#### FIRST REGULAR SESSION

# **HOUSE BILL NO. 521**

## 98TH GENERAL ASSEMBLY

#### INTRODUCED BY REPRESENTATIVE BAHR.

1258H.02I

D. ADAM CRUMBLISS, Chief Clerk

### **AN ACT**

To repeal sections 191.331, 193.085, 334.010, 334.120, and 334.260, RSMo, and to enact in lieu thereof fourteen new sections relating to midwifery, with a penalty provision.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 191.331, 193.085, 334.010, 334.120, and 334.260, RSMo, are

- 2 repealed and fourteen new sections enacted in lieu thereof, to be known as sections 191.331,
- 3 193.085, 324.1400, 324.1403, 324.1406, 324.1409, 324.1412, 324.1415, 324.1418, 324.1421,
- 4 324.1424, 324.1427, 334.010, and 334.120, to read as follows:
  - 191.331. 1. Every infant who is born in this state shall be tested for phenylketonuria and
- 2 such other metabolic or genetic diseases as are prescribed by the department. The test used by
- 3 the department shall be dictated by accepted medical practice and such tests shall be of the types
- 4 approved by the department. All newborn screening tests required by the department shall be
- 5 performed by the department of health and senior services laboratories. The attending physician,
- 6 licensed midwife, certified professional midwife, certified nurse midwife, public health
- 7 facility, ambulatory surgical center or hospital shall assure that appropriate specimens are
- 8 collected and submitted to the department of health and senior services laboratories.
- 9 2. All physicians, licensed midwives, certified professional midwives, certified nurse
- 10 midwives, public health nurses and administrators of ambulatory surgical centers or hospitals
- shall report to the department all diagnosed cases of phenylketonuria and other metabolic or
- 12 genetic diseases as designated by the department. The department shall prescribe and furnish
- 13 all necessary reporting forms.

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3. The department shall develop and institute educational programs concerning phenylketonuria and other metabolic and genetic diseases and assist parents, physicians, hospitals and public health nurses in the management and basic treatment of these diseases.

- 4. The provisions of this section shall not apply if the parents of such child object to the tests or examinations provided in this section on the grounds that such tests or examinations conflict with their religious tenets and practices.
- 5. As provided in subsection 4 of this section, the parents of any child who fail to have such test or examination administered after notice of the requirement for such test or examination shall be required to document in writing such refusal. All physicians, **licensed midwives**, **certified professional midwives**, certified nurse midwives, public health nurses and administrators of ambulatory surgical centers or hospitals shall provide to the parents or guardians a written packet of educational information developed and supplied by the department of health and senior services describing the type of specimen, how it is obtained, the nature of diseases being screened, and the consequences of treatment and nontreatment. The attending physician, **licensed midwife**, **certified professional midwife**, certified nurse midwife, public health facility, ambulatory surgical center or hospital shall obtain the written refusal and make such refusal part of the medical record of the infant.
- 6. Notwithstanding the provisions of section 192.015 to the contrary, the department may, by rule, annually determine and impose a reasonable fee for each newborn screening test made in any of its laboratories. The department may collect the fee from any entity or individual described in subsection 1 of this section in a form and manner established by the department. Such fee shall be considered as a cost payable to such entity by a health care third-party payer, including, but not limited to, a health insurer operating pursuant to chapter 376, a domestic health services corporation or health maintenance organization operating pursuant to chapter 354, and a governmental or entitlement program operating pursuant to state law. Such fee shall not be considered as part of the internal laboratory costs of the persons and entities described in subsection 1 of this section by such health care third-party payers. No individual shall be denied screening because of inability to pay. Such fees shall be deposited in a separate account in the public health services fund created in section 192.900, and funds in such account shall be used for the support of the newborn screening program and activities related to the screening, diagnosis, and treatment, including special dietary products, of persons with metabolic and genetic diseases; and follow-up activities that ensure that diagnostic evaluation, treatment and management is available and accessible once an at-risk family is identified through initial screening; and for no other purpose. These programs may include education in these areas and the development of new programs related to these diseases.

7. Subject to appropriations provided for formula for the treatment of inherited diseases of amino acids and organic acids, the department shall provide such formula to persons with inherited diseases of amino acids and organic acids subject to the conditions described in this subsection. State assistance pursuant to this subsection shall be available to an applicant only after the applicant has shown that the applicant has exhausted all benefits from third-party payers, including, but not limited to, health insurers, domestic health services corporations, health maintenance organizations, Medicare, Medicaid and other government assistance programs.

- 8. Assistance under subsection 7 of this section shall be provided to the following:
- (1) Applicants ages birth to five years old meeting the qualifications under subsection 7 of this section;
- (2) Applicants between the ages of six to eighteen meeting the qualifications under subsection 7 of this section and whose family income is below three hundred percent of the federal poverty level;
- (3) Applicants between the ages of six to eighteen meeting the qualifications under subsection 7 of this section and whose family income is at three hundred percent of the federal poverty level or above. For these applicants, the department shall establish a sliding scale of fees and monthly premiums to be paid in order to receive assistance under subsection 7 of this section; and
- (4) Applicants age nineteen and above meeting the qualifications under subsection 7 of this section and who are eligible under an income-based means test established by the department to determine eligibility for the assistance under subsection 7 of this section.
- 9. The department shall have authority over the use, retention, and disposal of biological specimens and all related information collected in connection with newborn screening tests conducted under subsection 1 of this section. The use of such specimens and related information shall only be made for public health purposes and shall comply with all applicable provisions of federal law. The department may charge a reasonable fee for the use of such specimens for public health research and preparing and supplying specimens for research proposals approved by the department.
- 193.085. 1. A certificate of birth for each live birth which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after such birth and shall be registered if such certificate has been completed and filed pursuant to the provisions of this section.
- 2. When a birth occurs in an institution or en route to an institution, the person in charge of the institution or such person's designated representative shall obtain the personal data, prepare the certificate, certify that the child was born alive at the place and time and on the date

stated either by signature or an electronic process approved by the department, and file the certificate pursuant to this section or as otherwise directed by the state registrar within the required five days. The physician, licensed midwife, certified professional midwife, certified nurse midwife, or other person in attendance shall provide the medical information required by the certificate and certify to the facts of birth within five days after the birth. If the physician, licensed midwife, certified professional midwife, certified nurse midwife, or other person in attendance does not certify to the facts of birth within the five-day period, the person in charge of the institution shall complete the certificate.

- 3. When a birth occurs outside an institution, the certificate shall be prepared and filed by one of the following in the indicated order of priority:
- (1) The physician, licensed midwife, certified processional midwife, or certified nurse midwife in attendance at or immediately after the birth;
  - (2) Any other person in attendance at or immediately after the birth;
- (3) The father, the mother, or, in the absence of the father and the inability of the mother, the person in charge of the premises where the birth occurred.
- 4. Certificates of birth or reports of fetal deaths filed by a midwife licensed in this state who signs as the certifier of the certificate of birth shall not require signatures of a notary or any other witnesses. The attendant and certifier title section on the birth certificate shall include a checkbox for "Certified Professional Midwife" or "C.P.M." and "Licensed Midwife" or "L. M.".
- 5. When a birth occurs on a moving conveyance within the United States and the child is first removed from the conveyance in this state, the birth shall be registered in this state and such place shall be considered the place of birth. When a birth occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the child is first removed from the conveyance in this state, the birth shall be registered in this state but the certificate shall show the actual place of birth insofar as can be determined.
- [5.] **6.** If the mother was married at the time of either conception or birth, or between conception and birth, the name of the husband shall be entered on the certificate as the father of the child, unless:
  - (1) Paternity has been determined otherwise by a court of competent jurisdiction; or
- (2) The mother executes an affidavit attesting that the husband is not the father and the putative father is the father, and the putative father executes an affidavit attesting that he is the father, and the husband executes an affidavit attesting that he is not the father. If such affidavits are executed, the putative father shall be shown as the father on the birth certificate and the signed acknowledgment of paternity shall be considered a legal finding of paternity. The affidavits shall be as provided for in section 193.215.

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[6.] 7. In any case in which paternity of a child is determined by a court of competent jurisdiction, the name of the father and surname of the child shall be entered on the certificate of birth pursuant to the finding and order of the court.

- [7.] **8.** Notwithstanding any other law to the contrary, if a child is born to unmarried parents, the name of the father and other required information shall be entered on the certificate of birth only if an acknowledgment of paternity pursuant to section 193.215 is completed, or if paternity is determined by a court of competent jurisdiction or by an administrative order of the family support division.
- [8.] **9.** If the father is not named on the certificate of birth, no other information about the father shall be entered on the certificate.
- [9.] 10. The birth certificate of a child born to a married woman as a result of artificial insemination, with consent of her husband, shall be completed pursuant to the provisions of subsection [5] 6 of this section.
- [10.] **11.** Either of the parents of the child, or other informant, shall attest to the accuracy of the personal data entered on the certificate in time to permit the filing of the certificate within the required five days.
  - 324.1400. As used in sections 191.331, 193.085, and 324.1400 to 324.1427, the following terms shall mean:
    - (1) "Antepartum", before birth;
    - (2) "Board", the board of professional midwives;
      - (3) "Client", a person who retains the services of a professional midwife;
    - (4) "Professional midwife", any person who is certified by the North American Registry of Midwives (NARM) as a certified professional midwife (CPM) and provides for compensation those skills relevant to the care of women and infants in the antepartum, intrapartum, and postpartum period or a licensed midwife under section 324.1403;
- 10 **(5)** "Division", the division of professional registration within the department of insurance, financial institutions and professional registration;
  - (6) "Intrapartum", during birth;
  - (7) "Postpartum", after birth;
- (8) "Practice of midwifery", the science and art of examination, evaluation, assessment, counseling and treatment of women and infants in the antepartum, intrapartum, and postpartum period by those methods commonly taught in any midwifery school, or midwifery program in a university or college, which has been accredited by the Midwifery Education Accreditation Council, its successor entity, or approved by the board, including identifying and referring women who require obstetrical or other professional care. The practice of professional midwifery shall not include the use of operative surgery

21 nor the prescribing of drugs. The practice of professional midwifery, as defined in this subdivision, is declared:

- (a) Not to be the practice of medicine or osteopathy within the meaning of chapter 334 and not subject to the provisions of chapter 334; and
- 25 (b) Not to be the practice of nurse-midwifery or nursing within the meaning of chapter 335 and not subject to the provisions of chapter 335.
- 324.1403. 1. There is hereby created and established within the division of professional registration the "Board of Midwifery" which consists of six members appointed by the governor with the advice and consent of the senate. Each member shall be a United States citizen and resident of this state for at least one year immediately preceding his or her appointment. Of the six members, one member shall be a public member and five members shall be licensed midwives who attend births in homes or other out-of-hospital settings; provided that, the initial midwife members appointed need not be licensed at the time of appointment if they are certified professional midwives currently certified by the North American Registry of Midwives.
  - 2. The initial appointments to the board shall be two members for a term of one year, two members for a term of two years, and two members for a term of three years. After the initial terms, each member shall serve a three-year term. No member of the board shall serve more than two consecutive three-year terms. All successor members shall be appointed for three-year terms. All members shall serve until their successors have been appointed and qualified. Vacancies occurring in the membership of the board for any reason shall be filled by appointment by the governor for the unexpired term.
  - 3. The public member shall not derive a financial benefit from or be a member of any profession regulated by chapter 334 or 335, or under sections 324.1400 to 324.1427, or be the spouse or immediate family member of such person. The public member is subject to the provisions of section 324.028.
  - 4. The board may sue and be sued in its own name and its members need not be named parties. Members of the board shall not be personally liable, either jointly or severally, for any act or omission which constitutes willful or wanton conduct or the failure to exercise ordinary care in the performance of their official duties as board members. No board member shall be personally liable for any court costs which accrue in any action by or against the board.
  - 5. Notwithstanding any other provision of law to the contrary, any appointed member of the board shall receive as compensation an amount established by the director of the division of professional registration not to exceed fifty dollars per day for board business plus actual and necessary expenses.

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6. The board shall hold an annual meeting at which time it shall elect from its membership a chairperson and vice chairperson. The board may hold such additional meetings as may be required in the performance of its duties. A quorum of the board shall consist of a majority of its members.

- 7. In accordance with section 324.016, sections 324.1400 to 324.1427 shall not become effective and shall not be enforced unless and until such expenditures and personnel are specifically appropriated and appointed sufficient to conduct the business required thereunder and the initial rules filed, if appropriate, have become effective.
- 324.1406. 1. Applications for licensure as a licensed midwife shall be in writing and submitted to the board on forms prescribed by the board and furnished to the applicant. Each application shall contain a statement that it is made under oath or affirmation and that the information contained therein is true and correct to the best knowledge and belief of the applicant, subject to the penalties provided for the making of a false affidavit or declaration. Each application shall be accompanied by the fees required by the board.
  - 2. Each applicant for licensure shall:
- (1) Present evidence of current certification by the North American Registry of Midwives (NARM) as a certified professional midwife (CPM);
- 10 (2) Present evidence of current certification in basic life support (BLS) for health care providers and neonatal resuscitation; and
- 12 (3) Comply with the written disclosure requirement under subsection 1 of section 13 324.1415.
  - 3. (1) The division shall mail a renewal notice to the last known address of each licensee prior to the renewal date. Failure to provide the board with the information required for renewal or to pay the renewal fee after such notice shall result in the license expiring. The license shall be reinstated if, within two years of the renewal date, the applicant submits the required documentation and pays the applicable fees as approved by the board.
  - (2) Each license issued under this section shall expire three years after the date of its issuance. Each applicant for renewal shall submit:
  - (a) Evidence of attendance at a minimum of ten hours per year of continuing education in midwifery or related fields;
    - (b) Evidence of attendance at a minimum of three hours per year of peer review;
- 25 (c) Evidence of current certification in basic life support (BLS) for health care providers and neonatal resuscitation; and
  - (d) The renewal fee set by the board.

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- (3) The board may refuse to issue or renew any certificate of registration or authority, permit, or license required under this chapter for one or any combination of causes stated in subsection 4 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of the applicant's right to file a complaint with the administrative hearing commission as provided by chapter 621. As an alternative to a refusal to issue or renew any certificate, registration, or authority, the board may, at its discretion, issue a license which is subject to probation, restriction, or limitation to an applicant for licensure for any one or any combination of causes stated in subsection 4 of this section. The board's order of probation, limitation, or restriction shall contain a statement of the discipline imposed, the basis therefor, the date such action shall become effective, and a statement that the applicant has thirty days to request in writing a hearing before the administrative hearing commission. If the board issues a probationary, limited, or restricted license to an applicant for licensure, either party may file a written petition with the administrative hearing commission within thirty days of the effective date of the probationary, limited, or restricted license seeking review of the board's determination. If no written request for a hearing is received by the administrative hearing commission within the thirty-day period, the right to seek review of the board's decision shall be considered as waived.
- (4) The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit, or license required by this chapter or any person who has failed to renew or has surrendered the person's certificate of registration or authority, permit, or license for any one or any combination of the following causes:
- (a) Having an unpaid judgment resulting from providing professional midwifery services;
- (b) Procuring or attempting to procure a license under sections 324.1400 to 324.1427 by making a false statement, submitting false information, refusing to provide complete information in response to a question in an application for licensure, or through any form of fraud or misrepresentation;
- (c) Failing to meet the minimum qualifications for licensure or renewal established by sections 324.1400 to 324.1427;
- (d) Paying money or other valuable consideration, other than as provided for by sections 324.1400 to 324.1427, to any member or employee of the board to procure a license under sections 324.1400 to 324.1427;

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62 (e) Incompetency, misconduct, negligence, dishonesty, fraud, or misrepresentation 63 in the performance of the functions or duties of any profession licensed or regulated by sections 324.1400 to 324.1427;

- (f) Violating, assisting, or enabling any person to willfully disregard any of the provisions of sections 324.1400 to 324.1427 or the rules of the board for the administration and enforcement of the provisions of sections 324.1400 to 324.1427;
- (g) Violating any term or condition of a license issued by the board under the authority of sections 324.1400 to 324.1427;
- Obtaining or attempting to obtain any fee, charge, tuition, or other compensation by fraud, deception, or misrepresentation;
- (i) Using of any advertisement or solicitation which is false, misleading, or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed.
- (5) After the filing of such complaint before the administrative hearing commission, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds provided in subsection 4 of this section for disciplinary action are met, the board may, singly or in combination:
- (a) Warn, censure, or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten 82 years;
- 83 (b) Suspend the person's license, certificate, or permit for a period not to exceed 84 three years;
  - (c) Restrict or limit the person's license, certificate, or permit for an indefinite period of time;
    - (d) Revoke the person's license, certificate, or permit;
    - (e) Administer a public or private reprimand;
    - (f) Deny the person's application for a license;
    - (g) Permanently withhold issuance of a license;
  - (h) Require the person to submit to the care, counseling, or treatment of physicians designated by the board at the expense of the individual to be examined;
  - (i) Require the person to attend such continuing educational courses and pass such examinations as the board may direct.
- (6) The division may promulgate rules necessary to implement the administration 96 of sections 324.1400 to 324.1427. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become

effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2014, shall be invalid and void.

324.1409. 1. The board shall have the following powers and duties and may adopt rules in accordance with the provisions of chapter 536 to establish:

- (1) Application processes and administrative procedures for processing applications and issuing midwife licenses and for conducting disciplinary proceedings under sections 324.1400 to 324.1427;
- (2) A process for ensuring individual licensed midwife practice guidelines remain consistent with standards regarding the practice of midwifery established by the North American Registry of Midwives and the National Association of Certified Professional Midwives, or successor organizations whose essential documents include without limitation subject matter concerning scope of practice, standards of practice, informed consent including grievance mechanism, appropriate consultation, collaboration or referral, including the development of collaborative relationships with other health care practitioners who can provide care outside the scope of midwifery practice when necessary including emergent and nonemergent care; and
  - (3) Reasonable rules as deemed necessary or desirable by the board to carry out and enforce the provisions of sections 324.1400 to 324.1427.
    - 2. The board shall:

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- (1) Investigate to verify such applicant's qualifications. If the results of the investigation are satisfactory to the board and the applicant is otherwise qualified, the board shall issue to the applicant a license authorizing the applicant to act as a professional midwife in Missouri;
- (2) Set the amount of fees authorized by sections 324.1400 to 324.1427 and required by rules promulgated under chapter 536. The fees shall be set at a level to produce revenue that does not substantially exceed the cost and expense of administering sections 324.1400 to 324.1427; and
- (3) Perform such other functions and duties as may be necessary to carry out the provisions of sections 324.1400 to 324.1427.
- 3. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable,

31 section 536.028. This section and chapter 536 are nonseverable, and if any of the powers

- 32 vested with the general assembly pursuant to chapter 536 to review, to delay the effective
- date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
- 34 grant of rulemaking authority and any rule proposed or adopted after August 28, 2014,
- 35 shall be invalid and void.

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- 324.1412. 1. There is hereby created in the state treasury the "Board of Midwifery Fund", which shall consist of money collected under sections 324.1400 to 324.1427. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, money in the fund shall be used solely for the administration of sections 324.1400 to 324.1427.
  - 2. Notwithstanding the provisions of section 33.080, to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the fund for the preceding fiscal year.
  - 3. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.
  - 324.1415. 1. Every licensed midwife shall present a written disclosure statement to each client which shall be signed by the client and kept with the client's records, and shall include, but not be limited to, the following:
    - (1) A description of midwifery education and related training;
    - (2) Licensure as a midwife, including the effective dates of the licensure;
  - (3) The benefits and risks associated with childbirth in the setting selected by the client;
  - (4) A statement concerning the licensed midwife's arrangement with other health care professionals, including licensed physicians;
- 10 **(5)** A statement concerning the licensed midwife's malpractice or liability insurance coverage; and
  - (6) A written plan specific to the client for obtaining medical care when necessary, which shall include the name and phone number of the hospital or other health care facility to which the midwife intends to transfer in an emergency.
- 2. Notwithstanding any other provision of the law, a licensed midwife or certified professional midwife providing a service of midwifery shall not be deemed to be engaged in the practice of medicine, nursing, nurse-midwifery, or any other medical or healing practice.

3. Nothing in sections 324.1400 to 324.1427 shall be construed to apply to a person who provides information and support in preparation for labor and delivery and assists in the delivery of an infant if such person does not do the following:

- (1) Advertise as a midwife or as a provider of midwife services;
- (2) Accept compensation for midwife services; and
  - (3) Use any words, letters, signs, or figures to indicate that the person is a midwife.
- 5. A person who is a member of a recognized religious sect or division, as defined in 26 U.S.C. Section 1402(g), by reason of which they are conscientiously opposed to acceptance of benefits of any public or private insurance which makes payments in the event of death, disability, old age, or retirement, or makes payments toward the cost of or provides services for medical bills, including benefits of any insurance system established under the federal Social Security Act, 42 U.S.C. Section 301, et seq., shall not be subject to the provisions of sections 324.1400 to 324.1427.
  - 6. Nothing in sections 324.1400 to 324.1472 shall be construed to:
- (1) Prohibit the attendance at birth of the mother's choice of family, friends, uncompensated labor support attendants, or professional doulas; or
- (2) Prevent a student who is enrolled or participating in a midwifery education program or who is enrolled or participating in a program of supervised clinical training from engaging in the practice of midwifery in this state as part of his or her course of study, provided:
- (a) Such services are performed under the supervision of a person authorized in this state to perform services under state law; and
- (b) The client is informed of the student's status and consents to receiving services from the student.
- 7. The provisions of sections 324.1400 to 324.1427 shall be remedial and curative in nature.
- 8. No physician, nurse, emergency medical technician, hospital, or agents thereof, providing medical care or treatment for a woman or infant arising during childbirth as a consequence of the care received by a licensed midwife shall be liable for any civil damages for any act or omission resulting from the rendering of such services unless such act or omission was the result of negligence or willful misconduct on the part of the physician, nurse, emergency medical technician, hospital, or agents thereof.
- 9. No physician, nurse, emergency medical technician, hospital, other midwife, or agents thereof, providing medical care or treatment for a woman or infant arising during childbirth as a consequence of the care received by a licensed midwife shall be liable for any civil damages for any act or omission resulting from the rendering of such care unless

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such act or omission was the result of negligence or willful misconduct or the failure to exercise ordinary care on the part of the physician, nurse, emergency medical technician, hospital, other midwife, or agents thereof.

- 10. A licensed health care provider or facility shall not be subject to discipline for assisting, enabling, aiding, procuring, advising or encouraging any person licensed to practice midwifery if such person is practicing within the confines of sections 324.1400 to 324.1427.
- 11. Licensed midwives shall be reimbursed for pregnancy, childbirth, and newborn services under the MO HealthNet program at the same compensation rate as physicians.
- 12. No person shall be denied coverage by any private or public insurance program solely on the basis that the person is planning or has had a home birth.
- 13. A licensed midwife shall be entitled to practice any profession or professions to which such midwife is licensed to practice. Conflicts shall be resolved consistent with this section.
- 14. A licensed midwife may serve as administrator and attend and be responsible for antepartum, intrapartum, and postpartum clients in a birth center licensed under chapter 197.
- 324.1418. The department of health and senior services shall maintain and publish on its website prospective statistics on delivery outcomes for all live births and fetal deaths occurring in this state and sorted by provider distinction, and shall include:
- 4 (1) Mortality statistics for:
  - (a) Maternal deaths from pregnancy to the first one-year postpartum; and
- 6 **(b)** Fetal/neonatal:
- 7 a. Deaths after twenty weeks gestation;
  - b. Intrapartum deaths; and
- 9 c. Deaths from birth to twenty-seven days; and
- 10 (2) Maternal incidence of:
- 11 (a) Gestational diabetes requiring insulin;
- 12 **(b) Induction of labor;**
- 13 (c) Preeclampsia requiring magnesium sulfate or induction of labor;
- 14 (d) Preeclamptic seizures;
- 15 (e) Cesarean section, classical incision;
- 16 **(f)** Cesarean section, low-transverse incision;
- 17 **(g)** Episiotomy;
- 18 (h) Perineal trauma requiring suturing and degree;
- 19 (i) Manual extraction of the placenta;

- 20 (j) Emergency hysterectomy;
- 21 (k) Postpartum hemorrhage requiring transfusion; and
- 22 (1) Postpartum infection requiring antibiotics; and
- 23 (3) Neonatal statistics for:
- 24 (a) Prematurity;
- 25 **(b) APGAR scores**;
- 26 (c) Low-birth weight;
- 27 (d) Admittance to neonatal intensive care unit;
- 28 (e) Birth injuries;
- 29 (f) Jaundice requiring phototherapy;
- 30 (g) Breastfeeding rate at discharge; and
- 31 (h) Infection requiring antibiotics.
  - 324.1421. No licensed professional midwife shall be permitted to:
- 2 (1) Prescribe drugs;
- 3 (2) Perform medical inductions or cesarean sections during the delivery of an 4 infant;
- 5 (3) Use forceps during the delivery of an infant;
- 6 (4) Perform vacuum delivery of an infant; or
- 7 (5) Perform an abortion, as defined in chapter 188.
- 324.1424. A licensed professional midwife shall not administer prescription drugs, with exceptions limited to:
  - (1) Neonatal use of prophylactic ophthalmic medications, vitamin K and oxygen;
- 4 (2) Maternal use of Rho (D) immune globulin, oxygen, local anesthetic, and oxytocin, misoprostol and methylergonovine maleate as postpartum anti-hemorrhagics; and
  - (3) Any prescription drug legally prescribed to the client by a licensed health care provider with prescription privileges.
- 324.1427. Any person who violates the provisions of sections 324.1400 to 324.1427, or any rule promulgated or order made under sections 324.1400 to 324.1427 is guilty of a
- 3 class A misdemeanor.

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- 334.010. 1. It shall be unlawful for any person not now a registered physician within the
- 2 meaning of the law to practice medicine or surgery in any of its departments, to engage in the
- 3 practice of medicine across state lines or to profess to cure and attempt to treat the sick and
- 4 others afflicted with bodily or mental infirmities, [or engage in the practice of midwifery in this
- 5 state,] except as herein provided.

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6 2. For the purposes of this chapter, the "practice of medicine across state lines" shall 7 mean:

- (1) The rendering of a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or physician's agent; or
- (2) The rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or physician's agent.
  - 3. A physician located outside of this state shall not be required to obtain a license when:
  - (1) In consultation with a physician licensed to practice medicine in this state; and
- (2) The physician licensed in this state retains ultimate authority and responsibility for the diagnosis or diagnoses and treatment in the care of the patient located within this state; or
- (3) Evaluating a patient or rendering an oral, written or otherwise documented medical opinion, or when providing testimony or records for the purpose of any civil or criminal action before any judicial or administrative proceeding of this state or other forum in this state; or
  - (4) Participating in a utilization review pursuant to section 376.1350.

334.120. 1. There is hereby created and established a board to be known as "The State Board of Registration for the Healing Arts" for the purpose of registering, licensing and 3 supervising all physicians and surgeons[, and midwives] in this state. The board shall consist of nine members, including one voting public member, to be appointed by the governor by and with the advice and consent of the senate, at least five of whom shall be graduates of professional 5 schools accredited by the Liaison Committee on Medical Education or recognized by the Educational Commission for Foreign Medical Graduates, and at least two of whom shall be graduates of professional schools approved and accredited as reputable by the American 8 Osteopathic Association, and all of whom, except the public member, shall be duly licensed and 10 registered as physicians and surgeons pursuant to the laws of this state. Each member must be a citizen of the United States and must have been a resident of this state for a period of at least 11 12 one year next preceding his or her appointment and shall have been actively engaged in the lawful and ethical practice of the profession of physician and surgeon for at least five years next 13 14 preceding his or her appointment. Not more than four members shall be affiliated with the same 15 political party. All members shall be appointed for a term of four years. Each member of the 16 board shall receive as compensation an amount set by the board not to exceed fifty dollars for each day devoted to the affairs of the board, and shall be entitled to reimbursement of his or her 17 18 expenses necessarily incurred in the discharge of his or her official duties. The president of the Missouri State Medical Association, for all medical physician appointments, or the president of 19

the Missouri Association of Osteopathic Physicians and Surgeons, for all osteopathic physician appointments, in office at the time shall, at least ninety days prior to the expiration of the term of the respective board member, other than the public member, or as soon as feasible after the appropriate vacancy on the board otherwise occurs, submit to the director of the division of professional registration a list of five physicians and surgeons qualified and willing to fill the vacancy in question, with the request and recommendation that the governor appoint one of the five persons so listed, and with the list so submitted, the president of the Missouri State Medical Association or the Missouri Association of Osteopathic Physicians and Surgeons, as appropriate, shall include in his or her letter of transmittal a description of the method by which the names were chosen by that association.

2. The public member shall be at the time of his or her appointment a citizen of the United States; a resident of this state for a period of one year and a registered voter; a person who is not and never was a member of any profession licensed or regulated pursuant to this chapter or the spouse of such person; and a person who does not have and never has had a material, financial interest in either the providing of the professional services regulated by this chapter, or an activity or organization directly related to any profession licensed or regulated pursuant to this chapter. All members, including public members, shall be chosen from lists submitted by the director of the division of professional registration. The list of medical physicians or osteopathic physicians submitted to the governor shall include the names submitted to the director of the division of professional registration by the president of the Missouri State Medical Association or the Missouri Association of Osteopathic Physicians and Surgeons, respectively. This list shall be a public record available for inspection and copying under chapter 610. The duties of the public member shall not include the determination of the technical requirements to be met for licensure or whether any person meets such technical requirements or of the technical competence or technical judgment of a licensee or a candidate for licensure.

[334.260. On August 29, 1959, all persons licensed under the provisions of chapter 334, RSMo 1949, as midwives shall be deemed to be licensed as midwives under this chapter and subject to all the provisions of this chapter.]

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