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Bill Analysis

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Primary Sponsors: Sens. Kunze and Antonio

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SUMMARY

- Imposes additional requirements on Pregnancy-associated Mortality Review (PAMR) Board membership, reimbursement and compensation, and meetings.
- Expands the Board's duties associated with its mission to reduce the incidence of pregnancy-associated deaths in Ohio.
- Imposes requirements on the Ohio Department of Health and those with information on pregnancy-associated deaths for the purpose of identifying pregnancy-associated deaths.
- Increases to annually (from biennially) the frequency at which the PAMR Board must prepare reports and requires them to contain additional content.
- Requires the Director of Health to specify severe maternal morbidity data reporting requirements for birthing facilities and to prepare an annual report summarizing the data.
- Designates the month of May as "Maternal Mortality Awareness Month."

DETAILED ANALYSIS

Pregnancy-associated Mortality Review (PAMR) Board

Background

H.B. 166, the main appropriations act for FYs 2020 and 2021, codified the existence of the Pregnancy-associated Mortality Review (PAMR) Board in the Department of Health. Before that enactment the PAMR Board has been operating since 2010 without governing statutes or rules. According to the Department, the PAMR Board's purpose from initiation has been to

identify and review pregnancy-associated deaths in all 88 counties for the purpose of reducing the incidence of such deaths.¹ A “pregnancy-associated death” is a death of a woman while pregnant or anytime within one year of pregnancy regardless of cause.²

Membership

Current law authorizes the Director of Health to appoint the members of the PAMR Board. The bill modifies the membership as follows:³

1. The Executive Director of the Commission on Minority Health, or the Executive Director’s designee, must be a member.
2. The Director of Health must appoint the Board’s remaining members, including:
 - a. One lay midwife who possesses the certified professional midwife credential issued by the North American Registry of Midwives or a doula certified by an organization identified in rules adopted by the Director of Health;
 - b. Two women who have experienced a delivery hospitalization with severe maternal morbidity; and
 - c. Members who represent women and mothers in areas of Ohio that are considered to be medically underserved areas or areas with a disproportionately high incidence of delivery hospitalizations involving severe maternal morbidity. (The bill defines “severe maternal morbidity” as unexpected outcomes of pregnancy, labor, or delivery that result in significant short-term or long-term consequences to a woman’s health.⁴)
3. The Director must make a good faith effort to appoint individuals who represent the racial and ethnic backgrounds of families affected by severe maternal morbidity.
4. At least 80% of the Board’s members must represent the following constituencies or areas of expertise: anesthesiology, emergency medicine, family medicine, forensic pathology, maternal-fetal medicine, obstetrics and gynecology, pediatrics, nursing, mental health, addiction and other substance use disorders, child fatality review, intimate partner violence, epidemiology, public health, human trafficking, and hospital risk management. This requirement replaces a provision requiring that the Director make a good faith effort to select members who represent multiple areas of expertise and constituencies concerned with the care of pregnant and postpartum women.

¹ Ohio Department of Health, *Commission on Infant Mortality Inventory (Surveillance and Review Programs)*, February 12, 2016, available at <http://cim.legislature.ohio.gov/Assets/Files/surveillance-and-review-programs.pdf>.

² R.C. 3738.01(A)(2).

³ R.C. 3738.03.

⁴ R.C. 3738.02(A)(3).

The bill maintains the requirement that the Director make a good faith effort to appoint members who represent all regions of Ohio.⁵

Compensation and reimbursement

The bill requires that the PAMR Board members who are not employed as health care professionals or who do not serve on the Board as part of their regular duties of employment must receive reimbursement for actual and necessary expenses incurred in the performance of official duties and, if requested, a per diem compensation established by the Director of Health in rules (see “**Rules**,” below). Each other member must receive reimbursement for actual and necessary expenses incurred in the performance of official duties, but otherwise does not receive any additional compensation.⁶

Under current law, all members serve without compensation and are not eligible for reimbursement for expenses incurred in the performance of official duties.⁷

Frequency of meetings

The bill requires that the PAMR Board meet four times each calendar year in addition to when the Board’s chairperson considers it necessary for the timely completion of pregnancy-associated death reviews, as required under current law.⁸

Duties

The bill expands the duties of the PAMR Board by requiring that the Board do all of the following associated with its mission to reduce the incidence of pregnancy-associated deaths in Ohio:⁹

--Identify all pregnancy-associated deaths in Ohio, conduct reviews in accordance with rules adopted by the Director of Health under existing law, determine causes and factors that contributed to the deaths, and determine which actions could have been taken to prevent the deaths;

--Identify and make recommendations to ameliorate gaps in care and systemic care delivery issues, including risk of pregnancy-associated deaths resulting from deficiencies in insurance coverage, as well as racial and other disparities;

--Identify adverse outcomes resulting from the differences in quality of care that may be experienced by women of various geographic areas, races, ethnicities, and socioeconomic circumstances that may contribute to pregnancy-associated deaths; and

⁵ R.C. 3738.03(A)(1).

⁶ R.C. 3738.03(D).

⁷ R.C. 3738.03(D).

⁸ R.C. 3738.03(E).

⁹ R.C. 3738.04.

--Disseminate information on effective interventions to reduce the mortality of pregnant and postpartum women.

The Board is already required to do all of the following:

--Promote cooperation, collaboration, and communication between all groups, professions, agencies, and entities that serve pregnant and postpartum women and families;

--Recommend and develop plans for implementing service and program changes, as well as changes to the groups, professions, agencies, and entities that serve pregnant and postpartum women and families;

--Provide the Department of Health with aggregate data, trends, and patterns regarding pregnancy-associated deaths using data and other relevant information specified in rules adopted by the Director of Health; and

--Develop effective interventions to reduce the mortality of pregnant and postpartum women.

Department of Health investigative involvement

The bill requires the Department of Health to use all resources available to it to identify pregnancy-associated deaths in Ohio, including maternal death certificates, the International Classification of Diseases (ICD) obstetric cause of death codes, and linking death certificates to live birth and fetal death certificates.¹⁰

As soon as practicable but not later than 30 days after identifying a pregnancy-associated death, the bill requires the Department to submit a written request to any person or government entity the Department has reason to believe could have information on the circumstances of the death, including physicians, hospitals, coroners or medical examiners, emergency medical service personnel, law enforcement agencies, mental health and addiction professionals, and family members of the deceased. The request must specify the information being sought, which may include medical records; police, incident, or crash reports; coroner or medical examiner reports; pathology reports, including toxicology screenings or autopsy records; descriptions of medical interventions; and event timelines.¹¹

The Department also may request and obtain data and other information from any source with which it has a data sharing agreement, including the Department of Medicaid, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Ohio Opiate Death Registry, the Ohio Violent Death Reporting System, and the Department of Health Child Death Review Database or National Child Death Review Database.¹²

¹⁰ R.C. 3738.05(A).

¹¹ R.C. 3738.05(B).

¹² R.C. 3738.05(C).

Submission of information

Generally, under current law, any individual, government entity, agency that provides services specifically to individuals or families, law enforcement agency, health care provider, or other public or private entity that provided services to a woman whose death is being reviewed by the PAMR Board must, notwithstanding state confidentiality laws, submit to the Board a copy of any record it possesses that the Board requests. Under the bill, only a person or government entity that receives a written request from the Department to submit information must do so, and the information to be submitted is limited to that described in the request. The person or government entity must provide the information not later than 60 days after being informed of the pregnancy-associated death.¹³

The bill maintains the exception in current law that information regarding a pregnancy-associated death is not to be provided when a person is under investigation or being prosecuted for causing the death unless the prosecuting attorney agrees to allow the death review. But, the bill requires that if information is denied for this reason, the person, government entity, law enforcement agency, or prosecuting attorney must notify the Department in writing of the circumstances.¹⁴

Report

The bill requires the PAMR Board to prepare reports annually, rather than biennially as required under current law, and requires that they contain additional content. Under the bill, in each report, the Board also must:¹⁵

--Identify the actual and potential causes of, and factors contributing to, pregnancy-associated deaths that occurred in the immediately preceding calendar year, including whether gaps in availability and quality of care, systemic care delivery issues, demographics, deficiencies in insurance coverage, and racial and other disparities play a role in such deaths;

--Make determinations regarding the preventability of pregnancy-associated deaths;

--Address in its recommendations whether changes to both of the following would reduce pregnancy-associated deaths: services and programs that serve pregnant and postpartum women and the groups, professions, agencies, and entities that serve them; and

--Assess its progress on implementing prior Board recommendations.

The Board is already required to do all of the following in its reports:¹⁶

¹³ R.C. 3738.05(A), renumbered to R.C. 3738.06(A) in the bill.

¹⁴ R.C. 3738.05(A), renumbered to R.C. 3738.06(B) in the bill.

¹⁵ R.C. 3738.09(A).

¹⁶ R.C. 3738.08(A), renumbered as R.C. 3738.09(A) in the bill.

1. Summarize findings from the pregnancy-associated death reviews completed in the immediately preceding two calendar years, including any trends or patterns identified by the Board;
2. Make recommendations on how pregnancy-associated deaths may be prevented, including changes that should be made to policies and laws; and
3. Include any other information related to pregnancy-associated deaths the Board considers useful.

The bill requires that each annual report include data that is disaggregated by the insurance coverage, race, and ethnicity, as well as other categories identified by the Director of Health, of the women who experienced pregnancy-associated death. To the extent possible, the data must be delineated to show differences between population subgroups within each category.¹⁷

Because the bill requires annual, rather than biennial, reports, the bill also changes the submission deadlines. The initial report must be submitted not later than one year after the bill's effective date and must cover pregnancy-associated deaths that occurred in the immediately preceding calendar year and prior years. Each subsequent report must be submitted not later than December 1 each year beginning with the December that occurs in the calendar year immediately following the date on which the initial report was submitted. Each subsequent report must cover pregnancy-associated deaths that occurred in the immediately preceding calendar year.¹⁸

The bill specifies that the report is a public record that is not confidential.¹⁹

Rules

The bill requires the Director of Health to adopt additional rules associated with PAMR Board operations to reflect additional duties imposed by the bill.²⁰ Specifically, the Director must identify the organizations that certify doulas who may be appointed to the Board and specify the per diem compensation for Board members who are eligible to receive compensation.

Severe maternal morbidity

Data reporting

The bill requires the Director of Health, not later than 60 days after this bill's effective date, to adopt rules (1) specifying data on severe maternal morbidity that each hospital and freestanding birthing center in Ohio must report to the Director and (2) prescribing the manner

¹⁷ R.C. 3738.09(B).

¹⁸ R.C. 3738.08(C), renumbered to R.C. 3738.09(C) in the bill.

¹⁹ R.C. 149.43(A)(1)(II) and 3738.06(A), renumbered to R.C. 3738.07(A) in the bill.

²⁰ R.C. 3738.11(B)(4) and (5).

in which such data must be reported.²¹ Hospitals and freestanding birthing centers must comply with the reporting requirement annually.²²

Report

Using the data reported by hospitals and freestanding birthing centers and any other pertinent data, the bill requires the Department of Health to prepare an annual report that evaluates trends and patterns on severe maternal morbidity in Ohio. Each report must include data that is disaggregated by the insurance coverage, race, and ethnicity, as well as other categories identified by the Director of Health, of women affected by severe maternal morbidity. To the extent possible, the data must be delineated to show differences between population subgroups within each category. Each report must be submitted with and in the same manner as the annual reports on pregnancy-associated deaths.²³

The bill specifies that the annual report on severe maternal morbidity is a public record.²⁴

Maternal Mortality Awareness Month

The bill designates the month of May as “Maternal Mortality Awareness Month.”²⁵

HISTORY

Action	Date
Introduced	06-23-20

S0326-I-133/ar

²¹ R.C. 3701.954.

²² R.C. 3702.35 and 3727.25.

²³ R.C. 3738.10.

²⁴ R.C. 149.43(A)(1)(II).

²⁵ R.C. 5.266.