

# Policies to Prevent Infant Mortality Crop Up in States

Darby O'Donnell, JD

The Alliance for Patient Access ([allianceforpatientaccess.org](http://allianceforpatientaccess.org)), founded in 2006, is a national network of physicians dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA accomplishes this mission by recruiting, training and mobilizing policy-minded physicians to be effective advocates for patient access.



The majority of state legislative sessions are currently underway for 2019 sessions. Last year, many states turned their attention to studying infant mortality with goals of prevention, as well as better care and outcomes for mothers and infants. The trend is expected to continue.

States address high-risk populations and approach care options through a variety of policies and solutions in the name of infant health care.

While not an exhaustive list, below are current, policy initiatives that were cleared by state legislative bodies by the end of 2018 and are now being implemented as a new law.

## NEW JERSEY (S1870)

### INFANT MORTALITY STUDY

New Jersey legislation was introduced in 2018 to study and review infant mortality rates in the state. The bill requires the Child Fatality and Near Fatality Review Board to study racial and ethnic disparities on infant mortality and make recommendations for further actions to counteract these outcomes.

Bill sponsor Senator Joseph Vitale (D-Middlesex) framed his support as the following: "There has to be a greater emphasis on the health of mothers and children in every community in our state, regardless of race, ethnicity and geographic location. There simply is no excuse for not doing everything in our power to protect babies from dying within the first year of life."

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This bill had also been amended to include "provisions to increase breastfeeding support services among racial and ethnic populations throughout the state."

This bipartisan measure was signed by the Governor on May 30, 2018, and implementation should be underway.

## NORTH CAROLINA (H471)

### MATERNAL AND NEONATAL CARE

Legislators in North Carolina took a different approach to study infant mortality by focusing on the mother's "timely and equitable access" to maternal and neonatal care.

In the legislation, the Department of Health and Human Services was directed to study access issues to "high-quality, risk-appropriate" care for both mother and child.

Such subject matters as referrals to specialists and transfers of mothers to different facilities, service gaps, and the complexity levels of care available at delivering hospitals were among the requirements of the study.

The bill was signed into law on June 25, 2018.

## NEW YORK (S3867A)

### NEWBORN HEALTH AND SAFETY PILOT PROGRAM

New York's approach to reducing infant mortality was more narrowly-focused than others: newborns and sleep. The legislation

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was introduced in late 2017, to provide a safe sleep pilot program. So-called “baby boxes” and other products would be provided under this rule for safe sleep practices and prevention of sudden infant death syndrome. High-risk areas - those with poor birth outcomes and counties with high infant mortality rates - were designated as the beneficiaries of the pilot program.

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The legislation sponsor’s memo notes as justification for the measure that infant deaths result from unsafe sleep practices. The memo acknowledges that while cribs meeting all federal standards are the best sleeping alternative, not all families can afford cribs. Therefore, the pilot program to provide “baby boxes” presents a safe alternative and “reduces rates of mortality” as compared to co-sleeping and other choices. The “baby box” would include other products and items to support parents, in addition to being a safe space for babies.

For funding options to support the program, the Health Department was directed to seek out donations and look to establish a public-private partnership.

The bill was enacted on October 23, 2017.

With these different approaches and new information gathered, states hope to play a leading role in the development of policies that positively impact mothers and infants.

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# Still a Premie?

*Some preemies are born months early, at extremely low birthweights. They fight for each breath and face nearly insurmountable health obstacles.*

**But that's not every preemie's story.**

**Born between 34 and 36 weeks' gestation?**

**STILL A PREMIE**

Just like preemies born much earlier, these "late preterm" infants can face:

- Jaundice
- Feeding issues
- Respiratory problems

And their parents, like all parents of preemies, are at **risk for postpartum depression and PTSD.**

**Born preterm at a "normal" weight?**

**STILL A PREMIE**

Though these babies look healthy, they can still have complications and require NICU care.

But because some health plans determine coverage based on a preemie's weight, **families of babies that weigh more may face access barriers and unmanageable medical bills.**

**Born preterm but not admitted to the NICU?**

**STILL A PREMIE**

Even if preterm babies don't require NICU care, they can still face health challenges.

Those challenges can extend through childhood, adolescence and even into adulthood.

<p><b>Some Premies</b></p> <ul style="list-style-type: none"> <li>Will spend weeks in the hospital</li> <li>Will have lifelong health problems</li> <li>Are disadvantaged from birth</li> </ul>	<p><b>All Premies</b></p> <ul style="list-style-type: none"> <li>Face health risks</li> <li>Deserve appropriate health coverage</li> <li>Need access to proper health care</li> </ul>
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**NCJIH** National Coalition for Infant Health  
 Protecting Access for Premature Infants through Age Two  
[www.infanthealth.org](http://www.infanthealth.org)