

Department of Legislative Services
Maryland General Assembly
2008 Session

FISCAL AND POLICY NOTE

House Bill 535

(Delegate Hubbard, *et al.*)

Health and Government Operations

Education, Health, and Environmental
Affairs

Morbidity, Mortality, and Quality Review Committee - Pregnancy and
Childhood

This bill requires establishment of a Morbidity, Mortality, and Quality Review Committee charged with case review as well as the development and implementation of interventions designed to improve the system of care for morbidity and mortality associated with pregnancy, childbirth, infancy, and early childhood.

Fiscal Summary

State Effect: The bill's requirements could be handled with existing budgeted resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The Morbidity, Mortality, and Quality Review Committee to be established by the Secretary of Health and Mental Hygiene is afforded medical review committee status.

The Secretary has to adopt regulations to guide committee responsibilities including • the types of case reviews conducted; • the confidentiality of case reviews; • a description of the types and records and information necessary to conduct case reviews; and • the

process for obtaining records, including patient medical records, and any other necessary information.

Current Law: A medical review committee • evaluates and seeks to improve the quality of health care provided by health care providers; • evaluates the need for and the level of performance of health care provided by health care providers; • evaluates the qualification, competence, and performance of health care providers; or • evaluates and acts on matters that relate to the discipline of any health care provider. A medical review committee can be a State or federal entity, a health care provider professional association, a professional standard review organization, or other group permitted by law. There are 14 types of entities afforded medical review committee status.

Generally, a medical review committee's proceedings, records, and files are confidential and not admissible or discoverable. However, if a civil action is brought by a party to a medical review committee's proceedings who claims to be aggrieved by the committee's decision, the records and files would be subject to discovery.

The Secretary devises and institutes ways to prevent and control infant mortality, as well as diseases of pregnancy, childbirth, infancy, and early childhood. In addition, the Secretary promotes the welfare and hygiene of maternity and infancy.

Background: A State Fetal and Infant Mortality Review Program that began in fiscal 1998 is not codified in State law. The FIMR program assesses how infant morbidity and mortality occurs in specific local communities and creates a process for reducing the infant morbidity and mortality. There are 18 program teams, including 2 regional projects on the Eastern Shore, which conduct fetal and infant mortality reviews in all 24 jurisdictions. These teams have developed findings, recommendations, and proposed actions for improving systems of care for pregnant women and infants.

According to the National Center for Health Statistics, there were 27,936 infant deaths nationally in 2004. The leading causes of infant death were congenital malformations, disorders related to short gestation and low birth weight, and sudden infant death syndrome. In Maryland in 2006, there were • 615 infant deaths; • 446 neonatal deaths; • 169 post neonatal deaths; and • 642 fetal deaths.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Department of Legislative Services

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