

**EHCR 1015**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24

**THE STATE SENATE**  
**Tuesday, May 17, 2005**

**ENGROSSED**

**House Concurrent**  
**Resolution No. 1015**

ENGROSSED HOUSE CONCURRENT RESOLUTION NO. 1015 - By: DePUE,  
WESSELHOFT and CAREY of the House and EASON McINTYRE of the Senate.

A Concurrent Resolution encouraging the State of Oklahoma  
and all Oklahoma employers to strongly support and encourage  
the practice of breast-feeding; and directing distribution.

WHEREAS, extensive research documents the health, nutritional,  
immunologic, developmental, psychological, social, economic and  
environmental benefits that accrue to infants, mothers, families and  
society from breast-feeding and the use of human milk for infant  
feeding; and

WHEREAS, epidemiologic research shows that human milk and  
breast-feeding of infants provide advantages with regard to child  
health and human growth and development, while substantially  
decreasing risks for a large number of acute and chronic diseases.  
Research among predominantly middle-class populations in the United  
States, Canada, Europe and other developed countries provides  
overwhelming evidence that the lack of breast-feeding increases the  
risk and/or severity of allergies, asthma, diarrhea, meningitis,  
obesity, otitis media, respiratory infections and respiratory

1 syncitial virus. In addition, prematurely born infants who do not  
2 receive human milk feedings develop necrotizing enterocolitis at ten  
3 times the rate of infants who are fed their own mothers' milk.  
4 Several studies have documented decreased IQ and other developmental  
5 scores in infants who are not breast-fed; and

6 WHEREAS, a number of studies also demonstrate significant health  
7 benefits for mothers who breast-feed, including decreased postpartum  
8 bleeding, quicker uterine involution, and decreased menstrual blood  
9 loss and anemia over the months after delivery due to lactational  
10 amenorrhea. Research demonstrates that lactating women have an  
11 earlier return to prepregnancy weight, delayed resumption of  
12 ovulation with increased child spacing, improved bone  
13 remineralization postpartum with reduction in hip fractures in the  
14 postmenopausal period, and reduced risk of ovarian cancer and  
15 premenopausal breast cancer. A 2002 Lancet review of data from 47  
16 countries, including more than 50,000 women diagnosed with breast  
17 cancer, calculated that an increase of six months in breast-feeding  
18 duration by women in developed countries would decrease breast  
19 cancer cases by 15,000 per year; and

20 WHEREAS, in addition to individual health benefits, breast-  
21 feeding provides significant social and economic benefits to the  
22 nation, including reduced health care costs and reduced employee  
23 absenteeism for care attributable to childhood illnesses. For

1 private and public insurers, a minimum of \$3.6 billion is spent each  
2 year to treat diseases and conditions that are preventable by  
3 breast-feeding. For United States employers, formula-feeding  
4 results in increased health claims, decreased productivity and  
5 increased employee absenteeism to care for sick children. A 1999  
6 Pediatrics study calculated the cost to health care for formula-fed  
7 infants as \$331 per breast-fed infant to \$475 per never-breast-fed  
8 infant, for three common illnesses. A 2001 USDA report calculated a  
9 cost to insurers, including Medicaid, of an additional \$1.3 billion  
10 to cover sick-child office visits and prescriptions to treat the  
11 three most common illnesses in the first year of life for formula-  
12 fed infants versus breast-fed infants; and

13 WHEREAS, increasing the rates of breast-feeding initiation and  
14 duration is a national health objective, and one of the goals of  
15 Healthy People 2010, a national prevention initiative to improve the  
16 health of all Americans. The target of Healthy People 2010 is to  
17 increase to at least 75% the proportion of mothers who breast-feed  
18 their babies in the early postpartum period; to at least 50% the  
19 proportion who continue breast-feeding until their babies are five  
20 to six months old; and to at least 25% the proportion who continue  
21 breast-feeding their babies until 12 months of age. Although  
22 breast-feeding rates have increased, the percentage of women  
23 currently breast-feeding their babies is still below the Healthy

1 People 2010 goals. Data from the 2001 National Immunization Survey  
2 indicates that 65% of women in the United States were breast-feeding  
3 either exclusively or in combination with formula-feeding at the  
4 time of hospital discharge, while only 27% of mothers were nursing  
5 at six months, and only 12% of babies were receiving any human milk  
6 at 12 months of age; and

7 WHEREAS, the American Academy of Pediatrics and the World Health  
8 Organization recommend exclusive breast-feeding for approximately  
9 the first six months of life, with the gradual introduction of iron-  
10 enriched solid foods in the second half of the first year to  
11 complement the breast milk diet. It is recommended that breast-  
12 feeding continue for at least 12 months, and thereafter for as long  
13 as mutually desired; and

14 WHEREAS, \$578 million is spent annually by the United States  
15 government to purchase artificial milk for babies. Approximately \$2  
16 billion per year is spent by American families to purchase breast  
17 milk substitutes such as infant formula. One study estimates that  
18 the national Women, Infants and Children (WIC) nutrition program  
19 could save \$93 million a month in lower food package costs alone if  
20 all mothers breast-fed their infants; and

21 WHEREAS, employers, employees and society benefit by supporting  
22 a mother's decision to breast-feed and by helping to reduce the  
23 obstacles of continuing to do so after returning to work. Employers

1 that have adopted breast-feeding support programs have noted cost  
2 savings of \$3 for every \$1 invested in such programs; decreased  
3 illnesses among breast-fed children of employees; decreased health  
4 care costs of about \$400 per breast-fed baby in the first year of  
5 life; decreased parental absenteeism; increased employee  
6 productivity; increased employee morale and loyalty; and increased  
7 recruitment and retention. Data from two corporate lactation  
8 programs with over 3,600 female employees indicates that 75% of  
9 maternal one-day absences were due to problems related to formula-  
10 fed infants; and

11 WHEREAS, multiple obstacles affect the number of mothers who  
12 continue breast-feeding after returning to work including, but not  
13 limited to, finding an adequate place to breast-feed or express  
14 breast milk, finding the time or flexibility in breaks or working  
15 hours, having a place to store expressed breast milk, and concerns  
16 about the acceptability of these activities; and

17 WHEREAS, most employers are sympathetic to and very supportive  
18 of the needs of nursing mothers when these concerns are brought to  
19 their attention. Nursing mothers must be encouraged to discuss  
20 their needs with their employers; and

21 WHEREAS, most nursing mothers can successfully continue to  
22 provide for the needs of their children when given adequate  
23 facilities and support that include, but are not limited to, a

1 clean, private place, other than a toilet stall, that has a chair,  
2 an electrical outlet, and access to running water and refrigerated  
3 storage.

4 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES  
5 OF THE 1ST SESSION OF THE 50TH OKLAHOMA LEGISLATURE, THE SENATE  
6 CONCURRING THEREIN:

7 THAT the Oklahoma Legislature hereby encourages the State of  
8 Oklahoma and all Oklahoma employers to strongly support and  
9 encourage the practice of breast-feeding by ensuring that female  
10 employees who are nursing mothers are provided with adequate  
11 facilities for breast-feeding or expressing and safely storing  
12 breast milk.

13 THAT the Oklahoma Legislature further encourages all Oklahoma  
14 employers to respect the rights of female employees to use their own  
15 meal breaks and/or break times for breast-feeding or expressing  
16 breast milk.

17 THAT the Oklahoma Legislature hereby expresses intent that no  
18 Oklahoma employer shall prohibit a female employee from breast-  
19 feeding or expressing breast milk during any meal period or other  
20 break period required by law to be provided by the employer or  
21 required by collective bargaining agreement.

1            THAT a copy of this resolution be distributed to the Governor  
2 for distribution to all state agencies, and the State Chamber of  
3 Commerce for distribution to Oklahoma businesses.  
4 COMMITTEE REPORT BY: COMMITTEE ON HEALTH & HUMAN RESOURCES, dated  
5 5-10-05 - DO PASS.