

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 380,
2 Page 1, Section 192.020, Line 13, by inserting immediately after said line the following:

3
4 "192.380. 1. For purposes of this section, the following terms shall mean:

5 (1) "Birthing center", any hospital as defined under section 197.020 with more than one
6 licensed obstetric bed or a neonatal intensive care unit or a hospital operated by a state university or a
7 birthing center staffed by certified professional midwives or certified nurse midwives;

8 (2) "Department", the department of health and senior services;

9 (3) "High-risk pregnancy", a pregnancy in which the mother or baby is at increased risk for
10 poor health or complications during pregnancy or childbirth;

11 (4) "Perinatal regional center", a comprehensive maternal and newborn service for women
12 who have been assessed as high-risk patients or are bearing high-risk babies, as determined by a
13 standardized risk assessment tool, who will require the highest level of specialized care. Centers
14 may be comprised of more than one licensed facility.

15 2. There is hereby created the "Perinatal Advisory Council" which shall be composed of
16 representatives from the following organizations who shall focus on and have experience in perinatal
17 care or infant mortality, one of which shall be elected chair by a majority of the members, to be
18 appointed by the governor with the advice and consent of the senate:

19 (1) One practicing physician who is a fellow from the Missouri section of the American
20 Congress of Obstetricians and Gynecologists;

21 (2) One practicing physician from the Missouri chapter of the American Academy of
22 Pediatrics section of Perinatal Pediatrics;

23 (3) One representative from the March of Dimes;

24 (4) One representative from the National Association for Nurse Practitioners in Women's
25 Health;

26 (5) One representative from the Missouri affiliate of the American College of
27 Nurse-Midwives;

28 (6) One representative from the Missouri section of the Association of Women's Health,
29 Obstetric and Neonatal Nurses or the National Association of Neonatal Nurses;

30 (7) One practicing physician from the Missouri Academy of Family Physicians;

31 (8) One representative from a community coalition engaged in infant mortality prevention;

32 (9) Four representatives from regional Missouri hospitals with one representative from a
33 hospital with perinatal care equivalent to each level;

34 (10) One practicing physician from the Society for Maternal-Fetal Medicine;

35 (11) Three active private practice physicians specializing in obstetrics and gynecology or
36 pediatrics, at least one of which shall be in active practice in a rural area; and

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1 (12) One representative from the show-me extension for community health care outcomes
 2 (ECHO) program.

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 4 The director of the department of health and senior services and the director of the department of
 5 social services or their designees shall serve as ex officio members of the council and shall not have a
 6 vote. The department shall provide necessary staffing support to the council.

7 3. After seeking broad public and stakeholder input, the perinatal advisory council shall
 8 make recommendations for the division of the state into neonatal and maternal care regions. When
 9 making such recommendations the council shall consider:

10 (1) Geographic proximity of facilities;

11 (2) Hospital systems;

12 (3) Insurance networks;

13 (4) Consistent geographic boundaries for neonatal and maternal care regions, where
 14 appropriate; and

15 (5) Existing referral networks and referral patterns to appropriate birthing facilities.

16 4. The perinatal advisory council shall establish criteria for levels of birthing center care
 17 including regional perinatal centers. The levels developed under this section shall be based upon:

18 (1) Evidence and best practices as outlined by the most current version of the "Levels of
 19 Neonatal Care" prepared by the American Academy of Pediatrics;

20 (2) The most current published version of the "Levels of Maternal Care" developed by the
 21 American Congress of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine;
 22 and

23 (3) Necessary variance when considering the geographic and varied needs of citizens of this
 24 state.

25 5. Nothing in this section shall be construed in any way to modify or expand the licensure of
 26 any health care professional.

27 6. Nothing in this section shall be construed in any way to require a patient be transferred to
 28 a different facility.

29 7. The department shall promulgate rules to implement the provisions of this section no later
 30 than January 1, 2017. Such rules shall be limited to those necessary for the establishment of levels of
 31 neonatal and maternal birthing center care under subsection 4 of this section and the division of the
 32 state into neonatal and maternal care regions under subsection 3 of this section. Any rule or portion
 33 of a rule, as that term is defined in section 536.010, that is created under the authority delegated in
 34 this section shall become effective only if it complies with and is subject to all of the provisions of
 35 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if
 36 any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
 37 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
 38 grant of rulemaking authority and any rule proposed or adopted after August 28, 2015, shall be
 39 invalid and void.

40 8. Beginning January 1, 2017, hospital applications for license shall include the appropriate
 41 level of maternal care designation and neonatal care designation as determined by the perinatal
 42 advisory council under subsection 4 of this section.

43 9. Beginning January 1, 2017, any hospital operated by a state university shall report, as
 44 requested by the department, the appropriate level of maternal care designation and neonatal care
 45 designation as determined by the perinatal advisory council under subsection 4 of this section.

46 10. Nothing in this section shall be construed to impose liability for referral or failure to
 47 refer in accordance with the recommendations of the perinatal advisory council.

48 11. The department may partner with appropriate nationally recognized nonprofit

1 organizations with demonstrated expertise in maternal and neonatal standards of care to administer
2 the provisions of this section."; and
3
4 Further amend said bill by amending the title, enacting clause, and intersectional references
5 accordingly.
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