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Representative Stephanie Hilferty

Healthy Moms, Healthy Babies Advisory Council Report

Office of Public Health

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LOUISIANA DEPARTMENT OF HEALTH

HEALTHY MOMS, HEALTHY BABIES ADVISORY COUNCIL REPORT

In response to Act No. 497 of the 2018 Regular Legislative Session

Submitted to:

Governor John Bel Edwards, Governor, State of Louisiana

Senator Patrick Page Cortez, President, Louisiana Senate

Representative Clay Schexnayder, Speaker, Louisiana House of Representatives

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Acknowledgements:

The content of this report was generated by members of the *Healthy Moms, Healthy Babies Advisory Council*. The council was created during the 2018 Regular Session of the Louisiana legislature, through Act No. 497, and is authorized by Louisiana Revised Statute 40:2018.5. The council is composed of 16 members, largely consisting of community, medical, and social service providers appointed by the governor, as well as two representatives from the Louisiana Department of Health and two legislators, one from the Senate and House of Representatives (see page 24 for a full list of members). LDH-OPH, BFH staff support is funded by the Health Resources and Services Administration, Maternal and Child Health Bureau, Title V Maternal and Child Health Services Block Grant. The state of Louisiana contributes three dollars of state funds for every four dollars contributed by the Block Grant. This information or content and conclusions are those of the Council and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

This report is written with the knowledge that not all people who give birth identify as women. The use of terminology and language is reflective of current research and advocacy work to reduce overall maternal mortality and morbidity, as well as racial and ethnic health disparities in pregnancy and birth outcomes. There is a need for increased awareness, medical assistance, and inclusion for individuals who do not identify as women in pregnancy- and birth-related services.

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Executive Summary
Healthy Moms, Healthy Babies Advisory Council Report, 2020

The Healthy Moms, Healthy Babies Advisory Council was authorized by Louisiana Revised Statute 40:2018.5 in 2018 as a call to action to ensure that state initiatives addressing maternal mortality and severe maternal morbidity include an equity focus informed by community. The council's charge is to:

- **Task 1:** Evaluate functions and activities of existing groups focused on maternal mortality and severe maternal morbidity in order to collaborate with and engage with stakeholders
- **Task 2:** Support and interpret reporting of maternal outcomes data by race and ethnicity where possible
- **Task 3:** Incorporate an ongoing community advisory process into existing state committees and collaboratives working to address maternal mortality and severe maternal morbidity
- **Task 4:** Establish guidelines for data collection and reporting on maternal mortality and severe maternal morbidity
- **Task 5:** Advise on policy options to ensure ongoing public health monitoring and activated response to eliminate preventable cases of maternal mortality and severe maternal morbidity and differences experienced between racial and ethnic groups

Vision for the Future

The Healthy Moms, Healthy Babies Advisory Council envisions an equitable and supportive public health and healthcare system that ensures access to services and supports before, during and after pregnancy. In this system, healthcare and social systems remain engaged with families and key community partners, demonstrate accountability, and are responsive to evolving needs in maternal and child health.

Summary of Key Findings

The primary existing statewide entities addressing issues related to maternal mortality and severe maternal morbidity are those administered through or in partnership with the Louisiana Department of Health (LDH) and the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality (Perinatal Commission). Major activities include the Louisiana Perinatal Quality Collaborative (LaPQC), Louisiana Pregnancy Associated Mortality Review Board (PAMR) and Louisiana Medicaid. Each is collecting and/or reporting data that can be disaggregated by race. Community advisory is beginning to be incorporated in some activities but is largely undefined. (Task 1)

Recommendations and Next Steps

- Develop a strategic messaging guide, co-designed with community stakeholders, for the Louisiana Department of Health, clinicians, and hospital administrators to use when communicating with the media, patients, families, legislators and the general public regarding maternal mortality and severe maternal morbidity. (Task 2)
- Create regional community advisory groups to provide ongoing community advisory to committees and collaboratives coordinated through the Louisiana Department of Health, such as LaPQC and PAMR. (Task 3)
- Analyze data that will illuminate where changes are needed to achieve equity in outcomes. (Task 4)
- Implement policies to address provider training, services for behavioral health and substance use disorders, home visiting, perinatal community health workers, postpartum care, paid family leave, and workplace accommodations. (Task 5)

Quarterly Council meetings will continue in 2020. The Council's work will be to design a strategic messaging guide; research provider shortages in Louisiana; review other states' efforts to eliminate preventable maternal deaths and severe complications during labor, delivery and shortly after birth; and review LDH maternal health data reports.

Background
Healthy Moms, Healthy Babies Advisory Council Report, 2020

Recent data suggest that Louisiana's rates for maternal deaths and severe complications during labor, delivery, and shortly after birth (severe maternal morbidity) are among the highest in the United States. Furthermore, African American women are more often affected by these outcomes. Mortality review experts agree there is opportunity to prevent nearly half of deaths seen within 42 days of delivery in Louisiana.

Severe Maternal Morbidity in Louisiana

Severe maternal morbidity (SMM) includes unexpected outcomes during labor and delivery, and shortly after birth resulting in significant short- or long-term consequences to a woman's health. Severe maternal morbidity is considered a "near miss" for maternal mortality (MM) because without identification and treatment, in some cases, these conditions would lead to death. In Louisiana, the overall rate of SMM has increased from 173.1 per 10,0000 delivery hospitalizations in 2008 to 186.1 in 2015.[1] Compared to the national SMM rate of 112.6 in 2008 and 144.1 in 2015, Louisiana has shown significantly higher rates than the nation as a whole.[1] Currently, we are observing a decreasing trend in overall SMM rates in Louisiana, from 183.8 in quarter 1 of 2016 to 147.0 in quarter 4 of 2018.[2]

Disparities in Severe Maternal Morbidity in Louisiana

Despite the current downward trend in SMM rates as a whole, specific groups of women continue to experience unexpected outcomes of labor and delivery that result in short- and long-term consequences. Non-Hispanic African American women have higher rates of SMM both nationally[3] and statewide.[2] From 2016 to 2018, Louisiana observed a decrease in the overall SMM rates for Non-Hispanic African American women and White women, however, the disparities between these two groups persist.[3]

Maternal Mortality in Louisiana

A pregnancy-related death is the death of a woman while pregnant or within 1 year of the end of pregnancy, regardless of the outcome, duration, or site of the pregnancy. The death can be related to or aggravated by the pregnancy or its management but does not include deaths due to motor vehicle crashes, fires, and other accidents. According to the 2011-2016 Maternal Mortality Review (MMR), there were 47 confirmed pregnancy-related deaths in Louisiana.[4] Deaths increased by an average of 34% per year during this period. Forty-five percent of these deaths were deemed preventable, and almost half of them occurred between 24 hours and 42 days after delivery. Among confirmed pregnancy-related deaths, the leading underlying causes of death were hemorrhage (bleeding), cardiomyopathy (health muscle disease), and cardiovascular disease (heart disease).

Disparities in Maternal Mortality in Louisiana

Also reflected in the 2011-2016 MMR report, Non-Hispanic African American women in Louisiana were four times more likely to experience pregnancy-related death than White women.[4] Women over age 35 were almost three times more likely to experience pregnancy-related death.

More investigation is needed to understand the drivers of these differences. In a January 2018 Committee Opinion, The American College of Obstetricians and Gynecologists (ACOG) highlighted the role of social and structural determinants of health in shaping health outcomes. These include factors such as access to services, quality of healthcare received during pregnancy and throughout the life course, racial bias and discrimination, lack of transportation or childcare, neighborhood factors, poverty, and racism in policies, practices and systems.

Historical Roots of Racial Health Disparities

Structures & Systems Impacting Race and Health Equity in Louisiana

The following is a summary of information from various sources regarding the history of African Americans in healthcare settings in Louisiana.[5-10]

Louisiana has a documented history of maltreatment of African Americans within its healthcare systems, including medical experimentation, segregated care settings of varying quality, and job discrimination against African American medical professionals. It is essential to acknowledge this history and examine the systems that supported and perpetuated inequitable practices well into the twentieth century in order to effectively address racial and ethnic differences in maternal health outcomes.

In the 1800s, most enslaved people were treated in "sick houses" on the plantation. However, there were a few hospitals in the New Orleans area that offered limited services to slaves. Touro Infirmary had an unusual custom of offering care to all persons, including slaves, on a sliding fee scale to plantation owners. Charity Hospital was once friendly to the enslaved or freed people of color, but that practice ended in the mid-1800s. During this time, some Charity doctors used African American patients for painful medical experiments, which resulted in these patients becoming cadavers for medical students.

Following the Civil War and the end of slavery, the Freedmen's Bureau established many hospitals for freed African Americans throughout the United States such as Flint-Goodridge Hospital in New Orleans. With the United States Supreme Court's decision in Plessy v. Ferguson in 1896, Louisiana enacted a new Constitution in 1898 establishing "separate but equal" laws in healthcare. Hospitals that provided care to both Whites and African Americans were segregated. Waiting rooms, wards, emergency rooms, all had "Whites Only" or "For Colored" signs.

In 1937, Louisiana began to establish the only statewide hospital system in the nation to provide care to the poor and rural areas throughout the state. However, prior to the Civil Rights Act of 1964, the hospital system did not commonly employ African American healthcare professionals. According to physicians practicing during this time, obstetrics was a field dominated by White males and some of which having biases against and negative stereotypes of African Americans. For example, White patients who presented with pelvic pain were frequently assumed to have endometriosis. African American patients with the same symptoms were more likely presumed to have pelvic inflammatory disease until proven otherwise. Consequently, stereotypes and biases often hindered accurate diagnoses.

In 1965, following the passage of the 1964 Civil Rights Act, Louisiana began the process of racially integrating previously segregated healthcare in Charity Hospitals to avoid jeopardizing receipt of federal funds. These changes allowed more African Americans to gain access to medical facilities. In addition, racial integration and high demand for services resulted in more African Americans being employed as physicians, nurses, and in upper level administrative positions.

Differences along racial lines in how people are treated, what opportunities are available to them, and how they experience health and social service systems persist. Our challenge is to consider how past policies may influence present-day practices, attitudes and experiences. This understanding is essential to transforming systems to eliminate racial and ethnic disparities in maternal health outcomes.

Overview of Legislation
Creation and Purpose of the Healthy Moms, Healthy Babies Advisory Council

In response to current data on maternal mortality and severe maternal morbidity, the Louisiana legislature created the *Healthy Moms, Healthy Babies Advisory Council.* It is authorized by Louisiana Revised Statute 40:2018.5 as a call to action to ensure that state initiatives addressing maternal mortality and severe maternal morbidity include an equity focus informed by community. The Council is composed of 16 members, largely consisting of community, medical, and social service providers appointed by the governor, as well as two representatives from the Louisiana Department of Health and two legislators, one from the Senate and House of Representatives (see page 24 for a full list of members).

The Council's charge is to:

Task 1: Evaluate functions and activities of existing groups focused on maternal mortality and severe maternal morbidity in order to collaborate with and engage with stakeholders.

Task 2: Support and interpret reporting of maternal outcomes data by race and ethnicity where possible.

Task 3: Incorporate an ongoing community advisory process into existing state committees and collaboratives working to address maternal mortality and severe maternal morbidity.

Task 4: Establish guidelines for data collection and reporting on maternal mortality and severe maternal morbidity.

Task 5: Advise on policy options to ensure ongoing public health monitoring and activated response to eliminate preventable cases of maternal mortality and severe maternal morbidity and differences seen between racial and ethnic groups.

Procedures for the Council

Since October 2018, the Healthy Moms, Healthy Babies Advisory Council convened quarterly meetings to review current initiatives in the state and to develop, discuss and refine recommendations related to the Council's charge. The subsequent sections of the report reflect recommendations brought to the Council by one or more members around which there was substantive discussion resulting in general agreement.

Task 1: Evaluate functions and activities of existing groups focused on maternal mortality and severe maternal morbidity in order to collaborate with and engage stakeholders.

Many efforts exist across Louisiana to understand and address maternal mortality and severe maternal morbidity. These include programs, initiatives, and groups coordinated through the Louisiana Department of Health as well as those led by universities, community, and private entities.

Activities Coordinated through the Louisiana Department of Health

The Louisiana Department of Health (LDH) is addressing the issues of maternal mortality and severe maternal morbidity through the:

- Commission on Perinatal Care and Prevention of Infant Mortality (Perinatal Commission)
- Louisiana Perinatal Quality Collaborative (LaPQC)
- Perinatal Associated Mortality Review (PAMR) Board
- Louisiana Medicaid Program

The Commission on Perinatal Care and Prevention of Infant Mortality (Perinatal Commission) is authorized by Louisiana Revised Statute 40:2018. The commission has 16 members with 14 medical providers and healthcare administration members appointed by the governor, and two legislative members appointed by the legislature's leadership. The Perinatal Commission is responsible for researching and reviewing all state laws, regulations, guidelines, policies, and procedures that impact perinatal care and, where appropriate, make recommendations to the legislature and LDH leadership. The Commission also has the power to authorize special studies. Both the LaPQC and PAMR, while supported by OPH BFH, are special study activities under the authority and legal protections of the Commission. These protections include specific requirements that prevent disclosure of records so that data can effectively inform efforts to improve the systems of care and support in the state.

The Louisiana Perinatal Quality Collaborative (LaPQC) is a voluntary network of perinatal care providers, public health professionals and patient and community advocates who work to improve outcomes for women, families, and newborns in Louisiana and advance equity. The LaPQC is an activity authorized under the purview and protections of the Perinatal Commission. The first initiative of the LaPQC is the *Reducing Maternal Morbidity (RMM) Initiative*. The goals of this initiative are to:

- Achieve a 20% reduction in severe maternal morbidity among women who experience hemorrhage and severe hypertension/preeclampsia, during pregnancy or postpartum, in LaPQC participating birthing facilities by Mother's Day 2020.
- Reduce the Black-White disparity across the above outcome by Mother's Day 2020.

The Pregnancy Associated Mortality Review (PAMR) Board is Louisiana's Maternal Mortality Review Committee. It is a multidisciplinary group of volunteer members including clinicians, behavioral health providers, law enforcement, coroners, experts in domestic violence, and epidemiologists who review maternal deaths to determine preventability and to make recommendations for systems change. PAMR is an activity authorized under the purview and protections of the Perinatal Commission. Reviews are conducted in accordance with the Centers for Disease Control and Prevention (CDC) Review to Action protocols. PAMR is an essential component of the OPH BFH public health surveillance activities. In addition it is an active body generating recommendations for system change.

Task 1: Evaluate functions and activities of existing groups focused on maternal mortality and severe maternal morbidity.

Louisiana Medicaid is the state's health coverage for low-income residents who meet certain eligibility qualifications. Since the expansion of eligibility for Medicaid in Louisiana in June 2016, approximately 468,000 adults are now enrolled in healthcare coverage and are able to access preventive benefits and essential health services. Approximately 60% of Louisiana residents who give birth in the state each year are insured through Medicaid during pregnancy.[20] With the expansion of Medicaid and availability of insurance through the federally-facilitated Health Insurance Marketplace, many more individuals than ever have access to coverage beyond pregnancy and the immediate postpartum period. With one-third of maternal deaths occurring within 1 week to 1 year after delivery, and postpartum depression occurring up to 1 year after delivery, continuity coverage helps ensure access to critical health services.

Activities Coordinated Outside the Louisiana Department of Health

Beyond the specific programs and agencies mentioned above, the Council acknowledges additional state departments, universities, community, and private entities within Louisiana working to prevent maternal deaths and complications and disparities in adverse outcomes, including:

- Louisiana Department of Children & Family Services
- Tulane University School of Public Health and Tropical Medicine
- Tulane University Mary Amelia Douglas-Whited Women's Community Health Education Center
- Louisiana Hospital Association
- Birthmark Doula Collective
- Governor's Office on Women's Policy
- Healthy Start Programs: Healthy Start New Orleans; Crescent City WIC Services, Inc., Gretna; Family Roads, Baton Rouge; Family Tree Information Education & Counseling Center, Lafayette
- Institute for Women and Ethnic Studies
- Louisiana Coalition Against Domestic Violence
- Sista Midwife Productions
- Louisiana March of Dimes
- Louisiana Public Health Institute
- Louisiana Mental Health Perinatal Partnership
- LSU Health New Orleans, School of Medicine, Department of Obstetrics & Gynecology
- City of New Orleans, Department of Health

For the purposes of this report, the Healthy Moms, Healthy Babies Advisory Council reviewed functions and activities of PAMR and LaPQC as the primary LDH-coordinated efforts focused exclusively on maternal mortality and severe maternal morbidity (see page 9 for a comparison of these programs).

Task 1: Evaluate functions and activities of existing groups focused on maternal mortality and severe maternal morbidity.

	Pregnancy Associated Mortality Review (PAMR)	Louisiana Perinatal Quality Collaborative (LaPQC)
Aim & Purpose	To quantify and understand pregnancy-related and pregnancy-associated deaths in order to generate comprehensive actionable recommendations to prevent future deaths.	To improve outcomes and advance equity for women, families, and newborns in Louisiana.
Functions & Activities	• Ongoing public health monitoring conducted as a special study using vital records information linked to medical chart reviews • Interdisciplinary committee review of selected maternal deaths in order to categorize for cause, contributing factors, and opportunities for prevention • Generate specific actionable policy and system change recommendations	Provide support to hospitals and clinical care systems for continuous quality improvement in practices that affect perinatal and neonatal outcomes: • Facilitate collaborative learning through learning sessions and monthly calls • Scale the implementation of best practices • Facilitate mentorship between hospitals • Provide a data portal for real-time evaluation of practice changes • Ensure Louisiana's work is connected to national initiatives
Level of Community Engagement	Representatives of community-based organizations are included in the review committee.	Patient and family inclusion on hospital improvement teams is an explicit element of the initiative's Change Package.
Data Components that Point to Birth Equity	PAMR collects and analyzes race-stratified data on outcomes, characteristics of care, and other experiences during and after pregnancy. Committee reviews and analysis of data sufficient to yield equity-focused recommendations, as evidenced in 2011-2016 PAMR report and related peer reviewed publications.	The LaPQC collects and analyzes race-stratified data related to severe maternal morbidity (SMM) and encourages stratification of race/ethnicity across key process measures by facility teams.

Louisiana Medicaid was not explicitly reviewed to assess for level of community engagement or data components that related to birth equity. However, as the state's single largest provider of healthcare coverage for individuals who give birth in the state, Louisiana Medicaid is a critical influence in the healthcare delivery system and the health policy environment overall. Medicaid monitors the performance of Managed Care Organizations on quality metrics related to pregnancy and delivery which impact maternal health outcomes.

Task 2: Support and interpret reporting of maternal outcomes data, by race and ethnicity where possible.

Recommendation

Develop a **strategic messaging guide, co-designed with community stakeholders** for the Louisiana Department of Health, clinicians, and hospital administrators to use when communicating with the media, patients, families, policy makers and the general public regarding maternal mortality and severe maternal morbidity.

The Healthy Moms, Healthy Babies Advisory Council will assemble a group of stakeholders to co-design a messaging guide in order to:

- Humanize data around maternal mortality and severe maternal morbidity
- Unite messaging across sectors and audiences
- Highlight solutions and emphasize systems-level issues, including systemic racism, rather than individual patient or provider factors
- Communicate improvements in systems and outcomes over time

Why is this important?

In recent years, data and stories related to maternal deaths and complications have been an increasing focus of attention in Louisiana and nationally. This attention has increased public awareness, professional discourse, and media inquiry. For some individuals with lived experience—patients, families, and providers—the data and stories have also been difficult and, in some instances, re-traumatizing. There is a need for unified, clear, compassionate and actionable messaging so that patients, providers, and policy-makers are able to make informed decisions.

The proposed strategic messaging guide, to be developed by the Council members in partnership with stakeholders (patients, family members, providers, advocates, and policy makers) should include recommendations for language, key points, and vetted sources for data and information. Consistent messaging across community, healthcare and public policy sectors is expected to help entities working toward common goals to reinforce each other's efforts. Furthermore, the guidance is intended to support communications with patients and their families, the media, legislators and the general public. Consistency in messaging is anticipated to help assure the public that leaders understand the issues contributing to Louisiana's disparate maternal health outcomes and are working together to protect and promote the health of individuals who give birth in the state. By providing a common language, the guide is also intended to foster a shared understanding of the practices, policies, and structures that need to change in order to address racial and ethnic disparities in maternal health outcomes. Finally, the guide will help ensure awareness of the public health data resources and expertise in the state.

Task 3: Incorporate an ongoing community advisory process into existing state committees and collaboratives working to address maternal mortality and severe maternal morbidity.

Recommendation

Create **regional community advisory groups** to provide ongoing community advisory to committees and collaboratives coordinated through the Louisiana Department of Health, such as LaPQC and PAMR.

The Healthy Moms, Healthy Babies Council defines "community" as individuals, families, grassroots organizations, and other stakeholders who have been affected by or who are at risk for severe maternal complications or loss during or after pregnancy. With a goal of including community perspectives in state efforts to address maternal deaths and severe complications, council members advised establishing regional groups as follows:

- Membership of 10 representatives from organizations led by local members of affected, historically marginalized communities including two representatives of Birth Advocacy/Reproductive Justice community-based organizations; at least one perinatal community health worker; at least one representative of a community-based organization advocating against domestic violence; two representatives of community-based mental health service organizations; at least one representative of a community-based breastfeeding support organization; two representatives of peer-support organizations; and at least one representative of a drug and alcohol recovery program.
- Staggered membership with positions grouped into classes who serve terms of different lengths.
- A charge to review and provide feedback on PAMR recommendations, LDH-generated media products, LDH-generated data reports and fact sheets, proposals for future legislative initiatives, and lay abstracts; and to provide public input into state grant activities focused on improving maternal health outcomes.
- A charge to convene three times per year within each region, with each region having at least one established group.

Recommended staffing includes 1.5 full-time equivalent staff dedicated solely to support coordination of the statewide groups. In addition, budget recommendations include support for member leadership training, in-state travel for members and staff, meeting supplies, and funds for childcare and transportation to facilitate family participation.

Why is this important?

Meaningful community engagement increases the likelihood that projects or solutions will be widely accepted due to the community's commitment to helping make the projects happen. In addition, engagement creates more practical and effective solutions by drawing on the knowledge of those closest to the problems. Concerns are able to be addressed in the definition of problems and the formulation of solutions which then increases trust in organizations by improving communication and understanding.[11]

Task 4: Establish guidelines for data collection and reporting on maternal mortality and severe maternal morbidity.

Data Collection and Reporting Guidelines

Data from hospitals and state entities are essential to support ongoing monitoring of racial and ethnic differences in maternal health outcomes. These data also are central to the evaluation of the community and care systems that affect the health of individuals who give birth in the state. Lessons from improvement science highlight that when working to make changes, such as in care systems, sometimes the improvements are realized unevenly and disparities worsen. Council members recommend that statewide initiatives working to prevent maternal deaths and complications specifically analyze data that will illuminate where changes are needed to achieve equity in outcomes.

For the **Louisiana Perinatal Quality Collaborative (LaPQC):**

- LaPQC leadership should
    - Include race and ethnicity data as a part of any initiative's measurement strategy
- Participating facilities should
    - Establish standard protocols for collecting demographic variables. Further, staff whose job it is to collect patient information should be trained on proper collection of these variables.
    - Continue to collect and track the following measures quarterly in order to achieve and or sustain improvements in adoption of nationally recommended safety practices to ensure timely recognition and response to risk for complications related to hemorrhage and hypertension:
        - Hemorrhage risk assessments at 3 points (admission, delivery, postpartum), stratified by race
        - Quantification of Blood Loss, measured by volume or weight during delivery and postpartum, stratified by race
        - Timely treatment of hypertension (patient is treated with appropriate medication within 1 hour)
        - Elective deliveries, stratified by race
        - Obstetric unit drills
        - Debriefs with staff after SMM events

For the **Pregnancy Associated Mortality Review (PAMR):**

- Collect and analyze race, ethnicity, payer source, and geographic region of residence and care data
- Report combined 3-year maternal mortality data to legislators and the public annually beginning in year 2022. The initial report should include 2017-2019 maternal mortality data.
- Provide committee review findings back to facilities to inform improvement efforts.
- Produce an interim report to statewide stakeholders (LaPQC facilities, legislators, clinical and non-clinical partners, and the public) annually.

Task 5: Advise on policy options to ensure ongoing public health monitoring & activated response to eliminate preventable cases of maternal mortality and severe maternal morbidity and differences seen between racial and ethnic groups.

Provider Training

Recommendation

Require structured training on health equity for all obstetric and maternal care providers and health system leaders.

Why is this important?

In 2002, the Institute of Medicine (now the National Academy of Medicine) issued a landmark report highlighting how unequal and prejudicial treatment, based in part on unproven assumptions, play a role in disparities seen in health outcomes. Multimedia training (video, case studies, live presentation) may be used to show clinical providers and health systems leaders how to improve safety in maternal care by eliminating biases in decision-making. These trainings should cover cultural awareness and respect and the adverse effects of racism and discrimination. These recommendations aligns with the principles outlined by the Council on Patient Safety / Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundle for *Reduction of Peripartum Racial/Ethnic Disparities*. The AIM Safety Bundles are a collection of best practices for improving safety in maternal care that have been vetted by experts.

Recommendation

Implement trainings on maternal patient safety practices for first responders and emergency room personnel to ensure timely recognition of and response to risks for serious maternal health complications.

Why is this important?

According to a recent Centers for Disease Control and Prevention report on pregnancy related deaths, the leading underlying causes of maternal deaths include cardiovascular conditions, hemorrhage, infection, embolism, cardiomyopathy, mental health conditions, preeclampsia and eclampsia. Many women at risk for serious adverse outcomes related to these factors often seek care in emergency room settings. Trainings should be developed and implemented to educate first responders, emergency room personnel and all providers of maternal care. Protocols should be established to prevent, identify, and treat conditions that lead to maternal death. These trainings should focus on the recognition of cardiovascular and hypertensive emergencies in pregnant and postpartum women and establish protocols on how to handle these leading indicators of maternal deaths.

Task 5: Advise on policy options to ensure ongoing public health monitoring and activated response.

Services for Behavioral Health and Substance Use Disorders

Recommendation

Ensure adequate **access to high quality behavioral health services for pregnant and postpartum women**, from early identification through screening and linkage to care and treatment for maternal mental health needs and substance use disorders.

Why is this important?

"Maternal depression and other perinatal mood disorders are linked to risk factors for maternal deaths and severe complications during labor, delivery and shortly after birth, including hypertension, preeclampsia, and gestational diabetes. Mood disorders are prevalent among new mothers, particularly women of color, who grapple with a myriad of stressors, including racism, coupled with daily mental health strains resulting from motherhood. Studies show that African American and Hispanic mothers who experience maternal depression have higher rates of adversities than their White counterparts do." (Taylor, Novoa, Hamm, and Phadke, 2019, p. 39-43)

> *When I got pregnant, I was addicted to opiate pain pills. I tried many places & services begging for help to get clean. Nobody was willing to help me at all because I was pregnant. There should be options available for mothers to access to be able to receive drug treatment if the seek it. I was told it was dangerous to quit but also that I was at risk of child services taking my child if I did not quit. I felt helpless. At the very end of my pregnancy, I found a doctor willing to treat me with suboxone.*
>
> – Louisiana PRAMS Respondent, 2016-2018

"Women of color are also the least likely to have access to mental health care during pregnancy and in the postpartum period. Barriers to accessing care manifest in different ways, and often involve problems related to the affordability, availability, and geographic accessibility of mental health services. Specifically, cost barriers (such as limited in-network providers and other structural costs); barriers due to provider shortages and long wait times; geographical disparities in access; barriers for women with disabilities; and a dearth of culturally sensitive care pose the greatest challenges to accessing care."[12] (Taylor, Novoa, Hamm, and Phadke, 2019, p. 39-43)

Task 5: Advise on policy options to ensure ongoing public health monitoring and activated response.

Supports for Pregnant and Postpartum Women

Recommendation

Increase access to and utilization of **evidence-based models for home visiting** that improve maternal health outcomes.

Why is this important?

Evidence-based family support and coaching home visiting models are an important resource to ensure birthing families are integrated into local health systems and medical homes. Specific models promote optimal maternal and child health development; address social determinants of health; aim to reduce maternal mortality and morbidity; support positive parenting practices to reduce abuse and neglect; address school readiness; economic self-sufficiency, and linkages and referrals to community resources. Although states may implement different models, results from many of these programs demonstrate positive effects on maternal health outcomes. As a result of 40 years of research and evaluation, nurse-visited women experienced the following results with Nurse-Family Partnership, specific to maternal mortality: 35% fewer cases of pregnancy-induced hypertension;[13] 18% fewer preterm births;[1] 79% reduction in preterm delivery among women who smoke cigarettes;[14] and, 31% reduction in very closely spaced (<6 months) subsequent pregnancies.[15]

Recommendation

Increase access to and utilization of **perinatal community health workers** (PCHW), such as doulas.

Why is this important?

Developing a sustainable and equitable model of reimbursement for PCHW promotes and supports community-based health workers who are reflective of the communities most impacted by maternal mortality and severe maternal morbidity. These health workers should be effectively integrated into the perinatal health delivery system in order to connect with existing providers and health workers to promote a comprehensive network of support for all individuals giving birth in Louisiana.

Research indicates that birthing families receiving care from PCHW/doulas have improved health outcomes for both themselves and their newborns. Specifically, people who receive doula care have higher breastfeeding initiation rates, a reduction in low birthweight deliveries, and lower rates of cesarean birth. Doulas can also help reduce the impacts of racism and racial bias in health care on pregnant people of color by providing individually tailored, culturally appropriate, and person/family centered care, and advocacy.

> *Funding should be available for under privileged moms-to-be for doula services. The one-on-one time and education was extremely valuable throughout my pregnancy, during delivery and after birth. Doulas are incredible resources.*
>
> – Louisiana PRAMS Respondent, 2016-2018

The American College Obstetricians and Gynecologists (ACOG) recently demonstrated affirmative support for doulas in their 2017 Committee Opinion paper. The American College of Nurse-Midwives and the Association of Women's Health, Obstetric and Neonatal Nurses have endorsed ACOG's 2017 Committee Opinion paper in support of doula care. ACOG and the Society for Maternal-Fetal Medicine (SMFM) issued a joint statement that also highlighted the benefits of doula support during labor. Given there are no associated measurable harms, support from a doula or PCHW represents a promising tool for addressing birth outcomes in Louisiana.

Task 5: Advise on policy options to ensure ongoing public health monitoring and activated response.

Postpartum Care

Recommendation

Establish statewide **policy to ensure implementation of best practices in clinical safety around postpartum transitions of care**, including the American College of Obstetricians and Gynecologists (ACOG) guidance for early postpartum care assessment.

Why is this important?

This recommendation incorporates the principles of the Maternal Safety Consensus Bundle and the ACOG Committee Opinion on Optimizing Postpartum Care. The policy would establish development and adoption of standardized toolkits by the Louisiana Perinatal Quality Collaborative for all accredited birthing hospitals, creating safe transitions of care during postpartum discharge planning. Measures would be implemented for all patients irrespective of source of primary obstetric care (e.g. hospital based practices, FQHC or academic based health services), or patient's medical coverage (e.g. Louisiana Medicaid or commercial insurance). Facilities would be responsible for monitoring and reporting data regarding targeted quality measures (e.g. postpartum readmission, postpartum emergency room visits, completion of a structured comprehensive maternal postpartum health evaluation within 6 weeks postpartum). This policy would establish benchmark quality data, which could provide a basis for performance-based reimbursement. Data collected are recommended to include patient characteristics including language, region of residence, and race/ethnicity.

Recommendation

Evaluate if there is a need to expand or modify Medicaid benefits for childbearing women to ensure continuity of coverage postpartum and targeted coverage for clinical home health services.

Why is this important?

There is a growing national call to action to ensure continuous health insurance coverage for pregnant and postpartum individuals through 12 months following birth. National specialty societies such as the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association and the American College of Emergency Physicians have recommended Medicaid coverage for pregnancy be expanded to 12 months postpartum. In Louisiana, the expansion of Medicaid to low-income adults in 2016 has resulted in more pathways to coverage before, during, and after pregnancy. However, there may be gaps in eligibility or the processes to ensure continuity of coverage. The Council recommends that Louisiana Medicaid assess the continuity of coverage for members covered through the state's managed care plans. If significant eligibility gaps emerge, the Council recommends that the state explore establishing extended structured health benefits for primary and related specialty care for a full 12 months postpartum, in particular for individuals with defined chronic co-occurring conditions or clinical indicators of severe maternal morbidity during pregnancy and childbirth. Defined benefits could specifically include coverage for at least one home health assessment during the 1st 6 weeks postpartum for eligible patients. This policy could reduce structural barriers to care equity for childbearing women affected by a range of social determinants of healthcare, which pose risks for increased harmful health outcomes.

Task 5: Advise on policy options to ensure ongoing public health monitoring and activated response.

Paid Family Leave

Recommendation

Support access to paid family leave (PFL) for a range of situations, including birth or adoption of a child, serious medical conditions and other events that affect maternal health.

Why is this important?

Existing Louisiana law requires employers of over 25 employees to provide unpaid leave.[16] This, as well as the national Family and Medical Leave Act, does not cover all employed women. Moreover, these laws mandating unpaid leave are not feasible for many workers and their families who cannot afford to go without earnings.[17]

> *My job does not offer paid leave. Schedule was/is not flexible; I could barely afford to take leave.*
>
> – Louisiana PRAMS Respondent, 2016-2018

PFL can support maternal health both during pregnancy and after giving birth. PFL allows time to attend important prenatal care visits. During these visits, healthcare providers identify and treat health problems early, which helps prevent life-threatening complications. Women who do not receive prenatal care are 3-4 times more likely to experience pregnancy-related death.[18]

After giving birth, a PFL policy allows time to manage physical and mental health without jeopardizing work or suffering financially.[17] Research suggests that women who take longer leave have overall improvements in mental health and fewer postpartum depressive symptoms.[19] However, in 2018, only 46% of new mothers in Louisiana were able to take any length of PFL following childbirth.[20]

> *My job did not offer maternity leave. While I intended on returning to work, they fired me. Said they could not keep a position for six weeks while I recovered. This caused depression, thus harder to find a new job.*
>
> – Louisiana PRAMS Respondent, 2016-2018

Due to a lack of PFL, 1 in 4 new mothers return to work within 10 days.[21] This early return to work can affect the ability to attend a postpartum checkup. A postpartum checkup usually takes place 4-6 weeks after delivery to make sure the mother is recovering well. A postpartum checkup is important because new mothers are at risk of serious and sometimes life-threatening health complications in the days and weeks after giving birth.[22] In general, approximately 40% of women do not attend a postpartum visit.[23] Half of the maternal deaths seen in Louisiana from 2011-2016 occurred between 24 hours and 42 days after delivery.[9]

We need mandatory 6 month paid leave for all new mothers & fathers in LA - and all of the U.S. I also think a home visit in first week by a nurse would be helpful. This happens in other countries & I think would be very beneficial to mom, baby & help provider.

– Louisiana PRAMS Respondent, 2016-2018

Task 5: Advise on policy options to ensure ongoing public health monitoring and activated response.

Workplace Accommodations

Recommendation

Support policies such as the Pregnant Workers Fairness Act, which ensures **reasonable accommodations related to pregnancy, childbirth, or related conditions**, including lactation for working women, unless it would cause an undue hardship on the employer.

Why is this important?

Pregnancy accommodations are a crucial maternal and infant health measure, with women of color at particular risk.[24] According to the Louisville, Kentucky Department of Public Health and Wellness, "accommodating pregnant workers, upon their request, is critical for reducing poor health outcomes including miscarriage, low birth weight, preterm births, birth defects" and more.[25]

Inspired by an A Better Balance Op-Ed in *The New York Times*, Congress first introduced the Pregnant Workers Fairness Act in 2012. It was most recently re-introduced in May 2017 with bipartisan support in both the House and the Senate.[26]

Currently, Louisiana law does not explicitly guarantee reasonable pregnancy accommodations.[27] Federal protections are also limited. Under the Pregnancy Discrimination Act, employers only need to accommodate pregnant workers if they already provide accommodations to other workers. The Americans with Disabilities Act only requires accommodations for pregnancy-related disabilities, but not medical needs arising from a routine pregnancy.

> *I was under a lot of stress from work I was working as a waitress outdoors they didn't allow us to have breaks or eat and I was working long hours on my feet, full time, 6 days a week.*
>
> – Louisiana PRAMS Respondent, 2016-2018

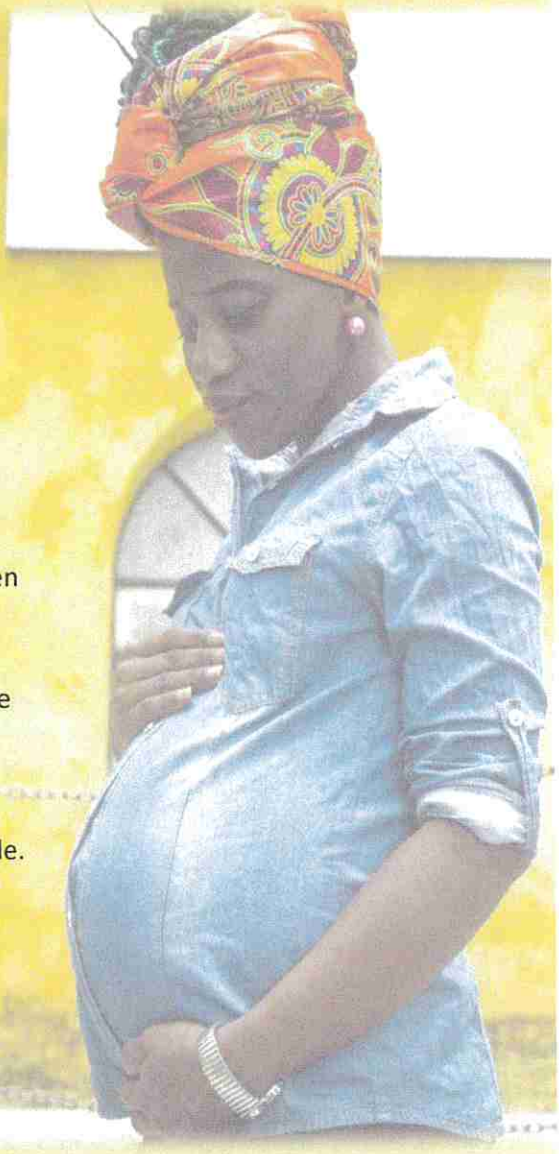
Vision for the Future
Healthy Moms, Healthy Babies Advisory Council

In addition to responding to each task included in the Council's charge, members gave input into a vision for equitable care before, during and after pregnancy. Below is a summary of this discussion.

In an equitable and supportive public health and healthcare system, all women have access to certain services and supports before, during and after pregnancy

Before Pregnancy

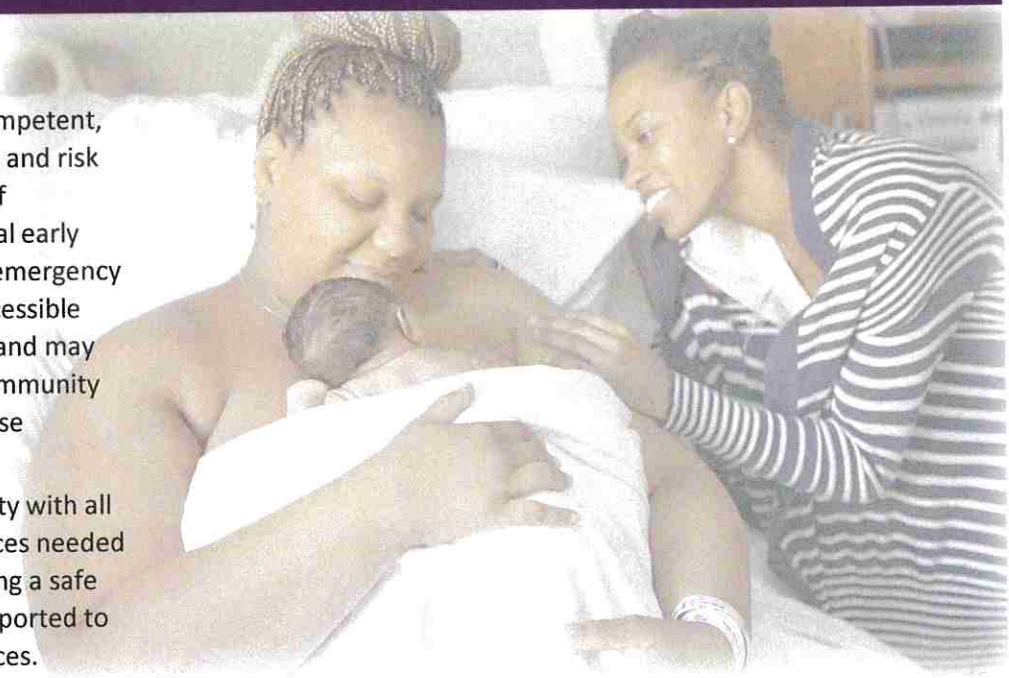
- All women have access to affordable health insurance that covers primary care and reproductive health services.
- Women have an established medical home. They see their healthcare providers regularly to help them manage chronic diseases and other health conditions. Their providers follow best practice recommendations around health screenings based on patient age, health status and risk factors.
- Healthcare providers offer culturally competent, respectful, dignified and supportive preventive care. They provide individualized counseling to help patients make the best health and healthcare decisions.
- All women have access to services that address social determinants of health, such as education, housing and transportation assistance and economic needs. Healthcare providers are knowledgeable about these services.



During Pregnancy

- All pregnant women have access to health insurance that covers adequate prenatal care beginning in the first trimester. Prenatal care providers follow best practice recommendations for screening all women for potential health problems and pregnancy complications.
- Beyond prenatal care, pregnant women receive culturally competent, respectful, dignified, and supportive care from a team that could include physicians, perinatal community health workers/doulas, mental health professionals, and home visitors. Prenatal care is individualized and patient-centered, and takes into account whether the pregnancy is routine or high-risk. This care team is physically and financially accessible.
- Pregnant women's care teams provide individualized health education and coaching around birthing, breastfeeding, parenting, nutrition, and important risks and warning signs for pregnancy complications.
- Appropriate workplace accommodations are guaranteed by law for all pregnancies, including routine (non-disabling) or low-risk pregnancies.
- Families have access to paid family leave. Women can choose to begin their paid leave during pregnancy.

Vision for the Future
Healthy Moms, Healthy Babies Advisory Council



During Labor and Delivery

- All women receive culturally competent, respectful, dignified, supportive and risk appropriate care from a team of professionals trained in maternal early warning signs and appropriate emergency responses. This care team is accessible throughout labor and delivery, and may include physicians, perinatal community health workers/doulas, and nurse midwives.
- Every woman delivers in a facility with all medical and emergency resources needed to maximize her chance of having a safe birth, or she can be safely transported to a facility with additional resources.

During the Year Following Birth

- All women have access to affordable health insurance that covers primary care and reproductive health services.
- All women receive culturally competent, respectful, dignified, and supportive postpartum care from a team that may include OB/GYNs, primary care providers, mental health professionals, and home visitors.
- Upon discharge from the birthing facility, healthcare providers make a plan with women and their care teams that minimizes postpartum risks. This care coordination plan is created and implemented regardless of where the patient received primary obstetric care or type of health insurance coverage.
- Families have access to paid family leave. New parents can take the first months of their baby's life off of work without fear of losing their jobs or income.
- Women interested in breastfeeding their babies receive the lactation support and accommodations they need to be successful. Support may be provided by home visitors, perinatal community health workers, lactation consultants, peer support groups, or other community resources. Space(s) for breastfeeding or pumping is provided by women's employers and other outside businesses.
- Parents have access to affordable and high quality childcare.

Vision for the Future
Healthy Moms, Healthy Babies Advisory Council

System Supports for Lifetime Family Health

Healthcare and social systems remain engaged with families and key community partners, demonstrate accountability, and are responsive to evolving needs in maternal and child health.

- Patient and family voices are centered in discussions of maternal and infant health outcomes at every level (clinical, community, policy).
- Meaningful community engagement around efforts to address racial disparities in maternal health outcomes is achieved through regional community advisory groups whose members represent diverse and essential perspectives. These advisory groups produce recommendations to further improve public health and healthcare systems.
- Stakeholders from the business sector and local government (mayor's offices, city councils, etc.) are actively engaged in strategic planning around maternal and child health. They have clearly identified roles and responsibilities in large scale, multisector efforts to improve health outcomes. Their efforts are evaluated with the same rigor that public health/medical efforts are evaluated.
- Healthcare and social service providers continue to receive the training they need to provide culturally sensitive, patient-centered, and coordinated care.
- Quality improvement efforts are data-driven, responsible and adaptive to patient, provider and clinic/facility needs.
- Maternal outcomes data are consistently collected and analyzed. Findings are communicated effectively to stakeholders and the general public.

Opportunities and Next Steps
Healthy Moms, Healthy Babies Advisory Council, 2018 – 2021

As Louisiana moves forward with the systems-level transformation necessary to address maternal deaths and severe complications during labor, delivery and shortly after birth, leaders must be accountable to the community by including them in each stage of change. Organizational leaders should broaden their scope to see themselves as facilitators, supporters, and collaborators in order to engage the community to help achieve better long-term outcomes. Communities that are informed, consulted, involved, and empowered are problem solvers.[11]

Consistency over time will be the key to shifting ideals and patterns that have constructed systems that marginalize certain groups and lead to differences in maternal health outcomes. The Institute for Healthcare Improvement suggests a framework with five key components for healthcare organizations to improve health equity in the communities they serve:

1. Make health equity a strategic priority
2. Develop structure and processes to support health equity work
3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact
4. Decrease institutional racism within the organization
5. Develop partnerships with community organizations to improve health and equity[28]

The work of the Healthy Moms, Healthy Babies Council continues through March 2021. The Council will use the remainder of its time to assemble a group of stakeholders to co-design a strategic messaging guide to ensure consistent and solutions-oriented messages around maternal deaths and severe complications during labor, delivery and shortly after birth. In addition, the Council will research to learn more about provider shortages within the state. This will help determine if provider availability may be contributing to harmful maternal health outcomes. The Council will review how other states address racial and ethnic disparities in maternal deaths and severe complications during labor, delivery and shortly after birth to identify best practices to recommend for replication in Louisiana. Finally, the Council will review LDH maternal health data products and offer feedback regarding content and dissemination.

Healthy Moms, Healthy Babies Advisory Council meetings will continue quarterly on the 5th Thursday, beginning January 30, 2020.

Appendix
Acronyms and Definitions

Acronym	Definition
ACOG	American College of Obstetricians and Gynecologists
AIM	Alliance for Innovation in Maternal Health
BFH	Bureau of Family Health
IOM	Institute of Medicine
LaPQC	Louisiana Perinatal Quality Collaborative
LDH	Louisiana Department of Health
MM	Maternal Mortality
NICU	Neonatal Intensive Care Unit
NTSV	Nulliparous, Term, Singleton, Vertex /born at or beyond 37.0 weeks pregnant to women in their first pregnancy, that are singleton (no twins or beyond) and in the vertex presentation (head down)
OPH	Office of Public Health
PAMR	Pregnancy Associated Mortality Review
PCHW	Perinatal Community Health Worker
PFL	Paid Family Leave
RMM	Reducing Maternal Morbidity
SMM	Severe Maternal Morbidity

Appendix
Healthy Moms, Healthy Babies Advisory Council Members

Name	Representing:	Appointment made by:
Vacant	(Designee of) Secretary of the Louisiana Department of Health	Louisiana Department of Health
Beth Scalco, MSW, MPA	(Designee of) Assistant Secretary of the Office of Public Health	Louisiana Department of Health
Amanda Brunson	Office of Women's Policy	Virtue of position
Rep. Stephanie Hilferty	House of Representatives	Speaker of the House
Sen. Regina Barrow	Senate	Senate President
Nicole Deggins	Sista Midwife Productions	Governor
Robert Maupin, MD	American College of Obstetricians and Gynecologists	Governor
Kenneth Brown, MD, MBA	March of Dimes	March of Dimes
Audrey Stewart	Birthmark Doula Collective	Governor
Amy Zapata, MPH	Perinatal Commission	Louisiana Department of Health
Charles Preston, MD	Louisiana State Coroner's Association	Senate President
Shawne Langston-Emery	Louisiana Health and Rehab	Senate President
Floyd "Flip" Roberts, MD	Louisiana Hospital Association	Speaker of the House
Mariah Wineski	LA Coalition Against Domestic Violence	Speaker of the House
Mary Catherine Moffett	At large – Nurse Family Partnership	Governor
Shannon H. Robertson	At large – Louisiana Primary Care Association	Governor

Appendix
Full Text of Louisiana Revised Statute 40:2018.5

§2018.5. Healthy Moms, Healthy Babies Advisory Council creation; legislative findings; composition, purpose, and duties of the council; termination

A. The legislature hereby finds and declares that research indicates maternal mortality, severe maternal morbidity, and unexpected outcomes of pregnancy and birth resulting in significant health consequences are rising in the United States; and that these outcomes occur more frequently in Louisiana than in other states.

B. (1) The legislature hereby creates within the Louisiana Department of Health the Healthy Moms, Healthy Babies Advisory Council, referred to hereafter in this Section as the "council", for the purpose of working with existing state entities focused on maternal death and severe maternal morbidity.

B. (2) The council shall address racial and ethnic disparities in maternal health outcomes and incorporate a community-engaged, equity-focused lens into current programs and campaigns which seek to prevent maternal mortality and severe maternal morbidity, and shall promote safe and equitable care for every mother and every birth in this state.

B. (3) The council shall be composed of the following members:

a) The secretary of the Louisiana Department of Health or his designee.
b) The assistant secretary of the office of public health of the Louisiana Department of Health or his designee.
c) The executive director of the office on women's policy within the office of the governor or his designee.
d) One member of the House of Representatives appointed by the speaker of the House of Representatives.
e) One member of the Senate appointed by the president of the Senate.
f) Two representatives of community-based organizations that work to prevent maternal mortality appointed by the governor.
g) One representative of the American College of Obstetricians and Gynecologists appointed by the governor.
h) One representative of the March of Dimes, Louisiana Chapter.
i) One representative of an organization providing doula services or community-based support services for women giving birth in Louisiana appointed by the governor.
j) One representative of the Commission on Perinatal Care and Prevention of Infant Mortality appointed by the secretary of the Louisiana Department of Health.
k) One representative of the Louisiana State Coroners Association appointed by the president of the Senate.
l) One representative of a community-based organization providing substance abuse counseling appointed by the president of the Senate.
m) One representative of the Louisiana Hospital Association appointed by the speaker of the House of Representatives.
n) One representative of a community-based organization advocating against domestic violence appointed by the speaker of the House of Representatives.
o) Two at-large representatives appointed by the governor.

B. (4) The council shall elect from among its members a chairperson.

B. (5) Members of the council shall serve without compensation.

Appendix
Full Text of Louisiana Revised Statute 40:2018.5

C. (1) The council shall hold quarterly public meetings unless otherwise provided by vote of the council or by order of the chairperson.

C. (2) The council may establish subcommittees and appoint persons to those bodies, including persons who are not council members, as it deems necessary and appropriate to accomplish its goals.

C. (3) The Louisiana Department of Health shall provide staff support to the council.

D. The council shall perform all of the following tasks:

1. Evaluate functions and activities of existing groups focused on maternal mortality in order to collaborate with and engage stakeholders.
2. Support and contextualize reporting of maternal outcomes data disaggregated by race and ethnicity where possible.
3. Incorporate an ongoing community advisory process into existing state committees and collaboratives that generate data, recommendations, and proposals for health system changes relevant to maternal mortality and morbidity, prioritizing representation from organizations led by members of affected, historically marginalized communities.
4. Establish guidelines for specific data components relevant to birth equity to be included in state and agency reports on maternal mortality and morbidity, including a plan for timely dissemination of reports on maternal mortality, morbidity, and related disparities to legislators, healthcare organizations, and other key stakeholders.
5. Make recommendations on further policy options to ensure that the state establishes ongoing public health monitoring and activated response to eliminate cases of and disparities in maternal mortality and morbidity.
6. Issue a report of its findings and recommendations to the Commission on Perinatal Care and Prevention of Infant Mortality, the governor, the speaker of the House of Representatives, and the president of the Senate. Subject to the conditions of Subparagraph (7)(b) of this Subsection, the report may include any recommendations for legislation that the council deems necessary and appropriate.
7. (a) Issue research findings, reports, and recommendations for legislation at the discretion of the council.
   (b) The council may issue a recommendation for legislation only if approved by a two-thirds vote of council members present and voting.

E. (1) Notwithstanding any other provision of law to the contrary, the council may request that the Louisiana Department of Health produce or provide data to inform the work of the council. All such data shall be confidential and shall not be available for subpoena, nor shall such information be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding nor shall such records be deemed admissible as evidence in any civil, criminal, administrative, or other tribunal or court for any reason.

E. (2) Nothing in this Subsection shall prohibit the publishing of statistical compilations relating to maternal mortality or morbidity which do not identify individual cases or individual physicians, hospitals, clinics, or other healthcare providers.

F. This Section shall terminate on March 31, 2021.

Acts 2018, No. 497, §2, eff. May 23, 2018.

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Office of Public Health
Bureau of Family Health

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