

1 A bill to be entitled
2 An act relating to the Maternal Mortality Prevention
3 Task Force; establishing the Maternal Mortality
4 Prevention Task Force to advise the Department of
5 Health and make recommendations; providing for duties
6 and membership of the task force; requiring the task
7 force to submit a report of its findings and
8 recommendations to the Governor and the Legislature by
9 a specified date; providing for expiration of the task
10 force; providing an effective date.

11
12 WHEREAS, in the United States, maternal mortality rates are
13 among the highest in the developed world, increasing by 26.6
14 percent between 2000 and 2014, and

15 WHEREAS, data from the Centers for Disease Control and
16 Prevention show that more than 700 women die each year in the
17 United States from complications related to pregnancy or
18 childbirth, and

19 WHEREAS, the maternal mortality rate for African-American
20 women is nearly four times higher than that for Caucasian women,
21 and

22 WHEREAS, in 2015, the mortality rate in the United States
23 was 14 maternal deaths per 100,000 live births, with causes
24 ranging from a rise in pregnancy-related medical conditions and
25 the age of women giving birth to a lack of standardized hospital

26 | protocols, and

27 | WHEREAS, postpartum hemorrhaging, cardiomyopathy, and
 28 | hypertensive disorders are the leading causes of maternal
 29 | mortality in the United States, and

30 | WHEREAS, in 1996, the Florida Department of Health
 31 | initiated the Florida Pregnancy-Associated Mortality Review
 32 | (PAMR) program to improve surveillance and analysis of
 33 | pregnancy-related deaths and facilitate improvements in the
 34 | overall system of care in the state, an essential piece of the
 35 | solution to preventing maternal deaths, and

36 | WHEREAS, the Florida PAMR program found that the primary
 37 | contributing factors to maternal deaths in the state are a lack
 38 | of standardization in health care policies and procedures
 39 | relating to treatment, diagnosis, knowledge or skills
 40 | assessment, care coordination, referrals, transfers, and
 41 | followup, all of which can lead to delays in treatment or
 42 | diagnosis, and

43 | WHEREAS, the state must diligently examine and reevaluate
 44 | current practices and policies and identify and immediately
 45 | remedy deficiencies in such practices and policies to protect
 46 | the health of all women during pregnancy, childbirth, and in the
 47 | postpartum period, and to eliminate preventable maternal deaths
 48 | in the state, NOW, THEREFORE,

49 |
 50 | Be It Enacted by the Legislature of the State of Florida:

51
52 Section 1. (1) A task force is established adjunct to the
53 Department of Health to advise the department and, except as
54 otherwise provided in this section, shall operate consistent
55 with s. 20.052, Florida Statutes. The task force shall be known
56 as the "Maternal Mortality Prevention Task Force." The
57 Department of Health shall provide administrative and staff
58 support services relating to the functions of the task force.

59 (2) The purposes of the task force are to evaluate methods
60 to improve the effectiveness of current practices, procedures,
61 programs, and initiatives in reducing the rate of preventable
62 maternal deaths; identify any deficiencies; and recommend
63 changes to existing laws, rules, and policies needed to
64 implement the task force's recommendations. At a minimum, the
65 task force shall evaluate and consider the following to assist
66 in developing its recommendations:

67 (a) Specific circumstances surrounding pregnancy-related
68 deaths and other relevant data and information reported in the
69 state.

70 (b) Continuing education and training requirements for
71 health care providers relating to maternal care and the
72 identification of at-risk patients before and during pregnancy
73 and after child birth.

74 (c) Education of a patient and the patient's family
75 members before and during pregnancy and after childbirth

76 relating to the importance of stabilizing chronic medical health
77 issues, family planning, substance abuse, and mental health.

78 (d) Health care provider reporting requirements for
79 adverse medical incidents.

80 (e) The protocols, tools, medications, techniques, and
81 guidelines used in facilities by health care providers to
82 identify, prevent, and manage obstetric emergencies, including,
83 but not limited to, postpartum hemorrhaging.

84 (f) The factors leading to racial and ethnic disparities
85 in maternal health outcomes, and the potential community-based
86 solutions to address such disparities.

87 (3) The task force shall consist, at a minimum, of the
88 following members:

89 (a) The State Surgeon General or his or her designee, who
90 shall serve as the chair of the task force.

91 (b) The Secretary of Health Care Administration or his or
92 her designee.

93 (c) Two members of the Senate appointed by the President
94 of the Senate.

95 (d) Two members of the House of Representatives appointed
96 by the Speaker of the House of Representatives.

97 (e) A physician appointed by the Board of Medicine who
98 actively practices obstetrics, gynecology, or family medicine.

99 (f) A physician appointed by the Board of Osteopathic
100 Medicine who actively practices obstetrics, gynecology, or

101 family medicine.

102 (g) An advanced practice registered nurse appointed by the
103 Board of Nursing who actively practices as a certified nurse
104 midwife.

105 (h) A registered nurse appointed by the Board of Nursing
106 who has experience in labor and delivery.

107 (i) A licensed midwife appointed by the Council of
108 Licensed Midwifery.

109 (j) A mental health professional jointly appointed by the
110 Board of Psychology and the Board of Clinical Social Work,
111 Marriage and Family Therapy, and Mental Health Counseling.

112 (k) Two representatives of hospitals or facilities
113 licensed under chapter 395, each of whom regularly provides
114 pregnancy-related services, appointed by the Secretary of Health
115 Care Administration.

116 (l) A representative of the Florida Pregnancy-Associated
117 Mortality Review (PAMR) program appointed by the State Surgeon
118 General.

119 (m) Two representatives from stakeholder groups
120 participating in the Florida Perinatal Quality Collaborative at
121 the University of South Florida College of Public Health.

122 (4) By December 1, 2020, the task force shall submit a
123 report of its findings and recommendations to the Governor, the
124 President of the Senate, and the Speaker of the House of
125 Representatives.

HB 519

2019

126 | (5) This section expires June 30, 2021.

127 | Section 2. This act shall take effect upon becoming a law.