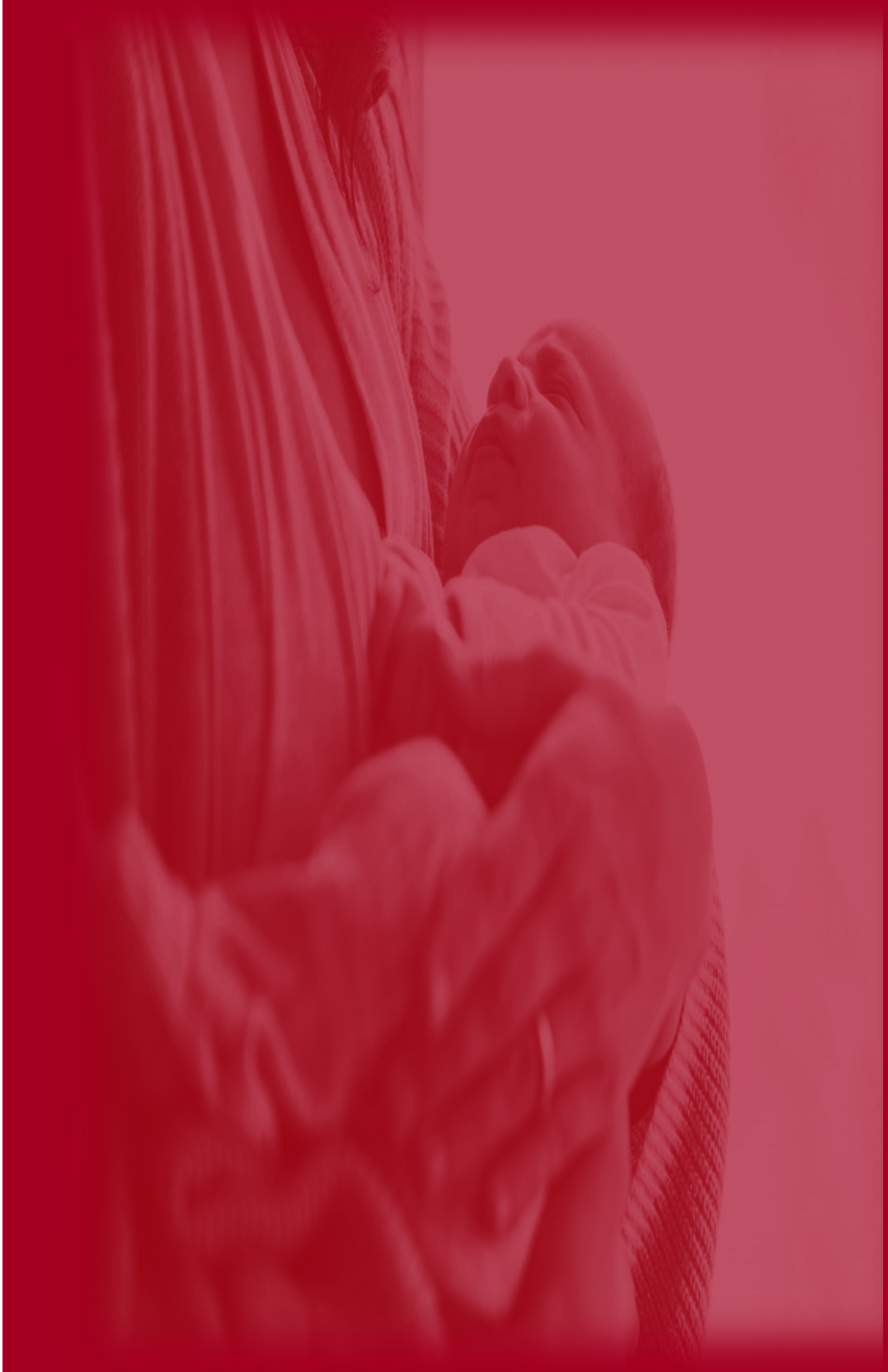
EXHIBIT D1

ARKANSAS MATERNAL AND PERINATAL OUTCOMES QUALITY REVIEW COMMITTEE



Act 1032 of 2019

Legislative Report
December 2021

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This report is produced by the Arkansas Department of Health, Center for Health Advancement as a requirement of Act 1032 of 2019.

Executive Summary

The Arkansas Maternal and Perinatal Outcomes Quality Review Committee (AMPOQRC) is charged with implementing and maintaining risk-appropriate perinatal care using evidence-based criteria for designating and assigning levels of maternal and neonatal care. The committee is also tasked to review birth data and to develop strategies for improving infant mortality and birth outcomes. This report details AMPOQRC key activities for calendar year 2021.

The AMPOQRC is a multidisciplinary committee comprised of representatives from the Arkansas Department of Health, Department of Human Services, maternal and perinatal community stakeholders including representatives from participating delivering hospitals and the state's only freestanding pediatric specialty hospital.

The AMPOQRC held virtual bi-monthly meetings in 2021, with four meetings during the 2021 reporting period. Due to workforce and committee participation turnover, there was a need for refocus of participants on the committee objectives.

Key activities for 2021 include:

- Charter Approval
- Subcommittee Development and Implementation
- Levels of Care Assessment Survey

The AMPOQRC charter, approved in 2021, was developed to outline responsibilities and roles of committee members and to create a continuous quality improvement process. The committee is led by two co-chairs with diverse clinical or administrative backgrounds, and who are committed to improve the health and well-being of Arkansans, regardless of employer affiliation. The Chairs, appointed by the Secretary of Health, will lead committee meetings, and develop strategies relative to the vision of the Committee. Voting committee members will include eight (8) representatives from participating level I or II facilities, eight (8) representatives from level III-A, III-B, and IV facilities. Additional voting members will include representatives from the ADH Family Health Branch.

Three subcommittees were formed, with a focus on quality, education, and site visits. Written descriptions of each committee were agreed upon and with regular reporting to the full committee at each meeting.

Risk appropriate care is a strategy developed to improve health outcomes for pregnant women and in infants. A level of care assessment was conducted by introduction of the CDC Levels of Care Assessment Tool (LOCATe). LOCATe helps to assess birthing facilities based on the level of risk-appropriate care and offers a standard process for assessment that aligns with the most recent guidelines and policy statements issued by the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-

Fetal Medicine (SMFM). The results revealed a discrepancy in 50% of maternal and 43% of neonatal self-reported level of care and their LOCATe-assessed level of care.

Future activity will focus on quality improvement projects, educational activity, full implementation of the levels of care assessment tool, and site visits.

Background and Current Activities

In 2011, the Arkansas Department of Health (ADH) appointed a committee on Neonatal Intensive Care Unit (NICU) classification and regionalization with the aim of developing a perinatal care system with standardized, risk-appropriate levels of maternal and neonatal care.

In 2014, this group became the Perinatal Regionalization Committee, which included a diverse group of stakeholders, including representatives from the University of Arkansas for Medical Sciences (UAMS), Arkansas Children's Hospital (ACH), the Arkansas Hospital Association (AHA), the Arkansas Center for Health Improvement (ACHI), the Arkansas Foundation for Medical Care (AFMC), as well as representatives from many of the State's 39 birthing hospitals. The Perinatal Regionalization Committee developed the Arkansas Perinatal Levels of Care Recommendations, which were approved by the Arkansas Board of Health in 2016.

Arkansas currently has 17 Level I hospitals, 14 Level II hospitals, 5 Level III-A hospitals, 2 Level III-B hospitals, and 1 Level IV hospital.

After the levels of care were approved, a process was developed for all hospitals to voluntarily verify their maternal and neonatal levels of care annually. In addition to the annual verification survey, site visits were to be conducted every three years for level III-A, III-B, and IV hospitals.

In 2019, Act 1032 gave ADH authority to establish a Maternal and Perinatal Outcomes Quality Review Committee to review data on births and to develop strategies to improve birth outcomes. Once Act 1032 was signed, the Perinatal Regionalization Committee assumed responsibility for the mandates set forth by the legislation and was renamed the Arkansas Maternal and Perinatal Outcomes Quality Review Committee (AMPOQRC).

Current Activities

In 2021, An ad hoc committee was formed to draft and propose the AMPOQRC Charter. The Charter was approved by the AMPOQRC on June 17, 2021. The Charter was approved by ADH Legal department on September 28, 2021.

The AMPOQRC will be charged with ensuring that the perinatal levels of care classification system is implemented and maintained in the state of Arkansas with the ultimate goal of decreasing maternal and infant mortality. The Committee will operate under the direction and stipulations outlined in Arkansas Act 1032 of 2019, will be led by two co-chairs with diverse

clinical or administrative backgrounds, and hospital members who are committed to improving the health and well-being of Arkansans, regardless of employer affiliation.

See Appendix A for text of Charter.

Formation of Subcommittees

On August 5, 2021, subcommittee leads met virtually to discuss each individual subcommittee purpose and mission. Some of the key discussions included identifying co-leads from the maternity side and neonatal side, timelines, educational topics of interest, and specific quality projects. Each subcommittee was assigned a breakout room to discuss the items and then provide a summary to the entire subcommittee.

Quality Improvement Subcommittee

The Quality improvement subcommittee is charged with working to identify collaborative quality improvement projects that seek to improve maternal and neonatal outcomes across Arkansas. The subcommittee will provide insight on the design and processes of such projects to ensure successful implementation. This subcommittee will be led by two co-chairs and will include hospital members, and other state and community organizations, who are committed to improving the health and well-being of Arkansans.

The Quality improvement subcommittee has met during the fourth quarter of 2021. This subcommittee presented information on syphilis screening and treatment in the April 15 committee meeting.

The subcommittee is interested in forming a quality collaborative to learn and share best practices. Quality projects that are being considered include:

- Safe Sleep
- Opioid Abuse
- Arkansas Syphilis Increase Notifications
- COVID Surveillance & Education

Education Subcommittee

The Education subcommittee is charged with working to provide ongoing education to support hospital efforts that seek to improve maternal and neonatal outcomes across Arkansas and to develop community education. Ongoing education can include, but is not limited to: e-modules, simulations, or trainings from ACOG and other national groups. This committee will be led by two co-chairs and will include hospital members, and other state and community organizations who are committed to improving the health and well-being of Arkansans.

The Education subcommittee met several times during the fourth quarter of 2021 to discuss educational information needs to be shared on an ongoing basis. The Education subcommittee

presented information to the AMPOQRC on COVID-19 trends, pregnant women, educational campaigns, etc. in the June 17 and August 19 committee meetings. Current and future educational activities include:

- Providing approved educational offerings on the ADH AMPOQRC website. The material would be for health care providers as well as consumers. An example of health consumer information would be to include a hospital locator with level of care designation.
- Developing a process to collect and create distribution lists for educational offerings (ex. Nursery Alliance, POWER program, ADH, Arkansas Medical board).
- Developing monthly or bi-monthly newsletters.

Site Visit Subcommittee

The Site Visit subcommittee is charged with outlining processes for site reviews at hospitals in relation to perinatal regionalization activities. This work can include but is not limited to, identifying, confirming, or advancing level of care statuses of nurseries across the state and participation of the new Maternal Levels of Care (MLC) Verification program. The site reviews will occur every two years for level III-A, III-B, and IV facilities. The site visit subcommittee will submit a pre-survey questionnaire and LOCATe to the facility for site visit, complete the review and conduct an exit interview to present the facility with recommendations. This committee will be led by two co-chairs and will include hospital members, and other state and community organizations, who are committed to improving the health and well-being of Arkansas.

The Site Visit subcommittee proposed planning site visits for Level III and IV sites and is not currently planning to visit Level II sites. The current cycle carried over is a two-year cycle; however, a three-year cycle may be considered. The site visit process will include verification of credentials, a review process, the onsite visit, and a meeting to finalize the report. It is expected to be a two-day process. There is a need for additional surveyors.

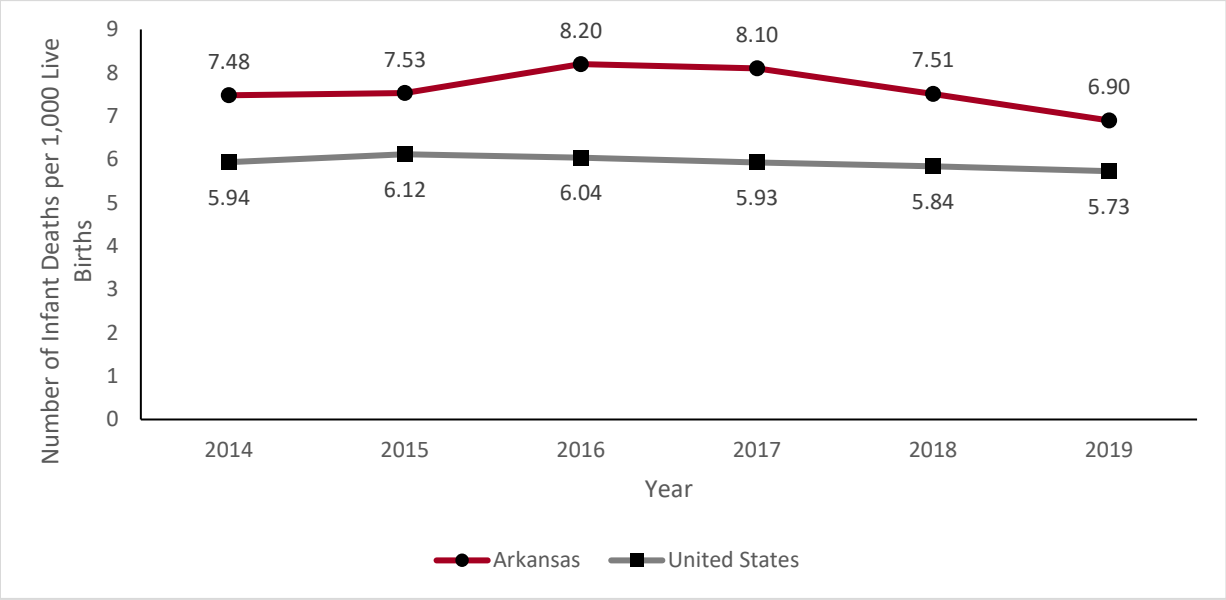
Infant Mortality

What is infant mortality?

Below are a few common terms used when examining infant mortality:

Infant mortality	•The death of an infant before his or her first birthday
Infant mortality rate	•The number of infant deaths for every 1,000 live births
Neonatal mortality	•The death of an infant in the first 28 days of life (0-27 days)
Post-neonatal mortality	•The death of an infant that is more than 27 days and less than one year of age

❖ In infant mortality, Arkansas has consistently been above the national average. However, the number of infant deaths per 1,000 live births has been steadily decreasing since 2016.



1. **Top Causes of Neonatal Death**

   ❖ Among the 278 infant deaths in Arkansas in 2018, 174 (62.6%) occurred during the first 27 days of life. The leading causes of death were:

   - Congenital malformations, deformations, and chromosomal abnormalities (50 deaths)
   - Disorders related to short gestation and low birth weight, not elsewhere classified (35 deaths)
   - Newborn affected by maternal complications of pregnancy (11 deaths)

2. **Top Causes of Post-neonatal Death**

   ❖ More than 100 infants died during the post-neonatal period (28-364 days postpartum). The leading causes of post-neonatal death were:

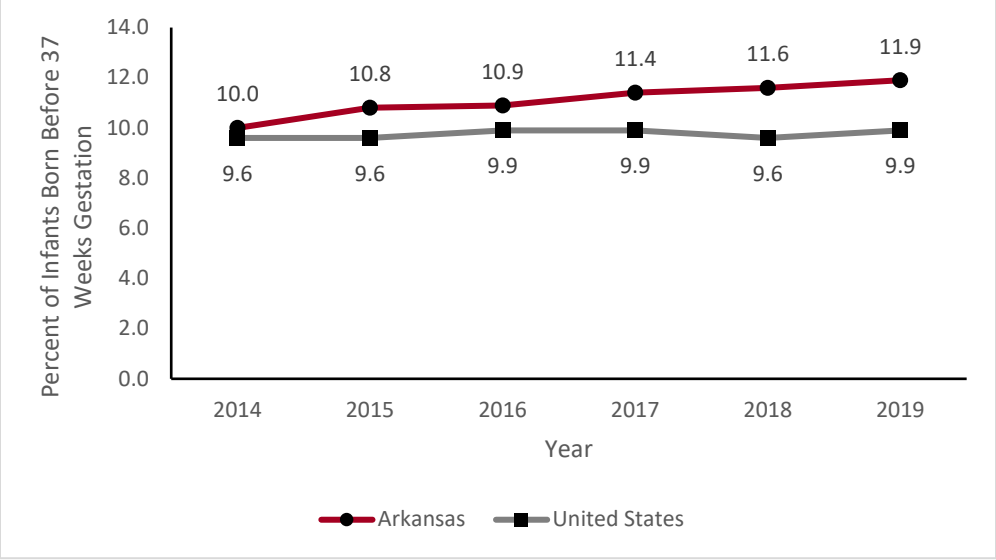
   - Sudden infant death syndrome (SIDS) (45 deaths)
   - Congenital malformations, deformations, and chromosomal abnormalities (22 deaths)

Other Infant Health Data

Several risk factors affect an infant's risk of dying including, but not limited to, preterm birth, low birthweight, mother receiving prenatal care, safe sleep practices, and breastfeeding.

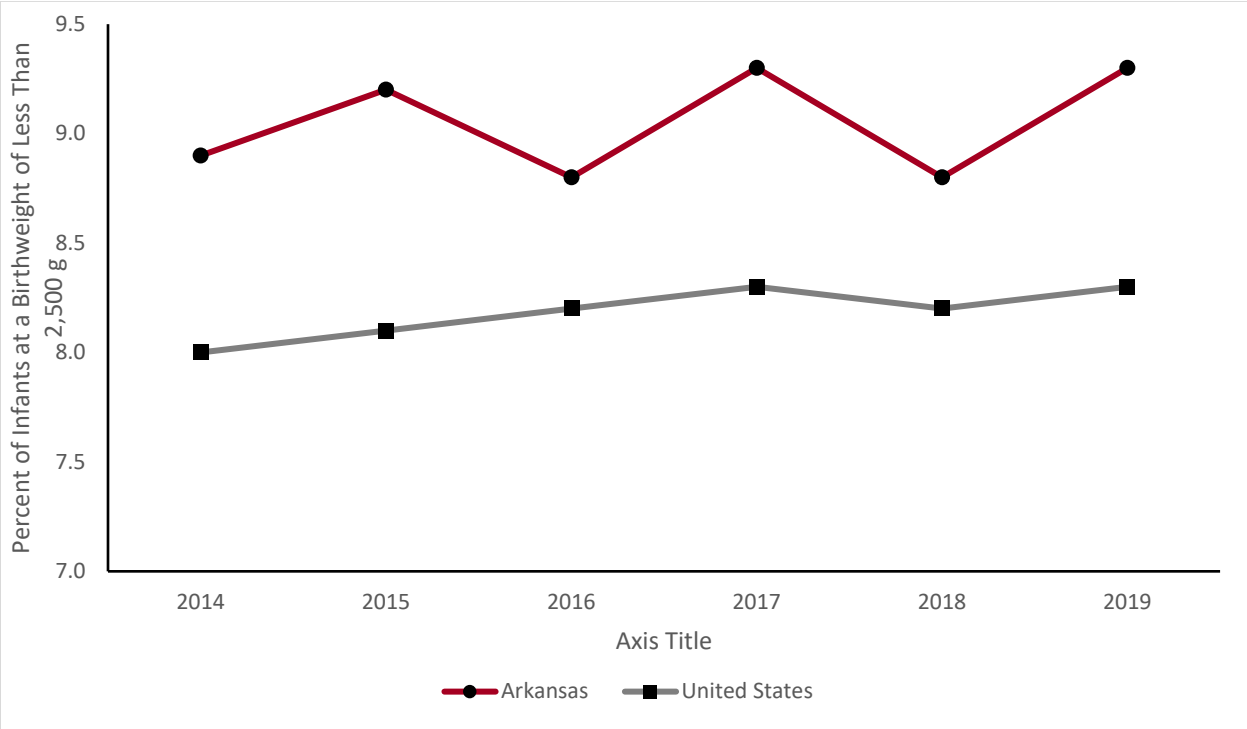
3. **Preterm Birth Ranking**

   ❖ In preterm births, Arkansas has consistently been above the national average. The percentage of infants in the state born before 37 weeks gestation has been steadily increasing over time. Arkansas currently ranks 45 out 50 in preterm birth (50 being worst).



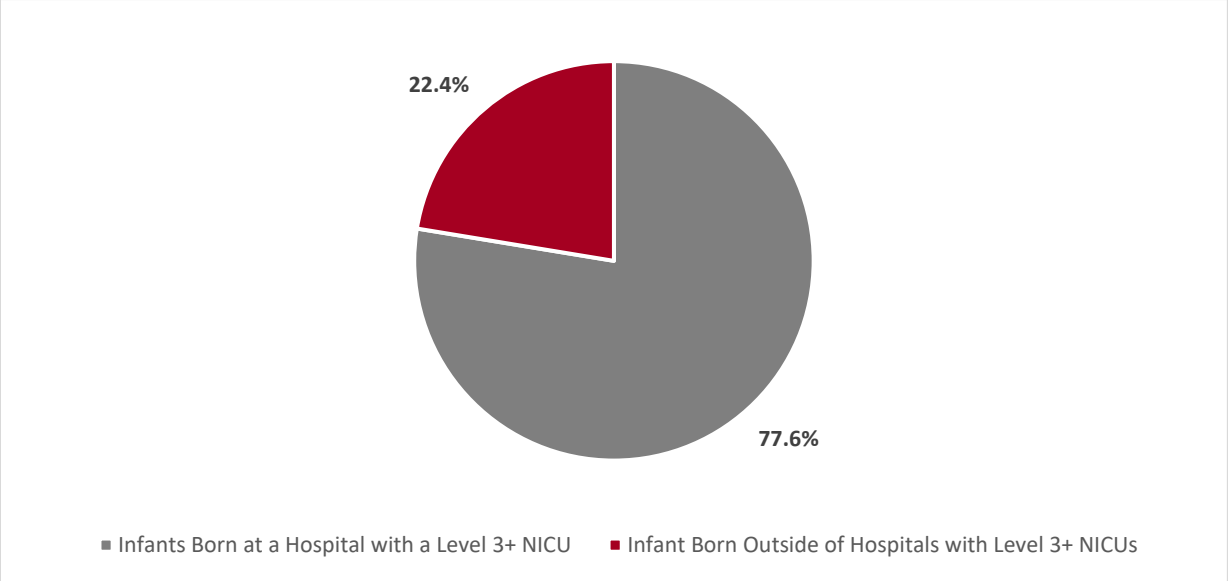
4. **Low Birthweight Rank**

   ❖ In low birthweight, Arkansas has consistently been above the national average. In the state, trends have not been consistent. Currently, Arkansas ranks 42 out 50 in low birthweight (50 being worst).



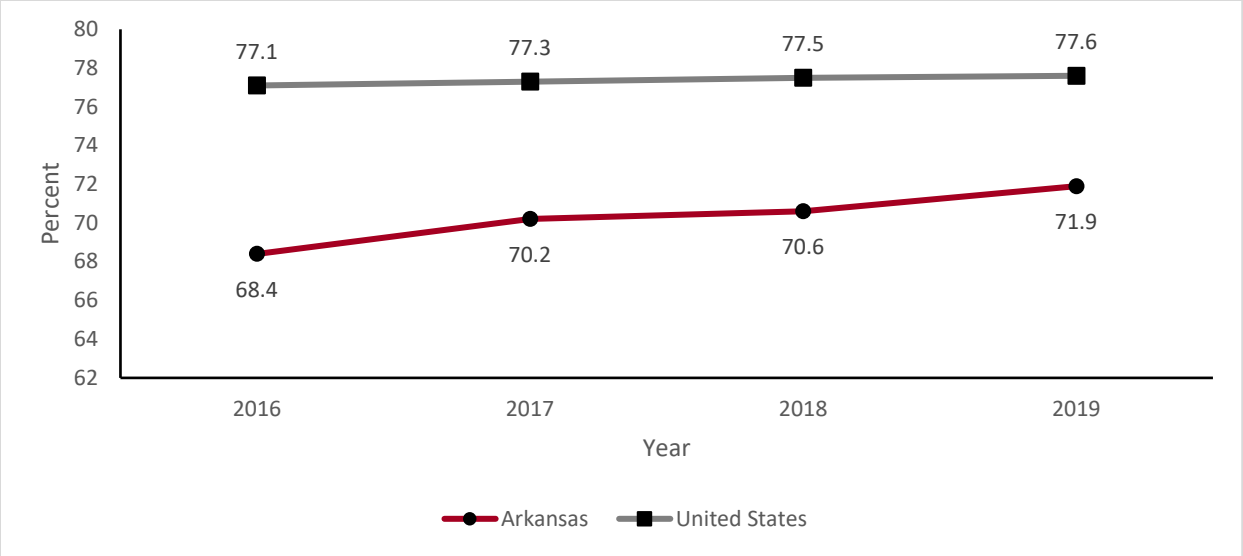
5. **Number of Very Low Birthweight Babies Born in Hospitals with Well-Equipped NICUs**

   ❖ As of 2020, most infants of very low birthweight were born at hospitals with Level 3+ NICUs (77.6%).



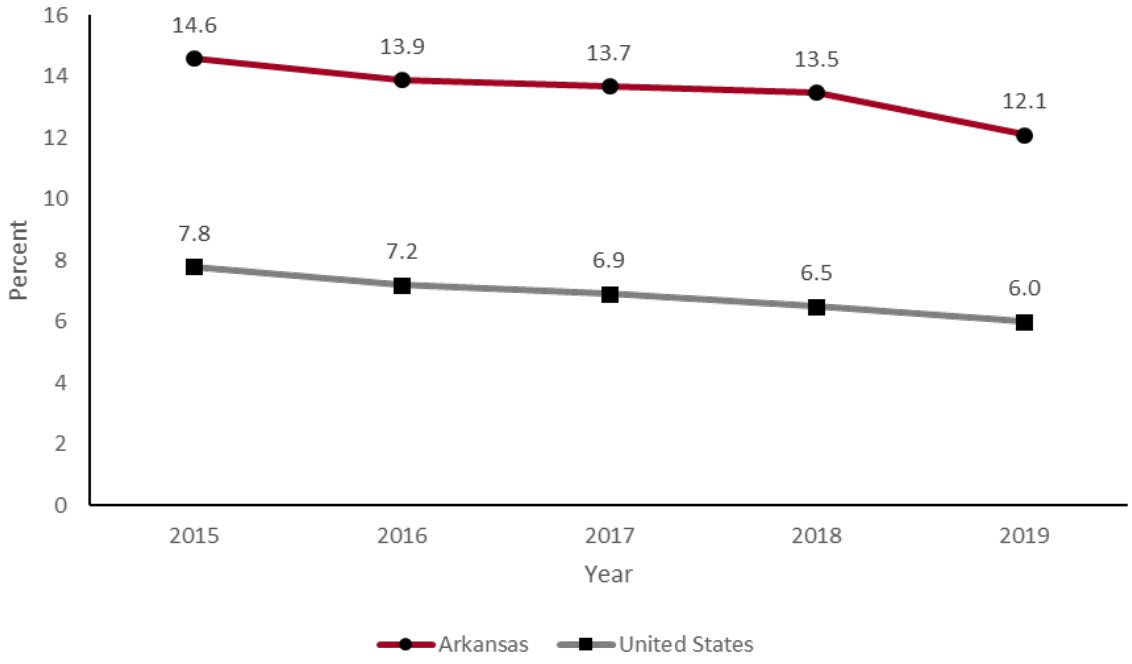
6. **Percent of Pregnant Women Who Received Prenatal Care Beginning in the 1st Trimester**

   ❖ In early prenatal care, Arkansas has consistently been below the national average. However, the percentage of women who receive prenatal care beginning in the 1st trimester has been steadily increasing over time.



7. **Percent of Women Who Smoked During Pregnancy**

   ❖ In smoking during pregnancy, Arkansas has consistently been above the national average. However, the percent of pregnant women who smoke has been steadily decreasing over time.



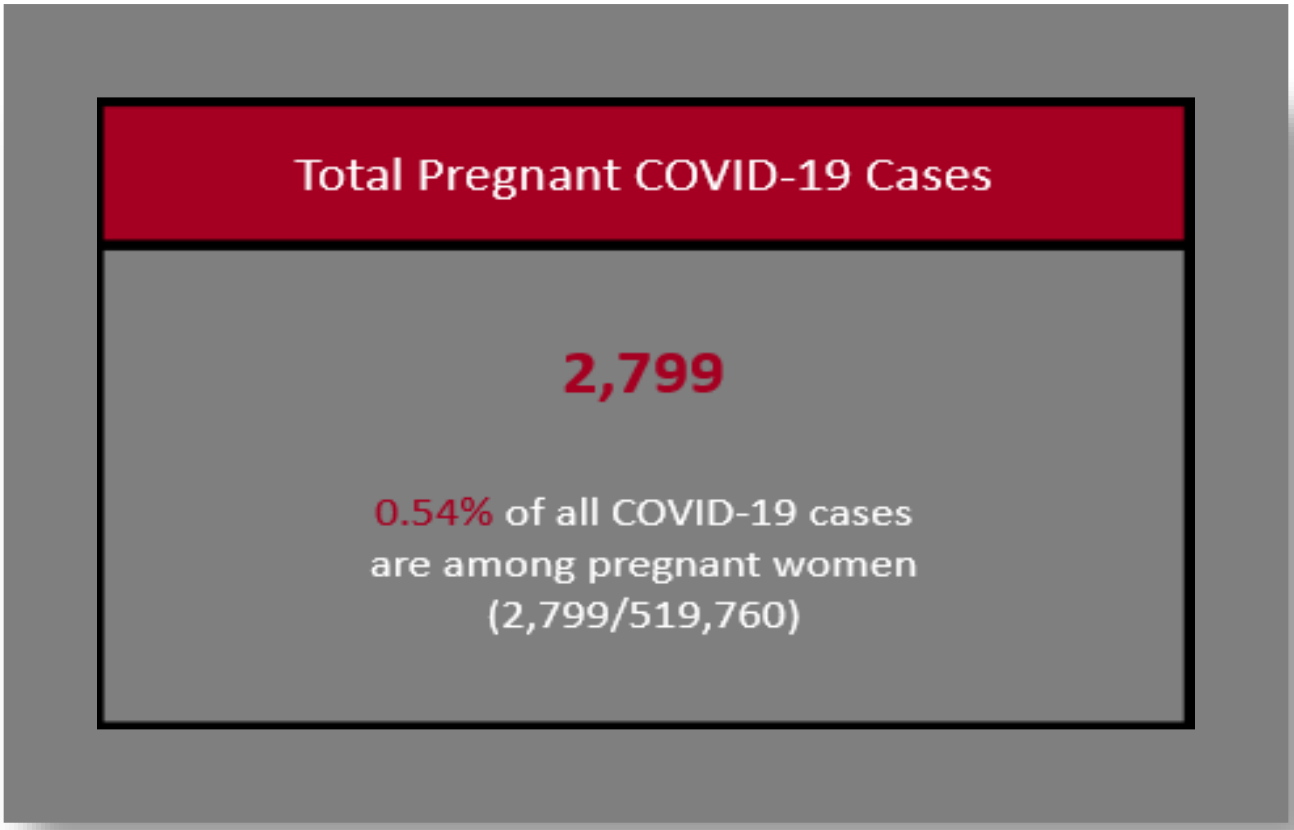
8. Safe Sleep Practices

	2018	2019	2020
Percent of Infants Placed to Sleep on Their Backs	74.4	74.4	79.1
Percent of Infants Placed to Sleep on a Separate Approved Sleep Surface	35.7	35.7	34.2
Percent of Infants Placed to Sleep Without Soft Objects or Loose Bedding	32.8	32.8	40.8

9. Breastfeeding

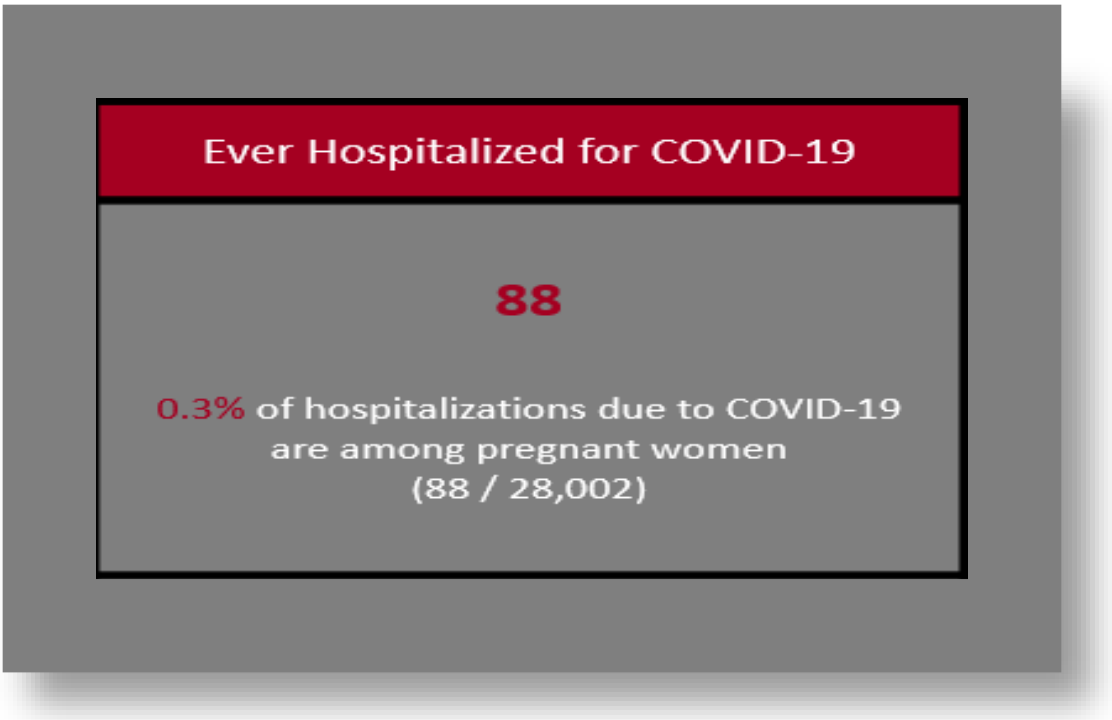
	2016	2017	2018	2019	2020
Percent of Infants Ever Breastfed	68.4	64.4	73.8	70.9	70.1
Percent of Infants Exclusively Breastfed Through 6 Months	14.1	19.1	20.4	19.2	19.4

10. Pregnant COVID-19 Cases in Arkansas[1]

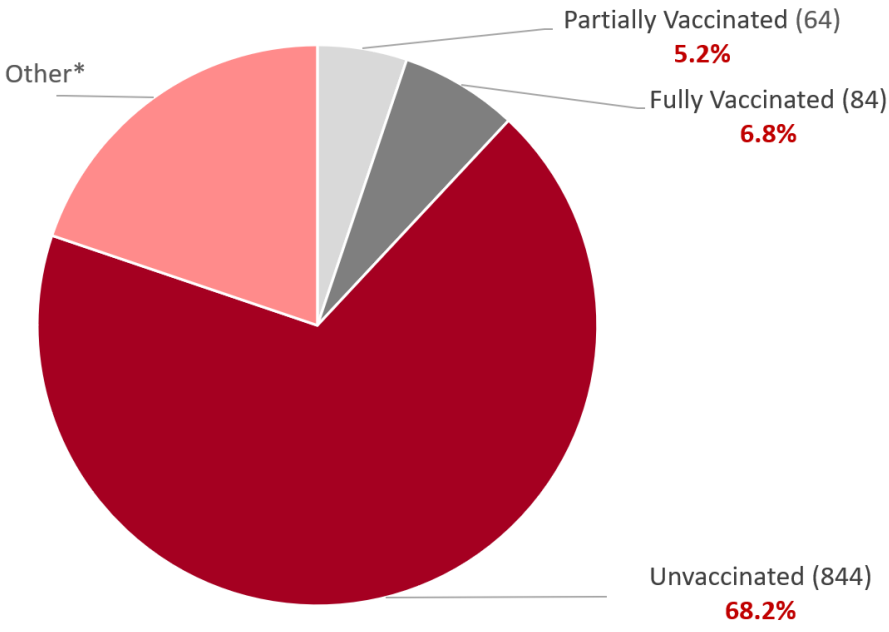


Active Pregnant COVID-19 Cases	Deaths Among Pregnant Women due to COVID-19
23 0.45% of active COVID-19 cases are among pregnant women (23/5,136)	**< 5** Less than 5 deaths due to COVID-19 are among pregnant women (Total deaths due to COVID-19: 8,567)

[1] Source of information is ADH and is accurate as of 11/17/21



Vaccination Status of Pregnant COVID-19 Cases, Arkansas, 2021[2]



[2] *Other = Cases before February 1st, 2021 and cannot be assigned a vaccination status or have missing information in case file.

Conclusion and Next Steps

The Arkansas Maternal and Perinatal Outcomes Quality Review Committee will continue to serve the mission of improving healthcare quality, with transparency in efforts and results, and the following recommendations:

1. Set a quality agenda for improvement initiatives
    a. Assess current position with relation to state and regional data
    b. Address disparities in outcomes
    c. Survey participating facilities on current areas of focus/priorities
2. Align/partner with other state and local efforts
    a. Arkansas Children's Hospital (ACH) Nursery Alliance
        i. Supports participating level I and II hospitals so that their patients and families can receive care closer to home.
    b. University of Arkansas for Medical Sciences POWER (Perinatal Outcomes Workgroup through Education and Research)
        i. Collaborative workgroup that identifies topics or areas of patient care that could be improved and then develops plans to implement the improvements.
3. Adopt a facility verification plan and conduct site visits for level III+ hospitals
    a. Adopt a standardized annual self-verification process
    b. Develop a standardized site-visit process and schedule to conduct site visits for level III-A, III-B, and IV hospitals, as well as hospitals requesting to achieve a higher level of designation
4. Ensure transparency in efforts and results

Appendix A: AMPOQR Committee Charter

Committee Name:

Arkansas Maternal and Perinatal Outcomes Quality Review Committee

Committee Establishment and Authority:
Scope: State of Arkansas
Sponsor: Arkansas Department of Health

Committee Mission:
Ensuring the best health outcomes for mothers and newborns

Committee Vision:
Arkansas families have access to high quality care for their family members to achieve optimal long-term health and wellness

Committee Structure:
The Maternal and Perinatal Outcomes Quality Review Committee will be charged with ensuring that the perinatal levels of care classification system is implemented and maintained in the state of Arkansas with the ultimate goal of decreasing maternal and infant mortality. The Committee will operate under the direction and stipulations outlined in Arkansas Act 1032 of 2019, will be led by two co-chairs with diverse clinical or administrative backgrounds, and hospital members who are committed to improving the health and well-being of Arkansans, regardless of employer affiliation.

Chairs will:

- Be nominated from among the committee attendees and partner hospitals or birthing centers
- Be appointed by the ADH Secretary of Health
- Serve two to three-year terms (with option for renewal)
- Lead Committee meetings and develop strategies relative to the vision

Voting Committee Members will:

- Be nominated by the Committee (including self-nominations) and selected by chairs of the Committee
- Be comprised of eight (8) representatives from participating level I or II facilities and eight (8) representatives from participating level III-A, III-B, and IV facilities
- Include an ADH pediatrician or child health staff member
- Include an ADH obstetrician or maternal health staff member
- Have one vote each
- Recuse themselves if the Committee is voting on recommendations related to their facility

Voting Member Obligations:

- 80% attendance in a calendar year (remote or in person)
- Speak on behalf of Arkansans and not just their region or facility
- Foster a collaborative and collegial atmosphere

Non-Voting Committee Members will be Comprised of:

- ADH personnel, Arkansas Department of Human Services (DHS) representatives, Nursery Alliance representatives (ACH), Arkansas Hospital Association (AHA) representatives, and attendance and participation from state hospitals or community stakeholders

Quorum:

- >50% of total voting members with at least half from level I and II and half from level III (a and b) and IV
- If a vote is needed it may go to an electronic vote if a quorum is not met

Special Meetings:

- May be called by the co-chairs to address an acute request or issue

Minutes:

- Will be taken, disseminated, and voted on and/or approved during the following meeting

Voting/Decision Making:

- By simple majority (>50%)
- Any ties will be decided by co-chairs
- Appeals may be made directly to the co-chairs, who will make a decision to return the vote to committee if there were circumstances not understood or clear at the time of the vote

Committee Goals and Objectives:

- Create a continuous quality improvement process that includes but is not limited to:
    - Reviewing maternal and neonatal data from labor and delivery units, nurseries, and neonatal intensive care units in the state
        - Sharing of aggregate data with the committee aligned with improvement efforts
    - Using comparative data (where it exists) to assess opportunities as well as success of hospitals in the state
    - Identify agreed upon outcomes and process measures
    - Develop aims and interventions to reduce maternal and infant mortality and morbidity

- Review self-verification data and quality data collection tool information yearly for all participating facilities
- In addition to yearly self-verification, the Committee will conduct facility site reviews for level III-A, III-B, and IV facilities every two years
- Provide education to the committee based on current evidence and state needs
- Advocacy and policy recommendations

Committee Specific Duties and Responsibilities:

- The Committee will report all findings and recommendations to the ADH Secretary of Health for final approval
- The Arkansas Maternal and Perinatal Outcomes Quality Review Committee shall file a written report and its recommendations on or before December 31 of each year, starting in the year 2020, to the Senate Committee on Public Health, Welfare, and Labor, the House Committee on Public Health, Welfare, and Labor, and the Legislative Council. The report shall include:
    - The findings and recommendations of the committee; and
    - An analysis of factual information obtained from the review of the birth outcome data and local or regional review panels that do not violate the confidentiality provisions under this subchapter.
    - The report shall only include aggregate data and shall not identify a particular facility or provider.
- Composition of the survey team and metrics they review and obtain
- Transparency with the committee
- Fostering a collegial and collaborative platform for labor and delivery units, nurseries, neonatal intensive care units, and community stakeholders across the state of Arkansas
- Serve as a recommendation body for hospitals wishing to change classification

Committee Chair Requisite Skills and General Qualifications:

- Basic knowledge of maternal and child health, pediatrics, obstetrics, and community resources
- Basic quality improvement skills
- Leadership skills: including but not limited to, effective communication, meeting management/facilitation, and effective problem solving
- Committed to a two to three-year leadership role

Frequency

Every other month or as determined by the Committee

Appendix B: Subcommittees

Quality Improvement Subcommittee

Committee Structure:
The Quality Improvement subcommittee will be charged with working to identify collaborative quality improvement projects that seek to improve maternal and neonatal outcomes across Arkansas. Additionally, provide insight on the design and processes of such projects to ensure successful implementation. This committee will be led by two co-chairs and will include hospital members, and other state and community organizations, who are committed to improving the health and well-being of Arkansas.

Committee Goals and Objectives:

- Create a continuous quality improvement process that includes but is not limited to:
    - Reviewing maternal and neonatal data from labor and delivery units, nurseries, and neonatal intensive care units in the state
    - Using comparative data to assess opportunities as well as success of hospitals in the state
    - Identify agreed upon outcomes and process measures
    - Develop aims and interventions to reduce maternal and infant mortality and morbidity

Committee Specific Duties and Responsibilities:

- The duty of the Quality Improvement subcommittee is to advise the AMPOQRC on all matters relating to developing and maintaining quality improvement projects for the improvement of maternal and neonatal outcomes for Arkansas
- Assessing and classifying appropriate maternal and neonatal quality improvement projects and focus areas
- Facilitate a platform for discussion regarding quality improvement needs and focus
- Provide required reporting of quality improvement, performance goals, and outcomes data related to the improvement of maternal and neonatal outcomes for Arkansas
- Transparency with the AMPOQRC on all current work and future projects
- Advocacy and policy recommendations
- Fostering a collegial and collaborative platform for quality improvement work for, labor and delivery units, nurseries, neonatal intensive care units, and community stakeholders across the state of Arkansas

Committee Chair Requisite Skills and General Qualifications:

- Basic knowledge of maternal and child health, pediatrics, obstetrics and community resources
- Basic quality improvement skills

- Leadership skills: including but not limited to, effective communication, meeting management/facilitation and effective problem solving
- Committed to a two to three-year leadership role

Committee Reporting:

- The quality committee will report out on current projects during each bi-monthly meeting of the AMPOQRC
- The quality committee shall provide yearly or as required written reports on all quality improvement work
- The report shall only include aggregate data and shall not identify a particular facility or provider

Frequency:

Bi-monthly or as determined by the committee

Education Subcommittee

Committee Structure:

The Education subcommittee will be charged with working to provide ongoing education to support hospital efforts that seek to improve maternal and neonatal outcomes across Arkansas. Ongoing education can include, but is not limited to: e-modules, simulations, or trainings from ACOG and other national groups. This committee will be led by co-chairs and will include hospital members, and other state and community organizations, who are committed to improving the health and well-being of Arkansas.

Committee Goals and Objectives:

- Create an ongoing education process that includes but is not limited to:
    - Reviewing maternal and neonatal data from labor and delivery units, nurseries, and neonatal intensive care units in the state to educate and improve outcomes
    - Using comparative data to assess training opportunities as well as success of hospitals in the state
    - Identify agreed upon outcomes and process measures to educate all hospitals
    - Develop aims and interventions education to reduce maternal and infant mortality and morbidity

Committee Specific Duties and Responsibilities:

- The duty of the Education subcommittee is to advise the AMPOQRC on all matters relating to developing and maintaining ongoing educational training for the improvement of maternal and neonatal outcomes for Arkansas
- Researching appropriate national continuing educational and professional development opportunities
- Facilitate a platform for discussion regarding educational needs and focus

- Provide required reporting of professional development, performance goals, and outcomes data related to the improvement of maternal and neonatal outcomes for Arkansas
- Transparency with the AMPOQRC on all current work and future projects
- Advocacy and policy recommendations
- Fostering a collegial and collaborative platform for educational improvement work for, labor and delivery units, nurseries, neonatal intensive care units, and community stakeholders across the state of Arkansas

Committee Chair Requisite Skills and General Qualifications:

- Basic knowledge of maternal and child health, pediatrics, obstetrics and community resources
- Professional development training skills
- Leadership skills: including but not limited to, effective communication, meeting management/facilitation and effective problem solving
- Committed to a two to three-year leadership role

Committee Reporting:

- The education committee will report on current projects during each bi-monthly meeting of the AMPOQRC.
- The education committee shall provide yearly or as required written reports on all professional development work.
- The report shall only include aggregate data and shall not identify a particular facility or provider.

Frequency:

Bi-monthly or as determined by the committee

Site Visit Subcommittee

Committee Structure:

The Site Visit subcommittee will be charged with outlining processes for site reviews at hospitals in relation to perinatal regionalization activities. This work can include but not be limited to, identifying, confirming, or advancing level of care statuses of nurseries across the state and participation of the new Maternal Levels of Care (MLC) Verification program. The site reviews will occur every two years for level III-A, III-B, and IV facilities. The site visit subcommittee with complete the review and conduct an exit interview to present the facility with recommendations. This committee will be led by two co-chairs and will include hospital members, and other state and community organizations, who are committed to improving the health and well-being of Arkansas.

Committee Goals and Objectives:

- Create an ongoing site visit process that includes but is not limited to:
    - Reviewing maternal and neonatal labor and delivery units, nurseries, and neonatal intensive care units in the state to educate and enhance quality outcomes
    - Using comparative data to assess hospital needs as well as success in the state
    - Identify agreed upon outcomes and process measures to educate all hospitals
    - Develop aims and interventions to reduce maternal and infant mortality and morbidity

Committee Specific Duties and Responsibilities:

- The duty of the Site Visit subcommittee is to advise the AMPOQRC on all matters relating to developing and maintaining labor and delivery units, nurseries, neonatal intensive care units for the improvement of maternal and neonatal outcomes for Arkansas
- Facilitate a platform for discussion regarding site visit needs and focus
- Provide required reporting of site visit findings, performance goals, and outcomes data related to the improvement of maternal and neonatal outcomes for Arkansas
- Transparency with the AMPOQRC on all work currently and future projects
- Advocacy and policy recommendations
- Fostering a collegial and collaborative platform for site improvement work for, labor and delivery units, nurseries, neonatal intensive care units, and community stakeholders across the state of Arkansas

Committee Chair Requisite Skills and General Qualifications:

- Basic knowledge of maternal and child health, pediatrics, obstetrics, and community resources
- Previous site survey experience is preferred but not required
- Leadership skills: including but not limited to, effective communication, meeting management/facilitation and effective problem solving
- Committed to a two to three-year leadership role

Committee Reporting:

- The Site Visit subcommittee will report out on current projects during each bi-monthly meeting of the AMPOQRC.
- The Site Visit subcommittee shall provide yearly or as required written reports on all professional development work.
- The report shall only include aggregate data and shall not identify a particular facility or provider.

Frequency:

Bi-monthly or as determined by the committee

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas *As Engrossed: H2/18/19 H2/20/19 S4/4/19*
92nd General Assembly **A Bill**
Regular Session, 2019 HOUSE BILL 1441

By: Representatives Bentley, D. Ferguson, Barker, Brown, Burch, Capp, Cavenaugh, Clowney, Crawford, Dalby, C. Fite, V. Flowers, D. Garner, Godfrey, M. Gray, Lundstrum, McCullough, Petty, Rushing, Scott, Speaks, Vaught, Della Rosa, *Eaves*
By: Senators Irvin, Bledsoe, J. English, Elliott, L. Chesterfield

For An Act To Be Entitled

AN ACT TO IMPROVE MATERNAL AND PERINATAL OUTCOMES BY CREATING THE MATERNAL AND PERINATAL OUTCOMES QUALITY REVIEW COMMITTEE; AND FOR OTHER PURPOSES.

Subtitle

TO IMPROVE MATERNAL AND PERINATAL OUTCOMES BY CREATING THE MATERNAL AND PERINATAL OUTCOMES QUALITY REVIEW COMMITTEE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. DO NOT CODIFY. Legislative findings and intent.

(a) The General Assembly finds that:

(1) In 2018, Arkansas's infant mortality rate was seven and eight-tenths (7.8) per one thousand (1,000) live births compared to five and nine-tenths (5.9) per one thousand (1,000) live births nationally;

(2) Arkansas ranks forty-sixth in the nation for infant mortality per America's Health Rankings;

(3)(A) In 2018, almost eleven percent (11%) of babies born in Arkansas were preterm.

(B) Of those babies born preterm, eight and eight-tenths percent (8.8%) had low birth weights; and

(4) The quality for maternal and perinatal outcomes could be

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improved drastically in this state.

(b) It is the intent of the General Assembly to establish a maternal and perinatal outcomes quality review committee in the State of Arkansas and to improve the maternal and perinatal outcomes in the state.

SECTION 2. Arkansas Code Title 20, Chapter 15, is amended to add an additional subchapter to read as follows:

Subchapter 23 — Maternal and Perinatal Outcomes Quality Review Committee

20-15-2301. Maternal and Perinatal Outcomes Quality Review Committee.

(a)(1) The Department of Health shall establish the *Maternal and Perinatal Outcomes Quality* Review Committee to review data on births and to develop strategies for improving birth outcomes.

(2) The committee shall be multidisciplinary and composed of members as deemed appropriate by the department.

(b) The department may contract with an external organization to assist in collecting, analyzing, and disseminating maternal mortality information, organizing and convening meetings of the committee, and other tasks as may be incident to these activities, including providing the necessary data, information, and resources to ensure successful completion of the ongoing review required by this section.

20-15-2302. Powers and duties.

The Maternal and Perinatal Outcomes Quality Review Committee shall:

(1) Create a unified message and strategy that builds on best practices;

(2) Develop clear measurements to evaluate targeted outreach, progress, and return on investment;

(3) Develop recommendations for levels of care by establishing systems designating where infants are born or transferred according to the level of care they need at birth;

(4) Create a system of continuous quality improvement that will include the ability of designated and nondesignated hospitals to compare performance to peer facilities;

(5) Create a collaborative framework, in addition to quality improvement for birthing hospitals that will allow for better outcomes,

better overall long-term care and decrease cost of care; and

(6) Disseminate findings and recommendations to policy makers, healthcare providers, healthcare facilities, and the general public.

20-15-2303. Access to records.

(a) Healthcare providers, healthcare facilities, and pharmacies shall provide reasonable access to the Maternal and Perinatal Outcomes Quality Review Committee to all relevant medical records associated with a case under review by the committee.

(b) A healthcare provider, healthcare facility, or pharmacy providing access to medical records as described by subdivision (a) of this section is not liable for civil damages or subject to any criminal or disciplinary action for good faith efforts in providing such records.

20-15-2304. Confidentiality.

(a)(1) Information, records, reports, statements, notes, memoranda, or other data collected under this subchapter are not admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency, or person.

(2) Information, records, reports, statements, notes, memoranda, or other data collected under this subchapter shall not be exhibited or disclosed in any way, in whole or in part, by any officer or representative of the Department of Health or any other person, except as necessary for the purpose of furthering the review of the Maternal and Perinatal Outcomes Quality Review Committee of the case to which they relate.

(3) A person participating in a review shall not disclose, in any manner, the information so obtained except in strict conformity with such review project.

(b) All information, records of interviews, written reports, statements, notes, memoranda, or other data obtained by the department, the committee, and other persons, agencies, or organizations so authorized by the department under this subchapter are confidential.

(c)(1) All proceedings and activities of the committee under this subchapter, opinions of members of the committee formed as a result of such proceedings and activities, and records obtained, created, or maintained pursuant to this subchapter, including records of interviews, written

reports, and statements procured by the department or any other person, agency, or organization acting jointly or under contract with the department in connection with the requirements of this subchapter, are confidential and are not subject to the Freedom of Information Act of 1967, §§ 25-19-101 et seq., relating to open meetings, subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding.

(2) However, this subchapter does not limit or restrict the right to discover or use in any civil or criminal proceeding anything that is available from another source and entirely independent of the committee's proceedings.

(d)(1) Members of the committee shall not be questioned in any civil or criminal proceeding regarding the information presented in or opinions formed as a result of a meeting or communication of the committee.

(2) This subchapter does not prevent a member of the committee from testifying to information obtained independently of the committee or which is public information.

20-15-2305. Disclosure.

Disclosure of protected health information is allowed for public health, safety, and law enforcement purposes, and providing case information on maternal deaths for review by the Maternal and Perinatal Outcomes Quality Review Committee is not a violation of the Health Insurance Portability and Accountability Act of 1996.

20-15-2306. Immunity from liability.

State, local, or regional committee members are immune from civil and criminal liability in connection with their good-faith participation in the maternal death review and all activities related to a review with the *Maternal and Perinatal Outcomes Quality* Review Committee.

20-15-2307. Reporting.

(a) Beginning in 2020, the Maternal and Perinatal Outcomes Quality *Review Committee shall file a written report on the maternal and perinatal outcomes and its recommendations on or before December 31 of each year* to:

(1) The Senate Committee on Public Health, Welfare, and Labor;

(2) The House Committee on Public Health, Welfare, and Labor;

and

(3) The Legislative Council.

(b) The report shall include:

(1) The findings and recommendations of the committee; and

(2) An analysis of factual information obtained from the review of the birth outcome data and local or regional review panels that do not *violate the confidentiality provisions under this subchapter.*

(c) The report shall include only aggregate data and shall not identify a particular facility or provider.

/s/Bentley