



September 26, 2016

The Honorable Shannon Jones
Chairwoman, Senate Health and Human Services Committee
Senate Building
1 Capitol Square, 2nd Floor
Columbus, OH 43215

Dear Chairwoman Jones:

Throughout its 103-year history, The Center for Community Solutions (CCS) has been a leader in identifying community issues, analyzing and explaining them, and proposing non-partisan recommendations. In our current strategic plan CCS identified maternal and infant health as a policy priority area and supports initiatives to improve maternal and infant health that will reduce our community's high rates of infant mortality.

Over the last 18 months, CCS has supported Better Birth Control Northeast Ohio (NEO), a pilot project that was conducted to increase access to long-acting reversible contraception (LARC) methods at public and private safety net clinics. The pilot featured training by UPSTREAM USA to reduce local provider-level barriers, as well as upfront stock for participating clinics and was supported by a social marketing campaign and evaluation.

Preliminary findings from the clinic training include:

- Scores on post assessment tests of contraceptive knowledge and attitudes increased from 60% to 95% among family planning site non-clinical staff; the clinics that are most successful with the clinic flow changes and an improved revenue cycle utilize support staff for contraceptive counseling
- 99.1% of patients who received a contraceptive method at a trained clinic reported that they chose their method that day or they chose their method together with their provider; given the history of these devices, in which early non-FDA approved versions did harm, patient

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centered counseling and decision making is imperative to the positive perception and acceptance of these methods

- Compared with control Title X family planning clinics where 10% of contraceptive women chose a LARC method, in trained clinics the number of contraceptive users who chose one of these methods was 32%

Based on our work with this project and our commitment to efforts that reduce the infant mortality rate in Ohio, we offer our support of Senate Bill 332.

The provisions in S.B. 332 that seek to increase access to LARC methods, in both hospital and outpatient settings, moves Ohio in the right direction. Postpartum placement of LARC, immediately following delivery, is an effective method to increase safe-spacing of pregnancies. Allowing hospitals to bill separately for the LARC device, in other words having a designated payment source rather than bundled into the payment for the delivery, makes postpartum placement more feasible in a hospital setting.

We encourage the partnership between the Ohio Departments of Health and Medicaid in order to provide technical assistance to FQHCs around best practice for education and access to LARC methods. Increasing awareness of LARC options was a key component of Better Birth Control NEO.

It is important that S.B. 332 addresses social determinants of health that impact rates of infant mortality. A person's health is impacted by much more than clinical issues. S.B. 332 would require further study of the social determinants of health as they relate to the health of infants and women of child-bearing age. This study is likely to provide valuable information to make more informed decisions moving forward.

Thank you for the opportunity to express our support for S.B. 332. We encourage the Health and Human Services Committee to favorably report this important piece of legislation.

Sincerely,



Tara Britton
Director of Public Policy and Advocacy
Edward D. and Dorothy E. Lynde Fellow