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S.B. 326
133rd General Assembly

Fiscal Note & Local Impact Statement

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Version: As Introduced

Primary Sponsors: Sens. Kunze and Antonio

Local Impact Statement Procedure Required: No

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Highlights

- The Ohio Department of Health (ODH) will likely experience an increase in costs related to the reimbursement and potential per diem for members of the Pregnancy-Associated Mortality Review (PAMR) Board.
- ODH will also experience an increase in costs for the additional duties required of the PAMR Board and to produce the PAMR report annually, rather than biennially. There will also be costs to collect data to produce an annual report on severe maternal morbidity and to promulgate necessary rules. It appears that some of these requirements may be done as part of ODH's current operations. Thus, total costs will depend on the number and scope of any changes or additions to the current operations.
- Government-owned hospitals may experience a minimal increase in costs, as well as an increase in administrative duties, to annually report certain data to ODH regarding severe maternal morbidity. It appears that some data on this topic may be currently collected from hospitals. Thus, costs will depend on the scope of any changes or additions to current operations and the submission requirements.
- The Ohio Commission on Minority Health may incur a minimal increase in costs to participate as a member of the PAMR Board.

Detailed Analysis

Pregnancy-Associated Mortality Review Board

The bill makes several changes to the Pregnancy-Associated Mortality Review (PAMR) Board, including changes to the Board's membership, compensation and reimbursement,

frequency of meetings, duties, Ohio Department of Health (ODH) investigative involvement, submission of information, and completion of an annual report.

Membership, compensation, and reimbursement

The bill modifies the membership of the PAMR Board, including the addition of the Executive Director of the Commission on Minority Health, or the Director's designee. It also makes modifications to the Board's remaining members. The Commission on Minority Health may experience a minimal increase in costs to participate on the Board.

The bill requires members of the Board who are not employed as health care professionals or who do not serve on the Board as part of their regular duties of employment to 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. Each other member must receive reimbursement for actual and necessary expenses incurred in the performance of official duties. ODH will likely experience an increase in costs to provide this reimbursement or per diem. The amount will depend on any actual and necessary expenses incurred by the members and the per diem established. In addition, 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. If additional meetings are held as a result, this may increase actual and necessary expenses made by Board members, as well as per-diem expenses.

Duties

The bill expands the duties of the PAMR Board by requiring the Board to do all of the following: (1) identify all pregnancy-associated deaths in Ohio, conduct reviews, determine causes and factors that contributed to the deaths, and determine which actions could have been taken to prevent the deaths, (2) identify and make recommendations to ameliorate gaps in care and systemic care delivery issues, (3) identify adverse outcomes resulting from the differences in quality of care that may contribute to pregnancy-associated deaths, and (4) disseminate information on effective interventions to reduce the mortality of pregnant and postpartum women.

In 2019, ODH released "A Report of Pregnancy-Associated Deaths in Ohio, 2008-2016."¹ According to the report, the current PAMR process has three main steps: (1) ODH identifies deaths of women that occurred during pregnancy or within a year of the end of a pregnancy (also called pregnancy-associated deaths), (2) ODH PAMR staff seek appropriate records, including clinical and social service records, from various entities and create a case summary, and (3) the PAMR multidisciplinary committee of experts reviews the deaths. As part of the review, the committee determines whether the deaths were pregnancy-related, if the deaths were preventable, any contributing factors, and recommendations for preventing future deaths. Thus it is possible that some of the bill's requirements may already be conducted as part of the PAMR process. However, to the extent the bill adds to or modifies these duties, there may be some additional costs incurred by the Board and ODH.

¹ Access the report [here](#).

ODH investigative involvement

The bill requires ODH to use all resources available to it to identify pregnancy-associated deaths in Ohio and requires ODH 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 for specified information being sought, which may include medical records; police, incident, or crash reports; coroner or medical examiner reports; pathology reports; descriptions of medical interventions; and event timelines. ODH may also request and obtain data from any source which it has a data sharing agreement. As stated above, it appears that ODH PAMR staff currently seek some clinical and social service records. If any additional records are required as a result of the bill, ODH may realize an increase in costs to gather the necessary information. Any increase will depend on the number and type of additional records sought.

Submission of information

The bill makes changes to the submission of information to the PAMR Board by certain entities; under the bill, only a person or government entity that receives a written request from ODH is required to submit the information, and is limited to that described in the request. Information must be provided not later than 60 days after being informed of the pregnancy-associated death. Currently, any individual, government entity, 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 confidentiality laws, submit a copy of any requested record. Thus, the bill's provision is not anticipated to have much of a fiscal impact.

Additionally, the bill maintains the exception in current law that information 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. However, 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. This may result in minimal administrative costs for those entities.

Annual report

The bill requires the PAMR Board to prepare reports annually, rather than biennially as required under current law, and requires that they contain certain additional content. To the extent this required content is not already included in completed reports, this will increase costs for the Board and for ODH. There will be additional costs to complete the reports on an annual, rather than biennial, basis as well.

Rules

The bill requires ODH to adopt additional rules associated with PAMR Board operations to reflect additional duties imposed by the bill, including the identification of 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. ODH may experience a minimal increase in costs to promulgate such rules.

Severe maternal morbidity

The bill requires ODH to adopt rules (1) specifying data on severe maternal morbidity (SMM) that each hospital and freestanding birthing center in Ohio must report to the Director

and (2) prescribing the manner in which such data must be reported. Hospitals and freestanding birthing centers must comply with the reporting requirement annually. According to the Ohio Hospital Association (OHA), this may result in minimal increases in costs for government-owned hospitals to comply, as well as an increase in administrative duties. However, the 2019 report entitled “A Report of Pregnancy-Associated Deaths in Ohio, 2008-2016,”² states that ODH obtains certain data on delivery hospitalizations from OHA to identify women with SMM and examine trends in the types of morbidities and risk factors. Thus, total costs will depend on the type of additional data collected as a result of the bill, as well as the manner in which it must be reported.

Using this data, ODH is required 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. It appears ODH already publishes some research regarding severe maternal morbidity.³ However, assuming that additional research and analysis is required as a result of the bill, ODH will experience an increase in costs.

Maternal Mortality Awareness Month

The bill designates the month of May as “Maternal Mortality Awareness Month.” This provision has no fiscal impact on the state or local political subdivisions.

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² Access the report [here](#).

³ <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/pregnancy-associated-mortality-review/smm/>.