

**HTH HEARING**

**LATE TESTIMONY**

**HB909**

SENATE COMMITTEE ON HEALTH  
Senator Josh Green, Chair

March 20, 2013 at 2:15 p.m.  
Conference Room 229

**HB 909 HD 2: Relating to Infant Mortality Program.**

The Healthcare Association of Hawaii (HAH) advocates for its member organizations that span the entire spectrum of health care, including all acute care hospitals, a majority of home health agencies and hospices, as well as long term care facilities and other health care organizations. Our members contribute significantly to Hawaii's economy by employing nearly 20,000 people statewide, delivering quality care to the people of Hawaii.

Thank you for this opportunity to testify on HB 909 HD 2, which establishes an infant mortality program. The intent of the bill is laudable, but the HAH membership opposes the bill in its current form.

There is broad agreement that elective pre-term deliveries should be discouraged in order to ensure optimum health for the baby. The bill requires birthing facilities to adopt policies prohibiting elective pre-term deliveries. However, this requirement is unnecessary because such policies are already in place at Hawaii's major birthing facilities.

The American Congress of Obstetricians and Gynecologists (ACOG) published national guidelines in 2009 on the induction of labor, specifically that elective induction of labor should not occur prior to 39 weeks of gestation. The following facilities currently have induction of labor policies that are consistent with these ACOG guidelines: Queen's 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. Furthermore, these facilities have internal processes to ensure that their policies are being followed.

Based on the content of the bill, there is a belief that Hawaii has too many elective pre-term deliveries. There are no statistics or data to support this belief. HAH would be willing to help study the issue to determine if in fact a problem exists in Hawaii. This could be accomplished by convening a task force to collect relevant data through a resolution in place of this bill. If a problem is identified, the task force would be charged with developing alternative solutions and recommending legislation to the 2014 Legislature.

In the alternative, HAH has developed an amended draft of a bill containing language that our membership would not oppose, should the Legislature be compelled to move a bill forward. HAH has been in dialog with the Department of Health, the bill's sponsor, hoping to find a compromise. Initially, HAH distributed an alternate bill proposal, DOH responded with another

proposal, and the two parties met. Although progress was made toward a middle ground, agreement could not be reached on two points. The DOH proposal included a requirement for birthing facilities to establish policies prohibiting elective pre-term deliveries, which the HAH membership opposes.

The DOH proposal also added a Point of Care Newborn Screening Program. The HAH membership also opposes this provision. The program would allow DOH to adopt rules to require birthing facilities to test newborns for diseases and conditions. However, the rulemaking process takes time, and congenital disease tests are constantly changing. We are concerned that dealing with these two factors may result in worse care, and not better care, for newborns. Furthermore, the Point of Care Newborn Screening Program has already been rejected by the Legislature, as it was the substance of HB 905 and SB 1136, both of which are no longer being considered.

Although HAH would prefer a resolution in place of HB 909, if the Legislature decides to advance a bill, HAH would like to recommend the draft bill supported by our membership. The HAH draft eliminates the requirement for birthing facilities to adopt policies prohibiting elective pre-term births and eliminates the Point of Care Newborn Screening Program. This draft would retain the Infant Mortality Reduction Program, its advisory board, and the creation of an Infant Mortality Reduction Strategic Plan that addresses social determinants of health as they relate to infant mortality.

Thank you for the opportunity to testify on HB 909 HD 2.