

# B-Engrossed House Bill 4133

Ordered by the House March 1  
Including House Amendments dated February 19 and March 1

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, MONNES ANDERSON, ROBLAN (Pre-session filed.)

## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Establishes Maternal Mortality and Morbidity Review Committee to conduct studies and reviews of incidence of maternal mortality and severe maternal morbidity.

Provides that information obtained, created or maintained by committee is confidential and exempt from disclosure as public record and inadmissible as evidence in judicial, administrative, arbitration or mediation proceeding.

Requires committee to submit biennial report relating to maternal mortality to interim committees related to health care. Requires committee to submit first biennial report no later than January 1, 2021. Requires each biennial report submitted after January 2, 2021, to include information relating to severe maternal morbidity.

Requires committee to submit progress report to interim committees related to health care no later than January 1, 2019.

Requires committee to perform studies and reviews of incidence of maternal mortality no later than July 1, 2019.

Requires committee to commence studies and reviews of incidence of severe maternal morbidity no later than July 1, 2021.

Declares emergency, effective on passage.

## A BILL FOR AN ACT

1  
2 Relating to Maternal Mortality and Morbidity Review Committee; and declaring an emergency.

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

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

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5 (a) "Maternal mortality" means the pregnancy-related death of a person within 365 days  
6 after the end of the pregnancy.

7 (b) "Severe maternal morbidity" includes pregnancy-related outcomes that result in sig-  
8 nificant short-term or long-term consequences to a person's health.

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

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

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

17 (b) A physician licensed under ORS chapter 677 who specializes in obstetrics and gyne-  
18 cology;

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 (c) A physician licensed under ORS chapter 677 who specializes in maternal fetal medi-  
2 cine;

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

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

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

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

9 (h) A traditional health worker;

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

12 (j) An individual who represents a community-based organization that focuses on treat-  
13 ment of mental health;

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

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

17 (m) A medical examiner.

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

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

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

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

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

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

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

35 (11) The committee shall:

36 (a) Study and review information relating to the incidence of maternal mortality and se-  
37 vere maternal morbidity in this state.

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

40 (A) Race and ethnicity;

41 (B) Socioeconomic status;

42 (C) Domestic abuse or violence;

43 (D) Access to affordable housing;

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

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

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

5 (A) Health care providers;

6 (B) Providers of social services;

7 (C) Health care facilities;

8 (D) The authority;

9 (E) The Department of Human Services;

10 (F) Law enforcement agencies;

11 (G) Medical examiners; and

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

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

15 (A) Medical records;

16 (B) Autopsy reports;

17 (C) Birth records;

18 (D) Death records;

19 (E) Social services files;

20 (F) Information obtained during any family interviews; and

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

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

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

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

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

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

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

35 (c) Committee members may not be:

36 (A) Examined as to any communications to or from the committee or as to any infor-  
37 mation obtained or maintained by the committee; or

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

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

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

45 (a) Has immunity:

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

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

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

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

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

13 (17)(a) The committee shall submit a biennial report in the manner provided in ORS  
14 192.245, and may include recommendations for legislation, to the interim committees of the  
15 Legislative Assembly related to health care. The report submitted under this subsection  
16 must include, but is not limited to, the following:

17 (A) A summary of the committee's conclusions and findings relating to maternal mor-  
18 tality;

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

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

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

25 (b) A biennial report submitted after January 2, 2021, in addition to providing the infor-  
26 mation described in paragraph (a) of this subsection, must describe how the information re-  
27 lates to severe maternal morbidity.

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

32 **SECTION 2.** (1) The Maternal Mortality and Morbidity Review Committee shall perform  
33 studies and reviews of the incidence of maternal mortality, as defined in section 1 of this 2018  
34 Act, as soon as practicable after the effective date of this 2018 Act but not later than July  
35 1, 2019.

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

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

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

45 **SECTION 4.** Notwithstanding any other provision of law, the General Fund appropriation

1 **made to the Oregon Health Authority by section 1 (1), chapter 545, Oregon Laws 2017, for the**  
2 **biennium ending June 30, 2019, for programs, is increased by \$46,202 for the purpose of car-**  
3 **rying out the provisions of sections 1 to 3 of this 2018 Act.**

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

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