

SECOND REGULAR SESSION

[PERFECTED]

HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 1875

98TH GENERAL ASSEMBLY

5335H.02P

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 known as section 192.380, to read as follows:

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

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

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

(3) "Regional 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 specialized care. Centers may be comprised of more than one licensed facility.

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

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

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

- 19 **(3) One representative from the March of Dimes;**
20 **(4) One representative from the National Association for Nurse Practitioners in**
21 **Women's Health;**
22 **(5) One representative from the Missouri affiliate of the American College of**
23 **Nurse-Midwives;**
24 **(6) One representative from the Missouri Section of the Association of Women's**
25 **Health, Obstetric and Neonatal Nurses;**
26 **(7) One representative from the Missouri Chapter of the National Association of**
27 **Neonatal Nurses;**
28 **(8) One family physician practicing obstetrics from the Missouri Academy of**
29 **Family Physicians;**
30 **(9) One representative from a community coalition engaged in infant mortality**
31 **prevention;**
32 **(10) Four representatives from regional Missouri hospitals with one representative**
33 **from a hospital with neonatal care equivalent to each level;**
34 **(11) One practicing physician from the Society for Maternal-Fetal Medicine;**
35 **(12) One representative from a free-standing birthing center licensed under**
36 **sections 197.200 to 197.240;**
37 **(13) Five active community-based physicians specializing in obstetrics or**
38 **gynecology, family medicine practicing obstetrics, or perinatal pediatrics representing the**
39 **regional diversity of the state; and**
40 **(14) One representative from the show-me extension for community health care**
41 **outcomes (ECHO) program.**
42
43 **The director of the department of health and senior services and the director of the**
44 **department of social services or their designees shall serve as ex officio members of the**
45 **council and shall not have a vote. The department shall provide necessary staffing support**
46 **to the council.**
47 **3. After holding multiple public hearings in diverse geographic regions of the state**
48 **and seeking broad public and stakeholder input, the perinatal advisory council shall make**
49 **recommendations in the best interest of patients for the division of the state into neonatal**
50 **and maternal care regions. When making such recommendations, the council shall**
51 **consider:**
52 **(1) Geographic proximity of facilities;**
53 **(2) Hospital systems;**
54 **(3) Insurance networks;**

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

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

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

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

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

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

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

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

73 7. The department shall promulgate rules to implement the provisions of this
74 section no later than January 1, 2017. Such rules shall be limited to those necessary for the
75 establishment of levels of neonatal care designations and levels of maternal care
76 designations for birthing facilities and regional perinatal centers under subsection 4 of this
77 section and the division of the state into neonatal and maternal care regions under
78 subsection 3 of this section. Any rule or portion of a rule, as that term is defined in section
79 536.010, that is created under the authority delegated in this section shall become effective
80 only if it complies with and is subject to all of the provisions of chapter 536 and, if
81 applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of
82 the powers vested with the general assembly pursuant to chapter 536 to review, to delay
83 the effective date, or to disapprove and annul a rule are subsequently held
84 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted
85 after August 28, 2016, shall be invalid and void.

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

89 9. Beginning January 1, 2018, any hospital with a birthing facility operated by a
90 state university shall report to the department its appropriate level of maternal care

91 designation and neonatal care designation as determined by the criteria outlined under
92 subsection 4 of this section.

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

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

98 12. The criteria for levels of maternal and neonatal care developed under
99 subsection 4 of this section shall not include pregnancy termination or counseling or
100 referral for pregnancy termination.

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