

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas
2 87th General Assembly
3 Regular Session, 2009

A Bill

HOUSE BILL 1565

4
5 By: Representative Reep
6
7

For An Act To Be Entitled

8
9 AN ACT TO ESTABLISH THE ARKANSAS TASK FORCE ON
10 PREMATUREITY AND INFANT MORTALITY; AND FOR OTHER
11 PURPOSES.
12

Subtitle

13
14 AN ACT TO ESTABLISH THE ARKANSAS TASK
15 FORCE ON PREMATUREITY AND INFANT
16 MORTALITY.
17
18

19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
20

SECTION 1. Findings.

21 The General Assembly finds that:

22
23 (1) Birth defects are the leading cause of infant death in the
24 United States and in Arkansas;

25 (2) In 2004, birth defects accounted for one (1) in four (4)
26 deaths in Arkansas;

27 (3) Premature or preterm birth is the leading cause of neonatal
28 death in Arkansas;

29 (4) Infants born preterm are more than twice as likely as full-
30 term infants to have major birth defects;

31 (5) Approximately seventy percent (70%) of premature births
32 occur in the late preterm period between thirty-four (34) to thirty-six (36)
33 completed weeks of gestation.

34 (6) Preterm babies have an increased risk of short-term and
35 long-term medical and developmental problems in comparison to full-term
36 infants;



1 (7) Standard practices of clinicians during the late, preterm
2 period vary across the state;

3 (8) Smoking, a modifiable risk factor, is the leading behavioral
4 contributor to prematurity;

5 (9) Smoking during pregnancy is linked to some birth defects and
6 to Sudden Infant Death Syndrome, the third leading cause of infant mortality;

7 (10) Women who receive prenatal care are more likely to have
8 access to:

9 (A) Health services that identify problems early;

10 (B) Managements for developing and existing problems; and

11 (C) Education, counseling, and referral to reduce risky
12 behaviors, including without limitation, substance abuse and poor nutrition;

13 (11) Effective neonatal care improves the health of both mothers
14 and infants;

15 (12) Arkansas ranks forty-third in the nation in the rate of
16 infant mortality with a statewide rate of eight and four-tenths (8.4) deaths
17 per one thousand (1,000) live births;

18 (13) The preterm birth rate in Arkansas is thirteen and four-
19 tenths preterm births (13.4) per one thousand (1,000) births, while the
20 national rate is twelve and seven-tenths preterm births (12.7) per thousand
21 births;

22 (14) The average annual medical cost for a birth before the
23 thirty seventh week is thirty-two thousand three hundred twenty-five dollars
24 (\$32,325) compared to three thousand three hundred twenty-five dollars
25 (\$3,325) for a full-term birth; and

26 (15) In 2004, nineteen (19) counties in Arkansas had infant
27 mortality rates over nine and eight-tenths deaths (9.8) per thousand births,
28 among the highest rates in the country.

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30 SECTION 2. Arkansas Task Force on Prematurity and Infant Mortality --
31 Creation -- Appointment of members -- Structure -- Vacancies.

32 (a) There is created the Arkansas Task Force on Prematurity and Infant
33 Mortality to consist of seventeen (17) members, appointed as follows:

34 (1) Nine (9) members appointed by the Chair of the House
35 Committee on Public Health, Welfare, and Labor as follows:

36 (A) One (1) member of the House Committee on Public

1 Health, Welfare, and Labor;

2 (B) One (1) member representing the Department of Health;

3 (C) One (1) member representing the State Children's

4 Health Insurance Program;

5 (D) One (1) member representing the American College of

6 Obstetrics and Gynecology;

7 (E) One (1) member representing the American Academy of

8 Pediatrics;

9 (F) One (1) member representing the American Academy of

10 Family Physicians;

11 (G) One (1) member representing the American Board of

12 Perinatal Medicine who is a practicing perinatologist;

13 (H) One member (1) representing the Arkansas Hospital

14 Association;

15 (I) One (1) member representing the American Board of

16 Perinatal Medicine who is a practicing neonatologist; and

17 (2) Eight (8) members appointed by the Chair of the Senate

18 Committee on Public Health, Welfare, and Labor as follows:

19 (A) One (1) member of the Senate Committee on Public

20 Health, Welfare, and Labor;

21 (B) One (1) member representing the March of Dimes,

22 Arkansas Chapter, Mission Family, who shall be designated the consumer

23 representative;

24 (C) One (1) member representing the Arkansas Center on

25 Birth Defects Research and Prevention;

26 (D) One (1) member representing the Arkansas Medical

27 Society;

28 (E) One (1) member representing the Arkansas Medical,

29 Dental, Pharmaceutical Association;

30 (F) One (1) member representing the Arkansas Women's

31 Health Work Group;

32 (G) One (1) member representing the Arkansas Advocates for

33 Children and Families; and

34 (H) One (1) member representing the March of Dimes,

35 Arkansas Chapter.

36 (b) The members of the task force shall be appointed by June 30, 2009.

1 (c) Members shall serve at the pleasure of the appointing authority.

2 (d) A majority of a quorum from among the task force membership shall
 3 elect cochairst of the task force.

4 (e) A majority vote of a quorum of the task force is required for any
 5 action.

6 (f) Task force meetings shall be held in Pulaski County, Arkansas, on
 7 a regular basis as called either by the cochairst or a majority of a quorum.

8 (g) The Bureau of Legislative Research shall provide staff support to
 9 the task force as necessary to assist the task force in the performance of
 10 its duties.

11 (h) Members of the task force attending task force meetings shall be
 12 reimbursed for expenses and per diem at the same rate and from the same
 13 source as provided by law for members of the General Assembly attending
 14 meetings of interim committees.

15 (d) Vacancies on the task force shall be filled as soon as possible by
 16 the appointing authority or jointly by the chairs of the House Committee on
 17 Public Health, Welfare, and Labor and the Senate Committee on Public Health,
 18 Welfare, and Labor.

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 20 SECTION 3. Goal.

21 The goal of the Arkansas Task Force on Prematurity and Infant Mortality
 22 is to measurably reduce Arkansas's preterm birth and infant mortality rates
 23 through advocacy of evidenced-based approaches facilitated through proposals
 24 for legislation, regulation, and public policy change.

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 26 SECTION 4. Duties.

27 (a) The Arkansas Task Force on Prematurity and Infant Mortality shall
 28 collaborate with and make recommendations to the Arkansas General Assembly
 29 through the House Committee on Public Health, Welfare, and Labor and the
 30 Senate Committee on Public Health, Welfare, and Labor to reduce infant
 31 mortality and preterm birth in the State of Arkansas.

32 (b) The task force shall:

33 (1) Review appropriate and relevant evidence-based research
 34 regarding the causes and effects of prematurity and birth defects in
 35 Arkansas;

36 (2) Examine existing public and private entities currently

1 associated with the prevention and treatment of prematurity and infant
2 mortality in Arkansas;

3 (3) Develop strategies to reduce prematurity and infant
4 mortality including without limitation:

5 (A) Smoking cessation programs specifically targeting
6 pregnant women;

7 (B) Promoting through information and education the
8 increased use of folic acid and associated strategies among women of child
9 bearing age and pregnant women; and

10 (C) Coordinating and executing an information and
11 communications program among the appropriate professional communities on the
12 causes and effects of premature births; and

13 (4) Issue findings and propose to the appropriate public and
14 private organizations goals, objectives, strategies and tactics designed to
15 reduce prematurity and infant mortality in Arkansas, including drafting
16 legislation on public policy for consideration during the next appropriate
17 session of the General Assembly.

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19 SECTION 5. Expiration.

20 The Arkansas Task force on Prematurity and Infant Mortality expires on
21 June 30, 2011.

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23 SECTION 6. EMERGENCY CLAUSE. It is found and determined by the
24 General Assembly of the State of Arkansas that premature births and infant
25 mortality constitute a serious, ongoing threat to the public health of the
26 citizens of Arkansas; that immediate action must be taken; and that this act
27 is immediately necessary because the task force created in this act will
28 greatly accelerate the process of reducing premature births and infant
29 mortality in this state. Therefore, an emergency is declared to exist and
30 this act being immediately necessary for the preservation of the public
31 peace, health, and safety shall become effective on:

32 (1) The date of its approval by the Governor;

33 (2) If the bill is neither approved nor vetoed by the Governor,
34 the expiration of the period of time during which the Governor may veto the
35 bill; or

36 (3) If the bill is vetoed by the Governor and the veto is

1 overridden, the date the last house overrides the veto.

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