

House Bill 89

By: Representatives Cooper of the 45<sup>th</sup>, Wade of the 9<sup>th</sup>, Gambill of the 15<sup>th</sup>, and Hong of the 103<sup>rd</sup>

A BILL TO BE ENTITLED

AN ACT

1 To amend Chapter 2A of Title 31 of the Official Code of Georgia Annotated, relating to the  
2 department of public health, so as to require healthcare providers, healthcare facilities, and  
3 pharmacies to provide the Maternal Mortality Review Committee with psychiatric or other  
4 clinical records; to provide for the establishment of the Regional Perinatal Center Advisory  
5 Committee; to provide for its composition and duties; to provide for assessment and  
6 recommendations to the commissioner of public health; to require that hospitals interested  
7 in being a designated regional perinatal center provide the department of public health with  
8 certain criteria; to provide that such department present a plan every four years; to provide  
9 for definitions; to amend Code Section 37-3-166 of the Official Code of Georgia Annotated,  
10 relating to treatment of clinical records, when release permitted, scope of privileged  
11 communications, liability for disclosure, and notice to sheriff of discharge, so as to permit  
12 the release of clinical records of a deceased patient to the Maternal Mortality Review  
13 Committee; to amend Code Section 45-16-24 of the Official Code of Georgia Annotated,  
14 relating to notification of suspicious or unusual deaths, court ordered medical examiner's  
15 inquiry, and written report of inquiry, so as to remove the requirement that a medical  
16 examiner's inquiry for pregnant female deaths be done through a regional perinatal center;  
17 to provide for related matters; to repeal conflicting laws; and for other purposes.

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18 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

19 SECTION 1.

20 Chapter 2A of Title 31 of the Official Code of Georgia Annotated, relating to the department  
21 of public health, is amended by adding a new subsection to and revising subsections (c), (d),  
22 and (e) of Code Section 31-2A-16, relating to Maternal Mortality Review Committee  
23 established, as follows:

24 "(c) The committee shall:

25 (1) Identify maternal death cases;

26 (2) Review medical records and other relevant data;

27 (3) Review psychiatric or other clinical records;

28 ~~(3)~~(4) Contact family members and other affected or involved persons to collect  
29 additional relevant data;

30 ~~(4)~~(5) Consult with relevant experts to evaluate ~~the~~ such records and data;

31 ~~(5)~~(6) Make determinations regarding the preventability of maternal deaths;

32 ~~(6)~~(7) Develop recommendations for the prevention of maternal deaths; and

33 ~~(7)~~(8) Disseminate findings and recommendations to policy makers, health care  
34 providers, health care facilities, and the general public.

35 (d)(1) Health care providers licensed pursuant to Title 43, health care facilities licensed  
36 pursuant to Chapter 7 of Title 31, health care facilities or programs licensed under Title  
37 37, and pharmacies licensed pursuant to Chapter 4 of Title 26 shall provide reasonable  
38 access to the committee to all relevant medical records and psychiatric or other clinical  
39 records associated with a case under review by the committee within 30 days of receiving  
40 a request for such records.

41 (2) A health care provider, health care facility, or pharmacy providing access to medical  
42 records and psychiatric or other clinical records pursuant to this Code section shall not

43 be held liable for civil damages or be subject to any criminal or disciplinary action for  
 44 good faith efforts in providing such records.

45 (e)(1) Information, records, reports, statements, notes, memoranda, or other data  
 46 collected pursuant to this Code section shall not be admissible as evidence in any action  
 47 of any kind in any court or before any other tribunal, board, agency, or person. Such  
 48 information, records, reports, statements, notes, memoranda, or other data shall not be  
 49 exhibited nor their contents disclosed in any way, in whole or in part, by any officer or  
 50 representative of the department or any other person, except as may be necessary for the  
 51 purpose of furthering the review of the committee of the case to which they relate. No  
 52 person participating in such review shall disclose, in any manner, the information so  
 53 obtained except in strict conformity with such review project.

54 (2) All information, records, records of interviews, written reports, statements, notes,  
 55 memoranda, or other data obtained by the department, the committee, and other persons,  
 56 agencies, or organizations so authorized by the department pursuant to this Code section  
 57 shall be confidential."

58 "(h) As used in this Code section, the term 'clinical records' shall have the same meaning  
 59 as provided in Code Section 37-3-1."

60 **SECTION 2.**

61 Said chapter is further amended by adding a new article to read as follows:

62 "ARTICLE 4

63 31-2A-70.

64 As used in this article, the term:

65 (1) 'Advisory committee' or 'committee' means the Regional Perinatal Center Advisory  
 66 Committee established pursuant to Code Section 31-2A-71.

67 (2) 'Regional perinatal center' means a specially qualified hospital identified by the  
68 department and designated to a specific geographic region to lead collaboration between  
69 hospitals and providers to ensure deliveries are performed in a hospital with an  
70 appropriate level of care for mothers and infants.

71 31-2A-71.

72 (a) There is established the Regional Perinatal Center Advisory Committee for the purpose  
73 of considering and making recommendations to the commissioner concerning the addition,  
74 reduction, or transition of regional perinatal centers in this state. The committee shall  
75 advise the commissioner on the estimated costs to the department necessary to implement  
76 such recommendations.

77 (b) The Regional Perinatal Center Advisory Committee shall be composed of not less  
78 than 11 nor more than 21 members to be appointed by the commissioner, who shall appoint  
79 one of such members to serve as chairperson. All appointments to the committee shall be  
80 for a term of four years. A member shall serve until his or her successor has been duly  
81 appointed. The commissioner may reappoint any member.

82 (c) The advisory committee shall meet upon the call of the chairperson appointed pursuant  
83 to subsection (b) of this Code section.

84 (d) Beginning on July 1, 2026, and every four years thereafter, the department, in  
85 conjunction with the advisory committee, shall assess and make recommendations to the  
86 commissioner on the adequacy of the regional perinatal system and consider hospital or  
87 labor and delivery closures. Such assessment shall ensure that:

88 (1) Birthing centers in each region are equipped and prepared to stabilize infants and  
89 mothers before transport;

90 (2) Coordination exists between maternity care in each region and regional perinatal  
91 centers;

- 92 (3) All identified high-risk pregnancies and deliveries are promptly evaluated in  
93 consultation with regional perinatal centers and referred to the appropriate designated  
94 regional perinatal facility for the proper management and treatment of such conditions;  
95 (4) An adequate transport system is available in the region for the transfer of high-risk  
96 mothers and infants and specifically considers:
- 97 (A) The distance and travel time between referring hospitals and regional perinatal  
98 centers;
- 99 (B) The types of vehicles used for transport and whether a need exists for additional  
100 vehicles; and
- 101 (C) The need for upgraded vehicles and transport equipment; and
- 102 (5) Each regional perinatal center provides:
- 103 (A) Consultation and transport for patients requiring special services;  
104 (B) Coordination and assurance of follow-up medical care for maternal and neonatal  
105 patients requiring special services;
- 106 (C) Educational support to ensure quality care in institutions involved in perinatal  
107 healthcare in the region;
- 108 (D) An annual education plan with all birthing centers in the region;
- 109 (E) Compilation and analysis of perinatal data from the center and referring hospitals;  
110 and
- 111 (F) Coordination of perinatal health services within the region.
- 112 (e) When changes to the regional perinatal centers are approved by the department after  
113 recommendation by the advisory committee, the department shall submit a budget request  
114 to the Office of Planning and Budget prior to the General Assembly's next legislative  
115 session seeking appropriations to implement such changes.

116 31-2A-72.

117 A hospital interested in being designated as a regional perinatal center shall notify the  
118 department of the following:

119 (1) Such hospital's ability to meet the standards for regional perinatal centers;

120 (2) Any additional funding necessary to bring such hospital up to standard;

121 (3) Any special planning problems in such hospital's perinatal region, including, but not  
122 limited to, transportation, shortage of facilities, and personnel;

123 (4) A description of perinatal care currently being provided; and

124 (5) A description of services that can be provided by the center in patient care, education,  
125 and consultation to hospitals within the perinatal region.

126 31-2A-73.

127 Beginning on July 1, 2026, and every four years thereafter, the department shall present a  
128 plan to the Governor, the Speaker of the House of Representatives, and the President of  
129 Senate for the designated perinatal centers in every region of the state. Such plan shall  
130 include funding considerations to aid hospitals in meeting the standards and for continuing  
131 requirements, including, but not limited to, patient care, professional education, training  
132 programs, and physical facilities.

133 31-2A-74.

134 The department shall be authorized to promulgate rules and regulations to carry out the  
135 purposes of this article."

136 **SECTION 3.**

137 Code Section 37-3-166 of the Official Code of Georgia Annotated, relating to treatment of  
138 clinical records, when release permitted, scope of privileged communications, liability for

139 disclosure, and notice to sheriff of discharge, is amended by adding a new paragraph to  
140 subsection (a) to read as follows:

141 "(2.2) A copy of the record of a deceased patient or deceased former patient who is the  
142 subject of a maternal death review may be released to the Maternal Mortality Review  
143 Committee established under Chapter 2A of Title 31, except for matters privileged under  
144 the laws of this state;"

145 **SECTION 4.**

146 Code Section 45-16-24 of the Official Code of Georgia Annotated, relating to notification  
147 of suspicious or unusual deaths, court ordered medical examiner's inquiry, and written report  
148 of inquiry, is amended by revising subsection (b) as follows:

149 "(b) A coroner or county medical examiner who is notified of a death pursuant to  
150 subsection (a) of this Code section under circumstances specified in paragraphs (1)  
151 through ~~(9)~~(10) of such subsection shall order a medical examiner's inquiry of that death.  
152 ~~A coroner or medical examiner who is notified of a death pursuant to subsection (a) of this~~  
153 ~~Code section under circumstances specified in paragraph (10) of such subsection and which~~  
154 ~~death was not under circumstances specified in paragraphs (1) through (9) of such~~  
155 ~~subsection shall order a medical examiner's inquiry for such death through a regional~~  
156 ~~perinatal center, as identified by the Department of Public Health. This subsection shall~~  
157 ~~not be construed to prohibit a medical examiner's inquiry of a death if a coroner or county~~  
158 ~~medical examiner is notified of a death under circumstances specified in paragraph (11) of~~  
159 ~~subsection (a) of this Code section."~~

160 **SECTION 5.**

161 All laws and parts of laws in conflict with this Act are repealed.