

JAN 21 2011

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# A BILL FOR AN ACT

RELATING TO HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that preterm birth is the  
2 leading cause of deaths among newborns, accounting for twenty-  
3 four per cent of infant deaths in the first month of life. One  
4 out of every eight babies born in Hawaii is the result of a  
5 premature or preterm birth, defined in this Act as a birth that  
6 occurs at less than thirty-seven weeks of gestation. As of  
7 2008, 12.8 per cent of babies in Hawaii were born prematurely.  
8 Late preterm births, which occur between thirty-four and thirty-  
9 six weeks of gestation, account for much of the increase in  
10 premature births in the past decade, accounting for seventy per  
11 cent of premature births. The rate of births by cesarean  
12 delivery has also risen from more than eighteen per cent in 1999  
13 to twenty-six per cent in 2006.

14           The legislature finds that premature babies may suffer  
15 life-long effects, including cerebral palsy, mental retardation,  
16 chronic lung disease, and vision and hearing loss, and late  
17 preterm infants have a higher incidence of morbidity and  
18 mortality in comparison to full term infants. The annual



1 estimated cost of premature births and their associated effects  
2 was over \$26,200,000,000 in 2005 in the United States.

3 The legislature finds that while there are risk factors  
4 that may indicate the need for a premature birth, including a  
5 prior premature birth, spontaneous abortion, low pre-pregnancy  
6 weight, and the use of alcohol, tobacco, or other drugs during  
7 pregnancy, these risk factors account for only about one-third  
8 of all preterm births.

9 The legislature finds that work has already begun, both  
10 nationally and locally, to reduce elective inductions and  
11 preterm cesarean deliveries. The American College of  
12 Obstetricians and Gynecologists (ACOG) guidelines call for the  
13 confirmation of thirty-nine weeks of gestation for single births  
14 prior to the elective, or non-medically indicated, induction of  
15 labor under most circumstances. The ACOG has promoted multiple  
16 strategies to reduce the rate of premature births, including  
17 delaying non-medically indicated inductions and cesarean  
18 deliveries until thirty-nine weeks of gestation. Additionally,  
19 the national Healthy People 2020 draft objective on preterm  
20 births, retained from the Healthy People 2010 objective on  
21 preterm births, is to decrease the proportion of births that are  
22 premature to 7.6 per cent, with no more than 1.1 per cent of all



1 births being very preterm, or less than thirty-two weeks of  
2 gestation.

3         In California, the March of Dimes Foundation, California  
4 Maternal Quality Care Collaborative, and California Department  
5 of Public Health collaboratively developed a toolkit titled  
6 "Elimination of Non-medically Indicated (Elective) Deliveries  
7 Before 39 Weeks Gestational Age" to help disseminate and  
8 determine best practices for the prevention of early deliveries  
9 and to determine the most effective strategies for supporting  
10 California health care providers in implementing those  
11 practices.

12         In Hawaii, the legislature adopted house concurrent  
13 resolution no. 215, S.D. 1, during the 2009 regular session to  
14 request the department of health to review and assess the  
15 policies and procedures implemented by hospitals to reduce  
16 elective cesarean sections and inductions of labor. In response  
17 to the resolution, the department of health convened a workgroup  
18 to review and assess the criteria used by hospitals and  
19 physicians for medical indications to elective preterm  
20 inductions or cesarean sections and the policies and procedures  
21 implemented by hospitals to reduce elective cesarean sections  
22 and inductions of labor. The workgroup collected data through



1 surveys of hospitals and physicians in the State. Through the  
2 survey data, the workgroup found some variation in the  
3 guidelines used by the hospitals in the State regarding  
4 guidelines for elective inductions and preterm cesarean  
5 deliveries, wide variation in the awareness of hospitals to  
6 changes in the rates of elective inductions and preterm cesarean  
7 deliveries performed among hospitals in the State, and a general  
8 lack of training opportunities relating to elective inductions  
9 and preterm cesarean deliveries.

10 Despite efforts to reduce preterm births, there remains a  
11 need for standardized guidelines and procedures among hospitals  
12 in Hawaii that are current with accepted best practices and  
13 guidelines, better awareness of the risks of elective inductions  
14 and preterm cesarean deliveries, and increased training  
15 opportunities among hospital personnel relating to elective  
16 inductions and preterm cesarean deliveries. The legislature  
17 believes that the department of health is the appropriate agency  
18 to lead efforts in meeting these needs.

19 The purpose of this Act is to require the department of  
20 health to establish a quality assurance nurse coordinator and a  
21 task force to lead efforts to reduce elective inductions and  
22 preterm cesarean deliveries in the State.



1 SECTION 2. Chapter 321, Hawaii Revised Statutes, is  
2 amended by adding a new part to be appropriately designated and  
3 to read as follows:

4 "PART . PRETERM BIRTHS

5 §321- Definitions. As used in this part:

6 "Department" means the department of health.

7 "Director" means the director of health.

8 "Elective induction" means an induction of labor that is  
9 non-medically indicated.

10 "Preterm" means occurring at less than thirty-seven weeks  
11 of gestation.

12 §321- Quality assurance nurse coordinator. (a) There  
13 is established in the department of health a quality assurance  
14 nurse coordinator position. The position may be appointed by  
15 the director, in consultation with the division chief of the  
16 family health services division of the department of health, in  
17 accordance with chapter 76. The quality assurance nurse  
18 coordinator shall coordinate all activities relating to the  
19 development of policies and procedures for reducing the rate of  
20 elective inductions and preterm cesarean deliveries performed in  
21 the State.

1 (b) No later than January 1, 2012, the quality assurance  
2 nurse coordinator shall develop and maintain current  
3 interdisciplinary best practices training materials and a  
4 learning collaboration model for practitioners, physicians,  
5 staff, and registrars of hospitals, community health centers,  
6 and other institutions, as necessary, in the State.

7 (c) Upon the approval by the director of the training  
8 materials and learning collaboration model developed by the  
9 quality assurance nurse coordinator pursuant to subsection (b),  
10 the quality assurance nurse coordinator shall provide training  
11 to practitioners, physicians, staff, and registrars of  
12 hospitals, community health centers, and other institutions, as  
13 necessary, in the State. The quality assurance nurse  
14 coordinator shall also coordinate training efforts within the  
15 State to ensure that all hospitals with obstetric units adopt  
16 standardized best practices with regard to elective induction  
17 and preterm cesarean deliveries."

18 SECTION 3. (a) The director of health shall convene a  
19 preterm birth task force within the department of health to  
20 collaborate with the John A. Burns school of medicine, the  
21 department of human services, and representatives of health plan  
22 providers in the State to develop best practices recommended by



1 the quality assurance nurse coordinator established pursuant to  
2 this Act, the American College of Obstetricians and  
3 Gynecologists, or the Institute for Healthcare Improvement.

4 (b) The task force shall consist of the following members:

5 (1) One representative of the family health services  
6 division of the department of health to be appointed  
7 by the director of health;

8 (2) One representative of the March of Dimes Foundation;

9 (3) One representative of the Healthcare Association of  
10 Hawaii;

11 (4) One representative of the Med-Quest division of the  
12 department of human services to be appointed by the  
13 director of human services;

14 (5) One representative of the Healthy Mothers, Healthy  
15 Babies Coalition of Hawaii; and

16 (6) Two physicians specializing in obstetrics or  
17 gynecology, one to be appointed by the president of  
18 the senate and one to be appointed by the speaker of  
19 the house of representatives.

20 (c) The preterm birth task force shall:

21 (1) Review laws and rules governing the licensure of  
22 hospitals in the State and determine whether



1 amendments should be made to those laws and rules to  
2 require that all hospitals with obstetric units  
3 develop standardized policies that are consistent and  
4 current with American College of Obstetricians and  
5 Gynecologists guidelines or other best practices for  
6 reducing elective inductions and preterm cesarean  
7 deliveries;

8 (2) Develop and implement a public awareness campaign to  
9 educate the public on the risks of elective inductions  
10 or preterm cesarean deliveries and track data on the  
11 effectiveness of the campaign;

12 (3) Use trends and other information obtained through  
13 public health records and birth certificates to  
14 examine other issues that may be related to elective  
15 inductions of labor and preterm cesarean sections; and

16 (4) Track data relating to the rate of preterm births and  
17 the effect of changes in the rate of preterm births on  
18 infant morbidity and mortality.

19 (d) The task force shall submit a report to the  
20 legislature on its findings and recommendations, including  
21 proposed legislation, no later than twenty days prior to the





1 convening of the regular session of 2012 and every fifth regular  
2 session thereafter.

3 SECTION 4. There is appropriated out of the general  
4 revenues of the State of Hawaii the sum of \$158,000 or so much  
5 thereof as may be necessary for fiscal year 2011-2012 and the  
6 same sum or so much thereof as may be necessary for fiscal year  
7 2012-2013 for the establishment of one full-time quality  
8 assurance nurse coordinator position within the department of  
9 health.

10 The sums appropriated shall be expended by the department  
11 of health for the purposes of this Act.

12 SECTION 5. This Act shall take effect on July 1, 2011.  
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INTRODUCED BY: Frances Chun Oalland

*John De...*

*Carol Fukushima*

*Michelle Sedani*

*Will Szw...*

*Rosely de Pa...*

*S. S. T. J.*

*Transcribed*



**Report Title:**

Preterm Births; Nurse Coordinator; Task Force; Appropriation

**Description:**

Establishes a quality assurance nurse coordinator and task force within the department of health to coordinate policies and procedures, increase awareness, and provide training to various health care providers to reduce elective preterm births in the State. Appropriates funds for the quality assurance nurse coordinator position.

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