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H.572

Introduced by Representative Pugh of South Burlington

Referred to Committee on

Date:

Subject: Health; public health; Maternal Mortality Review Panel

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

An act relating to the Maternal Mortality Review Panel

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

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

~~§ 1552. MATERNAL MORTALITY REVIEW PANEL ESTABLISHED~~

~~(a) There is established the Maternal Mortality Review Panel to conduct comprehensive, multidisciplinary reviews of maternal deaths in Vermont for the purposes of identifying factors associated with the deaths and making 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
5 obstetrician 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

22 ~~accordance with the rules adopted pursuant to subdivision 1556(4) of this title,~~

1 ~~all individually identifiable information on individuals and identifiable~~
2 information on facilities shall be removed prior to any case review by the
3 Panel.

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

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

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

11 Sec. 3. EFFECTIVE DATE

12 ~~This act shall take effect on July 1, 2020.~~

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

§ 1552. MATERNAL MORTALITY REVIEW PANEL ESTABLISHED

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

(b)(1) The members of the Panel shall be appointed by the Commissioner of Health as follows:

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

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

~~(3)(C)~~ *One member from the Vermont chapter of the American College of Nurse-Midwives.*

~~(4)(D)~~ *One member who is a midwife licensed pursuant to 26 V.S.A. chapter 85.*

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

~~(6)(F)~~ *The Director of the Division of Maternal and Child Health in the Vermont Department of Health, or designee.*

~~(7)(G)~~ *An epidemiologist from the Department of Health with experience analyzing perinatal data, or designee.*

~~(8)(H)~~ *The Chief Medical Examiner or designee.*

~~(9)(I)~~ *A representative of the community mental health centers.*

~~(10)(J)~~ *A member of the public.*

~~(b)(2)~~ *The Commissioner may appoint any of the following members to one-year terms:*

~~(A)~~ *a licensed clinical provider specializing in substance use disorder;*

~~(B)~~ *an expert in pharmaceutical management of mental health; and*

~~(C)~~ *a social worker.*

~~(3)~~ *The Panel may consult experts as needed on a case by case basis. An expert consulted pursuant to this subdivision shall be subject to the same restrictions and protections as Panel members with regard to privacy, security, and the disclosure of information.*

~~(c)~~ *The term of each member listed in subdivision (b)(1) of this section shall be three years and the terms shall be staggered. The Commissioner shall appoint the initial Chair of the Panel, who shall call the first meeting of the Panel and serve as Chair for six months, after which time the Panel shall elect its Chair. Members of the Panel shall receive no compensation.*

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

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

(f) The Panel's review process shall not commence until any criminal prosecution arising out of the maternal mortality is concluded by the Attorney General and a State's Attorney provides written notice to the Panel that no criminal charges shall be filed.

(g) Annually, on or before January 15, the Panel shall submit a report with its findings and recommendations to the House Committee on Human Services and to the Senate Committee on Health and Welfare.

(h) Members of the Panel shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than three meetings annually. These payments shall be made from monies appropriated to the Department of Health.

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

§ 1555. INFORMATION RELATED TO MATERNAL MORTALITY

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

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

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

(2) The Commissioner or designee may retain identifiable information regarding facilities where maternal deaths occur and geographic information on each case solely for the purposes of trending and analysis over time. In accordance with the rules adopted pursuant to subdivision 1556(4) of this title, all individually identifiable information on individuals and identifiable

information on facilities shall be removed prior to any case review by the Panel.

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

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

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

Sec. 3. EFFECTIVE DATE

This act shall take effect on July 1, 2020.