



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

**House Committee on Finance**

**H.B. 909, H.D.1, Relating to Infant Mortality Program**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health**

**February 25, 2013**

1 **Department's Position:** The Department of Health (DOH) strongly supports this measure which would  
2 1) establish a comprehensive infant mortality reduction program within DOH, 2) establish an infant  
3 mortality reduction advisory board, 3) require providers to establish and distribute written policies  
4 prohibiting non-medically indicated induction of newborn deliveries prior to 37 weeks of gestation, and  
5 4) require birthing facility reporting.

6 **Fiscal Implications:** Funds in the amount of \$190,000 will be appropriated for two positions (planner  
7 and research analyst) and the purchase of hospital discharge data.

8 **Purpose and Justification:** Hawaii is widely recognized as one of the healthiest states in the nation,  
9 but has significant disparities by race/ethnicity, geography, age, education, insurance status, and other  
10 subpopulations often referred to as social determinants of health. The bill would establish a  
11 comprehensive infant mortality reduction program within DOH clarifying our role in reducing infant  
12 mortality rates. It would establish an infant mortality reduction advisory board responsible for  
13 approving a statewide strategic plan, providing recommendations to the infant mortality reduction  
14 program, and promoting collaboration among public and private stakeholders. Under the measure, DOH  
15 is to develop and the board approve a statewide strategic plan to reduce infant mortality by January 1,

1 2015, with an update every three years. Notably, the bill stipulates that plan strategies address social  
2 determinants of health as they relate to infant mortality.

3 H.B. 909, H.D. 1 requires that each facility shall establish and distribute annually to all staff and  
4 providers with admitting privileges at that facility, its written policies prohibiting non-medically  
5 indicated inductions of newborn deliveries prior to thirty-seven weeks of gestation. Providers would be  
6 required to provide patient education material on infant mortality and pre-term birth to expectant  
7 mothers. Providers would also be required to report to DOH information concerning pre-term birth.  
8 DOH will produce and distribute factual and scientific educational information addressing infant  
9 mortality and pre-term birth with the intention of informing policy and practice.

10 The Department is requesting amendments to add and delete on:

11 (1) Page 4, Lines 8 to 12, as follows:

12 (a) Each birthing facility shall establish written policies prohibiting non-medically indicated  
13 inductions of newborn deliveries prior to thirty-seven weeks of gestation and Each facility distribute  
14 copies of the written policies at least annually to all staff and providers with admitting privileges at that  
15 the facility. , adopted pursuant to section 321 \_\_\_\_, prohibiting non-medically indicated inductin of  
16 newborn deliveries prior to thirty seven weeks of gestation.

17 (2) Page 5, Line 19:

18 “to section 321 (c); and ...”

19 To improve birth outcomes and reduce infant mortality and pre-term birth, systemic changes will  
20 be needed. Through this comprehensive infant mortality reduction program, we expect an improvement  
21 in statewide healthy birth outcomes and a reduction in consequential costs associated with infant  
22 mortality and pre-term birth.

23 Thank you for the opportunity to testify.