

HOUSE No. 4818

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, June 29, 2020

The committee on Ways and Means, to whom was referred the Bill to reduce racial disparities in maternal health (House, No. 4448), reports recommending that the same ought to pass with an amendment substituting therefor the accompanying bill (House, No. 4818).

For the committee,

AARON MICHLEWITZ.

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In the One Hundred and Ninety-First General Court
(2019-2020)

An Act to reduce racial inequities in maternal health.

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to establish forthwith a special commission to examine and make recommendations to reduce racial inequities in maternal health in the commonwealth, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 (a) There is hereby established a special legislative commission pursuant to section 2A of
2 chapter 4 of the General Laws to examine and make recommendations to reduce or eliminate
3 racial inequities in maternal mortality and severe maternal morbidity in the commonwealth. The
4 special legislative commission shall meet no less than 4 times in locations across the
5 commonwealth in communities experiencing high or disparate rates of maternal mortality or
6 severe maternal morbidity, to gather information and to raise awareness of maternal mortality
7 and severe maternal morbidity. For the purposes of this act “maternal mortality” shall mean the
8 death of a woman during pregnancy or within 1 year of the end of the pregnancy.

9 (b) The commission shall consist of the following 23 members: the house and senate
10 chairs of the joint committee on public health, or their designees, who shall serve as co-chairs;
11 the chair of the Massachusetts Black and Latino Legislative Caucus, or a designee; the

commissioner of public health, or a designee; the executive director of the health policy
commission, or a designee; 1 member of the Massachusetts maternal mortality and morbidity
review committee; 1 member from the Massachusetts Medical Society and 1 member from the
Massachusetts chapter of the American College of Obstetricians and Gynecologists, both of
whom shall specialize in childbirth or maternal health, including, but not limited to, obstetrician-
gynecologists, maternal-fetal medicine specialists or family medicine physicians; 1 member of
the Massachusetts affiliate of American College of Nurse-Midwives; 1 member of the Perinatal-
Neonatal Quality Improvement Network of Massachusetts; 1 member of the Ellen Story
Commission on Postpartum Depression established pursuant to chapter 313 of the acts of 2010;
10 members to be appointed by the co-chairs, 1 of whom shall be a public health professional
who specializes in racial inequities in maternal health, 1 of whom shall be a medical professional
who practices in a birthing center, 1 of whom shall be a doula who is a black person, 1 of whom
shall be a certified professional midwife who is a black person, 2 of whom shall be
representatives of 2 different black or brown-led community-based organizations that provide
services to or advocate on behalf of black or brown women, 1 of whom shall be a black person
who is a member of an organization committed to reducing health inequities in communities of
color, 1 of whom shall be a member of an organization specializing in mental and maternal
health in black and brown communities, 1 of whom shall be a black person who identifies as a
father and 1 of whom shall be a maternal peer recovery coach; and 2 members to be appointed by
the governor, 1 of whom shall be a black person who has lost an immediate family member
because of maternal mortality and 1 of whom shall be a black person who has experienced severe
maternal morbidity. The co-chairs may appoint up to 3 additional commission members from
communities of color to fulfill the purpose of the commission.

Members of the special commission shall have evidence-based or lay knowledge, expertise or experience related to maternal mortality and severe maternal morbidity and shall reflect broad racial and geographic diversity in the commonwealth, with the majority of members of the commission from black and brown communities and representing the communities that are most impacted by inequities in maternal health outcomes in the commonwealth. All appointments shall be made not later than 30 days after the effective date of this act. The commission shall convene its first meeting not later than 60 days after the effective date of this act.

(c) The commission shall investigate and report on: (i) evidence-based, best or promising practices, including approaches taken by other states or grass-roots organizations to reduce or eliminate racial inequities in maternal mortality or severe maternal morbidity, including, but not limited to, community driven strategies, approaches and policies including, but not limited to, access to racially and ethnically diverse, culturally competent and affordable doula services, accessibility and affordability of birthing centers and maternal medical homes and the diversity and cultural competency of maternal health care providers; (ii) barriers to accessing prenatal and postpartum care, how the care is delivered and the quality of care; (iii) how historical and current structural, institutional and individual forms of racism, including implicit bias or discrimination affect the incidence and prevalence of maternal mortality and severe maternal morbidity in communities of color and potential community level and state level solutions, which may include, information related to mandatory implicit bias training for hospital facilities and birthing centers in the commonwealth; (iv) the availability of data collected by the commonwealth and the Massachusetts maternal mortality and morbidity review committee, including, outpatient data, and identifying what additional data is needed, including data related to family interviews,

resources and staffing; (v) the definition of and associated limitations in defining severe maternal morbidity, including: (A) what conditions or outcomes constitute severe maternal morbidity, (B) extending the timeframe within which severe maternal morbidity should be measured to 1 year and (C) data and screening criteria necessary to track and measure severe maternal morbidity; (vi) the availability, affordability and adequacy of insurance coverage, public or private, relative to prenatal and post-partum care, including, insurance coverage for doula services; (vii) any relevant findings of the health policy commission pursuant to section 88 of chapter 41 of the acts of 2019; and (viii) any other factors that the commission considers relevant to reducing and eliminating racial inequities in maternal mortality and severe maternal morbidity in the commonwealth. The commission shall consult with the maternal mortality and morbidity review committee and the commissioner of public health to review any studies or research available on the reduction of maternal mortality or severe maternal morbidity, pursuant to section 24A of chapter 111 of the General Laws, to inform the work of the special commission.

(d) No later than 1 year after the effective date of this act, the commission shall submit a report of its findings and recommendations, together with drafts of legislation necessary to carry out those recommendations, with the secretary of health and human services, and file the same with the clerks of the house of representatives and the senate, the house and senate committees on ways and means, the joint committee on health care financing and the joint committee on public health. The commission shall also, at all meetings, provide updates on the report of its findings and recommendations.