

S .B. NO. 2850

JAN 23 2014

A BILL FOR AN ACT

RELATING TO INFANT MORTALITY.

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

1 SECTION 1. Infant mortality, deaths to infants during the
2 first year of life (measured as the rate of infant deaths per
3 1000 live births), has long been understood to be a reflection
4 of how well society takes care of its most vulnerable citizens.
5 Infant mortality is a multi-factorial phenomenon, with rates
6 reflecting a society's commitment to the provision of: high
7 quality health care, adequate food and good nutrition, safe and
8 stable housing, a healthy psychosocial and physical environment,
9 and sufficient income to prevent impoverishment. As such, the
10 ability to prevent infant deaths and to address long-standing
11 disparities in infant mortality rates between population groups
12 is a barometer of society's commitment to the health and well-
13 being of all women, children and families.

14 Because of its multifactorial nature, risk factors for
15 infant mortality include those related to women's health one
16 year prior to conception and pregnancy, those related to the
17 pregnancy experience, those associated with the birth and
18 newborn experience and those associated with the child's health

S . B . N O . 2850

1 and well-being in the first year of life. Thus, many points of
2 intervention and approaches for reducing infant mortality exist.
3 Approaches are as disparate as expanding access to: primary care
4 or family planning prior to pregnancy; perinatal support
5 services for screening and interventions to prevent substance
6 abuse; high quality prenatal care, including Centering
7 Pregnancy, a multifaceted model of care; specialty treatments
8 for preterm or sick infants, including neonatal resuscitation
9 training and services for Fetal Alcohol Syndrome Disorder;
10 parent/family support services including home visitation and
11 safe sleep resources, breastfeeding support; immunizations and
12 safe housing and healthy neighborhoods.

13 Reducing the rate of infant mortality has received
14 significant national attention in recent years. The infant
15 mortality rate has remained relatively constant since 2000
16 despite declines in prior years. Hawaii's infant mortality rate
17 in 2009 was 5.9 deaths per 1,000 births, well behind many other
18 industrialized nations. Significant disparities persist between
19 populations. Preterm births and infant losses have enormous
20 costs to families, health care systems, schools, and national
21 prosperity, The Institute of Medicine estimates that preterm
22 birth in the U.S., had an annual societal economic cost of at
23 least \$26.2 billion in 2005.

S.B. NO. 2850

1 A comprehensive public policy to address infant mortality
2 and eliminate disparities is a public health priority; therefore
3 the department of health is proposing a new comprehensive
4 maternal and child health quality improvement program.

5 SECTION 2. Chapter 321, Hawaii Revised Statutes, is
6 amended by adding to part XXV three new sections to be
7 appropriately designated and to read as follows:

8 **"§321- Comprehensive maternal and child health quality**
9 **improvement program; established.** (a) The department of health
10 shall establish, administer, and maintain a statewide,
11 comprehensive maternal and child health quality improvement
12 program.

13 (b) The goals of the comprehensive maternal and child
14 health quality improvement program shall be to:

- 15 (1) Improve statewide coordination of infant mortality
16 reduction planning and oversight;
17 (2) Oversee the implementation of evidence-based
18 practices; and
19 (3) Generally and comprehensively address social
20 determinants of health and other demonstrated factors
21 that contribute reducing infant mortality.

22 **§321- Hawaii maternal and child health quality improvement**
23 **collaborative, established.** (a) There is established within

S .B. NO. 2850

1 the department of health for administrative purposes the Hawaii
2 maternal and child health quality improvement collaborative.
3 The department shall convene entities and agencies, public and
4 private, involved in the reduction of infant mortality. The
5 collaborative shall consist of interested parties to include
6 thirteen members to be appointed by the governor. In addition
7 to the thirteen members appointed by the governor, the director
8 of health or designee and the director of human services or
9 designee shall serve as ex-officio, voting members of the
10 collaborative.

11 (b) The membership of the collaborative shall reflect
12 geographic diversity and the diverse interests of stakeholders,
13 including consumers, employers, insurers, and health care
14 providers.

15 (c) The collaborative shall be responsible for:
16 (1) Approving the maternal and child health quality
17 improvement strategic plan to reduce infant mortality;
18 (2) Advising the maternal and child health quality
19 improvement program on how best to meet the goals and
20 objectives of the strategic plan;
21 (3) Providing recommendations to the department on
22 improving the quality, availability, and coordination

S.B. NO. 2850

1 of services of the maternal and child health quality
2 improvement program; and

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

6 (d) Members shall serve without compensation but shall be
7 reimbursed for expenses, including travel expenses, necessary
8 for the performance of their duties.

9 **§321- Maternal and child health quality improvement**
10 **strategic plan; social determinants of health focus.** (a) The
11 department shall develop and publish a statewide, comprehensive
12 maternal and child health quality improvement strategic plan to
13 reduce infant mortality in the State. The department shall
14 publish the initial strategic plan no later than January 1,
15 2016.

16 (b) The plan shall include strategies to address social
17 determinants of health as they relate to reducing infant
18 mortality.

19 (c) Perinatal core measure set data gathered and analyzed
20 in §321- shall inform policy recommendations.

21 (d) The department shall present the strategic plan to the
22 Hawaii maternal and child health quality improvement
23 collaborative for its approval. Upon approval, the strategic

S .B. NO. 2850

1 plan shall guide policy development related to infant mortality
2 reduction in Hawaii."

3
4 SECTION 3. Chapter 321, Hawaii Revised Statutes, is
5 amended by adding to part XXVI two new sections to be
6 appropriately designated and to read as follows:

7 "**§321- Provider responsibilities.** (a) Each hospital
8 within the State shall establish written policies regarding
9 inductions of newborn deliveries or cesarean sections that are
10 not medically indicated prior to thirty-nine weeks of gestation
11 following guidelines adopted by the American College of
12 Obstetricians and Gynecologists.

13 "**§321- Reporting requirements; health care**
14 **providers.** Each licensed birthing facility in the State shall
15 report to the department, in a manner and at intervals
16 determined by the department, the perinatal core measure set
17 data that is required to be submitted to the U.S. Centers for
18 Medicare and Medicaid Services, the Joint Commission on
19 Accreditation of Hospital Organizations, or both.

20 SECTION 4. Section 321-323, Hawaii Revised Statutes is
21 amended by adding a new definition to be appropriately inserted
22 and to read as follows:

S.B. NO. 2850

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


6 SECTION 5. There is appropriated out of the general
7 revenues of the State of Hawaii the sum of \$215,000, or so much
8 thereof as may be necessary, for fiscal year 2014-2015 to carry
9 out the purposes of this Act, including the hiring of necessary
10 staff.

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

13 SECTION 7. New statutory material is underscored.

14 SECTION 8. This Act, upon its approval, shall take effect
15 on July 1, 2014.

16
17
18
19

INTRODUCED BY: 

BY REQUEST

S .B. NO. 2850

Report Title:

Infant Mortality;

Description:

Clarifies the role of the Department of Health in reducing infant mortality rates; establishes the Hawaii maternal and child health quality improvement collaborative; requires birthing facility reporting; and appropriates funds for operations.

SB. NO. 2850

JUSTIFICATION SHEET

DEPARTMENT: Health

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

PURPOSE: To establish a comprehensive maternal and child health quality improvement program, a Hawaii maternal and child health quality improvement collaborative, and reporting requirements for licensed birthing facilities.

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

JUSTIFICATION: On average, two infants die every week in Hawaii. The three leading causes of infant death - congenital malformations, premature/low birth weight, and sudden infant death - accounted for 46 percent of all infant deaths. Premature births and infant losses have enormous costs to our families, health care system, schools, and national prosperity; the Institute of Medicine estimates the 2005 societal economic costs associated with preterm birth in the U.S. was at least \$26.2 billion or about \$51,600 per infant. Extrapolating this estimate to the 2,000 preterm births in the State each year would result in costs of almost \$102 million dollars (based on 2005 dollars) in Hawaii every year.

Most pre-term infants are low birth weight, placing them at higher risk of developing adult chronic conditions such as diabetes and heart disease. The causes of preterm birth are complex and due to multiple factors with up to 40 percent of pre-term births occurring spontaneously without a clear identified cause. Data on Hawaii residents in 2011, demonstrate that 9.9 percent of all births were pre-term with estimates varying among subpopulations.

SB. NO. 2850

In 2012, the state of Hawaii signed a pledge to reduce the country's infant mortality and prematurity rates 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 percent 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. In May 2013 the Hawaii Department of Health was selected to participate in the National Governors Network Association (NGA) Learning Network on Improving Birth Outcomes. Tied to this effort is work by the Executive Office on Early Learning and many partners to develop the *Early Childhood Action Strategy*, released in January 2013. Goal 1: Healthy and Welcomes Starts identified strategies to improve birth outcomes. The bill would establish a comprehensive maternal and child health quality improvement collaborative to address perinatal health in the context of a social-ecological model. This model recognizes the impact that the environment has on an individual's health and specific life stages that should be optimized for better health (before, during and after pregnancy) to improve outcomes such as pre-term birth and infant mortality.

Impact on the public: Reduced incidents of infant death and pre-term births through a collaborative and comprehensive approach addressing biological, behavioral and other

factors including social determinants of health by expectant mothers.

Impact on the department and other agencies:
None.

GENERAL FUND: \$215,000 general fund appropriation for staffing and operating costs.

OTHER FUNDS: None.

PPBS PROGRAM
DESIGNATION: HTH-560.

OTHER AFFECTED
AGENCIES: None.

EFFECTIVE DATE: July 1, 2014.