

Preterm Birth Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Lisa Shepherd

Senate Sponsor: Daniel McCay

LONG TITLE**General Description:**

This bill addresses preterm birth policies.

Highlighted Provisions:

This bill:

- requires facilities that provide birthing services to:
 - develop and publish policies regarding preterm birth;
 - inform parents about the facility's capability to provide lifesaving care for a premature infant; and
 - report to the Department of Health and Human Services regarding preterm births;
- requires a provider to consult with a neonatologist in certain circumstances relating to risk of preterm delivery;
- prohibits the denial of lifesaving care to an infant based solely on the gestational age of the infant;
- requires the Department of Health and Human Services to produce an annual report regarding preterm birth in the state;
- requires prenatal health care providers to discuss certain things with a pregnant patient before approximately 20 weeks gestation;
- addresses the rights of a patient during preterm birth; and
- defines terms.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:**ENACTS:****26B-2-244**, Utah Code Annotated 1953**58-88-301**, Utah Code Annotated 1953

31 **58-88-302**, Utah Code Annotated 1953

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33 *Be it enacted by the Legislature of the state of Utah:*

34 Section 1. Section **26B-2-244** is enacted to read:

35 **26B-2-244 . Preterm birth at a health care facility.**

36 (1)(a) As used in this section, "preterm birth" means a birth that occurs before 36 weeks
37 of gestation.

38 (b) "Preterm birth" includes:

39 (i) "extremely preterm birth" or "perivable birth" which mean a birth that occurs
40 before 25 weeks;

41 (ii) "late preterm birth" which means a birth that occurs between 34 and 36 weeks;

42 (iii) "moderately preterm birth" which means a birth that occurs between 32 and 34
43 weeks; and

44 (iv) "very preterm birth" which means a birth that occurs between 25 and 32 weeks.

45 (2) A health care facility that provides birthing services shall develop policies regarding
46 preterm birth, including:

47 (a) types of lifesaving care that the facility is able and willing to provide for each type of
48 preterm birth; and

49 (b) transferring a patient to a different health care facility that can provide treatment at a
50 lower gestational age.

51 (3) A health care facility that provides birthing services shall publish the policies described
52 in Subsection (2) in a conspicuous place on the health care facility's website.

53 (4) A health care facility that provides birthing services may not deny an infant lifesaving
54 care based solely on the gestational age of the infant at birth.

55 (5) A health care facility shall, as soon as reasonably possible, inform an individual at risk
56 for preterm birth of the health care facility's:

57 (a) current capacity to treat each type of preterm birth;

58 (b) plan to transport the individual if appropriate; and

59 (c) policies described in Subsection (2).

60 (6) A parent that is experiencing or expected to imminently experience preterm birth has a
61 right to:

62 (a) be informed in a timely manner of the health care facility's capabilities to provide
63 lifesaving care for a preterm infant;

64 (b) request a transfer to a different health care facility that cares for infants at younger

- 65 gestational ages;
- 66 (c) consult with a maternal fetal medicine provider and a neonatologist regarding
- 67 treatment options; and
- 68 (d) shared decision making with providers described in Subsection (6)(c).
- 69 (7) An attending provider at a health care facility that provides birthing services shall
- 70 consult with a neonatologist if:
- 71 (a) the provider determines that a consultation is medically appropriate; or
- 72 (b) a parent that is experiencing or expected to imminently experience preterm birth
- 73 requests the consultation.
- 74 (8) A health care facility that provides birthing services shall report data annually to the
- 75 department including:
- 76 (a) the number of neonatal patients treated;
- 77 (b) the frequency of transfers for a higher level of medical care;
- 78 (c) the number and types of neonatal interventions performed; and
- 79 (d) survival rates and gestational age for each extremely preterm birth.
- 80 (9) The department shall publish an annual statewide neonatal outcome report including:
- 81 (a) aggregated statewide survival trends; and
- 82 (b) comparisons across levels of neonatal intensive care units.

83 Section 2. Section **58-88-301** is enacted to read:

84 **Part 3. Prenatal, Birthing, and Postpartum Health Professions**

85 **58-88-301 . Definitions.**

86 As used in this part, "prenatal health care provider" means a person that provides health

87 care to a pregnant individual prior to the birth of a child and:

- 88 (1) is licensed under:
- 89 (a) Chapter 31b, Nurse Practice Act;
- 90 (b) Chapter 44a, Nurse Midwife Practice Act;
- 91 (c) Chapter 67, Utah Medical Practice Act;
- 92 (d) Chapter 68, Utah Osteopathic Medical Practice Act;
- 93 (e) Chapter 70a, Utah Physician Assistant Act;
- 94 (f) Chapter 71, Naturopathic Physician Practice Act;
- 95 (g) Chapter 77, Direct-Entry Midwife Act; or
- 96 (h) Chapter 81, Retired Volunteer Health Care Practitioner Act; or
- 97 (2) is an unlicensed direct-entry midwife as defined in Section 58-77-102.

98 Section 3. Section **58-88-302** is enacted to read:

58-88-302 . Prenatal care.

(1) No later than approximately 20 weeks of gestation, a prenatal health care provider shall discuss the following with a pregnant individual:

(a) the signs and risks of preterm labor;

(b) the difference in treatment capabilities and outcomes for different levels of neonatal intensive care units in the area;

(c) a plan for where the pregnant individual should go for medical care if the individual may be experiencing specific problems with the individual's pregnancy:

(i) before 25 weeks gestation;

(ii) between 25 and 31 weeks gestation;

(iii) between 32 and 36 weeks gestation; and

(iv) at more than 36 weeks gestation;

(d) the ability for the prenatal health care provider and pregnant individual to consult with a neonatologist prior to labor or birth; and

(e) the patient's rights described in Subsection 26B-2-244(6).

(2) If an individual is anticipated to have an expected preterm birth, the individual's prenatal health care provider shall recommend that the individual receive a neonatology consultation prior to birth.

Section 4. Effective Date.

This bill takes effect on May 6, 2026.