

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas  
92nd General Assembly  
Regular Session, 2019

As Engrossed: H2/18/19 H2/20/19  
**A Bill**

HOUSE BILL 1440

By: Representatives D. Ferguson, Bentley, Barker, Brown, Burch, Capp, Cavanaugh, Clowney, Crawford, Dalby, C. Fite, V. Flowers, D. Garner, Godfrey, M. Gray, Lundstrum, McCullough, Petty, Rushing, Scott, Speaks, Vaught, Della Rosa, *Eaves*

By: Senators Irvin, Bledsoe, J. English, Elliott, L. Chesterfield

### **For An Act To Be Entitled**

AN ACT TO ESTABLISH THE MATERNAL MORTALITY REVIEW  
COMMITTEE; AND FOR OTHER PURPOSES.

### **Subtitle**

TO ESTABLISH THE MATERNAL MORTALITY  
REVIEW COMMITTEE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. DO NOT CODIFY. Legislative findings and intent.

(a) The General Assembly finds that:

(1) Arkansas ranks forty-fourth in maternal mortality compared with other states according to the 2018 United Health Foundation report on the Health of Women and Children;

(2) Arkansas currently has thirty-five (35) maternal deaths per one hundred thousand (100,000) live births, compared with the national average of twenty (20) deaths per one hundred thousand (100,000) live births, according to the Centers for Disease Control and Prevention;

(3) Thirty-five (35) states in the nation either conduct or are preparing to conduct organized maternal mortality reviews that help prevent maternal death through data collection, data analysis, and implementation of recommendations; and

(4) With roughly half of pregnancy-related deaths being preventable, state maternal mortality review committees are vital to



understanding why women are dying during pregnancy, childbirth, and the year postpartum, and to achieving goals of improving maternal health and preventing future deaths.

(b) It is the intent of the General Assembly to establish a maternal mortality review committee in the State of Arkansas and to decrease the amount of maternal deaths in the state.

SECTION 2. Arkansas Code Title 20, Chapter 15, is amended to add an additional subchapter to read as follows:

Subchapter 23 – Maternal Mortality Review Committee

20-15-2301. Maternal Mortality Review Committee.

(a)(1) The Department of Health shall establish the Maternal Mortality Review Committee to review maternal deaths and to develop strategies for the prevention of maternal deaths.

(2) The committee shall be multidisciplinary and composed of members as deemed appropriate by the department.

(b) The department may contract with an external organization to assist in collecting, analyzing, and disseminating maternal mortality information, organizing and convening meetings of the committee, and other tasks as may be incident to these activities, including providing the necessary data, information, and resources to ensure successful completion of the ongoing review required by this section.

20-15-2302. Powers and duties.

The Maternal Mortality Review Committee shall:

(1) Review pregnancy-associated deaths or deaths of women with indication of pregnancy up to three hundred sixty-five (365) days after the end of pregnancy, regardless of cause, to identify the factors contributing to these deaths;

(2) Identify maternal death cases;

(3) Review medical records and other relevant data;

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

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

(6) Make determinations regarding the preventability of maternal deaths;

(7) Develop recommendations for the prevention of maternal deaths, including public health and clinical interventions that may reduce these deaths and improve systems of care; and

(8) Disseminate findings and recommendations to policy makers, healthcare providers, healthcare facilities, and the general public.

20-15-2303. Access to records.

(a) Healthcare providers, healthcare facilities, and pharmacies shall provide reasonable access to the Maternal Mortality Review Committee to all relevant medical records associated with a case under review by the committee.

(b) A healthcare provider, healthcare facility, or pharmacy providing access to medical records as described by subdivision (a) of this section is not liable for civil damages or subject to any criminal or disciplinary action for good faith efforts in providing such records.

20-15-2304. Confidentiality.

(a)(1) Information, records, reports, statements, notes, memoranda, or other data collected under this subchapter are not admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency, or person.

(2) Information, records, reports, statements, notes, memoranda, or other data collected under this subchapter shall not be exhibited or disclosed in any way, in whole or in part, by any officer or representative of the Department of Health or any other person, except as necessary for the purpose of furthering the review of the Maternal Mortality Review Committee of the case to which they relate.

(3) A person participating in a review shall not disclose, in any manner, the information so obtained except in strict conformity with such review project.

(b) All information, records of interviews, written reports, statements, notes, memoranda, or other data obtained by the department, the committee, and other persons, agencies, or organizations so authorized by the department under this subchapter are confidential.

(c)(1) All proceedings and activities of the committee under this subchapter, opinions of members of the committee formed as a result of such proceedings and activities, and records obtained, created, or maintained pursuant to this subchapter, including records of interviews, written reports, and statements procured by the department or any other person, agency, or organization acting jointly or under contract with the department in connection with the requirements of this subchapter, are confidential and are not subject to the Freedom of Information Act of 1967, §§ 25-19-101 et seq., relating to open meetings, subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

(2) However, this subchapter does not limit or restrict the right to discover or use in any civil or criminal proceeding anything that is available from another source and entirely independent of the committee's proceedings.

(d)(1) Members of the committee shall not be questioned in any civil or criminal proceeding regarding the information presented in or opinions formed as a result of a meeting or communication of the committee.

(2) This subchapter does not prevent a member of the committee from testifying to information obtained independently of the committee or which is public information.

20-15-2305. Disclosure.

Disclosure of protected health information is allowed for public health, safety, and law enforcement purposes, and providing case information on maternal deaths for review by the Maternal Mortality Review Committee is not a violation of the Health Insurance Portability and Accountability Act of 1996.

20-15-2306. Immunity from liability.

State, local, or regional committee members are immune from civil and criminal liability in connection with their good-faith participation in the maternal death review and all activities related to a review with the Maternal Mortality Review Committee.

20-15-2307. Reporting.

(a) Beginning in 2020, the Maternal Mortality Review Committee shall

file a written report on the number and causes of maternal deaths and its recommendations on or before December 31 of each year to:

(1) The Senate Committee on Public Health, Welfare, and Labor;

(2) The House Committee on Public Health, Welfare, and Labor;

and

(3) The Legislative Council.

(b) The report shall include:

(1) The findings and recommendations of the committee; and

(2) An analysis of factual information obtained from the review of the maternal death investigation reports and any local or regional review panels that do not violate the confidentiality provisions under this subchapter.

(c) The report shall include only aggregate data and shall not identify a particular facility or provider.

*/s/D. Ferguson*