

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
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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 _____

Select Action Taken _____ Date _____

- 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.

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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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