

By Senator Gibson

6-01874-21

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1                   A bill to be entitled  
2           An act relating to maternal health care services;  
3           creating s. 383.52, F.S.; defining terms; requiring  
4           the Department of Health to develop and implement the  
5           Prevention of Maternal Mortality Grant Program by a  
6           specified date; providing eligibility criteria;  
7           requiring the department to conduct certain outreach  
8           and technical assistance to eligible entities;  
9           requiring the department to give special consideration  
10          to certain eligible entities; requiring the department  
11          to provide certain technical assistance to grant  
12          recipients; requiring the department to submit a  
13          report to the Governor and Legislature by a specified  
14          date; requiring the department to adopt rules;  
15          creating s. 383.53, F.S.; requiring the department to  
16          award grants to certain training programs; providing  
17          for an application; providing reporting requirements  
18          for grant recipients and the department; requiring the  
19          department, in consultation with the Office of Program  
20          Policy Analysis and Government Accountability  
21          (OPPAGA), to conduct a certain study and submit a  
22          report to the Governor and Legislature by a specified  
23          date; requiring the department to adopt rules;  
24          creating s. 383.54, F.S.; defining terms; requiring  
25          the department to award grants to certain eligible  
26          entities by a specified date; requiring that grant  
27          funds be used for specified activities; providing  
28          limitations on the award of such grants; providing  
29          requirements for such grants and grant applications;

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30 authorizing the department to coordinate with other  
31 state agencies to ensure that grant recipients have  
32 access to reliable broadband technology; requiring the  
33 department to provide certain technical assistance to  
34 eligible entities and grant recipients; requiring the  
35 department, in coordination with certain stakeholders,  
36 to develop a strategic plan to research and evaluate  
37 certain models; providing reporting requirements for  
38 grant recipients and the department; requiring the  
39 department to adopt rules; creating s. 383.55, F.S.;  
40 defining the terms "department" and "eligible entity";  
41 requiring the department to develop and implement the  
42 Investments in Digital Tools to Promote Equity in  
43 Maternal Health Outcomes Program by a specified date;  
44 providing eligibility criteria; providing for an  
45 application; providing limitations on the award of  
46 such grants; requiring the department to provide  
47 certain technical assistance to eligible entities;  
48 providing reporting requirements for grant recipients  
49 and the department; requiring the department, in  
50 consultation with OPPAGA, to conduct a certain study  
51 and submit a report to the Governor and Legislature by  
52 a specified date; requiring the department to adopt  
53 rules; providing an effective date.

54  
55 Be It Enacted by the Legislature of the State of Florida:

56  
57 Section 1. Section 383.52, Florida Statutes, is created to  
58 read:

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59 383.52 Prevention of Maternal Mortality Grant Program.—

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

61 (a) "Culturally congruent" means in agreement with the  
62 preferred cultural values, beliefs, worldview, and practices of  
63 the health care consumer and other stakeholders.

64 (b) "Department" means the Department of Health.

65 (c) "Postpartum" means the 1-year period beginning on the  
66 last day of a woman's pregnancy.

67 (2) PROGRAM.—By July 1, 2022, the department shall develop  
68 and implement the Prevention of Maternal Mortality Grant Program  
69 to award grants to eligible entities to establish or expand  
70 programs to prevent maternal mortality and severe maternal  
71 morbidity among black women.

72 (3) ELIGIBILITY.—To be eligible to seek a grant under this  
73 section, an entity must be a community-based organization  
74 offering programs and resources aligned with evidence-based  
75 practices for improving maternal health outcomes for black  
76 women.

77 (4) OUTREACH AND TECHNICAL ASSISTANCE.—

78 (a) Beginning July 1, 2021, the department shall:

79 1. Conduct outreach to encourage eligible entities to apply  
80 for grants under this section; and

81 2. Provide technical assistance to eligible entities on  
82 best practices for applying for grants under this section.

83 (b) In conducting outreach, the department shall give  
84 special consideration to eligible entities that:

85 1. Are based in, and provide support for, communities with  
86 high rates of adverse maternal health outcomes and significant  
87 racial and ethnic disparities in maternal health outcomes;

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88       2. Are led by black women; and

89       3. Offer programs and resources that are aligned with  
90 evidence-based practices for improving maternal health outcomes  
91 for black women.

92       (5) AWARDS.—In awarding grants under this section, the  
93 department shall give special consideration to eligible entities  
94 that meet all of the following criteria:

95       (a) Meet the criteria specified in paragraph (4)(b).

96       (b) Offer programs and resources designed in consultation  
97 with and intended for black women.

98       (c) Offer programs and resources in the communities in  
99 which they are located which include any of the following  
100 activities:

101       1. Promotion of maternal mental health and maternal  
102 substance use disorder treatments that are aligned with  
103 evidence-based practices for improving maternal mental health  
104 outcomes for black women.

105       2. Addressing social determinants of health for women in  
106 the prenatal and postpartum periods, including, but not limited  
107 to, any of the following:

108       a. Inadequate housing.

109       b. Transportation barriers.

110       c. Poor nutrition.

111       d. Lack of access to healthy foods.

112       e. Need for lactation support.

113       f. Need for lead abatement and other efforts to improve air  
114 and water quality.

115       g. Lack of access to child care.

116       h. Need for car seat installation.

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117 i. Need for wellness and stress management programs.

118 j. Need for coordination across safety net and social  
119 support services and programs.

120 3. Promotion of evidence-based health literacy and  
121 pregnancy, childbirth, and parenting education for women in the  
122 prenatal and postpartum periods.

123 4. Providing support from doulas and other perinatal health  
124 workers to women from pregnancy through the postpartum period.

125 5. Providing culturally congruent training to perinatal  
126 health workers such as doulas, community health workers, peer  
127 supporters, certified lactation consultants, nutritionists and  
128 dietitians, social workers, home visitors, and navigators.

129 6. Conducting or supporting research on issues affecting  
130 black maternal health.

131 7. Development of other programs and resources that address  
132 community-specific needs for women in the prenatal and  
133 postpartum periods and are aligned with evidence-based practices  
134 for improving maternal health outcomes for black women.

135 (6) TECHNICAL ASSISTANCE.—The department shall provide to  
136 grant recipients under this section technical assistance  
137 regarding all of the following:

138 (a) Capacity building to establish or expand programs to  
139 prevent adverse maternal health outcomes among black women.

140 (b) Best practices in data collection, measurement,  
141 evaluation, and reporting.

142 (c) Planning for sustaining programs to prevent maternal  
143 mortality and severe maternal morbidity among black women when  
144 the grant expires.

145 (7) REPORT.—By July 1, 2023, and each year thereafter, the

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146 department shall submit a report to the Governor, the President  
147 of the Senate, and the Speaker of the House of Representatives  
148 which includes all of the following:

149 (a) Assessment of the effectiveness of outreach efforts  
150 during the application process in diversifying the pool of grant  
151 recipients.

152 (b) Recommendations for future outreach efforts to  
153 diversify the pool of grant recipients for department grant  
154 programs and funding opportunities.

155 (c) Assessment of the effectiveness of programs funded by  
156 grants awarded under this section in improving maternal health  
157 outcomes for black women.

158 (d) Recommendations for future department grant programs  
159 and funding opportunities that deliver funding to community-  
160 based organizations to improve maternal health outcomes for  
161 black women through programs and resources that are aligned with  
162 evidence-based practices for improving maternal health outcomes  
163 for black women.

164 (8) RULES.—The department shall adopt rules to implement  
165 this section.

166 Section 2. Section 383.53, Florida Statutes, is created to  
167 read:

168 383.53 Training programs for employees in maternity care  
169 settings.—

170 (1) GRANTS.—The Department of Health shall award grants to  
171 training programs that reduce and prevent bias, racism, and  
172 discrimination in maternity care settings. In awarding grants  
173 under this section, the department shall give special  
174 consideration to programs that would:

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175 (a) Apply to all birthing professionals and any employees  
176 who interact with pregnant and postpartum women, as the term  
177 "postpartum" is defined in s. 383.52(1), in the provider  
178 setting, including front desk employees, technicians,  
179 schedulers, health care professionals, hospital or health system  
180 administrators, and security staff;

181 (b) Emphasize periodic, as opposed to one-time, trainings  
182 for all birthing professionals and employees described in  
183 paragraph (a);

184 (c) Address implicit bias and explicit bias;

185 (d) Be delivered in continuing education settings for  
186 providers maintaining their licenses, with a preference for  
187 training programs that provide continuing education units and  
188 continuing medical education;

189 (e) Include trauma-informed care best practices and an  
190 emphasis on shared decisionmaking between providers and  
191 patients;

192 (f) Include a service-learning component that sends  
193 providers to work in underserved communities to better  
194 understand patients' life experiences;

195 (g) Be delivered in undergraduate degree programs, such as  
196 biology and premedicine, which generally lead to enrollment in  
197 or are prerequisite programs for medical schools;

198 (h) Be delivered in settings where providers of the federal  
199 Special Supplemental Nutrition Program for Women, Infants, and  
200 Children would receive the training;

201 (i) Integrate bias training in obstetric emergency  
202 simulation trainings;

203 (j) Offer training to all maternity care providers on the

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204 value of racially, ethnically, and professionally diverse  
205 maternity care teams to provide culturally congruent care as  
206 defined in s. 383.52(1), including doulas, community health  
207 workers, peer supporters, certified lactation consultants,  
208 nutritionists and dietitians, social workers, home visitors, and  
209 navigators; or

210 (k) Be based on one or more programs designed by a  
211 historically black college or university.

212 (2) APPLICATION.—To seek a grant under this section, an  
213 entity shall submit an application at such time, in such manner,  
214 and containing such information as the department may require.

215 (3) REPORTING.—Each recipient of a grant under this section  
216 shall annually submit to the department a report on the status  
217 of activities conducted under the grant, including, as  
218 applicable, a description of the impact of training provided  
219 through the grant on patient outcomes and patient experiences  
220 for minority women and their families.

221 (4) BEST PRACTICES.—Based on the annual reports submitted  
222 pursuant to subsection (3), the department:

223 (a) Shall produce an annual report on the findings  
224 resulting from programs funded through this section;

225 (b) Shall disseminate such report to all recipients of  
226 grants under this section and to the public; and

227 (c) May include in such report findings on best practices  
228 for improving patient outcomes and patient experiences for  
229 minority women and their families in maternity care settings.

230 (5) STUDY.—

231 (a) The department, in consultation with the Office of  
232 Program Policy Analysis and Government Accountability, shall



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233 conduct a study on the design and implementation of programs to  
234 reduce and prevent bias, racism, and discrimination in maternity  
235 care settings.

236 (b) The study may include:

237 1. The development of a scorecard for programs designed to  
238 reduce and prevent bias, racism, and discrimination in maternity  
239 care settings to assess the effectiveness of such programs in  
240 improving patient outcomes and patient experiences for minority  
241 women and their families.

242 2. Determination of the types of training to reduce and  
243 prevent bias, racism, and discrimination in maternity care  
244 settings which are demonstrated to improve patient outcomes or  
245 patient experiences for minority women and their families.

246 (c) By December 1, 2022, the department, in coordination  
247 with the Office of Program Policy Analysis and Government  
248 Accountability, shall submit a report to the Governor, the  
249 President of the Senate, and the Speaker of the House of  
250 Representatives which includes findings and recommendations  
251 based on the study required by this subsection.

252 (6) RULES.—The department shall adopt rules to implement  
253 this section.

254 Section 3. Section 383.54, Florida Statutes, is created to  
255 read:

256 383.54 Expanding capacity for positive maternal health  
257 outcomes.—

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

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

260 (b) "Eligible entity" means an entity that provides, or  
261 supports the provision of, maternal health care services or

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262 other evidence-based services for pregnant and postpartum women:

263 1. In health professional shortage areas;

264 2. In areas with high rates of adverse maternal health  
265 outcomes and significant racial and ethnic disparities in  
266 maternal health outcomes; or

267 3. Medically underserved populations.

268  
269 The term includes entities leading, or capable of leading, a  
270 technology-enabled collaborative learning and capacity-building  
271 model or engaging in technology-enabled collaborative training  
272 of participants in such model.

273 (c) "Health professional shortage area" means a geographic  
274 area designated as such by the Health Resources and Services  
275 Administration of the United States Department of Health and  
276 Human Services.

277 (d) "Indigenous population" means any Indian tribe, band,  
278 nation, tribal organization, urban Indian organization, or other  
279 organized group or community of Indians recognized as eligible  
280 for services provided to Indians by the United States Secretary  
281 of the Interior because of their status as Indians. The term  
282 includes any Alaskan native village as defined in 43 U.S.C. s.  
283 1602(c), the Alaska Native Claims Settlement Act, as that  
284 definition existed on the effective date of this act.

285 (e) "Maternal mortality" means a death occurring during  
286 pregnancy or the postpartum period which is caused by pregnancy  
287 or childbirth complications.

288 (f) "Medically underserved population" means the population  
289 of an urban or rural area designated by the United States  
290 Secretary of Health and Human Services as an area with a

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291 shortage of personal health care services or a population group  
292 designated by the United States Secretary of Health and Human  
293 Services as having a shortage of such services.

294 (g) "Postpartum" has the same meaning as provided in s.  
295 383.52(1).

296 (h) "Severe maternal morbidity" means an unexpected outcome  
297 caused by a woman's labor and delivery that results in  
298 significant short-term or long-term consequences to the woman's  
299 health.

300 (i) "Technology-enabled collaborative learning and capacity  
301 building model" means a distance health care education model  
302 that connects health care professionals, and particularly  
303 specialists, with other health care professionals through  
304 simultaneous interactive videoconferencing for the purpose of  
305 facilitating case-based learning, disseminating best practices,  
306 and evaluating outcomes in the context of maternal health care.

307 (2) PROGRAM ESTABLISHED.—By July 1, 2022, the department  
308 shall award grants to eligible entities to evaluate, develop,  
309 and, as appropriate:

310 (a) Expand the use of technology-enabled collaborative  
311 learning and capacity building models; and

312 (b) Improve maternal health outcomes in health professional  
313 shortage areas; in areas with high rates of maternal mortality  
314 and severe maternal morbidity and significant racial and ethnic  
315 disparities in maternal health outcomes; and for medically  
316 underserved populations, including, but not limited to,  
317 indigenous populations.

318 (3) USE OF GRANT FUNDS.—

319 (a) Grants awarded under this section must be used for any

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320 of the following:

321 1. The development and acquisition of instructional  
322 programming and the training of maternal health care providers  
323 and other health care professionals that provide or assist in  
324 the provision of health care services through models such as:

325 a. Training on adopting and effectively implementing  
326 Alliance for Innovation on Maternal Health safety and quality  
327 improvement bundles;

328 b. Training on implicit and explicit bias, racism, and  
329 discrimination for maternity care providers;

330 c. Training on best practices in screening for and, as  
331 needed, evaluating and treating maternal mental health  
332 conditions and substance use disorders;

333 d. Training on how to screen for social determinants of  
334 health risks in the prenatal and postpartum periods, such as  
335 inadequate housing, lack of access to nutrition, environmental  
336 risks, and transportation barriers; or

337 e. Training on the use of remote patient monitoring tools  
338 for pregnancy-related complications.

339 2. Information collection and evaluation activities that:

340 a. Study the impact of models described in subparagraph 1.  
341 on all of the following:

342 (I) Access to and quality of care.

343 (II) Patient outcomes.

344 (III) Subjective measures of patient experiences.

345 (IV) Cost-effectiveness.

346 b. Identify best practices for the expansion and use of  
347 such models.

348 3. Information collection and evaluation activities that

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349 study the impact of models described in subparagraph 1. on  
350 patient outcomes and maternal health care providers and that  
351 identify best practices for the expansion and use of such  
352 models.

353 4. Any other activity consistent with achieving the  
354 objectives of grants awarded under this section, as determined  
355 by the department.

356 (b) In addition to any of the uses described under  
357 paragraph (a), grants awarded under this section may be used  
358 for:

359 1. Equipment to support the use and expansion of  
360 technology-enabled collaborative learning and capacity-building  
361 models, including hardware and software that enables distance  
362 learning, maternal health care provider support, and the secure  
363 exchange of electronic health information; and

364 2. Support for maternal health care providers and other  
365 health care professionals that provide or assist in the  
366 provision of maternity care services through such models.

367 (4) LIMITATIONS.—The department may not award more than one  
368 grant under this section to an eligible entity. Each grant under  
369 this section must be made for a period not to exceed 5 years.  
370 The department shall determine the maximum amount of each grant  
371 awarded under this section.

372 (5) GRANT REQUIREMENTS.—The department shall require  
373 entities awarded a grant under this section to collect  
374 information on the effect of the use of technology-enabled  
375 collaborative learning and capacity-building models, such as the  
376 effect of the use of such models on maternal health outcomes,  
377 access to maternal health care services, quality of maternal

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378 health care, and maternal health care provider retention in  
379 areas and populations described in subsection (1). The  
380 department may award a grant or contract to assist in the  
381 coordination of such models, including to assess outcomes  
382 associated with the use of such models in grants awarded under  
383 this section, including for the purposes described in  
384 subparagraph (3) (a)2.

385 (6) APPLICATION.—

386 (a) An eligible entity that seeks to receive a grant under  
387 this section shall submit to the department an application at  
388 such time, in such manner, and containing such information as  
389 the department may require.

390 (b) The application must include plans to assess the effect  
391 of technology-enabled collaborative learning and capacity-  
392 building models on indicators, including access to and quality  
393 of care, patient outcomes, subjective measures of patient  
394 experiences, and cost-effectiveness. Such indicators may focus  
395 on:

396 1. Health professional shortage areas;

397 2. Areas with high rates of maternal mortality and severe  
398 maternal morbidity and significant racial and ethnic disparities  
399 in maternal health outcomes; and

400 3. Medically underserved populations or American Indians  
401 and Alaska Natives, including Indian tribes, tribal  
402 organizations, and urban Indian organizations.

403 (7) ACCESS TO BROADBAND.—In administering grants under this  
404 section, the department may coordinate with other state agencies  
405 to ensure that funding opportunities are available to support  
406 access to reliable, high-speed Internet for grantees.

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407       (8) TECHNICAL ASSISTANCE.—The department shall provide,  
408 directly or by contract, technical assistance to eligible  
409 entities, including recipients of grants under this section,  
410 with the development, use, and post-grant sustainability of  
411 technology-enabled collaborative learning and capacity-building  
412 models in order to expand access to maternal health care  
413 services provided by such entities in health professional  
414 shortage areas and areas with high rates of maternal mortality  
415 and severe maternal morbidity and significant racial and ethnic  
416 disparities in maternal health outcomes; and for medically  
417 underserved populations, including, but not limited to,  
418 indigenous populations.

419       (9) RESEARCH AND EVALUATION.—The department, in  
420 consultation with stakeholders with appropriate expertise in the  
421 models described in subsection (8), shall develop a strategic  
422 plan to research and evaluate the evidence for such models. The  
423 department shall use such plan to implement this section.

424       (10) REPORTING.—

425       (a) An eligible entity that receives a grant under this  
426 section shall submit to the department a report at such time, in  
427 such manner, and containing such information as the department  
428 may require.

429       (b) By July 1, 2023, the department shall submit to the  
430 Governor, the President of the Senate, and the Speaker of the  
431 House of Representatives, and post on its Internet website, a  
432 report that includes, at a minimum:

433       1. A description of any new and continuing grants awarded  
434 under this section and the specific purposes and amounts of such  
435 grants;

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436 2. An overview of:

437 a. Evaluations conducted under subsection (3);

438 b. Technical assistance provided under subsection (8); and

439 c. Activities conducted by entities awarded grants under  
440 this section; and

441 3. A description of any significant findings related to  
442 patient outcomes or maternal health care providers and best  
443 practices for eligible entities that are expanding, using, or  
444 evaluating technology-enabled collaborative learning and  
445 capacity-building models.

446 (11) RULES.—The department shall adopt rules to implement  
447 this section.

448 Section 4. Section 383.55, Florida Statutes, is created to  
449 read:

450 383.55 Grants to promote equity in maternal health outcomes  
451 by increasing access to digital tools.—

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

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

454 (b) "Eligible entity" has the same meaning as provided in  
455 s. 383.54(1). The term includes domestic faith-based and  
456 community-based organizations.

457 (2) PROGRAM.—By July 1, 2022, the department shall develop  
458 and implement the Investments in Digital Tools to Promote Equity  
459 in Maternal Health Outcomes Program under which the department  
460 shall award grants to eligible entities to reduce racial and  
461 ethnic disparities in maternal health outcomes by increasing  
462 access to digital tools related to maternal health care.

463 (3) APPLICATIONS.—To be eligible to receive a grant under  
464 this section, an eligible entity shall submit to the department



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465 an application at such time, in such manner, and containing such  
466 information as the department may require.

467 (4) LIMITATIONS.—

468 (a) The department may not award more than one grant under  
469 this section to an eligible entity. Each grant under this  
470 section shall be for a period of not more than 5 years. The  
471 department shall determine the maximum amount of each grant  
472 awarded under this section.

473 (b) In awarding grants under this section, the department  
474 shall prioritize the selection of an eligible entity that:

475 1. Operates in an area with high rates of adverse maternal  
476 health outcomes and significant racial and ethnic disparities in  
477 maternal health outcomes; and

478 2. Promotes technology that addresses racial and ethnic  
479 disparities in maternal health outcomes.

480 (5) TECHNICAL ASSISTANCE.—The department shall provide  
481 technical assistance to an eligible entity on the development,  
482 use, evaluation, and post-grant sustainability of digital tools  
483 for purposes of promoting equity in maternal health outcomes.

484 (6) REPORTING.—

485 (a) An eligible entity that receives a grant under this  
486 section shall submit to the department a report at such time, in  
487 such manner, and containing such information as the department  
488 may require.

489 (b) By July 1, 2023, the department shall submit to the  
490 Governor, the President of the Senate, and the Speaker of the  
491 House of Representatives a report that includes all of the  
492 following:

493 1. Evaluation of the effectiveness of grants awarded under

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494 this section in improving maternal health outcomes for minority  
495 women.

496 2. Recommendations for future grant programs that promote  
497 the use of technology to improve maternal health outcomes for  
498 minority women.

499 3. Recommendations that address:

500 a. Privacy and security safeguards that should be  
501 implemented in the use of technology in maternal health care.

502 b. Reimbursement rates for maternal telehealth services.

503 c. The use of digital tools to analyze large data sets for  
504 the purpose of identifying potential pregnancy-related  
505 complications as early as possible.

506 d. Barriers that prevent maternal health care providers  
507 from providing telehealth services across state lines and  
508 recommendations from the Centers for Medicare and Medicaid  
509 Services for addressing such barriers in the state Medicaid  
510 program.

511 e. The use of consumer digital tools, such as mobile  
512 telephone applications, patient portals, and wearable  
513 technologies to improve maternal health outcomes.

514 f. Barriers that prevent consumers from accessing  
515 telehealth services or other digital technologies to improve  
516 maternal health outcomes, including a lack of access to  
517 reliable, high-speed Internet or a lack of access to electronic  
518 devices needed to use such services and technologies.

519 g. Any other related issues as determined by the  
520 department.

521 (7) (a) STUDY.—The department, in consultation with the  
522 Office of Program Policy Analysis and Government Accountability,

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523 shall conduct a study on the use of technology to reduce  
524 preventable maternal mortality and severe maternal morbidity and  
525 eliminate racial and ethnic disparities in maternal health  
526 outcomes in this state. The study must assess current and future  
527 uses of artificial intelligence technologies in maternal health  
528 care, including all of the following:

529 1. The extent to which artificial intelligence technologies  
530 are currently being used in maternal health care.

531 2. The extent to which artificial intelligence technologies  
532 have exacerbated racial or ethnic biases in maternal health  
533 care.

534 3. Recommendations for reducing racial or ethnic biases in  
535 artificial intelligence technologies used in maternal health  
536 care.

537 4. Recommendations for potential applications of artificial  
538 intelligence technologies that could improve maternal health  
539 outcomes, particularly for minority women.

540 5. Recommendations for privacy and security safeguards that  
541 should be implemented in the development of artificial  
542 intelligence technologies in maternal health care.

543 (b) By July 1, 2023, the department shall submit to the  
544 Governor, the President of the Senate, and the Speaker of the  
545 House of Representatives a report that includes its findings and  
546 recommendations based on the study required in paragraph (a).

547 (8) RULES.—The department shall adopt rules to implement  
548 this section.

549 Section 5. This act shall take effect upon becoming a law.  
550