

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1381 Maternal Health Outcomes

SPONSOR(S): Brown

TIED BILLS: **IDEN./SIM. BILLS:** SB 1540

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Professions & Public Health Subcommittee		Rahming	McElroy
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

The Department of Health Office of Minority Health and Health Equity administers multiple health promotion programs including the “Closing the Gap” (CTG) grant program. The grant program was created by the Legislature in 2000 to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.

Grants are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee’s achievement of quality standards, objectives, and outcomes. Projects funded through the CTG grant program must address racial and ethnic disparities associated with one or more of the following priority areas:

- Increasing adult and child immunization rates in certain racial and ethnic populations.
- Improving neighborhood social determinates of health, such as transportation, safety, and food access.
- Decreasing racial and ethnic disparities in maternal and infant mortality rates, oral health care, or morbidity and mortality rates related to cancer, HIV/AIDS, cardiovascular disease, diabetes, Alzheimer’s disease and related dementia, sickle cell disease, and Lupus.

HB 1381 allows the CTG grant program to fund projects directed at decreasing racial and ethnic disparities in severe maternal morbidity and other maternal outcomes. The bill also adds maternal health programs to existing community-based programs the DOH is required to coordinate with to avoid duplicative efforts and promote consistency.

The bill creates telehealth minority maternity care pilot programs in Duval and Orange Counties, Florida, to expand the capacity for positive maternal health outcomes in racial and ethnic minority populations. The bill expands the definition of telehealth to include audio-only telephone calls, e-mail messages, and facsimiles transmission for the purpose of the pilot programs. The pilot programs are required to use telehealth to provide specified services and education to eligible pregnant women up to the last day of their postpartum period and provide specified training to participating health care practitioners and other perinatal professionals.

The bill requires that legislative appropriated funds for the CTG grant program be used to fund the pilot programs. The bill also requires that the DOH’s Division of Community Health Promotion and Office of Minority Health and Health Equity work together to apply for available federal funds to assist in the implementation of the bill.

The bill grants rulemaking authority to the DOH to implement the bill’s provisions.

The bill has an indeterminate, negative, significant impact on the DOH.

The bill has no fiscal impact on local governments.

The bill has an effective date of July 1, 2021.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h1381.PPH

DATE: 3/22/2021

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Closing the Gap Program

The Department of Health (DOH) Office of Minority Health and Health Equity (Office) is the coordinating office for consultative services in the areas of cultural and linguistic competency, partnership building, and program development and implementation to address the health needs of Florida's minority and underrepresented populations statewide. The Office administers multiple health promotion programs including the "Closing the Gap" (CTG) grant program.¹ In 2000, the Legislature created the CTG grant program to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.²

Currently, the DOH is required to coordinate with existing community-based programs to avoid duplicative efforts and promote consistency, such as:³

- Chronic disease intervention programs;
- Cancer prevention and control programs;
- Diabetes control programs;
- The Healthy Start program;
- The Florida Kidcare Program;
- The HIV/AIDS program;
- Immunization programs; and
- Other related programs at the state and local levels.

Grant Proposals

Grants are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes.⁴ Proposals for grants must identify:⁵

- The purpose and objectives of the proposed project, including the particular racial or ethnic disparity the project will address from one or more of the following priority areas:
 - Increasing adult and child immunization rates in certain racial and ethnic populations;
 - Improving neighborhood social determinates of health, such as transportation, safety, and food access, as outlined by the Centers for Disease Control and Prevention (CDC), or
 - Decreasing racial and ethnic disparities in:
 - Maternal and infant mortality rates;
 - Morbidity and mortality rates relating to cancer;
 - Morbidity and mortality rates relating to HIV/AIDS;
 - Morbidity and mortality rates relating to cardiovascular disease;
 - Morbidity and mortality rates relating to diabetes;
 - Morbidity and mortality rates relating to sickle cell disease;
 - Morbidity and mortality rates relating to Lupus; or
 - Oral health care.
- The target population and its relevance;

¹ Florida Department of Health, *Minority Health*, <http://www.floridahealth.gov/%5C/programs-and-services/minority-health/index.html> (last visited Mar. 15, 2021).

² Ss. 381.7353–381.7356, F.S.

³ S. 381.7353, F.S.

⁴ S. 381.7356(4), F.S.

⁵ S. 381.7355, F.S.

- Methods for obtaining baseline health status data and assessment of community health needs;
- Mechanisms for mobilizing community resources and gaining local commitment;
- Development and implementation of health promotion and disease prevention interventions;
- Mechanisms and strategies for evaluating the project's objectives, procedures, and outcomes;
- A proposed work plan, including a timeline for implementing the project; and
- The likelihood that project activities will occur and continue in the absence of funding.⁶

Grant Funding

The amount of award per applicant may vary, as awards are based on the merit of the grant application and there are no minimum or maximum amounts for grant awards.⁷ Projects receiving grants are required to provide local matching funds of one dollar for every three dollars awarded.⁸ In counties with populations greater than 50,000, up to 50 percent of the local matching funds may be in-kind in the form of free services or human resources.⁹ In counties with populations of 50,000 or less, local matching funds may be provided entirely through in-kind contributions.¹⁰

Social Determinants of Health

Healthy People 2020 is an initiative of the U.S. Department of Health and Human Services that provides 10-year national objectives for improving the health of Americans.¹¹ This initiative highlights the importance of social determinants of health as one of its overarching goals.¹² Social determinants of health (SDOH) refer to the conditions in the places where people live, learn, and play that have an effect on health risks outcomes.¹³ Examples of social determinants include access to health care services, public safety, social norms and attitudes, access to educational, economic, and job opportunities, residential segregation, and quality of education and job training.¹⁴ Healthy People 2020's five key areas of SDOH are:¹⁵

- Economic stability;
- Education;
- Social and community context;
- Health and health care; and
- Neighborhood and built environment.

The CDC has also developed a web-based toolkit to help practitioners recognize the root causes that can affect the health of a population.¹⁶

Maternal Health Outcomes

The well-being of women, children, and families determines the health of future generations. Life events influence maternal and child health risks and outcomes. Racial and ethnic differences in maternal

⁶ *Id.*

⁷ S. 381.7356(4), F.S. See also, Florida Department of Health, *Application Guidelines FY 2021-2023*, available at <http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/RFA20-005.pdf> (last visited Mar. 15, 2021).

⁸ S. 381.7356(2), F.S.

⁹ S. 381.7356(2)(a), F.S.

¹⁰ S. 381.7356(2)(b), F.S.

¹¹ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *About Healthy People*, <http://www.healthypeople.gov/2020/About-Healthy-People> (last visited Mar. 15, 2021).

¹² U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *Social Determinants of Health*, <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> (last visited on Mar. 15, 2021).

¹³ Centers for Disease Control and Prevention (CDC), *Social Determinants of Health: Know What Affects Health* (rev. Mar. 9, 2021), <http://www.cdc.gov/socialdeterminants/index.htm> (last visited Mar. 15, 2019).

¹⁴ *Supra* note 12.

¹⁵ *Id.*

¹⁶ CDC, *Tools for Putting Social Determinants of Health into Action*, (rev. Mar. 9, 2021), <http://www.cdc.gov/socialdeterminants/tools/index.htm> (last visited Mar. 15, 2019).

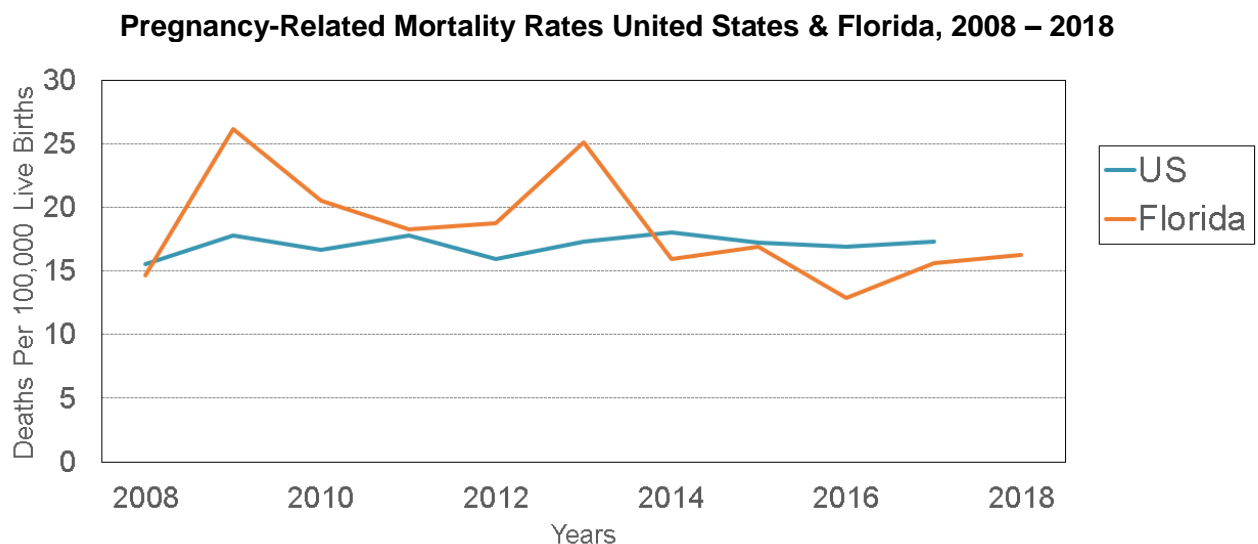
health outcomes, such as maternal and infant mortality and severe maternal morbidity, can predict future public health challenges for families, communities and the health care system.

Maternal Mortality

Maternal mortality refers to deaths occurring during pregnancy or within 42 days of the end of pregnancy, regardless of the duration of the pregnancy, from any cause related to or aggravated by the pregnancy, but not from accidental or incidental causes.¹⁷ Late maternal deaths (occurring between 43 days and 1 year of death) are not included as part of the World Health Organization's (WHO) definition of maternal mortality.¹⁸ Approximately 700 women die each year in the United States (U.S.) as a result of pregnancy or delivery complications.¹⁹ The national maternal mortality rate is 17.4 deaths per 100,000 live births.²⁰ Racial and ethnic gaps exist between non-Hispanic black, non-Hispanic white, and Hispanic women. The maternal mortality rate of these groups is 37.3, 14.9, and 11.8 deaths per 100,000 live births, respectively.²¹

Maternal Mortality in Florida

Overall, Florida's maternal mortality rate has been decreasing and consistently below the national rate within recent years. As of 2018, the maternal mortality rate in Florida is 16.3 deaths per 100,000 live births, a decrease from a high of 26.2 per 100,000 live births in 2009:²²



Severe Maternal Morbidity

A significant number of women in the U.S. experience severe maternal morbidity, or severe complications from labor and delivery that start after they leave the hospital.²³ Severe maternal

¹⁷ U.S. Department of Health and Human Services, *The Surgeon General's Call to Action to Improve Maternal Health*, (Dec. 2020), <https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf> (last visited Mar. 16, 2021).

¹⁸ *Id.*

¹⁹ CDC, *Maternal Mortality*, <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html> (last visited Mar. 16, 2021).

²⁰ CDC, National Center for Health Statistics, *Maternal Mortality*, <https://www.cdc.gov/nchs/maternal-mortality/index.htm> (last visited Mar. 16, 2021).

²¹ *Id.*

²² Presentation by Dr. William M. Sappenfield, MD, MPH, CPH, Professor and Director, Florida Perinatal Quality Collaborative, Feb. 3, 2021 meeting of the House Health and Human Services Committee (on file with Finance and Facilities Subcommittee staff).

²³ CDC, *Severe Maternal Morbidity after Delivery Discharge among U.S. Women, 2010-2014*, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/smm-after-delivery-discharge-among-us-women/index.htm> (last visited Mar. 16, 2021).

morbidity (SMM), which includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health, affected more than 50,000 women in the U.S. in 2014 and has been steadily increasing in recent years.²⁴

Although it is unclear why SMM rates are increasing, changes in the overall health of the population of women giving birth, including increases in maternal age, pre-pregnancy obesity, preexisting chronic medical conditions, and cesarean delivery, have been documented as possible contributors to increases in complications.²⁵ The consequences of the increasing SMM prevalence, in addition to the health effects for the woman, are wide-ranging and include increased medical costs and longer hospitalization stays.²⁶

The most common SMM indicators after delivery discharge are:²⁷

- Blood transfusion
- Pulmonary edema/ acute heart failure
- Sepsis
- Adult respiratory distress syndrome
- Air and thrombotic embolism
- Eclampsia
- Puerperal cerebrovascular disorders
- Acute Renal Failure

The overall SMM rate increased almost 200% over the years, from 49.5 in 1993 to 144.0 in 2014. This increase has been mostly driven by blood transfusions, which increased from 24.5 in 1993 to 122.3 in 2014. After excluding blood transfusions, the SMM rate increased by about 20% over time, from 28.6 in 1993 to 35.0 in 2014.

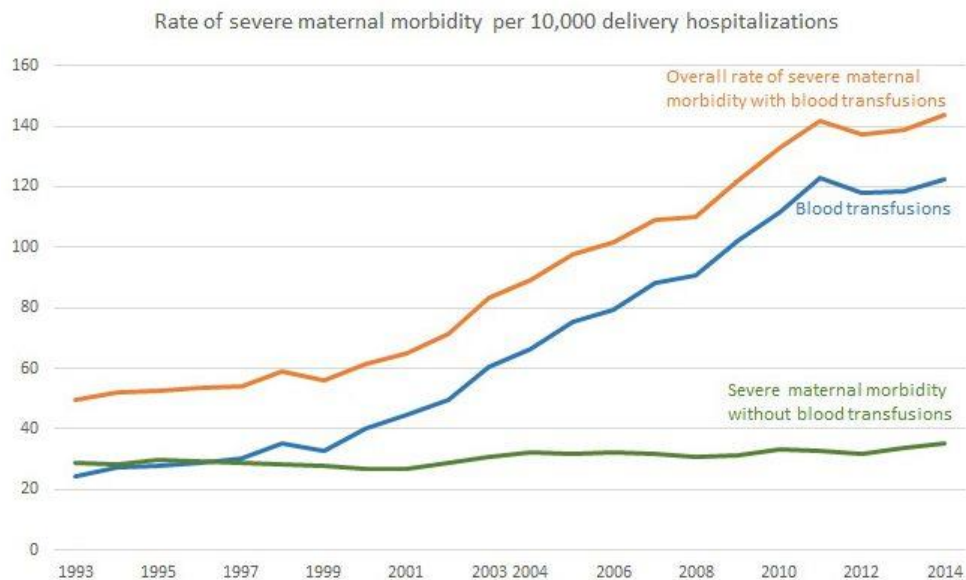
The following figure shows the trend over time for SMM rates in the U.S. per 10,000 delivery hospitalizations from 1993–2014:

²⁴ CDC, *Severe Maternal Morbidity in the United States*, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html> (last visited Mar. 16, 2021). 2014 is the most recent year for which data are available on a national level.

²⁵ *Id.*

²⁶ *Id.*

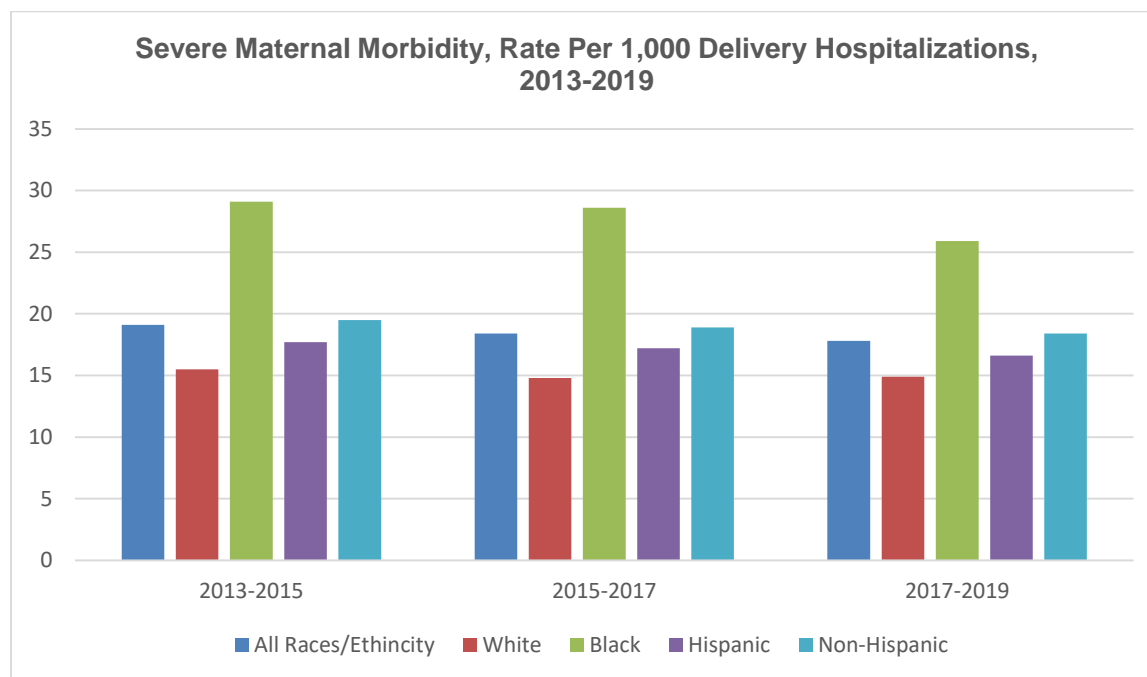
²⁷ CDC, *supra* note 23.



Impact in Racial and Ethnic Minority Populations

Nationwide, racial disparities in SMM after delivery discharge persist. Among deliveries insured by Medicaid, the odds of SMM among Black women are about 1.7 times more likely than White women.²⁸

In Florida, complications during pregnancy or delivery reveal similar racial and ethnic disparities in SMM:²⁹



In 2013-2015, Black women in Florida were 1.9 times more likely than White women to have SMM, with their SMM rate being 29.1 per 1,000 delivery hospitalizations, compared to 15.5 for White women. Though the overall SMM rate decreased by 2019, Black women were still 1.7 times more likely than

²⁸ CDC, Reproductive Health, Severe Maternal Morbidity after Delivery Discharge among U.S. Women, 2010-2014, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/smm-after-delivery-discharge-among-us-women/index.htm> (last visited Mar. 16, 2021).

²⁹ Data compiled by Florida House of Representatives, Health & Human Services Committee staff, using information from the Florida Department of Health, *Severe Maternal Morbidity*, available at <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0867> (last visited Mar. 16, 2021).

White women to have SMM, with their SMM rate being 25.9 per 1,000 delivery hospitalizations, compared to 14.9 for White women.

Unlike decreasing racial and ethnic disparities in maternal and infant mortality rates, decreasing such disparities for severe maternal morbidity is currently not one of the CTG grant program's priority areas.

Telehealth

As of July 1, 2019, Florida licensed health care professionals, as well as those licensed under a multistate health care licensure compact of which Florida is a member, are authorized to use telehealth to deliver health care services within their respective scopes of practice.³⁰ Currently, telehealth does not include audio-only telephone calls, e-mail messages, or facsimile transmission.

Effect of Proposed Changes

HB 1381 adds decreasing racial and ethnic disparities in severe morbidity rates and other maternal health outcomes as a "Closing the Gap" grant program priority area, allowing the CTG grant program to fund projects directed at decreasing these disparities.

The bill adds maternal health programs to existing community-based programs the DOH is required to coordinate with to avoid duplicative efforts and promote consistency.

The bill also creates telehealth minority maternity care pilot programs in Duval and Orange Counties, Florida, to expand the capacity for positive maternal health outcomes in racial and ethnic minority populations. The bill requires the DOH, by July 1, 2022, to direct and assist these two county health departments to implement the programs.

The pilot programs are required to use telehealth, which the bill expands to include audio-only telephone calls, e-mail messages, and facsimiles transmission, to provide the following services and education to eligible pregnant women up to the last day of their postpartum period, as applicable:

- Services and education addressing health social determinants;
- Evidence-based health literacy and pregnancy, childbirth, and parenting education for women in the prenatal and postpartum periods;
- For women during their pregnancies through the postpartum periods, connection to support from doulas and other perinatal health workers; and
- Medical devices to conduct key components of maternal wellness checks.

The bill requires the pilot programs to provide specified training to participating health care practitioners and other perinatal professionals.

The bill grants discretionary rulemaking authority to the DOH to implement the bill's provisions.

The bill establishes an effective date of July 1, 2021.

B. SECTION DIRECTORY:

Section 1: Amends s. 381.7353, F.S., relating to reducing racial and ethnic health disparities: Closing the Gap grant program; administration; department duties.

Section 2: Amends s. 381.7355, F.S., relating to project requirements; review criteria.

Section 3: Creates s. 383.2163, F.S., relating to telehealth minority care pilot programs.

Section 4: Provides an effective date of July 1, 2021.

³⁰ S. 456.47, F.S.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None. SMM and other maternal health outcomes proposals will compete with other proposals for existing grant funds.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The bill requires that legislative appropriated funds for the Closing the Gap grant program be used to fund the pilot programs. The 2020-2021 GAA provided \$4,850,354 in recurring GR for Minority Health Initiatives, which includes the CTG grant program. (Specific Appropriation 429).

The bill requires that the DOH's Division of Community Health Promotion and its Office of Minority Health and Health Equity work together to apply for available federal funds to assist in the implementation of the bill.

Adding severe maternal morbidity and other maternal health outcomes as a priority area may reduce awards for other areas.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides sufficient rulemaking authority to the DOH to implement the bill's provisions.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES