## As Introduced

133rd General Assembly Regular Session 2019-2020

S. B. No. 327

Senators Maharath, Kunze

Cosponsors: Senators Thomas, Antonio, Yuko, Craig, Fedor

## A BILL

To enact sections 3702.35, 3702.36, and 3738.20 of	1
the Revised Code to enact the "Save Our Mothers	2
Act" for the purpose of establishing continuing	3
education requirements for birthing facility	4
personnel and an initiative to improve birth	5
equity, reduce peripartum racial and ethnic	6
disparities, and address implicit bias in the	7
healthcare system.	8

## BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 3702.35, 3702.36, and 3738.20 of	9
the Revised Code be enacted to read as follows:	10
	1 1
Sec. 3702.35. (A) As used in this section and section	11
3702.36 of the Revised Code:	12
(1) "Freestanding birthing center" means any facility in	13
which deliveries routinely occur, regardless of whether the	14
facility is located on the campus of another health care	15
facility, and which is not licensed under Chapter 3711. of the	16
Revised Code as a level one, two, or three maternity unit or a	17
limited maternity unit.	18

(2) "Hospital" means a hospital registered with the	19
department of health under section 3701.07 of the Revised Code.	20
(B) The director of health shall adopt rules establishing	21
requirements for hospitals and freestanding birthing centers to	22
conduct annual continuing education for employees and	23
contractors who routinely care for pregnant and postpartum	24
women, including employees and contractors of the facility's	25
emergency department. In establishing the requirements, the	26
director may consult with the American college of obstetricians	27
and gynecologists and other professional associations concerned	28
with the care of pregnant and postpartum women.	29
Among the requirements shall be a requirement that each	30
hospital and freestanding birthing center provide its employees	31
and contractors educational modules on each of the following in	32
accordance with accortable and provailing standards of care.	33
accordance with acceptable and prevailing standards of care:	55
(1) Severe maternal hypertension;	34
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<pre>(1) Severe maternal hypertension; (2) Obstetric hemorrhage;</pre>	34 35
<pre>(1) Severe maternal hypertension; (2) Obstetric hemorrhage; (3) The two most prevalent obstetric complications, other</pre>	34 35 36
<pre>(1) Severe maternal hypertension; (2) Obstetric hemorrhage; (3) The two most prevalent obstetric complications, other than those specified in divisions (B)(1) and (2) of this</pre>	34 35 36 37
<pre>(1) Severe maternal hypertension; (2) Obstetric hemorrhage; (3) The two most prevalent obstetric complications, other than those specified in divisions (B)(1) and (2) of this section, as identified in the most recent biennial report</pre>	34 35 36 37 38
<pre>(1) Severe maternal hypertension; (2) Obstetric hemorrhage; (3) The two most prevalent obstetric complications, other than those specified in divisions (B)(1) and (2) of this section, as identified in the most recent biennial report prepared under section 3738.08 of the Revised Code by the</pre>	34 35 36 37 38 39
<pre>(1) Severe maternal hypertension; (2) Obstetric hemorrhage; (3) The two most prevalent obstetric complications, other than those specified in divisions (B)(1) and (2) of this section, as identified in the most recent biennial report prepared under section 3738.08 of the Revised Code by the pregnancy-associated mortality review (PAMR) board established</pre>	34 35 36 37 38 39 40
<pre>(1) Severe maternal hypertension; (2) Obstetric hemorrhage; (3) The two most prevalent obstetric complications, other than those specified in divisions (B)(1) and (2) of this section, as identified in the most recent biennial report prepared under section 3738.08 of the Revised Code by the pregnancy-associated mortality review (PAMR) board established under section 3738.01 of the Revised Code.</pre>	34 35 36 37 38 39 40 41
<pre>(1) Severe maternal hypertension; (2) Obstetric hemorrhage; (3) The two most prevalent obstetric complications, other than those specified in divisions (B)(1) and (2) of this section, as identified in the most recent biennial report prepared under section 3738.08 of the Revised Code by the pregnancy-associated mortality review (PAMR) board established under section 3738.01 of the Revised Code. The modules shall be updated and provided not less than</pre>	34 35 36 37 38 39 40 41 42
<pre>(1) Severe maternal hypertension; (2) Obstetric hemorrhage; (3) The two most prevalent obstetric complications, other than those specified in divisions (B)(1) and (2) of this section, as identified in the most recent biennial report prepared under section 3738.08 of the Revised Code by the pregnancy-associated mortality review (PAMR) board established under section 3738.01 of the Revised Code. The modules shall be updated and provided not less than annually. The director shall require that hospitals and</pre>	34 35 36 37 38 39 40 41 42 43
<pre>(1) Severe maternal hypertension; (2) Obstetric hemorrhage; (3) The two most prevalent obstetric complications, other than those specified in divisions (B)(1) and (2) of this section, as identified in the most recent biennial report prepared under section 3738.08 of the Revised Code by the pregnancy-associated mortality review (PAMR) board established under section 3738.01 of the Revised Code. The modules shall be updated and provided not less than annually. The director shall require that hospitals and freestanding birthing centers apply to the appropriate</pre>	34 35 36 37 38 39 40 41 42 43 44

shall be adopted in accordance with Chapter 119. of the Revised 48 49 Code. Sec. 3702.36. The director of health shall monitor the 50 compliance of hospitals and freestanding birthing centers with 51 the requirements regarding continuing education established in 52 rules adopted under section 3702.35 of the Revised Code. To that 53 end, the director may inspect the records of any hospital or 54 freestanding birthing center and require that each hospital and 55 freestanding birthing center issue reports on the continuing 56 education activities it has conducted. 57 Sec. 3738.20. (A) As used in this section: 58 (1) "Freestanding birthing center" means any facility in 59 which deliveries routinely occur, regardless of whether the 60 facility is located on the campus of another health care 61 facility, and which is not licensed under Chapter 3711. of the 62 Revised Code as a level one, two, or three maternity unit or a 63 limited maternity unit. 64 (2) "Hospital" means a hospital registered with the 65 department of health under section 3701.07 of the Revised Code. 66 (3) "Telemedicine services" has the same meaning as in 67 section 3902.30 of the Revised Code. 68 (B) The department of health shall collaborate with the 69 Ohio perinatal quality collaborative or its successor to develop 70 an initiative to improve birth equity, reduce peripartum racial 71 and ethnic disparities, and address implicit bias in the health 72 care system. In developing the initiative, the department and 73 Ohio perinatal quality collaborative shall consider existing 74 programs, including those administered or supported by the 75 alliance for innovation on maternal health and the Ohio equity 76

institute. The department shall ensure that the initiative	77
includes the development of best practices for implicit bias	78
training and education in cultural competency to be used by	79
hospitals and freestanding birthing centers in interactions	80
between patients and health care providers.	81
(C) The department of health, in collaboration with the	82
pregnancy-associated mortality review (PAMR) board established	83
under section 3738.01 of the Revised Code, shall make available	84
to all hospitals and freestanding birthing centers best	85
practices for the timely identification of all pregnant and	86
postpartum women in the emergency department and for the	87
appropriate and timely consultation with an obstetrician,	88
certified nurse-midwife, or physician assistant with obstetric	89
expertise to provide input on patient management and follow-up.	90
A hospital or freestanding birthing center may use telemedicine	91
services for the consultation.	92
(D) The director of health may adopt rules in accordance	93
with Chapter 119. of the Revised Code as necessary to implement	94
this section.	95
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Section 2. This act shall be known as the "Save Our	96
Mothers Act."	97