



EXECUTIVE OFFICE ON EARLY LEARNING  
HONOLULU

GG WEISENFELD  
DIRECTOR

Testimony in **Support** of  
H.B. 2040, Relating to Infant Mortality  
By GG Weisenfeld, Director

House Committee on Health  
February 5, 2014  
8:35 a.m., Room 329

Chair Belatti, Vice-Chair Morikawa, and Members of the Committee:

Good afternoon. I am GG Weisenfeld, Director of the Executive Office on Early Learning. EOEL is in support of House Bill 2040.

The purpose of this bill is to:

- Establish a comprehensive maternal and child health quality improvement program and Hawaii maternal and child health quality improvement collaborative within the Department of Health; and
- Require DOH to develop and publish a statewide comprehensive maternal and child health quality improvement strategic plan.

The Executive Office on Early Learning (EOEL) was established by Act 178 in 2012. The creation of EOEL provides government-wide authority to guide the development of a comprehensive and integrated statewide early childhood development and learning system. Since our creation, we have engaged over 100 public and private partners across the state to define the desired outcomes for children and families, as well as the critical strategies that are needed to achieve our collective priorities over the next three to five years.

Improving birth outcomes is one of these key outcomes. Children who are born at a low birth weight are at a greater risk for developmental problems, including early problems in school.

In July 2013, Hawaii was chosen by the National Governors Association be part of a National Learning Network to establish a collaborative effort to improve birth outcomes. This effort is well under way with EOEL support and participation.

EOEL looks forward to our continued work with the Department of Health to improve health and development and early learning outcomes for young children.

Thank you for the opportunity to provide testimony on this bill.



Date: February 2, 2014

To: COMMITTEE ON HEALTH  
Representative Della Au Belatti, Chair  
Representative Dee Morikawa, Vice Chair

Re: Support – HB 2040 – RELATING TO INFANT MORTALITY

On behalf of Family Voices of Hawai`i, we support SB 2040 which establishes a Comprehensive Maternal and Child Health Quality Improvement Program and Hawaii Maternal and Child Health Quality Improvement Collaborative within the Department of Health. Requires the Department of Health to develop and publish a strategic plan on maternal and child health quality improvement. Effective July 1, 2014.

Family Voices of Hawai`i & the Hilopa`a Family to Family Health Information Center finds it extremely important to codify the state's commitment to infant mortality and to mandate the formation of a maternal and child health quality improvement collaborative. In addition, the mandate by hospitals for implementation guidelines and all licensed birthing facilities to provide structured regular reporting, will allow the state to reduce maternal and infant mortality and have the necessary data to make further policy to protect Hawaii's future.

Thank you for your time and consideration.



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

House Committee on Health  
H.B. 2040, Relating to Infant Mortality



Testimony of Gary L. Gill  
Acting Director of Health

February 5, 2014

1 **Department's Position:** The Department of Health (DOH) supports the intent of this measure and  
2 would like to offer a substitute amendment paralleling the approach taken in H.B. 2300 the Governor's  
3 administration bill. The substitute amendment would remove language in the bill limiting membership  
4 of the collaborative to fifteen members and makes technical, non substantive, corrections to the  
5 underlying measure.

6 **Fiscal Implications:** Funds in the amount of \$215,000 will be appropriated for staffing and operating  
7 costs (program specialist, office assistant, data analysis, and the program expenses).

8 **Purpose and Justification:** This measure would: 1) establish a comprehensive maternal and child  
9 health quality improvement program within DOH, 2) establish a Hawaii maternal and child health  
10 quality improvement collaborative, 3) require providers to establish written policies regarding non-  
11 medically indicated induction of newborn deliveries prior to 39 weeks of gestation commensurate with  
12 guidelines adopted by the American College of Obstetricians and Gynecologists, and 4) require hospital  
13 reporting.

14 Hawaii is widely recognized as one of the healthiest states in the nation, but has significant  
15 disparities by race/ethnicity, geography, age, education, insurance status, and other populations. The

1 bill requires that the maternal and child health quality improvement strategic plan include strategies to  
2 address social determinants of health. The bill would establish a comprehensive maternal and child  
3 health quality improvement program within DOH and a comparably named collaborative responsible for  
4 developing and approving a statewide strategic plan on reducing infant mortality. Notably, the bill  
5 stipulates that plan strategies address social determinants of health as they relate to infant mortality.  
6 Infant mortality, deaths to infants during the first year of life (measured as the rate of infant deaths per  
7 1000 live births), has long been understood to be a reflection of how well society takes care of its most  
8 vulnerable. The ability to prevent infant deaths and address long-standing disparities in infant mortality  
9 rates between population groups is a barometer of our commitment to the health and well-being of all  
10 women, children, and families.

11 The bill also includes two provisions relating to providers. Hospitals would be required to  
12 establish written policies regarding non-medically indicated induction of newborn deliveries prior to 39  
13 weeks of gestation commensurate with guidelines adopted by the American College of Obstetricians and  
14 Gynecologists. Hospitals would also be required to report to DOH perinatal core measure set data that is  
15 already required to be collected and submitted to federal officials. This is not a new data collection  
16 requirement. DOH will produce and distribute factual and scientific educational information addressing  
17 infant mortality and pre-term birth with the intention of informing policy and practice.

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

22 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  
94-235 Hanawai Circle, #1B  
Waipahu, Hawaii 96797



**February 5, 2014-Wednesday  
8:45 AM  
Conference Room 329  
State Capitol**



**To: Representative Belatti, Chair  
Representative Morikawa, Vice Chair  
House Committee on Health**

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

**Re: SB 2065, Relating to Health**

**Position: Clarification of Hawaii efforts already addressing the issue of elective deliveries prior to 39 weeks gestation, and suggestions for amendment**

Dear Chair Belatti, Vice Chair Morikawa, and Health Committee Members:

The American Congress of Obstetricians and Gynecologists (ACOG), Hawaii Section thanks the introducers of this bill for their efforts to improve health outcomes for pregnant women and infants.

The American Congress of Obstetricians and Gynecologists (ACOG), Hawaii Section is submitting testimony to clarify the multiple efforts already in place to decrease elective deliveries prior to 39 weeks in Hawaii, and suggest changes to this bill if it becomes law.

According to recent national data, it appears that efforts to reduce non-medically indicated induction of labor or cesarean section prior to 39 weeks, has been working. The most recent National Vital Statistics Report (Centers for Disease Control - CDC) on 2012 births shows that since 2006, early term (37-38 weeks) births have declined by 10% at 37 weeks, and decreased by 16% at 38 weeks. They state, "Efforts to reduce nonmedically indicated cesarean deliveries and labor inductions prior to 39 weeks may be in part associated with recent national declines in deliveries prior to 39 weeks". [Martin JA, Hamilton BE, Osterman JK, et al. Births: Final data for 2012. National vital statistics reports; vol 62 no 9. Hyattsville, MD: National Center for Health Statistics. 2013.]

All Hawaii obstetrics hospitals already have policies following national ACOG guidelines, designed to prevent non-medically indicated elective delivery prior to 39 weeks. **Therefore, the portion of this bill regarding this particular issue (Page 6, Lines 19-22 and Page 7, Lines 1-2) are an unnecessary legislation of medical care, and we request your consideration of the deletion of this section of the bill.** We have seen these policies work in the hospital. As an example from personal hospital experience, when notified of a questionable induction of labor by nursing staff, we discuss this with her physician. If there is no medical indication for induction of labor or cesarean section prior to 39 weeks, the patient is sent home. Hospital policies are working.

In addition, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which accredits all hospitals, now have a national quality measure for hospitals to submit data on all elective (i.e.-non-medically indicated) deliveries between 37 to 38 6/7 weeks. Starting this year (some hospitals started last year), obstetrics hospitals are already tracking this data for JACHO. Therefore, it is not clear what additional data or usefulness might be gained from further examining this issue.

If this bill becomes law, since hospitals are already collecting data on non-medically related induction of labor or elective cesarean section for JACHO, perhaps the amount of monies (we understand the proposed total funding is around \$215,000) dedicated to this particular portion of data collection may be decreased. **Hawaii ACOG humbly suggests that any decrease in funding be considered to fund a 0.20 FTE DOH Administrative Assistant (\$8,000 - \$10,000/year) for the proposed Maternal Mortality Review Panel (SB1238).** The CDC, ACOG, and many other public health organizations recommend that every state have such a review panel to assist in improving care for all pregnant women. **The maternal mortality review panel would function similar to peer review and would evaluate ALL maternal deaths in the state. The maternal mortality review panel would be comprised of individuals with experience in maternal care who can evaluate the cause of death and develop policies to prevent similar maternal deaths. This will help the State of Hawaii prevent maternal death.**

The Task Force proposes to examine maternal and infant care as it affects infant mortality. However, there are no pediatricians or neonatologists, and no obstetricians on the Task Force to provide expertise in this area. **We suggest that the appointment of at least two obstetricians in collaboration with the American Congress of Obstetricians and Gynecologists, Hawaii Section. We also suggest the inclusion of at least two pediatricians and one neonatologist, appointed in collaboration with the Hawaii Chapter of the American Academy of Pediatrics.**

Thank you for the opportunity to submit testimony to clarify this issue, and provide suggestions to improve the bill's intent.



55 Merchant Street  
Honolulu, Hawai'i 96813-4333

**HAWAI'I PACIFIC HEALTH**  
Kapi'olani • Pali Momi • Straub • Wilcox

808-535-7401  
www.hawaiipacifichealth.org

**Wednesday – February 5, 2014 – 8:35am**  
**Conference Room 329**

**LATE**

**The House Committee on Health**

To: Representative Della Au Belatti, Chair  
Representative Dee Morikawa, Vice Chair

From: Michael Robinson, Executive Director  
Philanthropy & Government Relations

Re: **Testimony in Support/with Suggested Amendments**  
**HB 2040 Relating to Infant Mortality**

My name is Michael Robinson, Executive Director, Philanthropy & Government Relations for Hawai'i Pacific Health (HPH). HPH is a nonprofit health care system and the state's largest health care provider anchored by its four nonprofit hospitals: Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital on Kauai. HPH is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four affiliated hospitals, 49 outpatient clinics and service sites, more than 6,300 employees and 1,300 physicians on staff.

Hawai'i Pacific Health is writing in support of HB 2040 which establishes a comprehensive maternal and child health quality improvement program and collaborative within the Department of Health.

To ensure that this bill best meets this very important public health policy objective, we recommend the following changes:

1. Composition of Collaborative Members (Section 2; Page 5, Lines 6-9). We recommend that the bill explicitly state that there be a representative from **each** of the birthing facilities to ensure that the appropriate stakeholders are appropriately represented by this collaborative.
2. Provider Responsibilities (Section 3; Page 6, line 19). Please replace hospital with "birthing facility" in order to ensure that hospitals that do not have birthing facilities are not subject to these requirements.
3. Provider Responsibilities (Section 3; Page 6, Line 22). We suggest deleting line "...not medically indicated prior to thirty-nine weeks of gestation" and keep "...policies adopted by the American Congress of Obstetricians and Gynecologists" - in order to ensure that the statute keeps pace with changes in medical practice.

We ask for your help and support in passing HB 2040 from this committee with these suggested amendments. Thank you.





**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 04, 2014 11:29 AM  
**To:** HLTtestimony  
**Cc:** mendezj@hawaii.edu  
**Subject:** \*Submitted testimony for HB2040 on Feb 5, 2014 08:35AM\*



**HB2040**

Submitted on: 2/4/2014

Testimony for HLT on Feb 5, 2014 08:35AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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