

SENATE BILL NO. 871

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR WASHINGTON.

4285S.011

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Section A. Section 192.990, RSMo, is repealed and one new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]** **twenty-two** members, with a chair elected from

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

among its membership. The board shall meet at least twice per year and shall 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.

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

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

(1) Conducting ongoing comprehensive, multidisciplinary reviews of all maternal deaths;

(2) Identifying factors associated with maternal deaths;

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

(a) A description of the maternal deaths determined by matching each death record of a maternal death to a birth 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 in a manner that protects**
119 **individually identifiable or potentially identifiable**
120 **information and that is consistent with state and federal**
121 **privacy laws.**

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

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

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

146 10. (1) The board shall protect the privacy and
147 confidentiality of all patients, decedents, providers,
148 hospitals, or any other participants involved in any
149 maternal deaths. In no case shall any individually
150 identifiable health information be provided to the public or
151 submitted to an information clearinghouse.

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

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

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

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

174 (4) All information, records of interviews, written
175 reports, statements, notes, memoranda, or other data
176 obtained by the department, the board, and other persons,

177 agencies, or organizations so authorized by the department
178 under this section shall be confidential.

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

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

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

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