REPORT OF THE
JOINT COMMISSION ON HEALTH CARE

Follow-Up Care and Tracking Systems for Preterm and Low-Birth Weight Infants

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

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Preface

Preterm and low-birth weight infants are at an increased risk of developmental delay by the circumstances of their birth. Immediate delays may not be readily apparent at birth or soon after, but are often recognized once the child enters school. Moreover, the optimal time for providing services is early in life when the development of the brain and central nervous system may be influenced. By the time a child reaches school age, this time has passed.

In recognition of the importance of early identification and provision of services for babies born early or with low birth weights, a study was included in the 2006 Joint Commission on Health Care (JCHC) workplan. A workgroup was convened by JCHC staff to examine the adequacy of follow-up services and the potential need for a tracking system for preterm and low-birth weight infants in Virginia. The workgroup cited anecdotal evidence that families are having difficulty accessing services for their preterm and low-birth weight infants, with contributory factors including a general lack of understanding regarding the importance of follow-up services, the cost of services particularly since reimbursement for services is low, and the restrictive eligibility criteria for public programs. It is difficult to determine the extent to which access to services is a problem since data that is specific to preterm and low-birth weight infants is lacking. JCHC voted to convene a workgroup in 2007 to determine whether existing data and tracking systems can be adapted to provide information about preterm and low-birth weight infants.

On behalf of the Joint Commission and staff, I would like to thank the numerous individuals who assisted in this study report, including representatives from the Office of the Secretary of Health and Human Resources; Department of Education; Department of Health; Department of Mental Health, Mental Retardation and Substance Abuse Services; March of Dimes; The Medical Society of Virginia; Virginia Association of Community Services Boards; Virginia Association of Health Plans; and Virginia Hospital and Healthcare Association.

Kim Snead
Executive Director

April 2007

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Follow-Up Care and Tracking Systems for Preterm and Low-Birth Weight Infants

Executive Summary

Background

Preterm and low-birth weight (LBW) infants are at an increased risk of developmental delay by the circumstances of their birth. Immediate delays may not be readily apparent at birth or soon after, but are often recognized once the child enters school. The optimal time for providing services is early in life when the development of the brain and central nervous system may be influenced. By the time a child reaches school age, this time has passed.

Dr. Susan Brown discussed the importance of providing follow-up services for these vulnerable infants in her remarks at the October 25, 2005 meeting of the Joint Commission on Health Care (JCHC). During her remarks, Dr. Brown concluded:

> "Virginia does not have any way at this time to identify prematurely born infants or to track them to make sure their families and physicians are properly informed about developmental risks and the referral resources available to them….[T]here is no system in place to determine the costs to the State to provide the long term therapy and address the educational needs of the premature."

In recognition of the importance of early identification and provision of services for babies born early or with low-birth weights, a study was included in the 2006 JCHC workplan.

Prevalence of Premature and LBW Births. Premature and LBW infants, as defined by the National Center for Health Statistics (NCHS), include:

- Premature birth - delivery occurring at less than 37 completed weeks of gestation (full term = 38 to 42 weeks).
- Low Birth Weight (LBW) - Less than 2,500 grams or 5.5 pounds; very low birth weight < 1,500 grams or 3.25 pounds.

Historical data suggests a strong correlation between these two birth indicators.

Since 1981, when comparable national data first became available, the increasing prevalence of premature and LBW births has raised public health concerns. According to the Institute of Medicine, the number of preterm births has increased 30% since 1981. The Centers for Disease Control report that the percentage of LBW infants has increased from 6.8% of live births in 1981 to 7.9%

of live births in 2003. In 2004, over half a million infants were born prematurely (*National Vital Statistics Reports*, Vol. 55 No.1, September 29, 2006, Centers for Disease Control).

Data from Virginia reflects the national trend of increasing numbers of preterm and LBW babies. In 2003, 8.2% of live births in Virginia resulted in a LBW infant according to NCHS; which was higher than the national average of 7.9%. In 2004, 10.98% of births (11,405 infants) in Virginia were preterm according to the Virginia Department of Health (VDH).

A number of factors may influence the increased number of live births that result in premature or LBW infants including:

- Advances in medicine;
- Increases in the number of multiple births; and
- Growth in the number of older women having children.

Risk Factors. There is no one condition that has been identified as the cause of preterm and LBW births. There are several risk factors that may indicate that a woman is at greater risk for delivering a preterm or LBW infant. Potential risk factors include:

- History of preterm birth;
- Multifetal pregnancy;
- Some uterine and cervical abnormalities;
- Infection;
- Diabetes Mellitus;
- Hypertension;
- Late or no prenatal care;
- Smoking;
- Alcohol and illicit drug use;
- Maternal age <20 or >40; and
- Genetics (a genetic variant was recently identified that may account for higher rates of premature delivery experienced by African-American women).

Importance of Follow-Up Services. Providing follow-up services in the first years of life is crucial for preterm and LBW infants. During the first years of a child's life, the brain is especially receptive to the positive effects of intervention services. The provision of follow-up services to preterm and LBW babies soon after their birth frequently results in increased developmental scores. Unfortunately, developmental delays may not be diagnosed until the child enters school, which places the child at increased risk of academic failure, behavioral problems, and socio-emotional disturbance. Studies have found that long-term

public savings may be achieved if follow-up services are provided early in a child's life. These savings result from decreased grade repetition and spending in special education, welfare, and juvenile justice programs; and ultimately from increased tax revenues and enhanced productivity.

Neonatal Follow-Up Workgroup Convened

In 2006, a workgroup was convened by JCHC staff to review the adequacy of follow-up services and the potential need of a tracking system for preterm infants in Virginia. Participants of the workgroup included representatives from:

- Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS);
- Department of Health (VDH);
- Department of Education (DOE);
- March of Dimes (MOD);
- Medical Society of Virginia (MSV);
- Office of the Secretary of Health and Human Resources;
- Physician in private practice;
- Virginia Association of Community Services Boards (VACSB);
- Virginia Association of Health Plans (VAHP); and
- Virginia Hospital and Healthcare Association (VHHA).

The workgroup consulted the guidelines on the *Hospital Discharge of the High-Risk Neonate* as proposed in 1998 by the American Academy of Pediatrics' Committee on Fetus and Newborn. The guidelines included six critical components of discharge planning including:

1. Parental education
2. Implementation of primary care
3. Evaluation of unresolved medical problems
4. Development of a home care plan
5. Identification and mobilization of surveillance and support services
6. Determination and designation of follow-up care.

Virginia's regulations regarding neonatal intensive care units are very broad requiring hospitals with specialty and subspecialty level units to have policies and procedures in place for the "provision for developmental follow-up." (12VAC5-410-444) Specific guidelines, such as those provided by the American Academy of Pediatrics, regarding the structure and implementation of a follow-up program are not included in Virginia's regulations. VHHA indicates a wide variety of follow-up programs are provided by hospitals in Virginia. These follow-up programs are described as being customized to fit the needs of the community.

In its deliberations, the workgroup reviewed access to services, funding for services, tracking of LBW babies, and increasing awareness of the importance of identifying and addressing developmental delays as early as possible.

Access to Services. There is anecdotal evidence that preterm and LBW children in Virginia have a difficult time accessing services. However, it is difficult to determine the extent to which access is an issue as there is no data system that specifically tracks these children. Members of the workgroup identified factors which may impede access to neonatal follow-up services, including:

- Delayed identification of developmental delays which often does not occur until school age,
- Lack of understanding of the need for follow-up services,
- Poor patient compliance,
- Cost,
- Insufficient reimbursement for services, and
- Restrictive eligibility criteria for governmental assistance programs.

Funding for Services. There are no programs or funding streams specifically designed to address the needs of preterm or LBW infants. While a number of public programs may serve premature and LBW infants, if they meet additional eligibility requirements, these infants are not the programs' primary target population.

- Individuals with Disabilities Education Act (IDEA) Part B provides special education services for children from age 2 to kindergarten.
- IDEA Part C provides early intervention services for children with disabilities from birth to age 3. In Virginia, eligible children must:
    - Function 25% or more below their chronological age,
    - Show atypical development, and/or
    - Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay – premature birth or LBW alone does not qualify.
- Medicaid provides many services, particularly through Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT), which could benefit premature and LBW infants. However, children must meet the financial eligibility requirements to access services.
- VDH offers several programs that assist children with developmental delays including:
    - Early Hearing Detection and Intervention Program,
    - Care Connection for Children, and
    - Child Development Services Program.

Virginia requires health insurance policies to cover early intervention services as provided in IDEA for state employee health coverage and for certain health plans up to $5,000. However, only a small portion of Virginia's population is covered by these mandates. HB 657 (2006) would have mandated health insurance coverage of certain habilitative services. HB 657 was continued until 2007 in the Commerce and Labor Committee to be reviewed by the Special Advisory Commission on Mandated Health Insurance Benefits. That Commission did not recommend mandating coverage of habilitative services.

Furthermore, it was reported that the reimbursement that is provided for services is typically low. VHHA reported that hospitals often cover all or most of the cost for their follow-up care programs, as it is frequently more cost-effective than billing given the low reimbursement rates.

Tracking Preterm and LBW Infants in Virginia. There is no data system specifically designed to track children who are born prematurely or with a LBW. There is some tracking of information on children who have disabilities or documented delays and coincidentally some of these children were preterm or LBW infants. Examples of the tracking systems that are in place include:

- Pregnancy Risk Assessment Monitoring System,
- Virginia Congenital Anomalies Reporting and Education System,
- Early Hearing Detection and Intervention Program, and
- Part C Child Find System.

However, because these pediatric tracking systems are not specifically designed to track preterm and LBW children, the systems include children who were full term and of "normal" birth weight, exclude some preterm and LBW children, and are housed in a variety of agencies among various programs.

Increasing Awareness. It is crucial that providers, parents and other caregivers understand the importance of early identification and intervention for premature and LBW infants. The failure to understand the importance of early intervention may result in poor patient compliance and an inability to properly assess developmental progress.

Several State programs provide educational components which could be expanded to include information about premature and LBW infants. Resource Mothers uses lay community health workers to mentor pregnant teens and to assist in their transition to parenthood. Bright Futures Virginia provides guidance on developmental milestones, health education, and child and adolescent health care visits from birth through adolescence.

Policy Options

Option I

Take no action.

Option II – ***Approved as amended***

~~Introduce a joint resolution to form a task force comprised of representatives from VDH, DMHMRSAS, VACSB, DMAS, DOE, VAHP, and VHHA to determine the feasibility of creating a system to track preterm and LBW infants, their access and utilization of services, and their long-term outcomes. A report on the findings of the task force would be due to JCHC before the 2008 Session.~~

By letter from the Chairman of JCHC, request that representatives from VHD, DMHMRSAS, VACSB, DMAS, DOE, MSV, VAHP and VHHA participate in a workgroup to assess how existing data and tracking systems my be amended or altered to strengthen the current systems' capabilities to track preterm and LBW infants, their access and utilization of services, and their long-term outcomes. A report on the workgroup's findings and recommendations to strengthen current systems will be due to JCHC no later than October 1, 2007.

Option III

Introduce a budget amendment for $72,000 GFs for FY 2008 to fund a State educational campaign on the needs and services available for premature infants in partnership with the March of Dimes.

a) $42,000 GFs for lay community health worker programs such as Resource Mothers; and,
b) $30,000 GFs to add a premature infant training module to Bright Futures Virginia.

Option IV

Include an update by JCHC staff on the recommendations regarding habilitative services by the Special Advisory Commission on Mandated Health Insurance Benefits.

Public Comments

The Virginia Department of Health offered several comments and urged the "Commission to work on these concerns within a broader context of health factors impacting infants and children and their families in the Commonwealth."

VDH highlighted activities already taking place in the Commonwealth, including several of the Governor's initiatives such as the Start Strong Council, the Working Group on Early Childhood Initiatives, the Health Reform Commission, and the Health Information Technology Council. VDH indicated that these initiatives address preterm and low-birth weight births in some form.

VDH expressed concern that creating a separate tracking system for special populations would be inefficient given current initiatives.

- Federal funding from the Centers for Disease Control and Prevention is assisting in computer systems redesign and linkages for the child health systems.
- A major redesign of the birth certificate system is currently underway.
    - Within two years, certain indicators from the Virginia Congenital Anomalies Reporting and Education System and the Early Hearing Detection and Intervention System will be integrated into the new birth certificate system.
- A plan is being discussed that would link the Part C information system and other child health tracking systems such as the Virginia Immunization Registry and the database for Care Connection for Children.

In summation, VDH supports "strengthening existing programs and continuing to work to improve referrals to them."

No additional public comments on this study were received.

JCHC Staff for this Report
Catherine W. Harrison
Senior Health Policy Analyst

Preterm Infants: Follow-Up Care and Tracking Systems

(Revised)

Presentation to:
The Joint Commission on Health Care

Catherine W. Harrison
Senior Health Policy Analyst

September 14, 2006
Richmond, Virginia

Presentation Outline

- *Study Origin*
- **Background on Premature and Low Birth Weight Infants**
- **Overview of Initiatives and Programs in Virginia**
- **Options**

Study Origin

- A study of the availability and potential need for follow-up services for and tracking of preterm infants was included in the 2006 JCHC workplan during the November 10, 2005 Decision Matrix meeting.
  - Dr. Susan Brown discussed the importance of providing follow-up services in her remarks at the JCHC October 25, 2005 meeting. During her remarks, she concluded:

    "Virginia does not have any way at this time to identify prematurely born infants or to track them to make sure their families and physicians are properly informed about developmental risks and the referral resources available to them…Lastly, there is no system in place to determine the costs to the State to provide the long term therapy and address the educational needs of the premature."

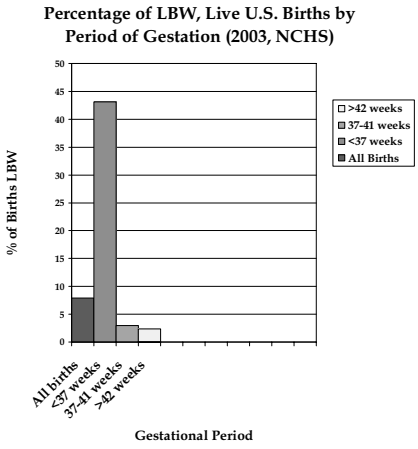
- Preterm and low-birth weight infants are at an increased risk of developmental delay by the circumstances of their birth.
  - Immediate delays may not be readily apparent at birth or soon after, but are often recognized once the child enters school.
  - The optimal time for providing services is early in life when the development of the brain and central nervous system may be influenced. By the time a child reaches school age, this time has passed.

Presentation Outline

- ❑ **Study Origin**
- ■ ***Background on Premature and Low-Birth Weight Infants***
- ❑ **Overview of Initiatives and Programs in Virginia**
- ❑ **Options**

Premature and Low-Birth Weight Infants

- Definitions according to the National Center for Health Statistics (NCHS):
  - Premature Birth
    - Delivery occurring at less than 37 completed weeks of gestation (full term = 38 to 42 weeks).
  - Low-Birth Weight (LBW)
    - Less than 2,500 grams or 5.5 pounds; very low birth weight < 1,500 grams or 3.25 pounds.
- Premature and LBW births have a strong correlation.



Prevalence of Premature and LBW Births

- Since 1981, when comparable national data was first available, the increasing number of premature and LBW births has raised public health concerns.
  - The Institute of Medicine (IOM) reports that the number of preterm births has increased 30% since 1981.
    - In 2004, over half a million infants were born prematurely according to the National Center for Health Statistics (NCHS).
  - The Centers for Disease Control (CDC) report that the percentage of LBW infants has increased from 6.8% of live births in 1981 to 7.9% of live births in 2003.
- A number of factors may influence the increased number of live births that result in premature or LBW infants.
  - Advances in medicine.
  - Increase in the number of multiple births.
    - According to the March of Dimes (MOD), 61.2% of live multiple birth pregnancies resulted in preterm delivery in 2003.
  - Growth in the number of older women having children.
    - MOD reports women under the age of 20 and over the age of 40 have a greater likelihood of delivering preterm and LBW babies.

Risk Factors

- History of preterm birth
- Multifetal pregnancy
- Some uterine and cervical abnormalities
- Infection
- Diabetes Mellitus
- Hypertension
- Late or no prenatal care
- Smoking
- Alcohol and illicit drug use
- Maternal age <20 or >40
- Genetics (a genetic variant was recently identified that may account for higher rates of premature delivery experienced by African-American women).

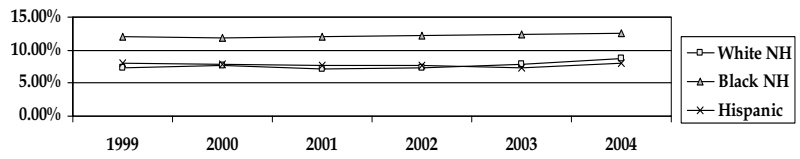
Race and Ethnic Distribution

- Overall, preterm and LBW rates have increased for all races and ethnic origins.
  - In 2004, white non-Hispanic and American Indian births displayed the most significant increases in premature birth.
  - A disproportionately large number of live black non-Hispanic births are premature and LBW.
    - 17.9% of black non-Hispanic births were premature in 2004.
    - 13.6% of black non-Hispanic births were LBW in 2003.

(Sources: NCHS and CDC.)

Preterm Birth By Race/Ethnicity Among Singleton Birth in Virginia 1999-2004

(Source: VDH)



Importance of Follow-Up Services

- As noted previously, developmental delays may not be diagnosed until the child reaches school age, at which time the optimal period for intervention has passed.
  - Providing follow-up services in the first years of life is crucial.
    - During the first years of a child's life, the brain is especially receptive to the positive effects of intervention services.
    - The provision of follow-up services to preterm and LBW babies soon after their birth frequently results in increased developmental scores.
  - Individuals whose developmental delays go undetected until they attend school are at an increased risk of academic failure, behavioral problems, and socio-emotional disturbance.
  - Studies have found that long-term public savings may be achieved if follow-up services are provided early in a child's life by:
    - Decreased grade repetition and spending in special education, welfare, and juvenile justice programs; and
    - Increased tax revenues and enhanced productivity.

Presentation Outline

- ❑ **Study Origin**
- ❑ **Background on Premature and Low-Birth Weight Infants**
- ■ ***Overview of Initiatives and Programs in Virginia***
- ❑ **Options**

Neonatal Follow-Up Workgroup

- In 2006, a workgroup was convened by JCHC staff to address the adequacy of follow-up services and the potential need for a tracking system for preterm infants. Participants in the workgroup included representatives from:
  - Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)
  - Department of Health (VDH)
  - Department of Education (DOE)
  - March of Dimes (MOD)
  - Medical Society of Virginia (MSV)
  - Office of the Secretary of Health and Human Resources
  - Physician in private practice
  - Virginia Association of Community Services Boards (VACSB)
  - Virginia Association of Health Plans (VAHP)
  - Virginia Hospital and Healthcare Association (VHHA).

Preterm and LBW Statistics for Virginia

- Data from Virginia reflects the national trend of increasing numbers of preterm and LBW babies.
- In 2003, 8.2% of live births in Virginia resulted in a LBW infant according to NCHS.
  - This was above the national average of 7.9%.
- In 2004,11,405 preterm infants were born in Virginia according to VDH.
  - 10.98% of births were preterm.

American Academy of Pediatrics

- In 1998, the American Academy of Pediatrics' Committee on Fetus and Newborn issued proposed guidelines on the *Hospital Discharge of the High-Risk Neonate*.
  - The guidelines included six critical components of discharge planning including:
    - Parental education,
    - Implementation of primary care,
    - Evaluation of unresolved medical problems,
    - Development of a home care plan,
    - Identification and mobilization of surveillance and support services, and
    - Determination and designation of follow-up care.
- Periodic evaluations of the developmental progress of every infant were stressed since they are key to the early detection of developmental delays.

Neonatal Intensive Care Units in Virginia

- VDH regulations (12VAC5-410-443) classify Neonatal Intensive Care Units (NICUs) into 4 levels:
  - ***General level newborn services*** are provided to newborns of low risk (67 hospitals provide this level of care).
  - ***Intermediate level newborn services*** are provided to moderately ill neonates or stable, growing LBW neonates who only need weight gain for discharge (29 hospitals provide this level of care).
  - ***Specialty level newborn services*** are offered to high-risk neonates in need of intensive medical care (22 hospitals provide this level of care).
  - ***Subspecialty level newborn services*** supply high-risk, critically ill neonates with intensive medical care for complex illnesses (6 hospitals provide this level of care).
- Specialty and subspecialty level newborn service providers must have additional policies and procedures in place for providing developmental follow-up.
  - Virginia's regulations are very broad and only include the requirement that hospitals have policies and procedures in place for the "provision for developmental follow-up." (12VAC5-410-444)
    - Specific guidelines, such as those provided by the American Academy of Pediatrics, regarding the structure and implementation of a follow-up program are not provided.
    - Information provided by VHHA indicates a wide variety of follow-up programs are provided that are described as being customized to fit the needs of the community.

Workgroup Findings

- There is anecdotal evidence that preterm and LBW children have a difficult time accessing services. However, determining the extent to which access is an issue is difficult without data that specifically tracks these children.

- Members of the workgroup identified several factors which may negatively impact access to neonatal follow-up services, including:
  - Identification of developmental delays does not occur until school age
    - Lack of understanding of the need for follow-up services
      - Poor patient compliance
  - Cost and
    - Insufficient reimbursement
  - Restrictive eligibility criteria for government programs.

Cost of Neonatal Follow-Up Services

- Many hospitals, as reported by VHHA, cover all or most of the cost for their follow-up care programs due to low reimbursement rates.
  - Frequently, it is more cost-effective to absorb follow-up care costs than to bill for reimbursement.

- Virginia requires coverage of early intervention services, as provided in the Individuals with Disabilities Education Act (IDEA), for State employee health coverage and for certain health plans up to $5,000.
  - However, only a small portion of Virginia's population is covered by these mandates.
    - HB 657 (2006 Session) would mandate health insurance coverage of certain habilitative services.
      - HB 657 was continued until 2007 in the Commerce and Labor Committee and is being reviewed by the Special Advisory Commission on Mandated Health Insurance Benefits.

Educational Programs

- It is crucial that providers, parents, and other caregivers understand the importance of early identification and intervention to ensure for premature and LBW infants. Failure to understand the importance of early intervention may result in poor patient compliance and an inability to properly assess developmental progress.
- Several State programs provide educational components to such target audiences as physicians and high-risk pregnant women. These programs could be expanded to include components on premature and LBW babies.
  - Resource Mothers
    - Program uses lay community health workers to mentor pregnant teens and assist in the transition to parenthood.
  - Bright Futures Virginia
    - Provides guidance on developmental milestones, health education, and child and adolescent health care visits from birth through adolescence.
      - Web-based training available.

Eligibility

- There are no programs or funding streams specifically designed to address the needs of preterm or LBW infants.
  - However, there are a number of public programs that could serve premature and LBW infants (if they meet additional eligibility requirements).
- IDEA Part B provides special education services for children from age 2 to kindergarten.
- IDEA Part C provides early intervention services for children with disabilities from birth to age 3. In Virginia eligible children must:
  - Function 25% or more below their chronological age
  - Show atypical development and/or
  - Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. (Premature birth or LBW alone does not qualify.)
- Medicaid provides many services, particularly through Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT), that benefit premature and LBW infants.
  - Children must meet the financial eligibility requirements to access services.
- VDH offers several programs that assist children with developmental delays including:
  - Early Hearing Detection and Intervention Program
  - Care Connection for Children
  - Child Development Services Program.

Workgroup Recommendations for Increasing Awareness and Access

- Produce a State educational campaign on the needs and services available for premature infants in partnership with the March of Dimes.
  - Bright Futures Virginia.
  - Lay resources such as Resource Mothers.
- Update JCHC on the results of the Special Advisory Commission on Mandated Health Insurance Benefits review of habilitative services.

Tracking Preterm and LBW Infants in Virginia

- In Virginia, there is no data system designed to track children who were born prematurely or with a LBW.
  - Information on children who have disabilities or documented delays are tracked to some extent by various agencies.
    - Pregnancy Risk Assessment Monitoring System (PRAMS)
    - Virginia Congenital Anomalies Reporting and Education System
    - Early Hearing Detection and Intervention Program
    - Part C Child Find System
  - There is no specific identifier for premature of LBW infants in these systems.

Workgroup Recommendations for a Tracking System

- Virginia's current pediatric tracking systems:
  - — Are not specifically designed for preterm and LBW children,
  - — Include children who were full term,
  - — Exclude certain preterm and LBW children, and
  - — Are housed in a variety of agencies among various programs.
- Consequently, the neonatal follow-up workgroup recommends creating a task force to determine the feasibility of creating a system to track preterm infants, their access and utilization of services, and their long-term outcomes.

Presentation Outline

- ❑ **Study Origin**
- ❑ **Background on Premature and Low-Birth Weight Infants**
- ❑ **Overview of Initiatives and Programs in Virginia**
- ■ ***Options***

Policy Options

Option I: Take no action.

Option II: Introduce a joint resolution to form a task force comprised of representatives from VDH, DMHMRSAS, VACSB, DMAS, DOE, VAHP, and VHHA to determine the feasibility of creating a system to track preterm and LBW infants, their access and utilization of services, and their long-term outcomes. A report on the findings of the task force would be due to JCHC before the 2008 Session.

Policy Options

Option III: Introduce a budget amendment for $72,000 GFs for FY 2008 to fund a State educational campaign on the needs and services available for premature infants in partnership with the March of Dimes.

a) $42,000 GFs for lay community health worker programs such as Resource Mothers and

b) $30,000 GFs to add a premature infant training module to Bright Futures Virginia.

Option IV: Include an update by JCHC staff on the recommendations regarding habilitative services by the Special Advisory Commission on Mandated Health Insurance Benefits.

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