

By Senator Gibson

6-01222-19

2019758\_\_

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

6-01222-19

2019758\_\_

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 factor to maternal deaths in the state is a lack of  
38 standardization in health care policies and procedures relating  
39 to treatment, diagnosis, knowledge or skills assessment, care  
40 coordination, referrals, transfers, and followup, all of which  
41 can lead to delays in treatment or diagnosis, and

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

48  
49 Be It Enacted by the Legislature of the State of Florida:

50  
51 Section 1. (1) A task force is established adjunct to the  
52 Department of Health to advise the department and, except as  
53 otherwise provided in this section, shall operate consistent  
54 with s. 20.052, Florida Statutes. The task force shall be known  
55 as the "Maternal Mortality Prevention Task Force." The  
56 Department of Health shall provide administrative and staff  
57 support services relating to the functions of the task force.

58 (2) The purposes of the task force are to evaluate methods

6-01222-19

2019758\_\_

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

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

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

73 (c) Education of a patient and the patient's family members  
74 before and during pregnancy and after childbirth relating to the  
75 importance of stabilizing chronic medical health issues, family  
76 planning, substance abuse, and mental health.

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

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

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

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

6-01222-19

2019758\_\_

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

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

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

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

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

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

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

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

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

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

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

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

6-01222-19

2019758\_\_

117 General.

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

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

125 (5) This section expires June 30, 2021.

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