

## Texas maternal mortality bills marked by key difference

STATE-GOVERNMENT By Rachel Cohrs - American-Statesman Staff



State Rep. Shawn Thierry speaks at a Capitol news conference Wednesday addressing maternal mortality in Texas. TAMIR KALIFA/AMERICAN-STATESMAN

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### Highlights

House and Senate bills would both extend the work of the state's maternal mortality task force.

The House version doesn't charge the task force with finding ways to lower costs of providing care.

Extending the work of a task force studying pregnancy-related deaths is one of the few issues on Gov. Greg Abbott's special session agenda that inspires bipartisan support.

However, the Texas House and Senate are taking somewhat different approaches to what the task force should be prioritizing in its work.

Rep. Shawn Thierry, D-Houston, said Wednesday that a bill she authored to extend the task force, [House Bill 11](#), takes a more narrow approach than the Senate version, [Senate Bill 17](#), which the [Senate approved Wednesday](#).

Both HB 11 and SB 17, authored by Sen. Lois Kolkhorst, R-Brenham, would extend the state Maternal Mortality and Morbidity Task Force. They also would direct the commission to investigate racial disparities and socio-economic factors in the maternal death rate and make policy recommendations to reduce pregnancy-related deaths.

The key difference between the House and Senate versions, Thierry said in a news conference, was that SB 17 includes language directing the task force to investigate ways to “lower costs of providing medical assistance” related to chronic illness and maternal deaths.

Thierry excluded the language about cost reduction in her bill because she had concerns that under the “broad” language in the bill, cutting women’s health coverage could be justified to reduce costs.

“At a time when we are trying to improve outcomes, we cannot ask the task force, which is merely a data collection agency, to recommend programs about how to reduce costs because there could be some unintended consequences,” Thierry said.

The task force was created in 2013, and is currently set to expire in 2019. [Texas has the country’s highest maternal mortality rate](#), which the task force defines as when a mother dies during pregnancy or within a year after childbirth. The group has made slow progress in reviewing death cases because of inconsistent death certificate reporting and privacy redaction, it wrote in its 2016 report.

African-American women have been singled out for study because, according to a 2014 task force report, they are nearly three times more likely to die from pregnancy-related causes than the average Texas woman.

Bills to extend the task force during regular session failed. The House version of the bill was axed by Freedom Caucus members in retaliation for what they saw as unfair treatment from House leadership, and the Senate bill failed as Lt. Gov. Dan Patrick maneuvered to force a special session.

During debate on SB 17, Senate Republicans rebuffed Democratic efforts to add an amendment extending Medicaid coverage from the current 60 days after birth to a year.

Thierry said that regarding amendments to her bill, she was open to “anything that makes sense.”

The House Public Health Committee held a hearing on HB 11 Wednesday morning.