AN ACT
RELATING TO PUBLIC HEALTH; AMENDING THE MATERNAL MORTALITY AND MORBIDITY PREVENTION ACT TO CLARIFY THE TYPES OF CASES REVIEWED BY THE MATERNAL MORTALITY REVIEW COMMITTEE; EXPANDING COMMITTEE LEADERSHIP, MEMBERSHIP, POWERS AND PRIVILEGES; REQUIRING APPROVAL BY THE SECRETARY OF HEALTH FOR COMMITTEE ACTIONS; PROVIDING FOR AN EXECUTIVE COMMITTEE; CLARIFYING MEMBERSHIP; ELIMINATING A SUBCOMMITTEE; PROVIDING A DEADLINE FOR RULEMAKING.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 24-32-1 NMSA 1978 (being Laws 2019, Chapter 41, Section 1) is amended to read:

"24-32-1. SHORT TITLE.--Chapter 24, Article 32 NMSA 1978 may be cited as the "Maternal Mortality and Morbidity Prevention Act"."

SECTION 2. Section 24-32-2 NMSA 1978 (being Laws 2019, Chapter 41, Section 2) is amended to read:

"24-32-2. DEFINITIONS.--As used in the Maternal Mortality and Morbidity Prevention Act:
A. "administrative co-chair" means the chief medical officer of the department or another representative of the department appointed by the secretary of health;
B. "aggregate data" means health care data that exclude any individually identifiable health information,"
including patient and health care provider identification;

C. "chief medical officer" means the chief medical officer of the department;

D. "clinical co-chair" means a committee member with maternal child health clinical or paraprofessional training nominated by the committee and approved by the department to serve in this position;

E. "committee" means the maternal mortality review committee;

F. "committee member" means a person who has been appointed to sit as a member of the committee and who participates in committee business and votes on committee matters;

G. "critical income" means income lost as a result of uncompensated work time used to attend a committee meeting;

H. "de-identified data" means data from which the following identifiers have been removed:

   (1) names;

   (2) any geographic subdivision smaller than a state, including street address, city, county, precinct and zip code and their equivalent geocodes;

   (3) all elements of dates, except the year of an incident, that are directly related to an individual, including birth date, admission date, date of delivery,
discharge date and date of death;
(4) telephone numbers;
(5) fax numbers;
(6) electronic mail addresses;
(7) social security numbers;
(8) medical record numbers;
(9) health plan beneficiary numbers;
(10) account numbers;
(11) certificate and license numbers;
(12) vehicle identifiers and serial numbers,
including license plate numbers;
(13) device identifiers and serial numbers;
(14) web universal resource locators, also known as "URLs";
(15) internet protocol address numbers;
(16) biometric identifiers, including finger and voice prints;
(17) full-face photographic images and any comparable images; and
(18) any other unique identifying number,
characteristic or code;
I. "department" means the department of health;
J. "health care provider" means:
(1) an individual licensed, certified or otherwise authorized to provide health care services in the
ordinary course of business in the state; or
(2) a health facility that the department licenses;

K. "law enforcement agency" means a law enforcement agency of the state, an Indian nation, tribe or pueblo or a political subdivision of the state;

L. "maternal mortality" means the death of a pregnant woman or a woman within one year postpartum;

M. "medical record" means the written or graphic documentation, sound recording or electronic record relating to medical, behavioral health and health care services that a patient receives from a health care provider or under the direction of a physician or another licensed health care provider. "Medical record" includes diagnostic documentation, including an x-ray, electrocardiogram and electroencephalogram; other test results; data entered into a prescription drug monitoring program; and an autopsy report;

N. "operational staff" means staff or contractors of the department assigned or contracted to support the work of the committee or its executive committee;

O. "qualified invited guest" means a person approved by the co-chairs and invited by the committee to attend a committee meeting to provide technical expertise to the committee, to enhance training in maternal health, to provide insight on maternal mortality or severe maternal
morbidity review in other jurisdictions or to provide operational support to the committee; and

P. "severe maternal morbidity" means unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health as identified by hospitalizations using administrative hospital discharge data and the world health organization's\nInternational Classification of Diseases diagnosis and procedure codes."

SECTION 3. Section 24-32-3 NMSA 1978 (being Laws 2019, Chapter 41, Section 3) is amended to read:

"24-32-3. MATERNAL MORTALITY REVIEW COMMITTEE--CREATION--MEMBERSHIP--DUTIES.--

A. The "maternal mortality review committee" is created in the department. The committee shall be composed of:

(1) the chief medical officer of the department or another representative of the department appointed by the secretary of health, who shall be the ex-officio administrative co-chair;

(2) a clinical co-chair, who shall be nominated by the committee and approved by the department; and

(3) a maximum of thirty additional members, who shall be appointed by the administrative co-chair;
provided that four of those members shall include:

(a) two members nominated by the secretary of Indian affairs; and

(b) two members nominated by the director of the office on African American affairs.

B. Each member of the committee, except the administrative co-chair, shall serve a term of three years, with no consecutive terms.

C. Pursuant to requirements established by the department, each member of the committee shall receive training on trauma and the impacts of trauma, including secondary trauma, trauma of racism and trauma of maternal mortality and morbidity.

D. In appointing members of the committee, the administrative co-chair shall include members that work in and represent communities that are most impacted per the state maternal mortality ratio so that the composition of the committee reflects:

(1) the racial, ethnic and linguistic diversity of the state;

(2) the differing geographic regions within the state, including rural and urban areas; and

(3) communities that are most impacted by pregnancy-related deaths, severe maternal morbidity and a lack of access to relevant perinatal and intrapartum care
services.

E. The committee shall meet at the call of the co-chairs. A majority of committee members appointed constitutes a quorum for the transaction of any business. The affirmative vote of at least a majority of a quorum present and approval by the secretary of health or the secretary's designee shall be necessary for any action to be taken by the committee. No vacancy in the membership of the committee shall impair the right of a quorum to exercise all rights and perform all duties of the committee.

F. Operational staff and qualified guests may participate in committee deliberations in an advisory capacity as directed by the co-chairs of the committee. Operational staff and qualified guest presence at a committee meeting shall not convey committee membership.

G. A committee member required to travel in excess of fifty miles to attend a meeting of the committee may, with the approval of the department, receive per diem and mileage for attendance at that meeting pursuant to the Per Diem and Mileage Act. A committee member forsaking critical income to attend a committee meeting may, with the approval of the department and pursuant to rules established by the department, be additionally reimbursed for loss of that income in an amount not to exceed three hundred dollars ($300) per meeting.
H. The committee shall:

(1) review each incident of maternal mortality using a de-identified case summary prepared by operational staff;

(2) review aggregate data relating to severe maternal morbidity;

(3) outline trends and patterns and provide recommendations relating to maternal mortality and severe maternal morbidity in the state;

(4) compile reports using aggregate data on an annual basis in an effort to further study the causes and problems associated with maternal mortality and severe maternal morbidity and distribute these reports to the legislature, government agencies, including the Indian Affairs department and the office on African American affairs, health care providers, community-based organizations working in the interest of maternal and child health and others as necessary to reduce the maternal mortality rate in the state. These reports shall include recommendations to assist health care providers and the health care system in reducing maternal mortality and morbidity;

(5) serve as a link with maternal mortality and morbidity review teams nationwide and participate in national maternal mortality and morbidity review team activities; and
(6) perform any other functions as resources allow to enhance efforts to reduce and prevent maternal mortality and severe maternal morbidity in the state.

I. The co-chairs of the committee may designate an executive committee to conduct business as necessary. The executive committee shall:

(1) consist of the co-chairs of the committee and any other committee members or operational staff that the co-chairs deem necessary. Operational staff and qualified guests may participate in executive committee deliberations in an advisory capacity as directed by the co-chairs of the committee. Operational staff and qualified guest presence at an executive committee meeting shall not convey committee membership;

(2) meet at the call of the co-chairs;

(3) monitor and support the activities of the full committee and recruit committee members for recommendation to the administrative co-chair; and

(4) make final decisions regarding:

(a) committee operations and rules;

(b) data analysis, data dissemination and evaluation based on findings and recommendations from the full committee; and

(c) any other issues within the scope of decisions that may be made by the committee pursuant to

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the Maternal Mortality and Morbidity Prevention Act that the
full committee or department deems necessary."

SECTION 4. Section 24-32-4 NMSA 1978 (being Laws 2019,
Chapter 41, Section 4) is amended to read:

"24-32-4. ACCESS TO HEALTH INFORMATION.--

A. A health care provider, the office of the state
medical investigator and the vital records and health
statistics bureau of the department shall notify operational
staff of any incident of maternal mortality within three
months of the incident.

B. Except as otherwise provided by law, the
clinical co-chair and operational staff may access medical
records and other health information relating to an incident
of maternal mortality at any time within five years from the
date of the incident. At the request of the clinical
co-chair or operational staff with co-chairs or department
approval, a health care provider, the office of the state
medical investigator and the vital records and health
statistics bureau of the department shall provide medical
records and other requested health information to the
department relating to an incident of maternal mortality.
Upon the request of the clinical co-chair or operational
staff, a law enforcement agency shall provide any report
relating to an incident of maternal mortality to the
department. A health care provider or law enforcement agency
that provides a medical record, health information or report 
pursuant to this section with reasonable care and in 
compliance with the law shall not be held criminally or 
civilly liable for that release of information.

C. The following shall be confidential and shall 
not be subject to the Open Meetings Act or the Inspection of 
Public Records Act or subject to any subpoena, discovery 
request or introduction into evidence in a civil or criminal 
proceeding unless obtained from a source separate and apart 
from the committee or department by valid means as provided 
by law:

(1) any meeting, part of a meeting or 
activity of the committee or its executive committee at which 
data or other information is to be discussed and that may 
result in disclosure to the public of information protected 
by law; and

(2) except as may be necessary in 
furtherance of the duties of the committee or in response to 
an alleged violation of a confidentiality agreement pursuant 
to Subsection E of this section, any information, record, 
report, notes, memorandum or other data that the department 
or committee obtains pursuant to the Maternal Mortality and 
Morbidity Prevention Act.

D. Only the clinical co-chair and operational 
staff shall collect and have access to medical records, law
enforcement reports and vital records data to support the
work of the full committee.

E. Each committee member and qualified guest shall
sign a confidentiality agreement that indicates the member's
or qualified guest's adherence to the provisions of this
section."

SECTION 5. Section 24-32-5 NMSA 1978 (being Laws 2019,
Chapter 41, Section 5) is amended to read:

"24-32-5. RULEMAKING.--By December 31, 2021, the
secretary of health shall adopt and promulgate amended rules
to carry out the provisions of the Maternal Mortality and
Morbidity Prevention Act."