



FINANCE SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

Chairman Romanchuk
Ranking Member West

April 8, 2019

Tara Britton, Director of Public Policy and Advocacy

Chairman Romanchuk, Ranking Member West, and members of the House Finance Health and Human Services Subcommittee, thank you for hearing my testimony today. My name is Tara Britton and I am the Director of Public Policy and Advocacy at The Center for Community Solutions, a nonprofit, nonpartisan think tank that aims to improve health, social and economic conditions through research, policy analysis and communication. I am here today to offer testimony on proposals in the budget regarding adult protective services (APS), maternal mortality, and recommend inclusion of proposals developed by the multi-system youth joint study committee. My colleague, Loren Anthes, will follow my testimony and share our priorities around Medicaid.

Adult Protective Services

The Center for Community Solutions has a long history of advocating for a strong adult protective services system in Ohio. In recent research we covered the rollout of statewide APS changes across the state, enacted legislation that increases the categories of mandatory reporters of suspected APS cases, as well as examined senior levies that are in place across Ohio. Ohio now has a common statewide data system for adult protective services and indications from 2018 data show that more calls are coming into counties. We are supportive of making aggregate-level data from this system publicly available on a routine basis to better inform our discussions on this topic.

Older Ohioans may face the prospect of unjust circumstances such as financial exploitation from scam artists, friends or family and physical, sexual or emotional abuse. Older adults may find themselves in situations of neglect, or self-neglect, which can result in deterioration of physical and mental health. Individuals who experience these situations are four times more likely to be admitted to a nursing home and three times more likely to be admitted to a hospital.

For these and many other reasons, Community Solutions is suggesting that funding for APS be increased in the ODJFS budget (line item 600534) from \$2.74 million each year of the biennium to \$10 million each year of the biennium. At current budget levels, each county receives around \$30,000 for APS. This proposed increase would provide \$65,000 per county in Ohio, enough to fund one full time APS caseworker, plus an additional amount to be distributed to counties on a yet to be determined formula. We support the proposed increased funding to the long-term care ombudsman program and to senior community services in the Department of Aging's

budget and in our estimation, increasing funding to APS, in conjunction with increased funds in the Department of Aging's budget, will better provide a spectrum of services for older adults to live safe and healthy lives in their communities and in facilities.

Maternal Mortality

In the United States, women are dying from complications related to pregnancy and childbirth at a higher rate than other industrialized nations, and the rate is increasing. Approximately 700 women die each year in the U.S., and thousands more experience complications, often viewed as "near misses" of a maternal death. Non-Hispanic black women are dying at a rate three to four times that of non-Hispanic white women. The most recent data available for Ohio shows that between 2008 and 2014 there were 408 pregnancy-associated deaths (see table at the end of my testimony for definitions of these terms). Of those 408 deaths, 154 were pregnancy-related with significant disparities in the rate of morbidity between white and non-white women in Ohio. The most recent data available on maternal deaths in Ohio is the information that I cited, from 2014. Throughout the course of the last year, Community Solutions has worked to improve awareness and knowledge of maternal mortality in Ohio, and language included in the as-introduced budget intends to move us toward strengthening data and reporting on this issue.

Currently, Ohio's Pregnancy-Associated Mortality Review Committee (PAMR), situated at the Ohio Department of Health and that reviews all maternal deaths, is not in state statute. We know that collecting and reviewing this data can be challenging due to delays in receiving case-related information and completeness. In order to collect information when a pregnancy-associated death occurs, ODH sends a letter requesting information about the death to hospitals, medical providers, emergency medical services, mental health and addiction providers, law enforcement officers, coroners and others who may have been involved in the care of the woman who died. It is important for complete data on pregnancy-associated deaths to be submitted to PAMR, but that doesn't always occur and if it does, there is often a time lag. Codifying this committee will give the PAMR the tools it needs to compel the submission of data on maternal deaths in a timely manner, while at the same time offering legal protections to those entities reporting the data. We are grateful to the Governor and his administration for including language in the budget around this committee, but we have identified a few areas of concern with the proposed language. The budget language (House Bill 166, Pages 817-821, Lines 25194-25334) makes the creation of this committee permissive. Since this committee exists already, we would like to see this language changed to formally establish the PAMR. Additionally, the budget language requires the reporting of this data only every 3 years. We already know that there is a significant lag in the reporting of this information and think it is imperative that we are informed at least annually about any the reviews of maternal deaths in Ohio in order to learn from deaths that have occurred and prevent future deaths. We want the PAMR to be inclusive of jurisdictions and women most impacted by maternal mortality and morbidity. And while we understand it is more comprehensive undertaking, we would like to see language incorporated that acknowledges severe maternal morbidity ("near misses") and makes an effort to incorporate a review of these instances, at least in part, into the PAMR review process. There are examples from other states that have worked to incorporate severe

maternal morbidity into their state PAMRs and The Centers for Disease Control and Prevention has simplified the process for states by offering International Classification of Diseases (ICD) codes to track. Over the last several years, Ohio has committed to broad-based efforts and has dedicated resources to address the state's high rate of infant mortality, which is still too high. While many strategies employed to reduce this rate could also make an impact on maternal health, a dedicated effort to address maternal mortality and morbidity is also required to wholly address maternal and infant health. Improvements have been made across the world and in the rest of the United States, so there are certainly lessons to learn. Having timely and complete data on this issue is an important first step toward implementing measures to improve maternal health and wellbeing. We are committed to carrying this issue forward beyond this budget and working to support implementation of on-the-ground changes to prevent maternal deaths. We would like to thank Minority Leader Sykes for her commitment to this issue.

Multi-System Youth

The Center for Community Solutions supports inclusion of the recommendations of the Joint Legislative Committee on Multi-System Youth, including the need for a dedicated, flexible funding source to address the tragic circumstance of custody relinquishment.

Data

I want to mention a final few thoughts around data reporting before concluding my testimony. As you will see in our one-pager attached to this testimony, one of our priorities is the reporting of data for publicly-funded programs. In a nutshell, we are supportive of strengthening data reporting in public assistance programs and improving transparency around spending and enrollment data. As you may recall, last year we produced a report looking at the Temporary Assistance for Needy Families (TANF) program and the underspending that had accumulated in the program over several years. One of the biggest issues identified through the course of researching that report was locating up-to-date, transparent, readily available information about spending and enrollment in the program. There are currently no statutory requirements in the Ohio Revised Code for the regular reporting of program data for Ohio's TANF programs nor for the Supplemental Nutrition Assistance Program (SNAP). Though the state typically shares limited monthly data on these programs, Ohio could do more to report data in a comprehensive, consistent manner. Of note, the state does not routinely share work participation rates or the number of child-only cases in Ohio Works First (OWF), a TANF-funded program. Additionally, the state should capture the number of OWF enrollees who currently receive hardship exemptions from time limit requirements, as well as data on the types of work support programs that OWF enrollees participate in. Having this level of information for TANF, along with programs across government that provide services to human beings, ensures we are all better informed and that we are conducting research, advocating and making policy decisions based on the best possible data. As you may have noticed, supporting better reporting of data is scattered throughout the other areas of our budget testimony.

Thank you for your time today and the work you're doing on this committee. I would be happy to answer any questions you may have.

Definitions Related to Maternal Mortality and Morbidity

Term	Definition
Maternal death	The death of a woman during pregnancy or up to 42 days after the end of the pregnancy (postpartum) from any cause related to or aggravated by her pregnancy or its management
Pregnancy-associated death	The death of a woman during pregnancy or within 1 year postpartum from any cause, pregnancy or non-pregnancy related
Pregnancy-related death	The death of a woman during pregnancy or within 1 year postpartum from any cause related to or aggravated by her pregnancy or its management
Pregnancy-associated, but not related death	The death of a woman during pregnancy or within 1 year of the end of a pregnancy from a cause unrelated to pregnancy

Source: Review to Action: Working Together to Prevent Maternal Mortality

<https://reviewtoaction.org/learn/definitions>