

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011**

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HOUSE BILL 147*

Short Title: Funds to Prevent Infant Mortality. (Public)

Sponsors: Representatives Weiss, Earle, Insko, and Parfitt (Primary Sponsors).
For a complete list of Sponsors, see Bill Information on the NCGA Web Site.

Referred to: Appropriations.

February 21, 2011

1 A BILL TO BE ENTITLED
2 AN ACT TO APPROPRIATE FUNDS TO PREVENT INFANT MORTALITY IN NORTH
3 CAROLINA.

4 Whereas, the 2009 infant mortality rate in North Carolina was 7.9 infant deaths per
5 1,000 live births; and

6 Whereas, there has been a 35% decline in this rate in the past two decades, yet
7 North Carolina still ranks 44th among the states; and

8 Whereas, much of the decline in the infant mortality rate can be attributed to an
9 array of services that were either eliminated or reduced in the 2009-2010 budget; and

10 Whereas, the NC Child Fatality Task Force recommends that no further reductions
11 be made to the critical services aimed at preventing infant mortality; Now, therefore,
12 The General Assembly of North Carolina enacts:

13 **SECTION 1.** There is appropriated from the General Fund to the Department of
14 Health and Human Services, Division of Health Services, the sum of eight hundred seventy
15 thousand dollars (\$870,000) for the 2011-2013 biennium to be allocated as follows:

- 16 (1) \$350,000 for the March of Dimes to continue to provide outreach,
17 educational materials, and vitamins through the NC Folic Acid Campaign to
18 reduce the occurrence of neural tube defects.
- 19 (2) \$325,000 for the East Carolina School of Medicine to continue to operate a
20 high-risk maternity clinic to improve the birth outcomes of women in the 29
21 eastern counties.
- 22 (3) \$150,000 for the Healthy Start Foundation to continue to provide education
23 and public awareness through the Safe Sleep Campaign to reduce the
24 occurrence of SIDS and sleep-related suffocations.
- 25 (4) \$45,000 to the University of North Carolina School of Medicine to continue
26 to provide education and progesterone to reduce preterm births among
27 low-income non-Medicaid women who have already experienced at least
28 one preterm birth.

29 **SECTION 2.** This act becomes effective July 1, 2011.

