

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017

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SENATE BILL 311

Short Title: DHHS Study/Maternal and Neonatal Care. (Public)

Sponsors: Senators D. Davis, Krawiec (Primary Sponsors); Smith-Ingram and Waddell.

Referred to: Rules and Operations of the Senate

March 20, 2017

A BILL TO BE ENTITLED

AN ACT DIRECTING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO
STUDY ISSUES PERTAINING TO HIGH-QUALITY, RISK-APPROPRIATE
MATERNAL AND NEONATAL CARE.

Whereas, pregnant and postpartum women require timely, comprehensive medical services matched to their clinical complexity; and

Whereas, medically complex pregnant mothers and newborns should be cared for in a medical facility that can meet their specific medical needs; and

Whereas, maternity and newborn care providers are not geographically distributed to best meet health care needs; and

Whereas, studies have demonstrated that timely access to risk appropriate neonatal and obstetric care can reduce infant mortality and maternal severe morbidity and mortality; and

Whereas, health care facilities across North Carolina have varied capabilities to care for mothers and newborns with complex needs; and

Whereas, designating facilities with specific "levels of care" offers uniform criteria about the capability of health care facilities to provide complexity of care to pregnant women and newborns; and this approach is endorsed by the American College of Obstetricians and Gynecologists, the Society for Maternal-Fetal Medicine, the American Academy of Pediatrics, and a number of other national medical organizations; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Department of Health and Human Services shall study and analyze North Carolina's ability to provide women with timely and equitable access to high-quality, risk-appropriate maternal and neonatal care. The study shall examine at least all of the following:

- (1) The complexity levels of care currently being provided by all delivering hospitals in caring for birth mothers and newborns.
- (2) How current systems of referral and transport to different facilities and specialty providers based on patient risk are being managed.
- (3) Disparities in access to risk-appropriate maternal and hospital care.
- (4) Service gaps.
- (5) Issues that impact the ability to most appropriately match patient need with provider skill.
- (6) Recommendations for actionable steps that can be taken in North Carolina to best ensure that pregnant women receive quality prenatal care and that mothers and newborns are cared for in a facility that can meet their specific clinical needs.



- 1 (7) Any other issues the Department deems relevant to this study.
2 **SECTION 1.(b)** The Department shall make an interim report of its findings and
3 recommendations to the 2018 Regular Session of the 2017 General Assembly on or before May
4 1, 2018, and a final report of its findings and recommendations, including any recommended
5 legislation, to the 2019 General Assembly.
6 **SECTION 2.** This act is effective when it becomes law.