

Virginia Midwives Alliance, End of 2015 General Assembly Session Report
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The 2015 Virginia General Assembly completed its work in 44 days on Friday, February 27, 2015. It was a fast and furious session in which slightly less than 3000 bills, including the amendments to the biennial budget, were heard. About half were disposed of, either in the house of origin or after “cross-over.” The Governor has signed a few bills into law (he is required to act on bills if they are sent to his office 7 days prior to the close of session). The last day for the Governor to act on the remaining bills is March 30, 2015. The General Assembly will return on April 15th for the “reconvened” session to act on bills either amended or vetoed by the Governor.

Below is a list of bills that I watched on behalf of VMA. The bills that have “last action” highlighted in red failed during the session and therefore will not become law. Each of the bill numbers is hyperlinked in case you want to see the actual language of the bills.

You can see that HB 1499 and SB 1427 were already signed by the Governor. These bills, like the other bills that are awaiting action by the Governor will go into effect July 1 as well. I’ve made a few notations for some of these bills within the table itself. If you have any questions, please don’t hesitate to contact me at becky@B2Lconsulting.com.

Bills	Committee	Last action	Date
HB 1441 - Bell, Richard P. - Child abuse or neglect, suspected; person required to report, training program required.	(H) Committee on Health, Welfare and Institutions	(H) Left in Health, Welfare and Institutions	02/11/15
This bill would have had only a minor impact on LMs inasmuch as each LM is licensed by the Commonwealth. But each licensee is already a “mandated reporter” of suspected child abuse or neglect, so the proposed legislation was unnecessary. Hence, it was defeated in committee.			
HB 1456 - Adams - Reports of substance abuse by a pregnant woman; child-protective services.	(H) Committee on Health, Welfare and Institutions	(H) Left in Health, Welfare and Institutions	02/11/15
Every once in a while, legislators believe that laws should be tougher on certain types of people, and this is an example of such a law. If passed, it would have made mandatory reporting of pregnant women to child protective services. Though not likely to be an issue for LMs and their clients, in reality mandated reporting would serve as a deterrent to seeking prenatal care by pregnant women who afflicted with substance use disorder. The bill was rightfully killed in committee.			
HB 1499 - Albo - Breast-feeding in public places; mother's right.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee for Courts of Justice	(G) Approved by Governor-Chapter 45 (effective 7/1/15)	03/10/15

HB 1499 and SB 1427 arose out of a situation in Northern Virginia when a woman who was breastfeeding her baby in public was arrested for indecent exposure. Go figure! Hence, the bills were passed, and it is now legal for all breastfeeding mothers to feed their babies in public places where they are lawfully present.

<p>HB 1515 - Bulova - Maternity patients; information about safe sleep environments for infants.</p>	<p>(H) Committee on Health, Welfare and Institutions</p> <hr/> <p>(S) Committee on Education and Health</p>	<p>(G) Governor's Action Deadline Midnight, Sunday, March 29, 2015</p>	<p>02/27/15</p>
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There was some discussion among VMA members about this bill and some issues related to midwifery practice. I didn't hear about these concerns until after the bill had passed. The specific language of the bill is:

Every licensed nurse midwife, licensed midwife, or hospital providing maternity care shall, prior to releasing each maternity patient, make available to such patient and, if present, to the father of the infant, other relevant family members, or caretakers, information about the incidence of postpartum blues and perinatal depression ~~and~~, information to increase awareness of shaken baby syndrome and the dangers of shaking infants, *and information about safe sleep environments for infants that is consistent with current information available from the American Academy of Pediatrics*. This information shall be discussed with the maternity patient and the father of the infant, other relevant family members, or caretakers who are present at discharge.

You'll note that you only have to "make available" and that you must discuss the guidelines. You do not "have" to give them a copy or you may choose to give them one page. You are basically leading them to water, so to speak.

Here is the link to the guidelines and the summary of the guidelines follow.

<https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Expands-Guidelines-for-Infant-Sleep-Safety-and-SIDS-Risk-Reduction.aspx>

The report also includes the following recommendations:

- Always place your baby on his or her back for every sleep time.
- Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
- The baby should sleep in the same room as the parents, but not in the same bed (room-sharing without bed-sharing).

- Keep soft objects or loose bedding out of the crib. This includes pillows, blankets, and bumper pads.
- Wedges and positioners should not be used.
- Pregnant woman should receive regular prenatal care.
- Don't smoke during pregnancy or after birth.
- Breastfeeding is recommended.
- Offer a pacifier at nap time and bedtime.
- Avoid covering the infant's head or overheating.
- Do not use home monitors or commercial devices marketed to reduce the risk of SIDS.
- Infants should receive all recommended vaccinations.
- Supervised, awake tummy time is recommended daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).

SB 1427 - Wexton - Right to breastfeed in public places.

(H) Committee on Health, Welfare and Institutions

(S) Committee for Courts of Justice

(G) Governor's Action Deadline Midnight, Sunday, March 29, 2015

02/26/15

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