

By Senator Gibson

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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.—

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30 (2) The department shall:

31 (e) Coordinate with existing community-based programs, such
32 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 elements:

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

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

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

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

52 ~~4.3.~~ Decreasing racial and ethnic disparities in morbidity
53 and mortality rates relating to HIV/AIDS.

54 ~~5.4.~~ Decreasing racial and ethnic disparities in morbidity
55 and mortality rates relating to cardiovascular disease.

56 ~~6.5.~~ Decreasing racial and ethnic disparities in morbidity
57 and mortality rates relating to diabetes.

58 ~~7.6.~~ Increasing adult and child immunization rates in

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59 certain racial and ethnic populations.

60 ~~8.7.~~ Decreasing racial and ethnic disparities in oral
61 health care.

62 ~~9.8.~~ Decreasing racial and ethnic disparities in morbidity
63 and mortality rates relating to sickle cell disease.

64 ~~10.9.~~ Decreasing racial and ethnic disparities in morbidity
65 and mortality rates relating to Lupus.

66 ~~11.10.~~ Decreasing racial and ethnic disparities in
67 morbidity and mortality rates relating to Alzheimer's disease
68 and dementia.

69 ~~12.11.~~ Improving neighborhood social determinants of
70 health, such as transportation, safety, and food access, as
71 outlined by the Centers for Disease Control and Prevention's
72 "Tools for Putting Social Determinants of Health into Action."

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

75 383.2163 Telehealth minority maternity care pilot
76 programs.—By July 1, 2022, the department shall establish a
77 telehealth minority maternity care pilot program in Duval County
78 and Orange County which uses telehealth to expand the capacity
79 for positive maternal health outcomes in racial and ethnic
80 minority populations. The department shall direct and assist the
81 county health departments in Duval County and Orange County to
82 implement the programs.

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

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

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

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

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

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

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

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

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

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

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

121 (k) "Technology-enabled collaborative learning and capacity
122 building model" means a distance health care education model
123 that connects health care professionals, particularly
124 specialists, with other health care professionals through
125 simultaneous interactive videoconferencing for the purpose of
126 facilitating case-based learning, disseminating best practices,
127 and evaluating outcomes in the context of maternal health care.

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

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

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

135 1. Ethnic and minority populations.

136 2. Health professional shortage areas.

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

141 4. Medically underserved populations.

142 5. Indigenous populations.

143 (b) Provide for the adoption of and use of telehealth
144 services that allow for screening and treatment of common
145 pregnancy-related complications, including, but not limited to,

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146 anxiety, depression, substance use disorder, hemorrhage,
147 infection, amniotic fluid embolism, thrombotic pulmonary or
148 other embolism, hypertensive disorders relating to pregnancy,
149 diabetes, cerebrovascular accidents, cardiomyopathy, and other
150 cardiovascular conditions.

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

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

- 157 1. Housing placement options.
- 158 2. Transportation services or information on how to access
159 such services.
- 160 3. Nutrition counseling.
- 161 4. Access to healthy foods.
- 162 5. Lactation support.
- 163 6. Lead abatement and other efforts to improve air and
164 water quality.
- 165 7. Child care options.
- 166 8. Car seat installation and training.
- 167 9. Wellness and stress management programs.
- 168 10. Coordination across safety net and social support
169 services and programs.

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

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

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175 perinatal health workers.

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

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

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

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

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

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

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

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

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

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

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

- 209 1. Study the impact of the pilot program;
210 2. Ensure access to and the quality of care;
211 3. Evaluate patient outcomes as a result of the pilot
212 program;
213 4. Measure patient experience; and
214 5. Identify best practices for the future expansion of the
215 pilot program.

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

223 (6) RULES.—The department may adopt rules to implement this
224 section.

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