

FIRST REGULAR SESSION

[PERFECTED]

HOUSE BILL NO. 58

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE HAEFNER.

0286H.01P

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.

2. After holding multiple public hearings in diverse geographic regions of the state and seeking broad public and stakeholder input, the department shall establish criteria for levels of maternal care designations and levels of neonatal care designations for birthing facilities. The levels developed under this section shall be based upon:

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

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

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

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.

17 3. Nothing in this section shall be construed in any way to modify or expand the
18 licensure of any health care professional.

19 4. Nothing in this section shall be construed in any way to require a patient be
20 transferred to a different facility.

21 5. The department shall promulgate rules to implement the provisions of this
22 section no later than January 1, 2018. Such rules shall be limited to those necessary for the
23 establishment of levels of neonatal care designations and levels of maternal care
24 designations for birthing facilities under subsection 2 of this section. Any rule or portion
25 of a rule, as that term is defined in section 536.010, that is created under the authority
26 delegated in this section shall become effective only if it complies with and is subject to all
27 of the provisions of chapter 536 and, if applicable, section 536.028. This section and
28 chapter 536 are nonseverable, and if any of the powers vested with the general assembly
29 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul
30 a rule are subsequently held unconstitutional, then the grant of rulemaking authority and
31 any rule proposed or adopted after August 28, 2017, shall be invalid and void.

32 6. Beginning January 1, 2019, any hospital with a birthing facility shall report to
33 the department its appropriate level of maternal care designation and neonatal care
34 designation as determined by the criteria outlined under subsection 2 of this section.

35 7. Beginning January 1, 2019, any hospital with a birthing facility operated by a
36 state university shall report to the department its appropriate level of maternal care
37 designation and neonatal care designation as determined by the criteria outlined under
38 subsection 2 of this section.

39 8. The department may partner with appropriate nationally recognized
40 professional organizations with demonstrated expertise in maternal and neonatal
41 standards of care to administer the provisions of this section.

42 9. The criteria for levels of maternal and neonatal care developed under subsection
43 2 of this section shall not include pregnancy termination or counseling or referral for
44 pregnancy termination.

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