

(2) The Committee or subcommittee may choose to prepare questions for the provider, State residential center director, or other relevant person or may request the attendance of the provider, director, or other relevant person at a Committee or subcommittee meeting.

(3) Except as provided in paragraph (2) of this subsection, Committee members may not communicate directly with the provider, a State residential center director, a State psychiatric superintendent, or a family member or guardian of the individual who is the subject of a death report.

5-806.

Upon request of the chairman of the Committee or subcommittee, and as necessary to carry out the purpose of the Committee, the following shall immediately provide the Committee or subcommittee with access to information and records regarding an individual whose death is being reviewed:

- (1) A provider of medical care, including dental and mental health care;
- (2) A State or local government agency; and
- (3) A provider of residential or other services.

5-806.1.

(A) (1) THE OFFICE OF HEALTH CARE QUALITY SHALL PROVIDE AGGREGATE INCIDENT DATA TO THE COMMITTEE ONCE EVERY 3 MONTHS.

(2) WHEN PROVIDING AGGREGATE INCIDENT DATA TO THE COMMITTEE, TO THE EXTENT PRACTICABLE, THE OFFICE OF HEALTH CARE QUALITY SHALL IDENTIFY TRENDS AND PATTERNS THAT MAY THREATEN THE HEALTH, SAFETY, OR WELL-BEING OF AN INDIVIDUAL.

(B) THE COMMITTEE SHALL REVIEW THE AGGREGATE INCIDENT DATA AND MAKE FINDINGS AND RECOMMENDATIONS TO THE DEPARTMENT ON SYSTEM QUALITY ASSURANCE NEEDS.

(C) THE COMMITTEE MAY CONSULT WITH EXPERTS AS NEEDED TO CARRY OUT THE PROVISIONS OF THIS SECTION.

5-807.

A person shall have the immunity from liability under § 5-393 of the Courts Article for any action as a member of the Committee or for giving information to, participating in, or contributing to the function of the Committee or subcommittee.

5-808.

(a) (1) At least once in a calendar year, the Committee shall prepare a report for public distribution.