SENATE, No. 3452

STATE OF NEW JERSEY

217th LEGISLATURE

INTRODUCED NOVEMBER 9, 2017

Sponsored by:
Senator JOSEPH F. VITALE
District 19 (Middlesex)
Senator M. TERESA RUIZ
District 29 (Essex)

SYNOPSIS

Establishes Maternal Mortality Review Commission to annually review and report on rates and causes of maternal death in New Jersey, and to recommend improvements in maternal care.

CURRENT VERSION OF TEXT

As introduced.

AN ACT concerning maternal deaths, supplementing Title 26 of the Revised Statutes, and amending R.S.26:8-24.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. (New section) As used in this act:

"Commission" means the Maternal Mortality Review Commission, established pursuant to section 2 of this act, which is responsible for annually reviewing and reporting on maternal death rates and the causes of maternal death in the State, and which is further responsible for providing recommendations to improve maternal care and reduce adverse maternal outcomes.

"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Maternal death" means a pregnancy-associated death, or a pregnancy-related death.

"Pregnancy-associated death" means the death of a woman, which occurs while the woman is pregnant, or during the one-year period following the date of the end of the pregnancy, irrespective of the cause of death.

"Pregnancy-related death" means the death of a woman, which occurs while the woman is pregnant, or during the one-year period following the date of the end of the pregnancy, regardless of the duration of the pregnancy, and which results from any cause related to, or aggravated by, the pregnancy or its management, but excluding any accidental or incidental cause.

"Report of maternal death" means a report of actual or perceived maternal death, which is filed with the department, pursuant to the processes established under subsection a. of section 5 of this act, and which is to be forwarded to the commission for the purposes of investigation, as provided by subsection b. of that section.

"Severe maternal morbidity" means the physical and psychological conditions that result from, or are aggravated by, pregnancy, and which have an adverse effect on the health of a woman.

"State registrar" means the State registrar of vital statistics, who is responsible for supervising the registration of, and maintaining, death records in the State, in accordance with the provisions of R.S.26:8-1 et seq.

2. (New section) a. There is hereby established, in the Department of Health, the Maternal Mortality Review Commission, which shall be tasked with annually reviewing and reporting on maternal death rates and the causes of maternal death in the State,

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined <u>thus</u> is new matter.

and providing recommendations to improve maternal care and reduce adverse outcomes related to, or associated with, pregnancy. The commission shall be composed of 31 members, including 18 ex officio members or their designees, as provided in subsection b. of this section, and 13 public members, as provided in subsection c. of this section.

b. The ex officio members of the commission shall include the following persons, or their designees:

(1) the State registrar;

(2) the State Medical Examiner;

(3) the Director of the Division of Family Health Services in the Department of Health;

(4) the Director of the Office of Emergency Medical Services in the Department of Health;

(5) the Director of the Office of Minority and Multicultural Health in the Department of Health;

(6) the Director of the Division of Medical Assistance and Health Services in the Department of Human Services;

(7) the President of the New Jersey Hospital Association;

(8) the President of the New Jersey Health Care Quality Institute;

(9) the Chief Executive Officer of the Medical Society of New Jersey;

(10) the Executive Director of the New Jersey Chapter of the National Association of Social Workers;

(11) the Chair of the New Jersey section of the American Congress of Obstetricians and Gynecologists;

(12) the President of the New Jersey Affiliate of the American College of Nurse Midwives;

(13) the Executive Director of the Partnership for Maternal and Child Health of Northern New Jersey;

(14) the Chief Executive Officer of the Central Jersey Family Health Consortium;

(15) the Executive Director of the Southern New Jersey Perinatal Cooperative;

(16) the Director of the City of Newark Department of Health and Community Wellness;

(17) the Director of the City of Trenton Health and Human Services Department; and

(18) the Director of the Camden County Department of Health and Human Services.

c. The public members of the commission shall be appointed by the Governor, and shall include:

(1) five licensed and practicing health care practitioners, one of whom specializes in obstetrics or gynecology, one of whom specializes in maternal and fetal medicine, one of whom specializes in family planning, one of whom specializes in critical care medicine, and one of whom specializes in perinatal pathology;

(2) one licensed and practicing health care practitioner, mental health care practitioner, or substance use disorder treatment professional who specializes in perinatal addiction;

(3) one certified nurse midwife;

(4) one registered professional nurse or advanced practice nurse who specializes in hospital-based obstetric nursing;

(5) one licensed practical nurse, registered professional nurse, or advanced practice nurse who participates in, and represents, the Nurse-Family Partnership operating in New Jersey;

(6) one health care administrator who has experience in overseeing the operations of maternity wards or birthing centers;

(7) one private citizen who is engaged in maternal health advocacy;

(8) one private citizen who is engaged in minority health advocacy; and

(9) one private citizen who is engaged in patient advocacy.

d. Of the public members appointed to the commission, not more than seven shall be of the same political party.

e. Each public member of the commission shall serve for a term of four years; however, of the public members first appointed, four shall serve an initial term of two years, four shall serve an initial term of three years, and five shall serve an initial term of four years. Each public member shall serve for the term of their appointment, and until a successor is appointed and qualified, except that a public member may be reappointed to the commission upon the expiration of their term. Any vacancy in the membership shall be filled, for the unexpired term, in the same manner as the original appointment.

f. All initial appointments to the commission shall be made within 60 days after the effective date of this act.

g. Any member of the commission may be removed by the Governor, for cause, after a public hearing.

3. (New section) a. The commission shall organize as soon as practicable following the appointment of a majority of its members, and shall annually elect a chairperson and vice-chairperson from among its members. The chairperson may appoint a secretary, who need not be a member of the commission.

b. The commission shall meet pursuant to a schedule to be established at its first meeting, and it shall additionally meet at the call of its chairperson or the Commissioner of Health; however, in no case shall the commission meet less than four times a year.

c. A majority of the total number of members appointed to the commission shall constitute a quorum for the conducting of official commission business. A vacancy in the membership of the commission shall not impair the right of the commission to exercise its powers and duties, provided that a majority of the currently appointed members are available to conduct business. Any

recommendations of the commission shall be approved by a majority of the members present.

d. The members of the commission shall serve without compensation, but shall be reimbursed for travel and other necessary expenses incurred in the discharge of their official duties, within the limits of funds appropriated or otherwise made available for such purposes.

e. The Department of Health shall provide such administrative staff support to the commission as shall be necessary for the commission to carry out its duties.

4. (New section) a. The Maternal Mortality Review Commission shall have the power to:

(1) carry out any power, duty, or responsibility expressly granted by this act;

(2) adopt, amend, or repeal suitable bylaws for the management of its affairs;

(3) maintain an office at such place or places as it may designate;

(4) apply for, receive, and accept, from any federal, State, or other public or private source, grants, loans, or other moneys that are made available for, or in aid of, the commission's authorized purposes, or that are made available to assist the commission in carrying out its powers, duties, and responsibilities under this act;

(5) enter into any and all agreements or contracts, execute any and all instruments, and do and perform any and all acts or things necessary, convenient, or desirable to further the purposes of the commission;

(6) call to its assistance, and avail itself of the services of, such employees of any State entity or local government unit as may be required and available for the commission's purposes;

(7) review and investigate reports of maternal death; conduct witness interviews, and hear testimony provided under oath at public or private hearings, on any material matter; and request, or compel through the issuance of a subpoena, the attendance of relevant witnesses and the production of relevant documents, records, and papers;

(8) solicit and consider public input and comment on the commission's activities by periodically holding public hearings or conferences, and by providing other opportunities for such input and comment by interested parties; and

(9) identify, and promote the use of, best practices in maternal care, and encourage and facilitate cooperation and collaboration among health care facilities, health care professionals, administrative agencies, and local government units for the purposes of ensuring the provision of the highest quality maternal care throughout the State.

b. The Maternal Mortality Review Commission shall have the duty and responsibility to:

(1) develop mandatory and voluntary maternal death reporting processes, in accordance with the provisions of section 5 of this act;

(2) conduct an investigation of each reported case of maternal death, and prepare a de-identified case summary for each such case, in accordance with the provisions of section 6 of this act;

(3) review the statistical data on maternal deaths that is forwarded by the State registrar, pursuant to section 10 of this act, and the reports of maternal death that are forwarded by the department, pursuant to subsection b. of section 5 of this act, in order to identify Statewide and regional maternal death rates; trends, patterns, and disparities in adverse maternal outcomes; and medical, non-medical, and system-related factors that may have contributed to maternal deaths and treatment disparities; and

(5) annually report its findings and recommendations on maternal mortality to the department, the Governor, and the Legislature, in accordance with section 7 of this act.

5. (New section) a. Within 90 days after the commission's organizational meeting, the commission shall:

(1) develop a mandatory maternal death reporting process, pursuant to which health care practitioners, medical examiners, hospitals, birthing centers, and other relevant professional actors and health care facilities will be required to confidentially report to the Department of Health on individual cases of maternal death; and

(2) develop a voluntary maternal death reporting process, pursuant to which the family members of a deceased woman, and any other interested members of the public, will be permitted, but not required, to confidentially report to the Department of Health on individual cases of perceived maternal death. At a minimum, the process developed pursuant to this paragraph shall require the department to: (a) post on its Internet website a hyperlink, a toll-free telephone number, and an email address, which may each be used for the voluntary submission of public reports of maternal death; and (b) publicize the availability of these resources to professional organizations, community organizations, social service agencies, and members of the public.

b. The department shall keep a record of all reports of maternal death that are submitted thereto through the reporting processes that are established by the commission pursuant to paragraphs (1) and (2) of subsection a. of this section. The department shall also ensure that a copy of each such report of maternal death is promptly forwarded to the commission, so that the commission may properly execute its investigatory functions and other duties and responsibilities under this act.

6. (New section) a. Upon receipt of a report of maternal death, which has been forwarded to the commission pursuant to subsection b. of section 5 of this act, the commission shall investigate the reported case in accordance with the provisions of this section. In conducting the investigation, the commission shall consider:

(1) the information contained in the forwarded report of maternal death;

(2) any relevant information contained in the deceased woman's autopsy report or death record, or in a certificate of live birth or fetal death for the woman's child, or in any other vital records pertaining to the woman;

(3) any relevant information contained in the deceased woman's medical records, including: (a) records related to the health care that was provided to the woman prior to her pregnancy; (b) records related to the woman's prenatal and postnatal care, labor and delivery care, emergency room care, and any other care delivered up until the time of the woman's death; and (c) the woman's hospital discharge records;

(4) information obtained through the oral and written interviews of individuals who were directly involved in the care of the woman either during, or immediately following, her pregnancy, including interviews with relevant health care practitioners, mental health care practitioners, and social service providers, and, as deemed to be appropriate and necessary, interviews with the woman's family members;

(5) background information about the deceased woman, including, but not limited to, information regarding the woman's age, race, and socioeconomic status; and

(6) any other information that may shed light on the maternal death, including, but not limited to, reports from social service or child welfare agencies.

b. At the conclusion of an investigation conducted pursuant to this section, the commission shall prepare a case summary, which shall include the commission's findings with regard to the cause of, or the factors that contributed to, the maternal death, and recommendations for actions that should be undertaken, or policies that should be implemented, to mitigate or eliminate those factors and causes in the future. Any case summary prepared pursuant to this subsection shall omit the personally identifying information of the deceased woman and her family members.

c. The commission may present its findings and recommendations on each individual case, or on groups of individual cases, as deemed appropriate, to the health care facility or facilities where relevant care was provided in the case or group of cases, and to the individual health care practitioners who provided such care, or to any relevant professional organization, for the purposes of instituting or facilitating policy changes, educational activities, or improvements in the quality of care

provided; or for the purposes of exploring, facilitating, or establishing regional projects or other collaborative projects that are designed to reduce instances of maternal death.

d. In addition to investigating reports of maternal death, as provided by this section, the Maternal Mortality Review Commission may additionally elect to investigate alleged cases of severe maternal morbidity, using data and information obtained through patient registries, or the oral or written interviews of pregnant women and their families.

7. (New section) a. Within one year after its organization, and annually thereafter, the commission shall prepare, and submit to the Department of Health, to the Governor, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report containing the commission's findings on the rates and causes of maternal deaths occurring in the State during the preceding year, and providing recommendations for legislative or other action that can be undertaken to: (a) improve the quality of maternal care and reduce adverse maternal outcomes in the State; (b) increase the availability of, and improve access to, social and health care services for pregnant women; and (c) reduce or eliminate disparities in maternal care and treatment, both during, and in the year after, pregnancy. Each annual report, with the exception of the first report prepared under this section, shall additionally identify the extent to which the commission's prior recommendations have been successfully implemented in practice, and the apparent impact that the implementation of such recommended changes has had on maternal care in the preceding year.

b. The report that is annually prepared pursuant to this section shall be based on:

(1) the case summaries that were prepared by the commission over the preceding year, pursuant to subsection b. of section 6 of this act;

(2) the statistical data that was forwarded to the commission, during the preceding year, by the State registrar, pursuant to section 10 of this act; and

(3) any other relevant information, including information on any collaborative maternal health arrangements that have been established by health care providers, professional organizations, local government units, or other relevant actors or entities in the preceding year, in response to the commission outreach authorized by subsection c. of section 6, or by paragraph (9) of subsection a. of section 4, of this act.

c. Upon receipt of the commission's annual report pursuant to this section, the department shall post a copy of the report at a publicly accessible location on its Internet website, and shall take appropriate steps to otherwise broadly publicize the commission's findings and recommendations. The Commissioner of Health shall

also adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the recommendations contained in the report, to the extent that such recommendations can be implemented through administrative rule-making action.

8. (New section) a. Upon receipt of the commission's first annual report, issued pursuant to section 7 of this act, the department, working in consultation with the commission, as well as with relevant professional organizations and patient advocacy groups, shall develop an ongoing maternal health educational program for health care practitioners, as may be necessary to improve the quality of maternal care and reduce adverse outcomes related to, or associated with, pregnancy. The educational program established pursuant to this section shall initially be based on, and shall reflect, the findings and recommendations identified in the commission's first report. However, once the educational program is established, the department shall, on at least a biennial basis thereafter, review the program and make necessary changes to ensure that the ongoing education provided thereunder accurately reflects, and is consistent with, the latest data, findings, and recommendations of the commission, as reflected in the commission's most recent annual report.

b. Each of the State's professional licensing boards, as appropriate, shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), which are applicable to the health care practitioners under each board's respective jurisdiction, and which require the practitioners involved in the provision of care to pregnant women to satisfactorily complete the educational program established pursuant to this section. Each licensing board shall require the relevant practitioners under its jurisdiction to complete this educational program as a condition of initial licensure, or, in the case of practitioners who are already licensed as of the effective date of this act, within 180 days after the program is established under this section; and shall additionally require practitioners to complete the program on at least a biennial basis thereafter, as a condition of license renewal.

9. (New section) a. (1) Except as otherwise provided by subsection b. of this section, all proceedings and activities of the Maternal Mortality Review Commission; all opinions of the members of the commission, which are formed as a result of the commission's proceedings and activities; and all records obtained, created, or maintained by the commission, including written reports and records of interviews or oral statements, shall be confidential, and shall not be subject to public inspection, discovery, subpoena,

or introduction into evidence in any civil, criminal, legislative, or other proceeding.

(2) In no case shall the commission disclose any personally identifiable information to the public, or include any personally identifiable information in a case summary that is prepared pursuant to subsection b. of section 6 of this act, or in an annual report that is prepared pursuant to section 7 of this act.

(3) Members of the commission shall not be questioned in any civil, criminal, legislative, or other proceeding regarding information that has been presented in, or opinions that have been formed as a result of, a meeting or communication of the commission; however, nothing in this paragraph shall prohibit a commission member from being questioned, or from testifying, in relation to publicly available information or information that was obtained independent of the member's participation on the commission.

b. Nothing in this section shall be deemed to prohibit the commission from publishing, or from otherwise making available for public inspection, case summaries, statistical compilations, or reports that are based on confidential information, provided that those summaries, compilations, and reports do not contain personally identifying information or other information that could be used to ultimately identify the individuals concerned.

10. (New section) a. (1) On an annual basis, and using the death records that have been filed during the preceding year, the State registrar shall identify: (a) the total number of maternal deaths that have occurred in the State during the year, and during each quarter of the year; (b) the average Statewide rate of maternal death occurring during the year; (c) the number and percentage of maternal deaths that occurred during the year in each of the Northern, Central, and Southern regions of the State; (d) the number and percentage of maternal deaths, on a Statewide and regional basis, that constituted pregnancy-associated deaths, and the number and percentage of maternal deaths, on a Statewide and regional basis, that constituted pregnancy-related deaths; and (e) the areas of the State where the rates of maternal death are significantly higher than the Statewide average.

(2) The results of the annual analysis that is conducted pursuant to this subsection shall be posted at a publicly accessible location on the Internet website of the Office of Vital Statistics and Registry, in the Department of Health, and shall also be promptly forwarded to the commission.

b. In order to accomplish its duties under this section, the State registrar shall:

(1) for the purposes of determining the total number of pregnancy-associated deaths, review each woman's death record, and match the death record with a certificate of live birth, or with a

fetal or infant death record, for the woman's child, in order to confirm whether the woman died during pregnancy, or within one year after the end of pregnancy; and

(2) for the purposes of determining the total number of pregnancy-related deaths, review each woman's death record, and identify each such death record in which the death is reported to have resulted from an underlying or contributing cause related to pregnancy, regardless of the amount of time that has passed between the end of the pregnancy and the death.

The State registrar may also use any other appropriate means or methods to identify maternal deaths, including, but not limited to, reviewing a random sample of reported deaths to ascertain cases of pregnancy-related death and pregnancy-associated death that are not discernable from a review of death records alone.

11. R.S.26:8-24 is amended to read as follows:

26:8-24. The State registrar shall:

a. Have general supervision throughout the State of the registration of vital records;

b. Have supervisory power over local registrars, deputy local registrars, alternate deputy local registrars, and subregistrars, in the enforcement of the law relative to the disposal of dead bodies and the registration of vital records;

c. Prepare, print, and supply to all registrars, upon request therefor, all blanks and forms used in registering the records required by said law, and provide for and prescribe the use of the NJ-EDRS. <u>The blanks and forms supplied under this subsection, and any electronic blanks and forms that are used in the NJ-EDRS, shall require the person registering a birth or death record, at a minimum, to provide the same information as is required by the National Center for Vital Health Statistics in its standardized U.S. certificates of live birth, death, and fetal death.</u> No **[**other**]** blanks <u>, forms,</u> or methods of registration shall be used <u>, other</u> than those <u>that satisfy the requirements of this subsection, and which are</u> supplied or approved by the State registrar;

d. Carefully examine the certificates or electronic files received periodically from the local registrars or originating from their jurisdiction; and, if any are incomplete or unsatisfactory, require such further information to be supplied as may be necessary to make the record complete and satisfactory;

e. Arrange or bind, and permanently preserve the certificates of vital records, or the information comprising those records, in a systematic manner and in a form that is deemed most consistent with contemporary and developing standards of vital statistical archival record keeping;

f. Prepare and maintain a comprehensive and continuous index of all vital records registered, the index to be arranged alphabetically:

1. In the case of deaths, by the name of the decedent;

2. In the case of births, by the name of child, if given, and if not, then by the name of father or mother;

3. In the case of marriages, by the surname of the husband and also by the maiden name of the wife;

4. In the case of civil unions, by the surname of each of the parties to the civil union;

5. In the case of domestic partnerships, by the surname of each of the partners;

g. Mark the birth certificate of a missing child when notified by the Missing Persons Unit in the Department of Law and Public Safety pursuant to section 3 of P.L.1995, c.395 (C.52:17B-9.8c);

h. Develop and provide to local registrars an education and training program, which the State registrar may require each local registrar to complete as a condition of retaining that position, and which may be offered to deputy local registrars, alternate deputy local registrars and subregistrars at the discretion of the State registrar, that includes material designed to implement the NJ-EDRS and to familiarize local registrars with the statutory requirements applicable to their duties and any rules and regulations adopted pursuant thereto, as deemed appropriate by the State registrar; **[**and**]**

i. Facilitate the electronic notification, upon completion of the death record and issuance of a burial permit, of the decedent's name, Social Security number and last known address to the Department of Labor and Workforce Development and the Department of Human Services to safeguard public benefit programs and diminish the criminal use of a decedent's name and other identifying information; and

j. Facilitate the provision of relevant statistical data on maternal deaths to the Maternal Mortality Review Commission, in accordance with the provisions of section 10 of P.L. , c. (C.) (pending before the Legislature as this act).

(cf: P.L.2013, c.274, s.1)

12. This act shall take effect immediately.

STATEMENT

This bill would establish a Maternal Mortality Review Commission in the Department of Health (DOH). The commission would be tasked with annually reviewing and reporting on maternal death rates and the causes of maternal death in the State, and providing recommendations to improve maternal care and reduce adverse maternal outcomes. "Maternal death" includes both pregnancy-associated deaths and pregnancy-related deaths. A "pregnancy-associated death" is one that occurs while the woman is

pregnant, or during the one-year period following the date of the end of the pregnancy, irrespective of cause; while a "pregnancy-related death" is one that occurs while the woman is pregnant, or during the one-year period following the date of the end of the pregnancy, regardless of the duration of pregnancy, as a result of a non-accidental or non-incidental cause that is related to, or aggravated by, the pregnancy or its management.

The commission would be required to meet pursuant to a schedule to be established at its first meeting, and at the call of its chairperson or the Commissioner of Health, but in no case would the commission be authorized to meet less than four times a year. The members of the commission would serve without compensation, but would be reimbursed for travel and other necessary expenses incurred in the discharge of their official duties, within the limits of funds appropriated or otherwise made available for such purposes. The DOH would be required to provide administrative staff support to the commission, as necessary.

The Maternal Mortality Review Commission would have the general power to: 1) carry out any power, duty, or responsibility expressly granted under the bill; 2) adopt, amend, or repeal suitable bylaws; 3) maintain an office; 4) apply for, receive, and accept public or private moneys; 5) enter into agreements or contracts, execute instruments, and do and perform any and all acts or things necessary, convenient, or desirable to further its purposes; 6) call to its assistance, and avail itself of the services of, such employees of any State entity or local government unit as may be required and available for the commission's purposes; 7) review and investigate reports of maternal death; conduct witness interviews, and hear testimony provided under oath at public or private hearings, on any material matter; and request, or compel through the issuance of a subpoena, the attendance of relevant witnesses and the production of relevant documents, records, and papers; 8) solicit and consider public input on the commission's activities; and 9) identify, and promote the use of, best practices in maternal care, and encourage and facilitate cooperation and collaboration among health care facilities, health care professionals, administrative agencies, and local government units for the purposes of ensuring the provision of the highest quality maternal care throughout the State.

Among its formal duties, the commission would be required, within 90 days after its organizational meeting, to:

1) develop a mandatory maternal death reporting process, pursuant to which health care practitioners, medical examiners, hospitals, birthing centers, and other relevant professional actors and health care facilities will be required to confidentially report to the DOH on individual cases of maternal death; and

2) develop a voluntary maternal death reporting process, pursuant to which the family members of a deceased woman, and any other interested members of the public, will be permitted, but

not required, to confidentially report to the DOH on individual cases of perceived maternal death.

The DOH will be required to keep a record of all reports of maternal death that are submitted thereto through these processes, and will also be required to ensure that a copy of each such report of maternal death is promptly forwarded to the commission, so that the commission may properly execute its other duties and responsibilities under the bill.

The commission will be required to conduct an investigation in association with each report of maternal death that is forwarded thereto by the DOH. In conducting each case investigation, the commission will be required to consider: 1) the forwarded report of maternal death; 2) the deceased woman's medical records, autopsy report or death record, and other relevant vital records; 3) information obtained through interviews of individuals who were directly involved in the care of the woman either during, or immediately following, her pregnancy, and, as deemed to be appropriate and necessary, through interviews of the woman's family members; 4) background information about the deceased woman; and 5) any other information that may shed light on the death.

At the conclusion of an investigation, the commission will be required to prepare a de-identified case summary, which is to include the commission's findings with regard to the cause of, or factors that contributed to, the maternal death, and recommendations for actions that should be undertaken or policies that should be implemented to mitigate or eliminate those factors and causes in the future.

The bill would authorize the commission to present its findings and recommendations on each individual case, or on groups of individual cases, as deemed appropriate, to the health care facility or facilities where relevant care was provided in the case or group of cases, and to the individual health care practitioners who provided such care, or to any relevant professional organization, for the purposes of instituting or facilitating policy changes, educational activities, or improvements in the quality of care provided; or for the purposes of exploring, facilitating, or establishing regional projects or other collaborative projects that are designed to reduce instances of maternal death.

In addition to the investigation of cases of maternal death, the commission would also be authorized, but not required, to investigate cases of "severe maternal morbidity," which is defined to mean the physical and psychological conditions that result from, or are aggravated by, pregnancy, and which have an adverse effect on the health of a woman.

The bill would require the commission to use the maternal death reports that are forwarded by the DOH, as well as statistical data that is forwarded by the State registrar, to identify trends, patterns,

and disparities in adverse maternal outcomes, and medical, non-medical, and system-related factors that may have contributed to maternal deaths and treatment disparities. The statistical data that is to be forwarded by the State registrar for these purposes is to include: 1) the total number of maternal deaths that have occurred in the State during the year, and during each quarter of the year; 2) the average Statewide rate of maternal death occurring during the year; 3) the number and percentage of maternal deaths that occurred during the year in each of the Northern, Central, and Southern regions of the State; 4) the number and percentage of maternal deaths, on a Statewide and regional basis, that constituted pregnancy-associated deaths, and the number and percentage of maternal deaths, on a Statewide and regional basis, that constituted pregnancy-related deaths; and 5) the areas of the State where the rates of maternal death are significantly higher than the Statewide average. The State registrar would be required to provide these statistics to the commission on an annual basis, and would further be required to post a copy of this statistical information on the Internet website of the Office of Vital Statistics and Registry, in the DOH. In order to facilitate the State registrar's analysis, in this regard, and ensure that death records contain the information that is necessary to allow the State registrar to make the requisite statistical determinations, the bill would amend the State's existing vital records law, in order to clarify that the blanks and forms used for the registration of a vital record are to include, at a minimum, the same information (including pregnancy-related information) that is to be included in standardized U.S. certificates of live birth, death, and fetal death.

Finally, the bill would require the commission to annually report its findings and recommendations on maternal mortality to the DOH, the Governor, and the Legislature. Each annual report is to contain the commission's findings on the rates and causes of maternal deaths occurring in the State during the preceding year, and is to provide recommendations for legislative or other action that can be undertaken to: 1) improve the quality of maternal care and reduce adverse maternal outcomes in the State; 2) increase the availability of, and improve access to, social and health care services for pregnant women; and 3) reduce or eliminate disparities in maternal care and treatment, both during, and in the year after, pregnancy. Each annual report, with the exception of the first, would additionally be required to identify the extent to which the commission's prior recommendations have been successfully implemented in practice, and the apparent impact that the implementation of such recommended changes has had on maternal care in the preceding year.

The commission's annual report is to be based on: 1) the case summaries that were prepared by the commission during the preceding year; 2) the statistical data that was forwarded thereto by

the State registrar during the preceding year; and 3) any other relevant information, including information on any collaborative maternal health arrangements that have been established by health care providers, professional organizations, local government units, or other relevant actors or entities in the preceding year, in response to commission outreach.

The DOH would be required to post a copy of each commission report on its Internet website, and take appropriate steps to otherwise broadly publicize the commission's findings and recommendations. The Commissioner of Health would also be required to adopt rules and regulations to implement the recommendations contained in each such report, to the extent that those recommendations can be implemented through administrative rule-making action.

The DOH, working in consultation with the commission, as well as with relevant professional organizations and patient advocacy groups, will also be required to develop an ongoing maternal health educational program for health care practitioners. Although the program would initially be designed to reflect the findings and recommendations contained in the commission's first report, the DOH would be required to review the program, on at least a biennial basis, and make any necessary changes to ensure that the ongoing education provided thereunder accurately reflects, and is consistent with, the latest data, findings, and recommendations of the commission, as reflected in the commission's most recent report. Each of the State's professional licensing boards, as appropriate, would be required to adopt rules and regulations applicable to the health care practitioners under each board's respective jurisdiction, in order to require those practitioners who are involved in the provision of care to pregnant women to satisfactorily complete the maternal care educational program. Specifically, each board is to require relevant practitioners under its jurisdiction to complete this educational program as a condition of initial licensure, or, in the case of practitioners who are already licensed as of the bill's effective date, within 180 days after the program is established; and to additionally complete the program on a biennial basis thereafter, as a condition of license renewal.

The bill would specify that, except as otherwise provided thereby, all proceedings and activities of the commission; all opinions of the commission members, which are formed as a result of the commission's proceedings and activities; and all records obtained, created, or maintained by the commission, are to remain confidential, and will not be subject to public inspection, discovery, subpoena, or introduction into evidence in any civil, criminal, legislative, or other proceeding. The commission will be prohibited from disclosing any personally identifiable information to the public, or including any personally identifiable information in a case summary or annual report prepared pursuant to the bill's

provisions. Members of the commission may also not be questioned in any civil, criminal, legislative, or other proceeding regarding information that has been presented in, or opinions that have been formed as a result of, a meeting or communication of the commission; however, this would not prevent a member from being questioned, or from testifying, in relation to publicly available information or information that was obtained independent of the member's participation on the commission. Furthermore, the commission will be authorized to publish case summaries, statistical compilations, or reports that are based on confidential information, so long as those summaries, compilations, and reports do not contain any personally identifying information.