

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By

1 AMEND House Committee Substitute for House Bill No. 2372, Page 10, Section 192.021, Line  
2 12, by inserting after said section and line the following:

3  
4 "192.258. 1. For purposes of this section, the following terms mean:

5 (1) "Local public health agency", a county health center board established under chapter  
6 205, a county health department, a city health department or agency, a combined city and county  
7 health department or agency, a multicounty health department or agency, or any other county or  
8 city health authority;

9 (2) "Term infants", infants who are at thirty-six weeks or more of gestation.

10 2. (1) Each county shall annually report infant deaths to the local public health agency  
11 or agencies with jurisdiction over the county or any part of the county.

12 (2) The data shall be aggregated to ensure data reflects how regionalized care systems  
13 are, or should be, collaborating to improve fetal and infant health outcomes based on standard  
14 statistical methods for accurate dissemination of public health data without risking a  
15 confidentiality or other disclosure breach.

16 (3) The data shall be disaggregated by racial and ethnic identity.

17 3. Subject to appropriation, a local public health agency shall establish a fetal and infant  
18 mortality review committee to investigate infant deaths to prevent fetal and infant death if both  
19 of the following apply with respect to the local public health agency's jurisdiction:

20 (1) The jurisdiction has five or more infant deaths in a single year; and

21 (2) The jurisdiction has an infant death rate that is higher than the state's infant death rate  
22 for two consecutive years.

23 4. The department of health and senior services shall establish a fetal and infant  
24 mortality review process in which all local public health agencies may voluntarily participate. A  
25 local public health agency that participates in the fetal and infant mortality review process  
26 established by the department of health and senior services shall do all of the following:

27 (1) Annually investigate, track, and review a minimum amount of twenty percent of the  
28 jurisdiction's cases of term infants who were born following labor with the outcome of  
29 intrapartum stillbirth, early neonatal death, or postneonatal death, focusing on demographic

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1 groups that are disproportionately impacted by infant death. A jurisdiction that has fewer than  
2 five infant deaths in a year shall investigate at least one infant death;

3 (2) Establish a committee for fetal and infant mortality reviews led by local public health  
4 agencies. The committee shall include members of the community but shall not include anyone  
5 employed by a law enforcement agency. In jurisdictions in which the coroner, medical examiner,  
6 or other medical professional is employed by law enforcement, these individuals can share  
7 information with the committee in their medical professional capacity only. The committee shall  
8 be subject to the following provisions:

9 (a) All data and records obtained, prepared, created, and maintained in anticipation of a  
10 review meeting shall be confidential. Data and records prepared, created, and maintained in  
11 anticipation of a review meeting shall not be subject to public records requests, subpoena, or  
12 civil processes and shall not be admissible in evidence in connection with any administrative,  
13 judicial, executive, legislative, or other proceeding;

14 (b) All participants engaged in and associated with the review process shall sign a  
15 confidentiality agreement that states such participants will not discuss or share information about  
16 individual cases and the proceedings of the review meeting outside the meeting. This shall not  
17 preclude the committee from publishing, or from otherwise making available for public  
18 inspection, statistical compilations or reports that are based on confidential information,  
19 provided that those compilations or reports shall not contain personally identifying information  
20 or other information that could be used to ultimately identify the individuals concerned and shall  
21 utilize standard public health reporting practices for accurate dissemination of these data  
22 elements, especially with regard to the reporting of small numbers so as not to inadvertently risk  
23 a breach of confidentiality or other disclosure; and

24 (c) To the extent prescribed by section 537.035, members of the committee, persons  
25 attending a committee meeting, and persons who present information to a committee shall not be  
26 questioned in any administrative, civil, or criminal proceeding regarding information presented  
27 in, or opinions formed as a result of, a meeting. This paragraph shall not prohibit a person from  
28 testifying to information obtained independently of the committee or that is public information.  
29 A health care provider, health care facility, or pharmacy providing access to medical records  
30 under this section shall not be held liable for civil damages or be subject to any criminal or  
31 disciplinary action for good faith efforts in providing the records;

32 (3) Conduct voluntary interviews with individuals who have experienced child loss or  
33 surviving family members of maternal or infant death who have knowledge of the event. The  
34 interview shall include questions to determine if the pregnant person had concerns about  
35 perinatal care during any point in the person's pregnancy or postpartum care, whether there were  
36 disagreements about care offered and received, and whether the pregnant person had asked for  
37 certain care that was denied or not received;

1           (4) Conduct a report or investigation, to the degree practicable, with all medical staff  
2 involved with a maternal or infant death; and

3           (5) Offer grief counseling to surviving family members.

4           5. Counties, hospitals, birthing centers, and state entities shall provide to local public  
5 health agencies death records, medical records, autopsy reports, toxicology reports, hospital  
6 discharge records, birth records, and any other information that will help the local public health  
7 agency conduct the fetal and infant mortality review within thirty days of a request made in  
8 writing by a local public health agency. The local public health agency shall not request, and  
9 health care providers shall not provide, reports, testimony, or other information produced as a  
10 result of activities undertaken by a peer review committee, as defined in section 537.035, that  
11 has the responsibility to evaluate or improve the quality of care rendered in a hospital.

12           6. (1) There is hereby created in the state treasury the "Fetal and Infant Mortality  
13 Review Fund", which shall consist of moneys appropriated to it by the general assembly and any  
14 gifts, contributions, grants, or bequests received from federal, private, or other sources. The state  
15 treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state  
16 treasurer may approve disbursements. The fund shall be a dedicated fund and, upon  
17 appropriation, moneys in this fund shall be used solely as provided in this section.

18           (2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys  
19 remaining in the fund at the end of the biennium shall not revert to the credit of the general  
20 revenue fund.

21           (3) The state treasurer shall invest moneys in the fund in the same manner as other funds  
22 are invested. Any interest and moneys earned on such investments shall be credited to the fund.

23           192.990. 1. There is hereby established within the department of health and senior  
24 services the "Pregnancy-Associated Mortality Review Board" to improve data collection and  
25 reporting with respect to maternal deaths. The department may collaborate with localities and  
26 with other states to meet the goals of the initiative.

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

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

29           (2) "Maternal death" or "maternal mortality", the death of a woman while pregnant or  
30 during the one-year period following the date of the end of pregnancy, regardless of the cause of  
31 death and regardless of whether a delivery, miscarriage, or death occurs inside or outside of a  
32 hospital;

33           (3) "Severe maternal morbidity", unexpected outcomes of pregnancy, labor, or delivery  
34 that result in significant short-term or long-term consequences to the pregnant person's mental or  
35 physical health.

36           3. The board shall be composed of no more than eighteen members, with a chair elected  
37 from among its membership. The board shall meet at least twice per year and shall approve the  
38 strategic priorities, funding allocations, work processes, and products of the board. Members of

1 the board shall be appointed by the director of the department. Members shall serve four-year  
 2 terms, except that the initial terms shall be staggered so that approximately one-third serve three-  
 3 , four-, and five-year terms.

4 4. The board shall have a multidisciplinary and diverse membership that represents a  
 5 variety of medical and nursing specialties, including, but not limited to, obstetrics and maternal-  
 6 fetal care, as well as state or local public health officials, epidemiologists, statisticians,  
 7 community organizations, geographic regions, and other individuals or organizations that are  
 8 most affected by maternal deaths and lack of access to maternal health care services.

9 5. The duties of the board shall include, but not be limited to:

10 (1) Conducting ongoing comprehensive, multidisciplinary reviews of all maternal  
 11 deaths;

12 (2) Identifying factors associated with maternal deaths;

13 (3) Reviewing medical records and other relevant data, which shall include, to the extent  
 14 available:

15 (a) A description of the maternal deaths determined by matching each death record of a  
 16 maternal death to a birth certificate of an infant or fetal death record, as applicable, and an  
 17 indication of whether the delivery, miscarriage, or death occurred inside or outside of a hospital;

18 (b) Data collected from medical examiner and coroner reports, as appropriate; and

19 (c) Using other appropriate methods or information to identify maternal deaths,  
 20 including deaths from pregnancy outcomes not identified under paragraph (a) of this subdivision;

21 (4) Consulting with relevant experts, as needed;

22 (5) Analyzing cases to produce recommendations for reducing maternal mortality;

23 (6) Analyzing common indicators of severe maternal morbidity to identify prevention  
 24 opportunities and reduce near-miss experiences;

25 (7) Disseminating recommendations to policy makers, health care providers and  
 26 facilities, and the general public on best practices to prevent maternal mortality and morbidity  
 27 including, but not limited to, addressing socioeconomic and environmental impacts, including  
 28 global warming, on pregnancy outcomes;

29 ~~[(7)]~~ (8) Recommending and promoting preventative strategies and making  
 30 recommendations for systems changes, including changes in data collection and investigatory  
 31 processes;

32 ~~[(8)]~~ (9) Protecting the confidentiality of the hospitals and individuals involved in any  
 33 maternal deaths;

34 ~~[(9)]~~ (10) Examining racial and social disparities in maternal deaths and making  
 35 recommendations on the prevention of racial and social disparities;

36 ~~[(10)]~~ (11) Tracking and examining disparities experienced by lesbian, bisexual,  
 37 transgender, intersex, and gender-nonconforming individuals and reporting findings, to the  
 38 extent practicable;

1           (12) Subject to appropriation, providing for voluntary and confidential case reporting of  
2 maternal deaths to the appropriate state health agency by family members of the deceased, and  
3 other appropriate individuals, for purposes of review by the board;

4           ~~[(11)]~~ (13) Making publicly available the contact information of the board for use in  
5 such reporting;

6           ~~[(12)]~~ (14) Conducting outreach to local professional organizations, community  
7 organizations, and social services agencies regarding the availability of the review board; and

8           ~~[(13)]~~ (15) Ensuring that data collected under this section is made available, as  
9 appropriate and practicable, for research purposes, in a manner that protects individually  
10 identifiable or potentially identifiable information and that is consistent with state and federal  
11 privacy laws.

12           6. (1) The board's review of cases of maternal mortality and morbidity shall include, to  
13 the degree practicable, for populations experiencing disparity, voluntary interviews with the  
14 following individuals:

15           (a) Pertinent surviving family members or support people present with direct knowledge  
16 of, or involvement in, the event, including the patient in cases of severe maternal morbidity. The  
17 board shall transcribe or summarize in writing any oral statements received in accordance with  
18 this paragraph; and

19           (b) Members of the medical team who were present or involved in the deceased  
20 individual's direct care.

21           (2) In determining the practicability of the interviews under subdivision (1) of this  
22 subsection, the board may prioritize interviews with populations that have a documented higher  
23 rate of maternal death.

24           7. The board may contract with other entities consistent with the duties of the board.

25           ~~[7-]~~ 8. (1) Before June 30, 2020, and annually thereafter, the board shall submit to the  
26 Director of the Centers for Disease Control and Prevention, the director of the department, the  
27 governor, and the general assembly a report on maternal mortality in the state based on data  
28 collected through ongoing comprehensive, multidisciplinary reviews of all maternal deaths, and  
29 any other projects or efforts funded by the board. The data shall be collected using best practices  
30 to reliably determine and include all maternal deaths, regardless of the outcome of the pregnancy  
31 and shall include data, findings, and recommendations of the committee, and, as applicable,  
32 information on the implementation during such year of any recommendations submitted by the  
33 board in a previous year.

34           (2) The report shall be made available to the public on the department's website and the  
35 director shall disseminate the report to all health care providers and facilities that provide  
36 women's health services in the state.

1           ~~[8.]~~ 9. The director of the department, or his or her designee, shall provide the board  
2 with the copy of the death certificate and any linked birth or fetal death certificate for any  
3 maternal death occurring within the state.

4           ~~[9.]~~ 10. Upon request by the department, health care providers, health care facilities,  
5 clinics, laboratories, medical examiners, coroners, law enforcement agencies, driver's license  
6 bureaus, other state agencies, and facilities licensed by the department shall provide to the  
7 department data related to maternal deaths from sources such as medical records, autopsy  
8 reports, medical examiner's reports, coroner's reports, law enforcement reports, motor vehicle  
9 records, social services records, and other sources as appropriate. Such data requests shall be  
10 limited to maternal deaths which have occurred within the previous twenty-four months. No  
11 entity shall be held liable for civil damages or be subject to any criminal or disciplinary action  
12 when complying in good faith with a request from the department for information under the  
13 provisions of this subsection.

14           ~~[10.]~~ 11. (1) The board shall protect the privacy and confidentiality of all patients,  
15 decedents, providers, hospitals, or any other participants involved in any maternal deaths or any  
16 cases of severe maternal morbidity. In no case shall any individually identifiable health  
17 information be provided to the public or submitted to an information clearinghouse.

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

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

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

24           (3) Information, records, reports, statements, notes, memoranda, or other data collected  
25 under this section shall not be admissible as evidence in any action of any kind in any court or  
26 before any other tribunal, board, agency, or person. Such information, records, reports, notes,  
27 memoranda, data obtained by the department or any other person, statements, notes, memoranda,  
28 or other data shall not be exhibited nor their contents disclosed in any way, in whole or in part,  
29 by any officer or representative of the department or any other person. No person participating  
30 in such review shall disclose, in any manner, the information so obtained except in strict  
31 conformity with such review project. Such information shall not be subject to disclosure under  
32 chapter 610.

33           (4) All information, records of interviews, written reports, statements, notes,  
34 memoranda, or other data obtained by the department, the board, and other persons, agencies, or  
35 organizations so authorized by the department under this section shall be confidential.

36           (5) All proceedings and activities of the board, opinions of members of such board  
37 formed as a result of such proceedings and activities, and records obtained, created, or  
38 maintained under this section, including records of interviews, written reports, statements, notes,

1 memoranda, or other data obtained by the department or any other person, agency, or  
 2 organization acting jointly or under contract with the department in connection with the  
 3 requirements of this section, shall be confidential and shall not be subject to subpoena,  
 4 discovery, or introduction into evidence in any civil or criminal proceeding; provided, however,  
 5 that nothing in this section shall be construed to limit or restrict the right to discover or use in  
 6 any civil or criminal proceeding anything that is available from another source and entirely  
 7 independent of the board's proceedings.

8 (6) Members of the board shall not be questioned in any civil or criminal proceeding  
 9 regarding the information presented in or opinions formed as a result of a meeting or  
 10 communication of the board; provided, however, that nothing in this section shall be construed to  
 11 prevent a member of the board from testifying to information obtained independently of the  
 12 board or which is public information.

13 ~~[4-]~~ 12. The department may use grant program funds to support the efforts of the board  
 14 and may apply for additional federal government and private foundation grants as needed. The  
 15 department may also accept private, foundation, city, county, or federal moneys to implement the  
 16 provisions of this section.

17 192.1030. 1. For purposes of this section, the following terms mean:

18 (1) "Certified nurse midwife", the same meaning given to the term in section 335.016;

19 (2) "Department", the department of health and senior services;

20 (3) "Professional midwife", any midwife allowed to practice in this state in accordance  
 21 with the provisions of section 376.1753;

22 (4) "Programs that train certified nurse midwives", a nurse-midwifery education program  
 23 that is recognized by the state board of nursing as providing education necessary to become a  
 24 certified nurse midwife;

25 (5) "Programs that train professional midwives", a midwifery education program that  
 26 provides the education necessary to practice as a midwife in this state in accordance with the  
 27 provisions of section 376.1753.

28 2. Subject to appropriation, the department shall establish a program to contract with  
 29 programs that train certified nurse midwives and programs that train professional midwives in  
 30 accordance with the global standards for midwifery education and the international definition of  
 31 the term "midwife" as established by the International Confederation of Midwives in order to  
 32 increase the number of students receiving quality education and training as a certified nurse  
 33 midwife or as a professional midwife.

34 3. The department shall contract only with programs that train certified nurse midwives  
 35 and programs that train professional midwives that, at minimum, include, or that intend to create,  
 36 a component of training designed for medically underserved multicultural communities, lower  
 37 socioeconomic neighborhoods, or rural communities, and that are organized to prepare program  
 38 graduates for service in those neighborhoods and communities, or that seek to recruit and retain

1 racially and ethnically diverse students, underrepresented groups, or people from underserved or  
2 historically marginalized communities.

3 4. (1) The department may adopt standards and regulations necessary to carry out the  
4 provisions of this section. In adopting eligibility standards for programs that train certified nurse  
5 midwives and programs that train professional midwives in accordance with the standards set  
6 forth in subsections 2 and 3 of this section, the department may accept those educational  
7 standards and competencies established by the state board of nursing or by the provisions of  
8 section 376.1753. The department shall take care not to implement education or competency  
9 standards beyond what is required by the state board of nursing or the provisions of section  
10 376.1753 that could inadvertently create an unnecessary barrier for training programs to obtain  
11 funding for the training of midwives in this state.

12 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is  
13 created under the authority delegated in this section shall become effective only if it complies  
14 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.  
15 This section and chapter 536 are nonseverable and if any of the powers vested with the general  
16 assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and  
17 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and  
18 any rule proposed or adopted after August 28, 2026, shall be invalid and void.

19 5. The department shall develop alternative strategies to provide long-term stability for,  
20 or expansion of, the training provided for under this section, such as through funding provided  
21 by private foundations and administered by the department for the purposes of carrying out this  
22 section.

23 6. Nothing in this section prevents the department from developing a protocol to contract  
24 with potential programs that train certified nurse midwives or potential programs that train  
25 professional midwives in order to support the initial startup of new training programs as long as  
26 the eligibility requirements of this section are met or can be met through an award of funds.

27 7. The department may pay contracted programs that train certified nurse midwives and  
28 programs that train professional midwives in an amount calculated based on a single per-student  
29 capitation formula, or through another method, in order to cover the costs of innovative special  
30 projects or programs.

31 8. Funds appropriated to the department for purposes of this section and awarded by the  
32 department to eligible programs that train certified nurse midwives or programs that train  
33 professional midwives may be used by the training program to develop new initiatives, projects,  
34 or curricula, or to expand existing initiatives, projects, or curricula. Awarded funds may also be  
35 used for general support and sustainability of the overall training program, or to sustain specific  
36 components of the training program including, but not limited to, tuition assistance for students,  
37 support for preceptor recruitment, or support to sustain preceptor training sites for students.

1           9. (1) There is hereby created in the state treasury the "Midwifery Education Fund",  
2 which shall consist of moneys appropriated to it by the general assembly and any gifts,  
3 contributions, grants, or bequests received from federal, private, or other sources. The state  
4 treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state  
5 treasurer may approve disbursements. The fund shall be a dedicated fund and, upon  
6 appropriation, moneys in this fund shall be used solely as provided in this section.

7           (2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys  
8 remaining in the fund at the end of the biennium shall not revert to the credit of the general  
9 revenue fund.

10           (3) The state treasurer shall invest moneys in the fund in the same manner as other funds  
11 are invested. Any interest and moneys earned on such investments shall be credited to the  
12 fund."; and

13  
14 Further amend said bill by amending the title, enacting clause, and intersectional references  
15 accordingly.