SUBSTITUTE FOR SENATE BILL NO. 818

A bill to amend 1978 PA 368, entitled "Public health code,"

by amending sections 2227, 2617, 2617a, and 2618 (MCL 333.2227, 333.2617, 333.2617a, and 333.2618), section 2227 as added by 2006 PA 653 and section 2617a as added by 2016 PA 479, and by adding section 2617b.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 2227. The department shall do all of the following:
- 2 (a) Develop and implement a structure to address racial and3 ethnic health disparities in this state.
 - (b) Monitor minority health progress.
- 5 (c) Establish minority health policy.
- 6 (d) Develop and implement an effective statewide strategic



- plan for the reduction of racial and ethnic health disparities andinequities.
- 3 (e) Utilize federal, state, and private resources, as
 4 available and within the limits of appropriations, to fund minority
 5 health programs, research, and other initiatives.
- 6 (f) Provide the following through interdepartmental
 7 coordination:
- 8 (i) Data and technical assistance to minority health coalitions
 9 and any other local entities addressing the elimination of racial
 10 and ethnic health disparities.
- (ii) Measurable objectives to minority health coalitions and
 any other local health entities for the development of
 interventions that address the elimination of racial and ethnic
 health disparities.
- 15 (g) Establish a web page webpage on the department's website,
 16 in coordination with the state health disparities reduction and
 17 minority health section, office of equity and minority health, that
 18 provides information or links to all of the following:
- 19 (i) Research within minority populations.
- 20 (ii) A resource directory that can be distributed to local21 organizations interested in minority health.
- (iii) Racial and ethnic specific data including, but not limitedto, morbidity and mortality.
 - (iv) Published, peer-reviewed studies and reports on biased or unjust perinatal care, including, but not limited to, studies or reports on instances of obstetric racism and obstetric violence.
- (h) Develop and implement recruitment and retention strategies
 to increase the number of minorities in the health and social
 services professions.

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- (i) Develop and implement awareness strategies targeted at
 health and social service providers in an effort to eliminate the
 occurrence of racial and ethnic health disparities.
- 4 (j) Identify and assist in the implementation of culturally
 5 and linguistically appropriate health promotion and disease
 6 prevention programs that would emphasize prevention and incorporate
 7 an accessible, affordable, and acceptable early detection and
 8 intervention component.
- 9 (k) Promote the development and networking of minority health10 coalitions.
- 11 (l) Appoint a department liaison to provide the following 12 services to local minority health coalitions:
- (i) Assist in the development of local prevention and intervention plans.
- (ii) Relay the concerns of local minority health coalitions to the department.
- 17 (iii) Assist in coordinating minority input on state health18 policies and programs.
- 19 (iv) Serve as the link between the department and local efforts20 to eliminate racial and ethnic health disparities.
- 25 (n) Provide technical assistance to local communities to
 26 obtain funding for the development and implementation of a health
 27 care delivery system to meet the needs, gaps, and barriers
 28 identified in the statewide strategic plan for eliminating racial
 29 and ethnic health disparities.

- (o) One year after the effective date of this section 1 2 Beginning January 9, 2007, and each year thereafter, submit a written report on the status, impact, and effectiveness of the 3 amendatory act that added this section 2006 PA 653 to the standing 4 5 committees in the senate and house of representatives with 6 jurisdiction over issues pertaining to public health, the senate 7 and house of representatives appropriations subcommittees on 8 community health and human services, and the senate and house 9 fiscal agencies.
- 10 Sec. 2617. (1) The health information system shall must 11 include statistics relative to:
- 12 (a) The causes, effects, extent, and nature of illness and
 13 disability of the people of this state, or a grouping of its
 14 people, which may include the incidence and prevalence of various
 15 acute and chronic illnesses and infant and maternal morbidity and
 16 mortality, and must include the incidence and prevalence of
 17 obstetric violence and obstetric racism.
- 18 (b) The impact of illness and disability of the people of this
 19 state on the economy of this state and on other aspects of the
 20 well-being of its people or a grouping of its people.
 - (c) Environmental, social, and other health hazards and health knowledge and practices of the people of this state.
 - (d) Determinants of health and nutritional practices and status, including behavior related to health.
- (e) Health resources, which may include health careinstitutions.
- (f) The utilization of health care, which may include the
 utilization of ambulatory health services by specialties and types
 of practice of the health professionals providing the services, and

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- 1 services of health facilities and agencies defined in section 20106
 2 and other health care institutions.
- 3 (g) Health care costs and financing, which may include the
 4 trends in health care prices and costs, the sources of payments for
 5 health care services, and federal, state, and local governmental
 6 expenditures for health care services.
 - (2) As used in this section:
 - (a) "Health facility or agency" means that term as defined in section 20106.
 - (b) "Obstetric racism" means that a health facility or agency, health professional, or other person that provides care to a patient during the perinatal period is influenced by the patient's race in making a treatment or diagnostic decision and that decision places the patient's health and well-being at risk.
 - (c) "Obstetric violence" means physical abuse, sexual abuse, emotional abuse, verbal abuse, bullying, coercion, humiliation, or assault, perpetrated by a health care professional on a patient during the perinatal period.
 - Sec. 2617a. (1) A physician or an individual in charge of a health facility who is present for or is aware of a maternal death shall submit information regarding that death at the time and in the manner specified or approved by the department for inclusion in the health information system established under section 2616.
 - (2) As used in this section:
 - (a) "Health facility" means a hospital, freestanding birth center licensed under article 17, freestanding surgical outpatient facility, or other outpatient facility that is licensed or otherwise authorized to operate in this state under article 17.
 - (b) "Maternal death" means the death of a woman who was

- pregnant at the time of her death or within 1 year before her
 death.
- 3 (c) "Physician" means an individual who is licensed or
 4 otherwise authorized to engage in the practice of medicine or
 5 practice of osteopathic medicine and surgery under article 15.
- Sec. 2617b. (1) The department shall maintain a team that
 comprehensively reviews maternal deaths in this state, facilitates
 best practices for sharing data regarding maternal deaths,
 coordinates meetings with maternal mortality review teams
 throughout the country, and participates in regional or national
- 12 (2) The department shall study the use of research evidence in 13 policies related to the perinatal period in this state, including 14 all of the following:
- 15 (a) The public payment systems and the systems' policies 16 related to labor and delivery services.

maternal mortality review activities.

- 17 (b) The malpractice insurance policies related to perinatal 18 care, including, but not limited to, labor and delivery services.
 - (c) The private payment systems and the systems' policies related to labor and delivery services.
 - (3) No later than January 1, 2026, the department shall, using the implementation science framework, report to the standing committees in the house of representatives and the senate concerned with health policy the results of the study under subsection (2).
- 25 (4) The department may contract with a third party to complete 26 the study under subsection (2).
- Sec. 2618. (1) The department shall publish and make available periodically to agencies and individuals health statistics publications of general interest, publications bringing health

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- 1 statistics into focus on priority programmatic issues and health
- 2 profiles. An annual report on the health information system shall
- 3 be made available to the governor and the legislature and to
- 4 collaborating agencies. A summary report of each area described in
- 5 sections 2616 and 2617 shall must be included in the annual report
- 6 not less than once each 5 years. The department shall include in
- 7 the report a statement of the limitations of the data used in terms
- 8 of their quality, accuracy, and completeness.
- 9 (2) Beginning January 1, 2026, and every 3 years thereafter,
- 10 the department shall submit a report to the standing committees of
- 11 the house of representatives and senate concerned with health
- 12 policy on all of the following:
- 13 (a) A list of the most preventable causes of maternal
- 14 mortality that the department identifies as having the greatest
- 15 impact on the pregnant and postpartum population in this state.
- 16 (b) In consultation with the perinatal care quality
- 17 collaborative designated for this state, a list of recommendations
- 18 for best practices and quality improvement in clinical settings
- 19 that may reduce the incidence of pregnancy-related deaths, maternal
- 20 mortality, and morbidity in prenatal, perinatal, and postnatal
- 21 clinical settings.
- 22 (3) The department shall incorporate into the report under
- 23 subsection (2) any findings from the department of civil rights
- 24 provided under section 5(3) of the biased and unjust care reporting
- 25 act.
- 26 Enacting section 1. This amendatory act does not take effect
- 27 unless all of the following bills of the 102nd Legislature are
- 28 enacted into law:
- 29 (a) Senate Bill No. 819.

- 1 (b) Senate Bill No. 821.
- 2 (c) House Bill No. 5636.

