House _____ **Amendment NO.**____

Offered By

_____ _____

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

"192.1005. Sections 192.1005 to 192.1020 shall be known and may be cited as the "Missouri Dignity in Pregnancy and Childbirth Act".

192.1010. For purposes of sections 192.1005 to 192.1020, the following terms mean:

(1) "Implicit bias", a bias in judgment or behavior that results from subtle cognitive processes, including implicit prejudice and implicit stereotypes that often operate at a level below conscious awareness and without intentional control;

(2) "Implicit prejudice", prejudicial negative feelings or beliefs about a group that a person holds without being aware of such feelings or beliefs;

(3) "Implicit stereotypes", the unconscious attributions of particular qualities to a member of a certain social group. Implicit stereotypes are influenced by experience and are based on learning associations between various qualities and social categories, including race and gender;

(4) "Perinatal care", the provision of care during pregnancy, labor, delivery, and postpartum and neonatal periods;

(5) "Pregnancy-related death", the death of a person while pregnant or within three hundred sixty-five days of the end of a pregnancy, regardless of the duration or site of the pregnancy, from any cause related to, or aggravated by, the pregnancy or its management, but not from accidental or incidental causes.

192.1015. 1. Any hospital, clinic, or other health care facility that provides perinatal care shall implement an evidence-based implicit bias program for all health care providers involved in the perinatal care of patients within that facility.

2. An implicit bias program implemented under subsection 1 of this section shall include all of the following:

(1) Identification of previous or current unconscious biases and misinformation;

(2) Identification of personal, interpersonal, institutional, structural, and cultural barriers to inclusion;

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(3) Corrective measures to decrease implicit bias at the interpersonal and institutional levels, including ongoing policies and practices for that purpose;

(4) Information on the effects, including, but not limited to, ongoing personal effects, of historical and contemporary exclusion and oppression of minority communities;

(5) Information about cultural identity across racial or ethnic groups;

(6) Information about communicating more effectively across identities, including racial, ethnic, religious, and gender identities;

(7) Discussion on power dynamics and organizational decision-making;

(8) Discussion on health inequities within the perinatal care field, including information on how implicit bias impacts maternal and infant health outcomes;

(9) Perspectives of diverse, local constituency groups and experts on particular racial, identity, cultural, and provider-community relations issues in the community; and

(10) Information on reproductive justice.

3. (1) A health care provider described in subsection 1 of this section shall complete initial basic training through the implicit bias program based on the components described in subsection 2 of this section.

(2) Upon completion of the initial basic training, a health care provider shall complete a refresher course under the implicit bias program every two years thereafter, or on a more frequent basis if deemed necessary by the facility, in order to keep current with changing racial, identity, and cultural trends and best practices in decreasing interpersonal and institutional implicit bias.

4. A facility described in subsection 1 of this section shall provide a certificate of training completion to another facility or a training attendee upon request. A facility may accept a certificate of completion from another facility described in subsection 1 of this section to satisfy the training requirement described in subsection 3 of this section for a health care provider who works in more than one facility.

5. Notwithstanding subsections 1 to 4 of this section, if a physician involved in the perinatal care of patients is not directly employed by a facility, the facility shall offer the training to the physician.

192.1020. 1. The department of health and senior services shall track data on severe maternal morbidity including, but not limited to, all of the following health conditions:

(1) Obstetric hemorrhage;

(2) Hypertension;

(3) Preeclampsia and eclampsia;

(4) Venous thromboembolism;

(5) Sepsis;

(6) Cerebrovascular accident; and

(7) Amniotic fluid embolism.

2. The data on severe maternal morbidity collected under subsection 1 of this section shall be published at least once every three years after all of the following have occurred:

(1) The data has been aggregated by state regions as defined by the department of health and senior services to ensure data reflects how regionalized care systems are or should be collaborating to improve maternal health outcomes or other smaller regional sorting based on standard statistical methods for accurate dissemination of public health data without risking a confidentiality or other disclosure breach; and

(2) The data has been disaggregated by racial and ethnic identity.

3. The department of health and senior services shall track data on pregnancy-related deaths including, but not limited to, all of the conditions listed in subsection 1 of this section, indirect obstetric deaths, and other maternal disorders predominantly related to pregnancy and complications predominantly related to the puerperium.

4. The data on pregnancy-related deaths collected under subsection 3 of this section shall be published, at least once every three years, after all of the following have occurred:

(1) The data has been aggregated by state regions as defined by the department of health and senior services to ensure data reflects how regionalized care systems are or should be collaborating to improve maternal health outcomes or other smaller regional sorting based on standard statistical methods for accurate dissemination of public health data without risking a confidentiality or other disclosure breach; and

(2) The data has been disaggregated by racial and ethnic identity.

193.145. 1. A certificate of death for each death which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after death and shall be registered if such certificate has been completed and filed pursuant to this section. All data providers in the death registration process, including, but not limited to, the state registrar, local registrars, the state medical examiner, county medical examiners, coroners, funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and resident physicians, physician assistants, assistant physicians, advanced practice registered nurses, and the chief medical officers of licensed health care facilities, and other public or private institutions providing medical care, treatment, or confinement to persons, shall be required to use and utilize any electronic death registration system required and adopted under subsection 1 of section 193.265 within six months of the system being certified by the director of the department of health and senior services, or the director's designee, to be operational and available to all data providers in the death registration process.

2. If the place of death is unknown but the dead body is found in this state, the certificate of death shall be completed and filed pursuant to the provisions of this section. The place where the body is found shall be shown as the place of death. The date of death shall be the date on which the remains were found.

3. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death if such place may be determined.

4. The funeral director or person in charge of final disposition of the dead body shall file the certificate of death. The funeral director or person in charge of the final disposition of the dead body shall obtain or verify and enter into the electronic death registration system:

(1) The personal data from the next of kin or the best qualified person or source available;

(2) The medical certification from the person responsible for such certification if designated to do so under subsection 5 of this section; **[**~~and~~**]**

(3) Information indicating whether the decedent was pregnant at the time of death, or within a year prior to the death, if known, as determined by observation, autopsy, or review of the medical record. The electronic death registration system shall capture additional information regarding the pregnancy status of the decedent consistent with the data elements on the U.S. Standard Certificate of Death. This subdivision shall not be interpreted to require the performance of a pregnancy test on a decedent or to require a review of medical records in order to determine pregnancy; and

(4) Any other information or data that may be required to be placed on a death certificate or entered into the electronic death certificate system including, but not limited to, the name and license number of the embalmer.

5. The medical certification shall be completed, attested to its accuracy either by signature or an electronic process approved by the department, and returned to the funeral director or person in charge of final disposition within seventy-two hours after death by the physician, physician assistant, assistant physician, or advanced practice registered nurse in charge of the patient's care for the illness or condition which resulted in death. In the absence of the physician, physician assistant, assistant physician, or advanced practice registered nurse or with the physician's, physician assistant's, assistant physician's, or advanced practice registered nurse's approval the certificate may be completed and attested to its accuracy either by signature or an approved electronic process by the physician's associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death and death is due to natural causes. The person authorized to complete the medical certification may, in writing, designate any other person to enter the medical certification information into the electronic death registration system if the person

authorized to complete the medical certificate has physically or by electronic process signed a statement stating the cause of death. Any persons completing the medical certification or entering data into the electronic death registration system shall be immune from civil liability for such certification completion, data entry, or determination of the cause of death, absent gross negligence or willful misconduct. The state registrar may approve alternate methods of obtaining and processing the medical certification and filing the death certificate. The Social Security number of any individual who has died shall be placed in the records relating to the death and recorded on the death certificate.

6. When death occurs from natural causes more than thirty-six hours after the decedent was last treated by a physician, physician assistant, assistant physician, or advanced practice registered nurse, the case shall be referred to the county medical examiner or coroner or physician or local registrar for investigation to determine and certify the cause of death. If the death is determined to be of a natural cause, the medical examiner or coroner or local registrar shall refer the certificate of death to the attending physician, physician assistant, assistant physician, or advanced practice registered nurse for such certification. If the attending physician, physician assistant, assistant physician, or advanced practice registered nurse refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall attest to the accuracy of the certificate of death either by signature or an approved electronic process within thirty-six hours.

7. If the circumstances suggest that the death was caused by other than natural causes, the medical examiner or coroner shall determine the cause of death and shall, either by signature or an approved electronic process, complete and attest to the accuracy of the medical certification within seventy-two hours after taking charge of the case.

8. If the cause of death cannot be determined within seventy-two hours after death, the attending medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar shall give the funeral director, or person in charge of final disposition of the dead body, notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar.

9. When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a court of competent jurisdiction which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive", show on its face the date of registration, and identify the court and the date of decree.

10. (1) The department of health and senior services shall notify all physicians, physician assistants, assistant physicians, and advanced practice registered nurses licensed under

chapters 334 and 335 of the requirements regarding the use of the electronic vital records system provided for in this section.

(2) On or before August 30, 2015, the department of health and senior services, division of community and public health shall create a working group comprised of representation from the Missouri electronic vital records system users and recipients of death certificates used for professional purposes to evaluate the Missouri electronic vital records system, develop recommendations to improve the efficiency and usability of the system, and to report such findings and recommendations to the general assembly no later than January 1, 2016.

11. Notwithstanding any provision of law to the contrary, if a coroner or deputy coroner is not current with or is without the approved training under chapter 58, the department of health and senior services shall prohibit such coroner from attesting to the accuracy of a certificate of death. No person elected or appointed to the office of coroner can assume such elected office until the training required under section 58.030 has been completed and a certificate of completion has been issued. In the event a coroner cannot fulfill his or her duties or is no longer qualified to attest to the accuracy of a death certificate, the sheriff of the county shall appoint a medical professional to attest death certificates until such time as the coroner can resume his or her duties or another coroner is appointed or elected to the office."; and

Further amend said bill, Page 15, Section 196.990, Line 89, by inserting after said section and line the following:

"197.178. 1. Each hospital shall provide each patient, upon admission or as soon thereafter as reasonably practicable, written information regarding the following rights of the patient:

(1) The right to be informed of continuing health care requirements following discharge from the hospital;

(2) The right to be informed that, if the patient so authorizes, a friend or family member may be provided information about the patient's continuing health care requirements following discharge from the hospital;

(3) The right to participate actively in decisions regarding medical care. To the extent permitted by law, participation shall include the right to refuse treatment;

(4) The right to appropriate pain assessment and treatment;

(5) The right to be free of discrimination on the basis of any protected status as set forth in chapter 213; and

(6) The right to information on how to file a complaint with the following:

(a) The department of health and senior services;

(b) The Missouri commission on human rights; and

(c) The state board of registration for the healing arts.

2. A hospital may include the information required by this section with other notices to the patient regarding patient rights. If a hospital chooses to include this information along with existing notices to the patient regarding patient rights, any newly required information shall be provided when the hospital exhausts its existing inventory of written materials and prints new written materials."; and

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