

MAINE STATE LEGISLATURE

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HEALTH AND HUMAN SERVICES

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STATE OF MAINE

SENATE

128TH LEGISLATURE

FIRST REGULAR SESSION

COMMITTEE AMENDMENT "A" to S.P. 366, L.D. 1112, Bill, "An Act Regarding the Maternal and Infant Death Review Panel"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

'Sec. 1. 22 MRSA §261, as amended by PL 2009, c. 531, §1, is further amended to read:

§261. Maternal, fetal and infant mortality review panel

The department shall establish the maternal, fetal and infant death mortality review panel in accordance with this section.

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

- A. "Center" means the Maine Center for Disease Control and Prevention.
B. "Deceased person" means a woman who died during pregnancy or within 42 days of giving birth or a child who died within + one year of birth.
C. "Director" means the medical director of the center.
C-1. "Family" means a woman who has experienced a fetal death or the parent or parents or other authorized representative of a deceased person.
D. "Panel" means the maternal, fetal and infant death mortality review panel established under this section.
E. "Panel coordinator" means an employee of the center who is appointed by the director or a person designated by the panel coordinator. The panel coordinator must be a licensed physician or registered nurse or other health care professional licensed or registered in this State.

2. Membership; meetings. The panel consists of health care and social service providers, public health officials, law enforcement officers and other persons with

COMMITTEE AMENDMENT

1 professional expertise on maternal and infant health and mortality. The director shall
2 appoint the members of the panel, who serve at the pleasure of the director. The director
3 shall appoint an employee of the center to serve as panel coordinator. The panel shall
4 meet at least twice per year.

5 **3. Contact with family.** The first contact pursuant to this section with the family
6 may not occur prior to 4 months after the death and must:

7 A. Be by letter from the State Health Officer on letterhead of the center; and

8 B. Include an invitation to participate in a review of the death of the deceased person
9 or the fetal death from a statewide organization dedicated to improving the health of
10 babies by preventing birth defects, premature birth and infant mortality.

11 **4. Duties and powers of panel coordinator.** The panel coordinator has the
12 following duties and powers.

13 A. The panel coordinator shall review the deaths of all women during pregnancy or
14 within 42 days of giving birth, the majority of cases in which a fetal death occurs
15 after 28 weeks of gestation and the majority of deaths of infants under ± one year of
16 age, with selection of cases of infant death based on the need to review particular
17 causes of death or the need to obtain a representative sample of all deaths.

18 A-1. The panel coordinator may have access to the death certificates of deceased
19 persons and to fetal death certificates of fetal deaths occurring after 28 weeks of
20 gestation.

21 ~~B. Prior to accessing medical records, the panel coordinator shall obtain permission~~
22 ~~in all cases for access to those records from the family.~~

23 B-1. The panel coordinator may have access to health care information of a deceased
24 person and a mother of a child who died within one year of birth, including fetal
25 deaths after 28 weeks of gestation, pursuant to section 1711-C, subsection 6,
26 paragraph U. For purposes of this paragraph, "health care information" has the same
27 meaning as in section 1711-C, subsection 1, paragraph E.

28 C. Prior to conducting a voluntary interview, the panel coordinator shall obtain
29 permission in all cases for the interview from the family.

30 D. The panel coordinator may conduct voluntary interviews with the family. The
31 purpose of the voluntary interview is limited to gathering information or data for the
32 purposes of the panel in summary or abstract form without family names or patient
33 identifiers. A person who conducts interviews under this paragraph must meet the
34 qualifications for panel coordinator and also have professional experience or training
35 in bereavement services. A person conducting an interview under this paragraph may
36 make a referral for bereavement counseling.

37 E. The panel coordinator shall prepare a summary or abstract of relevant information
38 regarding the case, as determined to be useful to the panel, but without the name or
39 identifier of the deceased person or the woman who experienced a fetal death, and
40 shall present the summary or abstract to the panel.

41 **5. Duties and powers of panel.** The panel has the following duties and powers.

ROPS

1 A. The panel shall conduct comprehensive multidisciplinary reviews of data
2 presented by the panel coordinator.

3 B. The panel shall present an annual report to the department and to the joint
4 standing committee of the Legislature having jurisdiction over health and human
5 services matters. The report must identify factors contributing to maternal, fetal and
6 infant ~~death~~ mortality in the State, determine the strengths and weaknesses of the
7 current maternal and infant health care delivery system and make recommendations
8 to the department to decrease the rate of maternal, fetal and infant ~~death~~ mortality.

9 The panel shall offer a copy of the annual report to the person or persons that granted
10 permission to the panel coordinator for a voluntary interview under subsection 4,
11 paragraph C.

12 C. The panel shall share the results of its data reviews and recommendations with the
13 child death and serious injury review panel established pursuant to section 4004,
14 subsection 1, paragraph E. The maternal, fetal and infant ~~death~~ mortality review
15 panel may request and review data from the child death and serious injury review
16 panel, regardless of any prior work by the child death and serious injury review
17 panel.

18 **6. Limitations.** The panel coordinator may not proceed with ~~reviews of medical~~
19 ~~records or~~ voluntary interviews without the permission of the family. The panel
20 coordinator may not photocopy or retain copies of medical records or review cases of
21 abortion. In performing work under this section, the panel coordinator shall minimize the
22 burden imposed on health care practitioners, hospitals and facilities.

23 **7. Confidentiality.** All records created or maintained pursuant to this section, other
24 than reports provided under subsection 5, paragraph B, are protected as provided in this
25 subsection. The records are confidential under section 42, subsection 5. The records are
26 not open to public inspection, are not public records for the purposes of Title 1, chapter
27 13, subchapter 1 and are not subject to subpoena or civil process nor admissible in
28 evidence in connection with any judicial, executive, legislative or other proceeding.

29 **8. Immunity.** A health care practitioner, hospital or health care facility or the
30 employee or agent of that person or entity is not subject to civil or criminal liability
31 arising from the disclosure or furnishing of records or information to the panel pursuant
32 to this section.

33 **9. Funding.** The department may accept any public or private funds to carry out the
34 purposes of this section.

35 **10. Rulemaking.** The department shall adopt rules to implement this section,
36 including rules on collecting information and data, selecting members of the panel,
37 collecting and using individually identifiable health information and conducting reviews
38 under this section. The rules must ensure that access to individually identifiable health
39 information is restricted as much as possible while enabling the panel to accomplish its
40 work. The rules must establish a protocol to preserve confidentiality, specify the manner
41 in which the family will be contacted for permission and maintain public confidence in
42 the protection of individually identifiable information. Rules adopted pursuant to this
43 subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

R.O.P.S

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Sec. 2. 22 MRSA §1711-C, sub-§6, ¶S, as amended by PL 2015, c. 370, §4, is further amended to read:

S. To a member of the public who asks a health care facility about an individual by name, of the room number of the individual and brief confirmation of general health status unless expressly prohibited by the individual or a person acting pursuant to subsection 3-B; ~~and~~

Sec. 3. 22 MRSA §1711-C, sub-§6, ¶T, as enacted by PL 2015, c. 370, §5, is amended to read:

T. To a lay caregiver designated by an individual pursuant to section 1711-G; and

Sec. 4. 22 MRSA §1711-C, sub-§6, ¶U is enacted to read:

U. To a panel coordinator of the maternal, fetal and infant mortality review panel pursuant to section 261, subsection 4, paragraph B-1 for the purposes of reviewing health care information of a deceased person and a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation. For purposes of this paragraph, "panel coordinator" has the same meaning as in section 261, subsection 1, paragraph E and "deceased person" has the same meaning as in section 261, subsection 1, paragraph B.'

SUMMARY

This amendment replaces the bill. It changes the maternal and infant death review panel to the maternal, fetal and infant mortality review panel. It provides that "director" in the laws governing the review panel refers to the medical director of the Maine Center for Disease Control and Prevention because of the recent reorganization of personnel within the center. It allows the panel coordinator of the review panel to obtain, without the individual's or family's consent, the health information of a woman who died during pregnancy or within 42 days of giving birth, a child who died within one year of birth or a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation. It provides that the review panel is required to meet at least twice per year.

FISCAL NOTE REQUIRED

(See attached)



128th MAINE LEGISLATURE

LD 1112

LR 1197(02)

An Act Regarding the Maternal and Infant Death Review Panel

Fiscal Note for Bill as Amended by Committee Amendment "A" (S-189)

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - General Fund

Fiscal Detail and Notes

Any additional costs to the Department of Health and Human Services to adopt the changes in this bill are expected to be minor and can be absorbed within existing budgeted resources.