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SENATE BILL 215

54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019

INTRODUCED BY

Nancy Rodriguez

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

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. [NEW MATERIAL] SHORT TITLE.--This act may be cited as the "Maternal Mortality and Morbidity Prevention Act".

SECTION 2. [NEW MATERIAL] 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;

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

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

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

- 8 (1) names;
- 9 (2) any geographic subdivision smaller than a
10 state, including street address, city, county, precinct and zip
11 code and their equivalent geocodes;
- 12 (3) all elements of dates, except the year of
13 an incident, for dates directly related to an individual,
14 including birth date, admission date, discharge date and date
15 of death;
- 16 (4) telephone numbers;
- 17 (5) fax numbers;
- 18 (6) electronic mail addresses;
- 19 (7) social security numbers;
- 20 (8) medical record numbers;
- 21 (9) health plan beneficiary numbers;
- 22 (10) account numbers;
- 23 (11) certificate and license numbers;
- 24 (12) vehicle identifiers and serial numbers,
25 including license plate numbers;

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1 (13) device identifiers and serial numbers;

2 (14) web universal resource locators, also
3 known as "URLs";

4 (15) internet protocol address numbers;

5 (16) biometric identifiers, including finger
6 and voice prints;

7 (17) full-face photographic images and any
8 comparable images; and

9 (18) any other unique identifying number,
10 characteristic or code;

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

12 F. "health care provider" means:

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

16 (2) a health facility that the department
17 licenses;

18 G. "law enforcement agency" means a law enforcement
19 agency of the state or a political subdivision of the state;

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

22 I. "medical record" means the written or graphic
23 documentation, sound recording or electronic record relating to
24 medical, behavioral health and health care services that a
25 patient receives from a health care provider, under the

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1 direction of a physician or another licensed health care
2 provider. "Medical record" includes diagnostic documentation,
3 including an x-ray, electrocardiogram and electroencephalogram;
4 other test results; data entered into a prescription drug
5 monitoring program; and an autopsy report;

6 J. "severe maternal morbidity" means a condition
7 that occurs in a woman during pregnancy or within one year of
8 the end of pregnancy that results in:

9 (1) admission to the intensive care unit of a
10 health facility; or

11 (2) transfusion of four or more units of red
12 blood cells; and

13 K. "subcommittee" means the abstractor subcommittee
14 of the committee.

15 SECTION 3. [NEW MATERIAL] MATERNAL MORTALITY AND SEVERE
16 MATERNAL MORBIDITY COMMITTEE--CREATION--MEMBERSHIP--DUTIES.--

17 A. The "maternal mortality and severe maternal
18 morbidity review committee" is created in the department. The
19 committee shall be composed of a maximum of twenty-five members
20 that the chief medical officer shall appoint to serve three-
21 year terms. In appointing members of the committee, the chief
22 medical officer shall appoint members from geographic areas
23 throughout the state with knowledge of maternal mortality and
24 severe maternal morbidity, including representatives of
25 hospitals and other birthing facilities; obstetrical providers;

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1 nursing providers; the office of the state medical
2 investigator; the department; representatives of an association
3 of perinatal health care providers that work in a perinatal
4 health care collaborative; and other professionals that the
5 chief medical officer deems appropriate.

6 B. Committee members shall serve terms of three
7 years; provided that the initial members' terms shall be
8 staggered in accordance with department rules. The secretary
9 of health shall call the first meeting, at which the committee
10 shall elect a chair. Thereafter, the committee shall meet at
11 the call of the chair.

12 C. Committee members shall serve without any
13 compensation or perquisite arising from their service.

14 D. The committee shall:

15 (1) review each maternal mortality and severe
16 maternal morbidity incident in the state related to each
17 maternal mortality, using the de-identified case summary that
18 the subcommittee provides;

19 (2) investigate and review incidents of
20 maternal mortality and severe maternal morbidity;

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

23 (4) compile reports, using aggregate data
24 based on the cases that the department identifies for
25 reporting. The committee shall compile these reports on an

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1 annual basis in an effort to further study the causes and
2 problems associated with maternal mortality and severe maternal
3 morbidity and distribute these reports to the legislature,
4 government agencies, health care providers and others as
5 necessary to reduce the maternal mortality rate in the state.

6 These reports shall include recommendations to assist health
7 care providers in reducing maternal mortality and morbidity;

8 (5) serve as a link with maternal mortality
9 and morbidity review teams nationwide and participate in
10 national maternal mortality and morbidity review team
11 activities; and

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

15 SECTION 4. [NEW MATERIAL] ACCESS TO HEALTH INFORMATION--
16 ABTRACTOR SUBCOMMITTEE.--

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

22 B. Except as otherwise provided by law, the
23 subcommittee may access medical records and other health
24 information relating to an incidence of maternal mortality and
25 severe maternal morbidity at any time within five years from

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

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

23 (1) any meeting, part of a meeting or activity
24 of the committee or subcommittee at which data or other
25 information are to be discussed and that may result in

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1 disclosure to the public of information protected by law; and
2 (2) except as may be necessary in furtherance
3 of the duties of the committee or in response to
4 an alleged violation of a confidentiality agreement pursuant to
5 Subsection E of this section, any information, record, report,
6 notes, memorandum or other data that the department or
7 committee obtains pursuant to the Maternal Mortality and
8 Morbidity Prevention Act.

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

25 E. Each committee and subcommittee member shall

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1 sign a confidentiality agreement that indicates the member's
2 adherence to the provisions of this section.

3 SECTION 5. [NEW MATERIAL] RULEMAKING.--By December 31,
4 2019, the secretary of health shall adopt and promulgate rules
5 to carry out the provisions of the Maternal Mortality and
6 Morbidity Act.

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