



## ***Testimony of Zach Rossfeld, MD***

Proponent—Senate Bill 332

*House Finance Subcommittee on Health and Human Services*

Chairman Sprague, Ranking Member Sykes, and members of the House Finance Health and Human Services Subcommittee, thank you for the opportunity to be here today. My name is Zach Rossfeld and I am third year internal medicine/pediatrics resident who practices at The Ohio State University's Wexner Medical Center and Nationwide Children's Hospital. Born in Allen County, I am a lifelong Ohioan and am twice a graduate of The Ohio State University.

I am here today representing the 2,900 members of the Ohio Chapter of The American Academy of Pediatrics to offer support for Senate Bill 332, a bill that would implement recommendations of the Ohio Commission on Infant Mortality. This legislation, sponsored by State Senators Shannon Jones and Charleta Tavares, has received strong bipartisan support and is an important step forward in addressing Ohio's infant mortality crisis.

As you know, Ohio's overall infant mortality rate in 2014 was 6.8 deaths per 1,000 live births—this is the latest year data was available. When we break this rate out by race, we see that the mortality rate for African American babies is 14.3 deaths per 1,000 live births. This rate is three times the infant mortality rate for White babies, which is 5.3 deaths per 1,000 live births. Overall, Ohio ranks 45<sup>th</sup> in infant mortality; in terms of lives, 955 babies died in 2014 without reaching their first birthday. This is a sobering figure to say the least. Now that I've laid out the challenge facing our state, I want to discuss briefly how SB 332 will drive better coordination and solutions that will lower our infant mortality rate.

The bill puts into place key strategies and interventions aimed at reducing infant mortality through promoting healthy behaviors and injury prevention. Notably, SB 332 bans the sale of crib bumpers—this provision would put Ohio in line with a national push backed by the American Academy of Pediatrics. The bill also broadens the availability of safe sleep educational programs to ensure parents and caregivers in infant mortality hotspots know the ABC's of safe sleep. We lose an average of three babies each week due to unsafe sleeping conditions, which makes these provisions critical to lowering our infant mortality rate.

SB 332 also strengthens tobacco cessation efforts currently led by the Ohio Department of Health. Finally, the bill expands access to long-acting reversible contraceptives, which will help promote healthy birth spacing. SB 332 also includes a number of provisions aimed at addressing social determinants of health, including the expansion of qualified community HUBS, improved home visiting services through the Help Me Grow program, prioritized housing assistance for pregnant women, and increased evaluation of state policies and programs aimed at addressing social determinants of health.

SB 332 would dramatically improve the collection and utilization of data by state agencies, local health departments, and infant mortality reduction initiative organizations across Ohio. The bill includes language that would establish infant mortality scorecards developed by the Ohio Department of Health as well as managed care plan performance reports for the General Assembly prepared by the Ohio Department of Medicaid. These and other data sharing provisions in SB 332 will provide critical information to providers and advocates throughout the state.

Finally, SB 332 would make necessary improvements to our health system to improve outcomes and increase provider education. The bill requires the Governor's Office of Health Transformation to establish quality improvement goals focused on the perinatal health episode as well as best practices for family planning, health and wellness for mothers, and reducing adverse pregnancy outcomes. The bill also requires healthcare licensure boards to develop continuing education for providers aimed at increasing awareness of race- and gender-based disparities in treatment and outcomes. These tools will better align our healthcare system with the realities of the infant mortality crisis.

In closing, I want to commend Senators Jones and Tavares for leading the fight on this important issue. Senate Bill 332 contains a number of evidence-based interventions and programs and I firmly believe we will see Ohio's infant mortality rate decline as a result of this important legislation. Thank you for your time and consideration, and I would be happy to answer any questions that you might have.