



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

Senate Committee on Health

S.B. 2065, Relating to Health

**Testimony of Gary L. Gill
Acting Director of Health**

January 27, 2014

1 **Department's Position:** The Department of Health (DOH) supports the intent of this measure but
2 favors the approach taken in S.B. 2850/H.B. 2300 and would like to offer a substitute amendment.

3 **Fiscal Implications:** An undetermined amount of funds would be appropriated to implement this
4 measure including reimbursing task force members for related expenses. DOH would require funds for
5 staff and operating expenses to implement this measure.

6 **Purpose and Justification:** The bill would establish a task force to collect data on non-medically
7 indicated inductions of labor prior to thirty-nine weeks in Hawaii and if there are too many, to develop
8 approaches for addressing the issue. The bill also directs the task force to collect data to determine the
9 need for a point-of-care newborn screening program. Under the bill, the task force would be comprised
10 of representatives from the Department of Health, birthing facilities in Hawaii, the Hawaii section of the
11 American Congress of Obstetricians and Gynecologists, and the Healthcare Association of Hawaii.

12 The Department of Health would like to propose a substitute amendment inserting language from
13 S.B.2850 to: 1) establish a comprehensive maternal and child health quality improvement program
14 within DOH, 2) establish a Hawaii maternal and child health quality improvement collaborative, 3)
15 require providers to establish written policies regarding non-medically indicated induction of newborn
16 deliveries prior to 39 weeks of gestation commensurate with guidelines adopted by the American

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1 College of Obstetricians and Gynecologists, and 4) require birthing facility reporting. DOH will produce
2 and distribute factual and scientific educational information addressing infant mortality and pre-term
3 birth to inform policy, program and practice.

4 Hawaii is widely recognized as one of the healthiest states in the nation, but has significant
5 disparities by race/ethnicity, geography, age, education, insurance status, and other subpopulations often
6 referred to as social determinants of health. The proposed amendment would establish a comprehensive
7 maternal and child health quality improvement program within DOH and a comparably named
8 collaborative responsible for developing and approving a statewide strategic plan on reducing infant
9 mortality. Notably, it stipulates that plan strategies address social determinants of health as they relate
10 to infant mortality.

11 Infant mortality, deaths to infants during the first year of life (measured as the rate of infant
12 deaths per 1000 live births), has long been understood to be a reflection of how well society takes care
13 of its most vulnerable. The ability to prevent infant deaths and address long-standing disparities in
14 infant mortality rates between population groups is a barometer of our commitment to the health and
15 well-being of all women, children and families.

16 We favor this approach as a collaborative to address perinatal health, was recently initiated as a
17 result of a technical assistance grant from the National Governors Association; and includes a broad
18 perspective of reducing infant mortality and improving birth outcomes with a diverse group of
19 stakeholders. The collection of data is critical to inform policy and program interventions. The only
20 relevant data the Department currently has access to is that of the birth certificate. Birth certificate data
21 is an administrative data set and is not as accurate as clinical records or hospital discharge data. Birth
22 certificate data is all that is available to the DOH and may overestimate the problem due to its
23 limitations. An analysis of birth certificate data which focused on cesarean deliveries and labor
24 inductions that did not have recorded indications was recently completed. Comparisons were made

1 between 2001-2004 and 2005-2008 time periods, with subsequent analysis updated to include 2009-
2 2012 data. The estimate for cesarean deliveries prior to 39 weeks varied from 53.6 percent without an
3 indication in 2001-2004, 58.5 percent in 2005-2008, and 51.8 percent in 2009-2012. While there has
4 been some improvement, we attribute the decline to improved training on birth certificate form
5 completion. Regardless, the numbers make a compelling argument for policy intervention.

6 The provision to have a task force investigate the need for point-of-care newborn screening is not
7 needed at this time. All the major birthing facilities are conducting point-of-care newborn screening for
8 critical congenital heart defects as a standard of newborn care.

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

13 Thank you for the opportunity to testify.

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

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

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

1 birth in the U.S., had an annual societal economic cost of at
2 least \$26.2 billion in 2005.

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

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

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

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

17 (1) Improve statewide coordination of infant mortality
18 reduction planning and oversight;

19 (2) Oversee the implementation of evidence-based
20 practices; and

21 (3) Generally and comprehensively address social
22 determinants of health and other demonstrated factors
23 that contribute reducing infant mortality.

1 §321- Hawaii maternal and child health quality improvement
2 collaborative, established. (a) There is established within
3 the department of health for administrative purposes the Hawaii
4 maternal and child health quality improvement collaborative.
5 The department shall convene entities and agencies, public and
6 private, involved in the reduction of infant mortality. The
7 collaborative shall consist of interested parties to include
8 thirteen members to be appointed by the governor. In addition
9 to the thirteen members appointed by the governor, the director
10 of health or designee and the director of human services or
11 designee shall serve as ex-officio, voting members of the
12 collaborative.

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

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

1 (3) Providing recommendations to the department on
2 improving the quality, availability, and coordination
3 of services of the maternal and child health quality
4 improvement program; and

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

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

11 §321- Maternal and child health quality improvement
12 strategic plan; social determinants of health focus. (a) The
13 department shall develop and publish a statewide, comprehensive
14 maternal and child health quality improvement strategic plan to
15 reduce infant mortality in the State. The department shall
16 publish the initial strategic plan no later than January 1,
17 2016.

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

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

1 (d) The department shall present the strategic plan to the
2 Hawaii maternal and child health quality improvement
3 collaborative for its approval. Upon approval, the strategic
4 plan shall guide policy development related to infant mortality
5 reduction in Hawaii."

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

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

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

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

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

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

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

16 SECTION 7. New statutory material is underscored.

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

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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.