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 3. Child Health [123650 - 124174.6] *(Chapter 3 added by Stats. 1995, Ch. 415, Sec. 8.)*

ARTICLE 1. Infant Mortality and Morbidity Prevention [123650 - 123660] *(Article 1 added by Stats. 1995, Ch. 415, Sec. 8.)*

123650. (a) The department shall develop a plan to identify causes of infant mortality and morbidity in California and to study recommendations on the reduction of infant mortality and morbidity in California.

(b) The study plan shall be completed on or before July 1, 1988, and shall be developed in conjunction with, and reviewed by, each of the following organizations:

(1) The California Medical Association.

(2) The California Nurses Association.

(3) The California Hospital Association.

(4) The American College of Obstetrics and Gynecologists.

(5) The American College of Nurse Midwives.

(6) The California Academy of Family Physicians.

(7) The American Academy of Pediatrics.

(8) The California Association of Freestanding Birth Centers.

(9) The American Public Health Association.

(10) The Medical Board of California.

(11) The Board of Registered Nurses.

(12) The Department of Consumer Affairs.

(13) The office.

(14) The California Association of Midwives.

(Added by Stats. 1995, Ch. 415, Sec. 8. Effective January 1, 1996.)

123655. The study plan shall incorporate in its design the findings of MCH Title V Research Contract DHS 8689088, the “Maternal Neonatal and Fetal Mortality Study.”

The department shall issue a report to the Legislature on or before July 1, 1989, concerning causal factors in infant mortality and morbidity.

(Added by Stats. 1995, Ch. 415, Sec. 8. Effective January 1, 1996.)

123660. (a) The Legislature finds that the Fetal and Infant Mortality Review process is used to identify and take action to prevent a wide range of local social, economic, public health, education, environmental, and safety factors that contribute to the tragedy of fetal and infant loss.

(b) (1) Each county shall annually report infant deaths to the local health department.

(A) The data shall be aggregated to ensure data reflects how regionalized care systems are, or should be, collaborating to improve fetal and infant health outcomes based on standard statistical methods for accurate dissemination of public health data without risking a confidentiality or other disclosure breach.

(B) The data shall be disaggregated by racial and ethnic identity.

(2) A local health department shall, subject to subdivision (e), establish a Fetal and Infant Mortality Review committee to investigate infant deaths to prevent fetal and infant death if both of the following apply with respect to the county:

(A) The county has five or more infant deaths in a single year.

(B) The county has a death rate that is higher than the state's death rate for two consecutive years.

(c) A local public health department that participates in the Fetal and Infant Mortality Review process established by the department shall do all of the following:

(1) Annually investigate, track, and review a minimum amount of 20 percent of the county's cases of term infants who were born following labor with the outcome of intrapartum stillbirth, early neonatal death, or postneonatal death, focusing on demographic groups that are disproportionately impacted by infant death. A county that has less than five deaths in a year shall investigate at least one death. For purposes of this section, "term infants" means infants who are at 36 weeks or more of gestation.

(2) Establish a committee for fetal and infant mortality reviews led by local health departments. The committee shall include members of the community, and shall not include anyone employed by a law enforcement agency. In counties where the coroner, medical examiner, or other medical professional is employed by law enforcement, these individuals can share information with the committee in their medical professional capacity only.

(A) All data and records obtained, prepared, created, and maintained in anticipation of a review meeting shall be confidential. Data and records prepared, created, and maintained in anticipation of a review meeting shall not be subject to public records requests, subpoena, or civil processes and shall not be admissible in evidence in connection with any administrative, judicial, executive, legislative, or other proceeding.

(B) All participants engaged in and associated with the review process shall sign a confidentiality agreement that states they will not discuss or share information about individual cases and the proceedings of the review meeting, outside of the meeting. This shall not preclude 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 or 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.

(C) To the extent prescribed by Sections 1157 and 1157.5 of the Evidence Code, members of a team, persons attending a team meeting, and persons who present information to a team may not be questioned in any administrative, civil, or criminal proceeding regarding information presented in, or opinions formed as a result of, a meeting. This subparagraph does not prohibit a person from testifying to information obtained independently of the team or that is public information. 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.

(3) Conduct voluntary interviews with individuals who have experienced child loss or surviving family members of maternal or infant death who have knowledge of the event. The interview shall include questions to determine if the pregnant person had concerns about perinatal care during any point in their pregnancy or postpartum care, whether there were disagreements about care offered and received, and whether the pregnant person had asked for certain care that was denied or not received.

(4) Conduct a report or investigation, to the degree practicable, with all medical staff involved with the event.

(5) Offer grief counseling to surviving family members.

(d) Counties, hospitals, birthing centers, and state entities shall provide to local health departments death records, medical records, autopsy reports, toxicology reports, hospital discharge records, birth records, and any other information that will help the local health department conduct the fetal and infant mortality review within 30 days of a request made in writing by a local health department. The local health department 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.

(e) The requirements of this section apply to a local health department only upon the appropriation of funds by the Legislature for these purposes in the annual Budget Act or another act.

(Added by Stats. 2021, Ch. 449, Sec. 4. (SB 65) Effective January 1, 2022.)