

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017**

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**HOUSE BILL 741
PROPOSED SENATE COMMITTEE SUBSTITUTE H741-PCS10511-BC-50**

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

Sponsors:

Referred to:

April 13, 2017

1 A BILL TO BE ENTITLED
2 AN ACT DIRECTING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO
3 STUDY ISSUES PERTAINING TO HIGH-QUALITY, RISK-APPROPRIATE
4 MATERNAL AND NEONATAL CARE AND TO ALLOW SIMULTANEOUS
5 CREMATION OF CERTAIN FETUSES AND INFANTS.

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

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

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

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

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

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

21 The General Assembly of North Carolina enacts:

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

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



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1 mothers and newborns are cared for in a facility that can meet their specific
2 clinical needs.

3 (7) Any other issues the Department deems relevant to this study.

4 **SECTION 1.(b)** The Department shall make an interim report of its findings and
5 recommendations to the 2019 Regular Session of the 2019 General Assembly on or before May
6 1, 2019, and a final report of its findings and recommendations, including any recommended
7 legislation, to the 2020 General Assembly.

8 **SECTION 2.** G.S. 90-210.129 reads as rewritten:

9 "**§ 90-210.129. Cremation procedures.**

10 ...

11 (h) The simultaneous cremation of the human remains of more than one person within
12 the same cremation chamber is ~~forbidden~~provided that the following human remains
13 may be cremated simultaneously upon the express written direction of the authorized agent:

14 (1) The human remains of multiple fetuses from the same mother and the same
15 birth.

16 (2) The human remains of multiple persons up to the age of one year old from the
17 same mother and the same birth.

18"

19 **SECTION 3.** This act is effective when it becomes law.