Approved: 04/09/10
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on February 8, 2010, in Room 546-S of the Capitol.

All members were present.

Committee staff present:
Nobuko Folmsbee, Office of the Revisor of Statutes
Renae Jefferies, Office of the Revisor of Statutes
Iraida Orr, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Amanda Nguyen, Intern, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the Committee:
Diane Daldrup, Kansas Director for March of Dimes
Linda Kenney, Director, Bureau of Family, Kansas Department of Health and Environment (KDHE)
Suzanne Wikle, Director of Health Policy, Kansas Action for Children
Mary Jean Brown, Mother and Child Health Coalition of Kansas City
Christy Schunn, Executive Director, SIDS Network of Kansas
Dennis Cooley, MD
Gianfranco Pezzino, MD, MPH, on behalf of Susan Homan, PhD, Kansas Health Institute
Senator Roger Reitz, MD

Others attending:
See attached list.

Nobuko Folmsbee, Office of the Revisor of Statutes, briefed committee members on **SB 448 - Vital statistics; maternal and child health surveillance and monitoring** which amends current laws to allow the use of identifiable data in birth, death, and stillbirth certificates for maternal and child surveillance and monitoring.

Diane Daldrup, Kansas Director for March of Dimes, spoke in support of **SB 448** (Attachment 1), indicating that Kansas ranks 47th in the nation as having one of the highest black infant mortality rates; in addition, Kansas' current rate of 7.9% infant deaths per 1,000 live births is 20% higher than the national rate. She reported the Kansas Blue Ribbon Panel on Infant Mortality was formed in June 2009, under direction of Secretary Roderick Bremby, Kansas Department of Health and Environment, to review and to deliver recommendations related to the issue of infant mortality.

Linda Kenney, Director of Family Health, KDHE, spoke about the effort to reduce infant mortality through removal of existing barriers related to the collection of information on a birth certificate (commonly called follow-back) (Attachment 2). This would enable Kansas to collect information related to maternal attitudes, behaviors, and experiences before, during, and shortly after pregnancy that would influence birth weight and mortality rates. She described the Pregnancy Risk Assessment Monitoring System (PRAMS), administrated by the Center for Disease Control (CDC), its purpose and its goal of targeting resources for maternal and child health issues. In addition, another data collection program exists in other states, Fetal Infant Mortality Review (FIMR), which assesses, monitors, and works to improve service systems and resources for mothers, infants, and families. With the implementation of this legislation, Kansas would join the other 40 states with programs related to maternal and child surveillance and monitoring. She encouraged favorable passage of the bill.

Senator Pilcher-Cook asked Ms. Kenney whether the KDHE tracked abortion with infant mortality rates in Kansas. Ms. Kenney stated a separate agency within KDHE is required to annually report abortions performed in Kansas; this office lies outside of the maternal/child or family health area of responsibility. Senator Pilcher-Cook followed with inquiry concerning the process following the death of an infant, whether poor maternal health is reflected as cause for the infant's death, and at what point is an infant death certificate issued (for example, could a death certificate be issued for a stillborn infant or a fetal death in utero). Ms. Kenny responded the office of the Attorney General reviews all infant and child deaths from birth through age 18. She indicated that maternal health can be reflected as cause for the infant's death, and she had no knowledge concerning the infant death certificate process. Senator Barnett requested that follow-up

information be provided by staff at a later date.

Suzanne Wikle, Kansas Action for Children, spoke in support of **SB 448**. She reported that in terms of reducing infant mortality in Kansas, the state does not have the data necessary to guide policy makers and leaders in the appropriate direction. **SB 448**, if passed, would make Kansas eligible to apply for CDC funding to explore root causes of infant mortality (Attachment 3). Ms. Wikle elaborated that Kansas falls far behind progress made in neighboring states like Iowa, Nebraska, and Colorado.

Senator Kelly asked Ms. Wikle whether a side-by-side report existed regarding national or state comparisons of infant mortality by criteria or indicator. Ms. Wikle will provide information at a later date.

Mary Jean Brown, Mother and Child Health Coalition of Kansas City, added insight into the FIMR program that operates in the Greater Kansas City area. She described the FIMR model of Case Review and Community Action and indicated how gaps are identified and how resolutions are developed. (Attachment 4). Ms. Brown clarified that due to statutory limitations in Kansas, in-depth infant mortality surveillance is not possible in Johnson and Wyandotte counties.

Senator Colyer inquired what recommendations Ms. Brown would make for Kansas after her involvement with the FIMR program in Missouri. Ms. Brown responded identification of health care system gaps (by zip code) would be a first step; she also indicated the inclusion of a pathologist on any Case Review team would be a welcome addition to a FIMR program.

Christy Schunn, SIDS Network of Kansas, spoke in support of **SB 448** (Attachment 5). She discussed the high infant mortality rate in Kansas, the need for surveillance, and the community solution of passing **SB 448** as the linchpin to improving these rates.

Dennis Cooley, MD, and Chairperson for the Blue Ribbon Panel on Infant Mortality, encouraged favorable passage of **SB 448.** He reported the Panel was appointed to review the issue of infant mortality in Kansas and to recommend potential interventions. Dr. Cooley reported there were 18 recommendations forwarded to Secretary Roderick Bremby, and one of them was to allow for maternal and child health surveillance (Attachment 6).

Gianfranco Pezzino, MD, MPH, on behalf of Susan Homan, PhD, Kansas Health Institute, spoke as a neutral conferee and provided information related to **SB 448** and the state's ability to monitor and assess maternal/child health. Dr. Pezzino detailed information on the bill and on the PRAMS program. He reported PRAMS data can be used by state and local governments to plan and review programs and policies aimed at improving the health of mothers and babies. He further reported the FIMR program is nationally recognized and supported (Attachment 7) as another surveillance program providing critical tools for improving birth outcomes and systems of care.

Senator Roger Reitz, MD, was present to address the committee members about the importance of **SB 448** (no written testimony). He indicated the passage of this legislation is long overdue in Kansas, and he appreciated hearing testimony which would result in the enhancement of outcomes for the maternal/child populations in Kansas. Senator Reitz indicated Kansas is one of the few states with closed vital statistics and should **SB 488** be passed, infant mortality can be investigated by collecting the history and stories of those mothers. The result would be improvements or interventions at the community level to reduce infant mortality. He indicated with Kansas infant mortality rates as high as those in developing countries, the State has a moral obligation to prevent negative pregnancy outcomes

Senator Barnett closed the hearing, thanked everyone for their testimony, and adjourned the meeting at 2:20 p.m.

PUBLIC HEALTH AND WELFARE
GUEST LIST
February 8, 2010

NAME	AFFILIATION
Hannah Sanders	KHPA
Michelle Peterson	Capitol Strategies
Janice Etzenhouser	guest
Mary Jean Brown	Mother & Child Health Coalition; KCMO
Jessica Brunkeen	guest
Melissa Ness	March of Dimes
Diane Daldrup	March of Dimes
Linda Kenney	KDHE
Christy Schunn	SIDS Network of Kansas
Martha Cooper	KDHE
Leigh Keck	Hein law firm
S. Therese Bangert	Ks. Cath. Conference
Gary Brunk	KS Action for Children
Suzanne Wikle	KS Action for Children
Dennis Cooley	KAAP Infant Mortality Panel
Kari Presley	Kearney & Associates Inc.
Anne Spiess	American Cancer Society

ENHANCING THE

MATERNAL AND CHILD HEALTH SURVEILLANCE SYSTEM

IN KANSAS

Testimony on behalf of the

March of Dimes

Before the Public Health and Welfare Committee

February 8, 2010

Presented by:

Diane M. Daldrup

March of Dimes Greater Kansas Chapter

Senate Public Health and Welfare
Date: 02/08/10
Attachment: 1

Chairman Barnett and members of the committee, my name is Diane Daldrup and I am the State Program and Public Affairs Director for the March of Dimes Greater Kansas Chapter. I am here today to ask for your support of Senate Bill 448 which would significantly improve the Kansas maternal and child health surveillance system.

The March of Dimes mission is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. Birth defects is the leading cause of infant mortality and premature birth the leading cause of deaths in newborns. The infant mortality rate of a state is a leading indicator of the general health of its citizens. In Kansas in 2005, 294 babies died before their first birthday (7.4%) according to the March of Dimes PeriStats (www.marchofdimes.com/peristats). Kansas current rate of 7.9% infant deaths per 1,000 live births is 20% higher than the national rate of 6.6% per 1,000 live births. Our infant mortality rate is on the rise at a time when the national rate is declining. This fact is even more disturbing when you consider that in Kansas, infant mortality among black infants is more than double the rate among white infants. Kansas ranks 47th across the United States, having one of the highest black infant mortality rates (2006, Kansas Department of Health and Environment) in the nation.

The Kansas Blue Ribbon Panel on Infant Mortality was formed in June 2009 under the direction of Rod Bremby, Secretary of the Kansas Department of Health and Environment. The panel was charged to review the infant mortality problem in Kansas and deliver recommendations to the Secretary through the Governor's Child Health Advisory Committee. The March of Dimes has served on the Blue Ribbon Panel since inception and contributed to the just released Interim Recommendations Brief. This brief has been provided to your committee

for review. One of the key recommendations in this interim report focuses on improved access to maternal and child health surveillance data. Specifically, the panel has noted the need for data that would enable our state to identify the strengths and weaknesses of our maternal/infant health system and make changes where needed. The enhanced surveillance system would help health officials assess needs, deliver services, and assess the progress of prevention programs. It would foster development of targeted public health programs and enhance community-based health initiatives thereby contributing to the improved health status of women and children in our state.

For example, it would help strengthen the detection of birth defects, which should not be left to chance. Birth defects are the leading cause of infant mortality. Epidemiological research into the causes of birth defects is a critical step in developing cost-effective strategies to prevent this tragedy. State-based birth defects surveillance systems help health officials assess needs, deliver services, and assess the progress of prevention programs. All but five states currently have some type of birth defects surveillance program. In Kansas, the program is authorized, but not functional and would benefit from Senate Bill 448 to strengthen access and linkages to existing programs and services for children with special health needs, and increase prevention activities related to these conditions.

Passage of Senate Bill 448 would demonstrate legislative commitment to addressing the issue of infant mortality in Kansas. This is a key legislative priority for the March of Dimes Greater Kansas Chapter and we strongly encourage passage in the 2010 session. Thank you for the opportunity to appear before the committee today.

Contact: Diane M. Daldrup, March of Dimes, 913.387.3608, ddaldrup@marchofdimes.com

Mark Parkinson, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Testimony on Senate Bill 448
Reduce Infant Mortality through Improved Information

Presented to
Senate Public Health and Welfare Committee

By
Linda Kenney, Director, Family Health
Kansas Department of Health and Environment

February 8, 2010

Chairman Barnett and members of the committee, I am Linda Kenney, Director of the Bureau of Family Health for the Kansas Department of Health and Environment. The department is here today in support of SB 448, a bill to reduce infant mortality through improved information.

The amendment to KSA 65-2422d would remove from the statute existing barriers to maternal and child health surveillance and monitoring. At present, the law does not allow follow-back on the birth certificate for public health surveillance and monitoring purposes. This puts Kansas at a disadvantage in having quality data for program and policy decisions. Kansas is at a disadvantage in competing with other states for federal funding. Prenatal Risk Assessment Monitoring System (PRAMS) and Fetal-Infant Mortality Review (FIMR) are two examples of information not available to Kansas that are available to about 40 other states.

The inadequacy of our data systems to provide good information for decision-making was noted by the Blue Ribbon Panel on Infant Mortality. This panel of some of the state's top experts in perinatal health and welfare (KU Medical Center, Kansas Health Institute, Wesley Medical Center, Stormont Vail, March of Dimes, and others), deplored the inability of Kansas to provide basic information such as would be available through PRAMS and FIMR. This includes maternal attitudes, behaviors and experiences before, during and shortly after pregnancy that would influence infant birth weight and mortality rates. This includes access to and content of prenatal care, breastfeeding practices and supports, smoking cessation and supports needed. These data help identify groups of women and infants at high risk for health problems and emergent issues that need to be addressed. Both of these would allow us to target our resources and use them more effectively and efficiently at the state and community levels to address key maternal and child health issues. The group voted to obtain better information by amending KSA 65-2422d while at the same time assuring confidentiality of data and human subject's protection through the institutional review board process. This is a key legislative priority for the group in the 2010 session.

Thank you for the opportunity to appear before the committee today. I will now stand for questions.

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Senate Public Health and Welfare
Date: 02/08/10
Attachment: 2

KANSAS ACTION FOR CHILDREN
Shaping policy that puts children first

Kansas Action for Children Inc.
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Topeka, KS 66603

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Celebrating 30 years of child advocacy

To: Public Health and Welfare
From: Suzanne Wikle, Director of Health Policy
Re: SB 448

Kansas Action for Children appreciates the opportunity to speak today in support of SB 448.

Kansas has made consistent progress in recent years to improve the well-being of our state's children. One of the reasons for this progress is policymakers' use of data to steer their decisions on children's health and education, such as implementing a comprehensive newborn screening program, requiring booster seats and dedicating funds to proven early childhood programs.

The success of these policies is reflected in Kansas' ranking in the National Kids Count project as the 13th best state in the nation for child well-being. However, our infant mortality rate is 29th in the nation. With a rate of 7.1 deaths per 1,000 live births, Kansas has an infant mortality rate higher than the national rate of 6.7.

When it comes to reducing infant mortality, Kansas simply does not have the data necessary to guide policy makers and community leaders in the right direction. The first step toward improving the infant mortality rate in Kansas is to find out what factors are contributing to the high rate. Senate Bill 448 takes this important step in the right direction.

Unlike the majority of other states in the country, Kansas is not able to take advantage of the Fetal Infant Mortality Review (FIMR) or Pregnancy Risk Assessment Monitoring System (PRAMS) program. Senate Bill 448 would make Kansas eligible to apply for CDC funding to explore the root causes of infant mortality and develop community specific solutions. Under current law Kansas is ineligible to apply for these funds.

Kansas Action for Children asks for your support of SB 448 so that our state can gain an understanding of what is causing infant deaths in our communities. Without this first step our communities will be unable to implement the appropriate programs to combat infant mortality.

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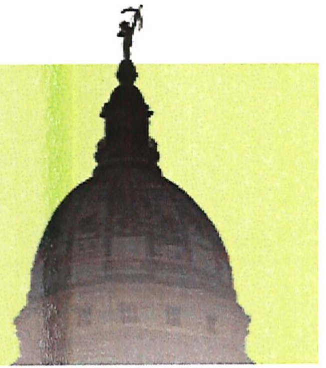
MAKING INFORMED DECISIONS *about* INFANT MORTALITY



What is the infant mortality rate in Kansas?

The infant mortality rate in Kansas is 7.1. The rate is the number of deaths of Kansas children under age one per 1,000 live births.

How do we compare with other states?

In comparison to the 7.1 rate in Kansas, Iowa has an infant mortality rate of 5.1, Colorado has a rate of 5.7 and Nebraska's rate is 5.6.

Kansas has made consistent progress over the years to improve the well-being of our state's children. One of the reasons Kansas children have fared so well is because policymakers have used data to drive their decisions on children's health issues, such as implementing a comprehensive newborn screening program and requiring booster seats for small children.

Kansas lacks data that other states are able to access

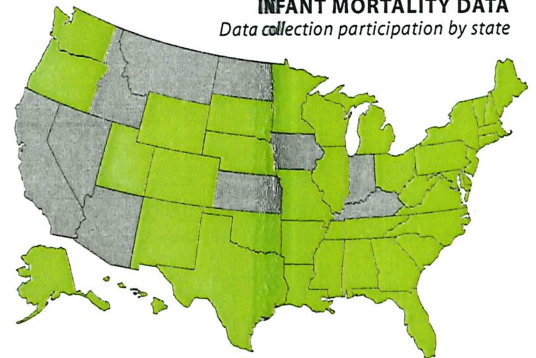
Right now, Kansas lacks the data that policymakers need to make informed decisions about the infant mortality problem facing our state. In fact, Kansas ranks 29th in the nation when it comes to infant mortality and we fall far behind the progress made by neighboring states like Iowa, Nebraska and Colorado. Unlike these other states, officials in Kansas do not have the ability to gather the data needed to implement community-level programs that will effectively combat our high infant mortality rate.

Kansas is missing out on federal funding related to infant mortality

Without access to appropriate data regarding infant mortality, Kansas lacks access to federal funding that other states are utilizing to lower their infant mortality rates. By putting a process in place to collect the data needed on infant deaths, Kansas will have an opportunity to draw down additional federal dollars and to save the lives of more Kansas children.

INFANT MORTALITY DATA

Data collection participation by state



Thirty-seven states have utilized Centers for Disease Control and Prevention (CDC) funding to collect and analyze data surrounding infant mortality. Kansas would not be eligible to apply for this federal funding until statutory authority is granted by the Legislature to collect the ncessary data.

Now is the time to take the first step

Solutions to health problems often become evident when comprehensive data is available. However, when it comes to infant mortality, our state simply does not have enough data to make informed policy decisions. The first step toward improving the infant mortality rate in Kansas is to find out what factors are contributing to the high rate. To achieve this, Kansas needs to provide statutory authority to the Kansas Department of Health & Environment that will allow the agency to collect and analyze information from Kansas families about infant deaths that are factored in the state's infant mortality rate. Having access to more comprehensive data will provide community leaders and policymakers in Kansas with the information they need to make informed decisions to reduce the rate of infant mortality in Kansas.

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February 8, 2010

To: Senate Public Health and Welfare Committee
From: Mary Jean Brown, MS, RNC, Mother and Child Health Coalition of Kansas City

Good afternoon Chairman Barnett and members of the committee. It is my pleasure to appear before you today in support of Senate Bill 448. My name is Mary Jean Brown and I work at the Mother and Child Health Coalition of Kansas City as the coordinator of the Fetal and Infant Mortality Review program - a program that focuses directly on reducing infant deaths.

The Mother and Child Health Coalition's vision is that every mother and child in the Kansas City area will be healthy. We serve the greater Kansas City area, including Johnson and Wyandotte Counties in Kansas. However, my work with the FIMR project is limited to Missouri. Due to statutory limitations, I am not able to do in-depth work around infant mortality in Kansas as I do in Missouri. Families and children in Johnson and Wyandotte Counties, along with the rest of the state, are at a disadvantage because of the current statutory limitations.

Fetal and Infant Mortality Review (FIMR)
FIMR is an action-oriented community process that continually assesses, monitors and works to improve service systems and community resources for the health and well-being of women, infants and families. FIMR has 2 components: the Case Review Team and the Community Action Team. Information about infant deaths (without unique identifiers) are presented to the Case Review Team, which consists of physicians, nurses, nurse midwives, educators, social workers and case managers. Through the review process gaps in the health care system are identified, resulting in recommendations to the Community Action Team for steps to take to close those gaps.

Community Level Data
Our FIMR program in KC, MO focuses on community level data – down to the zip code level. This level of analysis provides for the most appropriate and effective solutions to be offered in each community. For example, in the 10 zip codes targeted in KC, MO, four different health trends were identified: 1) obesity, 2) late or no prenatal care, 3) addiction to substances, and 4) asthma (20% of mothers in identified zip codes had asthma). Based on these findings, specific interventions are being implemented in these communities. Without the FIMR process interventions would not be strategic and data-based.

I am here today to support SB 448 because I want to be able to help the families and infants in Kansas as I do in Missouri. With the passage of SB 448 families and infants in Kansas will benefit from our work and we will save lives.

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Senate Public Health and Welfare
Date: 02/08/10
Attachment: 4

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February 8, 2010

To: Public Health and Welfare Committee
From: Christy Schunn, Executive Director, SIDS Network of Kansas, Inc.

Good afternoon Chairman Barnett and members of the committee. Thank you for the opportunity to express my support of SB 448.

High rate of infant mortality
According to the 2006 March of Dimes Peristats, Kansas has the 4th highest SIDS, or Sudden Infant Death Syndrome rate in the country. While the issues surrounding SIDS and infant mortality are multi-factorial there is pertinent information that can shed light on why Kansas babies die at a higher rate than the national average. Utilizing the American Congress of Obstetricians and Gynecologists (ACOG) recommended program, Fetal Infant Mortality Review (FIMR) insight can be gained to improve service systems and community resources for women, infants, and families.

Need for surveillance
Just last week, The Journal of American Medical Association released a research article shedding new light on our understanding of SIDS. The key data that was used in the current research was gathered in part from a parental interview, an integral part of the FIMR process. The parental interview not only gathers pertinent information about the death, but also provides bereavement support to the grieving family. *This type of comprehensive data is not currently available in Kansas.*

While we can benefit from national studies like this, we are at a disadvantage for better understanding the causes of infant mortality in our State, and coming up with Kansas-specific solutions to make sure our babies are born healthy and stay healthy. Access to the necessary information through FIMR is pertinent to understanding and reducing our staggeringly high rate of infant death.

Community solution
SB 448 is an important step to understanding the factors related to infant mortality. Improved data and surveillance activities enable communities to identify causes of infant mortality and to design and implement interventions to improve service systems and resources to families.

I respectfully ask for your support of SB 448.

Senate Public Health and Welfare
Date: 02/08/10
Attachment: 5

TESTIMONY ON SENATE BILL 448

SENATE PUBLIC HEALTH and WELFARE COMMITTEE
February 8, 2010

Thank you Chairman Barnett and members of the committee. I am Dr. Dennis Cooley, Chairperson for the Blue Ribbon Panel on Infant Mortality. I am here today to speak in support of Senate Bill 448

Infant Mortality rates in our state have been above national averages for many years and racial disparities exist that far exceeds those in 46 other states. In June of 2009 at the behest of the Secretary of the Kansas Department of Health and Environment the Blue Ribbon Panel on Infant Mortality was formed to examine this problem. This group consists of expert from across the state in the fields of perinastal and infant health and welfare.

One of the deficiencies we found was that our state's current statutes are hampering us from obtaining good information to help communities make decisions on how to best address the problem locally. Programs that have been successful in lowering infant mortality rates have been carried out at the local level. These programs, such as FIMR (Fetal Infant Mortality Review) and PRAMS (Prenatal Risk Assessment Monitoring System), are not available to us because of current statutes.

Without the knowledge of the specific factors influencing infant mortality in communities we will never successfully decrease the rate of infant mortality. This information will allow us to focus our resources in the areas that they will do the most good.

Our panel made 18 recommendations that were forwarded to the Secretary. One of these involved amending legislation to allow for maternal and child health surveillance. Senate Bill 448 addresses this recommendation. I strongly urge you to vote for passage of this legislation.

Thank you for the opportunity to speak to you today.

KANSAS HEALTH INSTITUTE

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Senate
Committee on Public Health and Welfare

February 8, 2010

Use of the Kansas Birth Record Data for Monitoring the Health of Mothers and Infants

Sharon Homan, Ph.D.
Kansas Health Institute

Information for policymakers. Health for Kansans.

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

The Honorable Chairman Barnett and members of the committee, thank you for this opportunity to describe the uses of birth, death, and stillbirth certificates to monitor the health of mothers and their infants, with the goal of reducing the likelihood that infants will be born preterm or with low birth weights, or that they will die in the first year of life.

As a neutral conferee, I hope to shed light on the relationship between SB448 and the state's ability to monitor and assess maternal and child health in Kansas, and plan programs to target specific health needs.

SB448 permits the secretary, or secretary's designee, to interview individuals for purposes of maternal and child health surveillance and monitoring provided there is informed consent and institutional review board approval. Surveillance and ongoing collection of population-based data of high scientific quality are essential functions of local and state health departments and the Centers for Disease Control and Prevention (CDC). Kansas does not have a surveillance system to track maternal behaviors and experiences before, during, and after pregnancy. Such monitoring would aid in identifying the specific program needs in Kansas communities. Monitoring permits communities to target efforts at reducing infant mortality and promoting healthy pregnancies and births. By identifying community-specific needs through surveillance efforts, health officials can address challenges in assuring early access to prenatal care, reducing risks of pregnancy-related violence, alcohol and tobacco use during pregnancy, increasing folic acid intake, and educating mothers about breastfeeding, safe sleeping positions, and well-baby care.

SB448 would allow Kansas to join 37 other states, New York City, and the Yankton Sioux Tribe that participate in PRAMS, the Pregnancy Risk Assessment Monitoring System. PRAMS is a key part of the CDC's initiative to reduce infant mortality and low birth weight. The CDC began PRAMS in 1987 because infant mortality rates were no longer declining as rapidly as they had in prior years. The goal of PRAMS is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity.

In Kansas, the infant mortality rate is on the rise. Research has indicated that maternal behaviors during pregnancy may influence infant birth weight and mortality rates. PRAMS

provides data for state health officials to use to improve the health of mothers and infants. PRAMS enables Kansas health officials to monitor changes in maternal and child health indicators (e.g., unintended pregnancy, prenatal care, breast-feeding, smoking, drinking, infant health). PRAMS enhances information from birth certificates used to plan and review state maternal and infant health programs.

PRAMS provides data not available from other sources about pregnancy and the first few months after birth. These data can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants. PRAMS data can be used by state and local governments to plan and review programs and policies aimed at improving the health of mothers and babies. Like other states, Kansas can use PRAMS data when planning maternal and infant health programs and developing partnerships with local and state agencies.

SB448 removes the barrier to monitoring the health and safety of pregnant women, mothers and infants. Health monitoring provides data for targeted actions that could improve the health and safety of Kansas mothers and babies. New Mexico used PRAMS data to increase breastfeeding among working mothers. New Jersey, which ranked 40th among states in first trimester prenatal care, used PRAMS data to determine barriers to early prenatal care and to obtain funding to increase access to prenatal and preconception care. Alaska used PRAMS data to address affordability and barriers to well-baby checkups.

SB448 will enable Kansas to implement PRAMS and other surveillance systems such as FIMR, the Fetal and Infant Mortality Review, that are nationally recognized and supported by the Centers for Disease Control, the American College of Obstetricians and Gynecologists and the Maternal and Child Health Bureau. These surveillance systems are critical tools for improving birth outcomes and systems of care surrounding pregnancy, childbirth and infancy, statewide, and in specific local communities. Surveillance is essential to creating action-oriented processes for reducing infant mortality and promoting healthy mothers and infants.