
By: **Delegate Hubbard**

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Assigned to: Rules and Executive Nominations

Re-referred to: Environmental Matters, February 28, 2000

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 21, 2000

CHAPTER 470

1 AN ACT concerning

2 **Mortality Review Committee - Deaths of Individuals with Developmental**
3 **Disabilities**

4 FOR the purpose of establishing a Mortality Review Committee in the Department of
5 Health and Mental Hygiene to evaluate causes or factors contributing to deaths
6 of individuals with developmental disabilities who are in facilities or programs
7 operated or licensed by the Developmental ~~Disability~~ Disabilities
8 Administration; establishing the membership and duties of the Committee;
9 requiring the Committee to submit an annual report for public distribution;
10 requiring confidentiality for certain information submitted to the Committee;
11 defining a term; establishing a certain medical review committee; and generally
12 relating to a Mortality Review Committee.

13 BY adding to
14 Article - Health - General
15 Section 5-801 through 5-810 to be under the new subtitle " Subtitle 8. Mortality
16 Review Committee"
17 Annotated Code of Maryland
18 (1994 Replacement Volume and 1999 Supplement)

19 BY repealing and reenacting, with amendments,
20 Article - Health Occupations
21 Section 14-501(b)(10) and (11)
22 Annotated Code of Maryland
23 (1994 Replacement Volume and 1999 Supplement)

1 BY adding to
2 Article - Health Occupations
3 Section 14-501(b)(12)
4 Annotated Code of Maryland
5 (1994 Replacement Volume and 1999 Supplement)

6 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
7 MARYLAND, That the Laws of Maryland read as follows:

8 **Article - Health - General**

9 **SUBTITLE 8. MORTALITY REVIEW COMMITTEE.**

10 5-801.

11 IN THIS SUBTITLE, "COMMITTEE" MEANS THE MORTALITY REVIEW COMMITTEE.
12 5-802.

13 (A) THERE IS A MORTALITY REVIEW COMMITTEE ESTABLISHED WITHIN THE
14 DEPARTMENT.

15 (B) THE PURPOSE OF THE COMMITTEE IS TO PREVENT AVOIDABLE DEATHS
16 AND TO IMPROVE THE QUALITY OF CARE PROVIDED TO PERSONS WITH
17 DEVELOPMENTAL DISABILITIES.

18 5-803.

19 THE COMMITTEE SHALL:

20 (1) EVALUATE CAUSES OR FACTORS CONTRIBUTING TO DEATHS IN
21 FACILITIES OR PROGRAMS OPERATED OR LICENSED BY THE DEVELOPMENTAL
22 DISABILITIES ADMINISTRATION OR OPERATING BY WAIVER UNDER § 7-903(B) OF THIS
23 ARTICLE;

24 (2) IDENTIFY PATTERNS AND SYSTEMIC PROBLEMS AND ENSURE
25 CONSISTENCY IN THE REVIEW PROCESS; AND

26 (3) MAKE RECOMMENDATIONS TO THE SECRETARY TO PREVENT
27 AVOIDABLE DEATHS AND IMPROVE QUALITY OF CARE.

28 5-804.

29 (A) THE COMMITTEE SHALL CONSIST OF 12 MEMBERS APPOINTED BY THE
30 SECRETARY, INCLUDING THE FOLLOWING:

31 (1) A LICENSED PHYSICIAN WHO IS BOARD CERTIFIED IN AN
32 APPROPRIATE SPECIALTY;

33 (2) A PSYCHOPHARMACOLOGIST;

1 (3) A LICENSED PHYSICIAN ON STAFF WITH THE DEPARTMENT;

2 (4) TWO SPECIALISTS IN THE FIELD OF DEVELOPMENTAL DISABILITIES;

3 (5) A LICENSED PROVIDER OF COMMUNITY SERVICES FOR PERSONS
4 WITH DEVELOPMENTAL DISABILITIES;

5 (6) A CONSUMER OR A FAMILY REPRESENTATIVE OF A CONSUMER;

6 (7) THE DEPUTY SECRETARY OF PUBLIC HEALTH OR THE DEPUTY
7 SECRETARY'S DESIGNEE;

8 (8) THE DIRECTOR OF THE OFFICE OF HEALTH CARE QUALITY;

9 (9) A LICENSED PHYSICIAN REPRESENTATIVE FROM THE MEDICAL
10 EXAMINER'S OFFICE;

11 (10) A LICENSED NURSE WHO WORKS WITH PERSONS WITH
12 DEVELOPMENTAL DISABILITIES IN A PROGRAM OPERATED BY A STATE LICENSED
13 PROVIDER IN THE COMMUNITY; AND

14 (11) A MEMBER OF AN ADVOCACY GROUP FOR PERSONS WITH
15 DISABILITIES.

16 (B) (1) THE TERM OF EACH MEMBER APPOINTED UNDER SUBSECTION (A)
17 (1), (2), (4), (5), (6), AND (10) OF THIS SECTION IS 3 YEARS.

18 (2) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES
19 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED.

20 (3) A MEMBER MAY NOT BE APPOINTED FOR MORE THAN TWO
21 CONSECUTIVE FULL TERMS.

22 (4) THE TERMS OF THE MEMBERS ARE AS FOLLOWS:

23 (I) ONE-THIRD OF THE MEMBERS SHALL BE APPOINTED FOR
24 TERMS OF 3 YEARS COMMENCING OCTOBER 1, 2000;

25 (II) ONE-THIRD OF THE MEMBERS SHALL BE APPOINTED FOR
26 TERMS OF 2 YEARS COMMENCING OCTOBER 1, 2000; AND

27 (III) ONE-THIRD OF THE MEMBERS SHALL BE APPOINTED FOR
28 TERMS OF 1 YEAR COMMENCING OCTOBER 1, 2000.

29 (5) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A
30 SUCCESSOR IS APPOINTED.

31 (C) THE SECRETARY MAY REMOVE ANY MEMBER OF THE COMMITTEE FOR
32 GOOD CAUSE.

33 (D) A MEMBER OF THE COMMITTEE:

1 (1) MAY NOT RECEIVE COMPENSATION FOR SERVICE ON THE
2 COMMITTEE; BUT

3 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE
4 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

5 (E) THE COMMITTEE SHALL BE STAFFED BY THE DEPARTMENT.

6 (F) (1) AN EMPLOYEE OF THE DEVELOPMENTAL DISABILITIES
7 ADMINISTRATION MAY NOT BE A MEMBER OF THE COMMITTEE OR ANY
8 SUBCOMMITTEE OF THE COMMITTEE.

9 (2) THE DIRECTOR OF THE OFFICE OF HEALTH CARE QUALITY MAY NOT
10 SERVE ON A SUBCOMMITTEE OF THE COMMITTEE OR VOTE ON THE DISPOSITION OF
11 AN INDIVIDUAL MORTALITY REVIEW THAT WAS PREVIOUSLY REVIEWED BY THE
12 OFFICE OF HEALTH CARE QUALITY.

13 (G) THE SECRETARY SHALL SELECT A CHAIRPERSON FROM AMONG THE
14 MEMBERS OF THE COMMITTEE.

15 (H) A QUORUM OF THE COMMITTEE SHALL BE A MAJORITY OF THE
16 APPOINTED MEMBERSHIP OF THE COMMITTEE.

17 (I) THE COMMITTEE SHALL MEET NOT LESS THAN THREE TIMES A YEAR.

18 5-805.

19 (A) (1) THE OFFICE OF HEALTH CARE QUALITY SHALL REVIEW EACH DEATH
20 OF AN INDIVIDUAL WITH DEVELOPMENTAL DISABILITIES WHO, AT THE TIME OF
21 DEATH, RESIDED IN OR WAS RECEIVING SERVICES FROM ANY PROGRAM OR FACILITY
22 LICENSED OR OPERATED BY THE DEVELOPMENTAL DISABILITIES ADMINISTRATION
23 OR OPERATING BY WAIVER UNDER § 7-903(B) OF THIS ARTICLE.

24 (2) THE OFFICE OF HEALTH CARE QUALITY MAY NOT REVIEW THE CARE
25 OR SERVICES PROVIDED IN AN INDIVIDUAL'S PRIVATE HOME, EXCEPT TO THE
26 EXTENT NEEDED TO INVESTIGATE A LICENSED PROVIDER THAT OFFERED SERVICES
27 AT THAT INDIVIDUAL'S HOME.

28 (B) WITHIN 14 DAYS OF THE COMPLETION OF EACH INVESTIGATION, THE
29 OFFICE OF HEALTH CARE QUALITY SHALL SUBMIT TO THE COMMITTEE ITS FINAL
30 REPORT FOR EACH DEATH.

31 (C) THE COMMITTEE SHALL:

32 (1) REVIEW EACH DEATH REPORT PROVIDED BY THE OFFICE OF
33 HEALTH CARE QUALITY; OR

34 (2) APPOINT A SUBCOMMITTEE OF AT LEAST FOUR MEMBERS, ONE OF
35 WHOM SHALL BE A LICENSED PHYSICIAN OR NURSE, TO REVIEW DEATH REPORTS
36 AND REPORT AND MAKE RECOMMENDATIONS TO THE FULL COMMITTEE.

1 (D) (1) ON REVIEW OF THE DEATH REPORT, IF THE COMMITTEE OR ITS
2 SUBCOMMITTEE DETERMINES THAT FURTHER INVESTIGATION IS WARRANTED, THE
3 COMMITTEE OR SUBCOMMITTEE MAY REQUEST ADDITIONAL INFORMATION,
4 INCLUDING CONSUMER RECORDS, MEDICAL RECORDS, AUTOPSY REPORTS, AND ANY
5 DEFICIENCY STATEMENTS AND PLANS OF CORRECTION.

6 (2) THE COMMITTEE OR SUBCOMMITTEE MAY CHOOSE TO PREPARE
7 QUESTIONS FOR THE PROVIDER, STATE RESIDENTIAL CENTER DIRECTOR, OR OTHER
8 RELEVANT PERSON OR MAY REQUEST THE ATTENDANCE OF THE PROVIDER,
9 DIRECTOR, OR OTHER RELEVANT PERSON AT A COMMITTEE OR SUBCOMMITTEE
10 MEETING.

11 (3) EXCEPT AS PROVIDED IN SUBSECTION (2) OF THIS SECTION,
12 COMMITTEE MEMBERS MAY NOT COMMUNICATE DIRECTLY WITH THE PROVIDER, A
13 STATE RESIDENTIAL CENTER DIRECTOR, OR A FAMILY MEMBER, OR GUARDIAN OF
14 THE INDIVIDUAL WHO IS THE SUBJECT OF A DEATH REPORT.

15 5-806.

16 UPON REQUEST OF THE CHAIRMAN OF THE COMMITTEE OR SUBCOMMITTEE,
17 AND AS NECESSARY TO CARRY OUT THE PURPOSE OF THE COMMITTEE, THE
18 FOLLOWING SHALL IMMEDIATELY PROVIDE THE COMMITTEE OR SUBCOMMITTEE
19 WITH ACCESS TO INFORMATION AND RECORDS REGARDING AN INDIVIDUAL WHOSE
20 DEATH IS BEING REVIEWED:

21 (1) A PROVIDER OF MEDICAL CARE, INCLUDING DENTAL AND MENTAL
22 HEALTH CARE;

23 (2) A STATE OR LOCAL GOVERNMENT AGENCY; AND

24 (3) A PROVIDER OF RESIDENTIAL OR OTHER SERVICES.

25 5-807.

26 A PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY UNDER § 5-393 OF THE
27 COURTS ARTICLE FOR ANY ACTION AS A MEMBER OF THE COMMITTEE OR FOR
28 GIVING INFORMATION TO, PARTICIPATING IN, OR CONTRIBUTING TO THE FUNCTION
29 OF THE COMMITTEE OR SUBCOMMITTEE.

30 5-808.

31 (A) (1) AT LEAST ONCE IN A CALENDAR YEAR, THE COMMITTEE SHALL
32 PREPARE A REPORT FOR PUBLIC DISTRIBUTION.

33 (2) THE REPORT SHALL INCLUDE AGGREGATE INFORMATION THAT SETS
34 FORTH THE NUMBERS OF DEATHS REVIEWED, THE AGES OF THE DECEASED, CAUSES
35 AND CIRCUMSTANCES OF DEATH, A SUMMARY OF THE COMMITTEE'S ACTIVITIES,
36 AND SUMMARY FINDINGS.

1 (3) SUMMARY FINDINGS SHALL INCLUDE PATTERNS AND TRENDS,
2 GOALS, PROBLEMS, CONCERNS, FINAL RECOMMENDATIONS, AND PREVENTATIVE
3 MEASURES.

4 (4) SPECIFIC INDIVIDUALS AND ENTITIES MAY NOT BE IDENTIFIED IN
5 ANY PUBLIC REPORT.

6 (B) (1) IN ADDITION TO THE PUBLIC REPORT ISSUED UNDER SUBSECTION
7 (A) OF THIS SECTION, THE COMMITTEE OR ITS SUBCOMMITTEE MAY AT ANY TIME
8 ISSUE PRELIMINARY FINDINGS OR MAKE PRELIMINARY RECOMMENDATIONS TO THE
9 SECRETARY OR TO THE DIRECTOR OF THE OFFICE OF HEALTH CARE QUALITY.

10 (2) PRELIMINARY FINDINGS OR RECOMMENDATIONS SHALL BE
11 CONFIDENTIAL AND NOT DISCOVERABLE OR ADMISSIBLE UNDER § 14-501 OF THE
12 HEALTH OCCUPATIONS ARTICLE.

13 5-809.

14 (A) THE COMMITTEE SHALL MAINTAIN RECORDS OF ITS DELIBERATIONS
15 INCLUDING ANY RECOMMENDATIONS.

16 (B) (1) EXCEPT FOR THE PUBLIC REPORT ISSUED UNDER § 5-808(A) OF THIS
17 SUBTITLE, ANY RECORDS OF DELIBERATIONS, FINDINGS, OR FILES OF THE
18 COMMITTEE SHALL BE CONFIDENTIAL AND ARE NOT DISCOVERABLE UNDER § 14-501
19 OF THE HEALTH OCCUPATIONS ARTICLE.

20 (2) THIS SUBSECTION DOES NOT PROHIBIT THE DISCOVERY OF
21 MATERIAL, RECORDS, DOCUMENTS, OR OTHER INFORMATION THAT WAS NOT
22 PREPARED BY THE COMMITTEE OR ITS SUBCOMMITTEE AND WAS OBTAINED
23 INDEPENDENTLY OF THE COMMITTEE OR SUBCOMMITTEE.

24 (C) (1) MEMBERS OF THE COMMITTEE OR A SUBCOMMITTEE OF THE
25 COMMITTEE, PERSONS ATTENDING A COMMITTEE OR SUBCOMMITTEE MEETING,
26 AND PERSONS WHO PRESENT INFORMATION TO THE COMMITTEE OR
27 SUBCOMMITTEE MAY NOT BE QUESTIONED IN ANY CIVIL OR CRIMINAL PROCEEDING
28 REGARDING INFORMATION PRESENTED IN OR OPINIONS FORMED AS A RESULT OF A
29 MEETING.

30 (2) THIS SUBSECTION DOES NOT PROHIBIT A PERSON FROM TESTIFYING
31 TO INFORMATION OBTAINED INDEPENDENTLY OF THE COMMITTEE OR
32 SUBCOMMITTEE OR THAT IS PUBLIC INFORMATION.

33 (D) (1) EXCEPT AS NECESSARY TO CARRY OUT THE COMMITTEE'S PURPOSE
34 AND DUTIES, MEMBERS OF THE COMMITTEE OR SUBCOMMITTEE AND PERSONS
35 ATTENDING A COMMITTEE OR SUBCOMMITTEE MEETING MAY NOT DISCLOSE:

36 (I) WHAT TRANSPIRED AT A MEETING THAT IS NOT PUBLIC UNDER
37 THIS SUBTITLE; OR

1 (II) ANY INFORMATION THAT IS PROHIBITED FOR DISCLOSURE BY
2 THIS SECTION.

3 (2) THIS SUBSECTION DOES NOT PROHIBIT THE DISCOVERY OF
4 MATERIAL, RECORDS, DOCUMENTS, OR OTHER INFORMATION THAT WAS NOT
5 PREPARED BY THE COMMITTEE OR ITS SUBCOMMITTEE AND WAS OBTAINED
6 INDEPENDENTLY OF THE COMMITTEE OR SUBCOMMITTEE.

7 5-810.

8 MEETINGS OF THE COMMITTEE AND SUBCOMMITTEES SHALL BE CLOSED TO
9 THE PUBLIC AND NOT SUBJECT TO TITLE 10, SUBTITLE 5 OF THE STATE
10 GOVERNMENT ARTICLE.

11 **Article - Health Occupations**

12 14-501.

13 (b) For purposes of this section, a medical review committee is:

14 (10) An organization described under § 14-501.1 of this subtitle that
15 contracts with a hospital, related institution, or health maintenance organization to:

16 (i) Assist in performing the functions listed in subsection (c) of this
17 section; or

18 (ii) Assist a health maintenance organization in meeting the
19 requirements of Title 19, Subtitle 7 of the Health - General Article, the National
20 Committee for Quality Assurance (NCQA), or any other applicable credentialing law
21 or regulation; [or]

22 (11) An accrediting organization as defined in § 14-501.1 of this subtitle;
23 OR

24 (12) A MORTALITY REVIEW COMMITTEE ESTABLISHED UNDER § 5-801 OF
25 THE HEALTH - GENERAL ARTICLE.

26 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
27 October 1, 2000.