

1                   A bill to be entitled  
2           An act relating to childbirth; amending s. 382.008,  
3           F.S.; requiring a certificate for fetal death to  
4           include certain information if the death occurred in  
5           association with a planned out-of-hospital birth;  
6           amending s. 382.013, F.S.; requiring a certificate of  
7           live birth to list the intended place of birth;  
8           requiring the certificate to list certain information  
9           if the mother or newborn was transferred to a  
10          hospital, an intensive care unit, or a similar  
11          facility during certain times; amending s. 456.0495,  
12          F.S.; requiring certain health care practitioners to  
13          submit adverse incident reports to the Department of  
14          Health within a specified timeframe under certain  
15          circumstances; requiring the department to investigate  
16          adverse incident reports involving unlicensed  
17          individuals and take appropriate action; creating a  
18          peer review panel within the department; providing for  
19          the membership, meetings, and duties of the panel;  
20          requiring the panel to submit annual reports to the  
21          department, the Board of Medicine, The Board of  
22          Osteopathic Medicine, the Board of Nursing, and the  
23          Council of Licensed Midwifery by a specified date;  
24          requiring the department to collect and analyze  
25          certain data relating to adverse incidents in planned

26 out-of-hospital births; requiring the department to  
27 submit annual reports on its findings and  
28 recommendations to the Governor and the Legislature by  
29 a specified date and publish the report on its  
30 website; creating s. 456.0496, F.S.; providing  
31 requirements for health care practitioners providing  
32 out-of-hospital births; requiring a patient informed  
33 consent form to include certain information; providing  
34 for violations and penalties; providing grounds for  
35 disciplinary action; amending s. 456.072, F.S.;  
36 conforming a cross-reference; providing an effective  
37 date.

38  
39 Be It Enacted by the Legislature of the State of Florida:

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41 Section 1. Paragraph (d) is added to subsection (1) of  
42 section 382.008, Florida Statutes, to read:

43 382.008 Death, fetal death, and nonviable birth  
44 registration.—

45 (1) A certificate for each death and fetal death which  
46 occurs in this state shall be filed electronically on the  
47 department electronic death registration system or on a form  
48 prescribed by the department with the department or local  
49 registrar of the district in which the death occurred within 5  
50 days after such death and prior to final disposition, and shall

51 be registered by the department if it has been completed and  
52 filed in accordance with this chapter or adopted rules. The  
53 certificate shall include the decedent's social security number,  
54 if available. In addition, each certificate of death or fetal  
55 death:

56 (d) If the fetal death occurred in association with a  
57 planned out-of-hospital birth, including a fetal death that  
58 occurs out-of-hospital or during a transfer or admission to a  
59 hospital, an intensive care unit, or a similar facility, shall  
60 include the name, title, and professional license number of each  
61 physician, certified nurse midwife, or midwife who treated the  
62 mother or fetus during the pregnancy, labor, or delivery, or  
63 immediately thereafter. If an individual who treated the mother  
64 or fetus is not appropriately licensed in this state but  
65 represented himself or herself as such, the certificate of fetal  
66 death must also include the name of the unlicensed individual  
67 and any title or professional license number the individual used  
68 to represent himself or herself as appropriately licensed in  
69 this state, with a clear notation that the individual is not  
70 appropriately licensed as such.

71 Section 2. Subsection (6) is added to section 382.013,  
72 Florida Statutes, to read:

73 382.013 Birth registration.—A certificate for each live  
74 birth that occurs in this state shall be filed within 5 days  
75 after such birth with the local registrar of the district in

76 | which the birth occurred and shall be registered by the local  
77 | registrar if the certificate has been completed and filed in  
78 | accordance with this chapter and adopted rules. The information  
79 | regarding registered births shall be used for comparison with  
80 | information in the state case registry, as defined in chapter  
81 | 61.

82 |       (6) INTENDED PLACE OF BIRTH.—A certificate of live birth  
83 | must include the intended place of birth. If the mother or  
84 | newborn was transferred to a hospital, an intensive care unit,  
85 | or a similar facility at any point during labor or delivery, or  
86 | within 72 hours of delivery, the certificate must also include  
87 | the name and address of the transferring location and the name,  
88 | title, and professional license number of each physician,  
89 | certified nurse midwife, or midwife who treated the mother or  
90 | newborn during the pregnancy, labor, or delivery, or immediately  
91 | thereafter. If an individual who treated the mother or fetus  
92 | prior to such transfer is not appropriately licensed in this  
93 | state but represented himself or herself as such, the  
94 | certificate of live birth must also include the name of the  
95 | unlicensed individual and any title or professional license  
96 | number the individual used to represent himself or herself as  
97 | appropriately licensed in this state, with a clear notation that  
98 | the individual is not appropriately licensed as such.

99 |       Section 3. Section 456.0495, Florida Statutes, is amended  
100 | to read:

101 456.0495 Reporting adverse incidents occurring in planned  
 102 out-of-hospital births.—

103 (1) For purposes of this section, the term "adverse  
 104 incident" means an event over which a physician licensed under  
 105 chapter 458 or chapter 459, a nurse midwife certified under part  
 106 I of chapter 464, or a midwife licensed under chapter 467 could  
 107 exercise control and which is associated with an attempted or  
 108 completed planned out-of-hospital birth, and results in one or  
 109 more of the following injuries or conditions:

110 (a) A maternal death that occurs during delivery or within  
 111 42 days after delivery;

112 (b) The transfer of a maternal patient to a hospital  
 113 intensive care unit;

114 (c) A maternal patient experiencing hemorrhagic shock or  
 115 requiring a transfusion of more than 4 units of blood or blood  
 116 products;

117 (d) A fetal or newborn death, including a stillbirth,  
 118 associated with an obstetrical delivery;

119 (e) A transfer of a newborn to a neonatal intensive care  
 120 unit due to a traumatic physical or neurological birth injury,  
 121 including any degree of a brachial plexus injury;

122 (f) A transfer of a newborn to a neonatal intensive care  
 123 unit within the first 72 hours after birth if the newborn  
 124 remains in such unit for more than 72 hours; ~~or~~

125 (g) Any transfer of a maternal patient or newborn from an

126 out-of-hospital birth setting to a hospital during the prenatal,  
127 intrapartal, or postpartal periods, as those periods are defined  
128 in s. 467.003, that results in fetal or maternal morbidity or  
129 mortality; or

130 (h)~~(g)~~ Any other injury as determined by department rule.

131 (2) ~~Beginning July 1, 2018,~~ A physician licensed under  
132 chapter 458 or chapter 459, a nurse midwife certified under part  
133 I of chapter 464, or a midwife licensed under chapter 467 who  
134 performs an attempted or completed planned out-of-hospital birth  
135 must report an adverse incident, along with a medical summary of  
136 events, to the department within 15 days after the adverse  
137 incident occurs. A health care practitioner required to report  
138 adverse incidents under this section who is aware of an adverse  
139 incident related to an out-of-hospital birth attempted or  
140 completed by an individual who was not appropriately licensed in  
141 this state but who represented himself or herself as licensed  
142 must report such adverse incident, including all related  
143 information of which the health care practitioner has knowledge,  
144 to the department within 15 days after becoming aware of such  
145 adverse incident.

146 (3) The department shall review each incident report and  
147 determine whether the incident involves conduct by a health care  
148 practitioner which is subject to disciplinary action under s.  
149 456.073. Disciplinary action, if any, must be taken by the  
150 appropriate regulatory board or by the department if no such

151 board exists. If the department receives an adverse incident  
152 report involving conduct by an unlicensed individual, the  
153 department shall investigate the individual for unlicensed  
154 activity and take appropriate action under s. 456.065.

155 (4) A review panel is created within the department, in  
156 consultation with the Board of Medicine, the Board of  
157 Osteopathic Medicine, the Board of Nursing, and the Council of  
158 Licensed Midwifery, to review reported adverse incidents  
159 involving a planned out-of-hospital birth.

160 (a) The panel shall be composed of one obstetrical medical  
161 physician, one obstetrical osteopathic physician, one certified  
162 nurse midwife, one paramedic, and one midwife, each of whom  
163 shall have experience in out-of-hospital births and be appointed  
164 by the applicable board or council. The State Surgeon General or  
165 his or her designee shall serve as the chair and a nonvoting  
166 member of the panel. The panel shall meet quarterly and as often  
167 as necessary to perform its duties under this subsection and may  
168 conduct its meetings using any method of telecommunication.  
169 Panel members shall serve without compensation but may receive  
170 reimbursement for per diem and travel expenses as provided in s.  
171 112.061.

172 (b) Based on its review of reported adverse incidents  
173 under this subsection, the panel shall collaborate with experts  
174 in data collection and public health to identify any patterns or  
175 trends linking certain adverse incidents to any licensed health

176 care practitioner performing planned out-of-hospital births,  
177 identify causes for such patterns or trends, and make  
178 recommendations for changes to address causes for adverse  
179 incidents identified in the panel's review.

180 (c) By July 1 of each year, the panel shall report its  
181 collaborative findings and recommendations to the department,  
182 the Board of Medicine, the Board of Osteopathic Medicine, the  
183 Board of Nursing, and the Council of Licensed Midwifery.

184 (5) (a) Using data collected from adverse incident reports  
185 submitted under this section, from certificates of live birth  
186 and certificates of fetal death filed with its Office of Vital  
187 Statistics, and from information submitted by licensed midwives  
188 to the Council of Licensed Midwifery, the department or its  
189 designee shall, at a minimum:

190 1. Analyze data relating to the frequency and nature of  
191 adverse incidents in planned out-of-hospital births;

192 2. Identify the rate of adverse incidents by the type of  
193 adverse incident and the attending health care practitioners or  
194 unlicensed individuals;

195 3. Identify any patterns or trends linking types of  
196 adverse incidents to attending health care practitioners or  
197 unlicensed individuals, and study causes for such patterns or  
198 trends;

199 4. Compare the findings to any comparable research and  
200 data associated with out-of-hospital births available from other

201 states; and

202 5. Make recommendations for policy changes that may reduce  
203 the rate of adverse incidents in planned out-of-hospital births  
204 in this state.

205 (b) By July 1 of each year, the department shall submit a  
206 report of its findings and any recommendations to the Governor,  
207 the President of the Senate, and the Speaker of the House of  
208 Representatives. The report shall also be published on the  
209 department's website. All information in the report shall be  
210 deidentified.

211 (6)-(4) The department shall adopt rules to implement this  
212 section and shall develop a form to be used for the reporting of  
213 adverse incidents.

214 Section 4. Section 456.0496, Florida Statutes, is created  
215 to read:

216 456.0496 Out-of-hospital births; continuing education  
217 requirements; responsibilities; violations and penalties; ground  
218 for discipline; penalties; enforcement.-

219 (1) (a) CONTINUING EDUCATION REQUIREMENTS.-A licensed  
220 health care practitioner who provides out-of-hospital births  
221 shall biennially satisfy the following continuing education  
222 hours, as a condition for renewal of a license:

223 1. Three hours of instruction on the risk of complications  
224 during pregnancy, labor, and delivery.

225 2. Four hours of instruction on ethics and collaborative

226 care, including informed consent, patient confidentiality,  
227 patient relationships, transportation from a home or birth  
228 center to a hospital, and malpractice and negligence.

229 (b) The department shall by rule prescribe continuing  
230 education requirements as a condition for renewal of a license.  
231 The criteria for continuing education programs shall be approved  
232 by the department. Any individual, institution, organization, or  
233 agency that is approved by the department to provide continuing  
234 education programs to a licensed health care practitioner  
235 providing out-of-hospital births for the purpose of license  
236 renewal must demonstrate that such programs comply with the  
237 following criteria:

238 1. The programs have clinical relevance to practitioners  
239 providing out-of-hospital birth.

240 2. The programs are at least 1 clock hour in duration.

241 3. The programs have an organized structure with  
242 objectives and expected outcomes.

243 4. Each presenter, instructor, or facilitator of programs  
244 is a recognized professional, such as a physician, nurse,  
245 certified nurse midwife, psychologist, or licensed midwife.

246 (2) RESPONSIBILITIES OF A HEALTH CARE PRACTITIONER.—A  
247 licensed health care practitioner providing out-of-hospital  
248 births shall:

249 (a) Upon acceptance of a patient into care, advise the  
250 patient of the clinical outcomes of births in low-risk patients

251 during an out-of-hospital birth and any increased risks  
252 associated with an individual having a vaginal birth after  
253 cesarean section, breech birth, or multiple gestation pregnancy.  
254 The licensed health care practitioner providing out-of-hospital  
255 births shall further advise, but may not require, the patient to  
256 consult an obstetrician for more information related to such  
257 clinical outcomes and increased risks.

258 (b) Prepare a written plan of action with the family to  
259 ensure continuity of medical care throughout labor and delivery  
260 and to provide for immediate medical care if an emergency  
261 arises. The family should have specific plans for medical care  
262 throughout the prenatal, intrapartal, and postpartal periods.

263 (c) Instruct the patient and family regarding the  
264 preparation of the home and ensure availability of equipment and  
265 supplies needed for delivery and infant care, if a home birth is  
266 planned.

267 (d) Instruct the patient in personal hygiene and sanitary  
268 measures as they relate to pregnancy and nutrition as it relates  
269 to prenatal care.

270 (e) Maintain equipment and supplies required for providing  
271 care during the intrapartum and immediate postpartum in an out-  
272 of-hospital setting.

273 (f) Upon initial contact with the patient during the  
274 intrapartal period, measure and record the vitals of the mother  
275 and fetus to serve as a baseline during labor and delivery.

276 (g) Transfer care of the patient to a hospital with  
277 obstetrical services in accordance with the written emergency  
278 plan if any of the following occur during labor or delivery or  
279 immediately thereafter:

- 280 1. An unexpected nonvertex presentation of the fetus;
- 281 2. Indication that the mother's uterus has ruptured;
- 282 3. Evidence of severe and persistent fetal or maternal  
283 distress;
- 284 4. Pregnancy-induced hypertension;
- 285 5. An umbilical cord prolapse;
- 286 6. Active infectious disease process; or
- 287 7. Any other severe emergent condition.

288 (3) INFORMED CONSENT.—The department shall develop a  
289 uniform patient informed consent form to be used by the licensed  
290 health care practitioner providing out-of-hospital births to  
291 inform the patient of the health care practitioner's  
292 qualifications and the nature and risk of the procedures to be  
293 used by the health care practitioner and to obtain the patient's  
294 consent for the provision of out-of-hospital birth services. The  
295 form must be signed by the patient and the health care  
296 practitioner providing out-of-hospital births, and a copy must  
297 be provided to the patient. The form shall include, at a  
298 minimum, all of the following:

299 (a) A statement advising the patient of the clinical  
300 outcomes of births in low-risk patients during an out-of-

301 hospital birth and any increased risks associated with having a  
302 vaginal birth after cesarean section, breech birth, or multiple  
303 gestation pregnancy.

304 (b) A detailed statement advising the patient of hospital  
305 admitting privileges and the requirements to obtain and maintain  
306 such privileges.

307 (c) Disclosure of each hospital and specific department,  
308 if any, where the health care practitioner providing out-of-  
309 hospital births has been granted admitting privileges, including  
310 the scope and duration of the admitting privileges, the current  
311 contact information for the specific hospital or department that  
312 has granted the health care practitioner admitting privileges,  
313 and a copy of documentation from the hospital or department  
314 providing proof of such admitting privileges. A health care  
315 practitioner providing out-of-hospital births who does not have  
316 admitting privileges at any hospital must explicitly state that  
317 fact on the form.

318 (4) VIOLATIONS AND PENALTIES.—

319 (a) A person who knowingly conceals or fraudulently  
320 misrepresents information or a requirement relating to the  
321 practice of out-of-hospital birth commits a felony of the third  
322 degree, punishable as provided in s. 775.082, s. 775.083, or s.  
323 775.084.

324 (b) The fraudulent misrepresentation of a requirement  
325 relating to the practice of out-of-hospital birth is grounds for

326 denial of a license or disciplinary action, as specified in s.  
327 456.072 (2).

328 (5) GROUNDS FOR DISCIPLINE; PENALTIES; ENFORCEMENT.—If the  
329 ground for disciplinary action is the first-time violation of a  
330 practice act for unprofessional conduct, as used in ss.  
331 464.018 (1) (h), 467.203 (1) (g), 467.203 (1) (f), 468.365 (1) (f), and  
332 478.52 (1) (f), and no actual harm to the patient occurred, the  
333 board or department, as applicable, shall issue a citation in  
334 accordance with s. 456.077 and assess a penalty as determined by  
335 rule of the board or department.

336 Section 5. Paragraph (b) of subsection (3) of section  
337 456.072, Florida Statutes, is amended to read:

338 456.072 Grounds for discipline; penalties; enforcement.—  
339 (3)

340 (b) Notwithstanding subsection (2), if the ground for  
341 disciplinary action is the first-time violation of a practice  
342 act for unprofessional conduct, as used in ss. 464.018 (1) (h),  
343 467.203 (1) (g) ~~467.203 (1) (f)~~, 468.365 (1) (f), and 478.52 (1) (f),  
344 and no actual harm to the patient occurred, the board or  
345 department, as applicable, shall issue a citation in accordance  
346 with s. 456.077 and assess a penalty as determined by rule of  
347 the board or department.

348 Section 6. This act shall take effect July 1, 2020.