

# SENATE BILL NO. 1357

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR THOMPSON REHDER.

5250S.01H

KRISTINA MARTIN, Secretary

## AN ACT

To repeal section 192.990, RSMo, and to enact in lieu thereof one new section relating to maternal mortality.

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Section 192.990, RSMo, is repealed and one new  
2 section enacted in lieu thereof, to be known as section 192.990,  
3 to read as follows:

192.990. 1. There is hereby established within the  
2 department of health and senior services the "Pregnancy-  
3 Associated Mortality Review Board" to improve data  
4 collection and reporting with respect to maternal deaths.  
5 The department may collaborate with localities and with  
6 other states to meet the goals of the initiative.

7 2. For purposes of this section, the following terms  
8 shall mean:

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

11 (2) "Maternal death", the death of a woman while  
12 pregnant or during the one-year period following the date of  
13 the end of pregnancy, regardless of the cause of death and  
14 regardless of whether a delivery, miscarriage, or death  
15 occurs inside or outside of a hospital.

16 3. The board shall be composed of no more than  
17 eighteen members, with a chair elected from among its  
18 membership. The board shall meet at least twice per year

**EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

19 and shall approve the strategic priorities, funding  
20 allocations, work processes, and products of the board.  
21 Members of the board shall be appointed by the director of  
22 the department. Members shall serve four-year terms, except  
23 that the initial terms shall be staggered so that  
24 approximately one-third serve three-, four-, and five-year  
25 terms.

26 4. The board shall have a multidisciplinary and  
27 diverse membership that represents a variety of medical and  
28 nursing specialties, including, but not limited to,  
29 obstetrics and maternal-fetal care, as well as state or  
30 local public health officials, epidemiologists,  
31 statisticians, community organizations, geographic regions,  
32 and other individuals or organizations that are most  
33 affected by maternal deaths and lack of access to maternal  
34 health care services. **At least one member from each**  
35 **congressional district shall be selected to serve on the**  
36 **board and membership shall be demographically diverse,**  
37 **including by race, ethnicity, sex, age, and rural and urban**  
38 **populations.**

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

- 41 (1) Conducting ongoing comprehensive,  
42 multidisciplinary reviews of all maternal deaths;
- 43 (2) Identifying factors associated with maternal  
44 deaths;
- 45 (3) Reviewing medical records and other relevant data,  
46 which shall include, to the extent available:
  - 47 (a) A description of the maternal deaths determined by  
48 matching each death record of a maternal death to a birth  
49 certificate of an infant or fetal death record, as  
50 applicable, and an indication of whether the delivery,

51 miscarriage, or death occurred inside or outside of a  
52 hospital;

53 (b) Data collected from medical examiner and coroner  
54 reports, as appropriate; [and]

55 (c) **The level and timing of prenatal and postnatal**  
56 **medical care; and**

57 (d) Using other appropriate methods or information to  
58 identify maternal deaths, including deaths from pregnancy  
59 outcomes not identified under paragraph (a) of this  
60 subdivision;

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

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

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

66 (7) Recommending and promoting preventative strategies  
67 and making recommendations for systems changes;

68 (8) Protecting the confidentiality of the hospitals  
69 and individuals involved in any maternal deaths;

70 (9) Examining racial and social disparities in  
71 maternal deaths;

72 (10) **Investigating and developing recommendations**  
73 **regarding approaches taken in other states or other**  
74 **organizations to reduce or eliminate racial inequities in**  
75 **maternal deaths, including community-driven strategies,**  
76 **health care accessibility, insurance availability, and other**  
77 **barriers to access and delivery of prenatal and postpartum**  
78 **care;**

79 (11) Subject to appropriation, providing for voluntary  
80 and confidential case reporting of maternal deaths to the  
81 appropriate state health agency by family members of the

82 deceased, and other appropriate individuals, for purposes of  
83 review by the board;

84 ~~[(11)]~~ (12) Making publicly available the contact  
85 information of the board for use in such reporting;

86 ~~[(12)]~~ (13) Conducting outreach to local professional  
87 organizations, community organizations, and social services  
88 agencies regarding the availability of the review board;

89 ~~[and]~~

90 (14) **Examining and developing recommendations on the**  
91 **adequacy of data collected under this section and if**  
92 **additional categories of data would be informative in the**  
93 **study of maternal deaths in Missouri; and**

94 ~~[(13)]~~ (15) Ensuring that data collected under this  
95 section is made available, as appropriate and practicable,  
96 for research purposes, in a manner that protects  
97 individually identifiable or potentially identifiable  
98 information and that is consistent with state and federal  
99 privacy laws.

100 6. The board may contract with other entities  
101 consistent with the duties of the board.

102 7. (1) Before June 30, 2020, and annually thereafter,  
103 the board shall submit to the Director of the Centers for  
104 Disease Control and Prevention, the director of the  
105 department, the governor, and the general assembly a report  
106 on maternal mortality in the state based on data collected  
107 through ongoing comprehensive, multidisciplinary reviews of  
108 all maternal deaths, and any other projects or efforts  
109 funded by the board. The data shall be collected using best  
110 practices to reliably determine and include all maternal  
111 deaths, regardless of the outcome of the pregnancy and shall  
112 include data, findings, and recommendations of the  
113 committee, and, as applicable, information on the

114 implementation during such year of any recommendations  
115 submitted by the board in a previous year. **Data reported by**  
116 **the board shall be disaggregated by race, ethnicity,**  
117 **language, nationality, age, zip code, and level and timing**  
118 **of prenatal and postnatal care.**

119 (2) The report shall be made available to the public  
120 on the department's website and the director shall  
121 disseminate the report to all health care providers and  
122 facilities that provide women's health services in the state.

123 8. The director of the department, or his or her  
124 designee, shall provide the board with the copy of the death  
125 certificate and any linked birth or fetal death certificate  
126 for any maternal death occurring within the state.

127 9. Upon request by the department, health care  
128 providers, health care facilities, clinics, laboratories,  
129 medical examiners, coroners, law enforcement agencies,  
130 driver's license bureaus, other state agencies, and  
131 facilities licensed by the department shall provide to the  
132 department data related to maternal deaths from sources such  
133 as medical records, autopsy reports, medical examiner's  
134 reports, coroner's reports, law enforcement reports, motor  
135 vehicle records, social services records, and other sources  
136 as appropriate. Such data requests shall be limited to  
137 maternal deaths which have occurred within the previous  
138 twenty-four months. No entity shall be held liable for  
139 civil damages or be subject to any criminal or disciplinary  
140 action when complying in good faith with a request from the  
141 department for information under the provisions of this  
142 subsection.

143 10. (1) The board shall protect the privacy and  
144 confidentiality of all patients, decedents, providers,  
145 hospitals, or any other participants involved in any

146 maternal deaths. In no case shall any individually  
147 identifiable health information be provided to the public or  
148 submitted to an information clearinghouse.

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

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

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

157 (3) Information, records, reports, statements, notes,  
158 memoranda, or other data collected under this section shall  
159 not be admissible as evidence in any action of any kind in  
160 any court or before any other tribunal, board, agency, or  
161 person. Such information, records, reports, notes,  
162 memoranda, data obtained by the department or any other  
163 person, statements, notes, memoranda, or other data shall  
164 not be exhibited nor their contents disclosed in any way, in  
165 whole or in part, by any officer or representative of the  
166 department or any other person. No person participating in  
167 such review shall disclose, in any manner, the information  
168 so obtained except in strict conformity with such review  
169 project. Such information shall not be subject to  
170 disclosure under chapter 610.

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

176 (5) All proceedings and activities of the board,  
177 opinions of members of such board formed as a result of such

178 proceedings and activities, and records obtained, created,  
179 or maintained under this section, including records of  
180 interviews, written reports, statements, notes, memoranda,  
181 or other data obtained by the department or any other  
182 person, agency, or organization acting jointly or under  
183 contract with the department in connection with the  
184 requirements of this section, shall be confidential and  
185 shall not be subject to subpoena, discovery, or introduction  
186 into evidence in any civil or criminal proceeding; provided,  
187 however, that nothing in this section shall be construed to  
188 limit or restrict the right to discover or use in any civil  
189 or criminal proceeding anything that is available from  
190 another source and entirely independent of the board's  
191 proceedings.

192 (6) Members of the board shall not be questioned in  
193 any civil or criminal proceeding regarding the information  
194 presented in or opinions formed as a result of a meeting or  
195 communication of the board; provided, however, that nothing  
196 in this section shall be construed to prevent a member of  
197 the board from testifying to information obtained  
198 independently of the board or which is public information.

199 11. The department may use grant program funds to  
200 support the efforts of the board and may apply for  
201 additional federal government and private foundation grants  
202 as needed. The department may also accept private,  
203 foundation, city, county, or federal moneys to implement the  
204 provisions of this section.

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