

House Human Services Committee
HB 1205
January 25, 2021

Chairman Weisz and Committee Members, I am Tom Arnold, Chair of the North Dakota Maternal Mortality Review Committee and the Vice Chair of the University of North Dakota School of Medicine and Health Sciences Department of Obstetrics and Gynecology. Thank you for allowing me to present testimony in support of HB 1205.

Thank you to Representatives Steiner, Lefor, Meier, Rohr, Skroch, and Strinden and thank you to Senators Myrdal and Wardner for introducing this bill.

To begin with, I would like to present information concerning maternal mortality, its definition, the national and North Dakota state experience. I will then present a brief history of the existing North Dakota Maternal Mortality Review Committee and a discussion of its function and operation. In addition, I will delineate some of the inadequacies of the present committee's organizational structure and functionality. Finally, I will outline how the proposed changes would enhance the committee's ability to reduce future maternal mortality in North Dakota.

Definition of maternal mortality:

Centers for Disease Control (CDC) definition of maternal mortality: The death of a woman while pregnant or within 1 year of the end of pregnancy from any cause related to or aggravated by the pregnancy.

National experience:

7.2 maternal deaths per 100,000 births–1987
17.4 deaths per 100,000 births-2018

Why the increase in maternal death rate?

1. **Modification in death certificates with generalized standardization after 2003-allowed for trail of diagnosis that are related to maternity**
2. Coding changes regarding cause of death facilitating correlation of final cause of death with maternity
3. Prioritization–cause of death documentation and reporting-American College of Obstetricians and Gynecologists and the CDC
4. **Advances in ability to identify causation of death**
5. Patient health characteristic changes increasing number of comorbidities in pregnancy

North Dakota vs. National comparison:

California ranks #1 with 4.0 maternal deaths per 100,000 births

Louisiana ranks #46 with 58.1 maternal deaths per 100,000 births

North Dakota ranks #21 with 20.1 maternal deaths per 100,000 births

Four states not ranked due to lack of maternal death reporting

Number of births in North Dakota-2019: 10,447

North Dakota maternal mortality: As presented at the virtual ND MMRC meeting
12/10/2020

2019 experience:

Maternal deaths meeting CDC criteria-1 death (c/w rate of 10/100,000 births)

Maternal deaths with possible pregnancy association-4 (c/w rate of 40/100,000 births)

2020 experience (January-August):

Maternal deaths meeting CDC criteria equals 2 (20/100,000 births)

Maternal deaths with possible pregnancy association equals 5 (50/100,000 births)

(Maternal Death Rate for January-August, 2020 would be 70/100,000 births (if the deaths meeting the CDC criteria are added to the *possible pregnancy associated maternal deaths*)

What is meant by "possible pregnancy association? The association of cause of death to the pregnant condition is often unclear as it cannot be fully elucidated by the ND MMRC with its present limited functionality. (example-diagnosis of depression with subsequent drug use culminating in an accidental or intentional overdose leading to a maternal death) Is this a true maternity caused death?

The existing ability of the ND MMRC to investigate the cause of these type of maternal deaths is less than optimal.

Proposed modifications in the functionality and capacity of the North Dakota Maternal Mortality Review committee would enhance its ability to identify, explain, categorize maternal deaths and initiate corrective measures to reduce maternal mortality in North Dakota.

North Dakota Maternal Mortality Review Committee

1. The ND MMRC is one of the oldest MMRCs in the United States-founded in 1954
2. It has been, historically, a committee of the North Dakota Society of Obstetrics and Gynecology (NDSOG) which was founded in 1938
3. The ND MMRC holds annual meetings to review maternal mortality in North Dakota
4. The ND MMRC meeting is medical education based to provide information to only providers attending the annual meeting of the NDSOG and the ND Section of the American College of Obstetricians and Gynecologists (therefore the potential of effecting change is severely constrained)
5. The meetings are held in a closed, confidential format to protect the confidentiality of the information presented
6. Oversight of the committee has been through the NDSOG through the chair of the committee

Proposed legislation modifying the ND MMRC would accomplish the following:

The modifications would:

1. Allow for more complete access to patient's records in evaluation of events, causes and factors leading to the maternal death.
2. Define generally accepted terminology and process as it relates to the North Dakota maternal mortality review and reporting
3. Enhance coordination with the following entities:
 - a. The North Dakota Legislature
 - b. The North Dakota Department of Health
 - c. The CDC
 - d. Providers, Health Care Facilities and law enforcement
4. Create a constant, informed source of oversight from the UNDSMHS Department of Obstetrics and Gynecology including resource and administrative management of committee activities
5. Provide for an annual report to the following:
 - a. The North Dakota Legislature
 - b. The North Dakota Department of Health
 - c. The North Dakota Society of Obstetrics and Gynecology
 - d. The North Dakota Section of the American College of Obstetricians and Gynecologists
 - e. Healthcare institutions, providers and others instrumental in implementing change that would reduce maternal mortality in North Dakota
6. Maintain the confidentiality of records while allowing more complete access to information necessary to achieve the objectives of the committee
7. Provide for immunity of committee members and others participating in committee activities from civil and criminal liability

8. Coordinate sharing of maternal mortality information regionally and nationally through the CDC's Maternal Mortality Review Information Application (MMRIA) reporting platform
9. Influence policy decisions to effect positive change through clinical research, information and education

I ask that you give a DO PASS recommendation on HB 1205.

Thank you for your time.

I would be glad to answer any questions.