

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1898
97TH GENERAL ASSEMBLY

5929H.04C

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

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

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

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

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

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

19 **(2) One representative from the American Academy of 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.

- 20 **(3) One representative from the March of Dimes;**
21 **(4) One representative from the National Association for Nurse Practitioners in**
22 **Women’s Health;**
23 **(5) One representative from the American College of Nurse-Midwives;**
24 **(6) One representative from the Association of Women’s Health, Obstetric and**
25 **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) Two community-based providers who focus on infant mortality prevention, such**
29 **as community-based maternal/child health coalitions and regional consortiums;**
30 **(10) Three representatives from Missouri hospitals with one representative from**
31 **a hospital with perinatal care equivalent to each of the three levels; and**
32 **(11) One representative from the Society for Maternal-Fetal Medicine.**
33 **3. After seeking broad public and stakeholder input, the perinatal advisory council**
34 **shall make recommendations for the division of the state into neonatal and maternal care**
35 **regions. The perinatal advisory council shall establish standards for all levels of hospital**
36 **perinatal care including regional perinatal centers. Such standards shall assure that:**
37 **(1) Facilities are equipped and prepared to stabilize neonates prior to transport;**
38 **(2) Coordination exists between general maternity care and perinatal centers;**
39 **(3) Unexpected complications during delivery can be properly managed;**
40 **(4) High-risk pregnancies, labors, deliveries, and childbirths are reviewed at each**
41 **hospital or maternity center in collaboration with the community provider using criteria**
42 **of case selection developed by such hospitals or maternity centers or the appropriate**
43 **medical staff thereof in order to determine appropriateness of diagnosis and treatment;**
44 **(5) Procedures are implemented to confidentially identify and report to the**
45 **department all high-risk birth outcomes;**
46 **(6) A high-risk pregnancy or baby identified as having a condition that threatens**
47 **the child’s or mother’s life are promptly evaluated in consultation with designated regional**
48 **perinatal centers and referred, if appropriate, to such centers or to other medical specialty**
49 **services in accordance with the level of perinatal care authorized for each hospital or**
50 **maternity care center for the proper management and treatment of such condition;**
51 **(7) Hospital or maternity care centers in collaboration with community providers**
52 **conduct postnatal reviews of all maternal and infant deaths, utilizing criteria of case**
53 **selection developed by such hospitals or maternity centers or the appropriate medical staff**
54 **thereof in order to determine the appropriateness of diagnosis and treatment and the**
55 **adequacy of procedures to prevent such loss of life;**

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

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

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

63 **(11) Any reporting required to facilitate implementation of this section shall**
64 **minimize duplication.**

65 **4. The standards under this section shall be based upon evidence and best practices**
66 **as outlined by the most current version of the “Guidelines for Perinatal Care” prepared**
67 **by the American Academy of Pediatrics and the American Congress of Obstetricians and**
68 **Gynecologists, any guidelines developed by the Society for Maternal-Fetal Medicine, and**
69 **the geographic and varied needs of citizens of this state.**

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

74 **6. The standards under this section shall be established by rules and regulations**
75 **of the department no later than January 1, 2016. Such standards shall be deemed**
76 **sufficient for the purposes of this section if they require the perinatal care facilities to**
77 **submit plans or enter into agreements with the department that adequately address the**
78 **requirements of subsection 3 of this section.**

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