093234724

1

2

3

4

5

6

7 8

9 10

11

12

13

14 15

16

17

18 19

20

21

22

23

24

25

26 27

29

30

31

32

47

48 49

50 51

53

54 55

56 57

## **HOUSE JOINT RESOLUTION NO. 667**

Offered January 14, 2009 Prefiled January 12, 2009

Establishing a joint subcommittee to study methods and practices for reducing infant mortality in the Commonwealth. Report.

## Patron—Shannon

## Referred to Committee on Rules

WHEREAS, the Centers for Disease Control and Prevention (CDC) ranked Virginia's infant mortality rate as the 18th highest in the nation; and

WHEREAS, in 2006, Virginia's infant mortality rate was 7.1 deaths per 1,000 live births, higher than the national average of 6.6 deaths per 1,000 live births; and

WHEREAS, the CDC has ranked Virginia as 18th out of 50 states in terms of adequacy of prenatal care, with 78.3 percent of pregnant women receiving care; and

WHEREAS, state government can play a significant role in reducing infant mortality in the Commonwealth; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a joint subcommittee be established to study methods and practices for reducing infant mortality in the Commonwealth. The joint subcommittee shall have a total membership of 11 members that shall consist of six legislative members, three nonlegislative citizen members, and two ex officio members. Members shall be appointed as follows: four members of the House of Delegates to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; two members of the Senate to be appointed by the Senate Committee on Rules; two nonlegislative citizen members with knowledge of the problems associated with infant mortality or methods and practices for reducing infant mortality to be appointed by the Speaker of the House of Delegates; one nonlegislative citizen member with knowledge of the problems associated with infant mortality or methods and practices for reducing infant mortality to be appointed by the Senate Committee on Rules. The Commissioner of Health or his designee, and the Director of the Department of Social Services or his designee shall serve ex officio with voting privileges. Nonlegislative citizen members of the joint subcommittee shall be citizens of the Commonwealth of Virginia. Unless otherwise approved in writing by the chairman of the joint subcommittee and the respective Clerk, nonlegislative citizen members shall only be reimbursed for travel originating and ending within the Commonwealth of Virginia for the purpose of attending meetings. If a companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall be required. The joint subcommittee shall elect a chairman and vice chairman from among its membership, who shall be members of the General Assembly.

In conducting its study, the joint subcommittee shall assess best management practices to be used in reducing infant mortality and develop a strategy for building upon current state initiatives to reduce infant mortality. In doing so, the joint subcommittee shall (i) review current state initiatives to reduce infant mortality, (ii) identify and review successful community outreach initiatives in other states that are not currently employed in Virginia, (iii) identify successful public-private partnership models for addressing problems contributing to infant mortality and reducing infant mortality, (iv) conduct a comparative review of Virginia's utilization of the federally funded Women, Infants and Children Program on a per-capita and regional basis, and (v) develop recommendations to reduce infant mortality rates in the Commonwealth.

Administrative staff support shall be provided by the Office of the Clerk of the House of Delegates. Legal, research, policy analysis, and other services as requested by the joint subcommittee shall be provided by the Division of Legislative Services. All agencies of the Commonwealth shall provide assistance to the joint subcommittee for this study, upon request.

The joint subcommittee shall be limited to four meetings for the 2009 interim, and the direct costs of this study shall not exceed \$8,000 without approval as set out in this resolution. Approval for unbudgeted nonmember-related expenses shall require the written authorization of the chairman of the joint subcommittee and the respective Clerk. If a companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall be required.

No recommendation of the joint subcommittee shall be adopted if a majority of the House members or a majority of the Senate members appointed to the joint subcommittee (i) vote against the recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the

HJ667 2 of 2

59 joint subcommittee.

 The joint subcommittee shall complete its meetings by November 30, 2009, and the chairman shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the 2010 Regular Session of the General Assembly. The executive summary shall state whether the joint subcommittee intends to submit to the General Assembly and the Governor a report of its findings and recommendations for publication as a House or Senate document. The executive summary and the report shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or delay the period for the conduct of the study, or authorize additional meetings during the 2009 interim.