

## **Testimony on Senate Bill 42**

### **Committee on Public Health and Welfare**

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Chair Hilderbrand and Members of the Committee, thank you for the opportunity to provide neutral testimony for SB 42. As proposed, SB 42 amends existing public health law (K.S.A. 65-177) to extend the maternal mortality review committee confidentiality and provisions to July 1, 2026, and to expand the duties related to maternal and child health surveillance, specifically as it relates to maternal death review.

Maternal mortality, defined as the death of a woman during pregnancy or within one year of the end of pregnancy, is considered a patient safety event that warrants close attention. Within the population of women of reproductive age, maternal mortality is an indicator monitored by the Kansas Department of Health and Environment (KDHE) pursuant to K.S.A. 65-177. In recent years an increasing national and state trend in maternal mortality indicated the need to conduct maternal mortality reviews to gain insight into the medical and social factors leading to these events and to prevent future occurrences. Approximately half of the states in the U.S., including Kansas, have a comprehensive maternal mortality review process, widely considered the gold standard for maternal and pregnancy-associated death surveillance.

The Kansas Maternal Mortality Review Committee (KMMRC) was established in 2018 and consists of racially, ethnically and geographically diverse external reviewers and subject matter experts. In FY2019, Kansas was awarded a 5-year grant through the Preventing Maternal Deaths Act to support the MMRC. This Centers for Disease Control and Prevention (CDC) grant directly supports agencies and organizations that coordinate and manage MMRCs to identify, review, and characterize maternal deaths; and identify prevention opportunities. The KMMRC reviews every pregnancy-associated death, makes determinations related to cause and preventability of death, and identifies efforts for preventable deaths that could be implemented to reduce maternal death in Kansas. As part of the process, a review committee gathers extensive information about each individual case of maternal death and synthesizes information to determine if the death was preventable and what specific and feasible actions, if implemented or altered, might have changed the course of events. Case data and findings are stored in the national database (MMRIA), on servers hosted by CDC.

Pregnancy-associated cases are identified using death and birth certificate information by the Office of Vital Statistics (OVS). OVS sends the case information to the Bureau of Family Health (BFH) to prepare the case for abstraction. KFMC is currently contracted to provide an experienced abstractor to collect medical and social records and develop case narratives that include case information, past medical history and information provided by family members, when available. The de-identified case narratives are then shared with the members of the KMMRC for review.

In October of 2021 the BFH was selected by the U.S. Department of Health and Human Services office on Women's Health to receive funding as part of the Programs to Reduce Maternal Deaths due to Violence cooperative award. A key objective of this grant is to establish a subcommittee of the KMMRC that will more closely explore deaths that were significantly impacted by social determinants of health, including racial and ethnic inequities. During subcommittee case review, social determinants of health, including racial disparities and discrimination, will be assessed for. A form will be created and utilized in the review process although the findings may have to be kept in a system that is outside of MMRIA, the system where the findings and recommendations of the committee are recorded. The first subcommittee meeting will be held in the first quarter of 2022.

To date, the KMMRC has reviewed all deaths, which include black maternal death cases, that occurred in years 2016-2019 and is actively working on completing the abstraction and review of deaths which occurred in 2020 and 2021. A comprehensive analysis of KMMRC case reviews related to deaths which occurred between 2016-2018 was publicly released in December of 2020 and can be found as an attachment to this testimony. Within this report is a thorough analysis of both maternal mortality and severe maternal morbidity (SMM) in the state of Kansas dissected by various factors including race and ethnicity. In addition, the KMMRC, based on these findings, provides comprehensive recommendations to address inequities uncovered through the KMMRC case reviews.

Using the findings and recommendations of the KMMRC, the Kansas Perinatal Quality Collaborative (KPQC) identifies and implements quality improvement initiatives. The KPQC was also established in 2018 and is comprised of diverse subject matter and geographic expertise. The KPQC is the action arm for the KMMRC, implementing recommendations and activities in coordination and collaboration with maternal and infant health providers across the state to reduce maternal death in Kansas. The BFH, the KMMRC, and the KPQC actively work with health care providers and facilities to promote continuity of maternal health care for women during and after pregnancy and to develop and implement performance measures and outcomes. The BFH Title V MCH program and staff work hand-in-hand with local health providers to generate and compile maternal health care performance indicators. In 2021 the KPQC launched the Fourth Trimester Initiative (FTI), a statewide effort focused on improving maternal health and decreasing maternal morbidity and mortality for all Kansas mothers. One of the stated goals of the FTI work is to address social determinants of health and health equity.

KDHE believes that the current system of gathering and assessing maternal mortality data is adequate and in-line with best practices established by the CDC. Reports with aggregated, non-individually identifiable data are compiled on a routine basis. Because of the relatively small number of cases reviewed annually, disaggregated data based on race could violate the vital statistics act that prohibits KDHE from intentionally or inadvertently identifying individuals. Furthermore, adding language to the statute to direct what is to be reported could decrease the adaptability to change the reports in situations related to equity and disparities. In addition, the KMMRC has access to de-identified case narratives of each case. The information given to the KMMRC is enough to make determinations on pregnancy relatedness of the deaths and actionable recommendations. This information, including maternal interviews and clinical notes, are not publicly available. The proposed new language in the bill would conflict with the confidentiality provisions as stated in the current statute.

It is recommended that a friendly amendment is added to the statute (K.S.A. 65-177) to allow for reciprocal state sharing between other governmental agencies or public health authorities for the purpose of research. Currently, the KMMRC can only identify cases based on occurrence of deaths (any death that happens within Kansas) but cannot identify deaths of Kansas residents that occur outside of the state. Currently, KDHE is not able to share with other state MMRCs the findings of a death of their resident if the death occurred in Kansas or vice versa. KDHE can provide suggested language for this amendment upon request.

KDHE believes that maternal mortality and health equity are priority issues and has, and will continue to, work to ensure that all Kansas mothers receive the care and support they deserve. We remain committed to working with partners across the state to improve health outcomes for Black women and their families both on the local and state level and welcome any and all feedback on how we can improve and strengthen these efforts.

Thank you for the opportunity to provide testimony on this bill and if there are further questions please contact Liz Dunn, Director of Legislative Affairs ([Liz.Dunn@ks.gov](mailto:Liz.Dunn@ks.gov)).