§261. Maternal, fetal and infant mortality review panel

The department shall establish the maternal, fetal and infant mortality review panel in accordance with this section. [PL 2017, c. 203, §1 (AMD).]

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Center" means the Maine Center for Disease Control and Prevention. [PL 2005, c. 467, §1 (NEW).]

B. "Deceased person" means a woman who died during pregnancy or within one year of giving birth or a child who died within one year of birth. [PL 2019, c. 671, §1 (AMD).]

C. "Director" means the medical director of the center. [PL 2017, c. 203, §1 (AMD).]

C-1. "Family" means a woman who has experienced a fetal death or the parent or parents or other authorized representative of a deceased person. [PL 2009, c. 531, §1 (NEW).]

D. "Panel" means the maternal, fetal and infant mortality review panel established under this section. [PL 2017, c. 203, §1 (AMD).]

E. "Panel coordinator" means an employee of the center who is appointed by the director or a person designated by the panel coordinator. The panel coordinator must be a licensed physician or registered nurse or other health care professional licensed or registered in this State. [PL 2005, c. 467, §1 (NEW).]

[PL 2019, c. 671, §1 (AMD).]

2. Membership; meetings. The panel consists of health care and social service providers, public health officials, law enforcement officers and other persons with professional expertise on maternal and infant health and mortality. The director shall appoint the members of the panel, who serve at the pleasure of the director. The director shall appoint an employee of the center to serve as panel coordinator. The panel shall meet at least twice per year.

[PL 2017, c. 203, §1 (AMD).]

3. Contact with family. The first contact pursuant to this section with the family may not occur prior to 4 months after the death and must:

A. Be by letter from the State Health Officer on letterhead of the center; and [PL 2005, c. 467, §1 (NEW).]

B. Include an invitation to participate in a review of the death of the deceased person or the fetal death from a statewide organization dedicated to improving the health of babies by preventing birth defects, premature birth and infant mortality. [PL 2009, c. 531, §1 (AMD).]

[PL 2009, c. 531, §1 (AMD).]

4. Duties and powers of panel coordinator. The panel coordinator has the following duties and powers.

A. The panel coordinator shall review the deaths of all women during pregnancy or within one year of giving birth, the majority of cases in which a fetal death occurs after 28 weeks of gestation and the majority of deaths of infants under one year of age, with selection of cases of infant death based on the need to review particular causes of death or the need to obtain a representative sample of all deaths. [PL 2019, c. 671, §2 (AMD).]

A-1. The panel coordinator may have access to the death certificates of deceased persons and to fetal death certificates of fetal deaths occurring after 28 weeks of gestation. [PL 2009, c. 531, §1 (NEW).]

B. [PL 2017, c. 203, §1 (RP).]

B-1. The panel coordinator may have access to health care information of a deceased person and a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation, pursuant to section 1711-C, subsection 6, paragraph U. For purposes of this paragraph, "health care information" has the same meaning as in section 1711-C, subsection 1, paragraph E. [PL 2017, c. 203, §1 (NEW).]

C. Prior to conducting a voluntary interview, the panel coordinator shall obtain permission in all cases for the interview from the family. [PL 2009, c. 531, §1 (AMD).]

D. The panel coordinator may conduct voluntary interviews with the family. The purpose of the voluntary interview is limited to gathering information or data for the purposes of the panel in summary or abstract form without family names or patient identifiers. A person who conducts interviews under this paragraph must meet the qualifications for panel coordinator and also have professional experience or training in bereavement services. A person conducting an interview under this paragraph may make a referral for bereavement counseling. [PL 2009, c. 531, §1 (AMD).]

E. The panel coordinator shall prepare a summary or abstract of relevant information regarding the case, as determined to be useful to the panel, but without the name or identifier of the deceased person or the woman who experienced a fetal death, and shall present the summary or abstract to the panel. [PL 2009, c. 531, §1 (AMD).]

[PL 2019, c. 671, §2 (AMD).]

5. Duties and powers of panel. The panel has the following duties and powers.

A. The panel shall conduct comprehensive multidisciplinary reviews of data presented by the panel coordinator. [PL 2005, c. 467, §1 (NEW).]

B. The panel shall present an annual report to the department and to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The report must identify factors contributing to maternal, fetal and infant mortality in the State, determine the strengths and weaknesses of the current maternal and infant health care delivery system and make recommendations to the department to decrease the rate of maternal, fetal and infant mortality.

The panel shall offer a copy of the annual report to the person or persons that granted permission to the panel coordinator for a voluntary interview under subsection 4, paragraph C. [PL 2017, c. 203, §1 (AMD).]

C. The panel shall share the results of its data reviews and recommendations with the child death and serious injury review panel established pursuant to section 4004, subsection 1, paragraph E. The maternal, fetal and infant mortality review panel may request and review data from the child death and serious injury review panel, regardless of any prior work by the child death and serious injury review panel. [PL 2017, c. 203, §1 (AMD).]

[PL 2017, c. 203, §1 (AMD).]

6. Limitations. The panel coordinator may not proceed with voluntary interviews without the permission of the family. The panel coordinator may not photocopy or retain copies of medical records or review cases of abortion. In performing work under this section, the panel coordinator shall minimize the burden imposed on health care practitioners, hospitals and facilities.

[PL 2017, c. 203, §1 (AMD).]

7. Confidentiality. All records created or maintained pursuant to this section, other than reports provided under subsection 5, paragraph B, are protected as provided in this subsection. The records are confidential under section 42, subsection 5. The records are not open to public inspection, are not public records for the purposes of Title 1, chapter 13, subchapter 1 and are not subject to subpoena or civil process nor admissible in evidence in connection with any judicial, executive, legislative or other proceeding.

[PL 2005, c. 467, §1 (NEW).]

8. Immunity. A health care practitioner, hospital or health care facility or the employee or agent of that person or entity is not subject to civil or criminal liability arising from the disclosure or furnishing of records or information to the panel pursuant to this section.
[PL 2005, c. 467, §1 (NEW).]

9. Funding. The department may accept any public or private funds to carry out the purposes of this section.
[PL 2005, c. 467, §1 (NEW).]

10. Rulemaking. The department shall adopt rules to implement this section, including rules on collecting information and data, selecting members of the panel, collecting and using individually identifiable health information and conducting reviews under this section. The rules must ensure that access to individually identifiable health information is restricted as much as possible while enabling the panel to accomplish its work. The rules must establish a protocol to preserve confidentiality, specify the manner in which the family will be contacted for permission and maintain public confidence in the protection of individually identifiable information. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.
[PL 2009, c. 531, §1 (AMD).]

11. Repeal.
[PL 2009, c. 531, §1 (RP).]

SECTION HISTORY

PL 2005, c. 467, §1 (NEW). PL 2009, c. 531, §1 (AMD). PL 2017, c. 203, §1 (AMD). PL 2019, c. 671, §§1, 2 (AMD).