

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 1540

INTRODUCER: Health Policy Committee and Senator Gibson

SUBJECT: Maternal Health Outcomes

DATE: March 31, 2021

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	Fav/CS
2.			AHS	
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1540 authorizes “Closing the Gap” grants to be awarded to projects that aim to decrease racial and ethnic disparities in severe maternal morbidity rates and other maternal health outcomes. The bill requires the Department of Health (DOH) to coordinate with existing community-based maternal health programs.

The bill creates telehealth minority maternity care pilot programs in Duval and Orange counties to use telehealth to expand capacity for positive maternal health outcomes in racial and ethnic minority populations. The bill provides detailed requirements for the pilot programs, including specifying services for eligible pregnant women that the programs must provide or coordinate with prenatal home visiting services to provide. The bill authorizes the DOH to adopt rules to implement the pilot programs.

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

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

II. Present Situation:

History of the Office of Minority Health and Health Equity

In 1993, Florida's Minority Health Improvement Act authorized the Minority Health Commission. In 1995, the Commission sunset.¹ In 1998, the DOH established the Office of Equal Opportunity and Minority Health.² In 2004, the Legislature established the Office of Minority Health within the DOH, pursuant to s. 20.43(9), F.S.³ In 2016, the Legislature renamed it as the Office of Minority Health and Health Equity (office).⁴

Currently, under s. 20.43, F.S., the office must be headed by a senior health equity officer who administers the Closing the Gap grant program in a manner that maximizes the impact of the grants in achieving health equity. The senior health equity officer must evaluate the grants awarded by the program and assess the effectiveness and efficiency of the use of funds to determine best practices. The senior health equity officer is also responsible for disseminating information on best practices to stakeholders and for ensuring that the assessments inform future grant award decisions.

The office currently has five FTE staff positions: one senior health equity officer, one grants administrator, two Florida-certified contract managers, and one administrative assistant. The office also has four OPS staff positions: one program evaluator, two program analysts, and one senior clerk.

Closing the Gap Grant Program

In 2000, the Florida Legislature created the Reducing the Racial and Ethnic Health Disparities: "Closing the Gap" (CTG) grant program.⁵ The program is administered through the office and its implementation is subject to a specific appropriation in the General Appropriations Act.⁶ The purposes of the grant program is to improve health outcomes of racial and ethnic populations and promote disease prevention activities in the following priority areas:

- Maternal and infant mortality;
- Cancer;
- HIV/AIDS;
- Cardiovascular disease;
- Diabetes;
- Adult and child immunization;
- Oral health care;
- Sickle cell disease;
- Lupus; and

¹ Florida Department of Health, History of the Office of Minority Health and Health Equity, *available at* <http://www.floridahealth.gov/programs-and-services/minority-health/about-us.html> (last visited Feb. 2, 2021).

² *Id.*

³ Chapter 2004-350, s. 2, Laws of Fla.

⁴ Chapter 2016-230, Laws of Fla.

⁵ Chapter 2000-256, ss. 31-32, Laws of Fla.

⁶ Section 381.7356(7), F.S.

- Alzheimer's disease and dementia.⁷

Closing the Gap grants are intended to stimulate the development of community and neighborhood-based projects that impact health outcomes of racial and ethnic populations and stimulate partnerships between state and local governments, faith-based organizations, private sector organizations, and other non-traditional partners.⁸ Priority is given to grant proposals that:

- Represent areas with the greatest documented ethnic and racial health status disparities;
- Exceed the statutory local match requirement;⁹
- Demonstrate broad-based local community support from entities representing racial and ethnic populations;
- Demonstrate high levels of participation by the health care community in clinical preventive services and health promotion activities;
- Have been submitted by counties with high levels of residents living in poverty and with poor health status indicators;
- Demonstrate a coordinated community approach to addressing racial and ethnic health disparities within existing publicly financed health care programs;
- Incorporate intervention mechanisms that have a high probability of improving the targeted populations health status;
- Demonstrate a commitment to quality management in all aspects of project administration and implementation; and
- Incorporate policy approaches that will lead to long-term sustainability and improvement.¹⁰

Projects receiving grants are required to provide matching funds of one dollar for every three dollars awarded.¹¹ 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.¹² In counties with populations of 50,000 or less, local matching funds may be provided entirely through in-kind contributions.¹³

The office is responsible for:

- Publicizing the availability of funds and establishing an application process for submitting a grant proposal;
- Providing technical assistance and training, including a statewide meeting promoting best practice programs, as requested, to grant recipients;
- Developing uniform data reporting requirements for the purpose of evaluating the performance of the grant recipients and demonstrating improved health outcomes;
- Developing a monitoring process to evaluate progress toward meeting grant objectives; and
- Coordinating with existing community-based programs, such as chronic disease community intervention programs, cancer prevention and control programs, diabetes control programs, the Healthy Start program, the Florida Kidcare Program, the HIV/AIDS program,

⁷ Section 381.7355(2)(a), F.S.

⁸ Section 381.7352, F.S.

⁹ Section 381.7356, F.S.

¹⁰ Section 381.7355(3), F.S.

¹¹ Section 381.7356(2), F.S.

¹² *Id.*

¹³ *Id.*

immunization programs, and other related programs at the state and local levels, to avoid duplication of effort and promote consistency.¹⁴

In relation to the Closing the Gap grant program, the DOH must coordinate with existing community-based programs to avoid duplication of effort and promote consistency, such as:

- Chronic disease community 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.¹⁵

Current DOH Initiatives and Programs relating to Maternal Health

Pregnancy-Associated Mortality Review¹⁶

In 1996, the DOH established the Pregnancy-Associated Mortality Review (PAMR) process to improve surveillance and analysis of pregnancy-related deaths in Florida. This case review program seeks to close gaps in care, identify systemic service delivery issues, and make recommendations to facilitate improvements in the overall systems of care. The PAMR Committee consists to two co-chairs and committee membership representative of diverse geographic, medical, psychosocial, community and epidemiological expertise.¹⁷ The PAMR Committee reviews all deaths identified as pregnancy-related and reviews the medical records to see what, if anything, could have been done to prevent this death.

The PAMR defines “pregnancy-associated death” as a death to a woman from any cause while she is pregnant or within one year of termination of the pregnancy, regardless of duration and site of the pregnancy. Before they are reviewed and found to be “pregnancy-associated”, such deaths are identified through:

- Death certificates identified by the assigned cause of death being in the category of Pregnancy, Childbirth and the Puerperium (pregnancy related);
- Florida's Prenatal Risk Screen (formerly known as the Healthy Start screen);
- Birth Certificate/Fetal death certificate;
- Death certificates with a checked box identifying the woman as either pregnant at time of death, pregnant within 42 days of death, or pregnant between 43 days to one year before death.

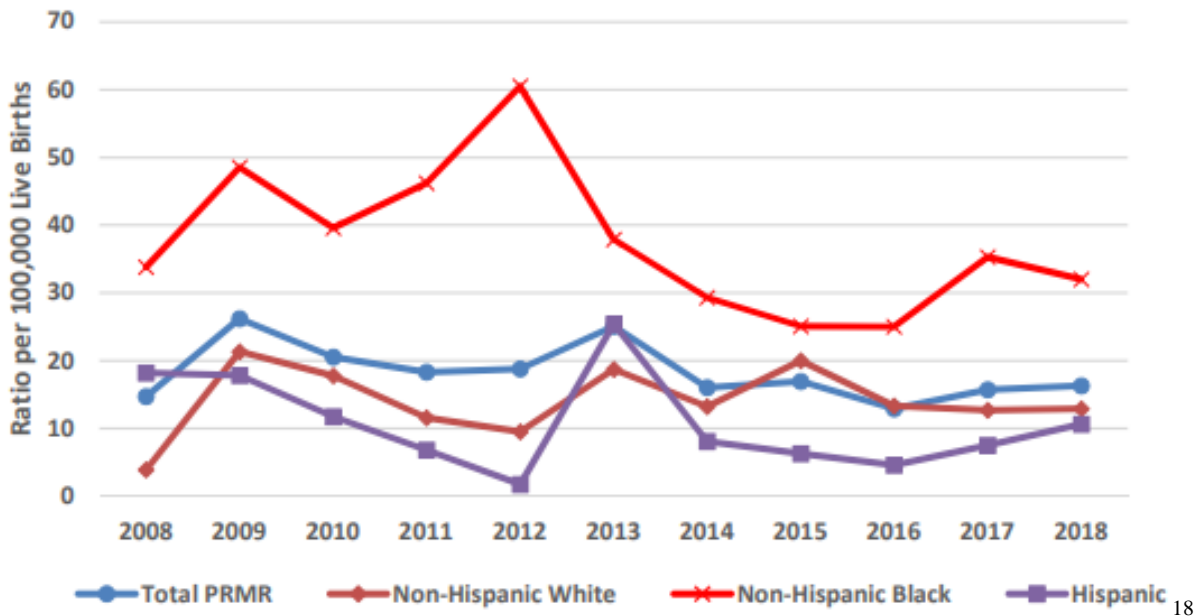
¹⁴ Department of Health, *Committee Substitute for Senate Bill 404 Analysis* (March 9, 2021) (on file with the Senate Committee on Health Policy).

¹⁵ Section 381.7353(2)(e), F.S.

¹⁶ Florida Department of Health, *Pregnancy-Associated Mortality Review (PAMR) available at <http://www.floridahealth.gov/statistics-and-data/PAMR/index.html>* (last visited Mar. 27, 2021).

¹⁷ Department of Health, *House Bill 1383 Fiscal Analysis* (Mar. 12, 2021) (on file with the Senate Committee on Health Policy).

Figure 3. Pregnancy-Related Mortality Ratios (PRMRs) by Race/Ethnicity, Florida, 2008–2018



The 2018 PAMR Report found that the pregnancy-related mortality ratio (PRMR) in Florida was 16.3 per 100,000 live births.¹⁹ Although the 2018 PRMR was lower than the 2009 ratio (26.2 per 100,000 live births), the trend for the period 2008-2018 was not statistically significant.²⁰ The 2018 PAMR Report noted a significant decrease in the Black-White racial disparity gap from 8.7 in 2008 to 2.5 in 2018.²¹ Throughout the study period, non-Hispanic Black women exhibited higher PRMRs than non-Hispanic White or Hispanic women.²² During 2012, the PRMR for non-Hispanic Black women was 60.5, an all-time high. In 2018, the PRMR per 100,000 live births was 32.0 for non-Hispanic Black women, 12.9 for non-Hispanic White women, and 10.6 for Hispanic women.²³

The report issued recommendations relating to improved training for providers and education for patients, earlier access to prenatal care, assessment standards, and screening procedures.²⁴

Florida Perinatal Quality Collaborative (FPQC)²⁵

The FPQC was established in 2010 to improve Florida’s maternal and infant health outcomes through the delivery of high quality, evidence-based perinatal care. The DOH works with the

¹⁸ Florida Department of Health, Florida’s Pregnancy-Associated Mortality Review 2018 Update (May 2020) available at http://www.floridahealth.gov/statistics-and-data/PAMR/_documents/pamr-2018-update.pdf at 7. (last visited Mar. 27, 2021).

¹⁹ *Id.* at 3.

²⁰ *Id.*

²¹ *Id.* at 7.

²² *Id.*

²³ *Id.*

²⁴ *Id.* at 21-23.

²⁵ University for South Florida, College of Public Health, Florida Perinatal Quality Collaborative available at <https://health.usf.edu/publichealth/chiles/fpqc> (last visited Mar. 27, 2021).

Florida Perinatal Quality Collaborative (FPQC) which is housed in the Chiles Center at the University Of South Florida College Of Public Health. Led by a Steering Committee (that the DOH remains engaged in)²⁶ and a leadership team, the FPQC engages all its stakeholders to identify the priority perinatal quality improvement issues and to determine which initiatives are appropriate, feasible, engaging, measurable and supportable. PAMR findings have often been used to help inform initiatives addressed by the FPQC.

Florida Healthy Start Program²⁷

The DOH's Division of Community Health Promotion, Bureau of Family Health Services, Maternal and Child Health Section oversees the Florida Healthy Start program.²⁸ Healthy Start is a voluntary program that provides home visiting services that include prenatal education and support, screening and services, parenting education, and care coordination to assure access to needed services. These services may include psychosocial, nutritional, smoking cessation counseling, childbirth, breastfeeding, substance abuse education, and interconception education and counseling. Healthy Start services pregnant women and children up to three years of age in all 67 counties. Duval County is provided services through the Northeast Healthy Start Coalition and Orange County is provided services through the Healthy Start Coalition of Orange County.²⁹

HRSA Grant to Address Perinatal Mental Health and Substance Abuse³⁰

The DOH has a grant from the federal Health Resources and Services Administration (HRSA) to administer a pilot program to address perinatal mental health and substance use. The DOH has partnered with Florida State University, the University of Florida, and the Florida Association of Healthy Start Coalitions to implement this pilot program with plans to expand statewide. The pilot program expands screening for depression, anxiety, and substance use and access to needed services for pregnant and postpartum women. The pilot program aims to promote maternal and child health by building the capacity of health care providers to address these critical issues through professional development, expert consultation and support, and dissemination of best practices.

Florida Pregnancy Support Services Program³¹

The DOH has a contract with the Florida Pregnancy Care Network to implement the Florida Pregnancy Support Services Program (FPSSP). The FPSSP's network of pregnancy support centers located throughout the state provide pregnancy support services to women and their families. Pregnancy help centers are local, non-profit organizations that provide support and assistance to women and men. In addition to free pregnancy tests, peer counseling, and referrals, most centers offer free classes on pregnancy, childbirth, parenting, and life skills. Participation is encouraged by offering free items such as maternity and baby clothing, diapers, formula, cribs, and car seats to women participating in the FPSSP throughout their pregnancy and the first year

²⁶ Department of Health, *House Bill 1383 Fiscal Analysis* (Mar. 12, 2021) (on file with the Senate Committee on Health Policy).

²⁷ *Id.*

²⁸ Department of Health, *Senate Bill 1540 Fiscal Analysis* (Feb. 26, 2021) (on file with the Senate Committee on Health Policy).

²⁹ *Id.*

³⁰ *Supra* note 26.

³¹ *Id.*

of their baby's life. The FPSSP also has a wellness program that offers referrals to health care providers that will provide free well-woman exams performed by a physician, nurse practitioner, or physician assistant.

“My Birth Matters” Florida Campaign³²

The DOH the Agency for Health Care Administration, the FPQC, and the Florida Hospital Association have launched the “My Birth Matters” Florida campaign, modeled after the California “My Birth Matters” campaign (MyBirthMatters.org). The purpose of the campaign is to promote vaginal deliveries and reduce unnecessary caesarean section deliveries for expectant mothers with low-risk pregnancies. The campaign offers free educational materials and resources for parents and providers, including posters, brochures, videos, and social media messages.

Nurse Family Partnership program

The DOH has implemented the Nurse Family Partnership program which serves 20 counties throughout the state.³³ In this program, specially trained nurses visit young, first-time moms-to-be, beginning in early pregnancy and continuing through the child's second birthday.³⁴ The goal of the program is to improve pregnancy outcomes by helping women utilize preventive health practices, including:

- Thorough prenatal care from their health care providers,
- Improving diets;
- Reducing consumption of nicotine, alcohol, and illegal substances;
- Improving child health and development by helping parents provide responsible and competent care; and
- Improving the economic self-sufficiency of the family by helping parents to develop a vision for their own future, plan future pregnancies, continue their education, and find work.³⁵

Telehealth

In 2019, the Legislature passed and the Governor approved CS/CS/HB 23 which created s. 456.47, F.S. The bill became effective on July 1, 2019.³⁶ It authorizes Florida-licensed health care providers³⁷ to use telehealth to deliver health care services within their respective scopes of practice and also authorizes out-of-state health care providers to use telehealth to deliver health care services to Florida patients if they register with the DOH or the applicable board³⁸ and meet

³² Florida Department of Health, My Birth Matters Florida available at <http://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/my-birth-matters/index.html> (last visited Mar. 27, 2021).

³³ Nurse-Family Partnership Florida available at https://www.nursefamilypartnership.org/wp-content/uploads/2020/11/FL_2020-State-Profile-1.pdf (last visited Mar. 27, 2021).

³⁴ *Id.*

³⁵ Department of Health, *House Bill 1383 Fiscal Analysis* (Mar. 12, 2021) (on file with the Senate Committee on Health Policy).

³⁶ Chapter 2019-137, s. 6, Laws of Fla.

³⁷ Section 467.47(1)(b), F.S.

³⁸ Under s. 456.001(1), F.S., the term “board” is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within the DOH or, in some cases, within the DOH's Division of Medical Quality Assurance.

certain eligibility requirements.³⁹ A registered out-of-state telehealth provider may use telehealth, within the relevant scope of practice established by Florida law and rule, to provide health care services to Florida patients but is prohibited from opening an office in Florida and from providing in-person health care services to patients located in Florida while registered as an out-of-state telehealth provider.

Section 456.47, F.S., defines the term “telehealth” as the use of synchronous (real-time) or asynchronous (in separate time frames) telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 381.7353, F.S., to require the DOH to coordinate with community-based maternal health programs at the state and local levels to avoid duplication of effort and promote consistency.

A Closing the Gap grant proposal must address one or more priority areas, as listed in s. 381.7355, F.S. **Section 2** of the bill amends that section of statute to add “decreasing racial and ethnic disparities in severe maternal morbidity rates and other maternal health outcomes” as a priority area.

Section 3 of the bill creates s. 383.2163, F.S., to require the DOH to establish a telehealth minority maternity care pilot program in Duval County and Orange County by July 1, 2022. The pilot programs would use telehealth to expand the capacity for positive maternal health outcomes in racial and ethnic minority populations. Under the bill, the DOH must direct and assist the county health departments in Duval County and Orange County to implement the pilot programs. Under the bill, the pilot programs must use telehealth to provide, or coordinate with prenatal home visiting programs to provide, all of the following services and education to eligible pregnant women⁴⁰ up to the last day of their postpartum⁴¹ periods, as applicable:

- Referrals to Healthy Start’s coordinated intake and referral program to offer families prenatal home visiting services.

³⁹ On March 16, 2020, Surgeon General Scott Rivkees executed DOH Emergency Order 20-002 authorizing certain out-of-state physicians, osteopathic physicians, physician assistants, and advanced practice registered nurses to provide telehealth in Florida without the need to register as a telehealth provider under s. 456.47(4), F.S. This emergency order was extended and will remain in effect until the expiration of the Governor’s Executive Order No. 20-52 and extensions thereof. Department of Health, State of Florida, *Emergency Order DOH No. 20-003* (Mar. 21, 2020) available at <https://s33330.pcdn.co/wp-content/uploads/2020/03/DOH-EO-20-003-3.21.2020.pdf> (last visited Mar. 27, 2021).

³⁹ Department of Health, State of Florida, *Emergency Order DOH No. 20-005* (Apr. 21, 2020) available at <https://s33330.pcdn.co/wp-content/uploads/2020/04/DOH-Emergency-Order-20-005-extending-20-003.pdf> (last visited Mar. 27, 2021).

³⁹ Section 20.42, F.S.

⁴⁰ Under the bill, “eligible pregnant woman” means a pregnant woman who is receiving, or is eligible to receive, maternal or infant care services from the department under ch. 381 or ch. 383, F.S.

⁴¹ Under the bill, “postpartum” means the 1-year period beginning on the last day of a woman’s pregnancy.

- Services and education addressing social determinants of health, including, but not limited to, all of the following:
 - Housing placement options;
 - Transportation services or information on how to access such services;
 - Nutrition counseling;
 - Access to healthy foods;
 - Lactation support;
 - Lead abatement and other efforts to improve air and water quality;
 - Child care options;
 - Car seat installation and training;
 - Wellness and stress management programs; and
 - Coordination across safety net and social support services and programs.
- 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.
- Tools to conduct key components of maternal wellness checks, including, but not limited to, all of the following:
 - A scale to measure body weight;
 - A device to measure blood pressure;
 - A device to measure blood sugar levels; and
 - Any other device that the health care practitioner performing wellness checks through telehealth deems necessary.

The pilot programs created in the bill must also provide training to health care practitioners and perinatal professionals⁴² participating in the plan on:

- Implicit and explicit biases, racism, and discrimination in the provision of maternity care and how to eliminate them.
- Remote patient monitoring tools for pregnancy-related complications.
- Screening for social determinants of health risks in the prenatal and postpartum periods.
- Best practices in screening for evaluating and treating maternal mental health conditions and substance use disorders.
- Information collection, recording, and evaluation activities to:
 - Study the impact of the pilot program;
 - Ensure access to and the quality of care;
 - Evaluate patient outcomes;
 - Measure patient experience; and
 - Identify best practices for the expansion of the pilot program.

The bill provides that the pilot programs are to be funded using funds appropriated by the Legislature for the Closing the Gap grant program. The bill requires the DOH's Division of Community Health Promotion and its Office of Minority Health and Health Equity to work in

⁴² Under the bill, "perinatal professionals" means doulas, personnel from Healthy Start and home visiting programs, childbirth educators, community health workers, peer supporters, certified lactation consultants, nutritionists and dietitians, social workers, and other licensed and non-licensed professionals who assist women through their prenatal or postpartum periods.

partnership and apply for federal funds that are available to assist the DOH in accomplishing the purpose of the pilot programs and in successfully implementing the programs.

The bill authorizes the DOH to adopt rules to implement the pilot programs.

Section 4 of the bill provides an effective date of July 1, 2021.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Adding “decreasing racial and ethnic disparities in severe maternal morbidity rates and other maternal health outcomes” as a priority area may reduce the funds available for Closing the Gap grant awards for other priority areas.

C. Government Sector Impact:

CS/SB 1540 does not have a direct fiscal impact on the state because the bill provides that the pilot programs will be funded from appropriations made by the Legislature for the Closing the Gap grant program. Therefore, implementation of the pilot programs is subject to such appropriation. The 2020-2021 General Appropriations Act provided \$4,850,354 in recurring general revenue for Minority Health Initiatives, which includes the Closing the Gap grant program. (Specific Appropriation 429).

The DOH estimates, based on the number of pregnancies in Duval and Orange counties and the number of those pregnancies that may be covered by Medicaid, that it would cost \$5,465,197.01 to provide a scale (\$40.73 each), blood pressure cuff (\$79.96 each), and glucose monitor (\$206.00 each) to each woman who may be eligible for the pilot programs in those counties.⁴³ That estimate is for medical equipment only. The DOH indicates that the department will use existing resources to fulfill other requirements of the bill.⁴⁴

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends sections 381.7353 and 381.7355 of the Florida Statutes.

This bill creates section 383.2163 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on March 31, 2021:

The CS:

- Adds personnel from Healthy Start and home visiting programs to the definition of “perinatal professionals.”
- Deletes the underlying bill’s definition of “telehealth” that included audio-only telephone calls, e-mail messages, and facsimile transmissions.
- Authorizes a pilot program to coordinate with prenatal visiting programs to provide services specified in the bill, in lieu of providing the services through telehealth.
- Requires a pilot program to provide referrals to Healthy Start’s coordinated program intake and referral program to offer families prenatal home visiting services.
- Authorizes a pilot program to provide a device to a woman that a health care practitioner performing wellness checks through telehealth deems necessary, regardless of whether that device is necessary to ensure that an accurate assessment of a pregnant women participating in the program is conducted.

B. Amendments:

None.

⁴³ *Supra* note 28.

⁴⁴ *Id.*

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
