

House Bill 89 (AS PASSED HOUSE AND SENATE)

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

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

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Chapter 2A of Title 31 of the Official Code of Georgia Annotated, relating to the department of public health, is amended by revising subsection (d) of Code Section 31-2A-16, relating to Maternal Mortality Review Committee established, as follows:

"(d)(1) Health care providers licensed pursuant to Title 43, health care facilities licensed pursuant to Chapter 7 of Title 31, and pharmacies licensed pursuant to Chapter 4 of Title 26 shall provide reasonable access to the committee to all relevant medical records associated with a case under review by the committee within 30 days of receiving a request for such records, unless prohibited by state or federal law.

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

SECTION 2.

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

"ARTICLE 4

31-2A-70.

As used in this article, the term:

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

(2) 'Regional perinatal center' means a specially qualified hospital identified by the department and designated to a specific geographic region to lead collaboration between

hospitals and providers to increase the likelihood that deliveries are performed in a hospital with an appropriate level of care for mothers and infants.

31-2A-71.

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

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

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

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

(1) Perinatal facilities in each region are equipped and prepared to stabilize infants and mothers before transport;

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

(3) All identified high-risk pregnancies and deliveries are promptly evaluated in consultation with regional perinatal centers and referred to the appropriate designated

regional perinatal center for the proper management and treatment of such conditions as needed;

(4) An adequate transport system is available in the region for the transfer of high-risk mothers and infants and specifically considers:

(A) The distance and travel time between referring hospitals and regional perinatal centers;

(B) The types of vehicles used for transport and whether a need exists for additional vehicles; and

(C) The need for upgraded vehicles and transport equipment; and

(5) Each regional perinatal center provides:

(A) Consultation for patients requiring special services, including transport;

(B) Coordination and assurance of follow-up medical care for maternal and neonatal patients requiring special services;

(C) Educational support to ensure quality care in institutions involved in perinatal healthcare in the region;

(D) An annual education plan with all birthing centers in the region;

(E) Compilation and analysis of perinatal data from the center and referring hospitals; and

(F) Coordination of perinatal health services within the region.

(e) When changes to the regional perinatal centers are approved by the department after recommendation by the advisory committee, the department shall submit a budget request to the Office of Planning and Budget prior to the General Assembly's next legislative session seeking appropriations to implement such changes.

31-2A-72.

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

- (1) Such hospital's ability to meet the standards for regional perinatal centers;
(2) Any additional funding necessary to bring such hospital up to standard;
(3) Any special planning problems in such hospital's perinatal region, including, but not limited to, transportation, shortage of facilities, and personnel;
(4) A description of perinatal care currently being provided;
(5) A description of services that can be provided by the center in patient care, education, and consultation to hospitals within the perinatal region; and
(6) Any other information requested by the department.

31-2A-73.

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

31-2A-74.

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

SECTION 3.

Code Section 37-3-166 of the Official Code of Georgia Annotated, relating to treatment of clinical records, when release permitted, scope of privileged communications, liability for disclosure, and notice to sheriff of discharge, is amended by revising subsection (a) as follows:

115 "(a) A clinical record for each patient shall be maintained. Authorized release of the
116 record shall include but not be limited to examination of the original record, copies of all
117 or any portion of the record, or disclosure of information from the record, except for
118 matters privileged under the laws of this state. Such examination shall be conducted on
119 hospital premises at reasonable times determined by the facility. The clinical record shall
120 not be a public record and no part of it shall be released except:

121 (1) When the chief medical officer of the facility where the record is kept deems it
122 essential for continued treatment, a copy of the record or parts thereof may be released
123 to physicians or psychologists when and as necessary for the treatment of the patient;

124 (2) A copy of the record may be released to any person or entity designated in writing
125 by the patient or, if appropriate, the parent of a minor, the legal guardian of an adult or
126 minor, or a person to whom legal custody of a minor patient has been given by order of
127 a court;

128 (2.1) A copy of the record of a deceased patient or deceased former patient may be
129 released to or in response to a valid subpoena of a coroner or medical examiner under
130 Chapter 16 of Title 45, except for matters privileged under the laws of this state;

131 (3) When a patient is admitted to a facility, a copy of the record or information contained
132 in the record from another facility, community mental health center, or private
133 practitioner may be released to the admitting facility. When the service plan of a patient
134 involves transfer of that patient to another facility, community mental health center, or
135 private practitioner, a copy of the record or information contained in the record may be
136 released to that facility, community mental health center, or private practitioner;

137 (4) A copy of the record or any part thereof may be disclosed to any employee or staff
138 member of the facility when it is necessary for the proper treatment of the patient;

139 (5) A copy of the record shall be released to the patient's attorney if the attorney so
140 requests and the patient, or the patient's legal guardian, consents to the release;

(6) In a bona fide medical emergency, as determined by a physician treating the patient, the chief medical officer may release a copy of the record to the treating physician or to the patient's psychologist;

(7) At the request of the patient, the patient's legal guardian, or the patient's attorney, the record shall be produced by the entity having custody thereof at any hearing held under this chapter;

(8) A copy of the record shall be produced in response to a valid subpoena or order of any court of competent jurisdiction, except for matters privileged under the laws of this state;

(8.1) A copy of the record may be released to the legal representative of a deceased patient's estate, except for matters privileged under the laws of this state;

(9) Notwithstanding any other provision of law to the contrary, a law enforcement officer in the course of a criminal investigation may be informed as to whether a person is or has been a patient in a state facility, as well as the patient's current address, if known; ~~and~~

(10) Notwithstanding any other provision of law to the contrary, a law enforcement officer in the course of investigating the commission of a crime on the premises of a facility covered by this chapter or against facility personnel or a threat to commit such a crime may be informed as to the circumstances of the incident, including whether the individual allegedly committing or threatening to commit a crime is or has been a patient in the facility, and the name, address, and last known whereabouts of any alleged patient perpetrator; and

(11) A copy of the record of a deceased patient or deceased former patient may be released to the Maternal Mortality Review Committee established under Chapter 2A of Title 31, except for matters privileged under the laws of this state."

SECTION 4.

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

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

SECTION 5.

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