated for postpartum depression under the Healthy Texas Women program;
- (8) number of claims for postpartum depression treatment paid by the Healthy Texas Women program;
- (9) number of claims for postpartum depression treatment rejected by the Healthy Texas Women program;
- (10) postpartum depression screening and treatment billing codes and the number of claims for each billing code under the Healthy Texas Women program;
- (11) average number of days from the date of a postpartum depression screening to the date the patient begins treatment under Medicaid;
- (12) average number of days from the date of a postpartum depression screening to the date the patient begins treatment under the Healthy Texas Women program;

(13) number of women who screened positive for postpartum depression under Medicaid and the average number of days following childbirth for the screening to occur;

(14) number of women who screened positive for postpartum depression under health benefit plan coverage and the average number of days following childbirth for the screening to occur; and

(15) number of women who screened positive for postpartum depression under the Healthy Texas Women program and the average number of days following childbirth for the screening to occur.

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. 748), Sec. 4, eff. September 1, 2019.

Sec. 34.020. PROGRAM TO DELIVER PRENATAL AND POSTPARTUM CARE THROUGH TELEHEALTH OR TELEMEDICINE MEDICAL SERVICES IN CERTAIN COUNTIES. (a) In this section:

(1) "Postpartum care" and "prenatal care" have the meanings assigned by Section 32.002.

(2) "Telehealth service" and "telemedicine medical service" have the meanings assigned by Section 111.001, Occupations Code.

(b) The commission, in consultation with the task force, shall develop a program to deliver prenatal and postpartum care through telehealth services or telemedicine medical services to pregnant women with a low risk of experiencing pregnancy-related complications, as determined by a physician. The commission shall implement the program in:

(1) at least two counties with populations of more than 2.5 million;

(2) at least one county with a population of more than 100,000 and less than 500,000; and

(3) at least one rural county with high rates of maternal mortality and morbidity as determined by the commission in consultation with the task force.

Text of subsection effective until April 01, 2025

(c) The commission shall develop criteria for selecting

participants for the program by analyzing information in the reports prepared by the task force under this chapter and the outcomes of the study conducted under Section 531.02163, Government Code.

Text of subsection effective on April 01, 2025

(c) The commission shall develop criteria for selecting participants for the program by analyzing information in the reports prepared by the task force under this chapter and the outcomes of the study conducted under former Section 531.02163, Government Code.

(d) In developing and administering the program, the commission shall endeavor to use innovative, durable medical equipment to monitor fetal and maternal health.

(e) If the commission determines it is feasible and cost-effective, the commission may:

(1) provide home telemonitoring services and necessary durable medical equipment to women participating in the program to the extent the commission anticipates the services and equipment will reduce unnecessary emergency room visits or hospitalizations; and

(2) reimburse providers under Medicaid for the provision of home telemonitoring services and durable medical equipment under the program.

(f) Not later than January 1, 2021, the commission shall submit to the legislature a report on the program that evaluates the program's success in delivering prenatal and postpartum care through telehealth services or telemedicine medical services under Subsection (b).

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. [748](#)), Sec. 4, eff. September 1, 2019.

Amended by:

Acts 2021, 87th Leg., R.S., Ch. 915 (H.B. [3607](#)), Sec. 10.002, eff. September 1, 2021.

Acts 2023, 88th Leg., R.S., Ch. 644 (H.B. [4559](#)), Sec. 66, eff. September 1, 2023.

Acts 2023, 88th Leg., R.S., Ch. 769 (H.B. [4611](#)), Sec. 2.29, eff. April 1, 2025.

For expiration of this section, see Subsection (b).

Sec. 34.021. APPLICATION FOR FEDERAL GRANTS. (a) The executive commissioner shall apply to the United States Department of Health and Human Services for grants under the federal Preventing Maternal Deaths Act of 2018 (Pub. L. No. 115-344).

(b) This section expires September 1, 2027.

Added by Acts 2019, 86th Leg., R.S., Ch. 973 (S.B. [748](#)), Sec. 4, eff. September 1, 2019.