

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 423

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO MATERNAL DEATHS; AMENDING TITLE 39, IDAHO CODE, BY THE ADDITION
2 OF A NEW CHAPTER 96, TITLE 39, IDAHO CODE, TO PROVIDE LEGISLATIVE FIND-
3 INGS, TO DEFINE TERMS, TO ESTABLISH PROVISIONS REGARDING A MATERNAL
4 MORTALITY REVIEW COMMITTEE, TO ESTABLISH PROVISIONS REGARDING COMMIT-
5 TEE PROCEEDINGS, RECORDS, CONFIDENTIALITY, AND IMMUNITY, TO PROVIDE
6 FOR ACCESS TO CERTAIN RECORDS, AND TO PROVIDE RULEMAKING AUTHORITY;
7 PROVIDING A SUNSET DATE; AND DECLARING AN EMERGENCY AND PROVIDING AN
8 EFFECTIVE DATE.
9

10 Be It Enacted by the Legislature of the State of Idaho:

11 SECTION 1. That Title 39, Idaho Code, be, and the same is hereby amended
12 by the addition thereto of a NEW CHAPTER, to be known and designated as Chap-
13 ter 96, Title 39, Idaho Code, and to read as follows:

14 CHAPTER 96

15 MATERNAL MORTALITY REVIEW

16 39-9601. LEGISLATIVE FINDINGS. The legislature of the state of Idaho
17 finds that:

18 (1) The world health organization in 2023 reports that the United
19 States was one of eight countries and territories that had a significant
20 percentage increase in their maternal mortality rates between 2000 and 2020;

21 (2) The centers for disease control and prevention national center for
22 health statistics found that the United States had a maternal death rate of
23 32.9 deaths per 100,000 live births in 2021, compared with a rate of 23.8 in
24 2020 and 20.1 in 2019;

25 (3) Per Idaho vital statistics, Idaho's maternal death rate increased
26 from 18.7 in 2018 to 22.3 deaths per 100,000 in 2021;

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

29 (5) No statewide process currently exists for the confidential iden-
30 tification, investigation, or dissemination of findings regarding maternal
31 deaths; and

32 (6) The state has a public health interest in the establishment of a
33 process for review of maternal deaths in order to develop recommendations
34 for the prevention of maternal deaths.

35 39-9602. DEFINITIONS. As used in this chapter:

36 (1) "Best practice" means a technique or methodology that, through ex-
37 perience and research, is proven reliably to lead to a desired result.

38 (2) "Committee" means the maternal mortality review committee estab-
39 lished by section 39-9603, Idaho Code.

40 (3) "Department" means the state department of health and welfare.

1 (4) "Designated state perinatal quality collaborative" means a
 2 statewide, nonprofit network of health care facilities, health care profes-
 3 sionals, community organizations, and public health professionals working
 4 to improve the quality of care for mothers and babies through continuous
 5 quality improvement.

6 (5) "Maternal death" means the death of a woman from any cause during
 7 pregnancy or within one (1) year following the end of the pregnancy.

8 (6) "Severe maternal morbidity" means a condition occurring in a woman
 9 during pregnancy or within one (1) year of the end of pregnancy that results
 10 in:

11 (a) Admission to the intensive care unit of a health care facility; or

12 (b) Transfusion of four (4) or more units of blood products.

13 39-9603. ESTABLISHMENT OF MATERNAL MORTALITY REVIEW COMMITTEE. (1)
 14 There is hereby established in the department a maternal mortality review
 15 committee, which committee shall conduct comprehensive, multidisciplinary
 16 reviews of maternal deaths in Idaho for the purposes of:

17 (a) Reviewing cases of maternal deaths;

18 (b) Identifying the causes of maternal mortality and the factors asso-
 19 ciated with the deaths; and

20 (c) Reviewing cases and trends in severe maternal morbidity, if neces-
 21 sary.

22 (2) The department may enter into a contract with a third party for ad-
 23 ministrative functions of the committee.

24 (3) The committee shall consist of at least fourteen (14) members se-
 25 lected by the department that represent diverse communities and a variety
 26 of clinical, forensic, and psychosocial specializations, legislative, and
 27 community perspectives. The committee shall include:

28 (a) Five (5) physicians licensed under chapter 18, title 54, Idaho
 29 Code, with one (1) each from the following medical specialties:

30 (i) Family medicine with a practice that includes maternity care
 31 and delivery;

32 (ii) Obstetrics and gynecology;

33 (iii) Maternal fetal medicine;

34 (iv) Family medicine, obstetrics and gynecology, or emergency
 35 medicine that includes maternity care and delivery in a rural set-
 36 ting; and

37 (v) A medical examiner or pathologist or other physician who con-
 38 ducts autopsies;

39 (b) One (1) advanced practice professional nurse licensed under chap-
 40 ter 14, title 54, Idaho Code;

41 (c) One (1) registered nurse licensed under chapter 14, title 54, Idaho
 42 Code, working in labor and delivery;

43 (d) One (1) certified nurse midwife licensed under title 54, Idaho
 44 Code;

45 (e) One (1) coroner;

46 (f) One (1) master social worker licensed under chapter 32, title 54,
 47 Idaho Code;

48 (g) One (1) emergency medical services provider licensed under chapter
 49 10, title 56, Idaho Code;

1 (h) One (1) public health representative with an expertise in maternal
2 and child health;

3 (i) One (1) legislative member from the house of representatives ap-
4 pointed by the speaker of the house of representatives; and

5 (j) One (1) legislative member from the senate appointed by the presi-
6 dent pro tempore of the senate.

7 (4) In selecting committee members, the department shall follow best
8 practices, consider a composition that is reasonably representative of the
9 state's geographic diversity, and include members working in and represent-
10 ing communities affected by higher rates of maternal mortality and by a lack
11 of access to the full scope of maternity care health services.

12 (5) The department shall:

13 (a) Identify maternal death cases;

14 (b) Obtain and review medical records and other relevant data using
15 best practices for case reviews;

16 (c) Consult, as appropriate, with relevant experts to evaluate and in-
17 terpret the records and data;

18 (d) Consult, as appropriate, with family members and other affected or
19 involved persons to collect additional relevant information;

20 (e) Convene the committee at least annually and provide committee
21 members with the available information necessary to fully review each
22 case;

23 (f) Deliver an annual report of the committee's findings to the gov-
24 ernor and chairs of the senate and house of representatives health and
25 welfare committees no later than June 30 of each year. These findings
26 shall be made available to health care providers, health care facili-
27 ties, and the general public. The report must include prioritization of
28 a limited number of causes of maternal mortality that are identified as
29 having the greatest impact on the pregnant and postpartum population in
30 Idaho and as most preventable; and

31 (g) Request input and feedback from interested and affected stakehold-
32 ers.

33 (6) The committee shall:

34 (a) Review medical records and other data obtained by the department
35 for each case;

36 (b) Identify the causes of maternal mortality, including any trends and
37 patterns across racial, geographic, and other groups;

38 (c) Make determinations regarding the preventability of maternal
39 deaths; and

40 (d) Perform any other functions as resources allow to enhance the capa-
41 bility of the state to reduce and prevent maternal mortality.

42 39-9604. PROCEEDINGS, RECORDS, CONFIDENTIALITY, AND IMMUNITY. The
43 purpose of the maternal mortality review committee is to gather data and
44 information concerning maternal mortality and conduct thorough and unbiased
45 critical analyses of the causes of maternal mortality. In order to collect
46 the necessary data and information, to the fullest extent possible, the
47 proceedings of the committee and the statements, records, and information
48 created or made therein or gathered by the committee in furtherance of its
49 duties shall be treated as confidential and privileged, and the committee

1 and all participants shall be afforded all protections provided to other
2 organizations and participants therein conducting peer review or other
3 critical analyses under sections 39-1392a through 39-1392f, Idaho Code, or
4 other provisions of state or federal law. Nothing in this chapter shall af-
5 fect the privileged and confidential nature of a health care organization's
6 peer review records, activities, or actions.

7 39-9605. ACCESS TO RECORDS. Upon request of the department, all infor-
8 mation relating to the incidence of maternal mortality under review shall be
9 provided by health care providers, providers of social services, health care
10 facilities, law enforcement agencies, coroners, medical examiners, emer-
11 gency medical service personnel, providers of medical transport services,
12 and any other political subdivision or agency of state government having in-
13 formation relevant to the performance of the committee's duties.

14 39-9606. RULEMAKING. The department of health and welfare may promul-
15 gate rules pursuant to chapter 52, title 67, Idaho Code, necessary to admin-
16 ister the provisions of this chapter, subject to legislative approval.

17 SECTION 2. The provisions of Section 1 of this act shall be null, void,
18 and of no force and effect on and after July 1, 2030.

19 SECTION 3. An emergency existing therefor, which emergency is hereby
20 declared to exist, this act shall be in full force and effect on and after
21 July 1, 2024.