

STATE OF NEW YORK

9168

IN ASSEMBLY

February 12, 2024

Introduced by M. of A. JACKSON -- read once and referred to the Committee on Health

AN ACT to amend the administrative code of the city of New York, in relation to establishing a fetal infant mortality review board

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

1 Section 1. The administrative code of the city of New York is amended
2 by adding a new section 17-166.1 to read as follows:

3 § 17-166.1 Fetal infant mortality review board. a. As used in this
4 section, unless the context requires otherwise:

5 (1) "Review board" means the fetal infant mortality review board
6 established by this section.

7 (2) "Fetal infant death" means fetal, neonatal, and infant deaths
8 within one year of birth.

9 (3) "Severe fetal infant morbidity" or "morbidity" means unexpected
10 outcomes of pregnancy, labor, or delivery that result in significant
11 short- or long-term consequences to a child's health.

12 b. There is hereby established in the department the fetal infant
13 mortality review board for the purpose of reviewing fetal infant deaths
14 and fetal infant morbidity and developing and disseminating findings,
15 recommendations, and best practices to contribute to the prevention of
16 fetal infant mortality and morbidity. The review board shall assess the
17 cause of death, factors leading to death and preventability for each
18 fetal infant death reviewed and, in the discretion of the review board,
19 cases of severe fetal infant morbidity, and shall develop and dissem-
20 inate strategies for reducing the risk of fetal infant mortality and
21 morbidity, including risk resulting from racial, economic, or other
22 disparities. The commissioner may delegate the authority to conduct
23 maternal mortality reviews.

24 c. (1) The members of the review board shall be comprised of multidis-
25 ciplinary experts in the field of fetal infant mortality, fetal, neona-
26 tal and infant health and public health, and shall include health care
27 professionals or other experts who serve and are representative of the
28 racial, ethnic, and socioeconomic diversity of the city of New York and,

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

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1 to the extent possible, the medically underserved areas of the city of
2 New York or areas of the city of New York with disproportionately high
3 occurrences of fetal infant mortality or morbidity.

4 (2) The review board shall be composed of at least fifteen members,
5 all of whom shall be appointed by the commissioner.

6 (3) The terms of the review board members shall be three years. The
7 commissioner may choose to reappoint review board members to additional
8 three-year terms.

9 (4) A majority of the appointed membership of the review board, but no
10 less than three, shall constitute a quorum.

11 (5) When any member of the review board fails to attend three consec-
12 utive regular meetings, unless good cause is shown for such absence,
13 that membership may be deemed vacant for purposes of the appointment of
14 a successor.

15 (6) Meetings of the review board shall be held at least twice a year
16 but may be held more frequently as deemed necessary, subject to request
17 of the department.

18 (7) Members of the review board shall be indemnified under section
19 seventeen of the public officers law or section fifty-k of the general
20 municipal law, as the case may be.

21 (8) Members of the review board shall not be compensated for their
22 participation on the review board but shall receive reimbursement for
23 their ordinary and necessary expenses of participation.

24 (9) Membership on the review board shall not disqualify any person
25 from holding any public office or employment.

26 d. (1) The commissioner may request and shall receive upon request
27 from any department, division, board, bureau, commission, local health
28 department or other agency of the state or political subdivision thereof
29 or any public authority, such information, including but not limited to
30 death records, medical records, autopsy reports, toxicology reports,
31 hospital discharge records, birth records and any other information that
32 will help the department under this section to properly carry out its
33 functions, powers and duties. The commissioner may request and shall
34 receive upon request from any department, division, board, commission or
35 other agency under the authority of the city of New York as well as
36 hospitals established pursuant to article twenty-eight of the public
37 health law, birthing facilities, medical examiners, coroners and coroner
38 physicians and any other facility providing services associated with
39 fetal infant mortality or fetal infant morbidity, such information,
40 including, but not limited to, death records, medical records, autopsy
41 reports, toxicology reports, hospital discharge records, birth records
42 and any other information that will help the department under this
43 section to properly carry out its functions, powers and duties.

44 (2) The commissioner shall receive and may solicit voluntary informa-
45 tion, including oral or written statements, relating to any fetal infant
46 death and case of severe fetal infant morbidity, from any family member
47 or other interested party relating to any case that may come before the
48 review board. Oral statements received under this paragraph shall be
49 transcribed or summarized in writing. The commissioner shall transmit
50 that information to the review board considering the case.

51 (3) Before transmitting any information to the review board, the
52 commissioner shall remove all personal identifying information of the
53 fetus or infant, parents of the fetus or infant, health care practition-
54 er or practitioners, or anyone else individually named in such informa-
55 tion, as well as the hospital or facility that treated the fetus or
56 infant, and any other information such as geographic location that may

1 inadvertently identify the fetus or infant, fetus or infant's family,
2 practitioner, or facility. This paragraph shall not preclude the trans-
3 mitting of information to the review board that is reasonably necessary
4 to enable the review board to perform an appropriate review under this
5 section.

6 e. The review board:

7 (1) shall collect and perform case reviews of fetal and infant deaths;
8 (2) shall make and report findings and recommendations to the commis-
9 sioner regarding the cause of death, factors leading to death, and
10 preventability of each fetal infant death case, and each case of severe
11 fetal infant morbidity reviewed by the review board, by reviewing rele-
12 vant information for each case in the city of New York and consulting
13 with experts as needed to evaluate the information for each death;

14 (3) shall develop and deliver to the commissioner recommendations on:

15 (A) issues of severe fetal infant morbidity;

16 (B) addressing social determinants of fetal infant health, including
17 racial, economic or other historical and contemporary injustices which
18 lead to disparities in fetal infant outcomes;

19 (C) policies, best practices, and strategies to reduce fetal infant
20 mortality and morbidity;

21 (D) methods of improving services and resources; and

22 (E) methods of implementing continuous quality improvement in fetal
23 infant mortality and morbidity;

24 (4) shall issue an annual public report on its findings and recommen-
25 dations and may also issue public reports more frequently;

26 (5) shall implement needs assessment, quality assurance and policy
27 development at the local level, which are essential to public health
28 functions;

29 (6) shall identify and address systemic community conditions contrib-
30 uting to fetal infant deaths;

31 (7) shall implement a surveillance system to monitor incidence, etiolo-
32 gies, and contributing factors and which can describe effects of health
33 care system change;

34 (8) shall identify system wide challenges to improving fetal infant
35 health care;

36 (9) shall assess, plan, improve, and monitor the service systems and
37 community resources that support and promote the health and well-being
38 of women, fetuses, infants, and families;

39 (10) may, in addition to the findings and recommendations made under
40 this subdivision, and consistent with all applicable confidentiality
41 protections, bring any particular matter to the attention of the commis-
42 sioner; and

43 (11) may request and shall receive the assistance of the commissioner
44 in carrying out its functions.

45 f. The commissioner and the review board shall each keep confidential
46 any information collected or received under this section that includes
47 personal identifying information of the fetus or infant, the fetus or
48 infant's parents, health care practitioner or practitioners, or anyone
49 else individually named in such information, as well as the hospital or
50 facility that treated the fetus or infant, and any other information
51 such as geographic location that may inadvertently identify the fetus or
52 infant, the fetus or infant's parents, practitioner, or facility, and
53 shall use the information provided or received under this section solely
54 for the purposes of improvement of the quality of fetal infant health
55 care and to prevent fetal infant mortality and morbidity. This subdivi-
56 sion shall not preclude the transmitting of information to the review

1 board that is reasonably necessary to enable the review board to perform
2 an appropriate review under this section. All records received, meetings
3 conducted, reports, except those public reports required to be issued by
4 the review board by this section, and records made and maintained and
5 all books and papers obtained by the review board shall be confidential
6 and shall not be made open or available, including under article six of
7 the public officers law, and shall be limited to review board members as
8 well as those authorized by the commissioner. Such information shall not
9 be discoverable or admissible as evidence in any action in any court or
10 before any other tribunal, board, agency or person.

11 g. The commissioner may use the recommendations and findings of the
12 review board to develop guidance and other actions relating to best
13 practices, and shall disseminate information relating to that guidance
14 and other actions to appropriate health care providers.

15 § 2. This act shall take effect immediately.