

Legislative Analysis



LEVELS I TO IV MATERNAL CARE FACILITIES

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House Bill 5172 as introduced
Sponsor: Rep. Carol Glanville
Committee: Health Policy
Complete to 10-19-23

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

SUMMARY:

House Bill 5172 would amend the Public Health Code to require the Department of Health and Human Services (DHHS), upon appropriation, to implement a program to register a hospital that provides maternal care (called a perinatal facility in the bill) as a Level I, II, III, or IV maternal care facility. Level I would provide basic maternal care, and Level IV would provide the most advanced care involving the most complex maternal conditions. DHHS would have to determine appropriate tools and self-assessments for a hospital to attest to its designation as a Level I, II, III, or IV maternal care facility. DHHS criteria could include data collection and reporting, patient volume, patient transportation, practice guidelines, coordination with other facilities for such things as patient referrals, safety bundles, and facility inspections.

Under the program, a hospital could apply to DHHS for registration as a Level I, II, III, or IV maternal care facility, and DHHS would have to register the hospital if it demonstrates that it meets the applicable criteria. DHHS would have to publish on its website and annually update a list of each hospital registered as a Level I, II, III, or IV maternal care facility. DHHS could remove a hospital from the list that no longer meets the registration criteria. Hospitals would not be required to register under the program, but only registered hospitals could describe themselves as holding a registration or as providing Level I, II, III, or IV maternal care.

In developing and issuing rules, DHHS would have to consult with recognized entities involved in the provision of hospital maternal care services, including at least the following:

- Michigan Perinatal Quality Collaborative.
- Michigan Health and Hospital Association.
- American College of Obstetricians and Gynecologists.
- American College of Nurse Midwives.

In establishing criteria for recognition as a Level I, II, III, or IV maternal care facility, DHHS would have to consider both of the following:

- The maternal levels of care verification program established by the Joint Commission.¹
- The maternal care obstetric care consensus established by the American College of Obstetricians and Gynecologists.²

Proposed MCL 333.9129

¹ <https://www.jointcommission.org/what-we-offer/verification/maternal-levels-of-care-verification/>

² <https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care>

FISCAL IMPACT:

House Bill 5172 would increase state expenditures to the Department of Health and Human Services (DHHS) by an indeterminate amount. The fiscal impact would be dependent on the cost of the creation, implementation, and management of a program to register a facility as a Level I, II, III, or IV maternal care facility. Additional costs would likely include the creation and promulgation of rules along with criteria for the program. The fiscal impact on local units of government would be dependent on whether the facility seeking to register as a Level I, II, III, or IV maternal care facility is county-operated. Increased expenditures may be the result of the cost of adopting required criteria.

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