

**MICHAEL A. BARBIERI**  
STATE REPRESENTATIVE  
Eighteenth District



HOUSE OF REPRESENTATIVES  
STATE OF DELAWARE  
LEGISLATIVE HALL  
DOVER, DELAWARE 19901

COMMITTEES  
Health & Human Development,  
Chair  
Education  
Energy  
Gaming & Pari-mutuels  
Labor

**Joint Health & Human Development Committee**  
Meeting Minutes  
May 12, 2010

Chairman Barbieri called the meeting to order at 3:40 p.m. Members present included Reps. Blakey, Jaques, Kovach, Kowalko, Miro, Manolakos, Scott, and Walls. Senator Henry and Peterson as well as Reps. D. P. Williams, Brady, and Outten were also present. For a list of guests, please see the attached document.

Chairman Barbieri stated **SB 213, AN ACT TO AMEND TITLE 13 OF THE DELAWARE CODE RELATING TO THE DIVISION OF CHILD SUPPORT ENFORCEMENT**, was first on the agenda. He referred to Sen. Henry to introduce the bill. Sen. Henry stated the bill implemented an electronic system for child care payments. The bill would allow the Division of Child Support Enforcement to disburse support payments through either direct deposit to a bank account or to a stored value card. Sen. Henry stated that the bill would save money for the state because it would eliminate the cost of postage and that it would improve the safety of the payments. She referred to issues of checks being lost in the mail and issues when people moved addresses.

Rep. Kovach supported the legislation but asked if there was any potential for restricting where the value cards could be used. Sen. Henry responded that they were unable to monitor the cards that closely so there were no plans for any restrictions. Rep. Kowalko and Rep. Miro also voiced support of the bill.

Rep. Barbieri motioned to release the bill. Rep. Kovach seconded the motion. The bill was released from committee with nine favorable votes.

Rep. Barbieri then referred to the presenters on healthcare innovation opportunities in Delaware sponsored by the Delaware Healthcare Association. Mr. Wayne Smith, President and CEO of the Delaware Healthcare Association, thanked the committee for their time. He stated the following presentations were in regards to what hospitals can do to improve the quality of healthcare services and how the innovating services would benefit many Delawareans. He then introduced Mr. Dennis Klima, President of Bayhealth, Inc.

Mr. Klima stated that Bayhealth's mission is to improve the health status of all members of the Bayhealth community. However, he stated that the current health issue is with the March of Dimes 2009 Premature Birth Report Card in which Delaware received a failing

grade. Mr. Kilma defined preterm birth as delivery prior to 37 completed weeks gestation in comparison to 40 weeks which is full term. He stated that 28 percent of annual neonatal deaths are due to preterm birth and that in 2007, Delaware ranked eighth, or worst, for perinatal mortality rates in the nation. Mr. Kilma continued, stating that the March of Dimes created the White Paper Report on preterm births to show the increasing rates of preterm births. In the last 25 years, preterm births for the United States increased by 36 percent. Mr. Kilma also referenced recent articles in the New Journal and USA Today which address the topic. The White Paper Report also addresses the rising costs associated with preterm births but also strategies for reducing death and disability related to preterm births. Mr. Kilma believes these cases must be given priority.

In order to address this issue in Delaware, Mr. Kilma stated that a commission was formed called Preventing Child Deaths in the First State: Child Death, Near Death and Stillborn Commission that conducted Fetal and Infant Mortality Reviews (FIMR). The findings of the case reviews included that prematurity was the leading cause of death and that congenital anomalies rated second as a cause. In addition, 71 percent of the FIMR cases reviewed identified pre-existing medical conditions as an important risk factor. These conditions included poor obstetric history, advanced maternal age, previous pregnancy loss and multiple gestations. Other conditions included hypertension, diabetes, and chronic illnesses, all which Mr. Kilma stated were not surprising risk factors.

Mr. Kilma then referred to multiple graphs in his presentation. The first graph showed the average fertility rates of females, age 15 to 44 years old in Delaware and its counties over the last five years. The second graph showed the percentage of live births to single mothers in Delaware. He stated there has been a continued rise in single motherhood since the 1980s. The last graph showed the average infant mortality rates by race. Mr. Kilma stated that there is still a significant difference between infant mortality rates between races.

Mr. Kilma continued, stating that many of the medical conditions identified by the Delaware FIMR Case Review Team included hypertension, diabetes, and asthma. Other pre-existing conditions included mental health issues such as depression, anxiety, and bipolar disorder, as well as significant GYN disorders such as uterine fibroids, abnormal pap smears, or ovarian cysts. He stated all these cases contribute to the growing problem.

Mr. Kilma stated that Bayhealth and Christiana were working hard to increase the number of women able to obtain specialty high-risk obstetrical care when needed. Bayhealth began the Maternal-Fetal Medicine Services in 2008. The services are associated with their perinatology department, which is a subspecialty of obstetrical care. This department provides high skilled doctors who have advanced training and experience to care for the mother and fetus at a higher than normal risk. According to Mr. Kilma, within the Bayhealth Medical Center in 2009, the Kent General Hospital delivered 1,889 infants and the Milford Memorial Hospital delivered 458 infants. Additionally, the Bayhealth Maternal Fetal Medicine Associates had a total of 4,391 MFM visits, with 2,703 of them occurring in Kent, 1,504 visits occurring in Sussex and

110 visits occurring in New Castle. Another 46 women were transferred from Sussex County hospitals to Bayhealth for management of high risk labor situations in 2009. Mr. Kilma noted that Christiana Care has approximately 200 transfers per year.

Mr. Kilma believes the Bayhealth Maternal Fetal Medicine Services has allowed women of the community to stay within the community. The less traveling thus allows for better compliance with appointments and better knowledge of local services with a more personal, family centered approach. The Bayhealth MFM Services provided include high risk pregnancy consultations, diagnostic testing, genetic counseling, ultrasounds, and first trimester screenings. And due to the large number of patients seen and the procedures conducted within the last year, the MFM services are expanding. An additional part-time MFM specialist and additional space to accommodate the community's needs are being added.

According to Mr. Kilma, education regarding the issue is critical. He believes the toll that preterm birth has on disability and fetal/infant death should be known. He also recommended increased specialized care services for the women identified as high-risk during pregnancy and post partum and a federal and state policy to expand access to health coverage for women of childbearing age. He reassured the committee that Bayhealth would continue its efforts and services addressing preterm births and asked if the committee had any additional questions.

In regards to the trends in birth rates among single mothers, Rep. Scott asked Dr. Kilma if he has any policy recommendations that might address the issue. Mr. Garrett Coumorgor, from the Bayhealth Medical Center, replied that the Delaware Healthy Mother and Infant Consortium (DHMIC), established as successor to the previous Delaware Perinatal Board, addresses that issue. The Delaware Healthy Mother and Infant Consortium (DHMIC) was established to help ensure the effective implementation of the recommendations set forth by the Infant Mortality Task Force (IMTF). Consortium mandates include reviewing and analyzing evaluations and reports and making appropriate recommendations. The consortium is also taking a family center approach and providing direct services to the community. Mr. Coumorgor believes the consortium is having an impact and a decrease in some of the major issues has occurred.

Rep. Kowalko asked about the availability of prenatal dental care. Mr. Coumorgor responded that prenatal dental care is a critical service and without it women can be at an increased risk for prenatal delivery. Any type of dental issue is an infection in the body and thus threatens the baby. Mr. Coumorgor stated that some dental services are available but that more available dental services are needed.

Rep. Miro referenced the rumor regarding the decreasing number of doctors in Sussex County and asked if this shortage of doctors was true and an issue. Mr. Coumorgor stated that there was a shortage of primary care doctors. He stated that while two new doctors have been recruited in Milford, the residing doctors in that area are overwhelmed and it is clearly an increasing issue.

Rep. Miro stated that because Delaware does not have a medical school, students must attend school in surrounding states. He stated that while Delaware does provide funding for students to attend medical school in Pennsylvania, he does not believe enough students are returning to Delaware. He asked what could be done to encourage Delawareans to return to Delaware to practice.

Dr. Robert Laskowski, President & CEO of Christiana Care Health System, responded that he believes the shortage of physicians relates to the rurality of areas in Delaware. However, the Delaware Health Science Alliance and its four major institutions: the University of Delaware (UD), Christiana Care Health System (CCHS), Alfred I. duPont Hospital for Children/Nemours (Nemours), and Thomas Jefferson University-Jefferson Medical College (TJU-JMC), have aligned their resources and efforts to create a unique, broad-based Delaware Health Sciences Alliance, focused on establishing innovative collaborations among experts in medical practice, health economics and policy, population sciences, public health, and biomedical sciences and engineering. Dr. Laskowski stated the alliance has encouraged an increase in students enrolled in science or health classes by 50% with class sizes growing by 20-30 slots. Also, because all four institutions are located within greater Philadelphia, it is hoped they will continue to reside and thus work in the area. Dr. Laskowski continued, stating that of the number of Delaware students who enter into the alliance program, 1/3 of them return to Delaware. He also stated that Jefferson currently offers a specialty in rural health and that a branch of this medical specialty could occur at the old Chrysler spot at the University of Delaware.

Rep. Barbieri questioned the class size demand. Dr. Laskowski stated that class sizes are currently 250 students and that 11,000 applicants applied last year so there is no shortage of demand there.

Mr. Wayne Smith stated that there has been a lot of talk about why students do not return to Delaware and it is believed that a loan repayment program could be an incentive to have students return to Delaware. Rep. Miro agreed, stating that he believes that the students who receive funding from Delaware could be required to return to Delaware.

Dr. Laskowski then stated that there is huge enthusiasm for the alliance program and that Christiana Care continues to increase their student population. He stated that there are at least 70 medical students on site and 1,000 on campus on any given day. He also stated that another leading contributor to the shortage of physicians could be the residency cap. Currently, residency for particular fields is capped nationally. Dr. Laskowski believes the capped number must increase in order to increase the number of doctors.

Rep. Jaques stated that as the chairperson of the Veterans Affairs Committee, he was interested in the type of relationship Christiana Care has with the VA. He also asked if Christiana worked with Tri-Care. Dr. Laskowski responded that they do have a contract with Tri-Care and that they do provide a tremendous amount of care to military patients and veterans.

Rep. Jaques stated that issues regarding veteran pregnancy services have recently been brought to the attention of the Veterans Affairs Committee and asked if pregnant veterans would be sent to Elsmere in order to receive services. Dr. Laskowski responded that there used to be two practicing OB/GYNs in Dover but that is not so anymore.

Dr. Laskowski then stated that he wanted to share the issues and ideas for the future. He stated that with the recent federal health care reform legislation being passed, the health care world is filled with excitement. He believes the reform provides a unique experience for Delaware which will hopefully allow Delaware to be a leader in the area. Dr. Laskowski also commented on their efforts in Wilmington. They have been investing in their Wilmington campus. With a \$205 million renovation, by 2012, the Wilmington Hospital will grow by 337,000 square feet, creating a 1 million-square-foot, state-of-the-art medical center. The renovations will also include an upgraded Emergency Department that's double its current size, a new surgical suite, including 13 operating rooms and four procedure rooms, a new intensive-care unit and an upgraded, 30-bed unit for the Center for Advanced Joint Replacement. The renovations are justified because the Wilmington hospital alone had 70,000 visits last year and an additional 50,000 visits in the E.R. Dr. Laskowski stated that while the return on this investment is negative, the transformation project is focused on the neediest patients. He believes that Christiana Care's Wilmington Hospital has served the Wilmington Community, meeting its diverse medical needs and providing a safety net for the underserved, and the transformation of the Wilmington Campus will only continue their commitment to serve the community and to ensure that their neighbors can access and receive the highest level of care and comfort.

Another theme Dr. Laskowski discussed was healthcare innovation. He believes the Patient Protection and Affordable Care Act has the potential to increase access to care for the public and Delaware has a unique opportunity to capitalize on this. He stated that if the United States was diminished to 850 people, it would have the same urban-rural mix as Delaware. This fact has become very intriguing to health care organizations, many whom are looking for pilot sites in Delaware.

Dr. Laskowski concluded with three examples of potential collaboration to improve health care and reduce costs: The first example related to health care disparities. He stated that while Delaware continues to have disparities among the quality of care provided, in the last five years they have made significant progress. As an example, he explained how Delaware has significantly closed the disparity in colon cancer and hypertension between races. The second example for potential collaboration related to childhood obesity, and Dr. Laskowski stated that they hope to receive federal funding in the future for their efforts to fight childhood obesity. And lastly, Dr. Laskowski referred to the high prevalence of diabetes in Delaware. Currently, Delaware has privately funded collaborations with state agencies to address the issue, but he hopes that a statewide program to increase education, increase control and prevent the occurrence of diabetes will soon be established.

Rep. Barbieri asked how collaborative Christiana was with the Department of Health and Social Services. Dr. Laskowski stated that they needed to improve their collaboration and communication with the department.

Rep. Brady and Rep. D. P. Williams commended Dr. Laskowski and his staff for the all the work and improvements made in the Wilmington complex and offered their support for any future collaboration with the state.

Debbie Gottschalk, from the Department of Health and Social Services, stated that the government is currently leading a working group on the transformation of the health care industry and how it will affect Delaware. She stated that her department would love to hear any ideas about the health care reform and possible partnerships for the future and offered her contact information to anyone who was interested. She also spoke about possible legislation changing the membership for the health care commission and how the commission is the perfect vehicle for any collaboration.

Rep. Barbieri stated that because Delaware is a small state, it has the opportunity to respond quickly to issues but may also have limited resources. He voiced concern about resources being divided in different ways. He then asked what is being done to bring health care to a community level.

Dr. Laskowski stated that while they must begin to push health care systems such as hospitals into smaller communities, the major obstacle is how services are paid for. He believed in order to deliver health services at a community level, different sources of funding and collaboration are needed.

John Kirsch, from the American Heart Association, wanted to plug the speakers for their support of the American Heart Association and its mission. He stated the American Heart Association believes preventative medicine is the way to reduce health care costs and he looks forward to collaborating with community organizations to do so.

The next presentation was from the Community Health Centers in Delaware. Shannon Backers, Interim CEO of Delmarva Rural Ministries introduced the panel representing the four health centers. The panel included Kay Malone, from the La Red Health Center, Sarah Noonan, Deputy Director of Westside Family Healthcare, Rosa Rivera from the Henrietta Johnson Medical Center, and Miguel McInnis from the Mid-Atlantic Association of Community Health Centers.

Ms. Backers stated that Delaware has four federally qualified community health center organizations; the Henrietta Johnson Medical Center and Westside Family Healthcare serving New Castle County, the Delmarva Rural Ministries/Kent Community Health Center in Dover and the La Red Health Center in Georgetown. She stated that community health centers provide primary medical care services across the life span, in addition to dental, behavioral, and mental health care services and pharmacy services. She believes the “value added” services, including case management, translation, transportation, and Medicaid etc., that a community health center provides sets them

apart from a typical doctor's offices. Additionally, community health centers have a strong focus on prevention. The centers reach out to uninsured and underinsured persons to bring them into a medical home and provide them with multiple screening tests for early detection and prevention of chronic diseases.

Ms. Backers stated that community centers maintain strong ties with other medical providers in their area, thus enabling them to negotiate lowered rates for services and visits for patients. Additionally, community health centers receive federal grant dollars through a competitive process that helps subsidize the cost of care for the uninsured. She stressed that because of this combination of federal grants, and other insured payment sources such as Medicare and private insurance companies, health centers are able to see a disproportionate share of the uninsured or underinsured population. However, this also causes community health centers to need a balanced payor mix of public and private insurers as well as federal grant dollars to be financially viable.

Kay Malone spoke in regards to who the community health centers serve. She stated that in 2008, Delaware's four community health centers served as the family doctor and medical home for over 33,000 patients, most of whom were uninsured and underinsured. 94% of these patients were low income and 60% were living at or below the poverty level. In addition, in 2009, 75% of the patients served at the Kent Community Health Center, 51% of the patients at La Red Health Center, 32% of patients at the Henrietta Johnson Medical Center, and 45% of the patients at Westside Family Healthcare were uninsured.

Ms. Malone stated that since 2000, Delaware health centers have grown more than 200% and that this growth ensures that Delaware's most vulnerable populations have access to care. This access thus helps lower health care costs through decreased emergency room visits and fewer unnecessary hospitalizations. Health centers are also associated with reducing health disparities on a statewide level. Ms. Malone cited a landmark report that found that as a proportion of a state's low income population served by health centers grows, the black/white and Hispanic/white health gap narrows in such key areas as infant mortality, prenatal care, and age-adjusted death rates.

Sarah Noonan stated that under the recent Patient Protection and Affordable Care Act, health centers across the nation will see an additional boost in federal dollars with cumulative investments of up to \$11 billion in expansion funds over the next five years. This federal investment in health centers is intended to expand and grow the program in order to serve 20 million more patients and increase availability of integrated services. However, Ms. Noonan stressed that while health centers will see an additional boost in federal support, it is still critical to have state support in order to maximize the growth potential in the state because the federal dollars in health reform are expected to flow via a competitive process with no guarantee that health centers in Delaware will receive any of the funds. Additionally, only a small portion of the federal dollars, approximately \$1.5 billion over five years, will be used for capital needs. Health centers will thus still need state support for their continuing unmet capital and construction needs.

Ms. Noonan stated that while the health reform law provides critical investments in the primary care workforce, in order to serve the number of patients health centers expect to see, additional resources will be needed. For example, currently, health centers fall short in their clinical staffing needs and experience severe recruitment and retention challenges. This makes the continuation of the state medical and dental loan repayment programs critical in bringing qualified clinicians into the state's underserved areas. In summary, Ms. Noonan stated that many of the federal health reform provisions are not slated for implementation for several years, so the health centers need state resources now, and continued support of health centers is critical now more than ever so that the centers can continue to expand their reach to more people and be ready when the federal health reform is implemented.

Rosa Rivera stated that during these difficult economic times, Delaware's health centers are facing multiple contractual cuts at the same time that the number of patients are increasing due to the loss of jobs and insurance coverage. She referred to three recent applications from Delaware health centers for federal funding for capital improvements, all of which were rejected, as examples.

Rep. Miro asked why the three applications were not accepted and if the federal government provided any feedback as to why. Miguel McInnis stated that he believes one component was the large number of applications and steep competition that occurred. Sarah Noonan also responded that feedback to Westside Family Healthcare stated that they needed additional funding and collaboration to receive any federal money.

Rep. Barbieri asked how much community health centers were in competition with hospitals. Ms. Noonan stated that the centers actually work very closely with hospitals. Miguel McInnis also believed that as opportunities from the new health care format grow, the assistance and support between hospitals and centers will also grow. He also clarified that this support is not necessarily monetary funding.

Ms. Rivera thanked the committee for the opportunity to share information about Delaware's community health centers and invited all representatives and members of the committee to visit their community health center.

Rep. Barbieri strongly supported this idea. Without any further questions or comments, Rep. Barbieri adjourned the meeting at 5:20 p.m.

Respectfully submitted,

Amy Clark