

# STATE OF NEW YORK

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3276

2019-2020 Regular Sessions

## IN ASSEMBLY

January 29, 2019

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Introduced by M. of A. JOYNER, GOTTFRIED, JEAN-PIERRE, L. ROSENTHAL, THIELE, OTIS, BRONSON, HUNTER, ABINANTI, HEVESI, FAHY, ENGLEBRIGHT, SIMON, BICHOTTE, SEAWRIGHT, BARRON, TAYLOR, ARROYO, GALEF, PEOPLES-STOKES, RA, FERNANDEZ, RIVERA, WRIGHT, DICKENS, D'URSO, JAFFEE, LAVINE, SOLAGES, BARRETT, EPSTEIN, DAVILA, LIFTON, NIOU, ROZIC, MONTESANO, COOK, GLICK, MOSLEY, ORTIZ, STERN -- read once and referred to the Committee on Health

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

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

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1 mortality review board, are a matter of state concern and an important  
2 exercise of the legislature's constitutional mandate to protect the  
3 public health.

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

6 § 2509. Maternal mortality review board. 1. (a) There is hereby estab-  
7 lished in the department the maternal mortality review board for the  
8 purpose of reviewing maternal deaths and maternal morbidity and develop-  
9 ing and disseminating findings, recommendations, and best practices to  
10 contribute to the prevention of maternal mortality and morbidity. The  
11 board shall assess the cause of death, factors leading to death and  
12 preventability for each maternal death reviewed and, in the discretion  
13 of the board, cases of severe maternal morbidity, and shall develop and  
14 disseminate strategies for reducing the risk of maternal mortality and  
15 morbidity, including risk resulting from racial, economic, or other  
16 disparities. The commissioner may delegate the authority to conduct  
17 maternal mortality reviews.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

33 (b) The commissioner and the city commissioner shall receive and may  
34 solicit voluntary information, including oral or written statements,  
35 relating to any maternal death and case of severe maternal morbidity,  
36 from any family member or other interested party (including the patient  
37 in a case of severe maternal morbidity) relating to any case that may  
38 come before the board. Oral statements received under this paragraph  
39 shall be transcribed or summarized in writing. The commissioner and the  
40 city commissioner shall transmit that information to the board consider-  
41 ing the case.

42 (c) Before transmitting any information to the board, the commissioner  
43 or the city commissioner shall remove all personal identifying informa-  
44 tion of the woman, health care practitioner or practitioners or anyone  
45 else individually named in such information, as well as the hospital or  
46 facility that treated the woman, and any other information such as  
47 geographic location that may inadvertently identify the woman, practi-  
48 tioner or facility. This paragraph shall not preclude the transmitting  
49 of information to the board that is reasonably necessary to enable the  
50 board to perform an appropriate review under this section.

51 5. Each board:

52 (a) shall make and report findings and recommendations to the commis-  
53 sioner or city commissioner, as the case may be, regarding the cause of  
54 death, factors leading to death, and preventability of each maternal  
55 death case, and each case of severe maternal morbidity reviewed by the  
56 board, by reviewing relevant information for each case in the state or

1 the city of New York, as the case may be, and consulting with experts as  
2 needed to evaluate the information for each death; and shall provide  
3 such findings and recommendations, including best practices and strate-  
4 gies for reducing the risk of maternal mortality and morbidity, to the  
5 advisory council; provided that material provided to the advisory coun-  
6 cil shall not include any information that would be confidential under  
7 this section;

8 (b) shall develop recommendations to the commissioner or city commis-  
9 sioner, as the case may be, for areas of focus, including issues of  
10 severe maternal morbidity and issues of racial, economic or other  
11 disparities in maternal outcomes;

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

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

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

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

41 7. The commissioner and the city commissioner, within their respective  
42 legal authority, may use the recommendations and findings of the boards  
43 to develop guidance and other actions relating to best practices, and  
44 shall disseminate information relating to that guidance and other  
45 actions to appropriate health care providers.

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

48 (b) The advisory council:

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

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

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

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

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

1 (c) The advisory council shall consist of at least twenty members, to  
2 be determined by the commissioner. The commissioner and the city commis-  
3 sioner shall each appoint half of the members of the council. The  
4 commissioner shall appoint the chair of the council.

5 (d) The members of the council shall be comprised of multidisciplinary  
6 experts and lay persons knowledgeable in the field of maternal mortal-  
7 ity, women's health and public health and shall include members who  
8 serve and are representative of the diversity of the women and mothers  
9 in medically underserved areas of the state or areas of the state with  
10 disproportionately high occurrences of maternal mortality or morbidity.

11 (e) The terms of the council members shall be three years. The  
12 appointing official may choose to reappoint council members to addi-  
13 tional three-year terms. Vacancies on the council shall be filled by  
14 appointment by the appointing official. A majority of the appointed  
15 membership of the council shall constitute a quorum. When any member of  
16 the council fails to attend three consecutive regular meetings, unless  
17 such absence is for good cause, that membership may be deemed vacant for  
18 purposes of the appointment of a successor.

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

20 (g) Members of the council shall be indemnified under section seven-  
21 teen of the public officers law. Members of the council shall not be  
22 compensated for their participation on the council but shall receive  
23 reimbursement for their ordinary and necessary expenses of partic-  
24 ipation. Membership on the council shall not disqualify any person from  
25 holding any public office or employment.

26 § 3. This act shall take effect immediately.