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AN ACT

RELATING TO PUBLIC HEALTH; ENACTING THE MATERNAL MORTALITY AND MORBIDITY PREVENTION ACT TO ESTABLISH A MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY REVIEW COMMITTEE TO REVIEW MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY IN THE STATE AND MAKE RECOMMENDATIONS FOR PREVENTING FURTHER MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY; CREATING AN ABTRACTOR SUBCOMMITTEE.

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

SECTION 1. SHORT TITLE.--This act may be cited as the "Maternal Mortality and Morbidity Prevention Act".

SECTION 2. DEFINITIONS.--As used in the Maternal Mortality and Morbidity Prevention Act:

A. "aggregate data" means health care data that exclude any individually identifiable health information, including patient and health care provider identification;

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

C. "committee" means the maternal mortality and severe maternal morbidity review committee, including the subcommittee;

D. "de-identified data" means removal any of the following identifiers:

- (1) names;

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

4                   (3) all elements of dates, except the year  
5 of an incident, for dates directly related to an individual,  
6 including birth date, admission date, discharge date and date  
7 of death;

8                   (4) telephone numbers;

9                   (5) fax numbers;

10                  (6) electronic mail addresses;

11                  (7) social security numbers;

12                  (8) medical record numbers;

13                  (9) health plan beneficiary numbers;

14                  (10) account numbers;

15                  (11) certificate and license numbers;

16                  (12) vehicle identifiers and serial numbers,  
17 including license plate numbers;

18                  (13) device identifiers and serial numbers;

19                  (14) web universal resource locators, also  
20 known as "URLs";

21                  (15) internet protocol address numbers;

22                  (16) biometric identifiers, including finger  
23 and voice prints;

24                  (17) full-face photographic images and any  
25 comparable images; and

1 (18) any other unique identifying number,  
2 characteristic or code;

3 E. "department" means the department of health;

4 F. "health care provider" means:

5 (1) an individual licensed, certified or  
6 otherwise authorized to provide health care services in the  
7 ordinary course of business in the state; or

8 (2) a health facility that the department  
9 licenses;

10 G. "law enforcement agency" means a law  
11 enforcement agency of the state or a political subdivision of  
12 the state;

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

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

24 J. "severe maternal morbidity" means a condition  
25 that occurs in a woman during pregnancy or within one year of

1 the end of pregnancy that results in:

2 (1) admission to the intensive care unit of  
3 a health facility; or

4 (2) transfusion of four or more units of red  
5 blood cells; and

6 K. "subcommittee" means the abstractor  
7 subcommittee of the committee.

8 SECTION 3. MATERNAL MORTALITY AND SEVERE MATERNAL  
9 MORBIDITY COMMITTEE--CREATION--MEMBERSHIP--DUTIES.--

10 A. The "maternal mortality and severe maternal  
11 morbidity review committee" is created in the department.  
12 The committee shall be composed of a maximum of twenty-five  
13 members that the chief medical officer shall appoint to serve  
14 three-year terms. In appointing members of the committee,  
15 the chief medical officer shall appoint members from  
16 geographic areas throughout the state with knowledge of  
17 maternal mortality and severe maternal morbidity, including  
18 representatives of hospitals and other birthing facilities;  
19 obstetrical providers; nursing providers; the office of the  
20 state medical investigator; the department; representatives  
21 of an association of perinatal health care providers that  
22 work in a perinatal health care collaborative; and other  
23 professionals that the chief medical officer deems  
24 appropriate.

25 B. Committee members shall serve terms of three

1 years; provided that the initial members' terms shall be  
2 staggered in accordance with department rules. The secretary  
3 of health shall call the first meeting, at which the  
4 committee shall elect a chair. Thereafter, the committee  
5 shall meet at the call of the chair.

6 C. Committee members shall serve without any  
7 compensation or perquisite arising from their service.

8 D. The committee shall:

9 (1) review each maternal mortality and  
10 severe maternity morbidity incident in the state related to  
11 each maternal mortality, using the de-identified case summary  
12 that the subcommittee provides;

13 (2) investigate and review incidents of  
14 maternal mortality and severe maternal morbidity;

15 (3) outline trends and patterns relating to  
16 maternal mortality and severe maternal morbidity in the  
17 state;

18 (4) compile reports, using aggregate data  
19 based on the cases that the department identifies for  
20 reporting. The committee shall compile these reports on an  
21 annual basis in an effort to further study the causes and  
22 problems associated with maternal mortality and severe  
23 maternal morbidity and distribute these reports to the  
24 legislature, government agencies, health care providers and  
25 others as necessary to reduce the maternal mortality rate in

1 the state. These reports shall include recommendations to  
2 assist health care providers in reducing maternal mortality  
3 and morbidity;

4 (5) serve as a link with maternal mortality  
5 and morbidity review teams nationwide and participate in  
6 national maternal mortality and morbidity review team  
7 activities; and

8 (6) perform any other functions as resources  
9 allow to enhance efforts to reduce and prevent maternal  
10 mortality and severe maternal morbidity in the state.

11 SECTION 4. ACCESS TO HEALTH INFORMATION--ABTRACTOR  
12 SUBCOMMITTEE.--

13 A. A health care provider, the office of the  
14 medical investigator and the vital records and health  
15 statistics bureau of the department shall notify the chief  
16 medical officer of any incident of maternal mortality or  
17 severe maternal morbidity within three months of the  
18 incident.

19 B. Except as otherwise provided by law, the  
20 subcommittee may access medical records and other health  
21 information relating to an incidence of maternal mortality  
22 and severe maternal morbidity at any time within five years  
23 from the date of the incidence. At the request of the chief  
24 medical officer, a health care provider, the office of the  
25 medical investigator and the vital records and health

1 statistics bureau of the department shall provide medical  
2 records and other requested health information to the  
3 department relating to each incidence of maternal mortality  
4 and severe maternal morbidity for access by the subcommittee.  
5 Upon the request of the department, a law enforcement agency  
6 shall provide any report relating to an incidence of maternal  
7 mortality and severe maternal morbidity to the committee. A  
8 health care provider or law enforcement agency that provides  
9 a medical record, health information or report pursuant to  
10 this section with reasonable care and in compliance with the  
11 law shall not be held criminally or civilly liable for that  
12 release of information.

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

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

24 (2) except as may be necessary in  
25 furtherance of the duties of the committee or in response to

1 an alleged violation of a confidentiality agreement pursuant  
2 to Subsection D of this section, any information, record,  
3 report, notes, memorandum or other data that the department  
4 or committee obtains pursuant to the Maternal Mortality and  
5 Morbidity Prevention Act.

6 D. The chief medical officer shall appoint a  
7 three-member "abstractor subcommittee" of the committee, to  
8 be chaired by the chief medical officer and composed of  
9 public health and clinical health care providers who are  
10 members of the committee. The subcommittee shall meet at the  
11 call of the chief medical officer to review all medical  
12 records and documents related to each incident of maternal  
13 mortality and severe maternal morbidity that occurs in the  
14 state. The subcommittee shall perform a thorough record  
15 abstraction to obtain details of incidences and issues  
16 relating to maternal mortality and severe maternal morbidity.  
17 The subcommittee shall prepare an annual report for the  
18 committee that contains de-identified data and analysis  
19 relating to maternal mortality and severe maternal morbidity.  
20 Only members of this subcommittee shall have access to  
21 medical records and vital records data.

22 E. Each committee and subcommittee member shall  
23 sign a confidentiality agreement that indicates the member's  
24 adherence to the provisions of this section.

25 SECTION 5. RULEMAKING.--By December 31, 2017, the



1 secretary of health shall adopt and promulgate rules to carry  
2 out the provisions of this act. \_\_\_\_\_

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