

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred House Bill No.
3 572 entitled “An act relating to the Maternal Mortality Review Panel”
4 respectfully reports that it has considered the same and recommends that the
5 bill be amended by striking out all after the enacting clause and inserting in
6 lieu thereof the following:

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

8 § 1552. MATERNAL MORTALITY REVIEW PANEL ESTABLISHED

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

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

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

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

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

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

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

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

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

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

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

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

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

16 (A) a licensed clinical provider specializing in substance use
17 disorder;

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

19 (C) a social worker.

20 (3) The Panel may consult experts as needed on a case by case basis.

21 An expert consulted pursuant to this subdivision shall be subject to the same

1 restrictions and protections as Panel members with regard to privacy, security,
2 and the disclosure of information.

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

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

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

19 (f) The Panel's review process shall not commence until any criminal
20 prosecution arising out of the maternal mortality is concluded by the Attorney

1 General and a State's Attorney provides written notice to the Panel that no
2 criminal charges shall be filed.

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

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

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

11 § 1555. INFORMATION RELATED TO MATERNAL MORTALITY

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

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

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

8 (2) The Commissioner or designee may retain identifiable information
9 regarding facilities where maternal deaths occur and geographic information
10 on each case solely for the purposes of trending and analysis over time. In
11 accordance with the rules adopted pursuant to subdivision 1556(4) of this title,
12 all individually identifiable information on individuals and identifiable
13 information on facilities shall be removed prior to any case review by the
14 Panel.

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

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

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

1 Sec. 3. EFFECTIVE DATE

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

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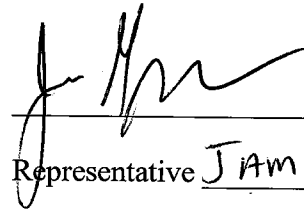
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(Committee vote: 11-0)

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Representative James Grequire

FOR THE COMMITTEE

Human
Services