

REQUIREMENT TO REPORT MATERNAL DEATHS

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House Bill 4235 (H-2) as reported from committee

Sponsor: Rep. George T. Darany

Committee: Health Policy

Complete to 5-31-16

Analysis available at
<http://www.legislature.mi.gov>

BRIEF SUMMARY: House Bill 4235 would make reporting maternal deaths mandatory for physicians and hospitals, rather than voluntary as in current law. It would take effect 90 days after enactment.

FISCAL IMPACT: House Bill 4235 (H-2) has negligible fiscal implications for the Michigan Department of Health and Human Services (MDHHS). Since 1950, the state public health department has supported a maternal mortality surveillance system (previously a long-term maternal mortality study). The bill may prompt an increase in data, but may also simplify data gathering. The data contributes to the development of effective practice and policy, having value to maternal and infant public health programs as well as vital records and health statistics.

THE APPARENT PROBLEM:

The national maternal death rate rose from 7.2 pregnancy-related deaths per 100,000 live births in 1987—the first year the Centers for Disease Control and Prevention (CDC) analyzed data—to 17.8 in 2009, before dropping to 15.9 in 2012, the most recent year for which CDC data are available.

Michigan ranked eighth highest in maternal deaths in the nation between 1999 and 2010, with Detroit's rate of 58.7 per 100,000 at three times the national average. This corresponds with the racial disparities in deaths nationally: 11.8 per 100,000 for white women, 15.7 for women of other races, and 41.1 for black women (based on CDC findings from 2011-2012).

THE CONTENT OF THE BILL:

House Bill 4235 would amend the Public Health Code to add a requirement that a physician or person who is in charge of a health facility who is aware of a maternal death must submit information about the death for inclusion in the state's health information system.

The bill would also address concerns of underreporting by implementing the following definition for maternal death: *the death of a woman who was pregnant at the time of death or within one year before her death.*

The comprehensive health information system, created in 1978, reports state statistics on the following categories, listed in Section 2617 of the Health Code:

- The causes, effects, extent, and nature of illness and disability of the people of this state, or a grouping of its people, which may include the incidence and prevalence of various acute and chronic illnesses and *infant and maternal morbidity and mortality*.
- The impact of illness and disability of the people of the state on the economy of the state and on other aspects of the well-being of its people or a grouping of its people.
- Environmental, social, and other health hazards and health knowledge and practices of the people of the state.
- Determinants of health and nutritional practices and status, including behavior related to health.
- Health resources, which may include health care institutions.
- 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 services of health facilities and agencies defined in Section 20106 and other health care institutions.
- Health care costs and financing, which may include the trends in health care prices and costs, the sources of payments for health care services, and federal, state, and local governmental expenditures for health care services.

Although maternal morbidity (incidence of disease) and mortality are reported by the health information system, reporting requirements to the system are voluntary; this bill would make the reporting of maternal mortality by physicians and health facilities mandatory.

Proposed 333.2617a

BACKGROUND INFORMATION:

Part of the reason for the rise in reported maternal deaths in Michigan, say knowledgeable observers, is likely due to the 2003 revision to the U.S. Standard Certificate of Death (adopted by Michigan in 2004) to include a checkbox denoting whether a woman was (1) not pregnant within the last year; (2) pregnant at the time of death; (3) not pregnant, but pregnant within 42 days of death; (4) not pregnant, but pregnant 43 days to 1 year before death; or (5) unknown if pregnant within the past year. However, due to the voluntary reporting requirements, it is difficult to determine if maternal mortality is actually on the rise, or if the checkbox is merely ensuring that more deaths are reported. According to the Michigan Maternal Mortality Surveillance (MMMS), the pregnancy checkbox error rate ranges from 10-20%.

The data cited above and additional information can be found in the article, CDC statistics, and a report on Pregnancy-Associated Mortality in Michigan, in the links below:

<http://khn.org/news/detroits-maternal-death-rate-triple-the-nations/>
<http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>
https://www.michigan.gov/documents/mdch/2013Status_of_Michigan_Maternal_Mortality_445366_7.pdf

ARGUMENTS:

For:

Proponents argued that the mandatory reporting proposed in this bill would help the MDHHS to account for maternal deaths in the state more accurately, to trace the causes of those deaths, and to work to lessen the number over time.

Against:

Some expressed concern that the bill does not account for maternal deaths outside of a hospital environment, or specifically with midwives.

Response:

A representative of the Department of Health and Human Services testified that those instances of childbirth account for less than three percent of childbirths in Michigan.

POSITIONS:

Representatives of the following organizations testified in support of the bill:

Michigan Department of Health and Human Services (5-10-16)
American Congress of Obstetricians and Gynecologists (5-10-16)
Michigan Maternal Mortality Surveillance (5-10-16)
Michigan Council for Maternal and Child Health (5-10-16)
Beaumont Health (5-10-16)

The following organizations support the bill:

Michigan State Medical Society (5-10-16)
Michigan Legislative Black Caucus (5-17-16)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.