

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 1269 Infant Mortality  
**SPONSOR(S):** Healthcare Council and Reed  
**TIED BILLS:** **IDEN./SIM. BILLS:** SB 2120

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REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Healthcare Council	13 Y, 0 N, As CS	Guy	Gormley
2) Policy & Budget Council	27 Y, 0 N	Leznoff	Hansen
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

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### SUMMARY ANALYSIS

CS/HB 1269 creates the black infant health practice initiative (“initiative”) and outlines objectives of the initiative to include determining factors that contribute to racial disparity in infant mortality and developing interventions to address that disparity.

The bill authorizes the Department of Health to distribute annual grants to local healthy start coalitions for participation in the initiative subject to a specific appropriation, the department must distribute at least two grants: one to a coalition that represents an urban county and one to a coalition that represents a rural county. The bill specifies infant mortality conditions that must exist in a particular county for which a coalition receives a grant. The bill requires participating coalitions to use specific infant mortality data collection and review methodology as developed by a public university or college with expertise in public health.

The bill requires the department to annually evaluate and make recommendations to modify the initiative. All participating coalitions are required to produce a report of their findings and recommendations to the Governor and Legislature by January 1, 2010.

The bill clarifies that the participating coalitions, their professional staff, and review team members are immune from civil liability pursuant to section 766.101, F.S.

The bill appropriates \$1 million in non-recurring general revenue funds to implement provisions of the bill.

The bill provides an effective date of July 1, 2007.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. HOUSE PRINCIPLES ANALYSIS:

Empower families – the bill provides for increased efforts to identify causes of elevated rates of infant mortality in minority populations.

#### B. EFFECT OF PROPOSED CHANGES:

##### Present Situation

##### *Infant Mortality in Florida and Around the Nation*

Infant mortality data serves as an indicator for the overall health of a community and the infrastructure of its public and private health systems.<sup>1</sup> Infant mortality is defined as the death of a child before the age of 1. The leading causes of infant death include congenital abnormalities, pre-term/low birth weight, Sudden Infant Death Syndrome (SIDS), problems related to complications of pregnancy, and respiratory distress syndrome.<sup>2</sup> Although the national rate has declined steadily for the previous 50 years, in 2004 (the most recent data available), the national infant mortality was 6.8 deaths per 1,000 live births. In 2005 in Florida, the infant mortality rate was 7.2 deaths per 1,000 live births. The United States ranked 28th in the world in infant mortality in 1998.<sup>3</sup>

Significant racial disparities exist in infant mortality. Nationally, infant mortality among African-Americans occurred at a rate twice the national average.<sup>4</sup> SIDS deaths among American Indians and Alaska Natives is 2.3 times the rate for non-Hispanic white mothers.<sup>5</sup> Florida also has a rate of twice the average for infant mortality among African-Americans.<sup>6</sup> In Florida, in 2005, the infant mortality rate for nonwhites per 1,000 births was 12.5, while the rate for white births was 5.3.<sup>7</sup> Many factors contribute to this disparity, including higher incidents of low birthweight, little to no prenatal care and geographic racial segregation. Infants with very low birthweight account for approximately two-thirds of the black-white gap in infant mortality.<sup>8</sup>

##### *Healthy Start Programs*

Healthy Start is a statewide initiative designed to decrease the risk of pregnancy complications and poor birth outcomes for all pregnant women, and decrease the risk of death or impairment in health, intellect or functional ability for all infants.<sup>9</sup> The primary tasks of Healthy Start are: identify those women who are at high risk; provide professional assessment of their needs; and provide referrals and services.<sup>10</sup> The federal government funds several Healthy Start Projects and a Healthy Start grants program. Florida's Healthy Start Coalitions ("coalitions") provide services to pregnant women and children up to 3 years of age. There are 32 coalitions, organized as non-profit agencies that serve all 67 counties.

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<sup>1</sup> 2006 Florida Healthy Start Annual Report.

<sup>2</sup> Ibid.

<sup>3</sup> Centers for Disease Control and Prevention. <http://www.cdc.gov/omh/AMH/factsheets/infant.htm> (last viewed on April 2, 2007).

<sup>4</sup> According to the Centers for Disease Control and Prevention, the rate was 14.1 deaths per 1,000 live births in 2000, the year for which the most recent data was available. The national average in 2000 was 6.9 deaths per 1,000 live births.

<http://www.cdc.gov/omh/AMH/factsheets/infant.htm> (last viewed April 2, 2007).

<sup>5</sup> Ibid.

<sup>6</sup> 2006 Florida Healthy Start Annual Report.

<sup>7</sup> 2005 Florida Vital Statistics Annual Report. <http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx#> (last viewed on April 2, 2007).

<sup>8</sup> MMWR Weekly, April 19, 2002. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5115a4.htm> (last viewed on April 2, 2007).

<sup>9</sup> 2006 Healthy Start Annual Report.

<sup>10</sup> Ibid.

The coalitions are authorized in section 383.216, Florida Statutes, and are overseen by the Department of Health (“department”). Each coalition may receive up to \$150,000 in grant from the department provided the coalition has demonstrated a local match of 25 percent.<sup>11</sup>

The coalitions are also required to provide the department with annual data on the number of mothers and children at risk in each service area and services provided by the coalition. In 2005, the Healthy Start screening process identified 120,652 pregnant women and infants at-risk for poor outcomes. The program provided 1,654,997 services to 112,190 pregnant women and 965,848 services to 70,025 infants, which includes families identified prior to 2005.<sup>12</sup>

#### *Fetal and Infant Mortality Review (FIMR)*

Fetal and Infant Mortality Review (FIMR) is a process by which a multi-disciplinary community team is brought together to examine individual cases of infant and fetal deaths in an effort to identify critical community strengths and weaknesses as well as unique health and social issues associated with poor outcomes.<sup>13</sup> The process began in the early 1990s as collaboration between the American College of Obstetricians and Gynecologists and the Federal Maternal and Child Health Bureau. The FIMR process is used across the country by city and county health departments, local hospitals, regional perinatal centers and community based maternal and child health coalitions.<sup>14</sup> According to the department, in Florida, 12 coalitions are partially funded to provide FIMR services for 29 counties. Case selection is done randomly and does not specifically target African-American deaths: the proportion of these deaths reviewed is equivalent to the proportion of African-American births in a particular county or coalition.

#### *Perinatal Periods of Risk (PPOR)*

While FIMR teams analyze individual cases of infant and fetal deaths, the Perinatal Periods of Risk (PPOR) methodology uses all available infant and fetal death data in a given year in a particular community. The PPOR uses four “cells” to produce fetal-infant mortality data. The cells are: maternal health and prematurity; maternal care; newborn care; and infant care.<sup>15</sup> The PPOR methodology was developed by the World Health Organization for use in many communities, both in the United States and internationally. Many of the larger communities in Florida use the PPOR analysis to identify the influencing factors related to fetal and infant deaths.<sup>16</sup> Data collected from this process is used by the coalitions and public health officials to develop local responses to curb infant mortality. According to the department, the seven largest coalitions have participated in a statewide PPOR collaborative applying this analytic framework to their community data.

#### *Medical Review Committees*

Section 766.101, F.S., provides for immunity from liability for medical review committees. Included in this section are reviews of mortality records for a number of entities, and their employees, including healthy start coalitions.

#### Effect of Proposed Changes

The bill creates the black infant health practice initiative (“initiative”) and requires the initiative to be administered through collaboration among the department, federal and state healthy start coalitions, and public universities and colleges that have expertise in public health. The bill outlines objectives of the initiative to include:

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<sup>11</sup> Section 383.216(7), F.S.

<sup>12</sup> 2006 Healthy Start Annual Report.

<sup>13</sup> Sudden, Unexplained Infant Death Initiative (DUIDI): Fetal and Infant Mortality Information. <http://www.cdc.gov/SIDS/mortality.htm> (last viewed on April 2, 2007).

<sup>14</sup> Florida Association of Healthy Start Coalitions. <http://www.healthystartflorida.com/work/mortality.asp> (last viewed on April 2, 2007).

<sup>15</sup> Perinatal Periods of Risk, An assessment Approach to Understanding Fetal and Infant Deaths in Florida, 1995-1998. Florida Department of Health, 2001.

<sup>16</sup> 2006 Healthy Start Annual Report.

- Determine factors associated with racial disparity in infant mortality using FIMR and PPOR reviews;
- Develop interventions that address the identified factors for use to improve service delivery and community resources;
- Participate in the implementation of those interventions; and
- Assess the progress of those interventions.

The bill authorizes coalitions (defined in the bill as federal or local healthy start coalitions or consortiums) to participate in the initiative and requires the department to develop a grant program for use by the coalitions to implement objectives of the initiative. Subject to a specific appropriation, the department must distribute at least two grants: one to a coalition that represents an urban county and one to a coalition that represents a rural county. The bill specifies infant mortality conditions that must exist in a particular county for which a coalition receives a grant. Participating coalitions must develop an interdisciplinary team to oversee the process and use PPOR when appropriate to examine infant deaths. Participating coalitions must use a modified FIMR to examine infant deaths by:

- Creating a case review FIMR team that includes physicians and other health care practitioners and experts in infant mortality;
- Utilizing professional staff to present individual case reviews to the FIMR team on a quarterly basis; and
- Developing abstracts of sample infant mortalities that also identify factors associated with racial disparity.

The bill requires the department to administer the grant program in a manner that will allow each coalition to begin reviewing cases no later than January 1, 2008.

The bill requires public universities or colleges that have public health expertise to assist the coalitions in developing the review methodology and providing technical assistance to the coalitions. The bill requires each coalition to utilize the same review methodology.

The bill also requires the department to conduct an annual evaluation of the initiative. The evaluation must include, for each coalition, the number of case reviews, grant balances and recommendations to improving the overall initiative. All participating coalitions are required to submit a report to the Governor and Legislature detailing their findings and recommendations by January 1, 2010.

The bill clarifies that the participating coalitions, their professional staff, and review team members are immune from civil liability pursuant to section 766.101, F.S.

#### C. SECTION DIRECTORY:

Section 1. Creates an unnumbered section of Florida Statutes to create the black infant health practice initiative.

Section 2. Provides for an appropriation of \$1 million in non-recurring general revenue funds to implement provisions of the bill.

Section 3. Provides for an effective date of July 1, 2007.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

##### 1. Revenues:

None.

##### 2. Expenditures:

The bill appropriates \$1 million in non-recurring general revenue funds to implement the provisions of the bill.

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

None.

**D. FISCAL COMMENTS:**

None.

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or take action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenues.

2. Other:

None.

**B. RULE-MAKING AUTHORITY:**

The bill contains rule-making authority for the department to implement provisions of the bill.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

**D. STATEMENT OF THE SPONSOR**

No statement submitted.

**IV. AMENDMENTS/COUNCIL SUBSTITUTE CHANGES**

On April 4, 2007, the Healthcare Council adopted three amendments to the bill. One amendment requires the department to distribute at least two grants: one to a coalition that represents an urban county and one to a coalition that represents a rural county, subject to a specific appropriation. The bill specifies infant mortality conditions that must exist in a particular county for which a coalition receives a grant. One amendment removes the requirement that the grant program utilize a request-for-proposal procurement process. The final amendment removes the provision of 1 FTE and clarifies that the appropriation is non-recurring general revenue funds.

The bill was reported favorably as a Council Substitute.