

# SENATE . . . . . No. 2697

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## The Commonwealth of Massachusetts

—  
In the One Hundred and Ninety-First General Court  
(2019-2020)  
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SENATE, May 11, 2020.

The committee on Public Health to whom was referred the petition (accompanied by bill, Senate, No. 1334) of Rebecca L. Rausch, Kay Khan, Harriette L. Chandler, Lori A. Ehrlich and other members of the General Court for legislation to reduce racial disparities in maternal health, reports recommending that the accompanying bill (Senate, No. 2697) ought to pass.

For the committee,  
Joanne M. Comerford

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An Act to reduce racial disparities in maternal health.

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

1           SECTION 1. (a) There shall be a special legislative commission established pursuant to  
2   section 24A of chapter 111 of the General Laws to examine and make recommendations to  
3   reduce or eliminate racial disparities in maternal mortality and severe maternal morbidity in the  
4   Commonwealth.

5           (b) The commission shall consist of at least the following 20 members: the house and  
6   senate chairs of the joint committee on public health, or their designees, who shall serve as co-  
7   chairs; 1 member of the Black and Latino Legislative Caucus or a designee; the commissioner of  
8   the department of public health, or a designee; 1 member of the state maternal mortality and  
9   morbidity review committee; 1 member of the Massachusetts Medical Society and 1 member of  
10   the Massachusetts chapter of the American College of Obstetricians and Gynecologists, each of  
11   whom shall specialize in childbirth or maternal health, including but not limited obstetrician-  
12   gynecologists, maternal-fetal medicine specialists, of family medicine physicians; 1 public health  
13   professional who specializes in racial disparities maternal health; 1 medical professional who  
14   practices in a birth setting; 1 doula, as appointed by the co-chairs; 1 certified professional

midwife, as appointed by the co-chairs; 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; 1 member of an organization committed to reducing health inequities in communities of color, as appointed by the co-chairs; 1 member from an organization specializing in mental and maternal health, as appointed by the co-chairs; 1 member from the Father Friendly Initiative at the Boston Public Health Commission; 1 member who shall be a maternal peer recovery coach, as appointed by the co-chairs; 2 members, each from a community of color, appointed by the governor, 1 of whom shall be a person who has lost an immediate family member to maternal mortality and 1 of whom shall be a person who has experienced severe maternal morbidity. The co- chairs may appoint up to 2 additional commission members 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 diversity. 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 disparities in maternal mortality or severe maternal morbidity, including but not limited to community driven strategies, approaches, and policies such as access to affordable doula services, accessibility and affordability of birthing centers and maternal medical homes, and the cultural competency of health care providers; (ii) barriers to accessing prenatal and postpartum care, how that care is delivered, and the quality of that 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; (iv) the availability of data collected by the Commonwealth to the state maternal mortality and morbidity review committee, including outpatient data, and what additional data, resources, and staffing are needed; (v) the definition of and associated limitations in defining severe maternal morbidity, including what conditions or outcomes should constitute severe maternal morbidity, extending the timeframe within which severe maternal morbidity should be measured to 1 year, and 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; and (vii) any other matters that the commission considers relevant to the fulfillment of its mission and purpose.

(d) The special legislative commission shall conduct public hearings, forums or meetings across the Commonwealth, with a focus on communities experiencing high or disparate rates of maternal mortality or severe maternal morbidity, to gather information and to raise awareness of maternal mortality and severe maternal morbidity.

(e) Not later than one year after the effective date of this act, the commission shall file a report of its findings and recommendations, together with drafts of legislation necessary to carry those recommendation into effect, with the secretary of health and human services, 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.

SECTION 2. This act shall take effect immediately upon its passage.