Bill No. HB 1381 (2021)

Amendment No. 1

	COMMITTEE/SUBCOMMITTEE ACTION		
	ADOPTED	(Y/N)	
	ADOPTED AS AMENDED	(Y/N)	
	ADOPTED W/O OBJECTION	(Y/N)	
	FAILED TO ADOPT	(Y/N)	
	WITHDRAWN	(Y/N)	
	OTHER		
1	1 Committee/Subcommittee hearing bill: Professions & Public		
2	Health Subcommittee		
3	Representative Brown offered the following:		
4			
5	Amendment		
6	Remove lines 111-1	91 and insert:	
7	(h) "Perinatal profes	sionals" means doulas, Healthy Start and	
8	home visiting programs,	childbirth educators, community health	
9	workers, peer supporter	s, certified lactation consultants,	
10	nutritionists and dieti	tians, social workers, and other licensed	
11	and nonlicensed profess	ionals who assist women through their	
12	prenatal or postpartum p	periods.	
13	(i) "Postpartum" i	means the 1-year period beginning on the	
14	last day of a woman's p	regnancy.	
15	(j) "Severe mater:	nal morbidity" means an unexpected	
16	outcome caused by a wom	an's labor and delivery which results in	
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17	significant short-term or long-term consequences to the woman's	
18	health.	
19	(k) "Technology-enabled collaborative learning and	
20	capacity building model" means a distance health care education	
21	model that connects health care professionals, particularly	
22	specialists, with other health care professionals through	
23	simultaneous interactive videoconferencing for the purpose of	
24	facilitating case-based learning, disseminating best practices,	
25	and evaluating outcomes in the context of maternal health care.	
26	(2) PURPOSE The purpose of the pilot programs is to:	
27	(a) Expand the use of technology-enabled collaborative	
28	learning and capacity building models to improve maternal health	
29	outcomes for the following populations and demographics:	
30	1. Ethnic and minority populations.	
31	2. Health professional shortage areas.	
32	3. Areas with significant racial and ethnic disparities in	
33	maternal health outcomes and high rates of adverse maternal	
34	health outcomes, including, but not limited to, maternal	
35	mortality and severe maternal morbidity.	
36	4. Medically underserved populations.	
37	5. Indigenous populations.	
38	(b) Provide for the adoption of and use of telehealth	
39	services that allow for screening and treatment of common	
40	pregnancy-related complications, including, but not limited to,	
41	anxiety, depression, substance use disorder, hemorrhage,	
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42	infection, amniotic fluid embolism, thrombotic pulmonary or		
43	other embolism, hypertensive disorders relating to pregnancy,		
44	diabetes, cerebrovascular accidents, cardiomyopathy, and other		
45	cardiovascular conditions.		
46	(3) TELEHEALTH SERVICES AND EDUCATIONThe pilot programs		
47	shall adopt the use of telehealth or coordinate with prenatal		
48	home visiting programs for services to provide all of the		
49	following services and education to eligible pregnant women up		
50	to the last day of their postpartum periods, as applicable:		
51	(a) Referrals to Healthy Start's coordinated intake and		
52	referral program to offer families prenatal home visiting		
53	3 <u>services.</u>		
54	(b) Services and education addressing social determinants		
55	55 of health, including, but not limited to, all of the following:		
56	1. Housing placement options.		
57	2. Transportation services or information on how to access		
58	such services.		
59	3. Nutrition counseling.		
60	4. Access to healthy foods.		
61	5. Lactation support.		
62	6. Lead abatement and other efforts to improve air and		
63	63 water quality.		
64	7. Child care options.		
65	8. Car seat installation and training.		
66	9. Wellness and stress management programs.		
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67	10. Coordination across safety net and social support	
68	services and programs.	
69	(c) Evidence-based health literacy and pregnancy,	
70	childbirth, and parenting education for women in the prenatal	
71	and postpartum periods.	
72	(d) For women during their pregnancies through the	
73	postpartum periods, connection to support from doulas and other	
74	perinatal health workers.	
75	(e) Tools for prenatal women to conduct key components of	
76	maternal wellness checks, including, but not limited to, all of	
77	the following:	
78	1. A device to measure body weight, such as a scale.	
79	2. A device to measure blood pressure which has a verbal	
80	reader to assist the pregnant woman in reading the device and to	
81	ensure that the health care practitioner performing the wellness	
82	check through telehealth is able to hear the reading.	
83	3. A device to measure blood sugar levels with a verbal	
84	reader to assist the pregnant woman in reading the device and to	
85	ensure that the health care practitioner performing the wellness	
86	check through telehealth is able to hear the reading.	
87	4. Any other device that the health care practitioner	
88	performing wellness checks through telehealth deems necessary.	

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