

SENATE BILL 891

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CF HB 1112

By: **Senator Carozza**

Introduced and read first time: February 9, 2021

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Maternal and Child Mortality – Review and Perinatal Hospice**
3 **Services**

4 FOR the purpose of authorizing the State Child Fatality Review Team to enter into a
5 certain agreement for certain storage of data and requiring the agreement to provide
6 certain protection and address certain issues; requiring a certain entity to comply
7 with certain confidentiality requirements; authorizing the Maternal Mortality
8 Review Program to enter into a certain agreement for certain storage of data and
9 requiring the agreement to provide certain protection and address certain issues;
10 authorizing a physician or nurse practitioner who diagnoses an unborn child as
11 having a certain anomaly to inform the pregnant woman in a certain manner of
12 certain services, offer or refer the pregnant woman for certain services, and provide
13 to the pregnant woman a certain information sheet in a certain manner; requiring
14 the Maryland Department of Health to develop a certain list of certain perinatal
15 hospice programs; requiring the Department to publish on its website certain
16 information and a certain list; requiring that the Department’s website and a certain
17 information sheet include a certain statement, a certain description, and certain
18 information; requiring the Department to make a certain information sheet available
19 in certain languages and in a certain format; authorizing a perinatal hospice
20 program to request that the Department include certain information on the
21 Department’s website; authorizing the Department to add certain information to its
22 website under certain circumstances; defining certain terms; requiring the
23 Department to publish certain information within a certain period of time; and
24 generally relating to maternal and child mortality.

25 BY repealing and reenacting, without amendments,
26 Article – Health – General
27 Section 5–701(a) and (i)
28 Annotated Code of Maryland
29 (2019 Replacement Volume and 2020 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 BY repealing and reenacting, with amendments,
2 Article – Health – General
3 Section 5–709 and 13–1204
4 Annotated Code of Maryland
5 (2019 Replacement Volume and 2020 Supplement)

6 BY adding to
7 Article – Health – General
8 Section 20–2001 to be under the new subtitle “Subtitle 20. Perinatal Hospice
9 Services”
10 Annotated Code of Maryland
11 (2019 Replacement Volume and 2020 Supplement)

12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
13 That the Laws of Maryland read as follows:

14 **Article – Health – General**

15 5–701.

16 (a) In this subtitle the following words have the meanings indicated.

17 (i) “State Team” means the State Child Fatality Review Team.

18 5–709.

19 (a) All information and records acquired by the State Team or by a local team, in
20 the exercise of its purpose and duties under this subtitle, are confidential, exempt from
21 disclosure under Title 4 of the General Provisions Article, and may only be disclosed as
22 necessary to carry out the team’s duties and purposes.

23 (b) Statistical compilations of data that do not contain any information that would
24 permit the identification of any person to be ascertained are public records.

25 (c) Reports of the State Team and of a local team that do not contain any
26 information that would permit the identification of any person to be ascertained are public
27 information.

28 (d) Except as necessary to carry out a team’s purpose and duties, members of a
29 team and persons attending a team meeting may not disclose what transpired at a meeting
30 that is not public under § 5–708 of this subtitle or any information the disclosure of which
31 is prohibited by this section.

32 (e) Members of a team, persons attending a team meeting, and persons who
33 present information to a team may not be questioned in any civil or criminal proceeding
34 regarding information presented in or opinions formed as a result of a meeting. This
35 subsection does not prohibit a person from testifying to information obtained independently

1 of the team or that is public information.

2 (f) (1) Except as provided in paragraph (2) of this subsection, information,
3 documents, and records of the State Team or of a local team are not subject to subpoena,
4 discovery, or introduction into evidence in any civil or criminal proceeding.

5 (2) Information, documents, and records otherwise available from other
6 sources are not immune from subpoena, discovery, or introduction into evidence through
7 those sources solely because they were presented during proceedings of the team or are
8 maintained by a team.

9 (G) (1) **THE STATE TEAM MAY ENTER INTO A WRITTEN AGREEMENT WITH
10 AN ENTITY TO PROVIDE FOR THE SECURE STORAGE OF DATA BASED ON
11 INFORMATION AND RECORDS COLLECTED BY THE STATE TEAM UNDER THIS
12 SUBTITLE, INCLUDING DATA THAT CONTAINS PERSONAL OR INCIDENT IDENTIFIERS.**

13 (2) **AN AGREEMENT ENTERED INTO UNDER PARAGRAPH (1) OF THIS
14 SUBSECTION SHALL:**

15 (I) **PROVIDE FOR THE PROTECTION OF THE SECURITY AND
16 CONFIDENTIALITY OF INFORMATION; AND**

17 (II) **ADDRESS THE FOLLOWING ISSUES REGARDING THE
18 INFORMATION:**

19 1. **LIMITATIONS TO ACCESS;**

20 2. **STORAGE; AND**

21 3. **DESTRUCTION OF INFORMATION.**

22 (3) **AN ENTITY WITH AN AGREEMENT TO STORE DATA UNDER THIS
23 SUBSECTION SHALL COMPLY WITH THE CONFIDENTIALITY REQUIREMENTS OF THIS
24 SUBTITLE.**

25 [(g)] (H) Violation of this section is a misdemeanor and is punishable by a fine
26 not exceeding \$500 or imprisonment not exceeding 90 days or both.

27 13–1204.

28 (a) The Secretary may contract with MedChi to administer the Maternal
29 Mortality Review Program.

30 (b) In consultation with the maternal mortality review committee of MedChi, the
31 Secretary shall develop a system to:

1 (1) Identify maternal death cases;

2 (2) Review medical records and other relevant data;

3 (3) Contact family members and other affected or involved persons to
4 collect additional relevant data;

5 (4) Consult with relevant experts to evaluate the records and data
6 collected;

7 (5) Make determinations regarding the preventability of maternal deaths;

8 (6) Develop recommendations for the prevention of maternal deaths; and

9 (7) Disseminate findings and recommendations to policy makers, health
10 care providers, health care facilities, and the general public.

11 (c) On the approval of the Secretary and with a signed data use agreement, the
12 Department may release de-identified data and findings to the Centers for Disease Control
13 and Prevention, local maternal mortality review teams, and other entities at the discretion
14 of the Secretary.

15 (d) In accordance with § 4-221 of this article and notwithstanding § 4-224 of this
16 article, the Secretary shall provide the Program with:

17 (1) Information on maternal death cases when the records become
18 available, including a copy of the death certificate; and

19 (2) Medical information from the birth or fetal death record for any
20 pregnancy that occurred within 1 year before the death of the woman, excluding Social
21 Security numbers, addresses, and names of the infants.

22 (e) On the request of the Secretary, the Program shall be provided access, to the
23 extent allowed by law, to all information and records maintained by a State or local
24 government agency, law enforcement investigative information, medical examiner
25 investigative information, parole and probation information and records, and information
26 and records of a social services agency that provided services to a woman whose death is
27 being reviewed by the Program.

28 (f) The Maternal Mortality Review Program, in consultation with the Office of
29 Minority Health and Health Disparities, shall make recommendations to reduce any
30 disparities in the maternal mortality rate including recommendations related to social
31 determinants of health.

32 **(G) (1) THE MATERNAL MORTALITY REVIEW PROGRAM MAY ENTER**
33 **INTO A WRITTEN AGREEMENT WITH AN ENTITY TO PROVIDE FOR THE SECURE**

1 STORAGE OF DATA BASED ON INFORMATION AND RECORDS COLLECTED BY THE
2 PROGRAM UNDER THIS SUBTITLE, INCLUDING DATA THAT CONTAINS PERSONAL OR
3 INCIDENT IDENTIFIERS.

4 (2) AN AGREEMENT ENTERED INTO UNDER PARAGRAPH (1) OF THIS
5 SUBSECTION SHALL:

6 (I) PROVIDE FOR THE PROTECTION OF THE SECURITY AND
7 CONFIDENTIALITY OF INFORMATION; AND

8 (II) ADDRESS THE FOLLOWING ISSUES REGARDING THE
9 INFORMATION:

10 1. LIMITATIONS TO ACCESS;

11 2. STORAGE; AND

12 3. DESTRUCTION OF INFORMATION.

13 (3) AN ENTITY WITH AN AGREEMENT TO STORE DATA UNDER THIS
14 SUBSECTION SHALL COMPLY WITH THE CONFIDENTIALITY REQUIREMENTS OF THIS
15 SUBTITLE.

16 SUBTITLE 20. PERINATAL HOSPICE SERVICES.

17 20-2001.

18 (A) (1) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
19 INDICATED.

20 (2) "LETHAL FETAL ANOMALY" MEANS A FETAL CONDITION
21 DIAGNOSED BEFORE BIRTH THAT WILL, WITH REASONABLE CERTAINTY, RESULT IN
22 THE DEATH OF THE UNBORN CHILD WITHIN 3 MONTHS AFTER BIRTH.

23 (3) "NURSE PRACTITIONER" MEANS AN INDIVIDUAL LICENSED TO
24 PRACTICE REGISTERED NURSING IN THE STATE AND WHO IS CERTIFIED AS A NURSE
25 PRACTITIONER BY THE STATE BOARD OF NURSING UNDER TITLE 8 OF THE HEALTH
26 OCCUPATIONS ARTICLE.

27 (4) (I) "PERINATAL HOSPICE" MEANS COMPREHENSIVE SUPPORT
28 TO A PREGNANT WOMAN AND HER FAMILY THAT INCLUDES SUPPORT FROM THE
29 TIME OF DIAGNOSIS THROUGH THE TIME OF BIRTH AND THE DEATH OF THE INFANT,
30 AND THROUGH THE POSTPARTUM PERIOD.

1 (II) "PERINATAL HOSPICE" MAY INCLUDE COUNSELING AND
2 MEDICAL CARE BY MATERNAL-FETAL MEDICAL SPECIALISTS, OBSTETRICIANS,
3 NEONATOLOGISTS, ANESTHESIA SPECIALISTS, CLERGY, SOCIAL WORKERS, AND
4 SPECIALTY NURSES FOCUSED ON ALLEVIATING FEAR AND ENSURING THAT THE
5 WOMAN AND HER FAMILY EXPERIENCE THE LIFE AND DEATH OF THEIR CHILD IN A
6 COMFORTABLE AND SUPPORTIVE ENVIRONMENT.

7 (5) "PHYSICIAN" MEANS AN INDIVIDUAL LICENSED TO PRACTICE
8 MEDICINE UNDER TITLE 14 OF THE HEALTH OCCUPATIONS ARTICLE.

9 (B) A PHYSICIAN OR NURSE PRACTITIONER WHO DIAGNOSES AN UNBORN
10 CHILD AS HAVING A LETHAL FETAL ANOMALY MAY:

11 (1) INFORM THE PREGNANT WOMAN, ORALLY AND IN PERSON, THAT
12 PERINATAL HOSPICE SERVICES ARE AVAILABLE;

13 (2) OFFER OR REFER THE PREGNANT WOMAN FOR PERINATAL
14 HOSPICE SERVICES; AND

15 (3) PROVIDE TO THE PREGNANT WOMAN IN WRITING THE
16 INFORMATION SHEET PUBLISHED BY THE DEPARTMENT UNDER SUBSECTION (C) OF
17 THIS SECTION.

18 (C) (1) THE DEPARTMENT SHALL DEVELOP A LIST OF PERINATAL
19 HOSPICE PROGRAMS AVAILABLE IN THE STATE AND NATIONALLY THAT IS
20 ORGANIZED GEOGRAPHICALLY.

21 (2) THE DEPARTMENT SHALL PUBLISH ON ITS WEBSITE:

22 (I) AN INFORMATION SHEET ON PERINATAL HOSPICE
23 PROGRAMS; AND

24 (II) THE LIST DEVELOPED UNDER PARAGRAPH (1) OF THIS
25 SUBSECTION.

26 (3) THE DEPARTMENT'S WEBSITE AND THE INFORMATION SHEET
27 PUBLISHED UNDER PARAGRAPH (2) OF THIS SUBSECTION SHALL INCLUDE:

28 (I) A STATEMENT INDICATING THAT PERINATAL HOSPICE IS AN
29 INNOVATIVE AND COMPASSIONATE MODEL OF SUPPORT FOR A PREGNANT WOMAN
30 WHO IS INFORMED THAT HER UNBORN CHILD HAS A LETHAL FETAL ANOMALY AND
31 WHO CHOOSES TO CONTINUE HER PREGNANCY;

1 **(II) A GENERAL DESCRIPTION OF THE HEALTH CARE SERVICES**
2 **AVAILABLE FROM PERINATAL HOSPICE PROGRAMS; AND**

3 **(III) APPROPRIATE CONTACT INFORMATION FOR PERINATAL**
4 **HOSPICE SERVICES, INCLUDING AVAILABLE 24-HOUR PERINATAL HOSPICE**
5 **SERVICES.**

6 **(4) THE DEPARTMENT SHALL MAKE THE INFORMATION SHEET**
7 **PUBLISHED UNDER PARAGRAPH (2) OF THIS SUBSECTION AVAILABLE:**

8 **(I) IN BOTH ENGLISH AND SPANISH; AND**

9 **(II) IN A FORMAT THAT CAN BE PRINTED AND PROVIDED BY A**
10 **PHYSICIAN OR NURSE PRACTITIONER TO A PREGNANT WOMAN UNDER SUBSECTION**
11 **(B) OF THIS SECTION.**

12 **(5) (I) A PERINATAL HOSPICE PROGRAM MAY REQUEST THAT THE**
13 **DEPARTMENT INCLUDE THE PROGRAM'S INFORMATIONAL MATERIAL AND CONTACT**
14 **INFORMATION ON THE DEPARTMENT'S WEBSITE.**

15 **(II) THE DEPARTMENT MAY ADD PERINATAL HOSPICE**
16 **INFORMATION TO THE WEBSITE IF A REQUEST IS MADE UNDER SUBPARAGRAPH (I)**
17 **OF THIS PARAGRAPH.**

18 SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Department of
19 Health shall publish the information required under § 20-2001(c) of the Health – General
20 Article, as enacted by Section 1 of this Act, within 90 days after the effective date of this
21 Act.

22 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
23 October 1, 2021.