

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 664
100TH GENERAL ASSEMBLY

0081H.07C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To amend chapter 192, RSMo, by adding thereto one new section relating to pregnancy-associated mortality.

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 department of health and senior services the "Pregnancy-Associated Mortality Review Board" to improve data collection and reporting with respect to maternal mortality policy recommendations and to develop initiatives that 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 shall be composed of at least eighteen members, 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. Vacancies on the board may be filled by the director of the department for the time remaining in the unexpired term.

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.

19 **4. The board shall have a multidisciplinary and diverse membership that represents**
20 **a variety of clinical specialties, including, but not limited to, state or local public health**
21 **officials, epidemiologists, statisticians, community organizations, geographic regions, and**
22 **other individuals or organizations that are most affected by pregnancy-related deaths or**
23 **pregnancy-associated deaths and lack of access to maternal health care services.**

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

25 **(1) Conducting ongoing comprehensive, multidisciplinary reviews of all**
26 **pregnancy-related deaths and pregnancy-associated deaths;**

27 **(2) Identifying factors associated with pregnancy-related deaths and**
28 **pregnancy-associated deaths;**

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

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

33 **(b) To the extent practicable, identifying an underlying or contributing cause of**
34 **each death;**

35 **(c) Data collected from medical examiner and coroner reports, as appropriate; and**

36 **(d) Using other appropriate methods or information to identify maternal deaths,**
37 **including deaths from pregnancy outcomes not identified under paragraph (a) of this**
38 **subdivision;**

39 **(4) Consulting with relevant experts, as needed;**

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

41 **(6) Disseminating recommendations to policy makers, health care providers and**
42 **facilities, and the general public;**

43 **(7) Establishing preventative strategies and making recommendations for systems**
44 **changes;**

45 **(8) Protecting the confidentiality of the hospitals and individuals involved in any**
46 **pregnancy-related and pregnancy-associated deaths;**

47 **(9) Examining racial and social disparities in pregnancy-related and**
48 **pregnancy-associated deaths;**

49 **(10) Providing for voluntary and confidential case reporting of pregnancy-**
50 **associated deaths and pregnancy-related deaths to the appropriate state health agency by**
51 **family members of the deceased, and other appropriate individuals, for purposes of review**
52 **by the applicable maternal mortality review board;**

53 **(11) Making publicly available the contact information of the board for use in such**
54 **reporting;**

55 **(12) Conducting outreach to local professional organizations, community**
56 **organizations, and social services agencies regarding the availability of the review board;**
57 **and**

58 **(13) Ensuring that data collected under this section is made available, as**
59 **appropriate and practicable, for research purposes, in a manner that protects individually**
60 **identifiable or potentially identifiable information and that is consistent with state and**
61 **federal privacy laws.**

62 **6. (1) Before June 30, 2020, and annually thereafter, the board shall submit to the**
63 **Director of the Centers for Disease Control and Prevention, the director of the department,**
64 **the governor, and the general assembly a report on maternal mortality in the state based**
65 **on data collected through ongoing comprehensive, multidisciplinary reviews of all maternal**
66 **deaths, and any other projects or efforts funded by the board under the provisions of**
67 **subsection 7 of this section. The data shall be collected using best practices to reliably**
68 **determine and include all maternal deaths, regardless of the outcome of the pregnancy and**
69 **shall include data, findings, and recommendations of the committee, and as applicable,**
70 **information on the implementation during such year of any recommendations submitted**
71 **by the board in a previous year.**

72 **(2) The report may also provide:**

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

77 **(b) Identification of the determinants of disparities in maternal care, health risks,**
78 **and health outcomes, including an examination of the higher rates of maternal mortality**
79 **among African American women and other groups of women with disproportionately high**
80 **rates of maternal mortality. These disparities may include:**

81 **a. Race; income; access to health care, mental health care, substance abuse**
82 **treatment, and family planning services; regional disparities; access to child care; and**
83 **other personal or community factors; and**

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

86 **(c) An analysis of preventable deaths attributable to failure to implement the**
87 **board's recommendations;**

88 **(d) An examination of the relationship between interpersonal violence and maternal**
89 **complications and mortality;**

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

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

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

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

100 7. The board may also conduct or fund the department or other entities to conduct
101 prevention activities and research that address:

102 (1) Public education campaigns on healthy pregnancies;

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

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

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

108 (5) Encouraging prepregnancy counseling, especially for at-risk populations such
109 as women with diabetes and women with substance use disorders;

110 (6) The identification of critical components of prenatal, delivery, and postpartum
111 care;

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

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

115 (9) Preventing preterm delivery;

116 (10) Preventing urinary tract infections;

117 (11) Preventing unnecessary caesarean sections;

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

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

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

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

124 8. To accomplish the duties of the board, the department shall have authority to do
125 the following:

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

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

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

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

140 **9. The director of the department, or his or her designee, shall provide the board**
141 **with the copy of the death certificate and any linked birth or fetal death certificate for any**
142 **maternal death occurring within the state.**

143 **10. Upon request by the department, health care providers, health care facilities,**
144 **clinics, laboratories, medical examiners, coroners, law enforcement agencies, driver's**
145 **license bureaus, other state agencies, and facilities licensed by the department shall provide**
146 **to the department all medical records, autopsy reports, medical examiner's reports,**
147 **coroner's reports, law enforcement reports, motor vehicle records, social services records,**
148 **and other data requested for specific maternal deaths. No entity shall be held liable for**
149 **civil damages or be subject to any criminal or disciplinary action when complying in good**
150 **faith with a request from the department for information under the provisions of this**
151 **subsection.**

152 **11. (1) The board shall conduct its duties in accordance with chapter 610, including**
153 **protecting the privacy and confidentiality of all patients, decedents, providers, hospitals,**
154 **or any other participants involved in any maternal deaths. In no case shall any**
155 **individually identifiable health information be provided to the public or submitted to an**
156 **information clearinghouse.**

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

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

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

163 **(3) Information, records, reports, statements, notes, memoranda, or other data**
164 **collected under this section shall not be admissible as evidence in any action of any kind**
165 **in any court or before any other tribunal, board, agency, or person. Such information,**
166 **records, reports, statements, notes, memoranda, or other data shall not be exhibited nor**
167 **their contents disclosed in any way, in whole or in part, by any officer or representative of**
168 **the department or any other person, except as may be necessary for the purpose of**
169 **furthering the review of the board of the case to which they relate. No person participating**
170 **in such review shall disclose, in any manner, the information so obtained except in strict**
171 **conformity with such review project.**

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

176 **(5) All proceedings and activities of the board, opinions of members of such board**
177 **formed as a result of such proceedings and activities, and records obtained, created, or**
178 **maintained under this section, including records of interviews, written reports, and**
179 **statements procured by the department or any other person, agency, or organization acting**
180 **jointly or under contract with the department in connection with the requirements of this**
181 **section, shall be confidential and shall not be subject to subpoena, discovery, or**
182 **introduction into evidence in any civil or criminal proceeding; provided, however, that**
183 **nothing in this section shall be construed to limit or restrict the right to discover or use in**
184 **any civil or criminal proceeding anything that is available from another source and entirely**
185 **independent of the board's proceedings.**

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

191 **12. The department may use grant program funds to support the efforts of the**
192 **board and may apply for additional federal government and private foundation grants as**
193 **needed. The department may also accept private, foundation, city, county, or federal**
194 **moneys to implement the provisions of this section.**

195 **13. The department may promulgate rules and regulations as necessary to**
196 **implement the preventative strategies, evidence-based system changes, and policy**

197 **recommendations of this section. Any rule or portion of a rule, as that term is defined in**
198 **section 536.010 that is created under the authority delegated in this section shall become**
199 **effective only if it complies with and is subject to all of the provisions of chapter 536, and,**
200 **if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of**
201 **the powers vested with the general assembly pursuant to chapter 536, to review, to delay**
202 **the effective date, or to disapprove and annul a rule are subsequently held**
203 **unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted**
204 **after August 28, 2019, shall be invalid and void.**

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