

## **BILL ANALYSIS**

Senate Research Center  
80R1953 MSE-D

S.B. 91  
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As Filed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

One of the most common, serious, and costly problems facing American families today is premature birth. More than 52,000 babies – or 14 percent of all babies born – are born prematurely (three weeks or more early) each year in Texas.

Premature birth is the leading cause of newborn death. Babies who survive can have serious, lifelong health problems. The causes for nearly half of premature births are unknown. However, it is known that smoking during pregnancy is a risk factor for premature birth. The United States Surgeon General reported in 2001 that smokers are more likely than nonsmokers to have babies that are born prematurely, experience low birth weight, are stillborn, or die because of sudden infant death syndrome (SIDS). According to the Centers for Disease Control and Prevention (CDC), women who smoke during pregnancy are twice as likely as nonsmokers to give birth to a low birth weight baby, and women under the age of 20 are almost twice as likely to smoke during pregnancy than those over age 25. According to data from the Texas Department of State Health Services, 22,362 babies were born in Texas in 2003 to mothers who smoked during pregnancy.

Aside from the obvious health hazards to mother and baby, there is also a cost. Premature births are responsible for nearly half of all infant hospitalization charges. In 2003, hospital charges for premature-related and low birth weight infant-stays totaled \$18.3 billion. Hospital charges for all infants, including healthy newborns, totaled \$36.7 billion. In 2003, the average charge was \$77,000 per premature baby, compared to \$1,700 for a typical newborn stay. In addition, the October 8, 2004, *Morbidity and Mortality Weekly Report*, published by the CDC, reported that in 1996, smoking-attributable neonatal expenditures in the United States were \$366 million, or \$704 per maternal smoker. Texas was one of the states with the highest smoking-attributable neonatal expenditures, totaling \$17,766,009, or about \$739 per maternal smoker.

Currently, there is no Texas law requiring point-of-sale health warnings for tobacco products, specifically regarding the risk of smoking during pregnancy. The tobacco point-of-sale signs that are currently required by law only pertain to the consequences of underage smoking and tobacco purchasing. The comptroller of public accounts (comptroller) oversees the current signage program and sends signs in both English and Spanish to licensed tobacco retailers.

As proposed, S.B. 91 requires point-of-sale tobacco signage to include certain text regarding the risk of smoking during pregnancy. This bill also authorizes the comptroller to accept gifts or grants to perform the duties under this section.

### **RULEMAKING AUTHORITY**

Rulemaking authority is expressly granted to the comptroller of public accounts in SECTION 2 of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Section 161.084, Health and Safety Code, by amending Subsection (b) and adding Subsection (f), as follows:

- (b) Requires that certain text relating to the consequences of smoking while pregnant be added to the sign of health warnings for tobacco products at the point-of-sale.

(f) Authorizes the comptroller of public accounts (comptroller) to accept gifts or grants from any public or private source to perform the duties under this section.

SECTION 2. Requires the comptroller to adopt rules as necessary to implement Section 161.084, Health and Safety Code, not later than 90 days after the effective date of this Act.

SECTION 3. Effective date: September 1, 2007.