

By Senator Flores

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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.; revising the definition of the term "adverse
13 incident"; requiring certain health care practitioners
14 to submit adverse incident reports to the Department
15 of Health within a specified timeframe under certain
16 circumstances; requiring the department to investigate
17 adverse incident reports involving unlicensed
18 individuals and take appropriate action; creating a
19 review panel within the department, in consultation
20 with certain regulatory boards; providing for the
21 membership, meetings, and duties of the panel;
22 requiring the panel to submit annual reports to the
23 department, the Board of Medicine, the Board of
24 Osteopathic Medicine, the Board of Nursing, and the
25 Council of Licensed Midwifery by a specified date;
26 requiring the department to collect and analyze
27 certain data relating to adverse incidents in planned
28 out-of-hospital births; requiring the department to
29 submit annual reports on its findings and

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30 recommendations to the Governor and the Legislature by
31 a specified date and publish the report on its
32 website; requiring the department to deidentify
33 information in such report; creating s. 456.0496,
34 F.S.; providing continuing education requirements for
35 and duties of licensed health care practitioners
36 providing out-of-hospital births; requiring the
37 department to adopt rules for such education
38 requirements; requiring a patient informed consent
39 form for out-of-hospital births to include specified
40 information; providing for violations and penalties;
41 providing grounds for disciplinary action; providing
42 an effective date.

43
44 Be It Enacted by the Legislature of the State of Florida:

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46 Section 1. Subsection (1) of section 382.008, Florida
47 Statutes, is amended to read:

48 382.008 Death, fetal death, and nonviable birth
49 registration.—

50 (1) A certificate for each death and fetal death which
51 occurs in this state shall be filed electronically on the
52 department electronic death registration system or on a form
53 prescribed by the department with the department or local
54 registrar of the district in which the death occurred within 5
55 days after such death and prior to final disposition, and shall
56 be registered by the department if it has been completed and
57 filed in accordance with this chapter or adopted rules. The
58 certificate shall include the decedent's social security number,

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59 if available. In addition, each certificate of death or fetal
60 death:

61 (a) If requested by the informant, shall include aliases or
62 "also known as" (AKA) names of a decedent in addition to the
63 decedent's name of record. Aliases shall be entered on the face
64 of the death certificate in the space provided for name if there
65 is sufficient space;

66 (b) If the place of death is unknown, shall be registered
67 in the registration district in which the dead body or fetus is
68 found within 5 days after such occurrence; ~~and~~

69 (c) If death occurs in a moving conveyance, shall be
70 registered in the registration district in which the dead body
71 was first removed from such conveyance; and

72 (d) If the fetal death occurred in association with a
73 planned out-of-hospital birth, including a fetal death that
74 occurs out-of-hospital or during a transfer or admission to a
75 hospital, an intensive care unit, or a similar facility, shall
76 include the name, title, and professional license number of each
77 physician, certified nurse midwife, or midwife who treated the
78 mother or fetus during the pregnancy, labor, or delivery, or
79 immediately thereafter. If an individual who treated the mother
80 or fetus is not appropriately licensed in this state but
81 represented himself or herself as such, the certificate of fetal
82 death must also include the name of the unlicensed individual
83 and any title or professional license number the individual used
84 to represent himself or herself as appropriately licensed in
85 this state, with a clear notation that the individual is not
86 appropriately licensed as such.

87 Section 2. Subsection (6) is added to section 382.013,

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88 Florida Statutes, to read:

89 382.013 Birth registration.—A certificate for each live
90 birth that occurs in this state shall be filed within 5 days
91 after such birth with the local registrar of the district in
92 which the birth occurred and shall be registered by the local
93 registrar if the certificate has been completed and filed in
94 accordance with this chapter and adopted rules. The information
95 regarding registered births shall be used for comparison with
96 information in the state case registry, as defined in chapter
97 61.

98 (6) INTENDED PLACE OF BIRTH.—A certificate of live birth
99 must include the intended place of birth. If the mother or
100 newborn was transferred to a hospital, an intensive care unit,
101 or a similar facility at any point during labor or delivery, or
102 within 72 hours of delivery, the certificate must also include
103 the name and address of the transferring location and the name,
104 title, and professional license number of each physician,
105 certified nurse midwife, or midwife who treated the mother or
106 newborn during the pregnancy, labor, or delivery, or immediately
107 thereafter. If an individual who treated the mother or fetus
108 prior to such transfer is not appropriately licensed in this
109 state but represented himself or herself as such, the
110 certificate of live birth must also include the name of the
111 unlicensed individual and any title or professional license
112 number the individual used to represent himself or herself as
113 appropriately licensed in this state, with a clear notation that
114 the individual is not appropriately licensed as such.

115 Section 3. Section 456.0495, Florida Statutes, is amended
116 to read:

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117 456.0495 Reporting adverse incidents occurring in planned
118 out-of-hospital births.-

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

126 (a) A maternal death that occurs during delivery or within
127 42 days after delivery;

128 (b) The transfer of a maternal patient to a hospital
129 intensive care unit;

130 (c) A maternal patient experiencing hemorrhagic shock or
131 requiring a transfusion of more than 4 units of blood or blood
132 products;

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

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

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

141 (g) Any transfer of a maternal patient or newborn from an
142 out-of-hospital birth setting to a hospital during the prenatal,
143 intrapartal, or postpartal period, as those periods are defined
144 in s. 467.003, that results in fetal or maternal morbidity or
145 mortality; or

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

147 (2) ~~Beginning July 1, 2018,~~ A physician licensed under
148 chapter 458 or chapter 459, a nurse midwife certified under part
149 I of chapter 464, or a midwife licensed under chapter 467 who
150 performs an attempted or completed planned out-of-hospital birth
151 must report an adverse incident, along with a medical summary of
152 events, to the department within 15 days after the adverse
153 incident occurs. A health care practitioner required to report
154 adverse incidents under this section who is aware of an adverse
155 incident related to an out-of-hospital birth attempted or
156 completed by an individual who was not appropriately licensed in
157 this state but who represented himself or herself as licensed
158 must report such adverse incident, including all related
159 information of which the health care practitioner has knowledge,
160 to the department within 15 days after becoming aware of such
161 adverse incident.

162 (3) The department shall review each incident report and
163 determine whether the incident involves conduct by a health care
164 practitioner which is subject to disciplinary action under s.
165 456.073. Disciplinary action, if any, must be taken by the
166 appropriate regulatory board or by the department if no such
167 board exists. If the department receives an adverse incident
168 report involving conduct by an unlicensed individual, the
169 department shall investigate the individual for unlicensed
170 activity and take appropriate action under s. 456.065.

171 (4) A review panel is created within the department, in
172 consultation with the Board of Medicine, the Board of
173 Osteopathic Medicine, the Board of Nursing, and the Council of
174 Licensed Midwifery, to review reported adverse incidents

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175 involving a planned out-of-hospital birth.

176 (a) The panel shall be composed of one obstetrical medical
177 physician, one obstetrical osteopathic physician, one certified
178 nurse midwife, one paramedic, and one midwife, each of whom must
179 have experience in out-of-hospital births and be appointed by
180 the applicable board or council. The State Surgeon General or
181 his or her designee shall serve as the chair and a nonvoting
182 member of the panel. The panel shall meet quarterly and as often
183 as necessary to perform its duties under this subsection and may
184 conduct its meetings using any method of telecommunication.
185 Panel members shall serve without compensation but may receive
186 reimbursement for per diem and travel expenses as provided in s.
187 112.061.

188 (b) Based on its review of reported adverse incidents under
189 this subsection, the panel shall collaborate with experts in
190 data collection and public health to identify any patterns or
191 trends linking certain adverse incidents to any licensed health
192 care practitioner providing planned out-of-hospital births,
193 identify causes for such patterns or trends, and make
194 recommendations for changes to address causes for adverse
195 incidents identified in the panel's review.

196 (c) By July 1 of each year, the panel shall report its
197 collaborative findings and recommendations to the department,
198 the Board of Medicine, the Board of Osteopathic Medicine, the
199 Board of Nursing, and the Council of Licensed Midwifery.

200 (5) (a) Using data collected from adverse incident reports
201 submitted under this section, from certificates of live birth
202 and certificates of fetal death filed with its Office of Vital
203 Statistics, and from information submitted by licensed midwives

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204 to the Council of Licensed Midwifery, the department or its
205 designee shall, at a minimum:

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

208 2. Identify the rate of adverse incidents by the type of
209 adverse incident and attending health care practitioners or
210 unlicensed individuals;

211 3. Identify any patterns or trends linking types of adverse
212 incidents to attending health care practitioners or unlicensed
213 individuals, and study causes for such patterns or trends;

214 4. Compare the findings to any comparable research and data
215 associated with out-of-hospital births available from other
216 states; and

217 5. Make recommendations for policy changes that may reduce
218 the rate of adverse incidents in planned out-of-hospital births
219 in this state.

220 (b) By July 1 of each year, the department shall submit a
221 report of its findings and any recommendations to the Governor,
222 the President of the Senate, and the Speaker of the House of
223 Representatives. The report shall also be published on the
224 department's website. All information in the report must be
225 deidentified.

226 (6) ~~(4)~~ The department shall adopt rules to implement this
227 section and shall develop a form to be used for the reporting of
228 adverse incidents.

229 Section 4. Section 456.0496, Florida Statutes, is created
230 to read:

231 456.0496 Out-of-hospital births; continuing education
232 requirements; responsibilities; violations and penalties;

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233 grounds for discipline; enforcement.-

234 (1) CONTINUING EDUCATION REQUIREMENTS.-

235 (a) A licensed health care practitioner who provides out-
236 of-hospital births shall biennially satisfy the following
237 continuing education hours as a condition for renewal of his or
238 her license:

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

241 2. Four hours of instruction on ethics and collaborative
242 care, including informed consent, patient confidentiality,
243 patient relationships, transportation from a home or birth
244 center to a hospital, and malpractice and negligence.

245 (b) The department shall prescribe by rule continuing
246 education requirements as a condition for renewal of a license.
247 The criteria for continuing education programs must be approved
248 by the department. Any individual, institution, organization, or
249 agency that is approved by the department to provide continuing
250 education programs for the purpose of license renewal to a
251 licensed health care practitioner providing out-of-hospital
252 births must demonstrate that such programs comply with all of
253 the following requirements:

254 1. The programs have clinical relevance to practitioners
255 providing out-of-hospital birth.

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

257 3. The programs have an organized structure with objectives
258 and expected outcomes.

259 4. Each presenter, instructor, or facilitator of a program
260 is a recognized professional, such as a physician, nurse,
261 certified nurse midwife, psychologist, or licensed midwife.

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262 (2) RESPONSIBILITIES OF A HEALTH CARE PRACTITIONER.—A
263 licensed health care practitioner providing out-of-hospital
264 births shall do all of the following:

265 (a) Upon acceptance of a patient into care, advise the
266 patient of the clinical outcomes of births in low-risk patients
267 during an out-of-hospital birth and any increased risks
268 associated with an individual having a vaginal birth after
269 having a caesarean section, a breech birth, or a multiple
270 gestation pregnancy. The licensed health care practitioner
271 providing out-of-hospital births shall further advise, but may
272 not require, the patient to consult an obstetrician for more
273 information related to such clinical outcomes and increased
274 risks.

275 (b) Prepare a written plan of action with the family to
276 ensure continuity of medical care throughout labor and delivery
277 and to provide for immediate medical care if an emergency
278 arises. The family should have specific plans for medical care
279 throughout the prenatal, intrapartal, and postpartal periods.

280 (c) If a home birth is planned, instruct the patient and
281 family regarding the preparation of the home and ensure
282 availability of equipment and supplies needed for delivery and
283 infant care.

284 (d) Instruct the patient in personal hygiene and sanitary
285 measures as they relate to pregnancy and in nutrition as it
286 relates to prenatal care.

287 (e) Maintain equipment and supplies required for providing
288 care during the intrapartum and immediate postpartum periods in
289 an out-of-hospital setting.

290 (f) Upon initial contact with the patient during the

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291 intrapartal period, measure and record the vital signs of the
292 mother and fetus to serve as a baseline during labor and
293 delivery.

294 (g) Transfer care of the patient to a hospital with
295 obstetrical services in accordance with the written emergency
296 plan if any of the following occurs or presents during labor or
297 delivery or immediately thereafter:

- 298 1. An unexpected nonvertex presentation of the fetus;
- 299 2. Indication that the mother's uterus has ruptured;
- 300 3. Evidence of severe and persistent fetal or maternal
301 distress;
- 302 4. Pregnancy-induced hypertension;
- 303 5. An umbilical cord prolapse;
- 304 6. Active infectious disease process; or
- 305 7. Any other severe emergent condition.

306 (3) INFORMED CONSENT.—The department shall develop a
307 uniform patient informed consent form to be used by the licensed
308 health care practitioner providing out-of-hospital births to
309 inform the patient of the health care practitioner's
310 qualifications and the nature and risk of the procedures to be
311 performed by the health care practitioner and to obtain the
312 patient's consent for the provision of out-of-hospital birth
313 services. The form must be signed by the patient and the health
314 care practitioner providing out-of-hospital births, and a copy
315 must be provided to the patient. The form shall include, at a
316 minimum, all of the following:

317 (a) A statement advising the patient of the clinical
318 outcomes of births in low-risk patients during an out-of-
319 hospital birth and any increased risks associated with having a

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320 vaginal birth after having a caesarean section, a breech birth,
321 or a multiple gestation pregnancy.

322 (b) A detailed statement explaining to the patient hospital
323 admitting privileges and the requirements to obtain and maintain
324 such privileges.

325 (c) Disclosure of each hospital and specific department, if
326 any, where the health care practitioner providing out-of-
327 hospital births has been granted admitting privileges, including
328 the scope and duration of the admitting privileges, the current
329 contact information for the specific hospital or department that
330 has granted the health care practitioner admitting privileges,
331 and a copy of documentation from the hospital or department
332 providing proof of such admitting privileges. A health care
333 practitioner providing out-of-hospital births who does not have
334 admitting privileges at any hospital must explicitly state that
335 fact on the form.

336 (4) VIOLATIONS AND PENALTIES.—

337 (a) A person who knowingly conceals or fraudulently
338 misrepresents information or a requirement relating to the
339 practice of out-of-hospital birth commits a felony of the third
340 degree, punishable as provided in s. 775.082, s. 775.083, or s.
341 775.084.

342 (b) The fraudulent misrepresentation of a requirement
343 relating to the practice of out-of-hospital birth is grounds for
344 denial of a license or disciplinary action, as specified in s.
345 456.072(2).

346 (5) GROUNDS FOR DISCIPLINE; PENALTIES; ENFORCEMENT.—If the
347 ground for disciplinary action is a first-time violation of a
348 practice act for unprofessional conduct, as used in ss.

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349 464.018(1)(h), 467.203(1)(f), 468.365(1)(f), and 478.52(1)(f),
350 and no actual harm to the patient occurred, the board or
351 department, as applicable, shall issue a citation in accordance
352 with s. 456.077 and assess a penalty as determined by rule of
353 the board or department.

354 Section 5. This act shall take effect July 1, 2020.