

# HOUSE BILL REPORT

## HB 2885

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to establishing a maternal mortality review panel.

**Brief Description:** Establishing a maternal mortality review panel.

**Sponsors:** Representatives Stambaugh, Cody, Caldier, Smith, Van Werven, Wilson, Robinson and Ormsby.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/2/16, 2/5/16 [DPS].

**Brief Summary of Substitute Bill**

- Establishes a maternal mortality review panel to conduct reviews of maternal deaths in Washington and make recommendations for system changes and legislation relating to the delivery of health care in Washington.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short, Tharinger and Van De Wege.

**Staff:** Chris Blake (786-7392).

**Background:**

The federal Centers for Disease Control and Prevention (CDC) collects data related to pregnancy-related deaths. The data is collected by the CDC through the submission by each state of death certificates for all women who die during pregnancy or within one year of pregnancy. In addition, states submit corresponding birth certificates or fetal death certificates when making such a match is possible. About 600 women in the United States die each year due to pregnancy or delivery-related complications. Since the CDC began

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collecting data in 1986, the trend in pregnancy-related mortality increased from 7.2 pregnancy-related deaths per 100,000 live births in 1987 to 15.9 in 2012.

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### **Summary of Substitute Bill:**

A maternal mortality review panel (panel) is established to conduct comprehensive, multidisciplinary reviews of maternal deaths in Washington. The term "maternal mortality" means the death of a woman while pregnant or within one year following the end of pregnancy, whether or not death is the result of the pregnancy.

The panel is appointed by the Secretary of Health (Secretary) and must include an obstetrician, a physician specializing in maternal fetal medicine, a neonatologist, a licensed midwife, an advanced registered nurse practitioner who practices in obstetrics, a Department of Health (Department) representative who works in the field of maternal and child health, a Department epidemiologist with experience analyzing prenatal data, a medical examiner, a representative of community mental health centers, and a member of the public.

Health care providers, health care facilities, clinics, laboratories, and medical examiners must report maternal deaths to the panel and the Secretary. If a root cause analysis of a maternal death has been completed, those findings must also be submitted to the panel.

The panel must make recommendations for system changes to improve health care services for women in Washington. Between July 1, 2017 and July 1, 2021, the panel must submit annual reports to the Secretary and legislative health care committees. The report must include a description of the adverse events reviewed by the panel in the prior year, including statistics and causes; corrective action plans to address adverse events; and recommendations for system changes and legislation relating to the delivery of health care in Washington.

The panel's proceedings, records, and opinions are confidential and not subject to Public Records Act requirements. Members of the panel may not be questioned in any civil or criminal proceeding related to information or opinions associated with meetings of the panel.

### **Substitute Bill Compared to Original Bill:**

The proposed substitute clarifies that the midwife serving on the maternal mortality review panel must be a licensed midwife. The annual reporting requirement is discontinued after July 1, 2021.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

### **Staff Summary of Public Testimony:**

(In support) This concept was successful in California which saw a two-thirds reduction in maternal mortality after they began implementing the policies and programs suggested by their review panel. The California review panel found that about 38 percent of the deaths could have been prevented. Maternal morbidity rates have increased 37 percent over the past 25 years. The maternal mortality rate has more than doubled over the last 30 years in the United States. The increases can be attributed to chronic health conditions, such as obesity and heart disease, and social conditions, such as poverty and exposure to chronic stress. There are disparities in maternal morbidity rates based upon ethnicity. Pregnancy-related complications increase as women get older which is concerning as women are becoming pregnant later in life.

This bill is about making sure that Washington is implementing the programs necessary to reduce the number of maternal deaths. Without this information it is hard to know where to direct services. A maternal mortality review panel can help the state understand the role of geography, age, preexisting conditions, access to appropriate care, race, and ethnicity to help develop ways to decrease preventable maternal deaths.

Twenty-three other states have maternal mortality review panels. Washington had a history of tracking maternal mortality until budget cuts to the program several years ago. The lack of a program means that Washington does not know about current rates in the state.

There is nothing more horrific in an obstetrician's practice than a maternal death. An unexpected death on a labor and delivery unit is deeply upsetting to the entire staff and has widespread impacts. A maternal mortality review panel can identify the causes of death and suggest strategies to reduce maternal mortality and improve maternal health care.

The bill should clarify that the midwife on the panel is a licensed midwife. There is an amendment to expire the reporting requirement to: encourage quick action by the review panel to summarize the contributing factors; and identify quality improvement opportunities and report to the Legislature on the policy and programmatic changes needed to save women's lives.

(Opposed) None.

**Persons Testifying:** Representative Stambaugh, prime sponsor; Sean Graham, Washington State Medical Association; Lyndsey Benson, American College of Obstetricians and Gynecologists; and Amber Ulvenes, Midwives Association of Washington State.

**Persons Signed In To Testify But Not Testifying:** None.