



www.lsc.ohio.gov

OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
and Drafting

Legislative Budget
Office

S.B. 125
134th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsors: Sens. Kunze and Maharath

Jason Hoskins, Attorney

SUMMARY

Maternal continuing education requirements

- Requires the Director of Health to establish annual continuing education requirements for hospital and freestanding birthing center staff who routinely care for pregnant and postpartum women and to monitor compliance with the requirements.
- Requires that the continuing education requirements include modules on severe maternal hypertension, obstetric hemorrhage, and the other two most prevalent obstetric complications as identified by the Pregnancy-Associated Mortality Review (PAMR) Board.
- Requires the Ohio Department of Health (ODH) to collaborate with the Ohio Perinatal Quality Collaborative (or its successor) to develop an initiative to improve birth equity, reduce peripartum racial and ethnic disparities, and address implicit bias in the health care system.
- Requires ODH to collaborate with the PAMR Board to make best practices available for timely identification of pregnant and postpartum women in the emergency department and for timely consultation with an appropriate medical professional.

Maternal Mortality Awareness Month

- Designates the month of May as “Maternal Mortality Awareness Month.”

Designation

- Designates the bill as the “Save Our Mothers Act.”

DETAILED ANALYSIS

Maternal continuing education requirements

Education requirements

The bill requires the Director of Health to adopt rules in accordance with the Administrative Procedure Act establishing continuing education requirements for employees and contractors at hospitals and freestanding birthing centers.¹ A freestanding birthing center is any facility where deliveries regularly occur, regardless of whether the center is on the campus of another health care facility.² The Director may consult with the American College of Obstetricians and Gynecologists or other relevant professional associations when establishing the requirements.³

Among the requirements must be one that each hospital and freestanding birthing center provide its employees and contractors educational modules on (1) severe maternal hypertension, (2) obstetric hemorrhage, and (3) the two most prevalent obstetric complications identified in the most recent biennial report prepared by the existing Pregnancy-Associated Mortality Review (PAMR) Board, other than those in (1) and (2). The modules must be updated and provided not less than once annually. The Director must require that hospitals and freestanding birthing centers apply to the appropriate professional licensing boards to have each educational module approved for continuing education credit.⁴

The Director is responsible for monitoring hospitals and freestanding birthing centers for compliance with the continuing education requirements, and, to that end, may inspect the records of any hospital or freestanding birthing center and require that these facilities produce reports on continuing education activities.⁵

Maternal health equity initiative

The bill requires the Department of Health (ODH) to collaborate with the Ohio Perinatal Quality Collaborative or its successor to develop an initiative to improve birth equity, reduce peripartum racial and ethnic disparities, and address implicit bias in the health care system. The initiative must include the development of best practices for implicit bias training and education in cultural competency. Existing programs, including those administered or supported by the Alliance for Innovation on Maternal Health and the Ohio Equity Institute, must be considered when developing the initiative.⁶

¹ R.C. 3702.36(B), (C), and (D).

² R.C. 3702.36(A)(1).

³ R.C. 3702.36(B).

⁴ R.C. 3702.36(C).

⁵ R.C. 3702.37.

⁶ R.C. 3738.20(A).

Best practices

The bill requires ODH, in collaboration with the PAMR Board, to make available to all hospitals and freestanding birthing centers best practices for the timely identification of all pregnant and postpartum women in the emergency department. These best practices must include appropriate and timely consultation with an obstetrician, certified nurse-midwife, or physician assistant with obstetric experience to provide input on patient management and follow-up. Telemedicine may be used for the consultation.⁷ The Director may adopt rules in accordance with the Administrative Procedure Act to implement this requirement.⁸

Maternal Mortality Awareness Month

The bill designates the month of May as “Maternal Mortality Awareness Month.”⁹ Note that H.B. 110 of the 134th General Assembly (the biennial budget bill) already enacted this designation.¹⁰

Designation

The bill is designated as the “Save our Mothers Act.”¹¹

HISTORY

Action	Date
Introduced	03-09-21

S0125-I-134/ts

⁷ R.C. 3738.20(B).

⁸ R.C. 3738.20(C).

⁹ R.C. 5.266.

¹⁰ R.C. 5.247.

¹¹ Section 2.