

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 621, Page 5,
2 Section 191.1146, Line 20, by inserting after all of said section and line the following:

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4 "192.380. 1. For purposes of this section, the following terms shall mean:

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

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

9 (3) "Regional 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 by a
11 standardized risk assessment tool, who will require the highest specialized care. Centers may be
12 comprised of more than one licensed facility.

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

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

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

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

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

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

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

29 (7) One representative from the Missouri Chapter of the National Association of Neonatal
30 Nurses;

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

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

34 (10) Four representatives from regional Missouri hospitals with one representative from a
35 hospital with neonatal care equivalent to each level;

36 (11) One practicing physician from the Society for Maternal-Fetal Medicine;

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1 (12) One representative from a free-standing birthing center licensed under sections 197.200
 2 to 197.240;

3 (13) Five active community-based physicians specializing in obstetrics or gynecology,
 4 family medicine practicing obstetrics, or perinatal pediatrics representing the regional diversity of
 5 the state;

6 (14) One representative from the show-me extension for community health care outcomes
 7 (ECHO) program; and

8 (15) One representative from a federally qualified health center.

9
 10 The director of the department of health and senior services and the director of the department of
 11 social services or their designees shall serve as ex officio members of the council and shall not have
 12 a vote. The department shall provide necessary staffing support to the council.

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

17 (1) Geographic proximity of facilities;

18 (2) Hospital systems;

19 (3) Insurance networks;

20 (4) Consistent geographic boundaries for neonatal and maternal care regions, if appropriate;
 21 and

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

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

26 (1) The most current published version of the "Levels of Neonatal Care" developed by the
 27 American Academy of Pediatrics;

28 (2) The most current published version of the "Levels of Maternal Care" developed by the
 29 American Congress of Obstetricians and Gynecologists and the Society for Maternal-Fetal
 30 Medicine; and

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

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

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

37 7. The department shall promulgate rules to implement the provisions of this section no
 38 later than January 1, 2017. Such rules shall be limited to those necessary for the establishment of
 39 levels of neonatal care designations and levels of maternal care designations for birthing facilities
 40 and regional perinatal centers under subsection 4 of this section and the division of the state into
 41 neonatal and maternal care regions under subsection 3 of this section. Any rule or portion of a rule,
 42 as that term is defined in section 536.010, that is created under the authority delegated in this section
 43 shall become effective only if it complies with and is subject to all of the provisions of chapter 536
 44 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the
 45 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective
 46 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of
 47 rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and
 48 void.

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

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

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

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

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

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