**South Carolina General Assembly**

126th Session, 2025-2026

**H. 3875**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Gagnon, Burns and Cromer

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Introduced in the House on January 30, 2025

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Midwives and Birthing Centers

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

1/30/2025 House Introduced and read first time ([House Journal‑page 48](h:\hj\20250130.docx))

1/30/2025 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 48](h:\hj\20250130.docx))

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**VERSIONS OF THIS BILL**

[01/30/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/3875_20250130.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ENACTING THE “PERINATAL INTEGRATION ACT OF 2025”; AND BY ADDING SECTION 44‑89‑110 SO AS TO REQUIRE THE DEPARTMENT OF PUBLIC HEALTH TO PROMULGATE REGULATIONS THAT INTEGRATE MIDWIVES AND BIRTHING CENTERS INTO THE ORGANIZATION OF PERINATAL LEVELS OF CARE.

Whereas, collaboration among health professionals can improve safety and quality, particularly when care is transferred from low‑resource to high‑resource settings; and

Whereas, poor coordination of care across providers and birth settings has been associated with adverse maternal newborn outcomes; and

Whereas, South Carolina has a Midwifery Integration Score of thirty‑four out of one hundred according to a 2018 study “Mapping integration of midwives across the United States: Impact on access, equity, and outcomes” by Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, et al. In this study, lower scores were correlated with lower rates of physiologic birth, more obstetric interventions, and more adverse neonatal outcomes; and

Whereas, midwives and birthing centers in a community setting should be afforded access to the initiation of smooth transitions for mothers who encounter complications during childbirth; and

Whereas, the ability of midwives and birthing centers to function autonomously to their full scope of practice in community settings, in collaboration with other members of the health system, can enhance the cost effectiveness and accessibility of maternity care, particularly in rural or impoverished communities. Now, therefore,

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This act may be cited as the “Perinatal Integration Act of 2025.”

SECTION 2. Chapter 89, Title 44 of the S.C. Code is amended by adding:

Section 44‑89‑110. (A) For purposes of this section:

(1) “Integrate” means to facilitate the full exercise of a scope of practice, autonomy, self‑regulation, collaboration, and a smooth transition between midwives, birthing centers, and hospitals that provide perinatal services. "Integrate" does not mean to supervise midwives or birthing centers.

(2) “Perinatal levels of care” means the regulatory implementation of perinatal services.

(B) The department shall promulgate regulations that recognize midwives within the definition of facilities and integrate midwives and birthing centers into the organization of perinatal levels of care. These regulations must include, but are not limited to:

(1) access to physician‑to‑provider consultation available twenty‑four hours a day;

(2) transfer methods and protocols from a midwife or birthing center to a hospital within a fifty‑mile radius that provides level one or higher perinatal services;

(3) access to professional continuing education relating to safe transfers and the escalation of care; and

(4) the collection of data on transfer outcomes to evaluate the effectiveness and safety of the transfer of care from a midwife or birthing center to a hospital.

(C) Nothing in this section may be construed to:

(1) allow or require the department or hospitals to promulgate regulations or requirements that restrict the scope of practice, change existing licensure requirements, or impose any other regulation or requirement on midwives or birthing centers, other than methods and protocols for the transfer of a patient to a hospital; or

(2) require hospitals to give midwives hospital‑admitting privileges.

SECTION 3. This act takes effect upon approval by the Governor.

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