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By: **Delegate Hubbard**  
Introduced and read first time: February 16, 2000  
Assigned to: Rules and Executive Nominations

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A BILL ENTITLED

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 Administration;  
8 establishing the membership and duties of the Committee; requiring the  
9 Committee to submit an annual report for public distribution; requiring  
10 confidentiality for certain information submitted to the Committee; defining a  
11 term; establishing a certain medical review committee; and generally relating to  
12 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)

24 BY adding to  
25 Article - Health Occupations  
26 Section 14-501(b)(12)  
27 Annotated Code of Maryland  
28 (1994 Replacement Volume and 1999 Supplement)

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

3 **Article - Health - General**

4 SUBTITLE 8. MORTALITY REVIEW COMMITTEE.

5 5-801.

6 IN THIS SUBTITLE, "COMMITTEE" MEANS THE MORTALITY REVIEW COMMITTEE.  
7 5-802.

8 (A) THERE IS A MORTALITY REVIEW COMMITTEE ESTABLISHED WITHIN THE  
9 DEPARTMENT.

10 (B) THE PURPOSE OF THE COMMITTEE IS TO PREVENT AVOIDABLE DEATHS  
11 AND TO IMPROVE THE QUALITY OF CARE PROVIDED TO PERSONS WITH  
12 DEVELOPMENTAL DISABILITIES.

13 5-803.

14 THE COMMITTEE SHALL:

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

19 (2) IDENTIFY PATTERNS AND SYSTEMIC PROBLEMS AND ENSURE  
20 CONSISTENCY IN THE REVIEW PROCESS; AND

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

23 5-804.

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

26 (1) A LICENSED PHYSICIAN WHO IS BOARD CERTIFIED IN AN  
27 APPROPRIATE SPECIALTY;

28 (2) A PSYCHOPHARMACOLOGIST;

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

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

31 (5) A LICENSED PROVIDER OF COMMUNITY SERVICES FOR PERSONS  
32 WITH DEVELOPMENTAL DISABILITIES;

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

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

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

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

7 (10) A LICENSED NURSE WHO WORKS WITH PERSONS WITH  
8 DEVELOPMENTAL DISABILITIES IN A PROGRAM OPERATED BY A STATE LICENSED  
9 PROVIDER IN THE COMMUNITY; AND

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

12 (B) (1) THE TERM OF EACH MEMBER APPOINTED UNDER SUBSECTION (A)  
13 (1), (2), (4), (5), (6), AND (10) OF THIS SECTION IS 3 YEARS.

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

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

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

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

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

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

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

27 (C) THE SECRETARY MAY REMOVE ANY MEMBER OF THE COMMITTEE FOR  
28 GOOD CAUSE.

29 (D) A MEMBER OF THE COMMITTEE:

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

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

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

2 (F) (1) AN EMPLOYEE OF THE DEVELOPMENTAL DISABILITIES  
3 ADMINISTRATION MAY NOT BE A MEMBER OF THE COMMITTEE OR ANY  
4 SUBCOMMITTEE OF THE COMMITTEE.

5 (2) THE DIRECTOR OF THE OFFICE OF HEALTH CARE QUALITY MAY NOT  
6 SERVE ON A SUBCOMMITTEE OF THE COMMITTEE OR VOTE ON THE DISPOSITION OF  
7 AN INDIVIDUAL MORTALITY REVIEW THAT WAS PREVIOUSLY REVIEWED BY THE  
8 OFFICE OF HEALTH CARE QUALITY.

9 (G) THE SECRETARY SHALL SELECT A CHAIRPERSON FROM AMONG THE  
10 MEMBERS OF THE COMMITTEE.

11 (H) A QUORUM OF THE COMMITTEE SHALL BE A MAJORITY OF THE  
12 APPOINTED MEMBERSHIP OF THE COMMITTEE.

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

14 5-805.

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

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

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

27 (C) THE COMMITTEE SHALL:

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

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

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

1           (2)     THE COMMITTEE OR SUBCOMMITTEE MAY CHOOSE TO PREPARE  
2 QUESTIONS FOR THE PROVIDER, STATE RESIDENTIAL CENTER DIRECTOR, OR OTHER  
3 RELEVANT PERSON OR MAY REQUEST THE ATTENDANCE OF THE PROVIDER,  
4 DIRECTOR, OR OTHER RELEVANT PERSON AT A COMMITTEE OR SUBCOMMITTEE  
5 MEETING.

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

10 5-806.

11     UPON REQUEST OF THE CHAIRMAN OF THE COMMITTEE OR SUBCOMMITTEE,  
12 AND AS NECESSARY TO CARRY OUT THE PURPOSE OF THE COMMITTEE, THE  
13 FOLLOWING SHALL IMMEDIATELY PROVIDE THE COMMITTEE OR SUBCOMMITTEE  
14 WITH ACCESS TO INFORMATION AND RECORDS REGARDING AN INDIVIDUAL WHOSE  
15 DEATH IS BEING REVIEWED:

16           (1)     A PROVIDER OF MEDICAL CARE, INCLUDING DENTAL AND MENTAL  
17 HEALTH CARE;

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

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

20 5-807.

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

25 5-808.

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

28           (2)     THE REPORT SHALL INCLUDE AGGREGATE INFORMATION THAT SETS  
29 FORTH THE NUMBERS OF DEATHS REVIEWED, THE AGES OF THE DECEASED, CAUSES  
30 AND CIRCUMSTANCES OF DEATH, A SUMMARY OF THE COMMITTEE'S ACTIVITIES,  
31 AND SUMMARY FINDINGS.

32           (3)     SUMMARY FINDINGS SHALL INCLUDE PATTERNS AND TRENDS,  
33 GOALS, PROBLEMS, CONCERNS, FINAL RECOMMENDATIONS, AND PREVENTATIVE  
34 MEASURES.

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

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

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

8 5-809.

9 (A) THE COMMITTEE SHALL MAINTAIN RECORDS OF ITS DELIBERATIONS  
10 INCLUDING ANY RECOMMENDATIONS.

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

15 (2) THIS SUBSECTION DOES NOT PROHIBIT THE DISCOVERY OF  
16 MATERIAL, RECORDS, DOCUMENTS, OR OTHER INFORMATION THAT WAS NOT  
17 PREPARED BY THE COMMITTEE OR ITS SUBCOMMITTEE AND WAS OBTAINED  
18 INDEPENDENTLY OF THE COMMITTEE OR SUBCOMMITTEE.

19 (C) (1) MEMBERS OF THE COMMITTEE OR A SUBCOMMITTEE OF THE  
20 COMMITTEE, PERSONS ATTENDING A COMMITTEE OR SUBCOMMITTEE MEETING,  
21 AND PERSONS WHO PRESENT INFORMATION TO THE COMMITTEE OR  
22 SUBCOMMITTEE MAY NOT BE QUESTIONED IN ANY CIVIL OR CRIMINAL PROCEEDING  
23 REGARDING INFORMATION PRESENTED IN OR OPINIONS FORMED AS A RESULT OF A  
24 MEETING.

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

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

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

33 (II) ANY INFORMATION THAT IS PROHIBITED FOR DISCLOSURE BY  
34 THIS SECTION.

35 (2) THIS SUBSECTION DOES NOT PROHIBIT THE DISCOVERY OF  
36 MATERIAL, RECORDS, DOCUMENTS, OR OTHER INFORMATION THAT WAS NOT  
37 PREPARED BY THE COMMITTEE OR ITS SUBCOMMITTEE AND WAS OBTAINED  
38 INDEPENDENTLY OF THE COMMITTEE OR SUBCOMMITTEE.

1 5-810.

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

5

**Article - Health Occupations**

6 14-501.

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

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

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

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

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

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

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