

FIRST REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 630**  
**96TH GENERAL ASSEMBLY**

1296L.03C

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To amend chapter 210, RSMo, by adding thereto one new section relating to the Missouri task force on prematurity and infant mortality.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Chapter 210, RSMo, is amended by adding thereto one new section, to be  
2 known as section 210.105, to read as follows:

**210.105. 1. The general assembly finds and declares:**

- 2       **(1) Premature or preterm birth is the leading cause of infant death in Missouri.**  
3 **Premature infants are more than fifteen times as likely as other infants to die in the first**  
4 **year of life;**  
5       **(2) Infants born preterm are more than twice as likely as full-term infants to have**  
6 **major birth defects;**  
7       **(3) Birth defects are the second leading cause of infant death in Missouri;**  
8       **(4) Missouri ranks thirty-third in the nation in the rate of infant mortality, with a**  
9 **statewide rate of seven and four-tenths deaths per one thousand live births;**  
10       **(5) Between 2004 and 2008, prematurity conditions accounted for six and one-half**  
11 **deaths per one thousand live births in Missouri;**  
12       **(6) Approximately eight babies, twelve and three-tenths percent born in Missouri,**  
13 **are born prematurely, or more than ten thousand babies born prior to thirty-seven weeks**  
14 **gestation annually;**  
15       **(7) In 2006, the Institute of Medicine's Preterm Birth report found that annual**  
16 **United States costs associated with prematurity totaled twenty-six and one-half billion**  
17 **dollars or an average of fifty-one thousand six hundred dollars per premature infant, more**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 than tenfold greater than the three thousand three hundred twenty-five dollar average  
19 medical costs of a full-term infant;

20 (8) The average length of hospital stay in 2005 was nearly nine times as long for a  
21 preterm infant, or thirteen days, compared with an average one and one-half day stay for  
22 an infant born at term;

23 (9) Preterm babies have an increased risk of short-term and long-term medical and  
24 developmental problems, such as intellectual disabilities, blindness, chronic lung disease  
25 and cerebral palsy, in comparison to full-term infants. Children born prematurely are also  
26 more likely to be enrolled in special education classes compared to children born at term;

27 (10) Approximately seventy percent of premature births occur in the late preterm  
28 period between thirty-four weeks and thirty-six weeks gestation;

29 (11) Standard practices of clinicians during the late preterm period vary across the  
30 state;

31 (12) Smoking, a modifiable risk factor, is the leading behavioral contributor to  
32 prematurity and in 2006, seventeen and six-tenths percent of Missouri pregnant women  
33 smoked. Smoking-attributable neonatal health care costs for Medicaid are approximately  
34 seven hundred thirty-eight dollars per pregnant smoker;

35 (13) Smoking during pregnancy is linked to some birth defects and the sudden  
36 infant death syndrome, the third leading cause of infant mortality;

37 (14) Women who receive prenatal care are more likely to have access to:

38 (a) Health services that identify problems early;

39 (b) Managements for developing and existing problems; and

40 (c) Education, counseling, and referral to reduce risky behaviors, including but not  
41 limited to substance abuse and poor nutrition; and

42 (15) Effective neonatal care improves the health of both mothers and infants.

43 2. There is hereby created the "Missouri Task Force on Prematurity and Infant  
44 Mortality" within the children's services commission to consist of the following twenty-  
45 three members:

46 (1) The following six members of the general assembly:

47 (a) Three members of the house of representatives, with two members to be  
48 appointed by the speaker of the house and one member to be appointed by the minority  
49 leader of the house;

50 (b) Three members of the senate, with two members to be appointed by the  
51 president pro tem of the senate and one member to be appointed by the minority leader of  
52 the senate;

- 53           (2) The director of the department of health and senior services, or the director's  
54 designee;
- 55           (3) The director of the department of social services, or the director's designee;
- 56           (4) The director of the department of insurance, financial institutions and  
57 professional registration, or the director's designee;
- 58           (5) One member representing the March of Dimes, Greater Missouri Chapter;
- 59           (6) One member representing the American College of Obstetrics and Gynecology;
- 60           (7) One member representing the American Academy of Pediatrics;
- 61           (8) One member representing the American Academy of Family Physicians;
- 62           (9) One member representing the American Board of Perinatal Medicine who is a  
63 practicing perinatologist;
- 64           (10) One member representing the Association of Women's Health, Obstetric and  
65 Neonatal Nurses;
- 66           (11) One member representing the Missouri Hospital Association;
- 67           (12) One member representing the Missouri hospital members of the National  
68 Association of Children's Hospitals and Related Institutions (NACHRI);
- 69           (13) One member representing the American Board of Perinatal Medicine who is  
70 a practicing neonatologist;
- 71           (14) Two consumer representatives who are parents of individuals born  
72 prematurely, including one parent of an individual under the age of eighteen;
- 73           (15) Two members representing insurance providers in the state of Missouri; and
- 74           (16) One member representing the Mother and Child Health Coalition of Kansas  
75 City, Missouri.
- 76
- 77 Members of the task force, other than the legislative members and directors of state  
78 agencies, shall be appointed by the governor with the advice and consent of the senate by  
79 September 15, 2011.
- 80           3. Members of the task force shall serve at the pleasure of the appointing authority.
- 81           4. A majority of a quorum from among the task force membership shall elect co-  
82 chairs of the task force.
- 83           5. A majority vote of a quorum of the task force is required for any action.
- 84           6. The chairperson of the children's services commission shall convene the initial  
85 meeting of the task force by no later than October 15, 2011. The task force shall meet at  
86 least quarterly; except that the task force shall meet at least twice prior to the end of  
87 calendar year 2011. Meetings may be held by telephone or video conference at the  
88 discretion of the co-chairs.

89           **7. Members shall serve on the commission without compensation, but may, subject**  
90 **to appropriation, be reimbursed for actual and necessary expenses incurred in the**  
91 **performance of their official duties as members of the task force.**

92           **8. The goal of the task force is to measurably reduce Missouri's preterm birth and**  
93 **infant mortality rates through advocacy of evidence-based approaches facilitated through**  
94 **proposals for legislation, regulation, and public policy change.**

95           **9. The task force shall:**

96           **(1) Collaborate with and make recommendations to the general assembly;**

97           **(2) Review appropriate and relevant evidence-based research regarding the causes**  
98 **and effects of prematurity and birth defects in Missouri;**

99           **(3) Examine existing public and private entities currently associated with the**  
100 **prevention and treatment of prematurity and infant mortality in Missouri;**

101           **(4) Develop strategies to reduce prematurity and infant mortality, including but not**  
102 **limited to:**

103           **(a) Smoking cessation programs specifically targeting pregnant women;**

104           **(b) Standards for care for premature infants born less than thirty-seven weeks**  
105 **gestational age, including recommendations to improve hospital discharge and follow-up**  
106 **care procedures;**

107           **(c) Identify gaps in public reporting measures and possible effects of such measures**  
108 **on prematurity rates;**

109           **(d) Coordinate and execute an information and communications program among**  
110 **the appropriate professional communities on the causes and effects of premature births;**  
111 **and**

112           **(e) Identify evidence-based strategies to reduce the number of later preterm infants**  
113 **delivered in Missouri; and**

114           **(5) Issue findings and propose to the appropriate public and private organizations**  
115 **goals, objectives, strategies, and tactics designed to reduce prematurity and infant**  
116 **mortality in Missouri, including drafting legislation on public policy for consideration**  
117 **during the next appropriate session of the general assembly.**

118           **10. (1) On or before March 1, 2012, the task force shall submit a report on the**  
119 **current state of prematurity in Missouri to the governor and general assembly.**

120           **(2) On or before January 15, 2013, the task force shall submit its final**  
121 **recommendations, including any recommendations for legislation necessary for**  
122 **implementation, to the governor and general assembly.**

123           **(3) On or before January 15, 2015, the task force shall submit a final report**  
124 **evaluating the impact of the implementation of the recommendations from the report**  
125 **required under subdivision (2) of this subsection.**

126           **11. The task force shall expire on January 31, 2015, or upon submission of a final**  
127 **report under subdivision (3) of subsection 10 of this section, whichever is earlier.**