
By: **Delegate Costa**

Introduced and read first time: February 8, 2006

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Mortality and Quality Review Committee - Reportable Incidents of Injury**

3 FOR the purpose of renaming the Mortality Review Committee to be the Mortality
4 and Quality Review Committee; requiring the Committee to review certain data
5 and make certain findings and recommendations; requiring the Office of Health
6 Care Quality to provide certain data to the Committee; authorizing the
7 Committee to consult with experts under certain circumstances; requiring the
8 Committee to prepare a certain report; requiring the Developmental Disabilities
9 Administration to provide a certain report to certain facilities; authorizing the
10 Committee to issue preliminary findings or recommendations to certain State
11 agencies; requiring the Office of Health Care Quality, the Developmental
12 Disabilities Administration, and the Committee to submit a certain report to
13 certain committees on or before a certain date; defining certain terms; providing
14 for the termination of this Act; and generally relating to the Mortality and
15 Quality Review Committee and reportable incidents of injury.

16 BY repealing and reenacting, with amendments,
17 Article - Health - General
18 Section 5-801 through 5-803, inclusive, and 5-808 to be under the amended
19 subtitle "Subtitle 8. Mortality and Quality Review Committee"
20 Annotated Code of Maryland
21 (2005 Replacement Volume and 2005 Supplement)

22 BY repealing and reenacting, without amendments,
23 Article - Health - General
24 Section 5-804, 5-805, 5-806, 5-807, 5-809, and 5-810
25 Annotated Code of Maryland
26 (2005 Replacement Volume and 2005 Supplement)

27 BY adding to
28 Article - Health - General
29 Section 5-806.1
30 Annotated Code of Maryland

1 (2005 Replacement Volume and 2005 Supplement)

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

4 **Article - Health - General**

5 Subtitle 8. Mortality AND QUALITY Review Committee.

6 5-801.

7 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
8 INDICATED.

9 (B) "AGGREGATE INCIDENT DATA" MEANS INFORMATION OR STATISTICS
10 MAINTAINED BY THE OFFICE OF HEALTH CARE QUALITY ON THE REPORTED
11 INCIDENTS OF LEVEL III SERIOUS INJURIES AT HEALTH CARE FACILITIES.

12 (C) [In this subtitle,] "Committee" means the Mortality AND QUALITY Review
13 Committee.

14 5-802.

15 (a) There is a Mortality AND QUALITY Review Committee established within
16 the Department.

17 (b) The purpose of the Committee is to prevent avoidable INJURIES AND
18 AVOIDABLE deaths and to improve the quality of care provided to persons with
19 developmental disabilities.

20 5-803.

21 The Committee shall:

22 (1) Evaluate causes or factors contributing to deaths in facilities or
23 programs operated or licensed by the Mental Hygiene Administration and the
24 Developmental Disabilities Administration or operating by waiver under § 7-903(b) of
25 this article;

26 (2) REVIEW AGGREGATE INCIDENT DATA REGARDING FACILITIES OR
27 PROGRAMS THAT ARE LICENSED OR OPERATED BY THE DEVELOPMENTAL
28 DISABILITIES ADMINISTRATION OR OPERATING BY WAIVER UNDER § 7-903(B) OF THIS
29 ARTICLE;

30 (3) Identify patterns and systemic problems and ensure consistency in
31 the review process; and

32 [(3)] (4) Make recommendations to the Secretary AND THE SECRETARY
33 OF DISABILITIES to prevent avoidable INJURIES AND AVOIDABLE deaths and improve
34 quality of care.

1 5-804.

2 (a) The Committee shall consist of 18 members appointed by the Secretary,
3 including the following:

4 (1) A licensed physician who is board certified in an appropriate
5 specialty;

6 (2) A psychopharmacologist;

7 (3) A licensed physician on staff with the Department;

8 (4) Two specialists, one in the field of developmental disabilities and one
9 in the field of mental health;

10 (5) Two licensed providers of community services, one for persons with
11 developmental disabilities and one for persons with mental illnesses;

12 (6) Two consumers, one with a developmental disability and one with a
13 mental illness;

14 (7) Two family members, one representing a consumer with a
15 developmental disability and one representing a consumer with a mental illness;

16 (8) The Deputy Secretary of Public Health or the Deputy Secretary's
17 designee;

18 (9) The Director of the Office of Health Care Quality;

19 (10) A licensed physician representative from the Medical Examiner's
20 Office;

21 (11) A licensed nurse who works with persons with developmental
22 disabilities in a program operated by a State licensed provider in the community;

23 (12) A member of an advocacy group for persons with disabilities; and

24 (13) Two members of advocacy groups, one for persons with
25 developmental disabilities and one for persons with mental illnesses.

26 (b) (1) The term of each member appointed under subsection (a) (1), (2), (4),
27 (5), (6), and (10) of this section is 3 years.

28 (2) A member who is appointed after a term has begun serves only for
29 the rest of the term and until a successor is appointed.

30 (3) A member may not be appointed for more than two consecutive full
31 terms.

32 (4) The terms of the members are as follows:

1 (i) One-third of the members shall be appointed for terms of 3
2 years commencing October 1, 2000;

3 (ii) One-third of the members shall be appointed for terms of 2
4 years commencing October 1, 2000; and

5 (iii) One-third of the members shall be appointed for terms of 1 year
6 commencing October 1, 2000.

7 (5) At the end of a term, a member continues to serve until a successor is
8 appointed.

9 (c) The Secretary may remove any member of the Committee for good cause.

10 (d) A member of the Committee:

11 (1) May not receive compensation for service on the Committee; but

12 (2) Is entitled to reimbursement for expenses under the Standard State
13 Travel Regulations, as provided in the State budget.

14 (e) The Committee shall be staffed by the Department.

15 (f) (1) An employee of the Developmental Disabilities Administration or the
16 Mental Hygiene Administration may not be a member of the Committee or any
17 subcommittee of the Committee.

18 (2) The Director of the Office of Health Care Quality may not serve on a
19 subcommittee of the Committee or vote on the disposition of an individual mortality
20 review that was previously reviewed by the Office of Health Care Quality.

21 (g) The Secretary shall select a chairperson from among the members of the
22 Committee.

23 (h) A quorum of the Committee shall be a majority of the appointed
24 membership of the Committee.

25 (i) The Committee shall meet not less than three times a year.

26 5-805.

27 (a) (1) Except as provided in paragraph (3) of this subsection, the Office of
28 Health Care Quality shall review each death of an individual with developmental
29 disabilities or with a mental illness who, at the time of death, resided in or was
30 receiving services from any program or facility licensed or operated by the
31 Developmental Disabilities Administration or operating by waiver under § 7-903(b) of
32 this article, or any program approved, licensed, or operated by the Mental Hygiene
33 Administration under § 10-406, § 10-901, or § 10-902 of this article.

1 (2) The Office of Health Care Quality may not review the care or services
2 provided in an individual's private home, except to the extent needed to investigate a
3 licensed provider that offered services at that individual's home.

4 (3) Unless a member of the Committee requests a review, the Office of
5 Health Care Quality may choose not to review a death if the circumstances, based on
6 reasonable judgment, are readily explained and require no further investigation.

7 (b) Within 14 days of the completion of each investigation, the Office of Health
8 Care Quality shall submit to the Committee its final report for each death.

9 (c) The Committee shall:

10 (1) Review each death report provided by the Office of Health Care
11 Quality; or

12 (2) Appoint a subcommittee of at least four members, one of whom shall
13 be a licensed physician or nurse, to review death reports and report and make
14 recommendations to the full Committee.

15 (d) (1) On review of the death report, if the Committee or its subcommittee
16 determines that further investigation is warranted, the Committee or subcommittee
17 may request additional information, including consumer records, medical records,
18 autopsy reports, and any deficiency statements and plans of correction.

19 (2) The Committee or subcommittee may choose to prepare questions for
20 the provider, State residential center director, or other relevant person or may request
21 the attendance of the provider, director, or other relevant person at a Committee or
22 subcommittee meeting.

23 (3) Except as provided in paragraph (2) of this subsection, Committee
24 members may not communicate directly with the provider, a State residential center
25 director, a State psychiatric superintendent, or a family member or guardian of the
26 individual who is the subject of a death report.

27 5-806.

28 Upon request of the chairman of the Committee or subcommittee, and as
29 necessary to carry out the purpose of the Committee, the following shall immediately
30 provide the Committee or subcommittee with access to information and records
31 regarding an individual whose death is being reviewed:

32 (1) A provider of medical care, including dental and mental health care;

33 (2) A State or local government agency; and

34 (3) A provider of residential or other services.

1 5-806.1.

2 (A) (1) THE OFFICE OF HEALTH CARE QUALITY SHALL PROVIDE
3 AGGREGATE INCIDENT DATA TO THE COMMITTEE ONCE EVERY 3 MONTHS.

4 (2) WHEN PROVIDING AGGREGATE INCIDENT DATA TO THE COMMITTEE,
5 THE OFFICE OF HEALTH CARE QUALITY SHALL IDENTIFY TRENDS AND PATTERNS
6 THAT MAY THREATEN THE HEALTH, SAFETY, OR WELL-BEING OF AN INDIVIDUAL.

7 (B) THE COMMITTEE SHALL REVIEW THE AGGREGATE INCIDENT DATA AND
8 MAKE FINDINGS AND RECOMMENDATIONS TO THE DEPARTMENT ON SYSTEM
9 QUALITY ASSURANCE NEEDS.

10 (C) THE COMMITTEE MAY CONSULT WITH EXPERTS AS NEEDED TO CARRY
11 OUT THE PROVISIONS OF THIS SECTION.

12 5-807.

13 A person shall have the immunity from liability under § 5-393 of the Courts
14 Article for any action as a member of the Committee or for giving information to,
15 participating in, or contributing to the function of the Committee or subcommittee.

16 5-808.

17 (a) (1) At least once in a calendar year, the Committee shall prepare a report
18 for public distribution.

19 (2) The report shall include aggregate information that sets forth the
20 numbers of deaths reviewed, the ages of the deceased, causes and circumstances of
21 death, A REVIEW OF AGGREGATE INCIDENT DATA, a summary of the Committee's
22 activities, and summary findings.

23 (3) Summary findings shall include patterns and trends, goals,
24 problems, concerns, final recommendations, and preventative measures.

25 (4) Specific individuals and entities may not be identified in any public
26 report.

27 (5) THE DEVELOPMENTAL DISABILITIES ADMINISTRATION SHALL
28 PROVIDE THE REPORT TO THE FACILITIES OR PROGRAMS THAT ARE OPERATED OR
29 LICENSED BY THE DEVELOPMENTAL DISABILITIES ADMINISTRATION OR OPERATING
30 BY WAIVER UNDER § 7-903(B) OF THIS ARTICLE.

31 (b) (1) In addition to the public report issued under subsection (a) of this
32 section, the Committee or its subcommittee may at any time issue preliminary
33 findings or make preliminary recommendations to the Secretary, THE SECRETARY OF
34 DISABILITIES, THE DIRECTOR OF THE DEVELOPMENTAL DISABILITIES
35 ADMINISTRATION, THE DIRECTOR OF THE MENTAL HYGIENE ADMINISTRATION, or to
36 the Director of the Office of Health Care Quality.

1 (2) Preliminary findings or recommendations shall be confidential and
2 not discoverable or admissible under § 1-401 of the Health Occupations Article.

3 5-809.

4 (a) The Committee shall maintain records of its deliberations including any
5 recommendations.

6 (b) (1) Except for the public report issued under § 5-808(a) of this subtitle,
7 any records of deliberations, findings, or files of the Committee shall be confidential
8 and are not discoverable under § 1-401 of the Health Occupations Article.

9 (2) This subsection does not prohibit the discovery of material, records,
10 documents, or other information that was not prepared by the Committee or its
11 subcommittee and was obtained independently of the Committee or subcommittee.

12 (c) (1) Members of the Committee or a subcommittee of the Committee,
13 persons attending a Committee or subcommittee meeting, and persons who present
14 information to the Committee or subcommittee may not be questioned in any civil or
15 criminal proceeding regarding information presented in or opinions formed as a result
16 of a meeting.

17 (2) This subsection does not prohibit a person from testifying to
18 information obtained independently of the Committee or subcommittee or that is
19 public information.

20 (d) (1) Except as necessary to carry out the Committee's purpose and duties,
21 members of the Committee or subcommittee and persons attending a Committee or
22 subcommittee meeting may not disclose:

23 (i) What transpired at a meeting that is not public under this
24 subtitle; or

25 (ii) Any information that is prohibited for disclosure by this section.

26 (2) This subsection does not prohibit the discovery of material, records,
27 documents, or other information that was not prepared by the Committee or its
28 subcommittee and was obtained independently of the Committee or subcommittee.

29 5-810.

30 Meetings of the Committee and subcommittees shall be closed to the public and
31 not subject to Title 10, Subtitle 5 of the State Government Article.

32 SECTION 2. AND BE IT FURTHER ENACTED, That:

33 (a) The Office of Health Care Quality, the Developmental Disabilities
34 Administration, and the Mortality and Quality Review Committee shall submit a
35 report, in accordance with § 2-1246 of the State Government Article, to the Senate

1 Finance Committee and the House Health and Government Operations Committee on
2 or before January 1, 2008.

3 (b) The report required under subsection (a) of this section shall include:

4 (1) The impact of providing reportable aggregate incident data on the
5 operations of the Developmental Disabilities Complaint Unit;

6 (2) The impact of the Mortality and Quality Review Committee's review
7 of aggregate incident data on the quality of care;

8 (3) The infrastructure required to provide additional information on
9 trends and patterns for other reportable incidents as required by COMAR
10 10.22.02.10(7); and

11 (4) The methods by which information regarding avoidable injuries has
12 been disseminated to facilities or programs operated or licensed by the Developmental
13 Disabilities Administration or operating by waiver under § 7-903(b) of the Health -
14 General Article.

15 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
16 July 1, 2006. It shall remain effective for a period of 3 years and 3 months and, at the
17 end of September 30, 2009, with no further action required by the General Assembly,
18 this Act shall be abrogated and of no further force and effect.