

**HOUSE . . . . . No. 3630**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Marjorie C. Decker*

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to the Massachusetts maternal mortality and morbidity review committee.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>1/11/2023</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/20/2023</i>
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>1/20/2023</i>
<i>Carol A. Doherty</i>	<i>3rd Bristol</i>	<i>1/31/2023</i>

**HOUSE . . . . . No. 3630**

By Representative Decker of Cambridge, a petition (accompanied by bill, House, No. 3630) of Marjorie C. Decker and others relative to establishing a maternal mortality and morbidity review committee within the Department of Public Health. Public Health.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Third General Court  
(2023-2024)**

An Act relative to the Massachusetts maternal mortality and morbidity review committee.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 Chapter 111 of the General Laws, as appearing in the 2020 Official Edition, is hereby  
2 amended by striking out section 24A and inserting in place thereof the following section:

3 Section 24A. (a) As used in this section, the following words shall, unless the context  
4 clearly requires otherwise, have the following meanings:-

5 "Maternal mortality," death, occurring in Massachusetts, of an individual during  
6 pregnancy through up to 1 year after pregnancy, irrespective of the duration and site of the  
7 pregnancy, from any cause.

8 "Committee," the maternal mortality and morbidity review committee within the  
9 Massachusetts department of public health.

10 "Department," the department of public health.

11 "Commissioner," the commissioner of public health.

12 (b) There is established a maternal mortality and morbidity review committee within the  
13 Massachusetts department of public health to review maternal deaths, study the incidence of  
14 pregnancy complications, make recommendations to improve maternal outcomes, and eliminate  
15 preventable maternal deaths. The committee shall:

16 (1) conduct case reviews of the pregnancy-related and pregnancy-associated maternal  
17 deaths of women in Massachusetts;

18 (2) improve the ability to provide high-quality, evidence-based health care to women and  
19 infants in Massachusetts;

20 (3) identify gaps in the provision of health care services including, but not limited to,  
21 quality of care, access to the most appropriate health care, transportation and lack of financial  
22 resources by analyzing:

23 (i) the race, ethnicity and age of mothers who experience maternal mortality;

24 (ii) the geographic region of the residence of mothers who experience maternal mortality;

25 and

26 (iii) the socioeconomic status of mothers who experience maternal mortality

27 (4) review probable cause of death and identify contributing factors;

28 (5) determine whether the death was preventable, and if so what actions could have been  
29 taken to prevent the death;

30 (6) make recommendations for changes in law, policy, and practice that will prevent  
31 maternal mortality and eliminate long standing race-based inequalities; and

32 (7) request and obtain a copy of all records and reports pertaining to the pregnancy-  
33 related and pregnancy-associated maternal mortality or near-death case under review. All case  
34 reviews shall remain in the possession of committee staff and only de-identified information will  
35 be presented to the committee.

36 (c) The committee will maintain all confidential information, documents and records in  
37 possession of the committee as confidential and not subject to subpoena or discovery in any civil  
38 or criminal proceedings; provided however, information, documents and records otherwise  
39 available from other sources shall not be exempt from subpoena or discovery through those  
40 sources solely because such information, documents and records were presented to or reviewed  
41 by the committee.

42 A physician, hospital or pharmacy providing access to medical records under this section  
43 shall not be held liable for civil damages or be subject to any criminal or disciplinary action for  
44 good faith efforts in providing such records.

45 Information, records, reports, statements, notes, memoranda or other data collected under  
46 this section shall not be admissible as evidence in any action of any kind in any court or before  
47 any other tribunal, board, agency or person. Such information, records, reports, statements, notes,  
48 memoranda or other data shall not be exhibited nor their contents disclosed in any way, in whole  
49 or in part, by any officer or representative of the department or any other person, except as may  
50 be necessary for the purpose of furthering the review of the committee of the case to which they  
51 relate. No person participating in such review shall disclose, in any manner, the information so  
52 obtained except in strict conformity with such review project.

53 All proceedings and activities of the committee under this section, opinions of members  
54 of the committee formed as a result of those proceedings and activities, and records obtained,  
55 created, or maintained under this section, including records of interviews, written reports and  
56 statements procured by the department or any other person, agency or organization acting jointly  
57 or under contract with the department in connection with the requirements of this section, shall  
58 be confidential

59 Members of the committee shall not be questioned in any civil or criminal proceeding  
60 regarding the information presented in or opinions formed as a result of a meeting or  
61 communication of the committee; however, nothing in this section shall be construed to prevent  
62 a member of the committee from testifying to information obtained independently of the  
63 proceedings of the committee or which is public information.

64 (d) The commissioner or the commissioner's designee shall chair the committee. Each  
65 member shall serve for a term of 3 years and until their successor is appointed. Nothing shall  
66 prohibit the commissioner from appointing a committee member to serve additional terms.  
67 Committee members shall be compensated for their participation on the committee and be  
68 reimbursed for ordinary and necessary expenses for the performance of their duties (mileage and  
69 tolls). The department shall convene the committee on a regular basis as deemed necessary by  
70 the department. In appointing members of the committee, the commissioner shall include  
71 members that work in and represent communities that are most impacted per the state maternal  
72 mortality ratio so that the composition of the committee reflects:

73 (1) the racial, ethnic and linguistic diversity of the state;

74 (2) the differing geographic regions within the state, including rural and urban areas; and

75 (3) communities that are most impacted by pregnancy-related deaths, severe maternal  
76 morbidity and a lack of access to relevant perinatal and intrapartum care services.

77 The committee shall not exceed 25 members, who shall be appointed by the  
78 commissioner. The committee shall include

79 (1) A representative of the department of public health;

80 (2) A representative of the Massachusetts Perinatal Neonatal Quality Improvement  
81 Network;

82 (3) The Chief Medical Examiner or a designee;

83 (4) The chair of the Massachusetts chapter of the American College of Obstetrics and  
84 Gynecology or a designee;

85 (5) The chair of the Massachusetts chapter of the American College of Nurse Midwives  
86 or a designee;

87 (6) The chair of the Massachusetts chapter of the Association of Women's Health,  
88 Obstetric and Neonatal Nurses or a designee;

89 (7) A medical professional with obstetric and neonatal nursing training;

90 (8) A medical professional with training in cardiology;

91 (9) A medical professional with training in pathology;

92 (10) A medical professional with expertise in substance use prevention and treatment;

93 (11) A psychology, social work or other mental health professional;

- 94 (12) A representative from academia;
- 95 (13) A medical professional with formal anesthesiology training;
- 96 (14) A medical professional with maternal fetal medicine or perinatology training;
- 97 (15) A medical professional with psychiatric training;
- 98 (16) A medical professional with family medicine training;
- 99 (17) A director of a federally funded-Healthy Start program or a designee;
- 100 (18) A minimum of two doulas;
- 101 (19) A minimum of two community or family members who have been directly affected  
102 by a maternal death and another person, selected by majority vote of the members of the  
103 committee, with relevant expertise or knowledge;
- 104 (20) A member of a community-based organization;
- 105 (21) A representative from the department of children and families; and
- 106 (22) A law enforcement officer.

107 (e) On or before December 31 of each even-numbered year the committee will develop  
108 and submit to the Legislature and any other organization the committee determines as necessary  
109 to facilitate the objectives of the committee a report that includes, without limitation:

- 110 (1) A description of the incidents of maternal mortality and severe maternal morbidity  
111 reviewed during the immediately preceding 24 months, provided in a manner that does not allow  
112 for the identification of any person;

113 (2) A summary of the disparities identified and reviewed.

114 (3) Plans for corrective action to reduce maternal mortality and severe maternal morbidity  
115 in this State; and

116 (4) Recommendations for any legislation or other changes to policy to reduce maternal  
117 mortality and severe maternal morbidity or otherwise improve the delivery of health care in this  
118 Commonwealth.