

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND House Bill No. 877, Page 1, Section A, Line 3, by inserting after said section and line the  
2 following:

3  
4 "192.990. 1. There is hereby established within the department of health and senior services  
5 the "Pregnancy-Associated Mortality Review Board" to improve data collection and reporting with  
6 respect to maternal mortality policy recommendations and to develop initiatives that support  
7 populations at risk of death and severe complications from pregnancy. The department may  
8 collaborate with localities and with other states to meet the goals of the initiative.

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

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

11 (2) "Maternal death", the death of a woman while pregnant or during the one-year period  
12 following the date of the end of pregnancy, regardless of the cause of death.

13 3. The board shall be composed of at least eighteen members, with a chair elected from  
14 among its membership. The board shall meet at least twice per year to approve the strategic  
15 priorities, funding allocations, work processes, and products of the board. Members of the board  
16 shall be appointed by the director of the department. Members shall serve four-year terms, except  
17 that the initial terms shall be staggered so that approximately one-third serve three, four, and five-  
18 year terms. Members shall serve until his or her successor is appointed. Vacancies on the board  
19 may be filled by the director of the department for the time remaining in the unexpired term.

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

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

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

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

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

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

34 (b) To the extent practicable, identifying an underlying or contributing cause of 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, including

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1 deaths from pregnancy outcomes not identified under paragraph (a) of this subdivision;

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

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

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

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

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

9 (9) Examining racial and social disparities in pregnancy-related and pregnancy-associated  
10 deaths;

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

15 (11) Making publicly available the contact information of the board for use in such  
16 reporting;

17 (12) Conducting outreach to local professional organizations, community organizations, and  
18 social services agencies regarding the availability of the review board; and

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

22 6. (1) Before June 30, 2020, and annually thereafter, the board shall submit to the Director  
23 of the Centers for Disease Control and Prevention, the director of the department, the governor, and  
24 the general assembly a report on maternal mortality in the state based on data collected through  
25 ongoing comprehensive, multidisciplinary reviews of all maternal deaths, and any other projects or  
26 efforts funded by the board under the provisions of subsection 7 of this section. The data shall be  
27 collected using best practices to reliably determine and include all maternal deaths, regardless of the  
28 outcome of the pregnancy and shall include data, findings, and recommendations of the committee,  
29 and as applicable, information on the implementation during such year of any recommendations  
30 submitted by the board in a previous year.

31 (2) The report may also provide:

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

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

39 a. Race; income; access to health care, mental health care, substance abuse treatment, and  
40 family planning services; regional disparities; access to child care; and other personal or community  
41 factors; and

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

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

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

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

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

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

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

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

11 (1) Public education campaigns on healthy pregnancies;

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

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

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

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

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

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

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

23 (9) Preventing preterm delivery;

24 (10) Preventing urinary tract infections;

25 (11) Preventing unnecessary caesarean sections;

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

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

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

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

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

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

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

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

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

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

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

9           11. (1) The board shall conduct its duties in accordance with chapter 610, including  
10 protecting the privacy and confidentiality of all patients, decedents, providers, hospitals, or any  
11 other participants involved in any maternal deaths. In no case shall any individually identifiable  
12 health information be provided to the public or submitted to an information clearinghouse.

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

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

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

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

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

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

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

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

48           13. The department may promulgate rules and regulations as necessary to implement the  
49 preventative strategies, evidence-based system changes, and policy recommendations of this section.

1 Any rule or portion of a rule, as that term is defined in section 536.010 that is created under the  
2 authority delegated in this section shall become effective only if it complies with and is subject to all  
3 of the provisions of chapter 536, and, if applicable, section 536.028. This section and chapter 536  
4 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536,  
5 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held  
6 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after  
7 August 28, 2019, shall be invalid and void."; and  
8  
9 Further amend said bill by amending the title, enacting clause, and intersectional references  
10 accordingly.