



STATE SENATOR
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15TH DISTRICT

Sponsor Testimony

Presented by: Senator Charleta B. Tavares & Senator Jones

Senate Bill 332

Ohio House Finance Committee

November 15, 2016

Good afternoon, Chairman Smith, Ranking Member Driehaus and members of the Ohio House Finance Committee. Senator Jones and I stand before you today to urge passage of Senate Bill 332. SB 332 represents the most comprehensive legislation to date in our continuing efforts to combat Ohio's abhorrent infant mortality rate. SB 332 has been the product of a lot of hard work and compromise between interested parties and stake holders and I am pleased with the final results

In 2014, there was some improvement in the overall infant mortality rate which was down from 7.33 deaths per 1,000 live births in 2013 to 6.8 and the infant mortality from Caucasian infants was down to 5.3 deaths per 1,000 live births in 2014 from 6.0 in 2013. Disappointingly, the infant mortality rate for African American infants rose from 13.8 deaths per 1,000 live births to 14.8. Furthermore, it is estimated that with the current the African American infant mortality rate it would take us until the year 2053 before the African American infant mortality rate would equal the 2013 Caucasian infant mortality rate. This is unconscionable.

The Ohio Infant Mortality Commission spent a great deal of time and effort to ultimately come up with the recommendations published in March of this year. The recommendations in the report are broken down into four different categories:

- Improving the collection and sharing of data;
- Building on proven interventions;
- Health system improvements;
- Addressing social determinants of health.

Improvements in the collection and sharing of data

When it comes to developing best practices for combating infant mortality and judging the success or failure of certain programs, the ability to gather and share data is particularly critical. Our goals were to find ways that the state can better share information with local communities and make that data more readily available and transparent to the general public. Some of the most important recommendations included in the bill are:

- Requiring The Ohio Department of Medicaid to make Medicaid perinatal claims data available to local infant mortality collaborative organizations and to ODH Child and Family Health Services grant recipients at least annually.

- Requiring both the Department of Health and the Department of Medicaid to publish a statewide infant mortality scorecard on a quarterly basis. The scorecard should include:
 - The state's performance on population health measures, including the infant mortality rate, sudden unexpected infant death rate, preterm birth rate, and low-birth weight rate, delineated by race, ethnic group, region of the state, and the state as a whole;
 - The state's performance on outcome measures related to preconception health, reproductive health, prenatal care, labor and delivery, smoking, infant safe sleep practices, breastfeeding, behavioral health, domestic violence, food, security, and housing status, delineated by race, ethnic group, region of the state, and the state as a whole;
 - The performance of the fee-for-service component of Medicaid and each Medicaid managed care organization on service utilization and outcome measures using claims data and data from vital records; and
 - A comparison to the national health goals set through the federal Healthy People initiative along with Ohio's national ranking.
- Ensuring that OhioBenefits.gov collects information on the primary language of each applicant as well as, the race and ethnic group
- Reviewing and improving upon Shaken Baby Syndrome Prevention by examining the manner in which education material is distributed.

Building on Proven Interventions

As we continue to find new methods to combat infant mortality, it is important that we continue to strengthen what we know are working. To that end, we have put forth recommendations that would improve current programs such as:

- Banning the sale of crib bumpers in Ohio;
- Having the Department of Health work with communities to secure grants for the Mom Quit for Two smoking cessation program;
- Requiring hospitals to offer long acting reversible birth control (LARC) to be placed after delivery but before discharge to assist with safe spacing. The bill also specifies that the Director of Health is to collaborate with medical, nursing, and physician assistant schools or programs to develop curricula for patient counseling on efficacy-based contraceptives, including long-acting reversible contraceptives; and
- Allowing pharmacists to administer progesterone to help reduce pre-term birth.

Promoting Better Health Outcomes For All

It has long been the belief of my joint sponsor and me that an increase in the infant mortality rate for one race of babies or babies with parents from a certain socio-economic background is unacceptable; we must ensure that we have equal health outcomes for all of Ohio's babies. In order to meet that goal SB 332 has several key provisions including:

- Having the Department of Health and the Department of Medicaid promote the use of Text4baby which aims to increase awareness on safe sleep, smoking cessation, safe spacing and other infant mortality initiatives.
- Require that health profession licensing boards to consider the problems of race and gender based disparities in health care treatment decisions. Each board must also annually provide its licensees and certificate holders with a list of continuing education courses and experiential learning opportunities addressing cultural competency in health care treatment. If a state board determines that a sufficient number of courses or experiential learning opportunities does not

exist, the board must collaborate with nationally recognized organizations or similar entities to create such courses and opportunities.

The cultural competency provision is especially important because it is an integral component of healthcare due to its relevance in treating patients and eliminating health disparities among racial, ethnic and cultural communities. In order to achieve health equity we must eliminate barriers that prevent individuals from receiving quality care and we will not make the necessary progress in eliminating health disparities in infant mortality without a cultural competency component.

Addressing Social Determinants

Social determinants make up 80% of the factors that determine the infant mortality rate and we wanted to make sure that we are targeting the areas in which pregnant women, mothers and infants have the greatest need. SB 332 would require:

- The Ohio Housing Finance Agency to include pregnancy as a priority in its housing assistance programs;
- Homeless shelters to track and report the number of pregnant women and ages of children seeking assistance;
- Pregnant women to be placed in family shelters instead of single adult shelters; and
- Qualified community hubs to coordinate and connect at-risk individuals to physical health, behavioral health, social, and employment services.

Ohio did not attain one of the worst infant mortality rankings in the nation overnight; and it may take several years before we reach our goals. Senator Jones and I believe that SB 332 is an essential component to getting us to a place where we can proudly say that Ohio is a great place for all babies to be born. Thank you members of the Finance Committee for your attention to this issue and we respectfully request your favorable consideration and passage of SB 332. We are happy to respond to any questions from the committee at this time.