

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

**Offered By**

AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 716, Page 1,  
Section 191.761, Line 15, by inserting after all of said section and line the following:

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

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

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

(3) "Maternity center", a comprehensive maternal and newborn service provided by a hospital or birth center for women who have been assessed as having a normal, low-risk pregnancy and having a baby which has been assessed as developing normally and without apparent complications;

(4) "Perinatal center", a comprehensive maternal and newborn service for women who have been assessed as high-risk patients or are bearing high-risk babies, as determined by a standardized risk assessment tool, who will require the highest level of specialized care. Such programs may also provide services to women requiring care normally provided at Level I and II programs.

2. There is hereby created the "Perinatal Advisory Council" which shall be composed of representatives from the following organizations to be appointed by the governor with the advice and consent of the senate:

(1) One representative from the American Congress of Obstetricians and Gynecologists;

(2) One representative from the American Academy of Pediatrics;

(3) One representative from the March of Dimes;

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

(5) One representative from the American College of Nurse-Midwives;

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

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

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

(9) Two community-based providers who focus on infant mortality prevention, such as community-based maternal/child health coalitions and regional consortiums;

(10) Three representatives from Missouri hospitals with one representative from a hospital with perinatal care equivalent to each of the three levels;

(11) One representative from the Society for Maternal-Fetal Medicine; and

(12) One private practice physician specializing in obstetrics or gynecology.

3. After seeking broad public and stakeholder input, the perinatal advisory council shall make recommendations for the division of the state into neonatal and maternal care regions. The perinatal advisory council shall establish guidelines for all levels of hospital perinatal care including regional perinatal centers. Such guidelines shall recommend that:

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

(2) Coordination exists between general maternity care and perinatal centers;

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

(4) High-risk pregnancies, labors, deliveries, and childbirths are reviewed at each hospital or maternity center in collaboration with the community provider using criteria of case selection developed by such hospitals or maternity centers or the appropriate medical staff thereof in order to determine

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1 appropriateness of diagnosis and treatment;

2 (5) Procedures are implemented to confidentially identify and report to the department all high-risk  
3 birth outcomes;

4 (6) A high-risk pregnancy or baby identified as having a condition that threatens the child's or  
5 mother's life are promptly evaluated in consultation with designated regional perinatal centers and referred, if  
6 appropriate, to such centers or to other medical specialty services in accordance with the level of perinatal care  
7 authorized for each hospital or maternity care center for the proper management and treatment of such  
8 condition;

9 (7) Hospital or maternity care centers in collaboration with community providers conduct postnatal  
10 reviews of all maternal and infant deaths, utilizing criteria of case selection developed by such hospitals or  
11 maternity centers or the appropriate medical staff thereof in order to determine the appropriateness of  
12 diagnosis and treatment and the adequacy of procedures to prevent such loss of life;

13 (8) High-risk mothers are provided information, referral, and counseling services to ensure informed  
14 consent to the treatment of the child;

15 (9) Consultation when indicated is provided for and available. Perinatal centers shall provide care for  
16 the high-risk expectant mother who may deliver a high-risk infant. Such centers shall also provide intensive  
17 care to the high-risk newborn or mother whose life or physical well-being may be in jeopardy;

18 (10) The perinatal care system is monitored and performance evaluated;

19 (11) Any reporting required to facilitate implementation of this section shall minimize duplication;  
20 and

21 (12) Guidelines of care are established for premature infants born less than thirty-seven weeks  
22 gestational age, including recommendations to improve hospital discharge and follow-up care procedures.

23 4. The guidelines under this section shall be based upon evidence and best practices as outlined by  
24 the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of  
25 Pediatrics and the American Congress of Obstetricians and Gynecologists, any guidelines developed by the  
26 Society for Maternal-Fetal Medicine, and the geographic and varied needs of citizens of this state.

27 5. No individual or organization providing information to the department or the perinatal advisory  
28 council in accordance with this section shall be deemed to be or be held liable, either civilly or criminally, for  
29 divulging confidential information unless such individual or organization acted in bad faith or with malicious  
30 purpose.

31 6. The guidelines under this section shall be established by rules and regulations of the department no  
32 later than January 1, 2016. Such guidelines shall be deemed sufficient for the purposes of this section if they  
33 recommend the perinatal care facilities to submit plans or enter into agreements with the department that  
34 adequately address the requirements of subsection 3 of this section."; and

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