ASSEMBLY, No. 3269

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED FEBRUARY 25, 2020

Sponsored by:
Assemblywoman VALERIE VAINIERI HUTTLE
District 37 (Bergen)

SYNOPSIS

Establishes Fetal and Infant Mortality Review Commission.

CURRENT VERSION OF TEXT

As introduced.

AN ACT establishing the Fetal and Infant Mortality Review Commission, supplementing Title 26 of the Revised Statutes, and amending R.S.26:8-24.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. (New section) As used in this act:

"Commission" means the Fetal and Infant Mortality Review Commission.

"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Fetal death" means a death prior to delivery if the 20th week of gestation has been reached and the fetus does not breathe or show any other evidence of life, such as a heartbeat, the pulsation of the umbilical cord, or definite movement of voluntary muscles.

"Infant death" means the death of an infant which occurs at birth up to, but not including, one year after an infant's birth.

"Report of fetal or infant death" means a report of actual or perceived fetal or infant death, which is filed with the department, pursuant to the processes established under subsection a. of section 5 of this act, and which is to be forwarded to the commission for the purposes of investigation, as provided by subsection b. of that section.

2. (New section) a. There is established, in but not of, the Department of Health in the Executive Branch of State government the "Fetal and Infant Mortality Review Commission." For the purpose of complying with the provisions of Article V, Section IV, paragraph 1 of the New Jersey Constitution, the Fetal and Infant Mortality Review Commission is allocated within the Department of Health, but, notwithstanding this allocation, the commission shall be independent of any supervision or control by the department or by any officer or employee thereof.

b. The purpose of the commission is to review and report on fetal and infant death rates in the State; identify factors, issues, and causes associated with fetal and infant death; identify and address health, social, economic, cultural, racial, and ethnic disparities that contribute to fetal and infant death; reduce the adverse complications related to, or associated with, pregnancy and childbirth; and make recommendations to improve the health and well-being of women, infants, and families.

c. The commission shall consist of 31 members as follows:

(1) the State Registrar; the State Medical Examiner; the Director of the Division of Family Health Services in the Department of

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined <u>thus</u> is new matter.

Health; the Director of the Office of Emergency Medical Services in the Department of Health; the Director of the Office of Minority and Multicultural Health in the Department of Health, and the Director of the Division of Medical Assistance and Health Services in the Department of Human Services, or their designees, who shall serve ex officio; and

(2) 25 public members to be appointed by the Governor, including the President of the New Jersey Hospital Association; the President of the New Jersey Health Care Quality Institute, the Chief Executive Officer of the Medical Society of New Jersey, the Executive Director of the New Jersey Chapter of the National Association of Social Workers, the Chief Executive Officer of the American Academy of Pediatrics, New Jersey Chapter, the President of the New Jersey Affiliate of the American College of Nurse Midwives, the Executive Director of the Partnership for Maternal and Child Health of Northern New Jersey, the Chief Executive Officer of the Central Jersey Family Health Consortium, the Executive Director of the Southern New Jersey Perinatal Cooperative, the Director of the City of Newark Department of Health and Community Wellness, the Director of the City of Trenton Health and Human Services Department, the Director of the Camden County Department of Health and Human Services, five licensed and practicing health care practitioners, one of whom specializes in obstetrics, one of whom specializes in maternal and fetal medicine, one of whom specializes in pediatrics, one of whom specializes in critical care medicine, and one of whom specializes in neonatal and post neonatal pathology; a licensed and practicing health care practitioner or mental health care practitioner who specializes in perinatal loss and grief, one certified nurse midwife, one registered professional nurse or advanced practice nurse who specializes in hospital-based pediatric nursing, a licensed practical nurse, registered professional nurse, or advanced practice nurse who participates in, and represents, the Nurse-Family Partnership operating in New Jersey, a health care administrator who has experience in overseeing the operations of maternity wards or birthing centers, a private citizen who is engaged in infant and child health advocacy, a private citizen who is engaged in minority health advocacy and private citizen who is engaged in maternal health advocacy.

d. Vacancies in the membership of the commission shall be filled in the same manner provided for the original appointments. The members of the commission shall serve without compensation, but may be reimbursed for traveling and other miscellaneous expenses necessary to perform their duties, within the limits of funds made available to the commission for its purposes.

e. The commission shall organize as soon as practicable, but no later than 60 days following the appointment of its members, and shall select a chairperson and vice-chairperson from among the

members. The chairperson shall appoint a secretary who need not be a member of the commission.

f. The commission may meet at the call of its chair, and hold hearings at the times and in the places it deems appropriate and necessary to fulfill its charge. The commission shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county, or municipal department, board, bureau, commission, or agency as it may require and as may be available to it for its purposes.

g. The Department of Health shall provide professional and clerical staff to the board as necessary to effectuate the purposes of this act.

3. (New section) a. The commission shall:

(1) carry out any power, duty, or responsibility expressly granted by this act;

(2) adopt, amend, or repeal suitable bylaws for the management of its affairs;

(3) maintain an office at such place or places as it may designate;

(4) apply for, receive, and accept, from any federal, State, or other public or private source, grants, loans, or other moneys that are made available for, or in aid of, the commission's authorized purposes, or that are made available to assist the commission in carrying out its powers, duties, and responsibilities under this act;

(5) enter into any and all agreements or contracts, execute any and all instruments, and do and perform any and all acts or things necessary, convenient, or desirable to further the purposes of the commission;

(6) review and investigate reports of fetal and infant death; conduct witness interviews, and hear testimony provided under oath at public or private hearings, on any material matter; and request, or compel through the issuance of a subpoena, the attendance of relevant witnesses and the production of relevant documents, records, and papers;

(7) solicit and consider public input and comment on the commission's activities by periodically holding public hearings or conferences, and by providing other opportunities for such input and comment by interested parties; and

(8) identify, and promote the use of, best practices in fetal and infant care, and encourage and facilitate cooperation and collaboration among health care facilities, health care professionals, administrative agencies, and local government units for the purposes of ensuring the provision of the highest quality fetal and infant care throughout the State.

b. The commission shall have the duty and responsibility to:

(1) develop mandatory and voluntary fetal and infant death reporting processes, in accordance with the provisions of section 4 of this act;

(2) conduct an investigation of each reported case of fetal and infant death, and prepare a de-identified case summary for each such case, in accordance with the provisions of section 5 of this act;

(3) review the statistical data on fetal and infant deaths that is forwarded by the State registrar, pursuant to section 8 of this act, and the reports of fetal and infant death that are forwarded by the department, pursuant to subsection b. of section 4 of this act, in order to identify Statewide and regional fetal and infant death rates, trends, patterns, and disparities in adverse birth outcomes, and medical, non-medical, and system-related factors that may have contributed to fetal and infant deaths and treatment disparities;

(4) adopt the goals and objectives of the Association of State and Territorial Health Officials' Healthy Babies Project, including, but not limited to:

(a) reducing fetal and infant mortality and prematurity by eight percent throughout the State by 2022;

(b) supporting partnerships between State health officials and State, local, and community organizations in developing community-based interventions and strategies to improve birth outcomes;

(c) developing performance measurements for evaluating progress on reducing fetal and infant mortality and prematurity, and community-based interventions and strategies to improve birth outcomes throughout the State; and

(5) annually report its findings and recommendations on fetal and infant mortality to the department, the Governor, and the Legislature, in accordance with section 6 of this act.

4. (New section) a. Within 90 days after the commission's organizational meeting, the commission shall:

(1) develop a mandatory fetal and infant death reporting process, pursuant to which health care practitioners, medical examiners, hospitals, birthing centers, and other relevant professionals and health care facilities will be required to confidentially report to the Department of Health on individual cases of fetal and infant death; and

(2) develop a voluntary fetal and infant death reporting process, pursuant to which the mother or family member of a fetus or infant will be permitted, but not required, to confidentially report to the Department of Health on individual cases of fetal and infant death. At a minimum, the process developed pursuant to this paragraph shall require the department to:

(a) post on its Internet website a hyperlink, a toll-free telephone number, and an email address, which may each be used for the voluntary submission of public reports of fetal and infant death; and

(b) publicize the availability of these resources to professional organizations, community organizations, social service agencies, and members of the public.

b. The department shall keep a record of all reports of fetal and infant death that are submitted thereto through the reporting processes that are established by the commission pursuant to paragraphs (1) and (2) of subsection a. of this section. The department shall also ensure that a copy of each such report of fetal and infant death is promptly forwarded to the commission, so that the commission may properly execute its investigatory functions and other duties and responsibilities under this act.

5. (New section) a. Upon receipt of a report of a fetal or infant death, which has been forwarded to the commission pursuant to subsection b. of section 4 of this act, the commission shall investigate the reported case in accordance with the provisions of this section. In conducting the investigation, the commission shall consider:

(1) the information contained in the forwarded report of a fetal or infant death;

(2) any relevant information contained in the autopsy report or death record, or in a certificate of live birth or fetal death, or in any other vital records pertaining to the fetus or infant;

(3) any relevant information contained in the medical records of the mother of a fetus or infant and the infant, as applicable, related to:

(a) the health care that was provided to the mother prior to and during her pregnancy;

(b) the health care that was provided to the infant during the infant's birth and immediately after deliver;

(c) the mother's prenatal and postnatal care, labor and delivery care, emergency room care, and any other care delivered up until the time of the fetus's or infant's death; and

(d) the mother's or infant's hospital discharge records;

(4) information obtained through the oral and written interviews of persons directly involved in the care of the mother, the fetus, or the infant either during, or immediately following the mother's pregnancy, the fetus' death, or the infant's delivery, birth, or death, including interviews with relevant health care practitioners, mental health care practitioners, and social service providers, and, as deemed to be appropriate and necessary, interviews with the mother or family members of the fetus or infant;

(5) background information about the mother and infant, including, but not limited to, information regarding age, race, and socioeconomic status; and

(6) any other information that may provide more detail on the fetal or infant death, including, but not limited to, reports from social service or child welfare agencies.

b. At the conclusion of an investigation conducted pursuant to this section, the commission shall prepare a case summary, which shall include the commission's findings with regard to the cause of, or the factors that contributed to, the fetal or infant death, and recommendations for actions that should be undertaken, or policies that should be implemented, to mitigate or eliminate those factors and causes in the future. Any case summary prepared pursuant to this subsection shall omit the personally identifying information of the deceased fetus, infant, mother, and the fetus or infant's family members.

c. The commission may present its findings and recommendations on each individual case, or on groups of individual cases, as deemed appropriate, to the health care facility or facilities where relevant care was provided in the case or group of cases, and to the individual health care practitioners who provided such care, or to any relevant professional organization, for the purposes of instituting or facilitating policy changes, educational activities, or improvements in the quality of care provided, or for the purposes of exploring, facilitating, or establishing regional projects or other collaborative projects that are designed to reduce instances fetal and infant death.

6. (New section) a. Within one year after its organization, and annually thereafter, the commission shall prepare, and submit to the Department of Health, to the Governor, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report containing the commission's findings on the rates and causes of fetal and infant deaths occurring in the State during the preceding year, and providing recommendations for legislative or other action that can be undertaken to:

(1) reduce fetal and infant mortality and improve birth outcomes in the State;

(2) reduce the adverse complications related to, or associated with, pregnancy and childbirth; and

(3) reduce or eliminate health, social, economic, cultural, racial, and ethnic disparities that contribute to fetal and infant mortality.

b. Each annual report, with the exception of the first report prepared under this section, shall additionally identify the extent to which the commission's prior recommendations have been successfully implemented in practice, and the apparent impact that the implementation of such recommended changes has had on fetal and infant mortality in the preceding year.

c. The annual report prepared pursuant to this section shall be based on:

(1) the case summaries that were prepared by the commission over the preceding year, pursuant to subsection b. of section 5 of this act;

(2) the statistical data that was forwarded to the commission, during the preceding year, by the State registrar, pursuant to section 8 of this act; and

(3) any other relevant information, including information on any collaborative fetal and infant health arrangements that have been established by health care providers, professional organizations, local government units, or other relevant agencies or entities in the preceding year, in response to the commission's outreach authorized by subsection c. of section 5, or by paragraph (8) of subsection a. of section 3, of this act.

c. Upon receipt of the commission's annual report pursuant to this section, the department shall post a copy of the report at a publicly accessible location on its Internet website, and shall take appropriate steps to otherwise broadly publicize the commission's findings and recommendations.

d. The Commissioner of Health shall adopt rules and regulations, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), to implement the recommendations contained in the report, to the extent that such recommendations can be implemented through administrative rule-making action.

7. (New section) a. (1) Except as otherwise provided by subsection b. of this section, all proceedings and activities of the commission; all opinions of the members of the commission, which are formed as a result of the commission's proceedings and activities; and all records obtained, created, or maintained by the commission, including written reports and records of interviews or oral statements, shall be confidential, and shall not be subject to public inspection, discovery, subpoena, or introduction into evidence in any civil, criminal, legislative, or other proceeding.

(2) In no case shall the commission disclose any personally identifiable information to the public, or include any personally identifiable information in a case summary that is prepared pursuant to subsection b. of section 5 of this act, or in an annual report that is prepared pursuant to section 6 of this act.

(3) Members of the commission shall not be questioned in any civil, criminal, legislative, 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 commission; however, nothing in this paragraph shall prohibit a commission member from being questioned, or from testifying, in relation to publicly available information or information that was obtained independent of the member's participation on the commission.

b. Nothing in this section shall be deemed to prohibit the commission from publishing, or from otherwise making available for public inspection, case summaries, statistical compilations, or

reports that are based on confidential information, provided that those summaries, compilations, and reports do not contain personally identifying information or other information that could be used to ultimately identify the individuals concerned.

8. (New section) a. (1) On an annual basis, and using the death records that have been filed during the preceding year, the State registrar shall identify:

(a) the total number of fetal and infant deaths that have occurred in the State during the year and during each quarter of the year;

(b) the average Statewide rate of fetal and infant death occurring during the year;

(c) the number and percentage of fetal and infant deaths that occurred during the year in each of the Northern, Central, and Southern regions of the State;

(d) the number and percentage of fetal and infant deaths, on a Statewide and regional basis; and

(e) the areas of the State where the rates of fetal and infant death are significantly higher than the Statewide average.

(2) The results of the annual analysis that is conducted pursuant to this subsection shall be posted at a publicly accessible location on the Internet website of the Office of Vital Statistics and Registry, in the Department of Health, and shall also be promptly forwarded to the commission.

b. In order to accomplish its duties under this section, the State registrar shall:

(1) for the purposes of determining the total number of fetal and infant deaths, review each fetal or infant death record indicating one year of age or less at the time of death; and

(2) for the purposes of determining the total number of fetal and infant deaths, review and identify each fetal or infant death record, in which the death is reported to have resulted from pregnancy, labor, or delivery complications, if the death occurred between 20 weeks of gestation to prior to the delivery of, and one year after, the birth of an infant.

The State registrar may also use any other appropriate means or methods to identify fetal or infant deaths, including, but not limited to, reviewing a random sample of reported deaths to ascertain cases of fetal or infant death that are not discernable from a review of death records alone.

9. R.S.26:8-24 is amended to read as follows:

26:8-24. The State registrar shall:

a. Have general supervision throughout the State of the registration of vital records;

b. Have supervisory power over local registrars, deputy local registrars, alternate deputy local registrars, and subregistrars, in the

enforcement of the law relative to the disposal of dead bodies and the registration of vital records;

c. Prepare, print, and supply to all registrars, upon request therefor, all blanks and forms used in registering the records required by said law, and provide for and prescribe the use of the NJ-EDRS. The blanks and forms supplied under this subsection, and any electronic blanks and forms that are used in the NJ-EDRS, shall require the person registering a birth or death record, at a minimum, to provide the same information as is required by the National Center for Vital Health Statistics in its standardized U.S. certificates of live birth, death, and fetal death. No [other] blanks, forms, or methods of registration shall be used, other than those that satisfy the requirements of this subsection, and which are supplied or approved by the State registrar;

d. Carefully examine the certificates or electronic files received periodically from the local registrars or originating from their jurisdiction; and, if any are incomplete or unsatisfactory, require such further information to be supplied as may be necessary to make the record complete and satisfactory;

e. Arrange or bind, and permanently preserve the certificates of vital records, or the information comprising those records, in a systematic manner and in a form that is deemed most consistent with contemporary and developing standards of vital statistical archival record keeping;

f. Prepare and maintain a comprehensive and continuous index of all vital records registered, the index to be arranged alphabetically:

1. In the case of deaths, by the name of the decedent;

2. In the case of births, by the name of child, if given, and if not, then by the name of father or mother;

3. In the case of marriages, by the surname of the husband and also by the maiden name of the wife;

4. In the case of civil unions, by the surname of each of the parties to the civil union;

5. In the case of domestic partnerships, by the surname of each of the partners;

g. Mark the birth certificate of a missing child when notified by the Missing Persons Unit in the Department of Law and Public Safety pursuant to section 3 of P.L.1995, c.395 (C.52:17B-9.8c);

h. Develop and provide to local registrars an education and training program, which the State registrar may require each local registrar to complete as a condition of retaining that position, and which may be offered to deputy local registrars, alternate deputy local registrars and subregistrars at the discretion of the State registrar, that includes material designed to implement the NJ-EDRS and to familiarize local registrars with the statutory requirements applicable to their duties and any rules and regulations

adopted pursuant thereto, as deemed appropriate by the State registrar; **[**and**]**

i. Facilitate the electronic notification, upon completion of the death record and issuance of a burial permit, of the decedent's name, Social Security number and last known address to the Department of Labor and Workforce Development and the Department of Human Services to safeguard public benefit programs and diminish the criminal use of a decedent's name and other identifying information; and

j. Facilitate the provision of relevant statistical data on fetal and infant deaths to the Fetal and Infant Mortality Review Commission, in accordance with the provisions of section 8 of P.L. , c. (C.) (pending before the Legislature as this act).

(cf: P.L.2013, c.274, s.1)

10. This act shall take effect immediately.

STATEMENT

This bill would establish a Fetal and Infant Mortality Review Commission in the Department of Health (DOH). The purpose of the commission is to review and report on fetal and infant death rates in the State, identify factors, issues, and the causes associated with fetal and infant death, identify and address health, social, economic, cultural, racial, and ethnic disparities that contribute to fetal and infant death, reduce the adverse complications related to, or associated with, pregnancy and childbirth, and make recommendations to improve the health and well-being of women, infants, and families.

As defined in the bill, “fetal death” means a death prior to delivery if the 20th week of gestation has been reached and the fetus does not breathe or show any other evidence of life such as a heartbeat, the pulsation of the umbilical cord, or definite movement of voluntary muscles, and “infant death” means the death of an infant which occurs at birth up to, but not including, one year after an infant’s birth.

The 31-member commission would have the general power to: adopt, amend, or repeal suitable bylaws; maintain an office; apply for, receive, and accept public or private moneys; enter into agreements or contracts, execute instruments, do and perform any and all acts or things necessary, convenient, or desirable to further its purposes; review and investigate reports of fetal and infant death; conduct witness interviews, hear testimony provided under oath at public or private hearings, on any material matter; request, or compel through the issuance of a subpoena, the attendance of relevant witnesses and the production of relevant documents, records, and papers; solicit and consider public input on the

commission's activities; identify, and promote the use of, best practices in maternal care; and encourage and facilitate cooperation and collaboration among health care facilities, health care professionals, administrative agencies, and local government units for the purposes of ensuring the provision of the highest quality fetal and infant care throughout the State.

The commission would have the duty and responsibility to: develop mandatory and voluntary fetal and infant death reporting processes; conduct an investigation of each reported case of fetal and infant death, and prepare a de-identified case summary for each such case; review the statistical data on maternal deaths that is forwarded by the State registrar, and the reports of maternal death that are forwarded by DOH, in order to identify Statewide and regional fetal and infant death rates, trends, patterns, and disparities in adverse birth outcomes, and medical, non-medical, and system-related factors that may have contributed to fetal and infant deaths and treatment disparities; adopt the goals and objectives of the Association of State and Territorial Health Officials' Healthy Babies Project; and annually report its findings and recommendations on fetal and infant mortality to DOH, the Governor, and the Legislature.

Within 90 days after the commission's organizational meeting, the commission would develop: a mandatory fetal and infant death reporting process that would require health care practitioners, medical examiners, hospitals, birthing centers, and other relevant professionals and health care facilities to confidentially report to DOH on cases of fetal and infant death; and a voluntary reporting process, that would allow the mother or family member of a fetus or infant to confidentially report to DOH on cases of fetal and infant death.

DOH would be required to keep a record of all reports of fetal and infant death that are submitted through the reporting processes established by the commission and ensure that a copy of each report is forwarded to the commission.

Upon receipt of a report of a fetal or infant death forwarded to the commission, the commission would investigate the reported case, and would be required to consider: the information contained in the forwarded report of a fetal or infant death; any relevant information contained in the autopsy report or death record, certificate of live birth or fetal death, or any other vital records pertaining to the fetus or infant; any relevant information contained in the medical records of the mother of a fetus or infant and the infant; information obtained through the oral and written interviews of persons directly involved in the care of the mother, the fetus, or the infant either during, or immediately following the mother's pregnancy, the fetus' death, or the infant's delivery, birth, or death; and any other information that may provide more details on the fetal or infant death.

At the conclusion of an investigation, the commission would prepare a de-identified case summary that includes the commission's findings with regard to the cause of, or factors that contributed to, the fetal or infant death, and recommendations for actions that should be undertaken or policies that should be implemented to mitigate or eliminate those factors and causes in the future.

The bill would allow the commission to present its findings and recommendations on each individual case, or on groups of individual cases, as deemed appropriate, to the health care facility or facilities where relevant care was provided in the case or group of cases, and to the individual health care practitioners who provided care, or to any relevant professional organization, for the purposes of: instituting or facilitating policy changes, educational activities, or improvements in the quality of care provided; or exploring, facilitating, or establishing regional projects or other collaborative projects that are designed to reduce instances of fetal and infant death.

The bill would require the State registrar, on an annual basis, to identify: the total number of fetal and infant deaths that have occurred in the State during the year and during each quarter of the year; the average Statewide rate of fetal and infant death occurring during the year; the number and percentage of fetal and infant deaths that occurred during the year Statewide and in each of the Northern, Central, and Sothern regions of the State; and the areas of the State where the rates of fetal and infant death are significantly higher than the Statewide average.

The results of the annual analysis would be posted on the Office of Vital Statistics and Registry's Internet website and forwarded to the commission.

In order to facilitate the State registrar's analysis and ensure that death records contain the information that is necessary to allow the State registrar to make the requisite statistical determinations, the bill amends the State's existing vital records law, in order to clarify that the blanks and forms used for the registration of a vital record are to include, at a minimum, the same information that is to be included in standardized U.S. certificates of live birth, death, and fetal death.

The bill requires the commission to prepare an annual report containing the commission's findings on the rates and causes of fetal and infant deaths occurring in the State during the preceding year, and providing recommendations for legislative or other action that can be undertaken to: reduce fetal and infant mortality and improve birth outcomes in the State; reduce the adverse complications related to, or associated with, pregnancy and childbirth; and reduce or eliminate health, social, economic, cultural, racial, and ethnic disparities that contribute to fetal and infant death.

The report would be based on: the case summaries that were prepared by the commission over the preceding year; the statistical data that was forwarded to the commission, during the preceding year, by the State registrar; and any other relevant information, including information on any collaborative fetal and infant health arrangements that have been established by health care providers, professional organizations, local government units, or other relevant agencies or entities.

DOH would be required to post a copy of the report on its Internet website and take steps to otherwise publicize the commission's findings and recommendations.

The bill would specify that, except as otherwise provided, all: proceedings and activities of the commission; opinions of the commission members, which are formed as a result of the commission's proceedings and activities; and records obtained, created, or maintained by the commission, would remain confidential, and would not be subject to public inspection, discovery, subpoena, or introduction into evidence in any civil, criminal, legislative, or other proceeding.

The commission would be prohibited from disclosing any personally identifiable information to the public, or including any personally identifiable information in a case summary or annual report prepared pursuant to the bill's provisions.

The provisions of the bill stipulate that members of the commission may not be questioned in any civil, criminal, legislative, 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 commission. A member of the commission would not be prevented from being questioned, or from testifying, in relation to publicly available information or information that was obtained independent of the member's participation on the commission.

Finally, the bill would authorize the commission to publish case summaries, statistical compilations, or reports that are based on confidential information, if those summaries, compilations, and reports do not contain any personally identifying information.