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By: **Delegate Hubbard**

Introduced and read first time: February 1, 2007 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

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Maryland Fetal and Infant Mortality Review

FOR the purpose of establishing a Fetal and Infant Mortality Review Program in the Department of Health and Mental Hygiene; providing for the membership, staffing, purpose, and powers and duties of the State Fetal and Infant Mortality Review Team and local fetal and infant mortality review teams; requiring the members of the State team or of a local team to serve without compensation as a member of the team but authorizing reimbursement for certain expenses in accordance with the Standard State Travel Regulations as provided in the State budget; requiring certain local teams to submit a certain report to the State team on or before a certain date each year; providing that the State team or a local team or its staff shall have access to certain information and records regarding fetal and infant mortality; providing that certain meetings of the State team and certain local teams are closed to the public; providing that certain information and records acquired by the State team or certain local teams or staff are confidential and exempt from disclosure under certain provisions of law; providing for the disclosure of certain information or records; requiring certain statistical compilations to be public records; requiring certain discussions and records of the State team and certain local teams to be confidential; establishing a certain civil and criminal penalty for certain violations; exempting certain individuals, information, records, and documents from being part of certain civil or criminal proceedings; exempting certain health care providers or certain health facilities from certain liability or certain criminal or disciplinary actions; authorizing the Secretary of Health and Mental Hygiene to adopt certain regulations; requiring the Secretary to submit a certain report containing certain information to the Governor and the General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 2	Assembly on or before a certain date each year; defining certain terms; and generally relating to the Fetal and Infant Mortality Review Program.
3 4 5 6 7 8	BY adding to Article – Health – General Section 13–2501 through 13–2512 to be under the new subtitle "Subtitle 25. Fetal and Infant Mortality Review Program" Annotated Code of Maryland (2005 Replacement Volume and 2006 Supplement)
9 10	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
11	Article - Health - General
12	SUBTITLE 25. FETAL AND INFANT MORTALITY REVIEW PROGRAM.
13	13–2501.
14 15	(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
16 17 18	(B) "FETAL DEATH" MEANS THE DEATH BEFORE THE COMPLETE EXPULSION OR EXTRACTION FROM ITS MOTHER OF A PRODUCT OF CONCEPTION AT ANY GESTATIONAL AGE.
19	(C) "HEALTH CARE PROVIDER" MEANS:
20 21 22	(1) A PERSON WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH OR MEDICAL CARE TO INDIVIDUALS; OR
23	(2) A FACILITY THAT PROVIDES HEALTH CARE TO INDIVIDUALS.
24 25	(D) "INFANT DEATH" MEANS THE DEATH OF A CHILD WHO IS UNDER 1 YEAR OF AGE.
26 27 28	(E) "LOCAL TEAM" MEANS THE LOCAL FETAL AND INFANT MORTALITY REVIEW TEAM ESTABLISHED BY A LOCAL HEALTH DEPARTMENT OR REGIONAL GROUP OF LOCAL HEALTH DEPARTMENTS FOR A COUNTY OR COUNTIES.

- 1 (F) "STATE TEAM" MEANS THE STATE FETAL AND INFANT MORTALITY
- 2 REVIEW TEAM ESTABLISHED BY THE DEPARTMENT.
- 3 **13–2502.**
- 4 THE GENERAL ASSEMBLY FINDS THAT:
- 5 (1) Infant mortality has long been considered a leading
- 6 INDICATOR OF THE OVERALL HEALTH OF A POPULATION;
- 7 (2) THE INFANT MORTALITY RATE IN MARYLAND CONSISTENTLY
- 8 EXCEEDS NATIONALLY ESTABLISHED GOALS FOR INFANT MORTALITY
- 9 **REDUCTION**;
- 10 (3) FETAL AND INFANT MORTALITY REVIEW IS A COMMUNITY
- 11 ACTION PROCESS THAT CONTINUALLY ASSESSES AND IMPROVES SERVICE
- 12 SYSTEMS AND RESOURCES FOR WOMEN, INFANTS, AND FAMILIES THROUGH
- 13 CONFIDENTIAL AND ANONYMOUS REVIEW OF INDIVIDUAL FETAL AND INFANT
- 14 MORTALITY CASES; AND
- 15 (4) THERE IS A NEED TO ESTABLISH A FETAL AND INFANT
- 16 MORTALITY REVIEW PROGRAM TO REVIEW FETAL AND INFANT DEATHS AND TO
- 17 DEVELOP STRATEGIES FOR THE PREVENTION OR REDUCTION OF FETAL AND
- 18 **INFANT DEATHS.**
- 19 **13–2503.**
- 20 THERE IS A FETAL AND INFANT MORTALITY REVIEW PROGRAM IN THE
- 21 DEPARTMENT TO REVIEW FETAL AND INFANT DEATHS IN THE STATE AND TO
- 22 DEVELOP STRATEGIES FOR THE PREVENTION AND REDUCTION OF FETAL AND
- 23 INFANT DEATHS IN THE STATE.
- 24 **13–2504.**
- 25 (A) THE SECRETARY SHALL APPOINT A STATE FETAL AND INFANT
- 26 MORTALITY REVIEW TEAM.

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FETAL AND INFANT DEATHS BY:

1 2	(B) (1) THE STATE TEAM SHALL BE A MULTIDISCIPLINARY AND MULTIAGENCY REVIEW TEAM CONSISTING OF AT LEAST 15 MEMBERS.
3	(2) THE STATE TEAM SHALL INCLUDE REPRESENTATIVES FROM:
4 5	(I) PUBLIC HEALTH, SUCH AS MATERNAL AND CHILD HEALTH, SUBSTANCE ABUSE, AND MENTAL HEALTH;
6	(II) LOCAL HEALTH DEPARTMENTS;
7 8	(III) HEALTH CARE PROVIDER SPECIALTIES, SUCH AS OBSTETRICS, PEDIATRICS, SOCIAL WORK, NURSING, AND NURSE MIDWIFERY;
9	(IV) ACADEMIC MEDICAL INSTITUTIONS;
10 11	(V) HOSPITAL ADMINISTRATION, SUCH AS RISK MANAGEMENT; AND
12 13	(VI) OTHER AGENCIES OR ORGANIZATIONS INVOLVED WITH THE PREVENTION OR REDUCTION OF FETAL AND INFANT DEATHS.
14 15	(C) THE STATE TEAM MAY EMPLOY STAFF IN ACCORDANCE WITH THE STATE BUDGET.
16	(D) MEMBERS OF THE STATE TEAM SHALL:
17 18	(1) SERVE WITHOUT COMPENSATION AS A MEMBER OF THE STATE TEAM; BUT
19 20 21 22	(2) BE ENTITLED TO REIMBURSEMENT FOR REASONABLE EXPENSES INCURRED IN THE PERFORMANCE OF THEIR DUTIES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.
23	13–2505.

(A) THE PURPOSE OF THE STATE TEAM IS TO PREVENT OR REDUCE

- 1 (1) DETERMINING CONTRIBUTING FACTORS TO FETAL AND 2 INFANT DEATHS;
- 3 (2) DEVELOPING RECOMMENDATIONS TO ADDRESS 4 CONTRIBUTING FACTORS TO FETAL AND INFANT DEATHS;
- 5 (3) IMPLEMENTING STRATEGIES TO PREVENT OR REDUCE FETAL 6 AND INFANT DEATHS;
- 7 (4) RECOMMENDING LEGISLATIVE OR BUDGETARY INITIATIVES 8 TO THE GOVERNOR AND GENERAL ASSEMBLY TO PREVENT OR REDUCE FETAL 9 AND INFANT DEATHS; AND
- 10 **(5)** ADVISING THE GOVERNOR, THE GENERAL ASSEMBLY, AND THE PUBLIC ON NECESSARY CHANGES TO LAW, POLICY, OR PRACTICE TO PREVENT OR REDUCE FETAL AND INFANT DEATHS.

(B) THE STATE TEAM MAY:

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- 14 (1) CONDUCT STATISTICAL ANALYSES OF THE INCIDENCE AND UNDERLYING FACTORS FOR FETAL AND INFANT MORTALITY IN THE STATE, 16 INCLUDING ANALYSES THAT FOCUS ON JURISDICTIONS AND REGIONS;
- 17 **(2) DETERMINE** CRITERIA FOR THE LOCAL TEAMS WHEN 18 **SELECTING CASES IN CONSULTATION WITH THE LOCAL TEAMS**;
- 19 (3) ESTABLISH PROTOCOLS FOR DATA COLLECTION, ANALYSIS, 20 AND REPORTING FOR THE STATE TEAM AND THE LOCAL TEAMS;
- 21 (4) ANALYZE REPORTS FROM LOCAL TEAMS;
- 22 (5) ASSIST THE LOCAL TEAMS IN DEVELOPING, IMPLEMENTING, 23 OR EVALUATING COMMUNITY ACTIVITIES THAT ARE INTENDED TO REDUCE 24 FETAL AND INFANT MORTALITY;
- 25 **(6)** EVALUATE THE CONTINUED EFFECTIVENESS AND EFFICIENCY 26 OF THE FETAL AND INFANT MORTALITY REVIEW PROGRAM AND MAKE 27 APPROPRIATE CHANGES;

- 1 (7) REVIEW AND COMMENT ON PROPOSED LEGISLATION OR 2 REGULATIONS THAT MAY IMPACT FETAL AND INFANT MORTALITY;
- 3 (8) ESTABLISH SPECIAL PANELS OR AD HOC COMMITTEES AS
- 4 NECESSARY IN RESPONSE TO AN IDENTIFIED PROFILE OR CLUSTER OF
- 5 FATALITIES NEEDING SPECIAL ATTENTION; AND
- 6 (9) CONSULT WITH RELEVANT EXPERTS AS NEEDED.
- 7 **13–2506.**
- 8 (A) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS
- 9 SUBSECTION, THERE SHALL BE A MULTIDISCIPLINARY AND MULTIAGENCY
- 10 LOCAL TEAM IN EACH COUNTY.
- 11 (2) TWO OR MORE COUNTIES MAY AGREE TO FORM A
- 12 MULTICOUNTY LOCAL TEAM.
- 13 (B) LOCAL TEAMS ARE A PART OF THEIR RESPECTIVE LOCAL HEALTH
- 14 **DEPARTMENT.**
- 15 (C) (1) THE MEMBERS OF A LOCAL TEAM SHALL:
- 16 (I) BE APPOINTED BY THE LOCAL HEALTH OFFICER OF THE
- 17 **COUNTY; OR**
- 18 (II) BE JOINTLY APPOINTED BY THE HEALTH OFFICERS OF
- 19 THE COUNTIES COMPRISING THE MULTICOUNTY LOCAL TEAM.
- 20 (2) EACH LOCAL TEAM SHALL INCLUDE REPRESENTATIVES
- 21 **FROM:**
- 22 (I) PUBLIC HEALTH, SUCH AS MATERNAL AND CHILD
- 23 HEALTH, SUBSTANCE ABUSE, AND MENTAL HEALTH;
- 24 (II) HEALTH CARE PROVIDER SPECIALTIES, SUCH AS
- 25 OBSTETRICS, PEDIATRICS, SOCIAL WORK, NURSING, AND NURSE MIDWIFERY;
- 26 (III) ACADEMIC MEDICAL INSTITUTIONS;

1	(IV) HOSPITAL ADMINISTRATION, SUCH AS RISK
2	MANAGEMENT; AND
3	(V) OTHER AGENCIES OR ORGANIZATIONS INVOLVED WITH
4	THE PREVENTION OR REDUCTION OF FETAL AND INFANT DEATHS.
5	(D) A LOCAL TEAM MAY EMPLOY STAFF IN ACCORDANCE WITH THE
6	STATE BUDGET.
7	(E) MEMBERS OF THE LOCAL TEAM SHALL:
8	(1) SERVE WITHOUT COMPENSATION AS A MEMBER OF A LOCAL
9	TEAM; BUT
10	(2) BE ENTITLED TO REIMBURSEMENT FOR REASONABLE
11	EXPENSES INCURRED IN THE PERFORMANCE OF THEIR DUTIES UNDER THE
12	STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE
13	BUDGET.
14	(F) THE PURPOSE OF A LOCAL TEAM IS TO PREVENT OR REDUCE FETAL
15	AND INFANT DEATHS BY:
16	(1) DETERMINING CONTRIBUTING FACTORS TO FETAL AND
17	INFANT DEATHS;
18	(2) DEVELOPING RECOMMENDATIONS TO ADDRESS
19	CONTRIBUTING FACTORS TO FETAL AND INFANT DEATHS;
20	(3) IMPLEMENTING STRATEGIES TO PREVENT OR REDUCE FETAL
21	AND INFANT DEATHS; AND
22	(4) ADVISING THE STATE TEAM OF NECESSARY CHANGES IN LAW,
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23	POLICY, OR PRACTICES TO PREVENT OR REDUCE FETAL AND INFANT DEATHS.
24	(G) A LOCAL TEAM MAY:
25	(1) EVALUATE FETAL AND INFANT DEATHS TO DETERMINE

UNDERLYING OR CONTRIBUTING SYSTEM FACTORS;

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1 2	(2) MAKE RECOMMENDATIONS FOR NECESSARY SYSTEMS CHANGE;
3	(3) EVALUATE THE CONTINUED EFFECTIVENESS AND EFFICIENCY
4 5	OF THE FETAL AND INFANT MORTALITY REVIEW PROGRAM AND MAKE APPROPRIATE CHANGES; AND
6 7	(4) ESTABLISH PROTOCOLS FOR DATA COLLECTION, ANALYSIS, AND REPORTING IN COMPLIANCE WITH STATE REGULATIONS, AS APPLICABLE.
8	(H) ON OR BEFORE OCTOBER 1 OF EACH YEAR, EACH LOCAL TEAM
9 10	SHALL SUBMIT TO THE STATE TEAM AN ANNUAL REPORT REGARDING THE ACTIVITIES AND RECOMMENDATIONS OF THE LOCAL TEAM.
11	13–2507.
12	(A) UPON REQUEST, THE STATE TEAM, A LOCAL TEAM, OR ITS STAFF
13	SHALL BE PROVIDED ACCESS TO INFORMATION AND RECORDS:
14	(1) REGARDING THE FETAL OR INFANT DEATH AND THE HEALTH
15 16	OF THE MOTHER OF THE FETUS OR INFANT INCLUDING INFORMATION CONCERNING:
10	CONCERNING.
17	(I) PREPREGNANCY, PRENATAL, AND POSTPARTUM CARE
18	OF THE MOTHER;
19	(II) SOMATIC, MENTAL, SUBSTANCE ABUSE, AND DENTAL
20	HEALTH OF THE MOTHER; AND
21	(III) THE HEALTH CARE PROVIDED BY THE HEALTH CARE
22	PROVIDER; AND
23	(2) MAINTAINED BY ANY STATE OR LOCAL GOVERNMENT AGENCY
24	INCLUDING INFORMATION AND RECORDS FROM:
25	(I) THE MEDICAL EXAMINER;

(II) SOCIAL SERVICES AGENCIES; AND

(III) LAW ENFORCEMENT.

2 **13–2508.**

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- 3 (A) MEETINGS OF THE STATE TEAM AND LOCAL TEAMS SHALL BE
- 4 CLOSED TO THE PUBLIC AND ARE NOT SUBJECT TO TITLE 10, SUBTITLE 5 OF
- 5 THE STATE GOVERNMENT ARTICLE.
- 6 (B) THE STATE TEAM OR A LOCAL TEAM OR ITS STAFF MAY REQUEST
- 7 THE ATTENDANCE OF AN INDIVIDUAL WHO HAS INFORMATION RELEVANT TO
- 8 THE TEAM AT A TEAM MEETING.
- 9 **13–2509.**
- 10 (A) (1) ALL INFORMATION AND RECORDS OBTAINED BY THE STATE
- 11 OR LOCAL TEAM AND ITS STAFF IN ACCORDANCE WITH THIS SUBTITLE ARE
- 12 CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER TITLE 10, SUBTITLE 6
- 13 OF THE STATE GOVERNMENT ARTICLE.
- 14 (2) THE STATE TEAM OR A LOCAL TEAM MAY DISCLOSE ONLY
- 15 INFORMATION OR RECORDS AS NECESSARY TO CARRY OUT THE TEAM'S DUTIES
- 16 UNDER THIS SUBTITLE.
- 17 (B) STATISTICAL COMPILATIONS OF DATA THAT DO NOT CONTAIN ANY
- 18 INFORMATION THAT WOULD PERMIT THE IDENTIFICATION OF ANY INDIVIDUAL
- 19 SHALL BE PUBLIC RECORDS.
- 20 (C) A MEMBER OF THE STATE TEAM OR A LOCAL TEAM OR ITS STAFF
- 21 SHALL KEEP ALL DISCUSSIONS AT AND RECORDS USED AND ADDRESSED AT
- 22 MEETINGS NOT OPEN TO THE PUBLIC CONFIDENTIAL.
- 23 (D) A VIOLATION OF THIS SECTION IS A MISDEMEANOR AND IS
- 24 PUNISHABLE BY A FINE NOT EXCEEDING \$500 OR IMPRISONMENT NOT
- 25 EXCEEDING 90 DAYS OR BOTH.
- 26 **13–2510.**

- 1 (A) (1) THE MEMBERS OF THE STATE TEAM OR LOCAL TEAM, OR ITS
 2 STAFF, INDIVIDUALS ATTENDING A TEAM MEETING, AND INDIVIDUALS WHO
 3 PRESENT INFORMATION TO A TEAM MAY NOT BE QUESTIONED IN ANY CIVIL OR
 4 CRIMINAL PROCEEDING REGARDING INFORMATION PRESENTED IN OR
 5 OPINIONS FORMED AS A RESULT OF A MEETING.
- 6 (2) THE MEMBERS OF THE STATE TEAM OR LOCAL TEAM, OR ITS
 7 STAFF, INDIVIDUALS ATTENDING A TEAM MEETING, AND INDIVIDUALS WHO
 8 PRESENT INFORMATION TO A TEAM, MAY TESTIFY IN A CIVIL OR CRIMINAL
 9 PROCEEDING TO INFORMATION OBTAINED INDEPENDENTLY OF THE STATE
 10 TEAM OR A LOCAL TEAM OR INFORMATION THAT IS PUBLICLY AVAILABLE.
- 11 (B) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS
 12 SUBSECTION, INFORMATION, DOCUMENTS, AND RECORDS OF THE STATE TEAM
 13 OR A LOCAL TEAM AND THEIR STAFF ARE NOT SUBJECT TO SUBPOENA,
 14 DISCOVERY, OR INTRODUCTION AS EVIDENCE IN ANY CIVIL OR CRIMINAL
 15 PROCEEDING.
- 16 **(2)** INFORMATION, DOCUMENTS, AND RECORDS OBTAINED BY
 17 THE STATE TEAM OR A LOCAL TEAM THAT ARE AVAILABLE FROM OTHER
 18 SOURCES ARE NOT IMMUNE FROM SUBPOENA, DISCOVERY, OR INTRODUCTION
 19 INTO EVIDENCE.
- 20 (C) A HEALTH CARE PROVIDER OR HEALTH CARE FACILITY MAY NOT BE 21 HELD LIABLE FOR CIVIL DAMAGES OR SUBJECT TO ANY CRIMINAL OR 22 DISCIPLINARY ACTION FOR GOOD FAITH EFFORTS MADE TO COMPLY WITH THE 23 PROVISIONS OF THIS SUBTITLE.
- 24 **13–2511.**
- THE SECRETARY MAY ADOPT REGULATIONS TO CARRY OUT THE PROVISIONS OF THIS SUBTITLE.
- 27 **13–2512.**
- ON OR BEFORE DECEMBER 1 OF EACH YEAR, THE SECRETARY SHALL SUBMIT A REPORT TO THE GOVERNOR AND, SUBJECT TO § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE ACTIVITIES

- 1 AND RECOMMENDATIONS OF THE STATE TEAM AND LOCAL TEAMS REGARDING
- 2 FETAL AND INFANT MORTALITY IN THIS STATE.
- 3 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 4 October 1, 2007.