HTH HEARING

HB909, HD2

TESTIMONY

EXECUTIVE OFFICE ON EARLY LEARNING

HONOLULU

TERRY LOCK
DIRECTOR

Testimony in **Support** of
H.B. 909 H.D. 2, Relating to Infant Mortality Program
By Terry Lock, Director

Senate Committee on Health
March 20, 2013
2:15 p.m., Room 229

Chair Green, Vice-Chair Baker, and Members of the Committee:

Aloha, I am Terry Lock, Director of the Executive Office on Early Learning (EOEL). EOEL is in support of House Bill 909 House Draft 2.

EOEL is charged with coordinating efforts on behalf of young children by creating partnerships and alignment of policies and programs to achieve improved outcomes in health, safety, and school readiness and success. Over the past year, EOEL has engaged partners across the state to define the desired outcomes for children and families, as well as the critical strategies to achieve those outcomes, which should be prioritized over the next three to five years. This work – the Hawaii Early Childhood Action Strategy – is described in *Taking Action for Hawaii's Children*, which can be found at earlylearning.hawaii.gov.

One of these priority strategies is to improve birth outcomes for our keiki. H.B. 909 H.D. 2 aligns with this strategy. It would, among other things, establish a comprehensive infant mortality reduction program under the Department of Health and require licensed birthing facilities to report information on pre-term births.

We defer to the Department of Health on matters contained in this bill that are under their jurisdiction.

Thank you for the opportunity to testify.

American Congress of Obstetricians and Gynecologists
District VIII, Hawaii (Guam & American Samoa) Section
Lori Kamemoto, MD, MPH, FACOG, Chair
1319 Punahou Street, Suite 990
Honolulu, HI 96826

March 20, 2013-Wednesday
2:15 PM
Conference Room 229
State Capitol

To: Senator Josh Green, Chair
Senator Rosalyn Baker, Vice Chair
Senate Committee on Health

From: Lori Kamemoto, MD, MPH, Chair
Greigh Hirata, MD, Vice Chair
American Congress of Obstetricians and Gynecologists, Hawaii Section

Re: HB909 HD2, Relating to Infant Mortality Program

Position: Support the Intent of this bill with Reservations and Proposed Amendments

Dear Chair Green, Vice Chair Baker and Senate Committee on Health Members:

The American Congress of Obstetricians and Gynecologists (ACOG), Hawaii Section, supports the intent of HB 909, which clarifies the role of the Department of Health in reducing infant mortality by establishing an Infant Mortality Board. However, we have several reservations and suggestions for amendment, if this bill is passed, as follows.

This bill proposes to study infant (up to one year of age) mortality in Hawaii. The already established Child Death Review (HRS 321-346) meets regularly to review child deaths and make public health recommendations, including infant deaths (A Report from Hawaii Child Death Review, 2001-2006, Hawaii State Department of Health, http://hawaii.gov/health/doc/CDRreport2001-2006.pdf/). This bill may be duplicating work that is already done through the established Child Death Review.

The intent of this bill is somewhat confusing. The first half of the bill proposes to examine infant mortality, which is already examined by the existing Child Death Review. However, the second half of the bill does not mention examining infant mortality data but moves on to obtaining hospital data on preterm birth and neonatal (first 28 days of life)

data. If this bill passes, Hawaii ACOG therefore suggests that this bill be amended to be called the "Neonatal Mortality Review Board" with amendments as follows:

The fifteen members of the proposed Infant Mortality Board are to be appointed by the Governor. Since there are many complicated medical factors contributing to infant mortality, we suggest that these appointments be made in collaboration with medical societies with expertise in this area. We suggest the appointment of a general pediatrician and a neonatologist in collaboration with the Hawaii Chapter of the American Academy of Pediatrics; and a general obstetrician and maternal fetal medicine specialist in collaboration with the American Congress of Obstetricians and Gynecologists, Hawaii Section; as well as a member of the Hawaii Medical Association.

Page 2, Line 16

Addition (<u>underline</u>)

"ex-officio, voting members of the board. **<u>Due to the complicated medical factors involved, members will include four pediatricians (general pediatricians and at least one neonatologist) appointed in collaboration with the American Academy of Pediatrics, Hawaii Chapter; an obstetrician and a maternal fetal medicine specialist appointed in collaboration with the American Congress of Obstetricians and Gynecologists, Hawaii Section; and a member appointed in collaboration with the Hawaii Medical Association.</u>**"

The information required of obstetric hospitals in this bill referring to "medical causes and other causes; that may have caused a preterm birth" will be problematic as there is often no identified "cause" of preterm labor or preterm premature rupture of membranes that can be determined. In the United States, approximately 12% of all live births occur before term, and preterm labor precedes approximately 50% of preterm births. (ACOG Practice Bulletin #127 June 2012) In a review paper on preterm birth, 40-45% follow spontaneous preterm labor and 25-30% follow preterm premature rupture of membranes, therefore the majority of cases of preterm delivery would have no identifiable "medical cause" of preterm delivery. (Goldenberg, et al. Epidemiology and causes of the majority of preterm birth. Lancet 2008;371:75-84) In addition, we suspect that there are currently no hospital mechanisms in place to collect, organize or report some of this data which will take a lot of time and effort, however we defer to hospital testimony to confirm this.

On **Page 4, Lines 6 – 10**, the bill requires that each facility distribute "at least annually to all staff and providers….a copy of its written policies…prohibiting non-medically indicated induction of newborn deliveries prior to thirty-seven weeks gestation." This is an unnecessary legislation of medical care, and a duplication of work. The American Congress of Obstetricians and Gynecologists published national guidelines in 2009 on the induction of labor, specifically that elective induction of labor should not occur prior to 39 weeks gestation. Queens Medical Center, Kapiolani Medical Center, Kaiser Permanente, Castle Hospital, Hilo Medical Center, Maui Memorial Hospital, Wilcox Memorial Hospital, West Kauai Medical Center and Kona Community Hospital all currently have induction of labor policies in place following these ACOG guidelines. We propose that Page 4 Lines 5 – 10 be deleted from the bill as there are already national ACOG guidelines and local hospital policies in place regarding this issue. In addition,

this section of the bill as written is not compliant with ACOG guidelines. (ACOG Practice Bulletin #107, Induction of Labor, August 2009) Requiring this notification by law is an unnecessary legislation of medical care that is already a standard of care by both national ACOG and by hospital policy at all Hawaii obstetrics hospitals, and a duplication of work.

Page 4, Lines 11 – 15

Deletion (~~strike-through~~)

"~~(a) Each facility shall distribute at least annually to all staff and providers with admitting privileges at that facility a copy of its written policies, adopted pursuant to section , prohibiting non-medically indicated induction of newborn deliveries prior to thirty-seven weeks of gestation.~~"

Regarding funding, the clinical members of this new "Neonatal Review Board" which would replace the currently proposed "Infant Mortality Review Board" which appears to cover work already be done by the established Child Death Review (HRS 321-346), are volunteers.

The Child Death Review reports on infant deaths (< one year of age), however there is currently no specific review of neonatal (< 28 days of age) deaths. Hawaii ACOG suggests that what may make better use of funds spent on this bill, is to propose a neonatal mortality review panel and in addition, support this session's Maternal Mortality Review Panel bill (SB1238). These reviews would document and review our State's maternal and neonatal deaths which would contribute not only to decreasing neonatal and maternal deaths, but provide information towards system changes that could decrease morbidity and improve care for all neonates and pregnant women in Hawaii.

Thank you for the opportunity to testify on this bill. Please do not hesitate to contact us with any further questions.

American Heart Association | American Stroke Association
Learn and Live
Serving Hawaii

Testimony on HB 909, HD2 "RELATING TO INFANT MORTALITY PROGRAM"

The American Heart Association strongly supports the intent of HB 909, HD2, "Relating to Infant Mortality Program."

The legislation would empower the State Department of Health to implement policy at all Hawaii birthing centers to screen all newborns, using pulse oximetry, for congenital heart defects. It is intentionally worded broadly to enable new infant screening technology that might be developed in the future to be added to that policy without the need for further legislative action.

Congenital heart defects (CHD) are the most common birth defect in the U.S. and the leading killer of infants with birth defects. About 9 children are affected by CHD per every 1,000 live births. Tragically, more than 1,500, or one in three, do not live to celebrate their first birthday.

Despite these grim statistics, there is still real reason for hope. Due to research, most children with CHD survive to adulthood, including many who formerly would have died.

Pulse Oximetry Screening

One of the best ways to detect CHD is through a simple, noninvasive, inexpensive test, called pulse oximetry, or pulse ox. The pulse ox test consists of sensors placed on a baby's hand and foot to check blood oxygen levels.

If the baby's levels are too low, additional tests may be conducted. Research suggests wider use of pulse ox screening would help identify more than 90% of heart defects.

In September 2011, U.S. Secretary of Health and Human Services Kathleen Sebelius suggested that critical congenital heart defects screening be added to the "Recommended Uniform Screening Panel" for newborns before they are released from a hospital or birthing facility. To achieve this goal efforts are underway across the country to enact pulse ox screening policies that will allow babies with heart defects to live longer and fuller lives. As a result of these efforts California, Indiana, New Jersey, New Hampshire, Tennessee, and West Virginia have already passed laws requiring newborns to have pulse ox screenings prior to being discharged from the hospital. In New Jersey, just hours after the state's law took effect, a newborn's life was saved.

The AHA urges Hawaii legislators to give keiki born with congenital heart defects in our state the same chance of surviving and thriving. Please support HB 909, HD2.

Respectfully submitted,

Donald B. Weisman

Donald B. Weisman
Hawaii Government Relations/Mission:Lifeline Director

Serving Hawaii since 1948

For information on the AHA's educational or research programs, contact your nearest AHA office, or visit our web site at www.americanheart.org or e-mail us at hawaii@heart.org

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Wednesday, March 20, 2013; 2:15 pm
Conference Room 229

The Senate Committee on Health

To: Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair

From: Laura Bonilla, RN
Executive Director – Pediatric Service Line

Re: HB 909, HD2
Testimony Supporting the Intent but with Amended Language

My name is Laura Bonilla, Executive Director for the Pediatric Service Line at Kapi'olani Medical Center for Women & Children (Kapi'olani). Kapiolani is Hawaii's leader in the care of women, infants and children. With 207 beds and 66 bassinets, it is Hawaii's only maternity, newborn and pediatric specialty hospital. Kapi`olani is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal fetal medicine, and high-risk perinatal care. The hospital offers numerous community programs and services, such as the Kapi`olani Child Protection Center and Sex Abuse Treatment Center. Kapi`olani Medical Center is an affiliate of Hawai'i Pacific Health, the state's largest health care provider

HPH supports the intent of HB 909, HD2 which establishes a comprehensive infant mortality reduction program, advisory board, and reporting requirement for birthing facilities.

We certainly appreciate the effort this bill makes in elevating the importance of studying infant mortality in the state of Hawai'i. The creation of the proposed Infant Mortality Board is a helpful first step toward this effort.

We respectfully offer the following amendments:

1. **We recommend appointment to the advisory board of a general pediatrician and a neonatologist in collaboration with the Hawai'i Chapter of the American Academy of Pediatrics; and a general obstetrician and maternal fetal medicine specialist in collaboration with the American Congress of Obstetricians and Gynecologists (ACOG), Hawai'i Section; as well as a member of the Hawai'i Medical Association.**

   This will enhance the effectiveness of the advisory board and allow for a wider range of input.

2. **Allow the advisory board, rather than the Department of Health (DOH) to determine and make recommendations as to the scope of medical practice and strategies to reduce infant mortality.**

   As the advisory board will be comprised of a wide range of interest, including medical specialists, it would be best suited to formulate plans and strategies on this matter. For example, sections of this bill

are duplicative to national guidelines and practices already instituted at birthing centers related to national induction of labor guidelines and already specify that elective induction should not occur prior to 39 weeks of gestation. Thus, the advisory board would be in the best position to review practice options and render recommendations.

3. Delete Part II on pages 4-6.

Statutorily mandating the distribution of patient educational materials is unnecessary and duplicative as this is a function which is already in place. This also runs the risk of being out of sync with evolving practices through the natural evolution of best practices in medicine. Instead we would prefer that the Infant Mortality Board be the source of dissemination of this information rather than by statute.

Imposing a reporting requirement on birthing facilities will be burdensome for such facilities. The type of information required is not maintained by the birthing facilities. For example, information as to the medical cause of a pre-term birth is not readily identifiable, nor is it recorded and maintained.

We ask for your help and support in amending HB 909, HD2 based upon our recommendations above.

Thank you for the opportunity to provide this testimony.

March of Dimes Foundation

Hawaii Chapter
1580 Makaloa Street, Suite 1200
Honolulu, HI 96814
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Fax (808) 973-2160

marchofdimes.com/hawaii

Date: March 20, 2013

To: Honorable Josh Green
Honorable Rosalyn Baker

From: Lin Joseph
Director of Program Services
March of Dimes Hawaii Chapter

Re: In support of
HB909 HD2

Hearing: Committee on Health
March 20, 2013
Conference Room 229, State Capitol

Chair Green, Vice Chair Baker, Members of the Committee:

I am writing to express strong support for HB909 HD2: *Relating to Infant Mortality Program.*

For over 70 years, the March of Dimes has been a leader in maternal and child health. Our mission is to *improve the health babies by preventing birth defects, premature birth, and infant mortality.*

In 2009, 18,887 babies were born in the state of Hawaii. According to the National Center for Health Statistics, 12.6% of them were born preterm or less than 37 weeks gestation, and more than 5 of every thousand born died in infancy. That means in an average week, 363 babies are born, 46 babies are born preterm, and 2 babies die before their first birthday. Prematurity is the leading cause of neonatal death in the first 30 days of life and a major contributor to infant mortality. In 2003, the March of Dimes launched a national campaign to raise awareness of the problem of prematurity and to reduce the rate of preterm birth in the United States.

In 2009, pursuant to HCR 215 SD1, March of Dimes partnered with the Department of Health and Healthy Mothers Healthy Babies to survey Hawaii hospitals regarding implementation of policies and procedures to reduce elective cesarean sections and labor inductions, and found that only 55% of Hawaii hospitals performing deliveries had policies in place that are consistent with American Congress of Obstetricians and Gynecologists (ACOG) guidelines of no elective labor inductions or cesarean sections before 39 weeks gestation. In its report of HCR215 to the legislature, DOH recommended the formation of a task force to further pursue the reduction in elective procedures before 39 weeks through development of quality initiatives, training, and collection of data relating to elective deliveries, review of regulations governing state licensure of hospitals, and a public awareness campaign on the risks of delivery prior to 39 weeks gestation. In 2012, March of Dimes again partnered with the Department of Health to take up the challenge to reduce Hawaii's prematurity rate by eight percent by 2014. We are working together on increasing public awareness to reduce Hawaii's preterm birth through our "Healthy Babies

are Worth the Wait" campaign that encourages women to wait for labor to begin on its own if their pregnancy is healthy.

Therefore, March of Dimes asks the House Committee on Health to support the establishment of a statewide, comprehensive infant mortality reduction plan and the distribution by hospitals of their written policies on non-medically indicated induction of newborn deliveries to address early births in Hawaii through the passage of HB909 HD2.

Mahalo for the opportunity to present testimony in support of HB909 HD2.