AN ACT
RELATING TO PUBLIC HEALTH; ENACTING THE MATERNAL MORTALITY AND MORBIDITY PREVENTION ACT TO ESTABLISH A MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY REVIEW COMMITTEE TO REVIEW MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY IN THE STATE AND MAKE RECOMMENDATIONS FOR PREVENTING FURTHER MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY; CREATING AN ABSTRACTOR SUBCOMMITTEE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. SHORT TITLE.--This act may be cited as the "Maternal Mortality and Morbidity Prevention Act".

SECTION 2. DEFINITIONS.--As used in the Maternal Mortality and Morbidity Prevention Act:

A. "aggregate data" means health care data that exclude any individually identifiable health information, including patient and health care provider identification;

B. "chief medical officer" means the chief medical officer of the department;

C. "committee" means the maternal mortality and severe maternal morbidity review committee, including the subcommittee;

D. "de-identified data" means removal any of the following identifiers:

   (1) names;
(2) any geographic subdivision smaller than a state, including street address, city, county, precinct and zip code and their equivalent geocodes;

(3) all elements of dates, except the year of an incident, for dates directly related to an individual, including birth date, admission date, discharge date and date of death;

(4) telephone numbers;

(5) fax numbers;

(6) electronic mail addresses;

(7) social security numbers;

(8) medical record numbers;

(9) health plan beneficiary numbers;

(10) account numbers;

(11) certificate and license numbers;

(12) vehicle identifiers and serial numbers, including license plate numbers;

(13) device identifiers and serial numbers;

(14) web universal resource locators, also known as "URLs";

(15) internet protocol address numbers;

(16) biometric identifiers, including finger and voice prints;

(17) full-face photographic images and any comparable images; and
(18) any other unique identifying number, characteristic or code;

E. "department" means the department of health;

F. "health care provider" means:

(1) an individual licensed, certified or otherwise authorized to provide health care services in the ordinary course of business in the state; or

(2) a health facility that the department licenses;

G. "law enforcement agency" means a law enforcement agency of the state or a political subdivision of the state;

H. "maternal mortality" means the death of a pregnant woman or a woman within one year postpartum;

I. "medical record" means the written or graphic documentation, sound recording or electronic record relating to medical, behavioral health and health care services that a patient receives from a health care provider, under the direction of a physician or another licensed health care provider. "Medical record" includes diagnostic documentation, including an x-ray, electrocardiogram and electroencephalogram; other test results; data entered into a prescription drug monitoring program; and an autopsy report;

J. "severe maternal morbidity" means a condition that occurs in a woman during pregnancy or within one year of
the end of pregnancy that results in:

(1) admission to the intensive care unit of
a health facility; or

(2) transfusion of four or more units of red
blood cells; and

K. "subcommittee" means the abstractor
subcommittee of the committee.

SECTION 3. MATERNAL MORTALITY AND SEVERE MATERNAL
MORBIDITY COMMITTEE--CREATION--MEMBERSHIP--DUTIES.--

A. The "maternal mortality and severe maternal
morbidity review committee" is created in the department.
The committee shall be composed of a maximum of twenty-five
members that the chief medical officer shall appoint to serve
three-year terms. In appointing members of the committee,
the chief medical officer shall appoint members from
geographic areas throughout the state with knowledge of
maternal mortality and severe maternal morbidity, including
representatives of hospitals and other birthing facilities;
obstetrical providers; nursing providers; the office of the
state medical investigator; the department; representatives
of an association of perinatal health care providers that
work in a perinatal health care collaborative; and other
professionals that the chief medical officer deems
appropriate.

B. Committee members shall serve terms of three
years; provided that the initial members' terms shall be staggered in accordance with department rules. The secretary of health shall call the first meeting, at which the committee shall elect a chair. Thereafter, the committee shall meet at the call of the chair.

C. Committee members shall serve without any compensation or perquisite arising from their service.

D. The committee shall:

(1) review each maternal mortality and severe maternal morbidity incident in the state related to each maternal mortality, using the de-identified case summary that the subcommittee provides;

(2) investigate and review incidents of maternal mortality and severe maternal morbidity;

(3) outline trends and patterns relating to maternal mortality and severe maternal morbidity in the state;

(4) compile reports, using aggregate data based on the cases that the department identifies for reporting. The committee shall compile these reports on an annual basis in an effort to further study the causes and problems associated with maternal mortality and severe maternal morbidity and distribute these reports to the legislature, government agencies, health care providers and others as necessary to reduce the maternal mortality rate in
the state. These reports shall include recommendations to
assist health care providers in reducing maternal mortality
and morbidity;

(5) serve as a link with maternal mortality
and morbidity review teams nationwide and participate in
national maternal mortality and morbidity review team
activities; and

(6) perform any other functions as resources
allow to enhance efforts to reduce and prevent maternal
mortality and severe maternal morbidity in the state.

SECTION 4. ACCESS TO HEALTH INFORMATION--ABSTRACTOR

A. A health care provider, the office of the state
medical investigator and the vital records and health
statistics bureau of the department shall notify the chief
medical officer of any incident of maternal mortality or
severe maternal morbidity within three months of the
incident.

B. Except as otherwise provided by law, the
subcommittee may access medical records and other health
information relating to an incidence of maternal mortality
and severe maternal morbidity at any time within five years
from the date of the incidence. At the request of the chief
medical officer, a health care provider, the office of the
state medical investigator and the vital records and health
statistics bureau of the department shall provide medical records and other requested health information to the department relating to each incidence of maternal mortality and severe maternal morbidity for access by the subcommittee. Upon the request of the department, a law enforcement agency shall provide any report relating to an incidence of maternal mortality and severe maternal morbidity to the committee. A health care provider or law enforcement agency that provides a medical record, health information or report pursuant to this section with reasonable care and in compliance with the law shall not be held criminally or civilly liable for that release of information.

C. The following shall be confidential and shall not be subject to the Open Meetings Act or the Inspection of Public Records Act or subject to any subpoena, discovery request or introduction into evidence in a civil or criminal proceeding unless obtained from a source separate and apart from the committee or department by valid means as provided by law:

(1) any meeting, part of a meeting or activity of the committee or subcommittee at which data or other information are to be discussed and that may result in disclosure to the public of information protected by law; and

(2) except as may be necessary in furtherance of the duties of the committee or in response to
an alleged violation of a confidentiality agreement pursuant to Subsection E of this section, any information, record, report, notes, memorandum or other data that the department or committee obtains pursuant to the Maternal Mortality and Morbidity Prevention Act.

D. The chief medical officer shall appoint a three-member "abstractor subcommittee" of the committee, to be chaired by the chief medical officer and composed of public health and clinical health care providers who are members of the committee. The subcommittee shall meet at the call of the chief medical officer to review all medical records and documents related to each incident of maternal mortality and severe maternal morbidity that occurs in the state. The subcommittee shall perform a thorough record abstraction to obtain details of incidences and issues relating to maternal mortality and severe maternal morbidity. The subcommittee shall prepare an annual report for the committee that contains de-identified data and analysis relating to maternal mortality and severe maternal morbidity. Only members of the subcommittee shall have access to medical records and vital records data.

E. Each committee and subcommittee member shall sign a confidentiality agreement that indicates the member's adherence to the provisions of this section.

SECTION 5. RULEMAKING.--By December 31, 2019, the
secretary of health shall adopt and promulgate rules to carry out the provisions of the Maternal Mortality and Morbidity Act.