

S.B. NO. 1140

JAN 24 2013

A BILL FOR AN ACT

RELATING TO INFANT MORTALITY PROGRAM.

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

PART I

SECTION 1. Chapter 321, Hawaii Revised Statutes, is amended by adding to part XXV the following new sections to be appropriately designated and to read as follows:

"§321- Comprehensive infant mortality reduction program; established. (a) The department of health shall establish, administer, and maintain a statewide, comprehensive infant mortality reduction program. The department shall convene for planning purposes and provide assistance to all entities and agencies, public and private, involved in the reduction of infant mortality rates.

(b) It shall be a goal of the department of health to improve statewide coordination of infant mortality planning and oversight; oversee the implementation of evidence-based practices; establish rules and policies to reduce infant mortality rates; and to generally and comprehensively address social determinants of health and other demonstrated factors that contribute to infant mortality.

1 §321- Hawaii infant mortality reduction advisory board,
2 established. (a) There is established within the department of
3 health for administrative purposes the Hawaii infant mortality
4 reduction advisory board that shall be comprised of fifteen
5 members appointed by the governor and with the advice and
6 consent of the Senate, pursuant to section 26-34. Members shall
7 serve staggered terms of two years each so that the terms of no
8 more than five members expire each year.

9 (b) The membership of the board shall reflect geographic
10 diversity and the diverse interests of stakeholders including
11 consumers, employers, insurers, and healthcare providers. The
12 director of health and the director of human services shall be
13 ex-officio, voting members of the board.

14 (c) The advisory board shall be responsible for:

15 (1) Approving the statewide biannual strategic plan to
16 reduce infant mortality reduction;

17 (2) Advising the department's infant mortality reduction
18 program on how best to meet the goals and objectives
19 of the infant mortality strategic plan;

20 (3) Providing recommendations to the infant mortality
21 program on improving the quality, availability, and
22 coordination of the services of the infant mortality
23 program; and

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1 (4) Promoting collaboration among public agencies and
2 private stakeholders to reduce infant mortality in the
3 State.

4 (d) Members shall serve without compensation.

5 §321- Infant mortality reduction strategic plan; social
6 determinants of health focus. (a) The department shall develop
7 and publish a statewide, comprehensive infant mortality
8 reduction strategic plan to reduce infant mortality in Hawaii.
9 The department shall publish the initial strategic plan no later
10 than January 1, 2015. The department shall review, revise, and
11 publish an updated infant mortality strategic plan three years
12 following the date of the initial strategic plan, and every
13 three years thereafter.

14 (b) The plan shall include strategies to address social
15 determinants of health as they relate to infant mortality.

16 (c) The public shall have the opportunity to provide input
17 pursuant to chapter 91.

18 (d) The department shall present the strategic plan to the
19 Hawaii infant mortality reduction advisory board for its
20 approval. Upon approval the strategic plan shall guide all
21 policy development related to the reduction of infant mortality
22 in Hawaii."

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PART II

SECTION 2. Chapter 321, Hawaii Revised Statutes, is amended by adding to Part XXVII two new sections to be appropriately designated and to read as follows:

"§321- Patient education; provider responsibilities.

(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.

(b) The department shall produce and distribute factual and scientific educational information addressing infant mortality, including pre-term birth, to all facilities.

(c) Each facility shall provide to the expectant mother upon admission factual and scientific educational material, including those produced and distributed by the department, regarding infant mortality and pre-term birth unless deemed by the attending physician to be unfeasible on account of the expectant mother's medical condition or other circumstances.
Each facility shall document the expectant mother's receipt and acknowledgement of the educational material for each admission.

§321- Reporting requirements; health care providers. (a)

Beginning January 1, 2014, each licensed birthing facility in

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1 the State shall report to the department, in a manner and at
2 intervals determined by the department by rules adopted pursuant
3 to chapter 91, information concerning pre-term birth.

4 (b) The reports shall contain at a minimum for each
5 reporting period:

6 (1) The number of live births at the birthing facility;

7 (2) The number of incidents of pre-term birth at the
8 birthing facility;

9 (3) The medical and other causes, that may have caused a
10 pre-term birth;

11 (4) Individual, de-identified patient demographic data;

12 (5) The number of patients admitted to the facility who
13 received factual and scientific educational material
14 regarding infant mortality and pre-term birth pursuant
15 to section ; and

16 (6) Other information that the department specifies in
17 rules pursuant to chapter 91."

18 PART III

19 SECTION 3. Section 321-323 is amended by adding two new
20 definitions to be appropriately inserted and to read as follows:

21 "Infant mortality" means the risk of a baby dying between
22 birth and one year of age.

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1 "Social determinants of health" means the conditions in
2 which people are born, grow, live, work and age, including the
3 health system; and are attributable in large part to health
4 inequities and avoidable differences in health status among
5 demographic groups."

6 PART IV

7 SECTION 4. There is appropriated out of the general
8 revenues of the State of Hawaii the sum of \$190,000 or so much
9 thereof as may be necessary for fiscal year 2013-2014 to:

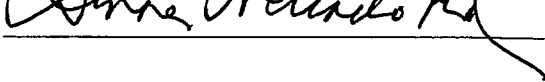
- 10 (1) Fund epidemiological and planning activities related
11 to infant mortality;
- 12 (2) Collect and analyze Hawaii-specific infant mortality
13 data; and
- 14 (3) Identify social determinants of health as they relate
15 to infant mortality.

16 The sum appropriated shall be expended by the department of
17 health for the purposes of this Act.

18 PART V

19 SECTION 5. New statutory material is underscored.

20 SECTION 6. This Act, upon its approval, shall take effect
21 on July 1, 2013.

22 INTRODUCED BY: 
23 BY REQUEST

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Report Title:

Infant Mortality Reduction.

Description:

Clarifies the role of the Department of Health in reducing infant mortality rates and creates the Infant Mortality Advisory Board. Requires birthing facility reporting.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

JUSTIFICATION SHEET

DEPARTMENT: Health

TITLE: A BILL FOR AN ACT RELATING TO INFANT MORTALITY.

PURPOSE: To establish a comprehensive infant mortality reduction program, advisory board, and reporting requirements for licensed birthing facilities.

MEANS: Add new parts and amend chapter 321, Hawaii Revised Statutes (HRS).

JUSTIFICATION: In 2012, the state of Hawaii signed a pledge to reduce the country's prematurity rates by eight per cent by 2014. The state is also supporting the March of Dimes campaign "Healthy Babies are Worth the Wait." The campaign began in 2011 to educate women with healthy pregnancies about the importance of waiting at least 39 weeks to give birth. Non-medically indicated or elective labor inductions and cesarean sections have increased in recent years. Deliveries between 37 and 38 weeks account for 17.5 per cent of live births in the United States. Babies delivered between 37 and 39 weeks have higher risks of complications than babies born at 39 and 40 weeks. Complications can include increased neonatal intensive care admissions, the need for ventilator support, and difficulty breastfeeding. A more formally organized program and effort is required to address the broad spectrum of medical, social, economic, and cultural causes of infant mortality.

Impact on the public: Fewer incidents of infant mortality and better education and informed decision-making by expectant mothers.

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Impact on the department and other agencies:
No impact on other agencies is anticipated.

GENERAL FUND: \$190,000 general fund appropriation.

OTHER FUNDS: None.

PPBS PROGRAM
DESIGNATION: HTH-560.

OTHER AFFECTED
AGENCIES: None.

EFFECTIVE DATE: July 1, 2013.