

# **Maternal Mortality and Morbidity Task Force**

## **Bylaws**

### **1. Name and Legal Authority**

The Maternal Mortality and Morbidity Task Force (“Task Force”) is established under Texas Health and Safety Code § 34.002 and governed by Texas Government Code Chapter 2110 State Agency Advisory Committees.

Texas Government Code § 2110.008 (Duration of Advisory Committees) applies to the Task Force. The Task Force is subject to Texas Government Code Chapter 325 (Texas Sunset Act) and is abolished on September 1, 2023, unless Texas Health and Safety Code § 34.002 is amended to provide a later date of abolition.

### **2. Purpose and Role**

The purpose of the Task Force is to advise the Texas Department of State Health Services (DSHS) on matters as described below:

#### **A. Study and review:**

1. Cases of pregnancy-related deaths;
2. Trends, rates, or disparities in pregnancy-related deaths and severe maternal morbidity;
3. Health conditions and factors that disproportionately affect the most at-risk population as determined in the joint biennial report required under Texas Health and Safety Code § 34.015;
4. Best practices and programs operating in other states that have reduced rates of pregnancy-related deaths;
5. Compare rates of pregnancy-related deaths based on the socioeconomic status of the mother.

**B. Determine the feasibility of the Task Force studying cases of severe maternal morbidity.**

**C. In consultation with the Perinatal Advisory Council, the Task Force makes recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas.**

The Task Force submits a joint biennial report as described below:

- A. No later than September 1 of each even-numbered year, the Task Force and DSHS shall submit a joint report of findings of the Task Force to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and appropriate committees of the Texas State Legislature.
- B. The reporting must be publicly available in paper or electronic form and DSHS shall disseminate the report to state professional associations and organizations listed in Texas Health and Safety Code § 34.006(b).

### 3. Definitions

1. "Maternal morbidity" means a pregnancy-related health condition occurring during pregnancy, labor, or delivery or within one year of delivery or end of pregnancy.
2. "Severe maternal morbidity" means maternal morbidity that constitutes a life-threatening condition.
- ~~3. "Maternal mortality" means a pregnancy-related death during pregnancy, labor, or delivery or within one year of delivery or end of pregnancy.~~
- ~~4.3.~~ "Patient" means the woman who while pregnant or within one year of delivery or end of pregnancy suffers death or severe maternal morbidity.
- ~~5.4.~~ "Perinatal care" has the meaning assigned by Section 32.002.
- ~~6.5.~~ "Intrapartum care" has the meaning assigned by Section 32.002.
- ~~7.6.~~ "Physician" means a person licensed to practice medicine in this state under Subtitle B, Title 3, Occupations Code.
- ~~8.7.~~ "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.
- ~~9.8.~~ "Life-threatening condition" means a condition from which the likelihood of death is probable unless the course of the condition is interrupted.
- ~~10.9.~~ "Institution of higher education" has the meaning assigned by Section 61.003, Education Code.

#### 4. Task Force Composition

The Task Force is composed of 17 multi-disciplinary voting members appointed by the Executive Commissioner as described in Texas Health and Safety Code § 34.002(b)1.

As mandated by Texas Health and Safety Code § 34.002(b), Task Force membership includes:

- 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. One community advocate in a relevant field;
- K. One medical examiner or coroner responsible for recording deaths;
- L. One physician specializing in critical care;
- M. A representative of DSHS' family and community health programs; and
- N. The state epidemiologist for DSHS or the epidemiologist's designee.

To the greatest extent possible, the DSHS Commissioner appoints members who reflect the diversity of the state. Also, Texas Health and Safety Code § 34.002(c) instructs the Commissioner to appoint Task Force members who:

- A. Work in and represent communities that are diverse with regard to race, ethnicity, immigration status, and English proficiency;
- B. Are from differing geographic regions in the state, including both rural and urban areas; and
- C. 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.

DSHS on behalf of the Task Force may enter into agreements with institutions of higher education or other organizations consistent with the duties of DSHS or Task Force under this chapter.

## **5. Member Terms**

As stated in Texas Health and Safety Code § 34.006(a)(b), Task Force members appointed by the Commissioner serve staggered six-year terms, with terms of four or five members, as appropriate expiring February 1 of each odd-numbered year. Task Force members may apply to serve one additional term. These terms may be served consecutively. Regardless of the term limit, a member serves until his/her replacement has been appointed. This ensures sufficient, appropriate representation.

## **6. Resignations and Vacancies**

If any member of the Task Force wishes to resign, the member will contact, in writing, the current Chair and DSHS Task Force Liaison requesting the appointment of a successor member.

In the event of a vacancy for any reason, agency staff will work with the DSHS Commissioner to solicit applications as appropriate to fill the vacancy with a representative of the same membership category to serve the unexpired portion of the term of the vacant position. Persons who submitted applications within the previous year through the DSHS may be reconsidered for membership.

A vacancy on the Task Force shall be filled for the unexpired term in the same manner of the original appointment as listed in Texas Health and Safety Code § 34.003(c).

## **7. Presiding Chair and Vice-Chair**

The DSHS Commissioner is to appoint a Chair and Vice-Chair. The Chair and Vice-Chair will serve a term of three years. The Chair and Vice-Chair will serve no more than two consecutive terms. If the Chair or Vice-Chair is unable to complete his/her term for any reason, a new Chair or Vice-Chair will be appointed by the DSHS Commissioner.

The role of the Chair and Vice-Chair is to:

- A. Report to DSHS;
- B. Participate in agenda planning and preparation for Task Force meetings;
- C. Provide leadership in conducting Task Force meetings;
- D. Promote, maintain, and encourage a participatory environment;

- E. Identify the need for, and work with a Task Force Liaison, to call meetings to accomplish the work of the Task Force;
- F. Ensure the Task Force adheres to its charge;
- G. Call for the establishment of subcommittees (if applicable and with approval of agency staff); and
- H. Confer with DSHS staff to acquire the support needed for Task Force operations.

## **8. Task Force Operations and Meetings**

### **A. Meetings**

1. The Task Force meets during regular business hours at least quarterly. The Task Force may meet at other times at the call of the Commissioner.
2. The Task Force is subject to Texas Government Code Chapter 551 (the Texas Open Meetings Act).

### **B. Quorum**

A majority of voting members constitutes a quorum for transacting official business. The Task Force must have nine members present to meet a quorum. If less than a quorum of the Task Force is present, members may not vote upon action items but may take testimony and public comments so long as the meeting is being conducted in accordance with the Texas Open Meetings Act.

### **C. Voting**

1. Members have the right to vote on any subject that is listed on the agenda. However, members must abstain from deliberating or voting on issues that would provide monetary or other gain to the member or that could present, or reasonably appear to present, a conflict of interest.
2. Each member has one vote.
3. The Task Force may determine procedural matters by majority vote of members attending the meeting, or may use Robert's Rules of Order as a guide to its operations and proceedings.
4. A member may not authorize another individual to represent the member by proxy.
5. A member may participate and vote by telephone conference as deemed necessary by agency staff.
6. For all business, except adopting or amending bylaws, a simple majority is needed on a motion duly made and seconded. (A simple majority is defined as more than half of the votes cast by

persons entitled to vote who are in attendance with a quorum, excluding abstentions.)

7. The Task Force must make decisions in the discharge of its duties without discrimination based on any person's race, creed, gender, religion, national origin, age, physical condition, or economic status.

#### D. Adoption and Revision to Bylaws

1. Bylaws will be adopted and amended pursuant to a two-thirds vote (of members attending the meeting) on a motion duly made and seconded.
2. Task Force members or DSHS staff may propose changes to these bylaws. All proposed changes from Task Force members, along with the rationale for the changes, should be submitted in writing to the Task Force Liaison at DSHS at least 30 days prior to the next Task Force meeting for inclusion in the publication of the agenda in the *Texas Register* and distribution to the members for their consideration. Amendments will be passed and become effective based on a two-thirds vote of members attending the meeting pending review and approval by DSHS and HHSC staff.
3. The Task Force will review the Bylaws by December 31 of every even-numbered year. Task Force-proposed amendments that occur because of the biennial review will be considered in an open meeting and will be passed and become effective based on a two-thirds vote of members attending the meeting, pending review and approval by DSHS and HHSC staff.
4. All proposed changes are subject to review and approval by DSHS and HHSC staff.
5. The Bylaws will become effective as of the date they are adopted by the Task Force. The Task Force will make note of the date of the adoption of the Bylaws in its minutes. Members will sign a Statement by Members when bylaws are amended (see attached Statement).

## 9. Responsibilities of Members

### A. Attendance

Members are encouraged to attend all meetings in person or by teleconference or video conference. A member unable to attend a meeting should notify the Task Force Liaison in advance. The Task Force Liaison will notify the Chair and appropriate program staff. Members, other than ex officio/state agency representative

members, may not send a substitute to attend a meeting in their place.

If any member, other than ex officio/state agency representative, misses three meetings within a one year period with or without notice to the Task Force Liaison, the member may be removed from the Task Force.

B. Member expectations:

1. Attend meetings in person or by teleconference or video conference.
2. Participate in subcommittees as assigned;
3. Review agendas and other information sent by staff prior to each meeting;
4. Participate in discussions at meetings;
5. Task Force members will serve in a volunteer capacity.
6. Abstain from deliberating or voting on issues that would provide monetary or other gain to the member, or the member's family, or that could present, or reasonably appear to present, a conflict of interest;
7. Attend/participate in an orientation session for the Task Force;
8. Complete the Texas Open Meetings Act Training and Public Information Act Training within 90 days of appointment and submit the Certificates of Completion to the Task Force Liaison. If a member has taken the trainings within the last five years, a copy of the Certificates of Completion may be submitted to the Task Force Liaison in lieu of taking the trainings;
9. Sign and submit to the Task Force Liaison the Statement by Members document (attached) within 30 days after appointment. This document includes a Conflict of Interest Statement and a Nondisclosure Agreement to which Task Force members must agree;
10. Notify the Task Force Chair and Task Force Liaison if a change of status alters the category of membership that the member was filling or if any circumstance occurs that prevents the member from being able to discharge his or her duties;
11. Maintain a high level of integrity that warrants public trust, including complying with all applicable ethics guidance provided by Health and Human Services Commission (HHSC) Ethics Officers and all aspects of the Texas Open Meetings Act and Public Information Act; and
12. Hold and maintain in strictest confidence all confidential information and all agency-generated information in draft form, unless the HHS Executive Commissioner has approved the

release in writing or the HHS Ethics Policy permits release. This requirement survives the member's tenure on the Task Force. For purposes of these bylaws and the Nondisclosure Agreement, the term "confidential information" includes all information protected by the Health Insurance Portability and Accountability Act (HIPAA), information that has commercial value or use, such as trade secrets, and information communicated in confidence by the Health and Human Services (HHS) System.

13. Task Force members must sign the DSHS Maternal Mortality and Morbidity Task Force Confidentiality Statement. Forms will be electronically retained and considered effective as long as the relevant hard case files exist. Task Force members will be reminded at the start of each meeting that all information discussed in the reviews must remain confidential and may not be used for reasons other than for the maternal mortality review.
14. Task Force members must abide by the Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule when engaging in case review discussions. This rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and rules regarding the release of information without patient consent. Task Force members will be reminded at the start of each meeting that they must adhere to HIPAA standards, and may not expose patient-identifying information about a case should they recognize it. Task Force members may, at any time, request additional information from DSHS regarding HIPAA.
15. Task Force members who are not DSHS employees are not covered under DSHS statutory authority to conduct maternal mortality review work. Thus, external members may not:
  - a. Request records themselves;
  - b. Follow up on records requested but not received;
  - c. Review personal health information that is not de-identified;
  - or
  - d. Access the DSHS Maternal Mortality Review Data System.

Failure to comply with member expectations numbers 6-15 above are grounds for dismissal and may result in removal from the Task Force.

C. A Task Force member may not:

1. Participate in legislative or advocacy activities using his/her title or position on this Task Force without written approval from the Task Force Chair and the HHS Ethics Office in coordination with the HHS Government Relations Office and the Task Force

Liaison; however, members may represent themselves or other entities in the legislative process.

2. Accept payment for any services offered to the member because of his/her position on the Task Force.
3. Receive compensation for their participation in the review process.
4. Disclose confidential information or draft information (from any source including grants, requests for proposals, and contracts) acquired through his or her participation on the Task Force until that information or document is released and made public, the HHS Executive Commissioner has approved the release in writing, or the HHS Ethics Policy permits release. This includes all forms of communication including written, verbal, and social media.

A violation of any of these items are grounds for dismissal and may result in removal from the Task Force.

## **10. Removal from the Task Force**

The DSHS Commissioner may remove a member from the Task Force for the following reasons:

- A. A member votes or deliberates on an issue that would provide monetary or other gain or that presents a conflict of interest to the member or an entity with which the member is closely affiliated.
- B. A member refuses to sign or violates the Statement by Members, which includes the DSHS Maternal Mortality and Morbidity Task Force Confidentiality Statement, Conflict of Interest statement and Nondisclosure Agreement, or another Nondisclosure Agreement.
- C. A member does not maintain a high level of integrity that warrants public trust, including complying with all applicable ethics guidance provided by HHSC's Ethics Officers and all aspects of the Texas Open Meetings Act and Public Information Act.
- D. A member changes status that alters the category of membership that they were filling.
- E. A member participates in legislative or advocacy activities using his/her title or position on Task Force without approval from the Task Force Chair and the HHS Ethics Office in coordination with the HHS Government Relations Office and Task Force Liaison.
- F. A member receives payment for any services requested because he or she holds a position on the Task Force.

- G. A member discloses confidential or draft information acquired through his or her participation on the Task Force not in accordance with the Bylaws.
- H. A member, other than an ex officio or state agency representative, in a 12-month period, misses 3 or more meetings with or without notice to HHSC staff.
- I. The DSHS Commissioner may remove a member who has violated the conflict of interest provisions or made a statement in violation of the Statements by Members form. Decisions to remove a member of the Task Force due to violations of this nature will require input from HHS legal counsel.

## **11. Subcommittees**

Unless otherwise noted in statute, the Chair, with the approval of agency staff, may establish subcommittees that meet at other times for purposes of studying and making recommendations on issues the Task Force determines appropriate to the charge of the Task Force. A subcommittee may be created for a limited period and will cease to exist when the assigned tasks are completed or upon determination of the Chair, or it may be a standing subcommittee. The Chair and agency staff will evaluate the need for all existing subcommittees annually.

### **Subcommittee Operations and Meetings**

- A. Unless otherwise noted in statute or required by a grant document, members of subcommittees are required to be members of the Task Force.
- B. Except as set out in #D below, subcommittee(s) will follow the general rules of the Task Force as applicable.
- C. Subcommittee(s) must keep minutes of the meetings and report back to the full body.
- D. The presence of a quorum of the full Task Force at a subcommittee meeting:
  - 1. Constitutes a full Task Force meeting that requires posting appropriate notice of the meeting as a full Task Force meeting in accordance with the Texas Open Meetings Act; and
  - 2. Requires the subcommittee meeting to be held in compliance with the Texas Open Meetings Act to include posting appropriate notice of the subcommittee meeting.

## **12. Subject Matter Experts**

DSHS recognizes the value of subject matter experts (SMEs), including representatives of any relevant state professional associations and organizations, to provide information to the Task Force as it develops recommendations and initiatives relative to its charge(s). The primary role of a SME is to provide objective, independent information and analysis to be considered by the Task Force. SME participation will be subject to the request of voting Task Force members and will fall within the following guidelines:

- A. A SME may be invited to provide information on specific subjects and topics at the discretion of voting Task Force members, the Chair, and DSHS staff;
- B. An invited SME may be recognized by staff, the Task Force Chair, or Vice-Chair to provide information or analysis during allotted time periods at a specified Task Force or subcommittee meeting;
- C. SMEs will participate in questions and answers at the direction of the staff, Task Force Chair, or Vice-Chair;
- D. All SMEs will participate and serve at the pleasure of the Task Force;
- E. SMEs do not hold any official capacity on the Task Force or subcommittees and do not have rights of deliberation or the right to vote on any Task Force activities or decisions;
- F. SMEs should disclose any conflicts of interest they may have prior to providing information to the Task Force;
- G. None of the information or guidance contained in this section shall prevent any individual from participating in or providing comments to the Task Force as allowed under the Texas Open Meetings Act.

## **13. Responsibilities of Support Staff**

The Maternal and Child Health Division of Community Health Improvement will provide reasonable administrative and technical support and coordination for all Task Force and subcommittee activities. DSHS will coordinate as needed to provide the accommodations and supports needed by a Task Force member requiring accommodations to enable him/her to fully participate in Task Force and subcommittee meetings and activities.

Staff is expected to perform the following tasks:

- A. Develop effective working relationships with Task Force members;
- B. Solicit nominations for membership in accordance with the appropriate HHS procedures;

- C. DSHS Maternal and Child Health Unit and DSHS Maternal and Child Health Epidemiology staff collaborate to coordinate and compile the Task Force recommendations and epidemiological findings into the Task Force joint biennial report; and
- D. Serve as liaison between members and operating agencies' staff; and
- E. Plan, coordinate, and organize Task Force and subcommittee meetings and activities, including but not limited to:
  - 1. Schedule meeting dates and ensure meeting sites are set up;
  - 2. Notify members of upcoming meeting dates, times, and locations;
  - 3. Develop agenda and support materials for each meeting;
  - 4. Prepare and oversee that the agenda is posted in the *Texas Register* in a timely manner and on the DSHS website;
  - 5. Serve as point of contact for the public including ensuring contact information, agendas, and meeting support materials are easily accessible on the DSHS website;
  - 6. Prepare and distribute information and materials for member review;
  - 7. Prepare and maintain Task Force records and documentation in accordance with the DSHS records retention policy; and
  - 8. Ensure meeting minutes are taken by DSHS Staff and approved by the Task Force at the next scheduled meeting.
- F. Staff may perform other duties within staff discretion provided the necessary resources are available.

**14. Compensation and Travel Reimbursement**

A member of the Task Force is not entitled to any compensation or reimbursement of expenses and will serve in a voluntary capacity.

Bylaws approved on \_\_\_\_\_ by a two-thirds vote of a members attending the meeting.

\_\_\_\_\_  
Chairperson  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DSHS  
Printed Name

\_\_\_\_\_  
Signature

## Statement by Members

- The Department of State Health Services and the Maternal Mortality and Morbidity Task Force (Task Force) are not bound in any way by any statement or action on the part of any Task Force member except when a statement or action is in pursuit of specific instructions from DSHS or the Task Force.
- The Task Force and its members may not participate in legislative or advocacy activities using his/her title or position on this Task Force without approval from the Task Force chair and the HHS Ethics Office in coordination with the Government Relations Office. Task Force members are not prohibited from representing themselves or other entities in the legislative or advocacy process.
- A Task Force member may not accept payment for services that are requested because of the members' title or position on this Task Force.
- A Task Force member shall not accept or solicit any benefit that might reasonably tend to influence the member in the discharge of the member's official Task Force duties.
- A Task Force member shall not knowingly solicit, accept, or agree to accept any benefit for having exercised the member's official powers or duties in favor of another person.
- A Task Force member shall complete the Texas Open Meetings Act Training and the Public Information Act Training within 90 days of appointment and submit the Certificates of Completion to the Task Force Liaison. If a member has taken the training within the last five years, a copy of the Certificate of Completion may be submitted to the Task F Liaison in lieu of taking the training.
- DSHS Maternal Mortality and Morbidity Task Force Confidentiality Statement. All materials gathered in the records request and case review process, including review materials and proceedings of review meetings, are confidential and cannot be released, or their contents disclosed, in any form to any party outside of the staff and current membership of the Task Force process.
- Nondisclosure agreement. A Task Force member may not disclose confidential information or agency-generated information in draft form acquired through his or her Task Force membership, unless the HHS Executive Commissioner has approved the release in writing or the HHS Ethics Policy permits release. This requirement survives the member's tenure on the Task Force. For purposes of the Nondisclosure Agreement, the term "confidential information" includes all information protected by the Health Insurance Portability and Accountability Act (HIPAA), information that has commercial value or use, such as trade secrets, and information communicated in confidence by the HHS System.
- Conflict of Interest Statement. I agree to disclose any personal or private interest that myself or my family have in a measure, proposal, or decision pending before HHSC ("Personal or private interest" does not include the member's engagement in a profession, trade, or occupation when the member's interest is the same as all others similarly engaged in the profession, trade, or occupation, or if the member merely provides a personal experience, with no personal or private financial interest, in giving feedback on the subject matter.) If there is a direct personal or financial interest in a motion under consideration, I further agree to disclose that fact in a public meeting and will recuse myself from any Task Force deliberations or decisions on that matter.

I have been provided a copy of the Task Force bylaws. I understand that as a member of the Task Force I must adhere to the bylaws.

\_\_\_\_\_  
Task Force Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Maternal Mortality and Morbidity Task Force  
Adopted/Revised: [Date]

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## Revisions Tracking Page

Document Version #	Revision Date	Revisions / Purpose	Author
1	January 2018	Initial Bylaw Formulation	Allison Waage MSN, RN; Luke Chalmers MPH CHES; Audrey Young MPH

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