

STATE OF NEW YORK

8907

IN SENATE

June 4, 2018

Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the public health law, in relation to maternal mortality review boards and the maternal mortality and morbidity advisory council

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Legislative findings and intent. The legislature finds that
2 maternal mortality and morbidity is a serious public health concern and
3 has a serious family and societal impact. New York state has among the
4 highest maternal mortality rates in the country and racial disparities
5 remain significant. The U.S. Centers for Disease Control and Prevention
6 has determined that a regular process for professional, multi-disciplinary,
7 confidential review of all maternal deaths can help identify the
8 causes of maternal mortality, and those findings can lead to clinical
9 and social change that can help prevent maternal mortality. The same is
10 true for severe maternal morbidity. Confidentiality is important to
11 ensure that full information is made available in the review process to
12 maximize protection of maternal health.

13 Section 3 of article 17 of the state constitution states: "The
14 protection and promotion of the health of the inhabitants of the state
15 are matters of public concern and provision therefor shall be made by
16 the state and by such of its subdivisions and in such manner, and by
17 such means as the legislature shall from time to time determine." The
18 legislature finds that the creation of a state maternal mortality review
19 board, and recognition and protection of a city of New York maternal
20 mortality review board, are a matter of state concern and an important
21 exercise of the legislature's constitutional mandate to protect the
22 public health.

23 § 2. The public health law is amended by adding a new section 2509 to
24 read as follows:

25 § 2509. Maternal mortality review board. 1. (a) There is hereby estab-
26 lished in the department the maternal mortality review board for the
27 purpose of reviewing maternal deaths and maternal morbidity and develop-

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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ing and disseminating findings, recommendations, and best practices to contribute to the prevention of maternal mortality and morbidity. The board shall assess the cause of death, factors leading to death and preventability for each maternal death reviewed and, in the discretion of the board, cases of severe maternal morbidity, and shall develop and disseminate strategies for reducing the risk of maternal mortality and morbidity, including risk resulting from racial, economic, or other disparities. The commissioner may delegate the authority to conduct maternal mortality reviews.

(b) The commissioner may enter into an agreement with the city of New York providing:

(i) that the functions of the state board relating to maternal deaths and severe maternal morbidity occurring within the city of New York shall be conducted by the city board;

(ii) the city board shall provide to the state board the results of its reviews, relevant information in the possession of the city board, and the recommendations of the city board; and

(iii) the department and the state board shall provide information and assistance to the city board for the performance of its functions.

(c) Nothing in this section shall prevent the city of New York from establishing, without an agreement with the commissioner, a board relating to maternal deaths and severe maternal morbidity occurring within the city of New York.

2. As used in this section, unless the context requires otherwise:

(a) "Advisory council" and "council" mean the advisory council on maternal mortality and morbidity, established under this section.

(b) "Board" means a maternal mortality review board established by this section, referred to in this section as the "state board", or a board operating under this section established by the city of New York, with or without an agreement with the commissioner, referred to in this section as the "city board".

(c) "Maternal death" means the death of a woman during pregnancy or within a year from the end of pregnancy.

(d) "Severe maternal morbidity" means unexpected outcomes of pregnancy, labor, or delivery that result in significant short- or long-term consequences to a woman's health.

(e) "City commissioner" means the commissioner of the New York city department of health and mental hygiene.

3. (a) The members of the state board shall be comprised of multidisciplinary experts in the field of maternal mortality, women's health and public health, and shall include health care professionals or other experts who serve and are representative of the diversity of the women and mothers in medically underserved areas of the state or areas of the state with disproportionately high occurrences of maternal mortality or morbidity.

(b) The state board shall be composed of at least fifteen members, all of whom shall be appointed by the commissioner.

(c) The terms of the state board members shall be three years. The commissioner may choose to reappoint state board members to additional three year terms.

(d) A majority of the appointed membership of the state board, no less than three, shall constitute a quorum.

(e) When any member of the state board fails to attend three consecutive regular meetings, unless such absence is for good cause, that membership may be deemed vacant for purposes of the appointment of a successor.

1 (f) Meetings of the state board shall be held at least twice a year
2 but may be held more frequently as deemed necessary, subject to request
3 of the department.

4 (g) Members of the state and city boards shall be indemnified under
5 section seventeen of the public officers law or section fifty-k of the
6 general municipal law, as the case may be.

7 (h) Members of the state board shall not be compensated for their
8 participation on the board but shall receive reimbursement for their
9 ordinary and necessary expenses of participation.

10 (i) Membership on a board shall not disqualify any person from holding
11 any public office or employment.

12 4. (a) The commissioner and the city commissioner, as the case may be,
13 may request and shall receive upon request from any department, divi-
14 sion, board, bureau, commission, local health departments or other agen-
15 cy of the state or political subdivision thereof or any public authori-
16 ty, as well as hospitals established pursuant to article twenty-eight of
17 this chapter, birthing facilities, medical examiners, coroners and
18 coroner physicians and any other facility providing services associated
19 with maternal mortality, such information, including, but not limited
20 to, death records, medical records, autopsy reports, toxicology reports,
21 hospital discharge records, birth records and any other information that
22 will help the department under this section to properly carry out its
23 functions, powers and duties.

24 (b) The commissioner and the city commissioner shall receive and may
25 solicit voluntary information, including oral or written statements,
26 relating to any maternal death and case of severe maternal morbidity,
27 from any family member or other interested party (including the patient
28 in a case of severe maternal morbidity) relating to any case that may
29 come before the board. Oral statements received under this paragraph
30 shall be transcribed or summarized in writing. The commissioner and the
31 city commissioner shall transmit that information to the board consider-
32 ing the case.

33 (c) Before transmitting any information to the board, the commissioner
34 or the city commissioner shall remove all personal identifying informa-
35 tion of the woman, health care practitioner or practitioners or anyone
36 else individually named in such information, as well as the hospital or
37 facility that treated the woman, and any other information such as
38 geographic location that may inadvertently identify the woman, practi-
39 tioner or facility. This paragraph shall not preclude the transmitting
40 of information to the board that is reasonably necessary to enable the
41 board to perform an appropriate review under this section.

42 5. Each board:

43 (a) shall make and report findings and recommendations to the commis-
44 sioner or city commissioner, as the case may be, regarding the cause of
45 death, factors leading to death, and preventability of each maternal
46 death case, and each case of severe maternal morbidity reviewed by the
47 board, by reviewing relevant information for each case in the state or
48 the city of New York, as the case may be, and consulting with experts as
49 needed to evaluate the information for each death; and shall provide
50 such findings and recommendations, including best practices and strate-
51 gies for reducing the risk of maternal mortality and morbidity, to the
52 advisory council; provided that material provided to the advisory coun-
53 cil shall not include any information that would be confidential under
54 this section;

55 (b) shall develop recommendations to the commissioner or city commis-
56 sioner, as the case may be, for areas of focus, including issues of

1 severe maternal morbidity and issues of racial, economic or other
2 disparities in maternal outcomes;

3 (c) may, in addition to the findings and recommendations made under
4 this subdivision, and consistent with all applicable confidentiality
5 protections, bring any particular matter to the attention of the commis-
6 sioner or the city commissioner;

7 (d) shall issue a report on its findings and recommendations every two
8 years, and may also issue reports more frequently. The reports shall be
9 public documents; and

10 (e) may request and shall receive the assistance of the commissioner
11 and the city commissioner in carrying out its functions.

12 6. The commissioner and the city commissioner and the state and city
13 boards shall each keep confidential any information collected or
14 received under this section that includes personal identifying informa-
15 tion of the woman, health care practitioner or practitioners or anyone
16 else individually named in such information, as well as the hospital or
17 facility that treated the woman, and any other information such as
18 geographic location that may inadvertently identify the woman, practi-
19 tioner or facility, and shall use the information provided or received
20 under this section solely for the purposes of improvement of the quality
21 of health care of women and to prevent maternal mortality and morbidity.
22 This subdivision shall not preclude the transmitting of information to
23 the board that is reasonably necessary to enable the board to perform an
24 appropriate review under this section. All records received, meetings
25 conducted, reports and records made and maintained and all books and
26 papers obtained by the board shall be confidential and shall not be made
27 open or available, including under article six of the public officers
28 law, and shall be limited to board members as well as those authorized
29 by the commissioner or city commissioner. Such information shall not be
30 discoverable or admissible as evidence in any action in any court or
31 before any other tribunal, board, agency or person.

32 7. The commissioner and the city commissioner, within their respective
33 legal authority, may use the recommendations and findings of the boards
34 to develop guidance and other actions relating to best practices, and
35 shall disseminate information relating to that guidance and other
36 actions to appropriate health care providers.

37 8. (a) There is hereby established in the department an advisory coun-
38 cil on maternal mortality and morbidity.

39 (b) The advisory council:

40 (i) may review the findings of the boards;

41 (ii) may develop recommendations on policies, best practices, and
42 strategies to prevent maternal mortality and morbidity;

43 (iii) may hold public hearings on those matters;

44 (iv) may make findings and issue reports, including an annual report,
45 on such matters; and

46 (v) may request and shall receive the assistance of the commissioner,
47 the city commissioner, and the boards in carrying out its functions.

48 (c) The advisory council shall consist of at least twenty members, to
49 be determined by the commissioner. The commissioner and the city commis-
50 sioner shall each appoint half of the members of the council. The
51 commissioner shall appoint the chair of the council.

52 (d) The members of the council shall be comprised of multidisciplinary
53 experts and lay persons knowledgeable in the field of maternal mortal-
54 ity, women's health and public health and shall include members who
55 serve and are representative of the diversity of the women and mothers

1 in medically underserved areas of the state or areas of the state with
2 disproportionately high occurrences of maternal mortality or morbidity.

3 (e) The terms of the council members shall be three years. The
4 appointing official may choose to reappoint council members to addi-
5 tional three-year terms. Vacancies on the council shall be filled by
6 appointment by the appointing official. A majority of the appointed
7 membership of the council shall constitute a quorum. When any member of
8 the council fails to attend three consecutive regular meetings, unless
9 such absence is for good cause, that membership may be deemed vacant for
10 purposes of the appointment of a successor.

11 (f) Meetings of the council shall be held at least twice a year.

12 (g) Members of the council shall be indemnified under section seven-
13 teen of the public officers law. Members of the council shall not be
14 compensated for their participation on the council but shall receive
15 reimbursement for their ordinary and necessary expenses of partic-
16 ipation. Membership on the council shall not disqualify any person from
17 holding any public office or employment.

18 § 3. This act shall take effect immediately.