

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By

1 AMEND Senate Bill No. 579, Page 1, In the Title, Line 3, by deleting the words "infection  
2 reporting" and inserting in lieu thereof the words " health care"; and

3  
4 Further amend said bill and page, Section 192.020, Line 15, by inserting after all of said section and  
5 line the following:

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7 "192.380. 1. For purposes of this section, the following terms shall mean:

8 (1) "Birthing facility", any hospital as defined under section 197.020 with more than one  
9 licensed obstetric bed or a neonatal intensive care unit, a hospital operated by a state university, or a  
10 birthing center licensed under sections 197.200 to 197.240;

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

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

16 2. There is hereby created the "Perinatal Advisory Council" which shall be composed of  
17 representatives from the following organizations representing diverse geographic regions of the state  
18 who shall focus on and have experience in maternal and infant health, one of which shall be elected  
19 chair by a majority of the members, to be appointed by the governor with the advice and consent of  
20 the senate:

21 (1) One physician practicing obstetrics representing the Missouri Section of the American  
22 Congress of Obstetricians and Gynecologists;

23 (2) One practicing physician from the Missouri Chapter of the American Academy of  
24 Pediatrics Section of Perinatal Pediatrics;

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

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

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

30 (6) One representative from the Missouri Section of the Association of Women's Health,  
31 Obstetric and Neonatal Nurses;

32 (7) One representative from the Missouri Chapter of the National Association of Neonatal  
33 Nurses;

34 (8) One family physician practicing obstetrics from the Missouri Academy of Family  
35 Physicians;

36 (9) One representative from a community coalition engaged in infant mortality prevention;

Standing Action Taken \_\_\_\_\_ Date \_\_\_\_\_

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- 1           (10) Four representatives from regional Missouri hospitals with one representative from a  
 2 hospital with neonatal care equivalent to each level;  
 3           (11) One practicing physician from the Society for Maternal-Fetal Medicine;  
 4           (12) One representative from a free-standing birthing center licensed under sections 197.200  
 5 to 197.240;  
 6           (13) Five active community-based physicians specializing in obstetrics or gynecology,  
 7 family medicine practicing obstetrics, or perinatal pediatrics representing the regional diversity of  
 8 the state;  
 9           (14) One representative from the show-me extension for community health care outcomes  
 10 (ECHO) program; and  
 11           (15) One representative from a federally qualified health center.

12  
 13 The director of the department of health and senior services and the director of the department of  
 14 social services or their designees shall serve as ex officio members of the council and shall not have  
 15 a vote. The department shall provide necessary staffing support to the council.

16           3. After holding multiple public hearings in diverse geographic regions of the state and  
 17 seeking broad public and stakeholder input, the perinatal advisory council shall make  
 18 recommendations in the best interest of patients for the division of the state into neonatal and  
 19 maternal care regions. When making such recommendations, the council shall consider:

- 20           (1) Geographic proximity of facilities;  
 21           (2) Hospital systems;  
 22           (3) Insurance networks;  
 23           (4) Consistent geographic boundaries for neonatal and maternal care regions, if appropriate;

24 and

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

26           4. The perinatal advisory council shall establish criteria for levels of maternal care  
 27 designations and levels of neonatal care designations for birthing facilities and regional perinatal  
 28 centers. The levels developed under this section shall be based upon:

- 29           (1) The most current published version of the "Levels of Neonatal Care" developed by the  
 30 American Academy of Pediatrics;  
 31           (2) The most current published version of the "Levels of Maternal Care" developed by the  
 32 American Congress of Obstetricians and Gynecologists and the Society for Maternal-Fetal  
 33 Medicine; and  
 34           (3) Necessary variance when considering the geographic and varied needs of citizens of this  
 35 state.

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

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

40           7. The department shall promulgate rules to implement the provisions of this section no  
 41 later than January 1, 2017. Such rules shall be limited to those necessary for the establishment of  
 42 levels of neonatal care designations and levels of maternal care designations for birthing facilities  
 43 and regional perinatal centers under subsection 4 of this section and the division of the state into  
 44 neonatal and maternal care regions under subsection 3 of this section. Any rule or portion of a rule,  
 45 as that term is defined in section 536.010, that is created under the authority delegated in this section  
 46 shall become effective only if it complies with and is subject to all of the provisions of chapter 536  
 47 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the  
 48 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective

1 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
2 rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and  
3 void.

4 8. Beginning January 1, 2018, any hospital with a birthing facility shall report to the  
5 department its appropriate level of maternal care designation and neonatal care designation as  
6 determined by the criteria outlined under subsection 4 of this section.

7 9. Beginning January 1, 2018, any hospital with a birthing facility operated by a state  
8 university shall report to the department its appropriate level of maternal care designation and  
9 neonatal care designation as determined by the criteria outlined under subsection 4 of this section.

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

12 11. The department may partner with appropriate nationally recognized professional  
13 organizations with demonstrated expertise in maternal and neonatal standards of care to administer  
14 the provisions of this section.

15 12. The criteria for levels of maternal and neonatal care developed under subsection 4 of  
16 this section shall not include pregnancy termination or counseling or referral for pregnancy  
17 termination."; and

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19 Further amend said bill by amending the title, enacting clause, and intersectional references  
20 accordingly.  
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