

**SENATE . . . . . No. 2865**

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court**  
**(2019-2020)**  
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SENATE, July 30, 2020

The committee on Rules, to whom was referred the House Bill to reduce racial inequities in maternal health (House, No. 4818); reports, recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2865 (also based on Senate, No. 2697).

For the committee,  
Joan B. Lovely

**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court**  
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1           There shall be a special legislative commission to examine and make recommendations to  
2 reduce or eliminate racial inequities in maternal mortality and severe maternal morbidity in the  
3 commonwealth. The commission shall meet not less than 4 times in locations across the  
4 commonwealth in communities that experience high or disparate rates of maternal mortality or  
5 severe maternal morbidity to gather information and to raise awareness of maternal mortality and  
6 severe maternal morbidity. For the purposes of this act, “maternal mortality” shall mean the  
7 death of a woman during pregnancy or within 1 year of the end of the pregnancy.

8           The commission shall consist of: the house and senate chairs of the joint committee on  
9 public health or their designees, who shall serve as co-chairs; the chair of the Massachusetts  
10 Black and Latino Legislative Caucus or a designee; the commissioner of public health or a  
11 designee; the executive director of the health policy commission or a designee; 1 member of the  
12 Massachusetts maternal mortality and morbidity review committee; 1 member from the  
13 Massachusetts Medical Society who shall specialize in childbirth or maternal health, including,  
14 but not limited to, obstetrics and gynecology, maternal-fetal medicine or family medicine; 1  
15 member from the Massachusetts chapter of the American College of Obstetricians and  
16 Gynecologists who shall specialize in childbirth or maternal health, including, but not limited to,

17 obstetrics and gynecology, maternal-fetal medicine or family medicine; 1 member of the  
18 Massachusetts affiliate of American College of Nurse-Midwives; 1 member of the Perinatal-  
19 Neonatal Quality Improvement Network of Massachusetts; 1 member of the Ellen Story  
20 Commission on Postpartum Depression established pursuant to chapter 313 of the acts of 2010;  
21 10 members to be appointed by the co-chairs, 1 of whom shall be a public health professional  
22 who specializes in racial inequities in maternal health, 1 of whom shall be a medical professional  
23 who practices in a birthing center, 1 of whom shall be a doula, 1 of whom shall be a certified  
24 professional midwife, 2 of whom shall be representatives of 2 different community-based  
25 organizations that provide services to or advocate on behalf of women that experience high or  
26 disparate rates of maternal mortality or severe maternal morbidity, 1 of whom shall be a member  
27 of an organization committed to reducing health inequities in communities that experience high  
28 or disparate rates of maternal mortality or severe maternal morbidity, 1 of whom shall be a  
29 member of an organization specializing in mental and maternal health in communities that  
30 experience high or disparate rates of maternal mortality or severe maternal morbidity, 1 of whom  
31 shall be a parent whose partner has experienced maternal mortality or severe maternal morbidity  
32 and 1 of whom shall be a maternal peer recovery coach; and 2 members to be appointed by the  
33 governor, 1 of whom shall be a person who has lost an immediate family member because of  
34 maternal mortality and 1 of whom shall be a person who has experienced severe maternal  
35 morbidity. The co-chairs may appoint not more than 3 additional commission members from  
36 communities that experience high or disparate rates of maternal mortality or severe maternal  
37 morbidity to fulfill the purpose of the commission. In making appointments to the commission,  
38 the co-chairs and the governor shall prioritize individuals from communities that experience high  
39 or disparate rates of maternal mortality or severe maternal morbidity.

40           Members of the special commission shall have evidence-based or lay knowledge,  
41 expertise or experience related to maternal mortality and severe maternal morbidity and shall  
42 reflect broad racial and geographic diversity in the commonwealth. The majority of members of  
43 the commission shall represent the communities that are most impacted by inequities in maternal  
44 health outcomes in the commonwealth. All appointments shall be made not later than 30 days  
45 after the effective date of this act. The commission shall convene its first meeting not more than  
46 60 days from the effective date of this act.

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

63 including: (A) what conditions or outcomes constitute severe maternal morbidity, (B) whether  
64 the timeframe within which severe maternal morbidity is measured should be extended to 1 year  
65 and (C) data and screening criteria necessary to track and measure severe maternal morbidity;  
66 (vii) the availability, affordability and adequacy of insurance coverage, public or private, relative  
67 to prenatal and postpartum care, including, insurance coverage for doula services; (viii) any  
68 relevant findings of the health policy commission pursuant to section 88 of chapter 41 of the acts  
69 of 2019; and (ix) any other factors that the commission considers relevant to reducing and  
70 eliminating racial inequities in maternal mortality and severe maternal morbidity in the  
71 commonwealth. The commission shall consult with the maternal mortality and morbidity review  
72 committee and the commissioner of public health to review any studies or research available on  
73 the reduction of maternal mortality or severe maternal morbidity, pursuant to section 24A of  
74 chapter 111 of the General Laws, to inform the work of the special commission.

75           At all meetings, the commission shall provide updates on the progress of the  
76 commission's report of its findings and recommendations.

77           Not later than 1 year after the effective date of this act, the commission shall submit a  
78 report of its findings and recommendations, together with drafts of legislation necessary to carry  
79 out those recommendations, with the secretary of health and human services and file the same  
80 with the clerks of the house of representatives and the senate, the house and senate committees  
81 on ways and means, the joint committee on health care financing and the joint committee on  
82 public health.