

1 A bill to be entitled

2 An act relating to maternal health outcomes; amending  
3 s. 381.7353, F.S.; revising the Department of Health's  
4 duties under the Closing the Gap grant program;  
5 amending s. 381.7355, F.S.; revising the requirements  
6 for Closing the Gap grant proposals; creating s.  
7 383.2163, F.S.; requiring the department to establish  
8 telehealth minority maternity care pilot programs in  
9 Duval County and Orange County by a specified date;  
10 defining terms; providing program purposes; requiring  
11 the pilot programs to provide specified telehealth  
12 services to eligible pregnant women for a specified  
13 period; requiring pilot programs to train  
14 participating health care practitioners and perinatal  
15 professionals on specified topics; providing for  
16 funding for the pilot programs; requiring the  
17 department's Division of Community Health Promotion  
18 and Office of Minority Health and Health Equity to  
19 apply for certain federal funding; authorizing the  
20 department to adopt rules; providing an effective  
21 date.

22  
23 Be It Enacted by the Legislature of the State of Florida:

24  
25 Section 1. Paragraph (e) of subsection (2) of section

26 | 381.7353, Florida Statutes, is amended to read:

27 |       381.7353 Reducing Racial and Ethnic Health Disparities:  
 28 | Closing the Gap grant program; administration; department  
 29 | duties.—

30 |       (2) The department shall:

31 |       (e) Coordinate with existing community-based programs,  
 32 | such as chronic disease community intervention programs, cancer  
 33 | prevention and control programs, diabetes control programs, the  
 34 | Healthy Start program, the Florida Kidcare Program, the HIV/AIDS  
 35 | program, immunization programs, maternal health programs, and  
 36 | other related programs at the state and local levels, to avoid  
 37 | duplication of effort and promote consistency.

38 |       Section 2. Paragraph (a) of subsection (2) of section  
 39 | 381.7355, Florida Statutes, is amended to read:

40 |       381.7355 Project requirements; review criteria.—

41 |       (2) A proposal must include each of the following  
 42 | elements:

43 |       (a) The purpose and objectives of the proposal, including  
 44 | identification of the particular racial or ethnic disparity the  
 45 | project will address. The proposal must address one or more of  
 46 | the following priority areas:

47 |       1. Decreasing racial and ethnic disparities in maternal  
 48 | and infant mortality rates.

49 |       2. Decreasing racial and ethnic disparities in severe  
 50 | maternal morbidity rates and other maternal health outcomes.

51        3. Decreasing racial and ethnic disparities in morbidity  
52 and mortality rates relating to cancer.

53        ~~4.3.~~ Decreasing racial and ethnic disparities in morbidity  
54 and mortality rates relating to HIV/AIDS.

55        ~~5.4.~~ Decreasing racial and ethnic disparities in morbidity  
56 and mortality rates relating to cardiovascular disease.

57        ~~6.5.~~ Decreasing racial and ethnic disparities in morbidity  
58 and mortality rates relating to diabetes.

59        ~~7.6.~~ Increasing adult and child immunization rates in  
60 certain racial and ethnic populations.

61        ~~8.7.~~ Decreasing racial and ethnic disparities in oral  
62 health care.

63        ~~9.8.~~ Decreasing racial and ethnic disparities in morbidity  
64 and mortality rates relating to sickle cell disease.

65        ~~10.9.~~ Decreasing racial and ethnic disparities in  
66 morbidity and mortality rates relating to Lupus.

67        ~~11.10.~~ Decreasing racial and ethnic disparities in  
68 morbidity and mortality rates relating to Alzheimer's disease  
69 and dementia.

70        ~~12.11.~~ Improving neighborhood social determinants of  
71 health, such as transportation, safety, and food access, as  
72 outlined by the Centers for Disease Control and Prevention's  
73 "Tools for Putting Social Determinants of Health into Action."

74        Section 3. Effective January 1, 2022, section 383.2163,  
75 Florida Statutes, is created to read:

76        383.2163 Telehealth minority maternity care pilot  
77 programs.—By July 1, 2022, the department shall establish a  
78 telehealth minority maternity care pilot program in Duval County  
79 and Orange County which uses telehealth to expand the capacity  
80 for positive maternal health outcomes in racial and ethnic  
81 minority populations. The department shall direct and assist the  
82 county health departments in Duval County and Orange County to  
83 implement the programs.

84        (1) DEFINITIONS.—As used in this section, the term:

85        (a) "Department" means the Department of Health.

86        (b) "Eligible pregnant woman" means a pregnant woman who  
87 is receiving, or is eligible to receive, maternal or infant care  
88 services from the department under chapter 381 or chapter 383.

89        (c) "Health care practitioner" has the same meaning as in  
90 s. 456.001.

91        (d) "Health professional shortage area" means a geographic  
92 area designated as such by the Health Resources and Services  
93 Administration of the United States Department of Health and  
94 Human Services.

95        (e) "Indigenous population" means any Indian tribe, band,  
96 or nation or other organized group or community of Indians  
97 recognized as eligible for services provided to Indians by the  
98 United States Secretary of the Interior because of their status  
99 as Indians, including any Alaskan native village as defined in  
100 43 U.S.C. s. 1602(c), the Alaska Native Claims Settlement Act,

101 as that definition existed on the effective date of this act.

102 (f) "Maternal mortality" means a death occurring during  
103 pregnancy or the postpartum period which is caused by pregnancy  
104 or childbirth complications.

105 (g) "Medically underserved population" means the  
106 population of an urban or rural area designated by the United  
107 States Secretary of Health and Human Services as an area with a  
108 shortage of personal health care services or a population group  
109 designated by the United States Secretary of Health and Human  
110 Services as having a shortage of such services.

111 (h) "Perinatal professionals" means doulas, personnel from  
112 Healthy Start and home visiting programs, childbirth educators,  
113 community health workers, peer supporters, certified lactation  
114 consultants, nutritionists and dietitians, social workers, and  
115 other licensed and nonlicensed professionals who assist women  
116 through their prenatal or postpartum periods.

117 (i) "Postpartum" means the 1-year period beginning on the  
118 last day of a woman's pregnancy.

119 (j) "Severe maternal morbidity" means an unexpected  
120 outcome caused by a woman's labor and delivery which results in  
121 significant short-term or long-term consequences to the woman's  
122 health.

123 (k) "Technology-enabled collaborative learning and  
124 capacity building model" means a distance health care education  
125 model that connects health care professionals, particularly

126 specialists, with other health care professionals through  
127 simultaneous interactive videoconferencing for the purpose of  
128 facilitating case-based learning, disseminating best practices,  
129 and evaluating outcomes in the context of maternal health care.

130 (2) PURPOSE.—The purpose of the pilot programs is to:

131 (a) Expand the use of technology-enabled collaborative  
132 learning and capacity building models to improve maternal health  
133 outcomes for the following populations and demographics:

134 1. Ethnic and minority populations.

135 2. Health professional shortage areas.

136 3. Areas with significant racial and ethnic disparities in  
137 maternal health outcomes and high rates of adverse maternal  
138 health outcomes, including, but not limited to, maternal  
139 mortality and severe maternal morbidity.

140 4. Medically underserved populations.

141 5. Indigenous populations.

142 (b) Provide for the adoption of and use of telehealth  
143 services that allow for screening and treatment of common  
144 pregnancy-related complications, including, but not limited to,  
145 anxiety, depression, substance use disorder, hemorrhage,  
146 infection, amniotic fluid embolism, thrombotic pulmonary or  
147 other embolism, hypertensive disorders relating to pregnancy,  
148 diabetes, cerebrovascular accidents, cardiomyopathy, and other  
149 cardiovascular conditions.

150        (3) TELEHEALTH SERVICES AND EDUCATION.—The pilot programs  
151 shall adopt the use of telehealth or coordinate with prenatal  
152 home visiting programs to provide all of the following services  
153 and education to eligible pregnant women up to the last day of  
154 their postpartum periods, as applicable:

155        (a) Referrals to Healthy Start's coordinated intake and  
156 referral program to offer families prenatal home visiting  
157 services.

158        (b) Services and education addressing social determinants  
159 of health, including, but not limited to, all of the following:

- 160            1. Housing placement options.  
161            2. Transportation services or information on how to access  
162 such services.  
163            3. Nutrition counseling.  
164            4. Access to healthy foods.  
165            5. Lactation support.  
166            6. Lead abatement and other efforts to improve air and  
167 water quality.  
168            7. Child care options.  
169            8. Car seat installation and training.  
170            9. Wellness and stress management programs.  
171            10. Coordination across safety net and social support  
172 services and programs.

173 (c) Evidence-based health literacy and pregnancy,  
174 childbirth, and parenting education for women in the prenatal  
175 and postpartum periods.

176 (d) For women during their pregnancies through the  
177 postpartum periods, connection to support from doulas and other  
178 perinatal health workers.

179 (e) Tools for prenatal women to conduct key components of  
180 maternal wellness checks, including, but not limited to, all of  
181 the following:

182 1. A device to measure body weight, such as a scale.

183 2. A device to measure blood pressure which has a verbal  
184 reader to assist the pregnant woman in reading the device and to  
185 ensure that the health care practitioner performing the wellness  
186 check through telehealth is able to hear the reading.

187 3. A device to measure blood sugar levels with a verbal  
188 reader to assist the pregnant woman in reading the device and to  
189 ensure that the health care practitioner performing the wellness  
190 check through telehealth is able to hear the reading.

191 4. Any other device that the health care practitioner  
192 performing wellness checks through telehealth deems necessary.

193 (4) TRAINING.—The pilot programs shall provide training to  
194 participating health care practitioners and other perinatal  
195 professionals on all of the following:

196 (a) Implicit and explicit biases, racism, and  
197 discrimination in the provision of maternity care and how to



198 eliminate these barriers to accessing adequate and competent  
199 maternity care.

200 (b) The use of remote patient monitoring tools for  
201 pregnancy-related complications.

202 (c) How to screen for social determinants of health risks  
203 in the prenatal and postpartum periods, such as inadequate  
204 housing, lack of access to nutritional foods, environmental  
205 risks, transportation barriers, and lack of continuity of care.

206 (d) Best practices in screening for and, as needed,  
207 evaluating and treating maternal mental health conditions and  
208 substance use disorders.

209 (e) Information collection, recording, and evaluation  
210 activities to:

211 1. Study the impact of the pilot program;

212 2. Ensure access to and the quality of care;

213 3. Evaluate patient outcomes as a result of the pilot  
214 program;

215 4. Measure patient experience; and

216 5. Identify best practices for the future expansion of the  
217 pilot program.

218 (5) FUNDING.—The pilot programs shall be funded using  
219 funds appropriated by the Legislature for the Closing the Gap  
220 grant program. The department's Division of Community Health  
221 Promotion and Office of Minority Health and Health Equity shall  
222 also work in partnership to apply for federal funds that are

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223 available to assist the department in accomplishing the  
224 program's purpose and successfully implementing the pilot  
225 programs.

226 (6) RULES.—The department may adopt rules to implement  
227 this section.

228 Section 4. This act shall take effect July 1, 2021.