

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

- DATE:** Monday, February 18, 2019
- TIME:** 9:00 A.M.
- PLACE:** Room EW20
- MEMBERS:** Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis
- ABSENT/  
EXCUSED:** Representative(s) Blanksma, Zollinger
- GUESTS:** The sign-in sheet will be retained with the minutes in the committee secretary's office until the end of the session. Following the end of the session, the sign-in sheet will be filed with the minutes in the Legislative Services Library.
- Chairman Wood** called the meeting to order at 9:01 a.m.
- MOTION:** **Rep. Lickley** made a motion to approve the minutes of the February 6, 8, and 11, 2019, meetings. **Motion carried by voice vote.**
- Chairman Wood** introduced and welcomed **Cathleen Wonacott**, who is the committee's page for the second half of the session.
- H 109:** **Susie Pouliot**, CEO, Idaho Medical Association (IMA), presented **H 109** to establish a maternal mortality review committee (MMRC) to review data to address Idaho's high maternal death rate. This will be a multi-disciplinary committee and the members will report and recommend ways to decrease these deaths. Other states with MMRC's have substantially lowered their maternal mortality rates. Funding will be provided through a four-year Centers for Disease Control (CDC) grant. A sunset clause is provided in conjunction with the grant.
- MOTION:** **Vice Chairman Wagoner** made a motion to send **H 109** to the floor with a **DO PASS** recommendation.
- Answering a question, **Ms. Pouliot** said the MMRC will review only maternal deaths. Future expansion could include occurring morbidities.
- Clarence Blea**, Maternal Fetal Medicine Specialist, High-Risk Obstetrics, St. Lukes Regional Medical Center, Board Member, Idaho Board of Midwifery, testified **in support** of **H 109** on behalf of his colleagues who provide obstetrical care in Idaho. The resulting family and community devastation from these deaths is immeasurable. The MMRC will collect information, determine if it was preventable, and provide feedback and education. The data is already collected in death certificates.
- Fred Birnbaum**, Idaho Freedom Foundation, testified **in opposition** to **H 109**. There is no reason to establish the MMRC because well designed clinical trials have been conducted and are listed on the CDC website. He stated concern regarding the MMRC's access to private information as well as the natural downstream programmatic spending resulting from their recommendations.
- Answering questions, **Mr. Birnbaum** said the CDC lists national research and a pregnancy mortality surveillance system, which includes unique demographic information. The MMRC would consist of medical practitioners, with oversight by the Department of Health and Welfare.

**Dr. Martha Lund**, Retired Obstetrician-Gynecologist (OB-GYN), One of Founding Physicians, St. Alphonsus Women's Health, Founding Medical Director, St. Alphonsus Obstetric Hospital Group, testified **in support** of **H 109** on behalf of the American Association of University Women of Idaho (AAUW). The rising U.S. maternal mortality rate is alarming. MMRC's in other states have made significant locality-based educational and jurisdictional assessments and identified unhealthy patterns.

Responding to committee questions, **Dr. Lund** explained committee members will be sworn to physician and patient confidentiality. Some of the California MMRC protocols, such as their hemorrhagic protocol, have already been implemented. Recommendations and implementation will not wait until the end of the four-years. The data collected would be more extensive than what coroners provide.

**Dr. Cindy Hayes**, OB-GYN, Boise, Chair, Idaho American College of Obstetricians and Gynecologists, Faculty Member, Family Medicine Residency of Idaho, testified **in support** of **H 109**. The current Child and Infant Mortality Committee is not peer review protected and has struggled to obtain hospital and commission records. It also dealt with more than maternal mortality. The CDC data is organized to help states set up review committees and provide a confidential data storage location. The shared data comparison can highlight commonalities.

**Elinor Chehey**, United Methodist Women, Sage District, testified **in support** of **H 109**. She encouraged creation of the MMRC to find causes and develop strategies for prevention.

For the record, no one else indicated their desire to testify.

**VOTE ON MOTION:**

**Chairman Wood** called for a vote on the motion to send **H 109** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Christensen** requested he be recorded as voting **NAY**. **Rep. Zollinger** will sponsor the bill on the floor.

**RS 26846:**

**Rep. Heather Scott**, District 1, presented **RS 26846**, proposed legislation to remove potential conflicts of interest by restricting persons serving as a hospital taxing district trustee while on the board of directors for a hospital within that taxing district. Allowance is made for existing situations and completion of their trustee term. An emergency clause has been added to capture the May, 2019, elections.

**MOTION:**

**Rep. Gibbs** made a motion to introduce **RS 26846**. **Motion carried by voice vote.**

**ADJOURN:**

There being no further business to come before the committee, the meeting adjourned at 9:46 a.m.

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Representative Wood  
Chair

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Irene Moore  
Secretary