Collaborating to
Ensure a Healthy Ohio

September 27, 2016

The Honorable Shannon Jones
Chair, Senate Health and Human Services Committee
Ohio Statehouse
Columbus, OH 43215

Re: Senate Bill 332

Dear Chairwoman Jones, Vice-Chair Lehner, Ranking Member Tavares and members of the Senate Health and Human Services Committee:

I write you today on behalf of the Ohio Hospital Association (OHA) to express support for the as introduced version of Senate Bill 332.

Established in 1915, OHA is the nation's first state-level hospital association. OHA exists to collaborate with member hospitals and health systems to ensure a healthy Ohio. OHA currently represents 220 hospitals and 13 health systems throughout Ohio. The association is governed by a 20-member Board of Trustees with representation from small and large hospitals, teaching facilities and health care systems.

As you are aware, the reduction of Ohio's dismal infant mortality rate has been and remains a priority for the association. OHA's Institute for Health Innovation, under a directive of the OHA Board of Trustees and the Board's Clinical Advisory Committee, developed a multi-faceted set of initiatives to impact change at the hospital level, and support efforts of member hospitals working in their local communities to improve Ohio's infant mortality rate. Launched in April 2014, OHA's Good4Baby initiative includes key focus areas: safe sleep, early elective deliveries, breastfeeding, safe spacing, progesterone, access to care, disparities, tobacco cessation and neonatal abstinence syndrome.

Since the launch of the Good4Baby hospital based initiatives in 2014, OHA has worked with all of Ohio's maternity hospitals, the Ohio Collaborative to Prevent Infant Mortality, Ohio Perinatal Quality Collaborative and Ohio Department of Health to provide resources to communities to further reduce infant mortality in Ohio.

According to a recent OHA analysis of newly released Centers for Disease Control (CDC) data, Ohio has made improvements in all areas of infant mortality since 2011. However, we recognize there is still much work to be done. To this end, we commend Senators Jones and Tavares for their tireless work on this critical issue.

Although there was broad support for many provisions included in SB 332, OHA did receive feedback from a subset of our membership expressing concerns related to certain aspects of the bill which have been shared with the sponsor directly. Additionally, we have discussed possible suggestions related to the authorization of pharmacists to administer medroxyprogesterone acetate (Depo-Provera).

Overall, we believe the recommendations set forth by the Ohio Commission on Infant Mortality, on which OHA was proud to serve, and included in SB 332 will provide the needed framework and next steps in our shared goal to reduce infant mortality rates and ensure more Ohio babies see their first birthday.

Chairwoman Jones, we look forward to working with you on Senate Bill 332 as it continues to move through the legislative process. Please contact me with any questions or concerns.

Sincerely,

Scott Borgemenke
Senior Vice President, Advocacy