

## HOSPITAL POLICY ON PREGNANCY AND BIRTH

Phone: (517) 373-8080  
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**Senate Bill 820 (S-1) as passed by the Senate**

**Sponsor: Sen. Mary Cavanagh**

**House Committee: Health Policy [Discharged]**

**Senate Committee: Housing and Human Services**

**Complete to 12-17-24**

Analysis available at  
<http://www.legislature.mi.gov>

### SUMMARY:

Senate Bill 820 would amend the Public Health Code to do all of the following:

- Require hospitals to demonstrate to the Department of Licensing and Regulatory Affairs (LARA) that they have a policy related to pregnant patients that complies with requirements in the bill.
- Require a health facility or agency to stabilize a patient who is pregnant and in labor and refuses treatment before they terminate their relationship with that patient.
- Provide that provisions that prohibit a hospital's owner, operator, or governing body from discriminating in employment or in patient care on the basis of sex also apply to discrimination on the basis of pregnancy or lactating status.

#### Hospital policy

Beginning January 1, 2026, a hospital would have to demonstrate to LARA, in a form and manner LARA requires, that the hospital has a policy that complies with all of the following:

- Unless otherwise prohibited by law, allows a patient who is giving birth to have at least the following individuals present with them from the time they are admitted to the hospital through the duration of their stay:
  - Their partner or spouse, if they have one, or, if they do not have a partner or spouse, a companion.
  - A *doula*.
- Provides the hospital's policy on receiving informed consent from the patient who is giving birth.
- Provides the hospital's process for receiving a pregnant patient's information from a health professional who initiates the transfer of the patient's care to the hospital. Both of the following would apply to this process:
  - If the health professional initiating the transfer is a licensed midwife, the process would have to require the hospital to accept the standard form described in Part 171 (Midwifery) of the code, if provided for the patient, or accept any information the midwife is required to provide under rules issued under Part 171.<sup>1</sup>
  - If the health professional initiating the transfer is a certified nurse midwife (a registered professional nurse with a specialty certification in nurse midwifery), the process would have to require the hospital to accept any information provided by the certified nurse midwife.

<sup>1</sup> Part 171: <https://www.legislature.mi.gov/documents/mcl/pdf/mcl-368-1978-15-171..pdf>

***Doula*** would mean an individual who provides nonclinical physical, emotional, and informational support to an individual who is pregnant before, during, and after the individual's pregnancy.

A hospital could limit or otherwise exclude an individual from being present with a patient as described above under any of the following circumstances:

- If there is a declared public health emergency, public health risk, or infection control risk that requires limiting or excluding the individual:
- If the individual assaults another individual on the hospital premises.
- If any other circumstance exists under which the hospital determines that limiting or excluding the individual is necessary to protect the health or safety of the public or of one or more individuals on the hospital premises.

A hospital that limits or otherwise excludes a doula from being present as described above would have to document the reason for the doula's exclusion and allow for an alternative individual (who would not be limited or excluded as described above) to be present with the patient.

LARA could develop and issue rules to implement the above provisions.

#### Termination upon refusal of care

The code now requires that a ***health facility or agency*** have a policy that provides that a patient or resident is entitled to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal. If a refusal of treatment prevents a health facility or agency or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient or resident may be terminated upon reasonable notice.

The bill would require the policy to add that, if the patient or resident is pregnant and in labor at the health facility or agency, the health facility or agency must stabilize the patient or resident before terminating the relationship with the patient or resident under the above provisions.

***Health facility or agency*** means any of the following:<sup>2</sup>

- An ambulance operation, aircraft transport operation, nontransport prehospital life support operation, or medical first response service.
- A county medical care facility.
- A freestanding surgical outpatient facility.
- A health maintenance organization.
- A home for the aged.
- A hospital.
- A nursing home.
- A facility or agency listed above that is located in a university, college, or other educational institution.
- A hospice or hospice residence.

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<sup>2</sup> Section 20115 has additional provisions: <https://www.legislature.mi.gov/Laws/MCL?objectName=MCL-333-20115>

### Nondiscrimination

The code now prohibits the owner, operator, and governing body of a licensed hospital from discriminating because of race, religion, color, national origin, age, or **sex** in the operation of the hospital, including employment, patient admission and care, room assignment, and professional or nonprofessional selection and training programs, and shall not discriminate in the selection and appointment of individuals to the physician staff of the hospital or its training programs on the basis of licensure or registration or professional education as doctors of medicine, osteopathic medicine and surgery, or podiatry.

The bill would add that, for purposes of the above provisions, **sex** includes pregnancy or lactating status.

MCL 333.20201 and 333.21513 and proposed MCL 333.21537

### **FISCAL IMPACT:**

Senate Bill 820 would have an indeterminate fiscal impact on the Department of Licensing and Regulatory Affairs. The bill would require hospitals to have policies that comply with the bill's requirements for admitting patients who are giving birth. This may create potential violations that LARA may investigate and issue disciplinary actions for. To the extent that violations of the new provisions occur, additional fine revenue may be realized and enforcement costs incurred.

Legislative Analyst: Rick Yuille  
Fiscal Analyst: Una Jakupovic

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.