

SPONSOR: Sen. Townsend & Sen. Richardson & Rep. Minor-Brown & Rep. Briggs King
Sens. Delcollo, Hansen, Paradee, Sokola; Reps. Kowalko, Seigfried

DELAWARE STATE SENATE
150th GENERAL ASSEMBLY

# SENATE BILL NO. 201

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO PERINATAL QUALITY COLLABORATIVE.

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

Section 1. Amend Subchapter IX, Chapter 1, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 197. Delaware Perinatal Quality Collaborative.

(a)(1) The Delaware Perinatal Quality Collaborative ("Collaborative") is established to improve pregnancy outcomes for women and newborns by addressing all of the following:

a. Obstetrical blood loss management.

b. Pregnant women with substance use disorder.

c. Infants born with neonatal abstinence syndrome.

d. Advancing evidence-based clinical practices and processes through quality care review, audit, and continuous quality improvement.

(2) The Collaborative shall function in cooperation with the Delaware Healthy Mother and Infant Consortium.

(b) The Collaborative is comprised of the following members:

(1) The Chair of the Delaware Healthy Mother and Infant Consortium.

(2) The Chair of the Child Death Review Commission.

(3) The President of the Delaware Healthcare Association.

(4) The President of the Board of Directors of the Delaware Chapter of the American College of Obstetricians and Gynecologists.

(5) The President of the Board of Directors of the Delaware Chapter of the American Academy of Pediatrics.

(6) The President of the Board of Directors of the Delaware Chapter of the American Academy of Family Physicians.

(7) The Chair of the Delaware Chapter of the Association of Women's Health, Obstetric and Neonatal Nurses.



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(8) One member, appointed by the Governor in consultation with the Chair of the Collaborative, who is a consumer advocate for patient-centered care and is committed to and interested in reducing maternal morbidity and mortality.

(9) A licensed midwife, appointed by the Governor in consultation with the Chair of the Midwifery Advisory Council, who is a non-voting member.

(10) Seven members, appointed by the Governor to represent both of the following:

a. Hospitals, as defined in § 1001 of this title, that provide childbirth and delivery services.

b. Freestanding birthing centers, as defined in § 122(3)p.1. of this title.

(c)(1) An appointed member serves at the pleasure of the appointing authority.

(2) A member who serves by virtue of position may designate another individual to serve in the member's place, at the member's pleasure.

a. A member making a designation under this paragraph (c)(2) of this section must provide the designation in writing to the Chair.

b. A designee of a member who serves by virtue of position has the same duties and rights as the member who by virtue of position.

(d) The Governor may consider a member to have resigned if the member is absent for 3 consecutive, regular meetings.

(e)(1) The Collaborative shall annually elect a chair and a vice-chair.

(2) A majority of the voting members of the Collaborative constitutes a quorum. A vacant position is not counted for quorum purposes.

(3) The approval of a majority of the voting members present at a meeting with quorum is required for the Collaborative to take official action.

(4) The Collaborative may adopt rules and by-laws necessary for its operation.

(5) The Collaborative shall meet at the call of the Chair, or as provided by by-laws adopted by the Collaborative, but must meet at least once a year.

(f)(1) Each member of the Collaborative shall comply with the provisions under Chapter 58 of Title 29.

(2) The members of the Collaborative serve without compensation. However, members may be reimbursed for reasonable and necessary expenses incident to their duties as members of the Collaborative, to the extent that funds are available.

(3) The Collaborative's expenditures must be made under Chapter 69 of Title 29.

(g) The Collaborative shall do all of the following:

(1) Maintain a core set of quality improvement projects based on best practices and interventions that have a measurable impact on health outcomes.

(2) Identify performance metrics to set statewide quality benchmarks.

(3) Support the use of real-time hospital and facility-based data to perform rapid-cycle quality improvement and advocate for real-time data at a State level.

(4) Share successes of quality improvement projects at hospitals and facilities.

(h) The Collaborative may do all of the following:

(1) Develop a responsive, real time, risk-adjusted, statewide perinatal data system.

(2) Access timely, accurate, and standardized information and utilize perinatal data to drive quality improvement initiatives.

(3) Develop a collaborative, confidential data-sharing network including public and private obstetric and neonatal providers, insurers, and public health professionals and to support a system for peer review, bench marking, and continuous quality improvement activities for perinatal care.

(4) Conduct other activities the Collaborative considers necessary to carry out the intent of the General Assembly as expressed in this section.

(i) The Collaborative is constituted as an independent public instrumentality. For administrative and budgetary purposes only, the Collaborative is placed within the Department of Health and Social Services, Division of Public Health.

(j)(1) The Collaborative is not a public body under Chapter 100 of Title 29.

(2) The meetings of the Collaborative are closed to the public unless otherwise determined by the Chair of the Collaborative, except that the Collaborative shall hold at least 2 public meetings each year to receive comment on the general state of pregnancy outcomes for women and newborns in this State.

(3) The Collaborative shall provide an annual report to the General Assembly containing recommendations for improving pregnancy outcomes for women and newborns in this State.

(4) Any document received or generated by the Collaborative is not a public record under Chapter 100 of Title 29 and is confidential under § 1768(b) of Title 24. Notwithstanding the foregoing, documents received from the public at, agendas for, or minutes of the Collaborative's public meetings are a public record under Chapter 100 of Title 29, unless determined not to be public record under § 10002(*l*) of Title 29.

(5) The Collaborative is a peer review committee under § 1768(a) of Title 24.

Section 2. The Chair of the Delaware Healthy Mother and Infant Consortium shall serve as temporary chair of the Collaborative to guide the initial organization of the Collaborative by doing all of the following:

(1) Notifying the members of the Collaborative of the formation of the Collaborative and the need to appoint a member.

(2) Setting a date, time, and place for the Collaborative's initial organizational meeting. The initial organizational meeting must be held no later than May 1, 2020.

(3) Supervising the preparation and distribution of the meeting notice and agenda for the initial organizational meeting of the Collaborative.

(4) Ensuring that the Collaborative selects a chair and vice-chair at the initial organizational meeting. Once the Collaborative selects a chair and a vice-chair, the temporary chair's duties are complete.

## SYNOPSIS

This Act makes additional technical changes to Senate Bill No. 122 and Senate Substitute No. 1 for Senate Bill No. 122. The Senate Substitute unanimously passed both chambers during the 1st Session of the 150th General Assembly.

Section 1 of this Act creates the Delaware Perinatal Quality Collaborative to improve pregnancy outcomes for women and newborns and such issues as obstetrical blood loss management, pregnant women with substance use disorder, infants impacted by neonatal abstinence syndrome, and advancing evidence-based clinical practices and processes through quality care review, audit, and continuous quality improvement.

Section 2 of this Act establishes the Chair of the Delaware Healthy Mother and Infant Consortium as the temporary chair of the Collaborative to guide the Collaborative's initial organization.

Author: Senator Townsend