**South Carolina General Assembly**

124th Session, 2021-2022

**H. 3232**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Hill, Burns, Chumley, Long, Jones, Murray, Willis, Magnuson and Gagnon

Document Path: l:\council\bills\cc\15845vr21.docx

Introduced in the House on January 12, 2021

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

Summary: Perinatal Integration Act of 2021

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

12/9/2020 House Prefiled

12/9/2020 House Referred to Committee on **Medical, Military, Public and Municipal Affairs**

1/12/2021 House Introduced and read first time ([House Journal‑page 123](file:///h:\hj\20210112.docx))

1/12/2021 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 123](file:///h:\hj\20210112.docx))

1/13/2021 House Member(s) request name added as sponsor: Jones

1/26/2021 House Member(s) request name added as sponsor: Murray

2/2/2021 House Member(s) request name added as sponsor: Willis

2/17/2021 House Member(s) request name added as sponsor: Magnuson

2/18/2021 House Member(s) request name added as sponsor: Gagnon

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=3232&session=124&summary=B) at the website

**VERSIONS OF THIS BILL**

[12/9/2020](file:///p:\pprever\2021-22\3232_20201209.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, TO ENACT THE “PERINATAL INTEGRATION ACT OF 2021” BY ADDING SECTION 44‑89‑110 SO AS TO REQUIRE THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL TO PROMULGATE REGULATIONS TO INTEGRATE MIDWIVES INTO THE ORGANIZATION OF PERINATAL LEVELS OF CARE AND FOR OTHER PURPOSES.

Whereas, collaboration among health professionals can improve safety and quality, particularly when care is transferred from low to high resource settings; and

Whereas, poor coordination of care across providers and birth settings has been associated with adverse maternal‑newborn outcomes; and

Whereas, South Carolina has a Midwifery Integration Score of 34 out of 100 according to a 2018 study “Mapping integration of midwives across the United States: Impact on access, equity, and outcomes” by Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, et al. In this study, lower scores were correlated with lower rates of physiologic birth, more obstetric interventions, and more adverse neonatal outcomes; and

Whereas, midwives in a community setting should be afforded access to initiate smooth transitions for mothers who encounter complications during childbirth; and

Whereas, the ability of midwives to function autonomously to their full scope of practice in community settings, in collaboration with other members of the health system, can enhance cost‑effectiveness and accessibility of maternity care, particularly in rural or impoverished communities. Now, therefore,

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

SECTION 1. This act may be known and cited as the “Perinatal Integration Act of 2021”.

SECTION 2. Chapter 89, Title 44 of the 1976 Code is amended by adding:

“Section 44‑89‑110. (A) The department shall promulgate regulations that integrate midwives into the organization of perinatal levels of care. These regulations must include, but are not limited to:

(1) access to physician‑to‑provider consultation available twenty‑four hours a day;

(2) transfer methods and protocols from the midwife to a hospital within a fifty‑mile radius which provides level 1 or higher perinatal services;

(3) access to professional continuing education relating to safe transfers and escalation of care; and

(4) collection of data on transfer outcomes to evaluate the effectiveness and safety of transfer of care from a midwife to a hospital.

(B) Nothing in this section may be construed to:

(1) allow or require the department or hospitals to promulgate regulations or requirements that restrict the scope of practice, change existing licensure requirements, or impose any other regulation or requirement on midwives, other than the methods and protocols for transfer of a patient to a hospital; or

(2) require hospitals to give midwives hospital admitting privileges.

(C) For purposes of this section:

(1) ‘Integrate’ means to facilitate the full exercise of scope of practice, autonomy, self‑regulation, collaboration, and smooth transition between midwives and hospitals which provide perinatal services. ‘Integrate’ does not mean to supervise midwives.

(2) ‘Perinatal levels of care’ means the regulatory implementation of ACOG Levels of Maternal Care recommendations as implemented in Regulation 61‑16, South Carolina Code of Regulations.”

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

‑‑‑‑XX‑‑‑‑