

Legislative Analysis



STILLBIRTHS: REQUIRE INFORMATION BE PROVIDED TO PREGNANT WOMEN

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House Bill 6091

Sponsor: Rep. Kevin Green

Committee: Health Policy

Complete to 5-10-10

A SUMMARY OF HOUSE BILL 6091 AS INTRODUCED 4-28-10

The bill would require:

- A pregnant woman to be verbally informed of the risk for stillbirth.
- Written information on stillbirth be provided between the 20th and 28th week of gestation.
- The Department of Community Health to develop the written information as prescribed in the bill.
- The DCH to make the written information available free of charge to medical regulatory boards, to health professionals required to inform pregnant women of the risks for stillbirth, and to local health departments.
- The written information to be made available to other persons upon request, at cost.

House Bill 6091 would add a new section to the Public Health Code (MCL 333.16278) to require a licensed or registered health care professional who provides primary care to a pregnant woman to verbally inform the woman of the potential risk for stillbirth. Between the 20th and 28th weeks of gestation, the health care professional would have to distribute written information regarding stillbirths to the pregnant woman. The requirement to provide verbal and written information regarding the risk for stillbirths would not apply to a health care professional who provides emergency or nonprimary health care services to a patient who was a pregnant woman. "Stillbirth" would mean sudden antenatal death syndrome or SADS.

The responsibility to develop the written information would lie with the Department of Community Health, in consultation with appropriate professional organizations and other appropriate state and federal departments and agencies. The written information would have to include preventive measures applicable to the risk of stillbirth – including awareness of decreased fetal movements and counting fetal kicks to reduce that risk. To comply with the bill's requirement, the DCH could use existing written information regarding the potential risk of stillbirth and preventive measures applicable to that risk. Copies of the information would have to be provided in English, Spanish, and other languages as determined appropriate by the department. In addition, the pamphlet would have to be written in easily understood, nontechnical terms.

The DCH would be required to make the written information available, free of charge, to both medical boards, to local health departments, and to health professionals required to comply with the bill's provisions. The written information would be available to other persons upon written request, at cost.

The bill would take effect 60 days after enactment.

FISCAL IMPACT:

The bill has fiscal implications for the Department of Community Health, for the development of written information regarding stillbirth, and for providing written information free of charge to health professionals, medical boards, and local health departments. If the requirements of the bill are met with the printing and distribution of information documents to the 43,850 medical and osteopathic physicians licensed in the state, there may be a cost to the Department of approximately \$50,000.

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