



1           WHEREAS, the Legislature also recognizes that infant  
2 mortality disproportionately affects African-American infants,  
3 in the resident infant mortality rate in 2005 for nonwhites  
4 (12.5 per 1,000 live births) being more than double the infant  
5 mortality rate for whites (5.3 per 1,000 live births), and

6           WHEREAS, the Legislature recognizes that a continued  
7 effort to identify the causes of racial disparities in infant  
8 mortality benefits all citizens of Florida, NOW, THEREFORE,

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10 Be It Enacted by the Legislature of the State of Florida:

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12           Section 1. Black infant health practice initiative.--

13           (1) LEGISLATIVE INTENT.--It is the intent of the  
14 Legislature to create a black infant health practice  
15 initiative. The initiative shall include reviews of infant  
16 mortalities in select counties in this state in order to  
17 identify factors in the health and social services systems  
18 contributing to higher mortality rates among African-American  
19 infants. It is also the intent of the Legislature that the  
20 initiative produce recommendations on how to address the  
21 factors identified by the reviews as contributing to these  
22 higher infant mortality rates.

23           (2) DEFINITIONS.--As used in this section, the term:

24           (a) "Coalition" means a federal or local healthy start  
25 coalition or consortium.

26           (b) "Department" means the Department of Health.

27           (c) "FIMR" means a fetal and infant mortality review  
28 committee.

29           (d) "Infant mortality" means the death of a live-born  
30 infant within 364 days after the infant's birth.

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1           (e) "Infant mortality rate" means the number of infant  
2 deaths per 1,000 annual live births.

3           (3) OBJECTIVES.--The objectives of the initiative  
4 include:

5           (a) Determining the significant social, economic,  
6 cultural, safety, and health-system factors that are  
7 associated with racial disparities in infant mortality rates  
8 through a practice collaborative approach using perinatal  
9 periods of risk and modified fetal infant mortality reviews.

10           (b) Developing a series of interventions and policies  
11 that address these factors to improve the service systems and  
12 community resources.

13           (c) Participating in the implementation of  
14 community-based interventions and policies that address racial  
15 disparities in infant mortality rates.

16           (d) Assessing the progress of interventions.

17           (4) ADMINISTRATION.--The black infant health practice  
18 initiative shall be administered through a collaboration among  
19 the department, federal and state healthy start coalitions,  
20 and public universities or colleges having expertise in public  
21 health. A local community shall develop an interdisciplinary  
22 team to serve as part of a statewide practice collaborative.  
23 Both perinatal periods of risk and fetal infant mortality  
24 reviews may be used. A case review shall be conducted by each  
25 participating healthy start coalition using professional  
26 in-house staff or through contracts with an outside  
27 professional. Public universities or colleges having expertise  
28 in public health shall provide technical assistance in  
29 developing a standard research methodology based on the fetal  
30 and infant mortality review method. Public universities or  
31 colleges having expertise in public health shall assist each

1 participating coalition in determining the selection of  
2 comparison groups, identifying data collection and housing  
3 issues, and presenting findings and recommendations. A single  
4 methodology for the reviews conducted through the initiative  
5 shall be used by each participating coalition. The department  
6 shall distribute funding to each coalition that participates  
7 in the initiative through annual grants that are subject to  
8 specific appropriations by the Legislature.

9 (5) FUNCTIONS OF THE INITIATIVE.--Each participating  
10 coalition shall:

11 (a) Develop an interdisciplinary team to oversee the  
12 process in its local community.

13 (b) Use perinatal periods of risk methodology when  
14 appropriate to examine infant deaths in its community.

15 (c) Use a modified FIMR approach to examine infant  
16 deaths in its community by:

17 1. Creating a case review FIMR team that may include  
18 obstetricians, neonatologists, perinatologists, pathologists,  
19 registered nurses, social workers, hospital and clinic  
20 administrators, social service agencies, researchers, citizens  
21 and consumers, and other experts considered necessary to  
22 conduct a standardized review of infant mortalities.

23 2. Hiring or contracting with professional staff that  
24 may include licensed nurses and social workers to abstract and  
25 present individual case reviews that omit identifying  
26 information of infant deaths and comparative live births to  
27 the case review team.

28 3. Developing abstracts of sample infant mortalities  
29 and comparative live births that omit identifying information  
30 and that identify social, economic, cultural, safety, and  
31 health-system factors that are associated with racial

1 disparities in infant mortality rates. The number of  
2 abstracted cases that must be conducted by each participating  
3 coalition shall be determined by a standard research  
4 methodology developed in conjunction with a public university  
5 or college having expertise in public health.

6 4. Presenting abstracts that omit identifying  
7 information to its case review team at least quarterly for  
8 their review and discussion.

9 (d) Develop findings and recommendations for  
10 interventions and policy changes to reduce racial disparities  
11 in infant mortality.

12 (6) GRANT AWARDS.--The department shall award annual  
13 grants through a request-for-proposal process that is subject  
14 to specific appropriations by the Legislature. The department  
15 shall award five grants to coalitions representing urban  
16 counties and five grants to coalitions representing rural  
17 counties. Priority of grant awards shall be given to those  
18 coalitions representing counties having a nonwhite infant  
19 mortality rate at least two times greater than the white  
20 infant mortality rate and at least 40 nonwhite infant deaths  
21 annually between 2003 and 2005 for urban counties and five  
22 nonwhite infant deaths annually between 2003 and 2005 for  
23 rural counties.

24 (7) EVALUATIONS AND REPORTS.--The department shall  
25 conduct an annual evaluation of the implementation of the  
26 initiative describing which areas are participating in the  
27 initiative, the number of reviews conducted by each  
28 participating coalition, grant balances, and recommendations  
29 for modifying the initiative. A participating coalition shall  
30 produce a report on its collective findings and  
31 recommendations by January 1, 2010, to the Governor, the

1 President of the Senate, the Speaker of the House of  
2 Representatives, and the Secretary of Health.

3 (8) IMMUNITY.--Each participating coalition, its case  
4 review team members, and professional staff are immune from  
5 liability pursuant to s. 766.101, Florida Statutes.

6 (9) RULEMAKING.--The department shall adopt rules  
7 necessary to implement this section.

8 (10) IMPLEMENTATION TIMELINE.--The department shall  
9 release a request for proposals in a manner that will allow  
10 each participating coalition to begin reviewing cases no later  
11 than January 1, 2008.

12 Section 2. The sum of \$1 million is appropriated from  
13 the General Revenue Fund to the Department of Health for the  
14 purpose of implementing the black infant health practice  
15 initiative and for one full-time equivalent position is  
16 authorized for the purpose of implementing this act.

17 Section 3. This act shall take effect July 1, 2007.

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20 SENATE SUMMARY

21 Provides legislative intent relating to the black infant  
22 health practice initiative. Provides for the  
23 administration of the initiative. Requires a local  
24 community to develop a team to serve as a part of a  
25 statewide practice collaborative. Requires healthy start  
26 coalitions to conduct case reviews. Requires certain  
27 public universities or colleges to provide technical  
28 assistance and to assist in determining certain criteria  
29 and to present findings and make recommendations.  
30 Requires the Department of Health to distribute funding  
31 to the coalitions. Provides duties of each participating  
coalition. Requires the department to award grants.  
Requires the department to conduct an annual evaluation  
of the initiative. Requires each coalition to submit a  
report to the Governor and the Legislature. Provides  
immunity to participating coalitions. Requires the  
department to adopt rules. Provides a timeframe for  
reviewing cases. Provides an appropriation.