

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 1381 Maternal Health Outcomes  
**SPONSOR(S):** Professions & Public Health Subcommittee, Brown  
**TIED BILLS:** **IDEN./SIM. BILLS:** SB 1540

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Professions & Public Health Subcommittee	17 Y, 0 N, As CS	Rahming	McElroy
2) Health & Human Services Committee	20 Y, 0 N	Rahming	Calamas

### SUMMARY ANALYSIS

The Department of Health Office of Minority Health and Health Equity administers multiple health promotion programs including the “Closing the Gap” (CTG) grant program. The grant program was created by the Legislature in 2000 to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.

Grants are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee’s achievement of quality standards, objectives, and outcomes. Projects funded through the CTG grant program must address racial and ethnic disparities associated with one or more of the following priority areas:

- Increasing adult and child immunization rates in certain racial and ethnic populations.
- Improving neighborhood social determinates of health, such as transportation, safety, and food access.
- Decreasing racial and ethnic disparities in maternal and infant mortality rates, oral health care, or morbidity and mortality rates related to cancer, HIV/AIDS, cardiovascular disease, diabetes, Alzheimer’s disease and related dementia, sickle cell disease, and Lupus.

CS/HB 1381 allows the CTG grant program to fund projects directed at decreasing racial and ethnic disparities in severe maternal morbidity and other maternal outcomes. The bill also adds maternal health programs to existing community-based programs the DOH is required to coordinate.

The bill creates telehealth minority maternity care pilot programs in Duval and Orange Counties to expand the capacity for positive maternal health outcomes in racial and ethnic minority populations. The pilot programs are required to use telehealth or coordinate with prenatal home visiting programs to provide services and education to eligible pregnant women and provide training to participating health care practitioners and other perinatal professionals.

The bill requires that legislative appropriated funds for the CTG grant program be used to fund the pilot programs. The bill also requires that the DOH’s Division of Community Health Promotion and Office of Minority Health and Health Equity work together to apply for available federal funds to assist in the implementation of the bill.

The bill grants rulemaking authority to the DOH to implement the bill’s provisions.

The bill has no fiscal impact on state or local governments.

The bill has an effective date of July 1, 2021.

# FULL ANALYSIS

## I. SUBSTANTIVE ANALYSIS

### A. EFFECT OF PROPOSED CHANGES:

#### Background

##### **Closing the Gap Program**

The Department of Health (DOH) Office of Minority Health and Health Equity (Office) is the coordinating office for consultative services in the areas of cultural and linguistic competency, partnership building, and program development and implementation to address the health needs of Florida's minority and underrepresented populations statewide. The Office administers multiple health promotion programs including the "Closing the Gap" (CTG) grant program.<sup>1</sup> In 2000, the Legislature created the CTG grant program to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.<sup>2</sup>

Currently, the DOH is required to coordinate with existing community-based programs to avoid duplicative efforts and promote consistency, such as:<sup>3</sup>

- Chronic disease intervention programs;
- Cancer prevention and control programs;
- Diabetes control programs;
- The Healthy Start program;
- The Florida Kidcare Program;
- The HIV/AIDS program;
- Immunization programs; and
- Other related programs at the state and local levels.

#### Grant Proposals

Grants are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes.<sup>4</sup> Proposals for grants must identify:<sup>5</sup>

- The purpose and objectives of the proposed project, including the particular racial or ethnic disparity the project will address from one or more of the following priority areas:
  - Increasing adult and child immunization rates in certain racial and ethnic populations;
  - Improving neighborhood social determinates of health, such as transportation, safety, and food access, as outlined by the Centers for Disease Control and Prevention (CDC), or
  - Decreasing racial and ethnic disparities in:
    - Maternal and infant mortality rates;
    - Morbidity and mortality rates relating to cancer;
    - Morbidity and mortality rates relating to HIV/AIDS;
    - Morbidity and mortality rates relating to cardiovascular disease;
    - Morbidity and mortality rates relating to diabetes;
    - Morbidity and mortality rates relating to sickle cell disease;
    - Morbidity and mortality rates relating to Lupus; or
    - Oral health care.

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<sup>1</sup> Florida Department of Health, *Minority Health*, <http://www.floridahealth.gov/%5C/programs-and-services/minority-health/index.html> (last visited Mar. 15, 2021).

<sup>2</sup> Ss. 381.7353–381.7356, F.S.

<sup>3</sup> S. 381.7353, F.S.

<sup>4</sup> S. 381.7356(4), F.S.

<sup>5</sup> S. 381.7355, F.S.

- The target population and its relevance;
- Methods for obtaining baseline health status data and assessment of community health needs;
- Mechanisms for mobilizing community resources and gaining local commitment;
- Development and implementation of health promotion and disease prevention interventions;
- Mechanisms and strategies for evaluating the project's objectives, procedures, and outcomes;
- A proposed work plan, including a timeline for implementing the project; and
- The likelihood that project activities will occur and continue in the absence of funding.<sup>6</sup>

### Grant Funding

The amount of award per applicant may vary, as awards are based on the merit of the grant application and there are no minimum or maximum amounts for grant awards.<sup>7</sup> Projects receiving grants are required to provide local matching funds of one dollar for every three dollars awarded.<sup>8</sup> In counties with populations greater than 50,000, up to 50 percent of the local matching funds may be in-kind in the form of free services or human resources.<sup>9</sup> In counties with populations of 50,000 or less, local matching funds may be provided entirely through in-kind contributions.<sup>10</sup>

In FY 2020-2021, the legislature appropriated \$4,850,354 in recurring general revenue funds for Minority Health Initiatives, which includes the CTG grant program.<sup>11</sup> Under current law, CTG funding is only awarded to successful grant applicants.

### Social Determinants of Health

Healthy People 2020 is an initiative of the U.S. Department of Health and Human Services that provides 10-year national objectives for improving the health of Americans.<sup>12</sup> This initiative highlights the importance of social determinants of health as one of its overarching goals.<sup>13</sup> Social determinants of health (SDOH) refer to the conditions in the places where people live, learn, and play that have an effect on health risks outcomes.<sup>14</sup> Examples of social determinants include access to health care services, public safety, social norms and attitudes, access to educational, economic, and job opportunities, residential segregation, and quality of education and job training.<sup>15</sup> Healthy People 2020's five key areas of SDOH are:<sup>16</sup>

- Economic stability;
- Education;
- Social and community context;
- Health and health care; and
- Neighborhood and built environment.

The CDC has also developed a web-based toolkit to help practitioners recognize the root causes that can affect the health of a population.<sup>17</sup>

<sup>6</sup> *Id.*

<sup>7</sup> S. 381.7356(4), F.S. See also, Florida Department of Health, *Application Guidelines FY 2021-2023*, available at <http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/RFA20-005.pdf> (last visited Mar. 15, 2021).

<sup>8</sup> S. 381.7356(2), F.S.

<sup>9</sup> S. 381.7356(2)(a), F.S.

<sup>10</sup> S. 381.7356(2)(b), F.S.

<sup>11</sup> See, Specific Appropriation 429.

<sup>12</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *About Healthy People*, <http://www.healthypeople.gov/2020/About-Healthy-People> (last visited Mar. 15, 2021).

<sup>13</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *Social Determinants of Health*, <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> (last visited on Mar. 15, 2021).

<sup>14</sup> Centers for Disease Control and Prevention (CDC), *Social Determinants of Health: Know What Affects Health* (rev. Mar. 9, 2021), <http://www.cdc.gov/socialdeterminants/index.htm> (last visited Mar. 15, 2019).

<sup>15</sup> *Supra* note 13.

<sup>16</sup> *Id.*

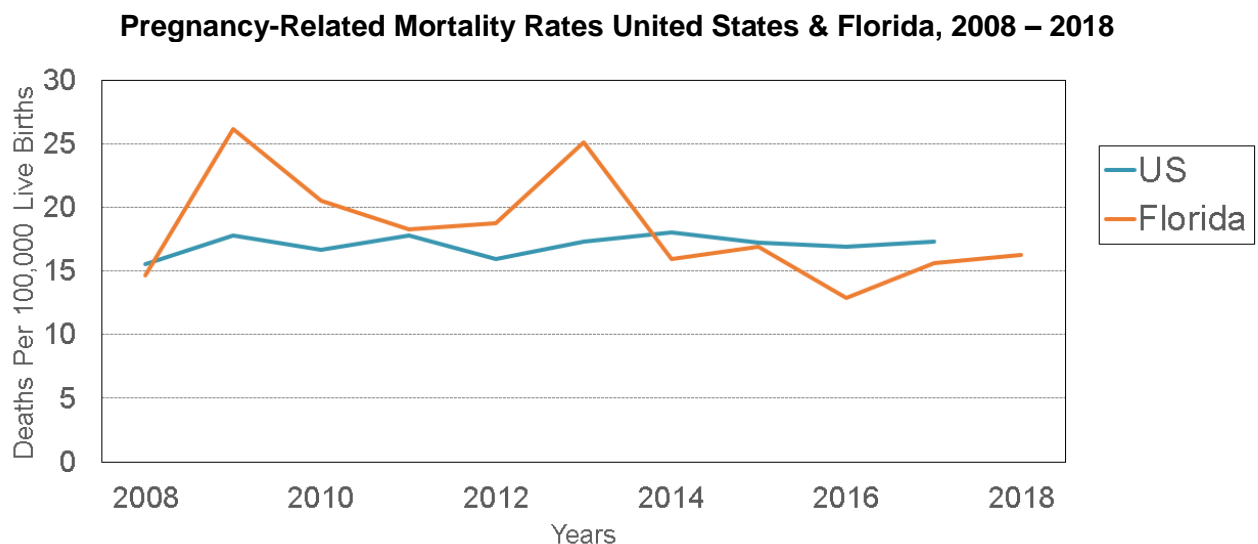
<sup>17</sup> CDC, *Tools for Putting Social Determinants of Health into Action*, (rev. Mar. 9, 2021), <http://www.cdc.gov/socialdeterminants/tools/index.htm> (last visited Mar. 15, 2019).

## Maternal Mortality

The well-being of women, children, and families determines the health of future generations. Life events influence maternal and child health risks and outcomes. Racial and ethnic differences in maternal health outcomes, such as maternal and infant mortality and severe maternal morbidity, can predict future public health challenges for families, communities and the health care system.

Maternal mortality refers to deaths occurring during pregnancy or within 42 days of the end of pregnancy, regardless of the duration of the pregnancy, from any cause related to or aggravated by the pregnancy, but not from accidental or incidental causes.<sup>18</sup> Late maternal deaths (occurring between 43 days and 1 year of death) are not included as part of the World Health Organization's definition of maternal mortality.<sup>19</sup> Approximately 700 women die each year in the U.S. as a result of pregnancy or delivery complications.<sup>20</sup> The national maternal mortality rate is 17.4 deaths per 100,000 live births.<sup>21</sup> Racial and ethnic gaps exist between non-Hispanic black, non-Hispanic white, and Hispanic women. The maternal mortality rate of these groups is 37.3, 14.9, and 11.8 deaths per 100,000 live births, respectively.<sup>22</sup>

Overall, Florida's maternal mortality rate has been decreasing and consistently below the national rate within recent years. As of 2018, the maternal mortality rate in Florida is 16.3 deaths per 100,000 live births, a decrease from a high of 26.2 per 100,000 live births in 2009:<sup>23</sup>



## Severe Maternal Morbidity

<sup>18</sup> U.S. Department of Health and Human Services, *The Surgeon General's Call to Action to Improve Maternal Health*, (Dec. 2020), <https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf> (last visited Mar. 16, 2021).

<sup>19</sup> *Id.*

<sup>20</sup> CDC, *Maternal Mortality*, <https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html> (last visited Mar. 16, 2021).

<sup>21</sup> CDC, National Center for Health Statistics, *Maternal Mortality*, <https://www.cdc.gov/nchs/maternal-mortality/index.htm> (last visited Mar. 16, 2021).

<sup>22</sup> *Id.*

<sup>23</sup> Presentation by Dr. William M. Sappenfield, MD, MPH, CPH, Professor and Director, Florida Perinatal Quality Collaborative, Feb. 3, 2021 meeting of the House Health and Human Services Committee (on file with Finance and Facilities Subcommittee staff).

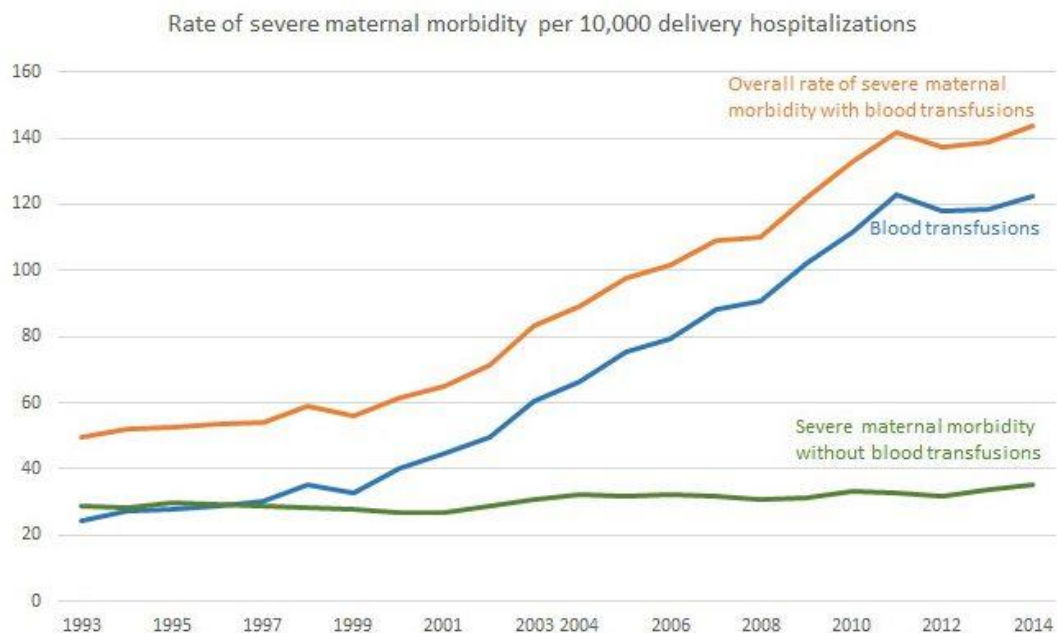
A significant number of women in the U.S. experience severe maternal morbidity, or severe complications from labor and delivery that start after they leave the hospital.<sup>24</sup> Severe maternal morbidity (SMM), which includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health, affected more than 50,000 women in the U.S. in 2014 and has been steadily increasing in recent years.<sup>25</sup>

Although it is unclear why SMM rates are increasing, changes in the overall health of the population of women giving birth, including increases in maternal age, pre-pregnancy obesity, preexisting chronic medical conditions, and cesarean delivery, have been documented as possible contributors to increases in complications.<sup>26</sup> The consequences of the increasing SMM prevalence, in addition to the health effects for the woman, are wide-ranging and include increased medical costs and longer hospitalization stays.<sup>27</sup>

The most common SMM indicators after delivery discharge are:<sup>28</sup>

- Blood transfusion
- Pulmonary edema/ acute heart failure
- Sepsis
- Adult respiratory distress syndrome
- Air and thrombotic embolism
- Eclampsia
- Puerperal cerebrovascular disorders
- Acute Renal Failure

The following figure shows the trend over time for SMM rates in the U.S. per 10,000 delivery hospitalizations from 1993–2014:<sup>29</sup>



<sup>24</sup> CDC, *Severe Maternal Morbidity after Delivery Discharge among U.S. Women, 2010-2014*, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/smm-after-delivery-discharge-among-us-women/index.htm> (last visited Mar. 16, 2021).

<sup>25</sup> CDC, *Severe Maternal Morbidity in the United States*, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html> (last visited Mar. 16, 2021). 2014 is the most recent year for which data are available on a national level.

<sup>26</sup> *Id.*

<sup>27</sup> *Id.*

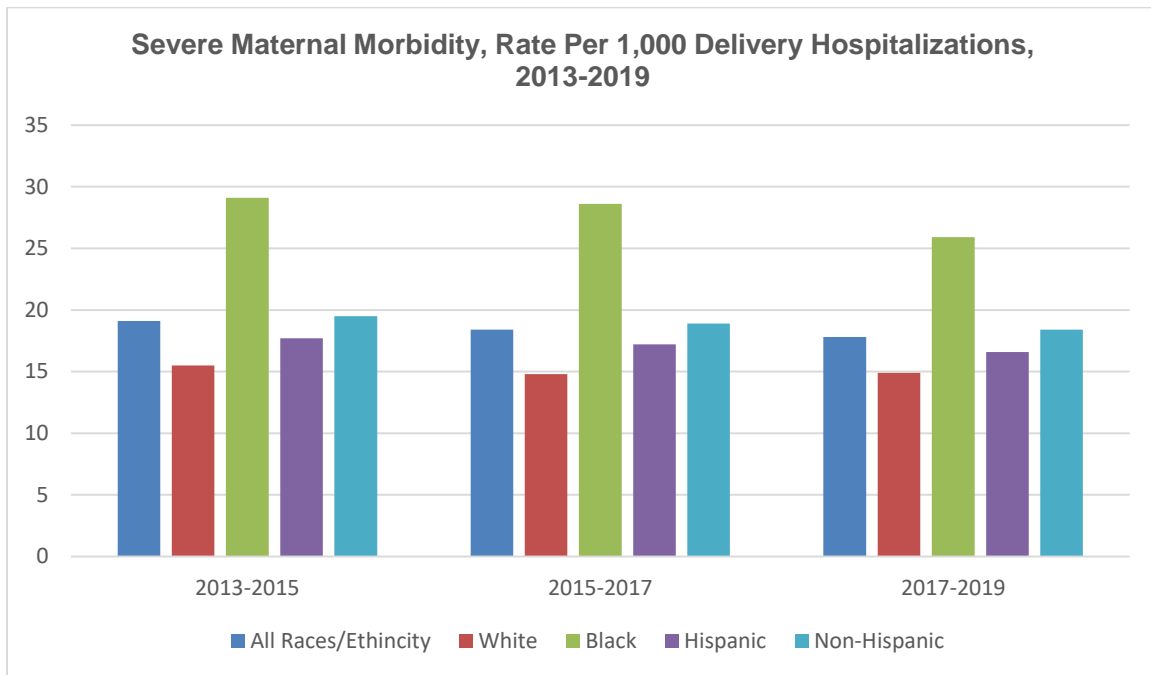
<sup>28</sup> CDC, *supra* note 24.

<sup>29</sup> CDC, *supra* note 25.

The overall SMM rate increased almost 200% over the years, from 49.5 per 10,000 delivery hospitalizations in 1993 to 144.0 in 2014. This increase has been mostly driven by blood transfusions, which increased from 24.5 per 10,000 delivery hospitalizations in 1993 to 122.3 in 2014. After excluding blood transfusions, the SMM rate increased by about 20% over time, from 28.6 per 10,000 delivery hospitalizations in 1993 to 35.0 in 2014.

Nationwide, racial disparities in SMM after delivery discharge persist. Among deliveries insured by Medicaid, the odds of SMM among Black women are about 1.7 times more likely than White women.<sup>30</sup>

In Florida, complications during pregnancy or delivery reveal similar racial and ethnic disparities in SMM:<sup>31</sup>



In 2013-2015, Black women in Florida were 1.9 times more likely than White women to have SMM, with their SMM rate being 29.1 per 1,000 delivery hospitalizations, compared to 15.5 for White women. Though the overall SMM rate decreased by 2019, Black women were still 1.7 times more likely than White women to have SMM, with their SMM rate being 25.9 per 1,000 delivery hospitalizations, compared to 14.9 for White women.

Under current law, decreasing disparities for severe maternal morbidity is not one of the CTG grant program's priority areas.

### Telehealth

Telehealth is the delivery of health care services using information and communication technologies to exchange valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation.<sup>32</sup>

<sup>30</sup> CDC, Reproductive Health, *Severe Maternal Morbidity after Delivery Discharge among U.S. Women, 2010-2014*, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/smm-after-delivery-discharge-among-us-women/index.htm> (last visited Mar. 16, 2021).

<sup>31</sup> Data compiled by Florida House of Representatives, Health & Human Services Committee staff, using information from the Florida Department of Health, *Severe Maternal Morbidity*, available at <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndDataViewer.aspx?cid=0867> (last visited Mar. 16, 2021).

<sup>32</sup> World Health Organization, *Telemedicine: Opportunities and Developments in Member States, Global Observatory for Ehealth Series- Volume 2*, Section 1.2, page 9 (2010), available at [http://www.who.int/goe/publications/goe\\_telemedicine\\_2010.pdf](http://www.who.int/goe/publications/goe_telemedicine_2010.pdf) (last visited Apr. 7, 2021).

Telehealth is used to address several problems in the current health care system. Inadequate access to care is one of the primary obstacles to obtaining quality health care.<sup>33</sup> This occurs in both rural areas and urban communities.<sup>34</sup> Telehealth increases access by providing a mechanism to deliver quality health care, irrespective of the location of a patient or a health care professional. Cost is another barrier to obtaining quality health care.<sup>35</sup> This includes the cost of travel to and from the health care facility, as well as related loss of wages from work absences. Costs are reduced through telehealth by decreasing the time and distance required to travel to the health care professional and increased efficiency for the provider. Two more issues addressed through telehealth are the reutilization of health care services and hospital readmission. These often occur due to a lack of proper follow-up care by the patient<sup>36</sup> or a chronic condition,<sup>37</sup> which may be more easily addressed via telehealth.

As of July 1, 2019, Florida licensed health care professionals, registered out-of-state health professionals, or those licensed under a multistate health care licensure compact of which Florida is a member, are authorized to use telehealth to deliver health care services within their respective scopes of practice.<sup>38</sup>

### Healthy Start

The Florida Healthy Start program is a voluntary program available statewide to all expecting or new families who are at-risk for poor birth outcomes or developmental delays.<sup>39</sup> Healthy Start provides education, support and proven interventions to these families.<sup>40</sup> Healthy Start is voluntary and eligible families can participate beginning in pregnancy and until their baby reaches age 1. However, services may be extended up to age 3, if necessary.<sup>41</sup>

The Healthy Start program offers many services, including, but not limited to, one-on-one support from an advisor in a person's home or a convenient community location. Healthy Start also offers care coordination, which allows eligible families to get help with finding prenatal and pediatric care, access support groups and classes.

### Effect of Proposed Changes

#### Severe Maternal Morbidity

CS/HB 1381 adds decreasing racial and ethnic disparities in severe maternal morbidity rates and other maternal health outcomes as a "Closing the Gap" grant program priority area, allowing the CTG grant program to fund projects directed at decreasing these disparities. Other than severe maternal morbidity rates, the bill does not specify what other maternal health outcomes will be eligible for CTG grant awards. Therefore, all conditions that may be considered relevant to maternal health outcomes will be eligible for them.

The bill adds maternal health programs to the current law list of existing community-based programs the DOH must coordinate with to avoid duplicative efforts and promote consistency. The bill not define or specify which maternal health programs the DOH must coordinate with.

#### Telehealth Pilot Programs

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<sup>33</sup> American Telemedicine Association, *Telehealth Basics*, available at <https://www.americantelemed.org/resource/why-telemedicine/> (last visited Apr. 7, 2021).

<sup>34</sup> *Id.*

<sup>35</sup> *Id.*

<sup>36</sup> Post-surgical examination subsequent to a patient's release from a hospital is a prime example. Specifically, infection can occur without proper follow-up and ultimately leads to a readmission to the hospital.

<sup>37</sup> For example, diabetes is a chronic condition which can benefit by treatment through telehealth.

<sup>38</sup> S. 456.47, F.S.

<sup>39</sup> Florida Healthy Start, Healthy Start, <https://www.healthystartflorida.com/programs-initiatives/healthy-start/> (last visited Apr. 5, 2021). Screening, offered by prenatal care providers and hospitals, helps to identify families that could benefit from the program and families may be eligible, regardless of their insurance coverage or citizenship.

<sup>40</sup> *Id.*

<sup>41</sup> *Id.*

The bill also creates telehealth minority maternity care pilot programs in Duval and Orange Counties to increase positive maternal health outcomes in racial and ethnic minority populations. The bill requires the DOH, by July 1, 2022, to direct and assist these two county health departments to implement the programs, and provides that Closing the Gap funds will be used for this purpose.

The pilot programs must use telehealth or coordinate with prenatal home visiting programs to provide the following services and education to eligible pregnant women up to the last day of their postpartum period, as applicable:

- Services and education addressing social determinants of health;
- Referrals to Healthy Start's coordinated intake and referral program to offer families prenatal home visiting services;
- Evidence-based health literacy and pregnancy, childbirth, and parenting education for women in the prenatal and postpartum periods;
- For women during their pregnancies through the postpartum periods, connection to support from doulas and other perinatal health workers; and
- Medical devices for prenatal women to conduct key components of maternal wellness checks.

The bill requires the pilot programs to provide specified training to participating health care practitioners and other perinatal professionals.

The bill grants discretionary rulemaking authority to the DOH to implement the bill's provisions.

The bill establishes an effective date of July 1, 2021.

#### B. SECTION DIRECTORY:

- Section 1:** Amends s. 381.7353, F.S., relating to reducing racial and ethnic health disparities: Closing the Gap grant program; administration; department duties.
- Section 2:** Amends s. 381.7355, F.S., relating to project requirements; review criteria.
- Section 3:** Creates s. 383.2163, F.S., relating to telehealth minority care pilot programs.
- Section 4:** Provides an effective date of July 1, 2021.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None. SMM and other maternal health outcomes proposals will compete with other proposals for existing grant funds.

#### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

#### C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.



#### D. FISCAL COMMENTS:

The bill requires the DOH to use funds appropriated for the Closing the Gap grant program to fund the telehealth pilot programs created by the bill. The pilot programs will need to apply for CTG grants before receiving funding, as current law reserves CTG program funds for grant awards to successful applicants.

The bill requires that the DOH's Division of Community Health Promotion and its Office of Minority Health and Health Equity work together to apply for available federal funds to assist in the implementation of the bill.

Adding severe maternal morbidity and other maternal health outcomes as a priority area, and requiring grant funding for the telehealth pilots created by the bill, may reduce CTG awards for other areas.

### III. COMMENTS

#### A. CONSTITUTIONAL ISSUES:

##### 1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

##### 2. Other:

None.

#### B. RULE-MAKING AUTHORITY:

The bill provides sufficient rulemaking authority to the DOH to implement the bill's provisions.

#### C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

### IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 23, 2021, the Professions & Public Health Subcommittee adopted an amendment to HB 1381 and reported the bill favorably as a committee substitute. The amendment:

- Removed the expanded definition for "telehealth" to maintain consistency under law;
- Added Healthy Start and home visiting programs to the definition of "perinatal professionals";
- Required the pilot programs to use telehealth or coordinate with prenatal home visiting programs to provide specified services;
- Required the pilot programs to provide referrals to Healthy Start, if applicable; and
- Required the pilot programs to provide tools for prenatal women to conduct key components of maternal wellness checks.

This analysis is drafted to the committee substitute as passed by the Professions & Public Health Subcommittee.