

Sen. Birdsell, Dist 19
Sen. Prentiss, Dist 5
May 27, 2025
2025-2487s
07/09

Floor Amendment to HB 243-FN

1 Amend the title of the bill by replacing it with the following:

2

3 AN ACT relative to relative to the penalty for false reports of suspected abuse and neglect
4 made to the division for children, youth, and families, and relative to the maternal
5 mortality review committee.
6

7 Amend the bill by replacing all after section 2 with the following:

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9 3 Public Health; Maternal Mortality Review Committee. Amend the subdivision heading
10 preceding RSA 132:29 to read as follows:

11 Maternal Mortality Review [~~Panel~~] **Committee**

12 4 Public Health; Maternal Mortality Review Committee; Definitions. Amend RSA 132:29, I to
13 read as follows:

14 I. "Pregnancy-related" means the death of a woman while pregnant or within one year of the
15 end of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or
16 aggravated by her pregnancy or its management [~~, but not from accidental or incidental causes~~].

17 5 Public Health; Maternal Mortality Review Committee Established. Amend RSA 132:30 to
18 read as follows:

19 132:30 Maternal Mortality Review [~~Panel~~] **Committee** Established.

20 I. There is established a maternal mortality review [~~panel~~] **committee** to conduct
21 comprehensive, multidisciplinary reviews of maternal deaths in New Hampshire for the purpose of
22 identifying factors associated with the deaths and to make recommendations for system changes to
23 improve services for women in the state. ***The committee shall be administered by the***
24 ***department of health and human services and facilitated jointly with the New Hampshire***
25 ***perinatal quality collaborative (NHPQC) affiliated with Dartmouth Health.*** The [~~panel~~]
26 ***committee*** shall consist of:

27 (a) Two members from the New Hampshire chapter of the American College of
28 Obstetricians and Gynecologists, one of whom shall be a generalist obstetrician, and one of whom
29 shall be a maternal fetal medicine specialist.

30 (b) One member from the New Hampshire chapter of the American Academy of
31 Pediatrics, specializing in neonatology.

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1 (c) One member from the New Hampshire chapter of the American College of Nurse-
2 Midwives.

3 (d) One member from the New Hampshire section of the Association for Women's
4 Health, Obstetric and Neonatal Nurses.

5 (e) The administrator of maternal and child health who also is the Title V director,
6 division of public health services, department of health and human services.

7 (f) An epidemiologist from the department of health and human services with experience
8 analyzing perinatal data, or designee.

9 (g) A representative of the community mental health centers.

10 (h) A public member.

11 (i) The chief medical examiner, or designee.

12 ***(j) A representative of the division for children, youth and families, appointed***
13 ***by the commissioner of the department of health and human services.***

14 ***(k) A representative of the department of corrections, appointed by the***
15 ***commissioner of the department of corrections.***

16 II. Each member in subparagraphs I(a)-(h) shall be appointed by the commissioner of health
17 and human services, or designee, in collaboration with the organizations listed in paragraph I.

18 III. ~~[The term of each member shall be 3 years and the terms shall be staggered.]~~ The
19 ***committee*** chair shall be appointed by the commissioner ***or designee***. ~~[The initially appointed~~
20 ~~chair shall call the meeting and panel together and shall serve as chair for 6 months, after which~~
21 ~~time, the panel shall elect its chair. Members of the panel shall receive no compensation.]~~

22 IV. The commissioner may delegate to ~~[the Northern New England Perinatal Quality~~
23 ~~Improvement Network (NNEPQIN)]~~ ***NHPQC*** the functions of collecting, analyzing, and
24 disseminating maternal mortality information, organizing and convening meetings of the ~~[panel]~~
25 ***committee***, and other substantive and administrative tasks as may be incident to these activities.
26 The activities of ~~[NNEPQIN]~~ ***NHPQC*** and its employees or agents shall be subject to the same
27 confidentiality provisions as those that apply to the ~~[panel]~~ ***committee***.

28 V. The commissioner shall submit an annual report ~~[beginning on June 1, 2011]~~ to the
29 oversight committee on health and human services describing adverse events reviewed by the
30 ~~[panel]~~ ***committee***, including statistics and causes, and outlining, in aggregate, corrective action
31 plans, and making recommendations for system change and legislation relative to state health care
32 operations.

33 VI.(a) ~~The [panel, in collaboration with the commissioner of the department of health and~~
34 ~~human services, or designee,]~~ ***committee*** shall conduct comprehensive multidisciplinary reviews of
35 the maternal mortality deaths, as defined in RSA 132:29, I-III~~[, in New Hampshire]~~.

36 (b) Each ~~[member of the panel]~~ ***committee meeting*** shall ~~[be responsible for the~~
37 ~~dissemination of panel recommendations to his or her respective institutions and professional~~

1 ~~organizations]~~ **conclude with the development of committee recommendations with members**
2 **responsible for the dissemination of recommendations to his or her respective institutions**
3 **or professional organizations.** All such information shall be disseminated through each
4 participant's quality assurance program in order to protect the confidentiality of all participants and
5 patients involved in any incident.

6 (c) The ~~panel]~~ **committee** shall not:

7 (1) Call witnesses or take testimony from individuals involved in the investigation of
8 a maternal death.

9 (2) Enforce any public health standard or criminal law or otherwise participate in
10 any legal proceeding, except if a member of the team is involved in the investigation of the death or
11 resulting prosecution and must participate in a legal proceeding in the course of performing in his or
12 her duties outside the team.

13 (d) Proceedings, records, and opinions of the maternal mortality review ~~panel]~~
14 **committee** are confidential, not subject to RSA 91-A, and not subject to discovery, subpoena, or
15 introduction into evidence in any civil or criminal proceeding. Nothing in this subparagraph shall be
16 construed to limit or restrict the right to discover or use in any civil or criminal proceeding anything
17 that is available from another source and entirely independent of the proceedings of the ~~panel]~~
18 **committee.**

19 (e) Members of the ~~panel]~~ **committee** shall not be questioned in any civil or criminal
20 proceeding regarding information presented in or opinions formed as a result of a meeting of the
21 team. Nothing in this subparagraph shall be construed to prevent a member of the ~~panel]~~
22 **committee** from testifying to information obtained independently of the team or which is public
23 information.

24 VII. The commissioner of the department of health and human services, with the advice and
25 recommendation of a majority of members of the ~~panel]~~ **committee**, shall adopt rules, pursuant to
26 RSA 541-A, relative to the following:

27 (a) The system for identifying and reporting maternal ~~deaths]~~ **mortalities** to the
28 commissioner, or designee.

29 (b) The form and manner through which the program may acquire information under
30 RSA 132:31.

31 (c) The protocol to be used in carefully and sensitively contacting ~~a]~~ family ~~member]~~
32 **members and close contacts** of the deceased ~~woman]~~ **individual** for a discussion of the events
33 surrounding the death, allowing grieving family members to refuse such an interview.

34 (d) Assuring de-identification of all individuals and facilities involved in the ~~panel]~~
35 **committee** review of cases.

36 6 Public Health; Maternal Mortality Review Committee; Acquisition of Information Related to
37 Maternal Mortality. Amend RSA 132:31 to read as follows:

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1 132:31 Acquisition of Information Related to Maternal Mortality.

2 I. ~~[If a root cause analysis of a maternal mortality event has been completed, such findings~~
3 ~~shall be included in the records supplied to the review panel]~~ ***All case findings shall be included***
4 ***in the case narrative supplied to the committee.***

5 II. Health care providers, health care facilities, clinics, laboratories, medical records
6 departments, and state offices, agencies and departments shall report all maternal mortality deaths
7 as defined in RSA 132:29, I-III to ~~[the chair of the panel and]~~ the commissioner, or designee. The
8 commissioner ***or designee*** shall have access to individually identifiable information relating to the
9 occurrence of maternal ~~[deaths only on a case-by-case basis where public health is at risk]~~
10 ***mortality***. This information includes, but is not limited to: vital records, hospital discharge data,
11 prenatal, fetal, pediatric, or infant medical records, hospital or clinic records, laboratory reports,
12 records of fetal deaths or induced terminations of pregnancies, and autopsy reports. The same case
13 information may be acquired from health care facilities, maternal mortality review programs, and
14 other sources in other states to ensure that its records of New Hampshire maternal mortality cases
15 are accurate and complete. ~~[The chair shall not acquire and retain any individually identifiable~~
16 ~~information.]~~

17 III. The commissioner, or designee, may retain identifiable information regarding facilities
18 where maternal deaths occur and geographical information on each case solely for the purposes of
19 trending and analysis over time. Pursuant to RSA 132:30, VII(d), ***personally*** identifiable
20 information on all individuals and facilities shall be removed prior to any case review by the ~~[panel]~~
21 ***committee***.

22 7 Effective Date.

23 I. Sections 1 and 2 of this act shall take effect January 1, 2026.

24 II. The remainder of this act shall take effect upon its passage.

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AMENDED ANALYSIS

This bill:

I. Provides that reports of suspected abuse and neglect may include the name of the person making the report and that a person who makes a false report maliciously or with the intent to cause harm shall be guilty of a misdemeanor.

II. Creates a private right of action for civil damages against a person who makes a false report of suspected abuse or neglect.

III. Renames the maternal mortality review panel as the maternal mortality review committee, revises its membership, and provides for the committee to be administered by the department of health and human services and facilitated by the New Hampshire perinatal quality collaborative (NHPQC) affiliated with Dartmouth Health.

IV. Revises the definition of "pregnancy-related death" by removing the exclusion of accidental or incidental causes.