

HOUSE BILL 2226

By Love

AN ACT to amend Tennessee Code Annotated, Title 4;
Title 63 and Title 68, relative to maternal health.

WHEREAS, according to a 2020 Tennessee Department of Health report, maternal mortality rates in Tennessee have doubled from 15.5 deaths per 100,000 live births in 2013 to 29.4 deaths per 100,000 live births in 2020; and

WHEREAS, black women in Tennessee are three to four times more likely to die from pregnancy-related complications compared to white women; and

WHEREAS, in 2021, the Tennessee Maternal Mortality Review Committee found that over 60% of maternal deaths in Tennessee are preventable; and

WHEREAS, Tennessee ranks 43rd in the nation for its level of maternal healthcare support; and

WHEREAS, it is proper that the General Assembly provide funding to Tennessee community organizations and undertake other legislative initiatives to improve maternal outcomes for women in this State; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act is known and may be cited as the "Tennessee Maternal Health Equity Advisory Committee Act."

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 1, is amended by adding the following as a new part:

68-1-2501.

The general assembly finds and declares that:

(1) Significant racial and ethnic disparities exist in maternal health outcomes in this state, with black women being three (3) to four (4) times more likely to die from pregnancy-related complications compared to white women;

(2) A lack of access to quality prenatal and postpartum care, inadequate transportation, poor nutrition, unstable housing, and high levels of chronic stress contribute to these maternal health disparities;

(3) Community-based organizations play a critical role in improving maternal health outcomes through patient navigation, childbirth education, doula support, and addressing social determinants of health; and

(4) Increasing workforce diversity and growing this state's perinatal workforce are key strategies to building trust between patients and providers and ensuring culturally congruent care.

68-1-2502.

As used in this part:

(1) "Committee" means the Tennessee maternal health equity advisory committee created by § 68-1-2503; and

(2) "Department" means the department of health.

68-1-2503.

(a) There is created within the department of health the Tennessee maternal health equity advisory committee.

(b)

(1) The committee is composed of eleven (11) members appointed by the governor.

(2) In making appointments to the committee, the governor shall strive to ensure that:

(A) Members are appointed based on their demonstrated expertise, experience, and commitment to addressing maternal health disparities, with an emphasis on appointing members with experience working with grassroots or community organizations;

(B) Appointees are representative of each grand division of this state, with representation of both urban and rural areas; and

(C) Efforts are made to ensure that the unique needs and perspectives of minority women are represented by the membership.

(c)

(1) Members serve for a term of two (2) years.

(2) Each member's term begins on July 1 and ends on June 30 two (2) years later.

(3) A member may serve multiple and consecutive terms.

(4) Vacancies on the committee are filled by appointment of the governor as described in subsection (b).

(d)

(1) The committee shall meet quarterly at a time established by the chair of the committee. Special meetings of the committee for the transaction of business may be called by the chair by giving written notice to all members.

(2) The committee shall hold its first meeting no later than September 30, 2024, at which the members shall elect a member to serve as chair.

(3) Six (6) members of the committee constitutes a quorum, and all official actions of the committee require a quorum.

(4)

(A) Members shall attend at least fifty percent (50%) of the required quarterly meetings. Members may attend meetings by virtual or remote means, as long as such means enable the members to hear and respond to other members in real time.

(B) If a committee member fails to attend meetings as required by subdivision (d)(4)(A), then the chair of the committee shall report that member's name and attendance record to the governor, and the governor shall remove the member from the council and appoint a replacement member.

(e) Members of the committee receive no compensation for their work with or expenses incurred due to membership on the committee.

(f) The committee is attached to the department for purposes of administrative support.

68-1-2504.

(a) The purpose of the Tennessee maternal health equity advisory committee is to systematically review maternal health data, identify disparities in maternal healthcare delivery, and formulate recommendations to the department aimed at enhancing maternal health outcomes, with a specific focus on minority women and women residing in urban and rural communities within this state.

(b) The committee shall make recommendations to the department on its findings from the activities described in subsection (a), which may include, but are not limited to:

(1) Innovative payment models that incentivize high-quality maternity care;

(2) Directed funding to reduce maternal mortality and morbidity rates and improve maternal health outcomes in this state;

(3) Additional funding for community-based organizations outside of medical settings;

(4) Supporting non-government community and grassroots organizations that conduct maternal health research;

(5) Awarding of grants to community-based organizations that address the social determinants of maternal health through services related to housing assistance, transportation access, nutrition education, lactation support, and social services navigation and coordination;

(6) Prioritizing and allocating additional funding to support community organizations statewide, working outside traditional medical settings, to implement evidence-based interventions and innovative approaches tailored to the specific needs of minority and geographically diverse populations;

(7) Promoting and protecting collaboration with grassroots organizations in this state, and ensuring that initiatives are culturally sensitive and responsive to the unique circumstances of minority women and those in urban and rural communities within each grand division; and

(8) Guidelines for medical research organizations to engage meaningfully with grassroots organizations statewide, which must emphasize transparency, shared decision-making, and equitable distribution of resources to maximize the impact of research initiatives on maternal health outcomes.

(c) The committee shall submit a report by December 31, 2024, and by December 31 of each year thereafter, to the governor, the chair of the health and welfare committee of the senate, the chair of the health committee of the house of

representatives, and the legislative librarian summarizing its findings and recommendations, which may include recommended legislative or regulatory changes, to the department for the calendar year.

SECTION 3. Tennessee Code Annotated, Section 4-29-247(a), is amended by adding the following as a new subdivision:

() Tennessee maternal health equity advisory committee, created by § 68-1-2503;

SECTION 4. For the purpose of promulgating rules and making appointments, this act takes effect upon becoming a law, the public welfare requiring it. For all other purposes, this act takes effect July 1, 2024, the public welfare requiring it.