

SECOND REGULAR SESSION

HOUSE BILL NO. 1950

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BOSLEY.

4878H.011

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal section 192.990, RSMo, and to enact in lieu thereof three new sections relating to maternal care.

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

Section A. Section 192.990, RSMo, is repealed and three new sections enacted in lieu thereof, to be known as sections 192.258, 192.990, and 192.1030, to read as follows:

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

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

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

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

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

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

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

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.

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

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

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

26 (1) Annually investigate, track, and review a minimum amount of twenty
27 percent of the jurisdiction's cases of term infants who were born following labor with
28 the outcome of intrapartum stillbirth, early neonatal death, or postneonatal death,
29 focusing on demographic groups that are disproportionately impacted by infant death.
30 A jurisdiction that has fewer than five infant deaths in a year shall investigate at least
31 one infant death;

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

39 (a) All data and records obtained, prepared, created, and maintained in
40 anticipation of a review meeting shall be confidential. Data and records prepared,
41 created, and maintained in anticipation of a review meeting shall not be subject to
42 public records requests, subpoena, or civil processes and shall not be admissible in
43 evidence in connection with any administrative, judicial, executive, legislative, or other
44 proceeding;

45 (b) All participants engaged in and associated with the review process shall sign
46 a confidentiality agreement that states such participants will not discuss or share
47 information about individual cases and the proceedings of the review meeting outside
48 the meeting. This shall not preclude the committee from publishing, or from otherwise
49 making available for public inspection, statistical compilations or reports that are based
50 on confidential information, provided that those compilations or reports shall not
51 contain personally identifying information or other information that could be used to
52 ultimately identify the individuals concerned and shall utilize standard public health
53 reporting practices for accurate dissemination of these data elements, especially with

54 regard to the reporting of small numbers so as not to inadvertently risk a breach of
55 confidentiality or other disclosure; and

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

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

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

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

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

84 6. (1) There is hereby created in the state treasury the "Fetal and Infant
85 Mortality Review Fund", which shall consist of moneys appropriated to it by the general
86 assembly and any gifts, contributions, grants, or bequests received from federal, private,
87 or other sources. The state treasurer shall be custodian of the fund. In accordance with
88 sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund
89 shall be a dedicated fund and, upon appropriation, moneys in this fund shall be used
90 solely as provided in this section.

91 **(2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys**
92 **remaining in the fund at the end of the biennium shall not revert to the credit of the**
93 **general revenue fund.**

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

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

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

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

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

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

14 3. The board shall be composed of no more than eighteen members, with a chair
15 elected from among its membership. The board shall meet at least twice per year and shall
16 approve the strategic priorities, funding allocations, work processes, and products of the
17 board. Members of the board shall be appointed by the director of the department. Members
18 shall serve four-year terms, except that the initial terms shall be staggered so that
19 approximately one-third serve three-, four-, and five-year terms.

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

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

27 (1) Conducting ongoing comprehensive, multidisciplinary reviews of all maternal
28 deaths;

29 (2) Identifying factors associated with maternal deaths;

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

- 32 (a) A description of the maternal deaths determined by matching each death record of
33 a maternal death to a birth certificate of an infant or fetal death record, as applicable, and an
34 indication of whether the delivery, miscarriage, or death occurred inside or outside of a
35 hospital;
- 36 (b) Data collected from medical examiner and coroner reports, as appropriate; and
- 37 (c) Using other appropriate methods or information to identify maternal deaths,
38 including deaths from pregnancy outcomes not identified under paragraph (a) of this
39 subdivision;
- 40 (4) Consulting with relevant experts, as needed;
- 41 (5) Analyzing cases to produce recommendations for reducing maternal mortality;
- 42 (6) **Analyzing common indicators of severe maternal morbidity to identify**
43 **prevention opportunities and reduce near-miss experiences;**
- 44 (7) Disseminating recommendations to policy makers, health care providers and
45 facilities, and the general public **on best practices to prevent maternal mortality and**
46 **morbidity including, but not limited to, addressing socioeconomic and environmental**
47 **impacts, including global warming, on pregnancy outcomes;**
- 48 ~~[(7)]~~ (8) Recommending and promoting preventative strategies and making
49 recommendations for systems changes, **including changes in data collection and**
50 **investigatory processes;**
- 51 ~~[(8)]~~ (9) Protecting the confidentiality of the hospitals and individuals involved in any
52 maternal deaths;
- 53 ~~[(9)]~~ (10) Examining racial and social disparities in maternal deaths **and making**
54 **recommendations on the prevention of racial and social disparities;**
- 55 ~~[(10)]~~ (11) **Tracking and examining disparities experienced by lesbian, bisexual,**
56 **transgender, intersex, and gender-nonconforming individuals and reporting findings, to**
57 **the extent practicable;**
- 58 (12) Subject to appropriation, providing for voluntary and confidential case reporting
59 of maternal deaths to the appropriate state health agency by family members of the deceased,
60 and other appropriate individuals, for purposes of review by the board;
- 61 ~~[(11)]~~ (13) Making publicly available the contact information of the board for use in
62 such reporting;
- 63 ~~[(12)]~~ (14) Conducting outreach to local professional organizations, community
64 organizations, and social services agencies regarding the availability of the review board; and
- 65 ~~[(13)]~~ (15) Ensuring that data collected under this section is made available, as
66 appropriate and practicable, for research purposes, in a manner that protects individually
67 identifiable or potentially identifiable information and that is consistent with state and federal
68 privacy laws.

69 **6. (1) The board's review of cases of maternal mortality and morbidity shall**
70 **include, to the degree practicable, for populations experiencing disparity, voluntary**
71 **interviews with the following individuals:**

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

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

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

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

82 ~~[7:]~~ **8. (1)** Before June 30, 2020, and annually thereafter, the board shall submit to the
83 Director of the Centers for Disease Control and Prevention, the director of the department, the
84 governor, and the general assembly a report on maternal mortality in the state based on data
85 collected through ongoing comprehensive, multidisciplinary reviews of all maternal deaths,
86 and any other projects or efforts funded by the board. The data shall be collected using best
87 practices to reliably determine and include all maternal deaths, regardless of the outcome of
88 the pregnancy and shall include data, findings, and recommendations of the committee, and,
89 as applicable, information on the implementation during such year of any recommendations
90 submitted by the board in a previous year.

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

94 ~~[8:]~~ **9.** The director of the department, or his or her designee, shall provide the board
95 with the copy of the death certificate and any linked birth or fetal death certificate for any
96 maternal death occurring within the state.

97 ~~[9:]~~ **10.** Upon request by the department, health care providers, health care facilities,
98 clinics, laboratories, medical examiners, coroners, law enforcement agencies, driver's license
99 bureaus, other state agencies, and facilities licensed by the department shall provide to the
100 department data related to maternal deaths from sources such as medical records, autopsy
101 reports, medical examiner's reports, coroner's reports, law enforcement reports, motor vehicle
102 records, social services records, and other sources as appropriate. Such data requests shall be
103 limited to maternal deaths which have occurred within the previous twenty-four months. No
104 entity shall be held liable for civil damages or be subject to any criminal or disciplinary action

105 when complying in good faith with a request from the department for information under the
106 provisions of this subsection.

107 ~~[40:]~~ 11. (1) The board shall protect the privacy and confidentiality of all patients,
108 decedents, providers, hospitals, or any other participants involved in any maternal deaths **or**
109 **any cases of severe maternal morbidity**. In no case shall any individually identifiable
110 health information be provided to the public or submitted to an information clearinghouse.

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

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

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

117 (3) Information, records, reports, statements, notes, memoranda, or other data
118 collected under this section shall not be admissible as evidence in any action of any kind in
119 any court or before any other tribunal, board, agency, or person. Such information, records,
120 reports, notes, memoranda, data obtained by the department or any other person, statements,
121 notes, memoranda, or other data shall not be exhibited nor their contents disclosed in any
122 way, in whole or in part, by any officer or representative of the department or any other
123 person. No person participating in such review shall disclose, in any manner, the information
124 so obtained except in strict conformity with such review project. Such information shall not
125 be subject to disclosure under chapter 610.

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

129 (5) All proceedings and activities of the board, opinions of members of such board
130 formed as a result of such proceedings and activities, and records obtained, created, or
131 maintained under this section, including records of interviews, written reports, statements,
132 notes, memoranda, or other data obtained by the department or any other person, agency, or
133 organization acting jointly or under contract with the department in connection with the
134 requirements of this section, shall be confidential and shall not be subject to subpoena,
135 discovery, or introduction into evidence in any civil or criminal proceeding; provided,
136 however, that nothing in this section shall be construed to limit or restrict the right to discover
137 or use in any civil or criminal proceeding anything that is available from another source and
138 entirely independent of the board's proceedings.

139 (6) Members of the board shall not be questioned in any civil or criminal proceeding
140 regarding the information presented in or opinions formed as a result of a meeting or
141 communication of the board; provided, however, that nothing in this section shall be

142 construed to prevent a member of the board from testifying to information obtained
143 independently of the board or which is public information.

144 ~~[H.]~~ **12.** The department may use grant program funds to support the efforts of the
145 board and may apply for additional federal government and private foundation grants as
146 needed. The department may also accept private, foundation, city, county, or federal moneys
147 to implement the provisions of this section.

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

2 (1) "Certified nurse midwife", the same meaning given to the term in section
3 **335.016;**

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

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

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

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

13 **2.** Subject to appropriation, the department shall establish a program to
14 contract with programs that train certified nurse midwives and programs that train
15 professional midwives in accordance with the global standards for midwifery education
16 and the international definition of the term "midwife" as established by the
17 International Confederation of Midwives in order to increase the number of students
18 receiving quality education and training as a certified nurse midwife or as a professional
19 midwife.

20 **3.** The department shall contract only with programs that train certified nurse
21 midwives and programs that train professional midwives that, at minimum, include, or
22 that intend to create, a component of training designed for medically underserved
23 multicultural communities, lower socioeconomic neighborhoods, or rural communities,
24 and that are organized to prepare program graduates for service in those
25 neighborhoods and communities, or that seek to recruit and retain racially and
26 ethnically diverse students, underrepresented groups, or people from underserved or
27 historically marginalized communities.

28 **4. (1)** The department may adopt standards and regulations necessary to carry
29 out the provisions of this section. In adopting eligibility standards for programs that
30 train certified nurse midwives and programs that train professional midwives in
31 accordance with the standards set forth in subsections 2 and 3 of this section, the

32 department may accept those educational standards and competencies established by
33 the state board of nursing or by the provisions of section 376.1753. The department
34 shall take care not to implement education or competency standards beyond what is
35 required by the state board of nursing or the provisions of section 376.1753 that could
36 inadvertently create an unnecessary barrier for training programs to obtain funding for
37 the training of midwives in this state.

38 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is
39 created under the authority delegated in this section shall become effective only if it
40 complies with and is subject to all of the provisions of chapter 536 and, if applicable,
41 section 536.028. This section and chapter 536 are nonseverable and if any of the powers
42 vested with the general assembly pursuant to chapter 536 to review, to delay the
43 effective date, or to disapprove and annul a rule are subsequently held unconstitutional,
44 then the grant of rulemaking authority and any rule proposed or adopted after August
45 28, 2026, shall be invalid and void.

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

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

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

59 8. Funds appropriated to the department for purposes of this section and
60 awarded by the department to eligible programs that train certified nurse midwives or
61 programs that train professional midwives may be used by the training program to
62 develop new initiatives, projects, or curricula, or to expand existing initiatives, projects,
63 or curricula. Awarded funds may also be used for general support and sustainability of
64 the overall training program, or to sustain specific components of the training program
65 including, but not limited to, tuition assistance for students, support for preceptor
66 recruitment, or support to sustain preceptor training sites for students.

67 9. (1) There is hereby created in the state treasury the "Midwifery Education
68 Fund", which shall consist of moneys appropriated to it by the general assembly and

69 any gifts, contributions, grants, or bequests received from federal, private, or other
70 sources. The state treasurer shall be custodian of the fund. In accordance with sections
71 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a
72 dedicated fund and, upon appropriation, moneys in this fund shall be used solely as
73 provided in this section.

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

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

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