

FIRST REGULAR SESSION

HOUSE BILL NO. 664

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE UNSICKER.

0081H.04I

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapter 192, RSMo, by adding thereto one new section relating to the Healthy Mothers Initiative.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 192, RSMo, is amended by adding thereto one new section, to be known as section 192.990, to read as follows:

192.990. 1. There is hereby established within the office on women's health of the department of health and senior services the "Healthy Mothers Initiative" to improve data collection and reporting with respect to maternal mortality and to develop and support populations at risk of death and severe complications from pregnancy. The department may collaborate with localities and with other states to meet the goals of the initiative.

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

(1) "Department", the Missouri department of health and senior services;

(2) "Maternal death", the death of a woman while pregnant or during the one-year period following the date of the end of pregnancy regardless of the cause of death.

3. The board of the healthy mothers initiative shall be composed of at least twelve members, but not more than twenty-four, with a chair elected from among its membership. The board shall meet at least twice per year to approve the strategic priorities, funding allocations, work processes, and products of the board. Members of the board shall be appointed by the director of the department. Members shall serve four-year terms, except that the initial terms shall be staggered so that approximately one-third serve three, four, and five-year terms. Members shall serve until his or her successor is appointed.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 Vacancies on the board may be filled by the director of the department for the time
18 remaining in the unexpired term.

19 4. The board shall include multidisciplinary and diverse membership that
20 represents a variety of clinical specialties, state and local public health officials,
21 epidemiologists, statisticians, community organizations, geographic regions, and
22 individuals or organizations that represent the populations most affected by maternal
23 deaths and lack of access to maternal health care services. Members shall serve without
24 compensation but may be reimbursed for actual and necessary expenses incurred in the
25 performance of their duties. Board membership may change based on the current
26 priorities and objectives of the board, but shall include:

27 (1) At least three ex-officio representatives of the department;

28 (2) At least two doctors and two nurses selected from the following:

29 (a) A licensed physician who practices in the area of perinatology or obstetrics in
30 a county with more than five hundred thousand inhabitants or in a city not within a
31 county;

32 (b) A licensed physician who practices in the area of perinatology or obstetrics in
33 a county with a population fewer than twenty thousand inhabitants;

34 (c) An anesthesiologist or nurse anesthetist with experience caring for women
35 during labor and delivery;

36 (d) A certified nurse midwife;

37 (e) A nurse practicing in a hospital in the area of obstetrics, labor and delivery,
38 postpartum, or maternity care; or

39 (f) A women's health advanced practice registered nurse (APRN), or women's
40 health nurse practitioner (WHNP), or women's health clinical nurse specialist (WHCNS);
41 and

42 (3) At least five other members representing the following:

43 (a) A patient advocate or community health advocate who advocates for pregnant
44 women or new mothers;

45 (b) A representative from the Missouri Coroner's Association;

46 (c) A person representing law enforcement agencies, community health care
47 entities, department statisticians or nosologists, or county health officers; and

48 (d) Other professionals determined by the department and the board chair to
49 address specific needs and priorities.

50 5. (1) Before June 30, 2020, and annually thereafter, the board shall submit to the
51 director of the department, the governor, and the general assembly a report on maternal
52 mortality in the state based on data collected through ongoing comprehensive,

53 multidisciplinary reviews of all maternal deaths, and any other projects or efforts funded
54 by the board under the provisions of subsection 6 of this section. The data shall be
55 collected using best practices to reliably determine and include all maternal deaths,
56 regardless of the outcome of the pregnancy and include, at a minimum:

57 (a) A description of the maternal deaths determined by matching each death record
58 of a maternal death to a birth certificate of an infant or fetal death record, as applicable;

59 (b) To the extent practicable, identifying an underlying or contributing cause of
60 each death;

61 (c) Data collected from medical examiner and coroner reports, as appropriate,
62 including an analysis of deaths attributable to noncompliance with existing best practices
63 and policy recommendations for reducing maternal deaths as defined by the Alliance for
64 Innovation on Maternal Health; and

65 (d) Using other appropriate methods or information to identify maternal deaths,
66 including deaths from pregnancy outcomes not identified under paragraph (a) of this
67 subdivision.

68 (2) The report may also provide:

69 (a) Research concerning risk factors, prevention strategies, and the roles of the
70 family, health care providers and the community in safe pregnancy and motherhood as
71 determined annually based on the priorities of the department and other grant or research
72 projects;

73 (b) Identification of the determinants of disparities in maternal care, health risks,
74 and health outcomes, including an examination of the higher rates of maternal mortality
75 among African American women and other groups of women with disproportionately high
76 rates of maternal mortality, these disparities may include:

77 a. Race; income; access to health care, mental health care, substance abuse
78 treatment, family planning services; regional disparities; access to child care; and other
79 personal or community factors; and

80 b. To the extent necessary, the report may include relevant comparison of Missouri
81 to other states, including Medicaid expansion and Medicaid nonexpansion states;

82 (c) An analysis of preventable deaths attributable to failure to implement the
83 board's recommendations;

84 (d) An examination of the relationship between interpersonal violence and maternal
85 complications and mortality;

86 (e) Preventive strategies and recommendations for changes in the medical model
87 of care for labor and delivery and postpartum women;

88 (f) Evidence-based system changes and policy recommendations to improve
89 maternal outcomes and reduce preventable maternal deaths in areas outside medical care,
90 such as affordable housing, child care, or other contributing factors; and

91 (g) Recommendations for allocating state resources to decrease the rate of maternal
92 mortality in the state.

93 (3) The report shall be made available to the public on the department's website
94 and the director shall disseminate the report to all health care providers and facilities that
95 provide women's health services in the state.

96 6. The board may also conduct, or fund the department or other entities to conduct
97 prevention activities and research that addresses:

98 (1) Public education campaigns on healthy pregnancies;

99 (2) Education programs for physicians, nurses, and other health care providers;

100 (3) Activities to promote community support services for pregnant women;

101 (4) Activities to promote physical, mental, and behavioral health during, and up to
102 one year following, pregnancy with an emphasis on the prevention of, and treatment for,
103 mental health disorders and substance use disorder;

104 (5) Encouraging prepregnancy counseling, especially for at- risk populations such
105 as women with diabetes and women with substance use disorder;

106 (6) The identification of critical components of prenatal delivery and postpartum
107 care;

108 (7) The identification of outreach and support services, such as folic acid education,
109 that are available for pregnant women;

110 (8) The identification of women who are at high risk for complications;

111 (9) Preventing preterm delivery;

112 (10) Preventing urinary tract infections;

113 (11) Preventing unnecessary caesarean sections;

114 (12) Activities to reduce disparities in maternity services and outcomes;

115 (13) Preventing and reducing adverse health consequences that may result from
116 smoking and substance abuse and misuse before, during, and after pregnancy;

117 (14) Preventing infections that cause maternal and infant complications; or

118 (15) Other areas determined appropriate by related grant projects or priorities of
119 the department.

120 7. To accomplish the duties of the board, the department shall have authority to do
121 the following:

(1) Request and receive data for specific maternal deaths including, but not limited to, all medical records, autopsy reports, medical examiner's reports, coroner's reports, and social services records;

(2) Request and receive data, as described in subdivision (1) of this subsection, from health care providers, health care facilities, clinics, laboratories, medical examiners, coroners, law enforcement agencies and driver's license bureaus, and facilities licensed by the department; and

(3) Consult with relevant experts and any other individuals with knowledge of the maternal deaths.

The department may retain identifiable information regarding facilities where maternal deaths occurred, or from which the patient was transferred, and geographic information on each case solely for the purposes of trending and analysis over time. All individually identifiable information shall be removed before any case is reviewed by the board.

8. The director of the department, or his or her designee, shall provide the board with the copy of the death certificate for any maternal death occurring within the state.

9. Upon request by the department, health care providers, health care facilities, clinics, laboratories, medical examiners, coroners, law enforcement agencies, and facilities licensed by the department shall provide to the department all medical records, autopsy reports, medical examiner's reports, coroner's reports, law enforcement reports, social services records, and other data requested for specific maternal deaths. No entity shall be held liable for civil damages or be subject to any criminal or disciplinary action when complying in good faith with a request from the department for information under the provisions of this subsection.

10. (1) The board shall conduct its duties in accordance with chapter 610, including the ability to close meetings, records, or votes under subdivision (5) of section 610.021, and protecting the privacy and confidentiality of all patients, decedents, providers, hospitals, or any other participants involved in any maternal deaths. In no case shall any individually identifiable health information be provided to the public or submitted to an information clearinghouse.

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

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

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

158 **(3) Nothing in this subsection shall be construed to prevent a member of the board**
159 **from testifying regarding information that was obtained independently of such member's**
160 **participation on the board or through public information.**

161 **11. The department may use grant program funds to support the efforts of the**
162 **board and may apply for additional federal government and private foundation grants as**
163 **needed. The department may also accept private, foundation, city, county, or federal**
164 **moneys to implement the provisions of this section.**

165 **12. The department may promulgate rules and regulations as necessary to**
166 **implement the preventative strategies, evidence-based system changes, and policy**
167 **recommendations of this section. Any rule or portion of a rule, as that term is defined in**
168 **section 536.010, that is created under the authority delegated in this section shall become**
169 **effective only if it complies with and is subject to all of the provisions of chapter 536 and,**
170 **if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any**
171 **of the powers vested with the general assembly pursuant to chapter 536 to review, to delay**
172 **the effective date, or to disapprove and annul a rule are subsequently held**
173 **unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted**
174 **after August 28, 2019, shall be invalid and void.**

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