

FIRST REGULAR SESSION

SENATE BILL NO. 342

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR BROWN.

Read 1st time January 28, 2015, and ordered printed.

ADRIANE D. CROUSE, Secretary.

1757S.01I

AN ACT

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

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
2 section, to be known as section 192.380, to read as follows:

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

3 **(1) "Birthing hospital", any hospital as defined under chapter**
4 **197.020 with more than one licensed obstetric bed or a neonatal**
5 **intensive care unit;**

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

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

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

16 **2. There is hereby created the "Perinatal Advisory Council"**
17 **which shall be composed of representatives from the following**
18 **organizations, one of which shall be elected chair by a majority of the**
19 **members, to be appointed by the governor with the advice and consent**
20 **of the senate:**

21 **(1) One representative from the Missouri section of the American**

22 Congress of Obstetricians and Gynecologists;

23 (2) One representative from the Missouri Chapter of the
24 American Academy of Pediatrics section of Perinatal Pediatrics;

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

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

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

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

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

34 (8) One representative from the Missouri Academy of Family
35 Physicians;

36 (9) One representative from a public health agency engaged in
37 infant mortality prevention;

38 (10) One representative from a community coalition engaged in
39 infant mortality prevention;

40 (11) Four representatives from Missouri hospitals with one
41 representative from a hospital with perinatal care equivalent to each
42 level;

43 (12) One representative from the Society for Maternal-Fetal
44 Medicine;

45 (13) One private practice physician specializing in obstetrics or
46 gynecology or pediatrics;

47 (14) One representative from a Federally Qualified Health Center
48 that provides prenatal care.

49 The director of the department of health and senior services and the
50 director of the department of social services or their designees shall
51 serve as ex officio members of the council and shall not have a
52 vote. The department shall provide necessary staffing support to the
53 council.

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

58 (1) Geographic proximity of facilities;

59 **(2) Hospital systems;**
60 **(3) Insurance networks;**
61 **(4) Common sense;**
62 **(5) Consistent geographic boundaries for neonatal and maternal**
63 **care regions.**

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

67 **(1) Facilities are equipped and prepared to stabilize neonates**
68 **prior to transport;**

69 **(2) Coordination exists between general maternity care and**
70 **perinatal regional centers;**

71 **(3) Unexpected complications during delivery can be properly**
72 **managed;**

73 **(4) Procedures are implemented to confidentially identify and**
74 **report to the department all high-risk birth outcomes;**

75 **(5) A high-risk pregnancy or baby identified as having a**
76 **condition that threatens the child's or mother's life is promptly**
77 **evaluated in consultation with designated regional perinatal centers**
78 **and referred, if appropriate, to such centers and to other medical**
79 **specialty services in accordance with the appropriate level of care for**
80 **the proper management and treatment of such condition;**

81 **(6) Birthing hospitals shall conduct postnatal reviews of all**
82 **maternal and infant morbidity and mortality, utilizing criteria of case**
83 **selection developed by such birthing hospitals and the appropriate**
84 **medical staff thereof in order to determine the appropriateness of**
85 **diagnosis and treatment and the adequacy of procedures to prevent**
86 **such loss of life;**

87 **(7) High-risk mothers are provided information, referral, and**
88 **counseling services to ensure informed consent to their treatment or**
89 **the treatment of the child;**

90 **(8) Perinatal regional centers shall provide consultation for the**
91 **high-risk newborn or mother whose life or physical well-being may be**
92 **in jeopardy;**

93 **(9) The perinatal care system is monitored and performance**
94 **evaluated; and**

95 **(10) Any reporting required to facilitate implementation of this**

96 section shall minimize duplication.

97 5. The levels developed under this section shall be based upon:

98 (1) Evidence and best practices as outlined by the most current
99 version of the "Levels of Neonatal Care" prepared by the American
100 Academy of Pediatrics and the American Congress of Obstetricians and
101 Gynecologists;

102 (2) The most current published version of the Levels of Maternal
103 Care developed by the American Congress of Obstetricians and
104 Gynecologists and the Society for Maternal-Fetal Medicine; and

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

107 6. No individual or organization providing information to the
108 department, the perinatal regional center or the perinatal advisory
109 council in accordance with this section shall be deemed to be or be held
110 liable, either civilly or criminally, for divulging confidential
111 information unless such individual or organization acted in bad faith
112 or with malicious purpose.

113 7. Nothing in this section shall be construed to in any way to
114 modify or expand any healthcare professional licensing practice act.

115 8. Nothing in this section shall be construed in any way to
116 require a patient be transferred to a different facility.

117 9. The standards under this section shall be established by rules
118 and regulations of the department no later than January 1, 2017. Any
119 rule or portion of a rule, as that term is defined in section 536.010 that
120 is created under the authority delegated in this section shall become
121 effective only if it complies with and is subject to all of the provisions
122 of chapter 536, and, if applicable, section 536.028. This section and
123 chapter 536 are nonseverable and if any of the powers vested with the
124 general assembly pursuant to chapter 536, to review, to delay the
125 effective date, or to disapprove and annul a rule are subsequently held
126 unconstitutional, then the grant of rulemaking authority and any rule
127 proposed or adopted after August 28, 2015, shall be invalid and void.

128 10. Beginning January 1, 2016, hospital application for license
129 shall include the appropriate level of maternal care designation and
130 neonatal care designation as determined by the standards outlined in
131 subsection 5 of this section.

132 11. The department may partner with appropriate nationally

133 **recognized nonprofit organizations with demonstrated expertise in**
134 **maternal and neonatal standards of care to administer the provisions**
135 **of this section.**

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Bill

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