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7th Ohio Senate District

House Sponsor Testimony
Senator Shannon Jones
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Senate Bill 332

Good afternoon Chair Smith, Vice Chair Ryan, Ranking Member Driehaus and Members of the House Finance Committee. I am humbled and honored to present sponsor testimony today on Senate Bill 332, which provides for the implementation of many of the recommendations of the Commission on Infant Mortality.

Ohio's infant mortality rate is a tragic stain on this great state. Much like the canary being sent into the coal mines to let the miners know it was safe to enter, our infant mortality rate similarly tells us if our communities are safe for moms and babies. In 2014, Ohio had an overall infant mortality rate of 6.8 deaths per 1,000 live births – higher than the national rate, ranking us at 45th in the nation. Even more shocking is the fact that African American babies in our state are dying at unfathomable rates. In 2014, the infant mortality rate for African American babies was 14.3 deaths per 1,000 live births. That is more than double Ohio's overall rate and nearly triple the rate of death of white babies at 5.3 deaths per 1,000 live births. This blatant racial disparity is inexcusable, immoral and a clear indicator that our systems are failing to adequately

serve all of the people of Ohio. Put another way, this canary is telling us too many of our communities are not safe for our most vulnerable. This gross inequity demands outrage from all of us... it is worthy of deep introspection, vigorous debate and unrelenting action to change the system that is failing too many Ohio families.

While the human toll is staggering and what keeps me awake at night, the cost associated with these deaths is also compelling. According to the Health Policy Institute of Ohio, Ohio spends more than most states on healthcare yet our outcomes are still some of the worst in the nation. Spending more money is not sufficient. We have tried that. And it has failed. As it is, we are spending \$55 BILLION this budget cycle in all funds on healthcare. How much more can we afford to spend for the same, horrible outcomes?

And left unchecked these costs will continue to rise. Pre-term babies cost the Medicaid system an average of \$50,000 per delivery while healthy full-term babies cost only about \$5,000. During the first year of life, pre-term babies cost an average of \$32,000 in medical expenses compared to an average cost of \$3,300 for healthy full-term babies for things like well-baby visits and vaccines.

Keep in mind, Medicaid is responsible for more than half of all births in this state with more than its fair share of premature births. In Hamilton County alone, the total annual cost of preterm birth is \$402 million dollars, according to a recent study by the University of Cincinnati Economic Center. Think about that -- \$402 million EACH YEAR in only one of Ohio's 88 counties. Again, Medicaid as well as our public school systems are footing much of the bill.

But there is real opportunity for us to do better...much better. For example, extending pregnancy by just one week for each preterm birth in Hamilton County would reduce medical costs by over \$25 million annually. \$25 million in one county!

The bottom line is this: the rate at which babies in Ohio are dying is unacceptable and frankly...embarrassing. Consider this: Ohio is home to some of the greatest clinical healthcare in the world – the Cleveland Clinic, six free standing children's hospitals, award-winning regional hospital systems and top health care research and training institutions. Yet, despite this outstanding clinical care, Ohio still has horrible outcomes that are even worse when the significant racial disparity that prevails is considered. Clearly, there is a major disconnect between the investments we're making and the people we're trying to impact.

We cannot “program” our way out of a high infant mortality rate. If we could, we would have already won this battle. Ohio is full of well-intended, hardworking, passionate people and programs where high infant mortality rates persist. We need to challenge the system by demanding transparent, shared measurable outcomes where improvement is valued and business-as-usual is not. The old model of more money and more programs is simply unsustainable and HAS NOT WORKED.

In order to move Ohio in a new direction, key components of Senate Bill 332 build on evidence-based and proven practices and pays for improved outcomes. Senate Bill 332 contains many system improvements to the implementation of best practices around safe sleep, smoking cessation and birth spacing. For example, sleep related deaths account for 15% of all infant deaths in Ohio. In fact, we lose 3 babies each week in our state due to unsafe sleep environments. Senate Bill 332 will increase the accountability for hospitals and birthing centers on safe sleep education, including the facilitation of a crib if deemed necessary.

Senate Bill 332 is forcing the system to be accountable by focusing on measurable outcomes, in targeted areas, based on actual, demonstrable evidence of what works. The legislation recognizes that programs have

to be accountable for the resources and trust that we give them and in turn demonstrate improved outcomes. We simply cannot afford to pay for anything other than improved and actual outcomes. Indeed, this is the same focus we are placing on other areas of health care through things like payment reform.

Senate Bill 332 also emphasizes best practices in our evidence-based home visiting programs. The bill requires the Ohio Department of Health to prioritize families living in geocoded infant mortality hot spots to receive Help Me Grow home visiting services so our most at-risk moms and babies receive the benefit of these services. Worth noting, these interventions not only save babies but prove to be worthwhile, long-term investments for both families and state taxpayers. According to yesterday's *Cleveland Plain Dealer*, in Ohio, Nurse-Family Partnership – one of these evidence-based home visiting programs – delivers a return of \$6 in savings on public spending for Medicaid, special education, food stamps and other programs for every dollar that is invested. On a national scale, this program costs roughly \$1.6 billion to offer but will save the federal government nearly \$3 billion in spending over the next 15 years on Medicaid, welfare and food stamps. These types of systemic savings are what is going to stem the tide of ever-growing Medicaid and other government costs.

Senate Bill 332 also seeks to expand the Pathways Community HUB model in these infant mortality “hot spots.” This nationally certified model is designed to specifically target the most at-risk communities by working collaboratively with preexisting community resources to more efficiently and effectively improve health outcomes. In fact, just this summer, Senator Tavares and I joined Representatives Sprague and Sykes in Akron on a panel on this model and it was there that we learned from the prestigious Institute for Healthcare Improvement that this model is actually a global best practice. And with good reason. As just one example, the Pathways Community HUB model is credited with successfully reducing the low birth weight rate of a group of women in Richland County to 6.1% while similar women from the same county who did not receive the same interventions had a low birth weight rate of 13%. Based on geocoded infant mortality hot spot data, Senate Bill 332 will provide the opportunity for hot-spot communities to establish a qualified community HUB to reach the most vulnerable citizens in each corner of the state.

Senate Bill 332 is the reflection of years of expert testimony, research, public hearings and discussion focused on change designed to produce measurable, improved outcomes. It signifies that Ohio stands committed to doing something different – improving the quality of life for all – but especially our most vulnerable moms and babies.

Senate Bill 332 unanimously passed out of the Senate Health and Human Services Committee and off of the Senate floor by a vote of 29-1. Thank you for the opportunity to testify. I will be happy to answer any questions at this time.