**South Carolina General Assembly**

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**H. 3133**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. G.M. Smith and B. Newton

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Introduced in the House on January 10, 2017

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Regulation of birth centers

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

12/15/2016 House Prefiled

12/15/2016 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

1/10/2017 House Introduced and read first time ([House Journal‑page 87](file:///h:\hj\20170110.docx))

1/10/2017 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 87](file:///h:\hj\20170110.docx))

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=3133&session=122&summary=B) at the website

**VERSIONS OF THIS BILL**

[12/15/2016](file:///p:\pprever\2017-18\3133_20161215.docx)

**A** **BILL**

TO AMEND SECTION 44‑89‑30, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO CHAPTER DEFINITIONS, SO AS TO CHANGE DEFINITIONAL TERMS; AND TO AMEND SECTION 44‑89‑60, RELATING TO REGULATION OF BIRTH CENTERS, SO AS TO REQUIRE BIRTH CENTERS TO BE ACCREDITED AND TO COMPLY WITH STATE STATUTES AND REGULATIONS, TO REQUIRE BIRTHS PLANNED TO OCCUR AT BIRTH CENTERS TO BE EVALUATED BY PROFESSIONAL STAFF TO ASSESS FOR RISK STATUS AND TO DOCUMENT EVALUATIONS IN CLIENT FILES, TO ADDRESS PROFESSIONAL REQUIREMENTS FOR STAFF MEMBERS WHO PROVIDE PATIENT CARE, TO REQUIRE DEVELOPMENT OF GUIDELINES, POLICIES AND PROCEDURES ADDRESSING, AMONG OTHER PRACTICES, THE TRANSFER OF CLIENTS TO HOSPITALS, TO REQUIRE BIRTH CENTERS TO COLLECT AND REPORT DATA, AND TO ESTABLISH A DEADLINE FOR BIRTH CENTERS IN OPERATION TO BECOME ACCREDITED.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 44‑89‑30 of the 1976 Code is amended to read:

“Section 44‑89‑30. As used in this chapter:

(1) ‘Accreditation’ means official authorization or status granted by an agency other than the board but recognized by the board that recognizes requirements of a birth center to meet national standards for the quality of the operation and services provided.

~~(1)~~(2) ‘~~Birthing~~ Birth center or birthing center’ means a facility or other place where human births are planned to occur~~. This~~ but does not include the usual residence of the mother or ~~any~~ a facility which is licensed as a hospital.

~~(2)~~(3) ‘Board’ means the South Carolina Board of Health and Environmental Control.

~~(3)~~(4) ‘Certified ~~Nurse‑Midwife~~ nurse‑midwife (CNM)’ means a ~~person educated in the discipline of nursing and midwifery, certified by examination by the American College of Nurse‑Midwives, and licensed by the State Board of Nursing as a Registered Nurse~~ registered nurse licensed by the South Carolina Board of Nursing as an advanced practice registered nurse who possesses a current certificate issued by the American Midwifery Certification Board (AMCB) and maintains ongoing continuing education requirements by AMCB.

(5) ‘Consultant on‑call physician’ means a medical doctor or doctor of osteopathy licensed by the South Carolina Board of Medical Examiners with board certification in family medicine, obstetrics, maternal fetal medicine, pediatrics, or neonatology who can meet the needs of mothers and babies that fall outside the scope of birth center care, and who maintains active admitting privileges at a hospital within forty‑five miles of the birth center.

~~(4)~~(6) ‘Department’ means the South Carolina Department of Health and Environmental Control.

~~(5)~~(7) ‘~~Lay~~ Licensed midwife’ means an individual so licensed by the department who possesses a current certificate issued by the North American Registry of Midwives (NARM) and who maintains ongoing continuing education requirements by NARM.

~~(6)~~ ~~‘Low risk’ means normal, uncomplicated prenatal course as determined by adequate prenatal care and prospects for a normal, uncomplicated birth as defined by reasonable and generally accepted criteria of maternal and fetal health.~~

~~(7)~~(8) ‘Midwifery’ means the application of scientific principles in the care of ‘with woman’ care during uncomplicated pregnancy, birth, and puerperium including care of the newborn, support of the family unit, and gynecologic health care.

(9) ‘National Standards’ means standards adopted by a nationally recognized birth center organization, recognized by the board, that are based on scientific evidence and reviewed by experts in midwifery, birth centers, obstetrics, and pediatrics specific for birth center services and operation.

~~(8)~~(10) ‘Person’ means a natural individual, private or public organization, political subdivision, or other governmental agency.

~~(9)~~ ~~‘Physician’ means a doctor of medicine or osteopathy with training in obstetrics or midwifery and licensed by the South Carolina State Board of Medical Examiners to practice medicine.~~”

SECTION 2. Section 44‑89‑60 of the 1976 Code is amended to read:

“Section 44‑89‑60. (A)(1) The department shall require reports from, regulate, investigate, and inspect all birthing centers and records of these facilities as necessary and promulgate regulations in accordance with the Administrative Procedures Act to carry out the purposes of this chapter. ~~The regulations must include, but not be limited to, the following requirements:~~

~~(1)~~ ~~Births planned to occur at a birthing center must be restricted to low‑risk births following normal, uncomplicated pregnancy.~~

~~(2)~~ ~~Birthing centers shall provide care by physicians, certified nurse‑midwives, or licensed lay‑midwives to childbearing women during pregnancy, birth, and puerperium.~~

~~(3)~~ ~~A physician must be on call and available to provide medical assistance at the birthing center at all times that it is serving the public.~~

~~(4)~~ ~~A physician shall make a written determination that the planned birth is low risk.~~

(2) The regulations also must provide that ~~any birthing~~ a birth center which is in operation at the time of promulgation of these regulations is given a reasonable period of time, not to exceed one year from the date of the promulgation, within which to comply with the regulations. A new birth center not in operation at the time of promulgation of the regulations shall submit to the department an application for accreditation with the license application and shall provide proof of accreditation within one year of submitting the application.

(B) In order to be licensed by and to operate in this State, a birth center must be accredited by a birth center accrediting organization approved by the department that determines accreditation based on the birth center’s compliance with national standards for birth centers. A birth center accredited pursuant to this subsection is deemed to be in compliance with all requirements for licensure by the State and shall operate in accordance with all applicable statutes and regulations.

(C)(1) The birth center shall have a consultant on‑call physician available in person or by telecommunication at all times the center is conducting business to provide consultation regarding medical management and/or to accept transfers of mothers and babies who require care outside of the scope of the birth center. All consultant on‑call physicians shall serve on the center’s advisory council and must provide written approval on policy and procedures before adoption. Contact information for consultant on‑call physicians must be made available to the department.

(2) The birth center policy and procedures must require, at a minimum:

(a) births planned to occur at a birth center must be evaluated for risk status by a member of the center’s professional staff. The evaluations in the health record on each client must include, but are not limited to, an evaluation of formal risk status on initial evaluation, at each trimester, and upon admission in labor;

(b) birth center professional staff must be licensed in this State as a certified nurse‑midwife, licensed midwife, or physician with board certification in family medicine, obstetrics, maternal fetal medicine, pediatrics, or neonatology; and

(c) practice guidelines and policies for birth center professional staff must address knowledge, skills, and professional credentials required to provide services offered by the center. These practice guidelines must be furnished to the department upon request.

(D)(1) A birth center shall document in its practice guidelines and policies the process for transfer of care to an acute care hospital with obstetrical and/or newborn services.

(2) Birth center transfer guidelines must include, at a minimum, a procedure for both emergent and nonemergent transfer of a laboring woman, a postpartum woman, and a newborn, indications for transport, plans for communication with accepting physicians and hospital staff, and plans for ongoing post‑transport communications between the birth center and the receiving acute care hospital.

(3) Birth center transfer policy must require, at a minimum, notification of the receiving provider or hospital of the impending transfer, the reason for transfer, a brief relevant clinical history, the planned mode of transport, the expected time of arrival, a legible copy of relevant prenatal and labor medical records, and the plan for postpartum follow up.

(4) Contact information for consultant on‑call physicians, transport services, acute care hospitals with obstetric and newborn services, and any other relevant emergency transport services must be posted prominently in the birth center and made available to all clients.

(E) The birth center shall establish an advisory committee comprised of the center’s clinical staff and consultant on‑call physicians to meet at least biannually. The committee responsibilities include, but are not limited to, review of all transfers, practice guidelines, and policy and procedures. Physicians and the administration of a transferring facility which has received a transfer from the birth center in the previous twelve months must be encouraged and invited to participate.

(F) If a consultant on‑call physician acts without malice, has made reasonable efforts to obtain the facts relating to the issue presented to him, and acts in the belief that the action taken is warranted by the facts known to him, the physician is not liable to a birth center for civil damages or criminal penalties, and is not subject to civil suit or criminal prosecution, as a result of acts or omissions arising out of the provision of services by the consultant on‑call physician pursuant to this section or South Carolina Regulation 61‑102.

(G) Birth centers shall participate in data collection using the American Association of Birth Centers Perinatal Data Registry, Midwives Alliance of North America Statistics Project Data, or other qualified national registers. Data reports must be made available to a consulting specialist, receiving transport hospitals, and the department upon request.”

SECTION 3. This act takes effect upon approval by the Governor.

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