

House _____ Amendment NO. _____

Offered By _____

1 AMEND Senate Bill No. 819, Page 1, Section A, Line 3, by inserting immediately after said line
2 the following:

3
4 "192.990. 1. There is hereby established within the office of women's health of the
5 department of health and senior services the "Maternal Mortality Review Board" to conduct
6 ongoing comprehensive, multidisciplinary reviews of pregnancy-related deaths, pregnancy-
7 associated deaths, and incidents of severe maternal morbidity in the state to identify factors
8 associated with the deaths and incidents and make recommendations for system changes to improve
9 health care services for women in this state.

10 2. For purposes of this section, the following terms mean:

11 (1) "Pregnancy-associated death", the death of a woman while pregnant or during the one-
12 year period following the date of the end of pregnancy, irrespective of the cause of such death;

13 (2) "Pregnancy-related death", the death of a woman while pregnant or during the one-year
14 period following the date of the end of pregnancy, irrespective of the duration of the pregnancy,
15 from any cause related to, or aggravated by, the pregnancy or its management, excluding any
16 accidental or incidental cause;

17 (3) "Severe maternal morbidity", the physical and psychological conditions that result from,
18 or are aggravated by, pregnancy and have an adverse effect on the health of a woman.

19 3. The board shall elect from among its membership a chair and shall meet at least twice
20 each year. The board shall meet at the call of the chair at such times as he or she deems advisable,
21 and shall meet when requested to do so by three or more members of the board. Members of the
22 board shall be appointed by the director of the office of women's health in consultation with the
23 board of the office of women's health. Of the initial members, four shall have a two-year term, four
24 shall have a three-year term, and five shall have a four-year term. Any other members shall have a
25 four-year term. Thereafter, each member shall serve a four-year term and until his or her successor
26 is appointed and confirmed. Vacancies on the board may be filled by the director of the office of
27 women's health for the time remaining in the unexpired term. If there is no director of the office of
28 women's health, his or her duties shall be performed by the director of the department. The board
29 shall include, but not be limited to, the following members, to serve without compensation but may
30 be reimbursed for actual and necessary expenses incurred in the performance of their duties:

31 (1) The director of the department or the director's designee;

32 (2) The director of the office of women's health;

33 (3) A licensed physician practicing in the area of obstetrics, neonatology, or perinatology;

34 (4) A certified nurse midwife;

35 (5) A nurse practicing in a hospital in the area of obstetrics, labor and delivery, postpartum,
36 or maternity care;

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- (6) An anesthesiologist with experience caring for women during labor and delivery;
 - (7) A representative from the Missouri Coroner's Association;
 - (8) Two or more members representing law enforcement agencies, community health care entities, department statisticians or nosologists, or county health officers;
 - (9) A cardiologist with experience caring for women during pregnancy;
 - (10) A women's health advanced practice registered nurse (APRN);
 - (11) A women's health nurse practitioner (WHNP) or women's health clinical nurse specialist (WHCNS);
 - (12) A nurse anesthetist with experience caring for women during labor and delivery;
 - (13) A patient advocate or community health advocate who advocates for pregnant women or new mothers; and
 - (14) Other professionals determined by the department and the board chair to address specific case review topics by the board.
4. The duties of the board shall include, but not be limited to:
- (1) Conducting ongoing comprehensive, multidisciplinary reviews of all pregnancy-related deaths and pregnancy-associated deaths and, in its discretion, reviewing incidents of severe maternal morbidity;
 - (2) Identifying factors associated with pregnancy-related deaths, pregnancy-associated deaths, and incidents of severe maternal morbidity;
 - (3) Consulting with relevant experts;
 - (4) Making findings and recommendations to policy makers, health care providers and facilities, and the general public;
 - (5) Establishing preventive strategies and making recommendations for system change;
 - (6) Before June 30, 2019, and annually thereafter, submitting a report to the director of the department, the governor, and the general assembly on maternal mortality and morbidity in the state based on data collected. The report shall protect the confidentiality of all decedents and other participants involved in any incident. The report shall be available publicly and to health care providers and facilities and distributed to the Department of Health and Human Services to stimulate performance improvement and may include the following:
 - (a) A description of the pregnancy-related deaths, pregnancy-associated deaths, and incidents of severe maternal morbidity reviewed by the board during the preceding twelve months, including statistics and causes of pregnancy-related deaths, pregnancy-associated deaths, and incidents of severe maternal morbidity presented in the aggregate. The report shall not disclose any identifying information of patients, decedents, providers, or organizations involved; and
 - (b) Evidence-based system changes and policy recommendations to improve maternal outcomes and reduce preventable pregnancy-related deaths, pregnancy-associated deaths, and severe maternal morbidity in the state;
 - (7) Protecting the confidentiality of the hospitals and individuals involved in any pregnancy-related deaths, pregnancy-associated deaths, and incidents of severe maternal morbidity;
 - (8) Examining racial and social disparities in pregnancy-related deaths, pregnancy-associated deaths, and, at the board's discretion, incidents of severe maternal morbidity; and
 - (9) Examining the number of deaths and incidents determined to be caused by medical versus external factors.
5. The board shall review available data to identify pregnancy-related deaths and pregnancy-associated deaths and shall make recommendations based on such data to prevent future deaths and incidents of severe maternal morbidity. To aid in determining whether a pregnancy-related death, pregnancy-associated death, or incident of severe maternal morbidity was related to or aggravated by the pregnancy and to make recommendations for how such deaths or incidents can be

1 prevented in the future, the department has the authority to do the following:

2 (1) Request and receive data for specific pregnancy-related deaths, pregnancy-associated
3 deaths, and incidents of severe maternal morbidity including, but not limited to, all medical records,
4 autopsy reports, medical examiner's reports, coroner's reports, and social service records; and

5 (2) Request and receive data, as described in subdivision (1) of this subsection, from health
6 care providers, health care facilities, clinics, laboratories, medical examiners, coroners, law
7 enforcement agencies, professionals, and facilities licensed by the department.

8 6. Upon request by the board, health care providers, health care facilities, clinics,
9 laboratories, medical examiners, coroners, law enforcement agencies, professionals, and facilities
10 licensed by the department shall provide all medical records, autopsy reports, medical examiner's
11 reports, coroner's reports, social services records, information, and other data requested for specific
12 pregnancy-related deaths, pregnancy-associated deaths, and incidents of severe maternal morbidity
13 as provided in this section to the board. Such data shall be aggregated and redacted by the
14 department, but shall indicate major causes of morbidity and time trends.

15 7. (1) In no case shall any individually identifiable health information be provided to the
16 public or submitted to an information clearinghouse.

17 (2) All proceedings and activities of the board, opinions of members of the board formed as
18 a result of such proceedings and activities, and records obtained, created, or maintained under this
19 section, including records of interviews, written reports, and statements in connection with
20 morbidity and mortality reviews under this section, shall be confidential and shall not be subject to
21 discovery, subpoena, or introduction into evidence in any civil, criminal, legislative, or other
22 proceeding. Such records shall not be open to public inspection under section 610.021.

23 (3) Members of the board shall not be questioned in any civil, criminal, legislative, or other
24 proceeding or make any individual public statements regarding information presented in, or
25 opinions formed as a result of, a meeting or communication of the board.

26 (4) Nothing in this subsection shall be construed to prevent a member of the board from
27 testifying regarding information that was obtained independent of such member's participation on
28 the board or public information.

29 (5) Nothing in this subsection shall prohibit the board or department from publishing
30 statistical compilations and research reports that:

31 (a) Are based on confidential information relating to morbidity and mortality reviews under
32 this section; and

33 (b) Do not contain identifying information or any other information that could be used to
34 ultimately identify the individuals concerned.

35 8. All meetings, proceedings, and deliberations of the board may, at the discretion of the
36 board, be confidential and may be conducted in executive session under subdivision (5) of section
37 610.021. The department may retain identifiable information regarding facilities where pregnancy-
38 related deaths, pregnancy-associated deaths, and incidents of severe maternal morbidity occur, or
39 from which the patient was transferred, and geographic information on each case solely for the
40 purposes of trending and analysis over time. All individually identifiable information shall be
41 removed before any case is reviewed by the board.

42 9. The department may use grant program funds to support the efforts of the board and may
43 apply for additional federal government and private foundation grants as needed. The department
44 may also accept private, foundation, city, county, or federal moneys to implement the provisions of
45 this section.

46 10. The department may promulgate rules and regulations to implement the provisions of
47 this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
48 under the authority delegated in this section shall become effective only if it complies with and is

1 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
2 chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to
3 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
4 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
5 August 28, 2018, shall be invalid and void."; and
6

7 Further amend said bill by amending the title, enacting clause, and intersectional references
8 accordingly.