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Preterm Birth Amendments

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Lisa Shepherd

Senate Sponsor: Daniel McCay

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LONG TITLE

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General Description:

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This bill addresses preterm birth policies.

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Highlighted Provisions:

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This bill:

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- ▶ requires facilities that provide birthing services to:

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- develop and publish policies regarding preterm birth;

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• inform parents about the facility's capability to provide lifesaving care for a premature infant; and

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- report to the Department of Health and Human Services regarding preterm births;

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- ▶ requires a provider to consult with a neonatologist in certain circumstances relating to risk of preterm delivery;

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- ▶ prohibits the denial of lifesaving care to an infant based solely on the gestational age of the infant;

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- ▶ requires the Department of Health and Human Services to produce an annual report regarding preterm birth in the state;

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- ▶ requires prenatal health care providers to discuss certain things with a pregnant patient before approximately 20 weeks gestation;

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- ▶ addresses the rights of a patient during preterm birth; and

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- ▶ defines terms.

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Money Appropriated in this Bill:

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None

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Other Special Clauses:

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None

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Utah Code Sections Affected:

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ENACTS:

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26B-2-244, Utah Code Annotated 1953

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58-88-301, Utah Code Annotated 1953

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

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

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

34 **26B-2-244 . Preterm birth at a health care facility.**

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

37 (b) "Preterm birth" includes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

gestational ages;

- (c) consult with a maternal fetal medicine provider and a neonatologist regarding treatment options; and
- (d) shared decision making with providers described in Subsection (6)(c).

(7) An attending provider at a health care facility that provides birthing services shall consult with a neonatologist if:

- (a) the provider determines that a consultation is medically appropriate; or
- (b) a parent that is experiencing or expected to imminently experience preterm birth requests the consultation.

(8) A health care facility that provides birthing services shall report data annually to the department including:

- (a) the number of neonatal patients treated;
- (b) the frequency of transfers for a higher level of medical care;
- (c) the number and types of neonatal interventions performed; and
- (d) survival rates and gestational age for each extremely preterm birth.

(9) The department shall publish an annual statewide neonatal outcome report including:

- (a) aggregated statewide survival trends; and
- (b) comparisons across levels of neonatal intensive care units.

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

Part 3. Prenatal, Birthing, and Postpartum Health Professions

58-88-301 . Definitions.

As used in this part, "prenatal health care provider" means a person that provides health care to a pregnant individual prior to the birth of a child and:

(1) is licensed under:

- (a) Chapter 31b, Nurse Practice Act;
- (b) Chapter 44a, Nurse Midwife Practice Act;
- (c) Chapter 67, Utah Medical Practice Act;
- (d) Chapter 68, Utah Osteopathic Medical Practice Act;
- (e) Chapter 70a, Utah Physician Assistant Act;
- (f) Chapter 71, Naturopathic Physician Practice Act;
- (g) Chapter 77, Direct-Entry Midwife Act; or
- (h) Chapter 81, Retired Volunteer Health Care Practitioners Act;

(2) is an unlicensed direct-entry midwife as defined in Section 58-77-102.

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

99 58-88-302 . Prenatal care.

100 (1) No later than approximately 20 weeks of gestation, a prenatal health care provider shall
101 discuss the following with a pregnant individual:
102 (a) the signs and risks of preterm labor;
103 (b) the difference in treatment capabilities and outcomes for different levels of neonatal
104 intensive care units in the area;
105 (c) a plan for where the pregnant individual should go for medical care if the individual
106 may be experiencing specific problems with the individual's pregnancy:
107 (i) before 25 weeks gestation;
108 (ii) between 25 and 31 weeks gestation;
109 (iii) between 32 and 36 weeks gestation; and
110 (iv) at more than 36 weeks gestation;
111 (d) the ability for the prenatal health care provider and pregnant individual to consult
112 with a neonatologist prior to labor or birth; and
113 (e) the patient's rights described in Subsection 26B-2-244(6).

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

117 **Section 4. Effective Date.**

118 This bill takes effect on May 6, 2026.