

Amendment #2 to H4818**Speliotis - Still Further**

Mr. Speliotis of Danvers moves to amend the bill moves to concur with the Senate in its amendment to House, No. 4818 and moves to further amend by striking out the text and replacing it with the following resolve:-

“Resolved, That there shall be established a special legislative commission, hereinafter the commission, to investigate and study methods to reduce racial inequities in maternal health. The commission shall consist of the house and senate chairs of the joint committee on public health, or their designees, who shall serve as co-chairs; the chair of the Massachusetts black and latino legislative caucus, or a designee; the commissioner of the department of public health, or a designee; the executive director of the health policy commission, or a designee; 20 members appointed by the co-chairs of the commission, 1 of whom shall be a member of the Massachusetts maternal mortality and morbidity review committee, 1 of whom shall be a member of the Massachusetts Medical Society who shall specialize in childbirth or maternal health, including, but not limited to, obstetrics and gynecology, maternal-fetal medicine or family medicine, 1 of whom shall be member of the Massachusetts chapter of the American College of Obstetricians and Gynecologists who shall specialize in childbirth or maternal health, including, but not limited to, obstetrics and gynecology, maternal-fetal medicine or family medicine, 1 of whom shall be a member of the Massachusetts affiliate of American College of Nurse-Midwives, 1 of whom shall be a member of the Perinatal-Neonatal Quality Improvement Network of Massachusetts, 1 of whom shall be a member of the Ellen Story Commission on Postpartum Depression established pursuant to chapter 313 of the acts of 2010, 1 of whom shall be a member of the Massachusetts COVID-19 Maternal Equity Coalition who is a public health professional specializing in racial inequities in maternal health, 1 of whom shall be a medical professional who practices in a birthing center working with women who experience high or disparate rates of maternal mortality or severe maternal morbidity, 1 of whom shall be a doula from the Birth Sisters Program at Boston Medical Center, 1 of whom shall be a certified professional midwife from Sister Soul Midwifery, LLC, 1 of whom shall be a representative of the Bridges to Moms Program at Healthcare Without Walls, Inc., 1 of whom shall be a representative of the Resilient Sisterhood Project, Inc., 1 of whom shall be a representative of Quietly United in Loss Together Corporation, 1 of whom shall be a representative of the Commonwealth Mental Health & Wellness Center, Inc., 1 of whom shall be a person who identifies as a father who belongs to a community that experiences high or disparate rates of maternal mortality or severe maternal morbidity, 1 of whom shall be a parent whose partner has experienced maternal mortality or severe maternal morbidity and belongs to a community that experiences high or disparate rates of maternal mortality or severe

maternal morbidity, 1 of whom shall be a member of the Massachusetts COVID-19 Maternal Equity Coalition who is a maternal peer recovery coach working with women who experience high or disparate rates of maternal mortality or severe maternal morbidity, 3 of whom shall be members from communities that experience high or disparate rates of maternal mortality or severe maternal morbidity; and 2 members to be appointed by the governor, 1 of whom shall be a person who has lost an immediate family member because of maternal mortality and belongs to a community that experiences high or disparate rates of maternal mortality or severe maternal morbidity, and 1 of whom shall be a person who has experienced severe maternal morbidity and belongs to a community that experiences high or disparate rates of maternal mortality or severe maternal morbidity. All appointments to the commission shall prioritize individuals from communities that experience high or disparate rates of maternal mortality or severe maternal morbidity. 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 and geographic diversity in the commonwealth. The majority of members of the commission shall represent the diversity of the communities that are most impacted by inequities in maternal health outcomes in the commonwealth and shall be reflective of the constituency the commission is intended to serve. All appointments shall be made not later than 60 days after the effective date of this act. The commission shall convene its first meeting not more than 90 days from the effective date of this act.

The commission shall investigate and study ways to reduce or eliminate racial inequities in maternal mortality and severe maternal morbidity in the commonwealth including, without limitation: (1) evidence-based, best or promising practices, including approaches taken by other states or grass-roots organizations to reduce or eliminate racial inequities in maternal mortality or severe maternal morbidity, including, but not limited to, community driven strategies, approaches and policies including, but not limited to, access to racially and ethnically diverse, culturally competent and affordable doula services, accessibility and affordability of birthing centers and maternal medical homes and the diversity and cultural competency of maternal health care providers; (2) barriers to accessing prenatal and postpartum care; (3) how prenatal and postpartum care is delivered and the quality of care; (4) 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, which may include information related to mandatory implicit bias training for hospital facilities and birthing centers; (5) the availability of data collected by the commonwealth and the Massachusetts Maternal Mortality and Morbidity Review Committee, including outpatient data and what additional data may be needed, including data related to

family interviews, resources and staffing; (6) the definition of, and associated limitations in defining, severe maternal morbidity, including without limitation: (i) what conditions or outcomes constitute severe maternal morbidity, (ii) whether the timeframe within which severe maternal morbidity is measured should be extended to 1 year and (iii) data and screening criteria necessary to track and measure severe maternal morbidity; (7) the availability, affordability and adequacy of insurance coverage, public or private, relative to prenatal and postpartum care, including, insurance coverage for doula services; (8) any relevant findings of the health policy commission pursuant to section 88 of chapter 41 of the acts of 2019; and (9) any other factors that the commission considers relevant to reducing and eliminating racial inequities in maternal mortality and severe maternal morbidity in the commonwealth. The commission shall consult with the maternal mortality and morbidity review committee and the commissioner of public health to review any studies or research available on the reduction of maternal mortality or severe maternal morbidity, pursuant to section 24A of chapter 111 of the General Laws, to inform the work of the special commission.

The commission shall meet no less than 4 times in locations across the commonwealth and in communities that experience 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. The commission shall provide updates on the progress of the commission's investigation and study, including an update on its report of its findings and recommendations at each meeting.

For the purposes of this act, "maternal mortality" shall mean the death of a woman during pregnancy or within 1 year of the end of the pregnancy.

The Commission shall, no later than March 31, 2022, report to the general court on the results of its investigation and study together with its finding, recommendations drafts of legislation necessary to carry out those recommendations, by filing the same with the clerks of the house of representatives and senate who shall forward the same to the secretary of the executive office of health and human services, the house and senate committees on ways and means, the joint committee on health care financing and the joint committee on public health."