

FIRST REGULAR SESSION

SENATE BILL NO. 480

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHUPP.

Read 1st time February 28, 2019, and ordered printed.

ADRIANE D. CROUSE, Secretary.

1682S.03I

AN ACT

To amend chapter 192, RSMo, by adding thereto one new section relating to the 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

22 appointed. Vacancies on the board may be filled by the director of the
23 department for the time remaining in the unexpired term.

24 4. The board shall include multidisciplinary and diverse
25 membership that represents a variety of clinical specialties, state and
26 local public health officials, epidemiologists, statisticians, community
27 organizations, geographic regions, and individuals or organizations
28 that represent the populations most affected by maternal deaths and
29 lack of access to maternal health care services. Members shall serve
30 without compensation but may be reimbursed for actual and necessary
31 expenses incurred in the performance of their duties. Board
32 membership may change based on the current priorities and objectives
33 of the board, but shall include, to the extent practicable:

34 (1) Licensed obstetricians, neonatologists, or other licensed
35 physicians with experience caring for women during and after
36 pregnancy, at least one of whom is a maternal fetal medicine specialist;

37 (2) Licensed obstetrics nurses, advanced practice registered
38 nurses, or women's health clinical nurses;

39 (3) A licensed physician specializing in psychiatry;

40 (4) A certified midwife;

41 (5) Licensed medical examiners, forensic pathologists, or
42 coroners;

43 (6) A person representing public safety;

44 (7) Other professionals, including academic professionals, with
45 knowledge of maternal, women's, and children's health;

46 (8) A patient and community representative; and

47 (9) A person representing public health.

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

49 (1) Conducting ongoing comprehensive, multidisciplinary
50 reviews of all pregnancy-related deaths and pregnancy-associated
51 deaths;

52 (2) Identifying factors associated with pregnancy-related deaths
53 and pregnancy-associated deaths;

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

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

59 (b) To the extent practicable, identifying an underlying or
60 contributing cause of each death;

61 (c) Data collected from medical examiner and coroner reports,
62 as appropriate; and

63 (d) Using other appropriate methods or information to identify
64 maternal deaths, including deaths from pregnancy outcomes not
65 identified under paragraph (a) of this subdivision;

66 (4) Consulting with relevant experts, as needed;

67 (5) Analyzing cases to produce recommendations for reducing
68 maternal mortality;

69 (6) Disseminating recommendations to policy makers, health care
70 providers and facilities, and the general public;

71 (7) Establishing preventative strategies and making
72 recommendations for systems changes;

73 (8) Protecting the confidentiality of the hospitals and individuals
74 involved in any pregnancy-related and pregnancy-associated deaths;
75 and

76 (9) Examining racial and social disparities in pregnancy-related
77 and pregnancy-associated deaths.

78 6. (1) Before June 30, 2020, and annually thereafter, the board
79 shall submit to the director of the department, the governor, and the
80 general assembly a report on maternal mortality in the state based on
81 data collected through ongoing comprehensive, multidisciplinary
82 reviews of all maternal deaths, and any other projects or efforts funded
83 by the board under the provisions of subsection 7 of this section. The
84 data shall be collected using best practices to reliably determine and
85 include all maternal deaths, regardless of the outcome of the pregnancy
86 and include, at a minimum:

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

90 (b) To the extent practicable, identifying an underlying or
91 contributing cause of each death;

92 (c) Data collected from medical examiner and coroner reports,
93 as appropriate, including an analysis of deaths attributable to
94 noncompliance with existing best practices and policy
95 recommendations for reducing maternal deaths, as defined by the

96 Alliance for Innovation on Maternal Health; and

97 (d) Using other appropriate methods or information to identify
98 maternal deaths, including deaths from pregnancy outcomes not
99 identified under paragraph (a) of this subdivision.

100 (2) The report may also provide:

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

105 (b) Identification of the determinants of disparities in maternal
106 care, health risks, and health outcomes, including an examination of
107 the higher rates of maternal mortality among African American women
108 and other groups of women with disproportionately high rates of
109 maternal mortality. These disparities may include:

110 a. Race; income; access to health care, mental health care,
111 substance abuse treatment, and family planning services; regional
112 disparities; access to child care; and other personal or community
113 factors; and

114 b. To the extent necessary, the report may include relevant
115 comparison of Missouri to other states, including Medicaid expansion
116 and Medicaid nonexpansion states;

117 (c) An analysis of preventable deaths attributable to failure to
118 implement the board's recommendations;

119 (d) An examination of the relationship between interpersonal
120 violence and maternal complications and mortality;

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

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

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

130 (3) The report shall be made available to the public on the
131 department's website and the director shall disseminate the report to
132 all health care providers and facilities that provide women's health

133 services in the state.

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

136 (1) Public education campaigns on healthy pregnancies;

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

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

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

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

148 (6) The identification of critical components of prenatal,
149 delivery, and postpartum care;

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

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

154 (9) Preventing preterm delivery;

155 (10) Preventing urinary tract infections;

156 (11) Preventing unnecessary caesarean sections;

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

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

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

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

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

168 (1) Request and receive data for specific maternal deaths
169 including, but not limited to, all medical records, autopsy reports,

170 medical examiner's reports, coroner's reports, and social services
171 records;

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

177 (3) Consult with relevant experts and any other individuals with
178 knowledge of the maternal deaths.

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

185 9. The director of the department, or his or her designee, shall
186 provide the board with the copy of the death certificate and any linked
187 birth or fetal death certificate for any maternal death occurring within
188 the state.

189 10. Upon request by the department, health care providers,
190 health care facilities, clinics, laboratories, medical examiners, coroners,
191 law enforcement agencies, driver's license bureaus, other state
192 agencies, and facilities licensed by the department shall provide to the
193 department all medical records, autopsy reports, medical examiner's
194 reports, coroner's reports, law enforcement reports, motor vehicle
195 records, social services records, and other data requested for specific
196 maternal deaths. No entity shall be held liable for civil damages or be
197 subject to any criminal or disciplinary action when complying in good
198 faith with a request from the department for information under the
199 provisions of this subsection.

200 11. (1) The board shall conduct its duties in accordance with
201 chapter 610, including protecting the privacy and confidentiality of all
202 patients, decedents, providers, hospitals, or any other participants
203 involved in any maternal deaths. In no case shall any individually
204 identifiable health information be provided to the public or submitted
205 to an information clearinghouse.

206 (2) Nothing in this subsection shall prohibit the board or

207 department from publishing statistical compilations and research
208 reports that:

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

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

214 (3) Information, records, reports, statements, notes, memoranda,
215 or other data collected under this section shall not be admissible as
216 evidence in any action of any kind in any court or before any other
217 tribunal, board, agency, or person. Such information, records, reports,
218 statements, notes, memoranda, or other data shall not be exhibited nor
219 their contents disclosed in any way, in whole or in part, by any officer
220 or representative of the department or any other person, except as may
221 be necessary for the purpose of furthering the review of the board of
222 the case to which they relate. No person participating in such review
223 shall disclose, in any manner, the information so obtained except in
224 strict conformity with such review project.

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

230 (5) All proceedings and activities of the board, opinions of
231 members of such board formed as a result of such proceedings and
232 activities, and records obtained, created, or maintained under this
233 section, including records of interviews, written reports, and
234 statements procured by the department or any other person, agency, or
235 organization acting jointly or under contract with the department in
236 connection with the requirements of this section, shall be confidential
237 and shall not be subject to subpoena, discovery, or introduction into
238 evidence in any civil or criminal proceeding; provided, however, that
239 nothing in this section shall be construed to limit or restrict the right
240 to discover or use in any civil or criminal proceeding anything that is
241 available from another source and entirely independent of the board's
242 proceedings.

243 (6) Members of the board shall not be questioned in any civil or

244 criminal proceeding regarding the information presented in or opinions
245 formed as a result of a meeting or communication of the board;
246 provided, however, that nothing in this section shall be construed to
247 prevent a member of the board from testifying to information obtained
248 independently of the board or which is public information.

249 12. The department may use grant program funds to support the
250 efforts of the board and may apply for additional federal government
251 and private foundation grants as needed. The department may also
252 accept private, foundation, city, county, or federal moneys to
253 implement the provisions of this section.

254 13. The department may promulgate rules and regulations as
255 necessary to implement the preventative strategies, evidence-based
256 system changes, and policy recommendations of this section. Any rule
257 or portion of a rule, as that term is defined in section 536.010 that is
258 created under the authority delegated in this section shall become
259 effective only if it complies with and is subject to all of the provisions
260 of chapter 536, and, if applicable, section 536.028. This section and
261 chapter 536 are nonseverable and if any of the powers vested with the
262 general assembly pursuant to chapter 536, to review, to delay the
263 effective date, or to disapprove and annul a rule are subsequently held
264 unconstitutional, then the grant of rulemaking authority and any rule
265 proposed or adopted after August 28, 2019, shall be invalid and void.

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