

ASSEMBLY BILL

No. 741

Introduced by Assembly Member Bass

February 22, 2007

An act to add Article 1.5 (commencing with Section 123656) to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, relating to interpregnancy care.

LEGISLATIVE COUNSEL'S DIGEST

AB 741, as introduced, Bass. Infant mortality: interpregnancy care.

Existing law imposes various functions and duties on the State Department of Health Services and prenatal care providers with respect to maternal, child, and adolescent health. Effective July 1, 2007, these duties will be transferred to the State Department of Public Health.

This bill would require the department to develop a 2-year pilot program that would offer interpregnancy care, as defined, to women who enroll in the program and meet specified criteria, in an effort to improve the child spacing and adverse pregnancy outcomes for women who have had a previous very low birth weight delivery, as specified. The program would commence March 1, 2008, would operate in 2 hospitals, and would provide specified services to eligible participants, including primary health care and social services.

This bill would also require the department to evaluate the effectiveness of the program using specified criteria, and to annually submit a report on the program's progress to the Legislature, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Article 1.5 (commencing with Section 123656)
2 is added to Chapter 3 of Part 2 of Division 106 of the Health and
3 Safety Code, to read:

4
5 Article 1.5. Interpregnancy Care Pilot Program
6

7 123656. The Legislature finds and declares all of the following:

8 (a) Studies indicate that very low birth weight (VLBW) in
9 infants accounts for the majority of both neonatal mortality and
10 the racial disparity in infant mortality, particularly among
11 African-American and Caucasian infants.

12 (b) There is a considerable amount of evidence that links
13 delivery of a VLBW infant to certain aspects of a woman’s health
14 status, including unrecognized and poorly controlled medical
15 problems, reproductive tract infections, substance abuse disorders,
16 periodontal disease, and various psychological problems including
17 psychological stress from domestic violence.

18 (c) The single best predictor of a preterm VLBW delivery is
19 a previous preterm VLBW delivery.

20 (d) The state has a compelling interest in identifying the causes
21 for, and eliminating the prevalence of, the delivery of VLBW
22 infants among African-American women.

23 123657. For purposes of this article, the following definitions
24 shall apply:

25
26 (a) “Interpregnancy care” or “IPC” means a combination of
27 primary and preventive care for women of reproductive age who
28 are between pregnancies that seeks to identify and manage those
29 conditions and behaviors that may pose a risk to mothers and
30 infants.

31 (b) “Very low birth weight” or “VLBW” means an infant who
32 weighs less than 1500 grams at birth.

33 123658. (a) The State Department of Public Health shall
34 develop a pilot program that provides interpregnancy care, as
35 defined in subdivision (a) of Section 123657, for two years to
36 volunteer participants who meet the eligibility criteria set forth in
37 paragraph (2) of subdivision (b).

1 (b) The department shall identify two public hospitals, one in
2 Los Angeles, and one in Oakland, that will administer the pilot
3 program.

4 (1) Commencing March 1, 2008, all women, upon admission
5 to either participating hospital, shall be invited to apply for
6 enrollment in the pilot program. The department shall instruct each
7 hospital to limit enrollment to no more than 30 participants.

8 (2) Women shall be enrolled in the pilot program if they have
9 previously delivered a VLBW stillborn or live infant between April
10 2007 and July 2007, inclusive, and are both of the following:

11 (A) African-American.

12 (B) Qualified for indigent care status at the participating hospital.

13 (c) Upon a determination of eligibility for enrollment,
14 participants in the program shall receive the following services for
15 two consecutive years:

16 (1) Primary health care, social, and community outreach services
17 to improve their overall health status, reduce their medical and
18 social risks, and achieve optimal spacing if another pregnancy is
19 desired.

20 (2) Services to improve the birth outcomes and birth weight
21 distribution of infants who are born to participants after enrollment
22 in the program.

23 (d) Upon the program's conclusion, the department shall
24 evaluate the project's effectiveness in improving child spacing and
25 subsequent adverse pregnancy outcomes for women with a previous
26 VLBW delivery. In making its evaluation, the department may
27 use, but need not be limited to, all of the following outcome
28 measures:

29 (1) Reduction and management of identified medical, dental,
30 and social risks among participants.

31 (2) Success in assisting participants in achieving reproductive
32 health goals, which may include a planned pregnancy with an
33 interpregnancy interval of at least nine months, and preferably 18
34 months.

35 (3) Establishment of contact by participants with a
36 multidisciplinary team, including, but not limited to, a
37 nurse-midwife, family physician, obstetrician, pediatrician,
38 periodontist, nurse case management, and social worker.

39 (4) Participants' completion of primary care visits every one to
40 three months.

1 (5) Number of home visits and telephone contacts made by
2 participants.

3 (e) The department shall annually submit a report on the
4 program's progress to the Legislature, including, but not limited
5 to, the Senate Committee on Appropriations, the Assembly
6 Committee on Appropriations, the Senate Committee on Budget,
7 the Assembly Committee on Budget and Fiscal Review, the Senate
8 Committee on Health, and the Assembly Committee on Health.
9 The report shall include both of the following:

10 (1) A comparison of the health status of participants before and
11 after enrollment, relating to the prevalence of conditions linked to
12 VLBW deliveries.

13 (2) A determination of the feasibility, acceptability, and cost
14 benefit of delivering IPC to women who are at risk of repeated
15 VLBW deliveries, in the setting of a public hospital.