

**House File 2593 - Introduced**

HOUSE FILE 2593

BY R. JOHNSON

**A BILL FOR**

1 An Act relating to infant and maternal care at health care  
2 facilities.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

unofficial

1 Section 1. SHORT TITLE. This Act shall be known and may be  
2 cited as "The Amir Act".

3 Sec. 2. NEW SECTION. **135E.1 Legislative findings and**  
4 **intent.**

5 1. The general assembly finds all of the following:

6 a. Infant and maternal mortality remain critical public  
7 health concerns in this state.

8 b. Preventable harm and death can occur when patient and  
9 caregiver concerns, particularly concerns raised by mothers, are  
10 dismissed, delayed, or not adequately escalated within medical  
11 settings.

12 c. Parents and guardians are often the first to recognize  
13 signs of distress or decline in an infant.

14 d. Health care systems must ensure that concerns raised by  
15 patients, caregivers, parents, and guardians are taken seriously,  
16 documented, and promptly evaluated.

17 2. The general assembly intends for this chapter to  
18 accomplish all of the following:

19 a. Strengthen protections for infants and mothers.

20 b. Ensure timely medical response when a patient, caregiver,  
21 parent, or guardian expresses concerns regarding the condition of  
22 an infant or the infant's mother.

23 c. Establish clear accountability and escalation protocols in  
24 health care facilities.

25 d. Reduce preventable infant and maternal morbidity and  
26 mortality.

27 Sec. 3. NEW SECTION. **135E.2 Definitions.**

28 For purposes of this chapter, unless the context otherwise  
29 requires:

30 1. "Caregiver" means a parent, legal guardian, legal  
31 custodian, or primary caregiver for an infant.

32 2. "Caregiver concern" means a verbal or written expression  
33 by a caregiver indicating the belief that an infant or the  
34 infant's mother is experiencing distress, deterioration, or  
35 abnormal symptoms.

1 3. "Department" means the department of health and human  
2 services.

3 4. "Escalation protocol" means a formal process requiring  
4 review by a clinician in a supervisory position or a care team.

5 5. "Health care facility" means any of the following:

6 a. A hospital as defined in section 135B.1.

7 b. A birth center as defined in section 135.131.

8 c. A birthing hospital as defined in section 135.131.

9 d. Other medical facilities licensed to provide infant or  
10 maternal care in this state.

11 6. "Infant" means a child under one year of age.

12 7. "Infant rapid response process" means a series of actions  
13 a health care facility must immediately take to evaluate the  
14 condition of an infant, determine whether the infant's care needs  
15 to be altered, and execute the altered care if necessary.

16 Sec. 4. NEW SECTION. **135E.3 Caregiver concern — escalation**  
17 **protocols.**

18 1. Each health care facility shall adopt and implement a  
19 caregiver concern escalation protocol for infant and maternal  
20 patients.

21 2. When a health care facility receives a caregiver concern,  
22 the health care facility shall do all of the following:

23 a. Provide the individual who expressed the caregiver concern  
24 an acknowledgment that the health care facility has received and  
25 will act on the caregiver concern as soon as practicable.

26 b. Document the caregiver concern in the medical record for  
27 the infant or mother to whom the caregiver concern relates.

28 c. Conduct an assessment of the caregiver concern as soon as  
29 practicable.

30 d. Refer the caregiver concern to a physician in a  
31 supervisory position, a neonatal specialist, or a rapid response  
32 team if any of the following occurs:

33 (1) The caregiver that expressed the caregiver concern  
34 believes the issue that gave rise to the caregiver concern  
35 remains unresolved after the health care facility assessed the

1 infant or mother.

2 (2) Upon request by the caregiver that expressed the  
3 caregiver concern.

4 3. A health care facility or health care provider shall not  
5 do any of the following in response to a caregiver concern:

6 a. Retaliate against the caregiver, the caregiver's infant,  
7 or the mother who is the subject of the caregiver concern.

8 b. Discharge the caregiver's infant or the mother who is the  
9 subject of the caregiver concern from the health care facility or  
10 the health care provider's care.

11 c. Dismiss the caregiver concern without taking action.

12 Sec. 5. NEW SECTION. **135E.4 Infant rapid response**  
13 **process.**

14 1. A health care facility that provides care to infants shall  
15 maintain an infant rapid response process that may be initiated  
16 by any of the following:

17 a. Medical staff attending an infant.

18 b. A caregiver when the caregiver believes the condition of  
19 the caregiver's infant is worsening.

20 2. When the infant rapid response process is initiated, a  
21 physician shall immediately evaluate the condition of the infant  
22 who is the subject of the infant rapid response process.

23 Sec. 6. NEW SECTION. **135E.5 Family and patient advocacy**  
24 **notice.**

25 1. Each health care facility shall provide a written and  
26 verbal notice to an infant's caregivers when the infant is  
27 brought to the health care facility to receive treatment. The  
28 written and verbal notice shall include a statement that the  
29 caregiver is entitled to the following rights under this chapter:

30 a. The right to make and have caregiver concerns documented.

31 b. The right to request a higher acuity of care for the  
32 caregiver's infant or the infant's mother, as applicable.

33 c. The right to initiate an infant rapid response process.

34 2. Each health care facility where infants receive treatment  
35 shall display a written notice that contains the information

1 in subsection 1, paragraphs "a" through "c", in a prominent  
2 location.

3 Sec. 7. NEW SECTION. **135E.6 Training requirements.**

4 All health care facility staff who provide, or assist in  
5 the provision of, infant or maternal care shall receive annual  
6 training on all of the following:

- 7 1. Implicit bias and patient communication.
- 8 2. Recognizing caregiver-reported warning signs.
- 9 3. Proper use of escalation protocols and infant rapid  
10 response processes.

11 Sec. 8. NEW SECTION. **135E.7 Rules.**

12 1. The department shall adopt rules pursuant to chapter 17A  
13 to do all of the following:

14 a. Implement and administer section 135E.5, including but not  
15 limited to all of the following:

16 (1) Rules establishing minimum hours of annual training.

17 (2) Rules establishing which classes and training programs  
18 qualify for credit.

19 (3) Other rules related to training that the department deems  
20 relevant to effectuate the intent of this chapter.

21 b. Require each health care facility to provide data relating  
22 to all incidents with adverse outcomes when a caregiver requested  
23 a higher acuity of care for the caregiver's infant or when an  
24 infant rapid response process was initiated.

25 2. The department of inspections, appeals, and licensing  
26 shall adopt rules pursuant to chapter 17A to implement,  
27 administer, and enforce this chapter. Rules relating  
28 to enforcement shall include the corrective action plans,  
29 administrative penalties, or licensure review for a person found  
30 in violation of this chapter.

31 **EXPLANATION**

32 The inclusion of this explanation does not constitute agreement with  
33 the explanation's substance by the members of the general assembly.

34 This bill relates to infant and maternal care at a health care  
35 facility (facility).

1 The bill shall be known and may be cited as "The Amir Act".  
2 The bill states several legislative findings and the intent of  
3 the bill.

4 The bill defines "caregiver" as a parent, legal guardian,  
5 legal custodian, or primary caregiver for an infant.

6 The bill defines "caregiver concern" as a verbal or written  
7 expression by a caregiver indicating the belief that an infant or  
8 the infant's mother is experiencing distress, deterioration, or  
9 abnormal symptoms.

10 The bill defines "escalation protocol" as a formal process  
11 requiring review by a clinician in a supervisory position or a  
12 care team.

13 The bill defines "health care facility" (facility) as a  
14 hospital, a birth center, a birthing hospital, or other medical  
15 facilities licensed to provide infant or maternal care in this  
16 state.

17 The bill defines "infant rapid response process" as a series  
18 of actions a facility must immediately take to evaluate the  
19 condition of an infant, determine whether the infant's care needs  
20 to be altered, and execute the altered care if necessary.

21 The bill also defines "department" and "infant".

22 The bill requires each facility to adopt and implement a  
23 caregiver concern escalation protocol for infant and maternal  
24 patients, and requires a facility to take certain actions  
25 specified in the bill when the facility receives a caregiver  
26 concern.

27 The bill prohibits a facility or health care provider from  
28 retaliating against a caregiver, an infant, or a mother, or  
29 discharging an infant or a mother, due to the fact a caregiver  
30 expressed a caregiver concern. The bill also prohibits a  
31 facility from dismissing a caregiver concern without taking  
32 action.

33 The bill requires a facility that provides care to infants to  
34 maintain an infant rapid response process that may be initiated  
35 by medical staff attending an infant, or a caregiver when the

1 caregiver believes the condition of the caregiver's infant is  
2 worsening. When an infant rapid response process is initiated,  
3 a physician shall immediately evaluate the infant's condition.

4 The bill requires a facility to provide written and verbal  
5 notice to an infant's caregivers when the infant is brought  
6 to the facility to receive treatment. The written and verbal  
7 notice shall include a statement that the caregiver is entitled  
8 to certain rights under the bill, and the written notice must  
9 be displayed in a prominent location where infants receive  
10 treatment.

11 The bill requires all facility staff who provide, or assist  
12 in the provision of, infant or maternal care to receive annual  
13 training as specified in the bill.

14 The bill requires the department of health and human services  
15 to adopt rules relating to facility staff training and requiring  
16 each facility to provide data relating to all incidents with  
17 adverse outcomes when a caregiver requested a higher acuity of  
18 care for the caregiver's infant, or when an infant rapid response  
19 process was initiated.

20 The bill requires the department of inspections, appeals, and  
21 licensing to adopt rules to implement, administer, and enforce  
22 the bill. Rules relating to enforcement must include corrective  
23 action plans, administrative penalties, or licensure review for a  
24 person found in violation of the bill.