

SUBJECT: Authorizing the creation of local fetal and infant mortality review teams

COMMITTEE: Public Health — committee substitute recommended

VOTE: 7 ayes — Delisi, Laubenberg, Coleman, Jackson, McReynolds, Solis, Truitt
0 nays
2 absent — Dawson, Zedler

SENATE VOTE: On final passage, May 5 — 31-0, on Local and Uncontested Calendar

WITNESSES: For — Juliet Holden, Alliance for Infant Survival; Jerry Roberson, Texas Health Start Alliance
Against — None

BACKGROUND: Texas has more than 50 local child fatality review teams that access health records and other information to identify trends in the mortality of children from birth to age 18.

DIGEST: CSSB 1183 would permit the creation of local infant mortality and review teams to improve public health and reduce infant mortality disparities.

A review team would be established by a local health authority or by the Department of State Health Services (DSHS). Adjacent counties or municipalities could join to establish a joint review team. Review teams could include medical professionals, county and school representatives, and other community representatives. Meetings of a review team would be closed to the public and not subject to Government Code, ch. 551. Members would be immune from civil or criminal liability related to the work of the team.

Teams would analyze and compile statistical information about infant and fetal mortality. The team would review individual cases using anonymous and confidential information from medical dental records, autopsy reports, and other pertinent records. A health care provider would provide

information to the review team without authorization from a parent or guardian. Information would be privileged and not subject to subpoena or discovery.

The bill would prohibit records about voluntary or therapeutic abortion from being disclosed, and fetal and infant mortality review would not apply to those cases.

The bill would make unauthorized disclosure of confidential information by a member of a review team an offense, punishable as a class A misdemeanor (up to one year in jail and/or a maximum fine of \$4,000).

The bill also would amend the required signage where cigarettes were sold to include the following: "PREGNANT WOMEN SHOULD NOT SMOKE. SMOKERS ARE MORE LIKELY TO HAVE BABIES WHO ARE BORN WITH LOW BIRTH WEIGHT, ARE BORN PREMATURE, ARE STILLBORN, OR DIE BECAUSE OF SUDDEN INFANT DEATH SYNDROME (SIDS)."

The bill would take effect September 1, 2005.

**SUPPORTERS
SAY:**

SB 1183 would create fetal and infant mortality review teams to identify trends in mortality of fetuses and infants through the study of medical and other records. Current child fatality review teams look only at deaths after birth, so the fetal and infant teams would have a different focus that could yield more instructive information about miscarriages, stillbirth, and other neo-natal and infant deaths.

The teams also would be focused on health disparities or other possible explanations for differences in infant mortality in specific populations. The access to and protection of information in this bill is the same as for child fatality review teams. The bill explicitly would exempt abortions from the purview of fetal and infant mortality review teams.

**OPPONENTS
SAY:**

No apparent opposition.

NOTES:

The committee substitute added the tobacco signage and removed the creation of a cause of action for unauthorized disclosure of information.