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HEALTH AND SAFETY CODE - HSC

DIVISION 106. PERSONAL HEALTH CARE (INCLUDING MATERNAL, CHILD, AND ADOLESCENT) [123100 - 125850] (*Division 106 added by Stats. 1995, Ch. 415, Sec. 8.)*

PART 2. MATERNAL, CHILD, AND ADOLESCENT HEALTH [123225 - 124250] (*Part 2 added by Stats. 1995, Ch. 415, Sec. 8.)*

CHAPTER 2. Maternal Health [123375 - 123643] (*Chapter 2 added by Stats. 1995, Ch. 415, Sec. 8.)*

ARTICLE 4.7. California Pregnancy-Associated Review Committee [123635 - 123637] (*Article 4.7 added by Stats. 2021, Ch. 449, Sec. 3.)*

123635. For the purposes of this section, the following terms apply:

- (a) "Maternal mortality" or "maternal death" means the death of a person during pregnancy or within a year from the end of pregnancy, and related to, or aggravated by, the pregnancy or birth, including, but not limited to, death by suicide.
- (b) "Pregnancy-associated death" means a death of a person while pregnant or within one year of the end of a pregnancy, regardless of the cause.
- (c) "Pregnancy-related death" means a death that occurs while pregnant or up to a year postpartum from any cause related to, or aggravated by, the pregnancy or its management, irrespective of the duration of the pregnancy.
- (d) "Severe maternal morbidity" means unexpected outcomes of pregnancy, labor, or delivery that result in significant short- or long-term consequences to the pregnant person's mental or physical health.

(Added by Stats. 2021, Ch. 449, Sec. 3. (SB 65) Effective January 1, 2022. Operative August 1, 2022, pursuant to Section 123637.)

123636. (a) The California Pregnancy-Associated Review Committee is hereby established under the State Department of Public Health to continuously engage in the comprehensive, regular, and uniform review and reporting of maternal deaths throughout the state. The department, in collaboration with the designated state perinatal quality collaborative, shall oversee the committee. The committee may incorporate the membership of the California Pregnancy-Associated Mortality Review Committee, as it existed on December 31, 2021.

(b) The purposes of the committee include, but are not limited to, all of the following:

- (1) Identifying and reviewing all pregnancy-related deaths, including the cause, contributing factors, and disseminating findings.
- (2) Analyzing common indicators of severe maternal morbidity to identify prevention opportunities and reduce near-miss experiences.
- (3) Making recommendations on best practices to prevent maternal mortality and morbidity, including, but not limited to, addressing socioeconomic impacts, as well as various environmental impacts, including global warming, on pregnancy outcomes.
- (4) Examining racial disparities and making recommendations on the prevention of racial disparities.
- (5) Tracking and examining disparities experienced by lesbian, bisexual, transgender, intersex, and gender-nonconforming individuals and reporting findings, to the extent possible.
- (6) Collecting and reviewing data from maternal death investigations and making recommendations about how to improve or streamline data collection and investigatory processes.

(c) (1) In addition to reviewing medical records, death certificates, and other pertinent reports, committee review of maternal deaths shall include, to the degree practicable, for populations experiencing disparity, voluntary interview with the following individuals:

(A) Pertinent surviving family members or support people present with direct knowledge of, or involvement in, the event, including the patient in cases of severe maternal morbidity. The committee shall transcribe or summarize in writing any oral statements received pursuant to this paragraph.

(B) Members of the medical team who were present or involved in the deceased individual's direct care.

(2) In determining the practicality of the interviews pursuant to subparagraphs (A) and (B), the committee may prioritize interviews with populations that have a documented higher rate of maternal death.

(d) The committee shall publish its findings to the public every three years as part of the publication of data on severe maternal morbidity, as required pursuant to Section 123630.4. The committee's findings shall also include recommendations on how to prevent severe maternal morbidity and maternal mortality and how to reduce racial disparities.

(e) (1) The committee shall be composed of a minimum of 13 members. The members shall be comprised of multidisciplinary personnel and experts in the field of maternal mortality and morbidity, data analysis in maternal and fetal health, women's health, clinicians in maternal health, anesthesiology, pathology, and perinatology, and representatives from various public health entities, and shall include all of the following:

(A) At least one obstetrician.

(B) At least one certified nurse-midwife.

(C) At least one certified professional midwife.

(D) At least one hospital-based registered nurse or advanced practice nurse experienced in perinatal health.

(E) A clinician or patient advocate from a birthing center, if not already represented by a member otherwise listed.

(F) At least one public member with relevant personal experience related to maternal morbidity or maternal mortality who has experienced birth and does not fit in another classification.

(G) At least one doula.

(H) At least one person from a community-based organization that works in perinatal health.

(I) At least one person from an organization that works with populations that have disproportionately high occurrences of maternal mortality and morbidity.

(J) At least one person who is an expert on mental and behavioral health, preferably with experience in perinatal health.

(K) At least one person from a native tribe, preferably with experience in perinatal health.

(L) At least one representative of the Maternal, Child, and Adolescent Health Division of the department.

(M) At least one family physician.

(N) At least one emergency room physician familiar with perinatal health.

(2) The committee shall prioritize for membership members who are representative of the diversity and geographic locations of the pregnant people in populations with disproportionately high occurrences of maternal mortality and morbidity.

(3) The State Public Health Officer shall appoint a maternal mortality expert to be a member of the committee as the chair of the committee. The chair shall appoint the other members of the committee in accordance with the criteria specified in paragraph (1).

(4) The committee may create subcommittees, as needed, to carry out its duties.

(f) The committee may request from any state department, division, commission, local health department, or other agency of the state or political subdivision thereof, or any public authority, as well as hospitals, birthing facilities, medical examiners, coroners, coroner physicians, and any other facility or individual providing services associated with maternal mortality, and those individuals and entities shall provide information, including, but not limited to, death records, medical records, autopsy reports, toxicology reports, hospital discharge records, birth records, and any other information that will help the committee to properly carry out its functions, powers, and duties. The committee shall not request, and health care providers shall not provide, reports, testimony, or other information produced as a result of activities undertaken by organized committees of a hospital medical staff or peer review body, as defined in Section 805 of the Business and Professions Code, that has the responsibility to evaluate or improve the quality of care rendered in a hospital.

(g) Except as otherwise provided by this article, all proceedings and activities of the committee, all opinions of the members of the committee that are formed as a result of the committee's proceedings and activities, and all records obtained, created, or maintained

by the committee, including written reports and records of interviews or oral statements, shall be confidential, and in accordance with Sections 1157 and 1157.5 of the Evidence Code, shall not be subject to public inspection, discovery, subpoena, or introduction into evidence in any civil, criminal, legislative, administrative, or other proceeding.

(h) In no case shall the committee disclose any personally identifiable information to the public, or include any personally identifiable information in a case summary that is prepared pursuant to this article, or in any report that is prepared.

(i) To the extent prescribed by Sections 1157 and 1157.5 of the Evidence Code, members of the committee shall not be questioned in any civil, criminal, legislative, administrative, or other proceeding regarding information that has been presented in, or opinions that have been formed as a result of, a meeting or communication of the committee. However, nothing in this paragraph shall prohibit a committee member from being questioned, or from testifying, in relation to publicly available information or information that was obtained independently of the member's participation on the committee, or as an expert witness in maternal death cases unrelated to their case review as a member of the committee.

(j) This section does not prohibit the committee from publishing, or from otherwise making available for public inspection, statistical compilations or reports that are based on confidential information, provided that those compilations and reports do not contain personally identifying information or other information that could be used to ultimately identify the individuals concerned, and shall utilize standard public health reporting practices for accurate dissemination of these data elements, especially with regard to the reporting of small numbers so as to inadvertently risk a breach of confidentiality or other disclosure.

(k) A health care provider, health care facility, or pharmacy providing access to medical records pursuant to this section shall not be held liable for civil damages or be subject to any criminal or disciplinary action for good faith efforts in providing the records.

(Added by Stats. 2021, Ch. 449, Sec. 3. (SB 65) Effective January 1, 2022. Operative August 1, 2022, pursuant to Section 123637.)

123637. This article is operative on August 1, 2022.

(Added by Stats. 2021, Ch. 449, Sec. 3. (SB 65) Effective January 1, 2022.)