

Amendment No. 1 to HB1757

Sexton C
Signature of Sponsor

AMEND Senate Bill No. 2303

House Bill No. 1757*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 3, is amended by adding Sections 2 through 13 as a new part:

SECTION 2. This part shall be known and may be cited as the "Maternal Mortality Review and Prevention Act of 2016."

SECTION 3.

(a) The general assembly finds that:

(1) Maternal deaths are a serious public health concern and have a tremendous family and societal impact;

(2) Maternal deaths are significantly underestimated and inadequately documented, preventing efforts to identify and reduce or eliminate the causes of death;

(3) No processes exist in this state for the confidential identification, investigation, or dissemination of findings regarding maternal deaths;

(4) The centers for disease control and prevention has determined that maternal deaths should be investigated through state-based maternal mortality reviews in order to institute the systemic changes needed to decrease maternal mortality; and

(5) There is a need to establish a program to review maternal deaths and to develop strategies for the prevention of maternal deaths in this state.

(b) As used in this section:

(1) "Department" means the department of health;

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(2) "Maternal death" or "maternal mortality" means a:

(A) Pregnancy-associated death;

(B) Pregnancy-related death; or

(C) Pregnancy-associated but not a pregnancy-related death;

(3) "Pregnancy-associated death" means the death of a woman while pregnant or within one (1) year of the end of her pregnancy, irrespective of the cause of death and regardless of the duration or site of the pregnancy;

(4) "Pregnancy-associated, but not pregnancy-related death" means the death of a woman while pregnant or within one (1) year following the end of pregnancy, due to a cause unrelated to the pregnancy; and

(5) "Pregnancy-related death" means the death of a woman while pregnant or within one (1) year of the end of her pregnancy, regardless of the duration or site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

SECTION 4. The commissioner of health is authorized to create the Tennessee maternal mortality review program. The intent of the Tennessee maternal mortality review program is to identify and address the factors contributing to poor pregnancy outcomes for women and facilitate state systems changes to improve the health of women before, during and after pregnancy.

SECTION 5. There is created the Tennessee maternal mortality review and prevention team, otherwise known as the state team. For administrative purposes only, the state team shall be attached to the department of health.

SECTION 6.

The composition of the state team shall include:

- (1) The commissioner of health or the commissioner's designee;
- (2) The state maternal and child health director or the director's designee;
- (3) A physician licensed or certified under title 63, chapter 6 or 9, with training in obstetrics;
- (4) A physician licensed or certified under title 63, chapter 6 or 9, with training in neonatology;
- (5) A hospital-based nurse with experience in obstetrics, labor and delivery, postpartum, or maternity care;
- (6) The chief medical examiner or the examiner's designee;
- (7) The chair of the health and welfare committee of the senate, or the chair's designee;
- (8) The chair of the health committee of the house of representatives, or the chair's designee; and
- (9) Additional members as determined by the department, including representatives from multiple disciplines and relevant community-based organizations as necessary to fulfill the intent of this part.

SECTION 7. All members of the state team shall be voting members. All vacancies shall be filled by the appointing or designating authority in accordance with the rules promulgated under Section 13.

SECTION 8.

The state team shall:

- (1) Review maternal deaths according to rules established under this part;
- (2) Make determinations regarding the preventability of maternal deaths;

(3) Report at least biennially to the governor and the general assembly concerning the state team's activities and its recommendations for changes to any law, rule, and policy that would promote the safety and well-being of women and prevention of maternal deaths; and

(4) Undertake annual statistical studies of the incidents and causes of maternal mortality in this state and disseminate findings and recommendations to policy makers, healthcare providers, healthcare facilities, and the general public.

SECTION 9.

(a)

(1) The department of health and the state team are public health authorities conducting public health activities pursuant to the federal Health Insurance Portability and Accountability Act (HIPAA), compiled in 42 U.S.C. § 1320d, et seq. Notwithstanding §§ 63-2-101(b) and 68-11-1502, and any express or implied contracts, agreements, or covenants of confidentiality based upon §§ 63-2-101(b) and 68-11-1502, the records of all healthcare facilities and providers shall be made available to the state team for inspection and copying as necessary to complete the review of a specific fatality and effectuate the intent of this part.

(2) The state team:

(A) Is authorized to inspect and copy any other records from any source as necessary to complete the review of a specific fatality and effectuate the intent of this part, including, but not limited to, hospital records, outpatient clinic and laboratory records, police investigations data, medical examiner investigative data, vital records cause of death information, social services records, and records from state offices, agencies, and departments; and

(B) May share information with other public health authorities or their designees as the state team may determine necessary to achieve the goals of the program.

(b) The state team may request that persons with direct knowledge of circumstances surrounding a particular fatality provide the state team with information necessary to complete the review of the particular fatality; such persons may include healthcare providers or staff involved in the care of the woman or the person who first responded to a report concerning the woman.

(c) Meetings of the state team shall not be subject to title 8, chapter 44, part 1. Any minutes or other information generated during official meetings of the state team shall be sealed from public inspection. However, the state team may periodically make available, in a general manner that shall not reveal confidential information about individual cases, the aggregate findings of team's reviews and their recommendations for preventive actions.

(d)

(1) All information and records acquired by the state team in the exercise of their duties shall be confidential and not subject to discovery or introduction into evidence in any proceedings; provided, however, certain information may be disclosed as necessary to carry out the purposes of the state team.

(2) A member of the state team or attendee of a team meeting shall not:

(A) Release to the public or the news media information discussed at official meetings; or

(B) Testify in any proceeding about details of the team meeting, including any information presented at the meeting, or about opinions formed by the person as a result of the meeting.

(3) This subsection (d) shall not prohibit a person from testifying in a civil or criminal action about matters that occurred in the team meeting; provided, that such testimony shall be based upon the person's independent knowledge.

(e) Each member of the state team and any attendee of a meeting of the state team shall sign a statement indicating an understanding of and adherence to the state team's confidentiality requirements, including potential civil or criminal consequences for a breach of confidentiality pursuant to this part.

SECTION 10. To the extent of funds available, the state team may hire staff or consultants to assist the state team in completing their duties.

SECTION 11. A person or facility acting in good faith in compliance with this part shall be immune from civil and criminal liability arising from such action.

SECTION 12. Nothing in this part shall preclude any maternal death investigations or reviews to the extent authorized by any other law.

SECTION 13. The commissioner of health is authorized to promulgate such rules, pursuant to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, as are necessary to carry out the intent of this part. The rules authorized pursuant to this section may address, but not be limited to, the following:

(1) The procedures by which healthcare providers, healthcare facilities, and other parties identify and report maternal deaths to the department or as directed by the department;

(2) The protocols, procedures, methods, manner, and extent of all investigations and reviews; and

(3) The manner in and extent to which information shall be disseminated in accordance with the intent of this part.

SECTION 14. This act shall take effect January 1, 2017, the public welfare requiring it, and shall apply to deaths occurring on or after such date.