

HOUSE BILL NO. 735

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HAEFNER.

1735H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To amend chapter 192, RSMo, by adding thereto one new section relating to perinatal care.

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

Section A. Chapter 192, RSMo, is amended by adding thereto one new section, to be
2 known as section 192.380, to read as follows:

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

2 **(1) “Birthing hospital”, any hospital as defined under section 197.020 with more**
3 **than one licensed obstetric bed or a neonatal intensive care unit;**

4 **(2) “Department”, the department of health and senior services;**

5 **(3) “High-risk pregnancy”, a pregnancy in which the mother or baby is at**
6 **increased risk for poor health or complications during pregnancy or childbirth;**

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

11 **2. There is hereby created the “Perinatal Advisory Council” which shall be**
12 **composed of representatives from the following organizations, one of which shall be elected**
13 **chair by a majority of the members, to be appointed by the governor with the advice and**
14 **consent of the senate:**

15 **(1) One representative from the Missouri section of the American Congress of**
16 **Obstetricians and Gynecologists;**

17 **(2) One representative from the Missouri chapter of the American Academy of**
18 **Pediatrics section on Perinatal Pediatrics;**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

- 19 **(3) One representative from the March of Dimes;**
20 **(4) One representative from the National Association for Nurse Practitioners in**
21 **Women’s Health;**
22 **(5) One representative from the Missouri affiliate of the American College of**
23 **Nurse-Midwives;**
24 **(6) One representative from the Missouri section of the Association of Women’s**
25 **Health, Obstetric and Neonatal Nurses;**
26 **(7) One representative from the National Association of Neonatal Nurses;**
27 **(8) One representative from the Missouri Academy of Family Physicians;**
28 **(9) One representative from a public health agency engaged in infant mortality**
29 **prevention;**
30 **(10) One representative from a community coalition engaged in infant mortality**
31 **prevention;**
32 **(11) Four representatives from Missouri hospitals with one representative from a**
33 **hospital with perinatal care equivalent to each level;**
34 **(12) One representative from the Society for Maternal-Fetal Medicine;**
35 **(13) One private practice physician specializing in obstetrics, gynecology, or**
36 **pediatrics; and**
37 **(14) One representative from a federally qualified health center that provides**
38 **prenatal care.**

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40 **The director of the department of health and senior services and the director of the**
41 **department of social services or their designees shall serve as ex officio members of the**
42 **council and shall not have a vote. The department of health and senior services shall**
43 **provide necessary staffing support to the council.**

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

- 47 **(1) Geographic proximity of facilities;**
48 **(2) Hospital systems;**
49 **(3) Insurance networks;**
50 **(4) Common sense; and**
51 **(5) Consistent geographic boundaries for neonatal and maternal care regions.**

52 **4. The perinatal advisory council shall establish standards for all neonatal and**
53 **maternal levels of birthing hospital care including regional perinatal centers. Such**
54 **standards shall assure that:**

- 55 **(1) Facilities are equipped and prepared to stabilize neonates prior to transport;**
56 **(2) Coordination exists between general maternity care and perinatal regional**
57 **centers;**
58 **(3) Unexpected complications during delivery can be properly managed;**
59 **(4) Procedures are implemented to confidentially identify and report to the**
60 **department all high-risk birth outcomes;**
61 **(5) A high-risk pregnancy or baby identified as having a condition that threatens**
62 **the child’s or mother’s life is promptly evaluated in consultation with designated regional**
63 **perinatal centers and referred, if appropriate, to such centers and to other medical**
64 **specialty services in accordance with the appropriate level of care for the proper**
65 **management and treatment of such condition;**
66 **(6) Birthing hospitals shall conduct postnatal reviews of all maternal and infant**
67 **morbidity and mortality, utilizing criteria of case selection developed by such birthing**
68 **hospitals and the appropriate medical staff thereof in order to determine the**
69 **appropriateness of diagnosis and treatment and the adequacy of procedures to prevent**
70 **such loss of life;**
71 **(7) High-risk mothers are provided information, referral, and counseling services**
72 **to ensure informed consent to their treatment or the treatment of the child;**
73 **(8) Perinatal regional centers shall provide consultation for the high-risk newborn**
74 **or mother whose life or physical well-being may be in jeopardy;**
75 **(9) The perinatal care system is monitored and performance evaluated; and**
76 **(10) Any reporting required to facilitate implementation of this section shall**
77 **minimize duplication.**
- 78 **5. The standards developed under this section shall be based upon:**
79 **(1) Evidence and best practices as outlined by the most current version of the**
80 **“Levels of Neonatal Care” prepared by the American Academy of Pediatrics and the**
81 **American Congress of Obstetricians and Gynecologists;**
82 **(2) The most current published version of the “Levels of Maternal Care” developed**
83 **by the American Congress of Obstetricians and Gynecologists and the Society for**
84 **Maternal-Fetal Medicine; and**
85 **(3) Necessary variance when considering the geographic and varied needs of**
86 **citizens of this state.**
- 87 **6. No individual or organization providing information to the department, the**
88 **perinatal regional center, or the perinatal advisory council in accordance with this section**
89 **shall be deemed to be or be held liable, either civilly or criminally, for divulging**

90 **confidential information unless such individual or organization acted in bad faith or with**
91 **malicious purpose.**

92 **7. Nothing in this section shall be construed in any way to modify or expand any**
93 **health care professional licensing practice law.**

94 **8. Nothing in this section shall be construed in any way to require a patient be**
95 **transferred to a different facility.**

96 **9. The standards under this section shall be established by rules and regulations**
97 **of the department no later than January 1, 2017.**

98 **10. Beginning January 1, 2016, hospital license applications shall include the**
99 **appropriate level of maternal care designation and neonatal care designation as**
100 **determined by the standards outlined in subsection 5 of this section.**

101 **11. The department may partner with appropriate nationally recognized nonprofit**
102 **organizations with demonstrated expertise in maternal and neonatal standards of care to**
103 **administer the provisions of this section.**

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