**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 AND REPORTING BY 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 AND POLICIES 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(1) and (5) of the 1976 Code is amended to read:

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

(5) ‘~~Lay~~ Licensed midwife’ means an individual so licensed by the department.”

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

“Section 44‑89‑60. (A) 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.~~

~~The Regulations also must provide that any birthing center which is in operation at the time of promulgation of these regulations and 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.~~

(B) In order to be licensed by and to operate in this State, a birth center must be accredited by the Commission on Accreditation of Birth Centers, or another comparable accrediting organization approved by the department that determines accreditation based on the birth center’s compliance with the American Association of Birth Centers ‘Standards for Birth Centers’. A birth center accredited pursuant to this subsection will be deemed to be in compliance with all requirements for licensure by the State and must operate in accordance with all applicable statutes and regulations.

(C)(1) Births planned to occur at a birth center must be evaluated for risk status by a member of the center’s professional staff. The health record on each client must include, but is not limited to, an evaluation of formal risk status on initial evaluation, each trimester, and upon admission in labor.

(2) Birth center professional staff must be licensed in this State as a certified nurse‑midwife, licensed midwife, or physician, and have access to consulting specialists as needed.

(3) The practice guidelines and policies for birth center professional staff must address knowledge, skills, and professional credentials required to provide services offered by the center.

(D) A birth center shall document in its practice guidelines and policies the ability to transfer care to an acute care hospital with obstetrical and newborn services. Practice guidelines for birth center transfers must include a procedure for both emergent and nonemergent situations for a laboring woman, a postpartum woman, or a newborn. The birth center transfer guidelines must include, but are not limited to, indications for transport, communication, expectation guidelines, and ongoing post-transport communications between the birth center and the receiving acute care hospital.

(E) 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, or the department upon request.”

SECTION 3. A birth center that is in operation on the effective date of this act must be given a reasonable period of time, not to exceed one year from the date of enactment, within which to become accredited.

SECTION 4. This act takes effect upon approval by the Governor.

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