

1 H.572

2 Introduced by Representative Pugh of South Burlington

3 Referred to Committee on

4 Date:

5 Subject: Health; public health; Maternal Mortality Review Panel

6 Statement of purpose of bill as introduced: This bill proposes to: (1) allow the  
7 Commissioner to appoint additional members to the Maternal Mortality  
8 Review Panel; (2) enable the Department of Health to enter into reciprocal  
9 agreements with other states that have maternal mortality review panels; and  
10 (3) enable the Panel to acquire necessary public safety or police records related  
11 to a maternal death.

12 An act relating to the Maternal Mortality Review Panel

13 It is hereby enacted by the General Assembly of the State of Vermont:

14 Sec. 1. 18 V.S.A. § 1552 is amended to read:

15 § 1552. MATERNAL MORTALITY REVIEW PANEL ESTABLISHED

16 (a) There is established the Maternal Mortality Review Panel to conduct  
17 comprehensive, multidisciplinary reviews of maternal deaths in Vermont for  
18 the purposes of identifying factors associated with the deaths and making  
19 recommendations for system changes to improve health care services for

1 women in this State. The members of the Panel shall be appointed by the  
2 Commissioner of Health as follows:

3 (1) Two members from the Vermont section of the American College of  
4 Obstetricians and Gynecologists, one of whom shall be a generalist obstetrician  
5 and one of whom shall be a maternal fetal medicine specialist.

6 (2) One member from the Vermont chapter of the American Academy  
7 of Pediatrics, specializing in neonatology.

8 (3) One member from the Vermont chapter of the American College of  
9 Nurse-Midwives.

10 (4) One member who is a midwife licensed pursuant to 26 V.S.A.  
11 chapter 85.

12 (5) One member from the Vermont section of the Association of  
13 Women's Health, Obstetric and Neonatal Nurses.

14 (6) The Director of the Division of Maternal and Child Health in the  
15 Vermont Department of Health; or designee.

16 (7) An epidemiologist from the Department of Health with experience  
17 analyzing perinatal data; or designee.

18 (8) The Chief Medical Examiner or designee.

19 (9) A representative of the community mental health centers.

20 (10) A member of the public.

21 (b) The Commissioner may appoint any of the following members:

1           (1) a licensed clinical provider specializing in substance use disorder  
2           treatment;

3           (2) an expert in pharmaceutical management of mental health;

4           (3) a clinical social worker; and

5           (4) expert members as needed based on case review.

6           (c) The term of each member shall be three years and the terms shall be  
7 staggered. The Commissioner shall appoint the initial Chair of the Panel, who  
8 shall call the first meeting of the Panel and serve as Chair for six months, after  
9 which time the Panel shall elect its Chair. Members of the Panel shall receive  
10 no compensation.

11           ~~(e)~~(d) The Commissioner may delegate to the Northern New England  
12 Perinatal Quality Improvement Network (NNEPQIN) the functions of  
13 collecting, analyzing, and disseminating maternal mortality information;  
14 organizing and convening meetings of the Panel; and such other substantive  
15 and administrative tasks as may be incident to these activities. The activities  
16 of the NNEPQIN and its employees or agents shall be subject to the same  
17 confidentiality provisions as apply to members of the Panel.

18           (e) The Department may enter into reciprocal agreements with other states  
19 that have maternal mortality review panels provided access under such  
20 agreements is consistent with privacy, security, and disclosure protections in  
21 this chapter.

1 Sec. 2. 18 V.S.A. § 1555 is amended to read:

2 § 1555. INFORMATION RELATED TO MATERNAL MORTALITY

3 (a)(1) Health care providers; health care facilities; clinics; laboratories;  
4 medical records departments; and State offices, agencies, and departments  
5 shall report all maternal mortality deaths to the Chair of the Maternal Mortality  
6 Review Panel and to the Commissioner of Health or designee.

7 (2) The Commissioner and the Chair may acquire the information  
8 described in subdivision (1) of this subsection from health care facilities,  
9 maternal mortality review programs, and other sources in other states to ensure  
10 that the Panel's records of Vermont maternal mortality cases are accurate and  
11 complete.

12 (b)(1) The Commissioner shall have access to individually identifiable  
13 information relating to the occurrence of maternal deaths only on a case-by-  
14 case basis where public health is at risk. As used in this section, "individually  
15 identifiable information" includes vital records; hospital discharge data;  
16 prenatal, fetal, pediatric, or infant medical records; hospital or clinic records;  
17 laboratory reports; records of fetal deaths or induced terminations of  
18 pregnancies; and autopsy reports.

19 (2) The Commissioner or designee may retain identifiable information  
20 regarding facilities where maternal deaths occur and geographic information  
21 on each case solely for the purposes of trending and analysis over time. In

1 accordance with the rules adopted pursuant to subdivision 1556(4) of this title,  
2 all individually identifiable information on individuals and identifiable  
3 information on facilities shall be removed prior to any case review by the  
4 Panel.

5 (3) The Chair shall not acquire or retain any individually identifiable  
6 information.

7 (c) If a root cause analysis of a maternal mortality event has been  
8 completed, the findings of such analysis shall be included in the records  
9 supplied to the review Panel.

10 (d) If the Chair determines that it is necessary, the Panel may acquire any  
11 public safety or police records related to a maternal death.

12 Sec. 3. EFFECTIVE DATE

13 This act shall take effect on July 1, 2020.