

Enrolled House Bill 4133

Sponsored by Representative KENY-GUYER, Senator STEINER HAYWARD, Representative BYNUM, Senator FREDERICK; Representatives ALONSO LEON, HAYDEN, HERNANDEZ, MALSTROM, MARSH, NOBLE, PARRISH, POWER, SALINAS, SANCHEZ, SMITH DB, Senators DEMBROW, JOHNSON, MONNES ANDERSON, ROBLAN (Presession filed.)

CHAPTER

AN ACT

Relating to Maternal Mortality and Morbidity Review Committee; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) As used in this section:

(a) “Maternal mortality” means the pregnancy-related death of a person within 365 days after the end of the pregnancy.

(b) “Severe maternal morbidity” includes pregnancy-related outcomes that result in significant short-term or long-term consequences to a person’s health.

(2) The Maternal Mortality and Morbidity Review Committee is established in the Oregon Health Authority to conduct studies and reviews of the incidence of maternal mortality and severe maternal morbidity and to make policy and budget recommendations to reduce the incidence of maternal mortality and severe maternal morbidity in this state.

(3) The committee shall consist of at least 11 but not more than 15 members appointed by the Governor. The Governor shall consider for membership the following individuals:

(a) A physician licensed under ORS chapter 677 who specializes in family medicine and whose practice includes maternity care and delivery;

(b) A physician licensed under ORS chapter 677 who specializes in obstetrics and gynecology;

(c) A physician licensed under ORS chapter 677 who specializes in maternal fetal medicine;

(d) A licensed registered nurse who specializes in labor and delivery;

(e) A licensed registered nurse who is certified by the Oregon State Board of Nursing as a nurse midwife nurse practitioner;

(f) A direct entry midwife licensed under ORS 687.405 to 687.495;

(g) An individual who meets criteria for a doula adopted by the authority in accordance with ORS 414.665;

(h) A traditional health worker;

(i) An individual who represents a community-based organization that represents communities of color and focuses on reducing racial and ethnic health disparities;

(j) An individual who represents a community-based organization that focuses on treatment of mental health;

(k) An individual who represents the authority with an expertise in the field of maternal and child health;

(L) An individual who is an expert in the field of public health; and

(m) A medical examiner.

(4) In appointing members under subsection (3) of this section, the Governor shall consider whether the composition of the committee is reasonably representative of this state's geographic, ethnic and economic diversity.

(5) Members of the committee shall serve for terms of four years each. The Governor shall fill a vacancy on the committee by making an appointment to become immediately effective for the unexpired term. The Governor shall assign the initial terms of office to members so that the terms expire at staggered intervals.

(6) The committee shall elect one of its members to serve as chairperson. A majority of the members of the committee constitutes a quorum.

(7) The committee shall meet at times and places specified by the call of the chairperson or of a majority of the members of the committee.

(8) The committee shall convene in closed, nonpublic meetings.

(9) A member of the committee is not entitled to compensation, but in the discretion of the authority may be reimbursed from funds available to the authority for actual and necessary travel and other expenses incurred by the member in the performance of the member's official duties in the manner and amount provided in ORS 292.495.

(10) The authority may adopt rules necessary for the operation of the committee.

(11) The committee shall:

(a) Study and review information relating to the incidence of maternal mortality and severe maternal morbidity in this state.

(b) Examine whether social determinants of health are contributing factors to the incidence of maternal mortality and severe maternal morbidity including, but not limited to:

(A) Race and ethnicity;

(B) Socioeconomic status;

(C) Domestic abuse or violence;

(D) Access to affordable housing;

(E) Access to primary and preventive health care services, oral health care services and behavioral health services for a person who is of reproductive age; and

(F) Gaps in insurance coverage postpartum or following pregnancy.

(12)(a) Upon request by the division of the authority that is charged with public health functions, the following shall make available to the committee information relating to the incidence of maternal mortality and severe maternal morbidity in this state:

(A) Health care providers;

(B) Providers of social services;

(C) Health care facilities;

(D) The authority;

(E) The Department of Human Services;

(F) Law enforcement agencies;

(G) Medical examiners; and

(H) Any other state and local agency deemed relevant by the committee.

(b) Information made available to the committee may include, but need not be limited to, the following:

(A) Medical records;

(B) Autopsy reports;

(C) Birth records;

(D) Death records;

(E) Social services files;

(F) Information obtained during any family interviews; and

(G) Any other data or information the committee may deem relevant in connection with maternal mortality and severe maternal morbidity.

(c) A person may not charge or collect a fee for providing information to the committee pursuant to this subsection.

(13) Notwithstanding any other law relating to sharing confidential information, all agencies of state government, as defined in ORS 174.111, are directed to assist the committee in the performance of duties of the committee and shall furnish information and advice as deemed necessary by the members of the committee.

(14)(a) All meetings and activities of the committee are exempt from the requirements of ORS 192.610 to 192.690.

(b) All information obtained, created or maintained by the committee is:

(A) Confidential and exempt from disclosure under ORS 192.311 to 192.478; and

(B) Not admissible in evidence in a judicial, administrative, arbitration or mediation proceeding.

(c) Committee members may not be:

(A) Examined as to any communications to or from the committee or as to any information obtained or maintained by the committee; or

(B) Subject to an action for civil damages for affirmative actions or statements made in good faith.

(d) This subsection does not limit the discoverability or admissibility of any information that is available from any source other than the committee in a judicial, administrative, arbitration or mediation proceeding.

(15) A person who acts in good faith in making information available to the committee under subsection (12) or (13) of this section:

(a) Has immunity:

(A) From any civil or criminal liability that might otherwise be incurred or imposed with respect to releasing the information;

(B) From disciplinary action taken by the person's employer with respect to releasing the information; and

(C) With respect to participating in any judicial proceeding resulting from or involving the release of information; and

(b) May not be examined as to any communications to or from the committee or as to any information obtained, created or maintained by the committee.

(16) Nothing in subsection (14) or (15) of this section may be construed to limit or restrict the discoverability or admissibility of any information that is available from any person or any other source independent of the meetings or activities of the committee in a civil or criminal proceeding.

(17)(a) The committee shall submit a biennial report in the manner provided in ORS 192.245, and may include recommendations for legislation, to the interim committees of the Legislative Assembly related to health care. The report submitted under this subsection must include, but is not limited to, the following:

(A) A summary of the committee's conclusions and findings relating to maternal mortality;

(B) Aggregated data related to the cases of maternal mortality in this state that is not individually identifiable;

(C) A description of actions that are necessary to implement any recommendations of the committee to prevent occurrences of maternal mortality in this state; and

(D) Recommendations for allocating state resources to decrease the rate of maternal mortality in this state.

(b) A biennial report submitted after January 2, 2021, in addition to providing the information described in paragraph (a) of this subsection, must describe how the information relates to severe maternal morbidity.

(18) The committee shall provide the report required under subsection (17) of this section to health care providers and facilities, relevant state agencies and any others as the committee deems necessary to reduce the incidence of maternal mortality and severe maternal morbidity.

SECTION 2. (1) The Maternal Mortality and Morbidity Review Committee shall perform studies and reviews of the incidence of maternal mortality, as defined in section 1 of this 2018 Act, as soon as practicable after the effective date of this 2018 Act but not later than July 1, 2019.

(2) The committee shall perform studies and reviews of the incidence of severe maternal morbidity, as defined in section 1 of this 2018 Act, as soon as practicable after the effective date of this 2018 Act but not later than July 1, 2021.

SECTION 3. (1) The Maternal Mortality and Morbidity Review Committee shall, in the manner provided in ORS 192.245, submit a progress report concerning the committee's membership and rules to the interim committees of the Legislative Assembly related to health care no later than January 1, 2019.

(2) The committee shall submit the first biennial report required under section 1 (17)(a) of this 2018 Act no later than January 1, 2021.

SECTION 4. Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (1), chapter 545, Oregon Laws 2017, for the biennium ending June 30, 2019, for programs, is increased by \$46,202 for the purpose of carrying out the provisions of sections 1 to 3 of this 2018 Act.

SECTION 5. This 2018 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2018 Act takes effect on its passage.

Passed by House March 1, 2018

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Timothy G. Sekerak, Chief Clerk of House

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Tina Kotek, Speaker of House

Passed by Senate March 2, 2018

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Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2018

Approved:

.....M.,....., 2018

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Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2018

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Dennis Richardson, Secretary of State