

HCS HB 1875 -- PERINATAL CARE

SPONSOR: Haefner

COMMITTEE ACTION: Voted "Do Pass with Amendments" by the Standing Committee on Children and Families by a vote of 10 to 0. Voted "Do Pass with HCS" by the Select Committee on Social Services by a vote of 8 to 0, with 1 Present.

The bill establishes the Perinatal Advisory Council which must be composed of geographically diverse representatives from specified organizations who must focus on and have experience in maternal and infant health, one of whom must be elected chair by a majority of the members, to be appointed by the Governor with the advice and consent of the Senate. After seeking broad public and stakeholder input during multiple hearings in diverse geographic regions of the state, the council must make recommendations in the best interest of patients for the division of the state into neonatal and maternal care regions. When making the recommendations the council must make specified considerations. The council must establish criteria for levels of maternal care designations and levels of neonatal care designations for birthing facilities and regional perinatal centers. The levels developed under these provisions must be based on specified criteria.

Nothing in these provisions must be construed in any way to modify or expand the licensure of any health care professional or to require a patient be transferred to a different facility.

Beginning January 1, 2017, hospital applications for license must include the appropriate level of neonatal care designations and levels of maternal care designations for birthing facilities and regional perinatal centers as determined by the council under these provisions. Beginning January 1, 2018, any hospital with a birthing facility must report to the department its appropriate level of maternal care designation and neonatal care designation as determined by the criteria specified under these provisions.

Nothing in these provisions must be construed to impose liability for referral or failure to refer in accordance with the recommendations of the council. The department may partner with appropriate nationally recognized professional organizations with demonstrated expertise in maternal and neonatal standards of care to administer these provisions.

This bill is similar to HCS SCS SB 230 (2015).

PROPONENTS: Supporters say that the bill allows the creation of a perinatal network in regions around Missouri to act as a resource

for physicians whose patients have high risk pregnancies or complications after birth. The goal of the network is to ensure risk-appropriate care is provided in these situations. Participation is not mandatory, it is up to the patient and her physician. The bill resulted from a recommendation from a statutorily created work group and will decrease the infant mortality rate in Missouri. Thirty-seven other states have some form of regionalized system and have shown results of improved outcomes for babies who need a higher level of care.

Testifying for the bill were Representative Haefner; Missouri Nurses Association; Campaign Life Missouri; SSM Health Care; Judith Wilson-Griffin, Association of Women's Health, Obstetric And Neonatal Nurses; St. Louis Children's Hospital; Susan Kendig, National Association of Nurse Practitioners in Women's Health; March of Dimes Foundation, Missouri Chapter; and Missouri Chapter of The American Academy of Pediatrics.

OPPONENTS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill say they have been a part of the discussion on the bill and support the general concepts. They have issues with the bill as filed and are not sure about the amendment language. They want to keep the issue of midwifery separate from the bill because it is a separate issue.

Testifying on the bill was American Congress of Obstetricians and Gynecologists - Missouri Sector.