



February 15, 2016

**SUMMARY OF ORIGINAL BILL:** Expands reporting requirements with regards to death certificates. Defines “maternal mortality” as the death of a woman while pregnant or within forty-two days after the end of the pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Requires the administrator of a hospital or other individual authorized to make a determination and pronouncement of death, as appropriate, to report to the Department of Health the death of any woman whose death was related to maternal mortality. The administrator or other appropriate person is required to provide a place on the death certificate where the medical examiner or other appropriate person can indicate that the death of the woman was related to maternal mortality.

Requires the Department of Health to maintain data on maternal mortality, including the number of deaths reported by county, race, and any additional information the Department deems necessary and shall include such data on Department’s web site. Authorizes the Department to use death certificates created by the Centers for Disease Control and Prevention.

FISCAL IMPACT OF ORIGINAL BILL:

NOT SIGNIFICANT

**SUMMARY OF AMENDMENT (012365):** Deletes all language of the original bill. Establishes the *Maternal Mortality Review and Prevention Act of 2016* (“Act”). Authorizes the Commissioner of the Department of Health to create the Tennessee Maternal Mortality Review Program for the purpose of identifying and addressing the factors contributing to poor pregnancy outcomes for women and to facilitate state systems changes to improve the health of women before, during, and after pregnancy. Creates the Tennessee Maternal Mortality Review and Preventions Team or “State Team” to be comprised of at least eight members who are required to review maternal deaths, make determinations regarding the preventability of maternal deaths, and report biennially to the Governor and General Assembly concerning the State Team’s activities and recommendations to promote the safety and well-being of women and prevention of maternal deaths. The State Team is further required to undertake annual statistical studies of the incidents and causes of maternal mortality and share its findings with policy makers, healthcare providers, healthcare facilities, and the general public. For administrative purposes only, the State Team will be attached to the Department of Health.

Establishes that the Department of Health and the State Team are public health authorities conducting public health activities pursuant to the federal Health Insurance Portability and Accountability Act (HIPPA) and the records of all health facilities and providers shall be made

available to the State Team for inspection and copying as necessary to complete the review of a specific fatality. Authorizes the State Team to share information with other public health authorities or their designees as the State Team determines necessary. Authorizes the State Team to request information from persons with direct knowledge of circumstances surrounding a particular fatality. Meetings of the State Team will not be open to the public and any minutes or other information generated during official meetings of the State Team are to be sealed from public inspection; provided, the State Team may periodically make available aggregate findings of the reviews and their recommendations for preventative actions.

To the extent funds are available, the State Team is authorized to hire staff or consultants to assist in effectuating the purposes of this Act. Authorizes the Commissioner of the Department of Health to promulgate rules to effectuate the purposes of this Act, including rules to address procedures of healthcare providers, healthcare facilities, and other parties in identifying and reporting maternal deaths to the Department, the protocols, procedures, methods, manner, and extent of all investigations and review, and the manner in which and extent to which information shall be disseminated in accordance with the intent of this part. An effective date of January 1, 2017.

## **FISCAL IMPACT OF BILL WITH PROPOSED AMENDMENT:**

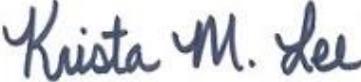
**Increase State Expenditures - \$38,900/FY16-17  
\$69,300/FY17-18 and Subsequent Years**

Assumptions for the bill as amended:

- According to the Department of Health, the Department will need one public health program director to aid the Department in establishing and conducting the Tennessee Maternal Mortality Review Program.
- A recurring increase in state expenditures of \$69,272 (salary \$49,500 + benefits \$17,772 + communications \$1,400 + supplies \$600).
- A one-time increase in state expenditures of \$4,300 (office furniture \$2,700 + computer \$1,600).
- An effective date of January 1, 2017; therefore, in FY16-17, the Department will incur half of the estimated recurring expenditures and all one-time expenditures.
- An increase in state expenditures of \$38,936 in FY16-17 [(\$69,272 / 2) + \$4,300].
- A recurring increase in state expenditures of \$69,272 in FY17-18 and subsequent years.
- In Section 10 of this amendment, it is stated: “*to the extent available, the State Team may hire staff or consultants to assist the team in completing their duties.*” This language is assumed to make no requirement of any department or agency in committing state dollars for the purpose of this Act. It is assumed that any additional funds that do come available will be private funds.
- This Act does not provide members of the State Team a per diem or any reimbursement for expenses incurred while working in the official capacity of the State Team.

**CERTIFICATION:**

The information contained herein is true and correct to the best of my knowledge.



Krista M. Lee, Executive Director

/jdb