WEST VIRGINIA
SECRETARY OF STATE
BETTY IRELAND
ADMINISTRATIVE LAW DIVISION

Form #5

Do Not Mark In This Box

FILED

2008 SEP -8 AM 10: 29

OFFICE WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF AGENCY ADOPTION OF A PROCEDURAL OR INTERPRETIVE RULE OR A LEGISLATIVE RULE EXEMPT FROM LEGISLATIVE REVIEW

AGENCY: DHHR - Bureau for Public Health TITLE NUMBER: 64

CITE AUTHORITY: §§16-1-4 and 48-25A-1 et seq.

RULE TYPE: PROCEDURAL X INTERPRETIVE _____

EXEMPT LEGISLATIVE RULE _____

CITE STATUTE(s) GRANTING EXEMPTION FROM LEGISLATIVE REVIEW

_____

AMENDMENT TO AN EXISTING RULE: YES ____ NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

_____

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: 96

TITLE OF RULE BEING PROPOSED: MATERNAL MORTALITY REVIEW TEAM

_____

THE ABOVE RULE IS HEREBY ADOPTED AND FILED WITH THE SECRETARY OF STATE. THE EFFECTIVE DATE OF THIS RULE IS October 9, 2008

Martha Yeager Walker
Authorized Signature

$3.40

Department of Health and Human Resources
Bureau for Public Health
Procedural Rule
Title 64, Series 96

MATERNAL MORTALITY REVIEW TEAM

BRIEF SUMMARY

The proposed rule for the Maternal Mortality Review Team is being created as a guide to the review process and procedures to be followed in the event of a maternal death during pregnancy, at the time of birth or within one year of the birth of a child from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes.

STATEMENT OF CIRCIMSTANCES

The Maternal Mortality Review Team proposed rule is being created as required following the passage of legislation, SB234, in the 2008 regular session.

FISCAL NOTE FOR PROPOSED RULES

Rule Title: **Maternal Mortality Review Team**

Type of Rule: ____ Legislative ____ Interpretive X Procedural

Agency: **Health and Human Resources**

Address: **1900 Kanawha Blvd. East**

Bldg. 3, Room 206

Charleston, WV 25305

Phone Number: **304-558-7261** Email: **patmoss@wvdhhr.org**

Fiscal Note Summary

Summarize in a clear and concise manner what effect this measure will have on costs and revenues of state government.

The purpose of this rule is to comply with SB234 which requires the Department to: 1. To promulgate rules covering standard procedures for the establishment, formation and conduct of the MMRT; and protocols for the reviews conducted by the MMRT; 2. To review all deaths of women who die during pregnancy, at the time of birth or within one year of the birth of a child; 3. To look for trends, patterns and risk factors; 4. To provide statistical analysis regarding the causes of maternal fatalities in West Virginia; and 5. Promote public awareness of the incidence of maternal fatalities, including recommendations for their reduction.

The MMRT will submit an annual report to the Governor and Legislature concerning its activities and the incidence of maternal fatalities within the State. The report will include statistics on the number of maternal fatalities, including possible causes, the number of mothers whose deaths were unexpected or unexplained and recommendations to reduce the number of preventable maternal fatalities.

Based on financial comparisons with the current Child Fatality Review Team (CFRT) and the current Domestic Violence Fatality Review Team (DVFRT), the Department estimates the fiscal impact of this rule to be $24,952. This is based on the need for an additional 0.4 FTE for a HHR Specialist, Sr and a 0.25 FTE Office Assistant I to coordinate the efforts of the committee. This funding was provided in the SFY2009 Budget Bill and is reflected in the amounts under the fiscal note detail..

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

Effect of Proposal	Fiscal Year		
	2008 Increase/Decrease (use"-")	2009 Increase/Decrease (use"-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	0	24,952	24,952
Personal Services		23,952	23,952
Current Expenses		1,000	1,000
Repairs and Alterations			
Equipment			
Other			
2. Estimated Total Revenues			

3. Explanation of above estimates (including long-range effect):

Please include any increase or decrease in fees in your estimated total revenues.

Personal services includes salary of $15,530 and benefits of $3,208 for a part-time (0.40 FTE) HHR Specialist, Sr. (Coordinator) and salary of $4,293 and benefits of $921 for a part-time (0.25 FTE) Office Assistant I. The estimated salary for these two positions was based upon the mid range of the pay grade. Each member of the MMRT shall serve without additional compensation and may not be reimbursed for any expenses incurred in the discharge of his or her duties under the provisions of this article, therefore no cost has been included for the members of the MMRT.

Current expenses of $1,000 will be used for office supplies, printing of materials, etc.

There is no revenue expected to be generated by the proposed legislation.

Memorandum

Please identify any areas of vagueness, technical defects, reasons the proposed rule **would not** have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

Date	Agency	Authorized Representative
9/4/08	Department of Health and Human Resources	Martha Yeager Walker Martha Yeager Walker Secretary

TITLE 64
PROCEDURAL RULE
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

SERIES 96
MATERNAL MORTALITY REVIEW TEAM

§64-96-1. General.

1.1. Scope. -- This rule establishes standard procedures for the formation and conduct of the maternal mortality review team and recommends protocols for the review of maternal deaths. This rule should be read in conjunction with W. Va. Code §48-25A-1 et seq. The WV Code is available in public libraries and on the Legislature's webpage at: www.legis.state.wv.us/ .

1.2. Authority. -- WV Code §16-4-1 and §48-25A-1, et seq.

1.3. Filing Date. --

1.4. Effective Date. --

§64-96-2. Application and Enforcement.

2.1. Application. -- This rule applies to the maternal mortality review team and other state, county or local agencies.

2.2. Enforcement. -- This rule is enforced by the office of maternal, child and family health of the bureau for public health.

§64-96-3. Definitions.

3.1. Maternal Mortality. - Death of a woman during pregnancy, at the time of birth or within one year of the birth of a child from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes.

3.2. Maternal Mortality Review Team. - A multidisciplinary group of professionals including representatives from public health and the medical community that reviews the circumstances surrounding the deaths of women who die during pregnancy, at the time of birth or within one year of the birth of a child.

3.3. Department. - The West Virginia Department of Health and Human Resources.

3.4. Review. - The process by which all of the facts and circumstances about a deceased woman who has died during pregnancy, at the time of birth or within one year of the birth of a child are known to members of a team are shared and discussed among the team.

3.5. Unexpected death. - The death of a woman who has died during pregnancy, at the time of birth or within one year of the birth of a child, whose immediate death is not anticipated.

3.6. Unexplained death. - The cause and manner of death of a woman who has died during pregnancy, at the time of birth or within one year of the birth of a child cannot be determined after an autopsy and thorough investigation of the circumstances surrounding the death.

§64-96-4. Responsibilities of Maternal Mortality Review Team.

4.1. The Maternal Mortality Review Team shall perform the duties described in W. Va. Code §48-25A-3, including review of all deaths of women who die during pregnancy, at the time of birth or within one year of the birth of a child from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes; establish the

trends, patterns and risk factors; provide statistical analysis regarding the causes of maternal deaths in West Virginia; and promote public awareness of the incidence and causes of maternal deaths.

§64-96-5. Conduct of Maternal Mortality Review Team.

5.1. The Maternal Mortality Review Team shall meet two to four times per year, based upon the number of deaths.

5.2. The Governor shall appoint persons to vacancies on the Maternal Mortality Review Team as outlined in W. Va. Code §48-25A-2.

5.3. Each member shall serve for a term of five years. Of the members of the commission first appointed, one shall be appointed for a term ending the thirtieth day of June, two thousand nine, and one each for terms ending one, two, three and four years thereafter.

5.4. Members of the Maternal Mortality Review Team shall, unless sooner removed, continue to serve until their respective terms expire and until their successors have been appointed and have qualified.

5.5. An appointment of a physician, whether for a full term or to fill a vacancy, is to be made by the Governor from among three nominees selected by the West Virginia State Medical Association or the organization to be represented on the team. When an appointment is for a full term, the nomination is to be submitted to the Governor not later than eight months prior to the date on which the appointment is to become effective. In the case of an appointment to fill a vacancy, the nominations are to be submitted to the Governor within thirty days after the request for the nomination has been made by the Governor to the chairperson or president of the organization. When an association fails to submit to the Governor nominations for the appointment in accordance with the requirements of this section, the Governor may make the appointment without nominations.

5.6. The Maternal Mortality Review Team shall submit an annual report to the Governor and to the Legislature concerning its activities and the incidents of maternal fatalities within the state. The report is due annually on the first day of December. The report is to include statistics setting forth the number of maternal fatalities, identifiable trends in maternal fatalities in the state, including possible causes, if any, and recommendations to reduce the number of preventable maternal fatalities in the state. The report is to also include the number of mothers whose deaths have been determined to have been unexpected or unexplained.

5.7. Each member of the Maternal Mortality Review Team shall serve without additional compensation and may not be reimbursed for any expenses incurred in the discharge of his or her duties under the provisions of this article.

5.8. The chairperson of the Maternal Mortality Review Team, or his or her designee, and the team members shall review death certificates of women sent quarterly by the office of vital statistics and shall determine which are unexpected or unexplained deaths.

5.9. Each member of the Maternal Mortality Review Team shall examine the records of his or her agency to determine if the woman received services at his or her agency, and if necessary, may contact other agencies to complete the review.

5.10. Team members shall present to the rest of the Maternal Mortality Review Team the information obtained from the record reviews, but shall retain the documents in each agency's files.

5.11. All documents regarding a particular case that are reviewed by the Maternal Mortality Review Team shall be destroyed by the Team after the publication of the annual report in which that case data is included.

5.12. The Maternal Mortality Review Team, in the exercise of its duties as defined in this section, may not: call witnesses or take testimony from individuals involved in the investigation of a maternal fatality; contact a family member of the deceased mother, except if a member of the team is involved in the investigation of the death and must contact a family member in the course of performing his or her duties outside of the team; or enforce any public health standard or criminal law or otherwise participate in any legal proceeding, except if a member of the team is involved in the investigation of the death or resulting prosecution and must participate in a legal proceeding in the course of performing in his or her duties outside of the team.

§64-96-6. Confidentiality.

6.1. All information, records of the Maternal Mortality Review Team, and opinions expressed by members of the Review Team are confidential as described in W. Va. Code §48-25A-3.

6.2. Proceedings, records and opinions of the Maternal Mortality Review Team are confidential, in accordance with section one, article seven, chapter forty-nine of this code, and are not subject to discovery, subpoena or introduction into evidence in any civil or criminal proceeding. Nothing in this subsection is to be construed to 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 proceedings of the Maternal Mortality Review Team.

6.3. Members of the Maternal Mortality Review Team may not be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a meeting of the team. Nothing in this subsection may be construed to prevent a member of the Maternal Mortality Review Team from testifying to information obtained independently of the team or which is public information.

§64-96-7. Recommended Protocols for Review of Maternal Mortality.

The following are recommended protocols to aid in the review of maternal deaths:

7.1. All Maternal Mortality Review Team members shall sign a sworn statement promising to maintain the confidentiality of information, records, discussions and opinions disclosed during maternal mortality reviews.

7.2. The Maternal Mortality Review Team may call for an immediate review of medical records requested from physicians and hospitals treating the woman before, during and after her pregnancy to try and determine causes and possible preventative measures related to the death;

7.3. Review Team members shall receive materials in advance of the meeting and review de-identified cases at meetings.

7.4. Physicians asked to supply medical records shall do so for evaluation/review purposes only regarding the death of the woman during her pregnancy, at the time of birth or within one year of the birth of a child. Patient, hospital, and medical practitioner names are removed to ensure confidentiality.

7.5. Maternal mortality review data forms shall be completed using the provided information from medical records received from physicians. Data will be compiled for the annual report to be submitted to the Governor and Legislature. No identifying information will be released in this report, only compiled data will be used.

7.6. Members of the Maternal Mortality Review Team shall bring with them to team meetings the records and information that their agency possesses about the woman, the woman's family, circumstances surrounding the death, as well as any other relevant information.

7.7. Summaries and reports on Team findings and recommendations that depict patterns and trends in maternal deaths shall be presented in aggregate form.

7.8. All case review materials are collected at the conclusion of each meeting and properly destroyed.