

1 A bill to be entitled
2 An act relating to maternal health outcomes; amending
3 s. 381.7353, F.S.; revising the Department of Health's
4 duties under the Closing the Gap grant program;
5 amending s. 381.7355, F.S.; revising the requirements
6 for Closing the Gap grant proposals; creating s.
7 383.2163, F.S.; requiring the department to establish
8 telehealth minority maternity care pilot programs in
9 Duval County and Orange County by a specified date;
10 defining terms; providing program purposes; requiring
11 the pilot programs to provide specified telehealth
12 services to eligible pregnant women for a specified
13 period; requiring pilot programs to train
14 participating health care practitioners and perinatal
15 professionals on specified topics; providing for
16 funding for the pilot programs; requiring the
17 department's Division of Community Health Promotion
18 and Office of Minority Health and Health Equity to
19 apply for certain federal funding; authorizing the
20 department to adopt rules; providing an effective
21 date.

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23 Be It Enacted by the Legislature of the State of Florida:

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25 Section 1. Paragraph (e) of subsection (2) of section

26 | 381.7353, Florida Statutes, is amended to read:

27 | 381.7353 Reducing Racial and Ethnic Health Disparities:
28 | Closing the Gap grant program; administration; department
29 | duties.—

30 | (2) The department shall:

31 | (e) Coordinate with existing community-based programs,
32 | such as chronic disease community intervention programs, cancer
33 | prevention and control programs, diabetes control programs, the
34 | Healthy Start program, the Florida Kidcare Program, the HIV/AIDS
35 | program, immunization programs, maternal health programs, and
36 | other related programs at the state and local levels, to avoid
37 | duplication of effort and promote consistency.

38 | Section 2. Paragraph (a) of subsection (2) of section
39 | 381.7355, Florida Statutes, is amended to read:

40 | 381.7355 Project requirements; review criteria.—

41 | (2) A proposal must include each of the following
42 | elements:

43 | (a) The purpose and objectives of the proposal, including
44 | identification of the particular racial or ethnic disparity the
45 | project will address. The proposal must address one or more of
46 | the following priority areas:

47 | 1. Decreasing racial and ethnic disparities in maternal
48 | and infant mortality rates.

49 | 2. Decreasing racial and ethnic disparities in severe
50 | maternal morbidity rates and other maternal health outcomes.

51 3. Decreasing racial and ethnic disparities in morbidity
52 and mortality rates relating to cancer.

53 ~~4.3.~~ Decreasing racial and ethnic disparities in morbidity
54 and mortality rates relating to HIV/AIDS.

55 ~~5.4.~~ Decreasing racial and ethnic disparities in morbidity
56 and mortality rates relating to cardiovascular disease.

57 ~~6.5.~~ Decreasing racial and ethnic disparities in morbidity
58 and mortality rates relating to diabetes.

59 ~~7.6.~~ Increasing adult and child immunization rates in
60 certain racial and ethnic populations.

61 ~~8.7.~~ Decreasing racial and ethnic disparities in oral
62 health care.

63 ~~9.8.~~ Decreasing racial and ethnic disparities in morbidity
64 and mortality rates relating to sickle cell disease.

65 ~~10.9.~~ Decreasing racial and ethnic disparities in
66 morbidity and mortality rates relating to Lupus.

67 ~~11.10.~~ Decreasing racial and ethnic disparities in
68 morbidity and mortality rates relating to Alzheimer's disease
69 and dementia.

70 ~~12.11.~~ Improving neighborhood social determinants of
71 health, such as transportation, safety, and food access, as
72 outlined by the Centers for Disease Control and Prevention's
73 "Tools for Putting Social Determinants of Health into Action."

74 Section 3. Effective January 1, 2022, section 383.2163,
75 Florida Statutes, is created to read:

76 383.2163 Telehealth minority maternity care pilot
77 programs.—By July 1, 2022, the department shall establish a
78 telehealth minority maternity care pilot program in Duval County
79 and Orange County which uses telehealth to expand the capacity
80 for positive maternal health outcomes in racial and ethnic
81 minority populations. The department shall direct and assist the
82 county health departments in Duval County and Orange County to
83 implement the programs.

84 (1) DEFINITIONS.—As used in this section, the term:

85 (a) "Department" means the Department of Health.

86 (b) "Eligible pregnant woman" means a pregnant woman who
87 is receiving, or is eligible to receive, maternal or infant care
88 services from the department under chapter 381 or chapter 383.

89 (c) "Health care practitioner" has the same meaning as in
90 s. 456.001.

91 (d) "Health professional shortage area" means a geographic
92 area designated as such by the Health Resources and Services
93 Administration of the United States Department of Health and
94 Human Services.

95 (e) "Indigenous population" means any Indian tribe, band,
96 or nation or other organized group or community of Indians
97 recognized as eligible for services provided to Indians by the
98 United States Secretary of the Interior because of their status
99 as Indians, including any Alaskan native village as defined in
100 43 U.S.C. s. 1602(c), the Alaska Native Claims Settlement Act,

101 as that definition existed on the effective date of this act.

102 (f) "Maternal mortality" means a death occurring during
103 pregnancy or the postpartum period which is caused by pregnancy
104 or childbirth complications.

105 (g) "Medically underserved population" means the
106 population of an urban or rural area designated by the United
107 States Secretary of Health and Human Services as an area with a
108 shortage of personal health care services or a population group
109 designated by the United States Secretary of Health and Human
110 Services as having a shortage of such services.

111 (h) "Perinatal professionals" means doulas, childbirth
112 educators, community health workers, peer supporters, certified
113 lactation consultants, nutritionists and dietitians, social
114 workers, and other licensed and nonlicensed professionals who
115 assist women through their prenatal or postpartum periods.

116 (i) "Postpartum" means the 1-year period beginning on the
117 last day of a woman's pregnancy.

118 (j) "Severe maternal morbidity" means an unexpected
119 outcome caused by a woman's labor and delivery which results in
120 significant short-term or long-term consequences to the woman's
121 health.

122 (k) "Technology-enabled collaborative learning and
123 capacity building model" means a distance health care education
124 model that connects health care professionals, particularly
125 specialists, with other health care professionals through

126 simultaneous interactive videoconferencing for the purpose of
127 facilitating case-based learning, disseminating best practices,
128 and evaluating outcomes in the context of maternal health care.

129 (1) "Telehealth" has the same meaning as in s. 456.47 but
130 includes audio-only telephone calls, e-mail messages, and
131 facsimile transmissions.

132 (2) PURPOSE.—The purpose of the pilot programs is to:

133 (a) Expand the use of technology-enabled collaborative
134 learning and capacity building models to improve maternal health
135 outcomes for the following populations and demographics:

136 1. Ethnic and minority populations.

137 2. Health professional shortage areas.

138 3. Areas with significant racial and ethnic disparities in
139 maternal health outcomes and high rates of adverse maternal
140 health outcomes, including, but not limited to, maternal
141 mortality and severe maternal morbidity.

142 4. Medically underserved populations.

143 5. Indigenous populations.

144 (b) Provide for the adoption of and use of telehealth
145 services that allow for screening and treatment of common
146 pregnancy-related complications, including, but not limited to,
147 anxiety, depression, substance use disorder, hemorrhage,
148 infection, amniotic fluid embolism, thrombotic pulmonary or
149 other embolism, hypertensive disorders relating to pregnancy,
150 diabetes, cerebrovascular accidents, cardiomyopathy, and other

151 cardiovascular conditions.

152 (3) TELEHEALTH SERVICES AND EDUCATION.—The pilot programs
153 shall adopt the use of telehealth to provide all of the
154 following services and education to eligible pregnant women up
155 to the last day of their postpartum periods, as applicable:

156 (a) Services and education addressing social determinants
157 of health, including, but not limited to, all of the following:

158 1. Housing placement options.

159 2. Transportation services or information on how to access
160 such services.

161 3. Nutrition counseling.

162 4. Access to healthy foods.

163 5. Lactation support.

164 6. Lead abatement and other efforts to improve air and
165 water quality.

166 7. Child care options.

167 8. Car seat installation and training.

168 9. Wellness and stress management programs.

169 10. Coordination across safety net and social support
170 services and programs.

171 (b) Evidence-based health literacy and pregnancy,
172 childbirth, and parenting education for women in the prenatal
173 and postpartum periods.

174 (c) For women during their pregnancies through the
175 postpartum periods, connection to support from doulas and other

176 perinatal health workers.

177 (d) Tools to conduct key components of maternal wellness
178 checks, including, but not limited to, all of the following:

179 1. A device to measure body weight, such as a scale.

180 2. A device to measure blood pressure which has a verbal
181 reader to assist the pregnant woman in reading the device and to
182 ensure that the health care practitioner performing the wellness
183 check through telehealth is able to hear the reading.

184 3. A device to measure blood sugar levels with a verbal
185 reader to assist the pregnant woman in reading the device and to
186 ensure that the health care practitioner performing the wellness
187 check through telehealth is able to hear the reading.

188 4. Any other device that the health care practitioner
189 performing wellness checks through telehealth deems necessary to
190 ensure an accurate assessment of pregnant women participating in
191 the program is conducted.

192 (4) TRAINING.—The pilot programs shall provide training to
193 participating health care practitioners and other perinatal
194 professionals on all of the following:

195 (a) Implicit and explicit biases, racism, and
196 discrimination in the provision of maternity care and how to
197 eliminate these barriers to accessing adequate and competent
198 maternity care.

199 (b) The use of remote patient monitoring tools for
200 pregnancy-related complications.

201 (c) How to screen for social determinants of health risks
202 in the prenatal and postpartum periods, such as inadequate
203 housing, lack of access to nutritional foods, environmental
204 risks, transportation barriers, and lack of continuity of care.

205 (d) Best practices in screening for and, as needed,
206 evaluating and treating maternal mental health conditions and
207 substance use disorders.

208 (e) Information collection, recording, and evaluation
209 activities to:

210 1. Study the impact of the pilot program;

211 2. Ensure access to and the quality of care;

212 3. Evaluate patient outcomes as a result of the pilot
213 program;

214 4. Measure patient experience; and

215 5. Identify best practices for the future expansion of the
216 pilot program.

217 (5) FUNDING.—The pilot programs shall be funded using
218 funds appropriated by the Legislature for the Closing the Gap
219 grant program. The department's Division of Community Health
220 Promotion and Office of Minority Health and Health Equity shall
221 also work in partnership to apply for federal funds that are
222 available to assist the department in accomplishing the
223 program's purpose and successfully implementing the pilot
224 programs.

225 (6) RULES.—The department may adopt rules to implement

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226 | this section.

227 | Section 4. This act shall take effect July 1, 2021.