



**SENATE FINANCE SUBCOMMITTEE ON HEALTH AND MEDICAID**

Chair Hackett

Ranking Member Thomas

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Tara Britton, Director of Public Policy and Advocacy

Chair Hackett, Ranking Member Thomas and members of the Senate Finance Subcommittee on Health and Medicaid, thank you for hearing my testimony today. My name is Tara Britton and I am the Director of Public Policy and Advocacy at The Center for Community Solutions, a nonprofit, nonpartisan thinktank that aims to improve health, social and economic conditions through research, policy analysis and communication. I am here today to offer testimony on proposals in the budget regarding maternal mortality and adult protective services (APS), and to support the inclusion of proposals developed by the multi-system youth joint study committee.

Maternal mortality

In the United States, women are dying from complications related to pregnancy and childbirth at a higher rate than other industrialized nations, and the rate is increasing. Approximately 700 women die each year in the U.S., and thousands more experience complications, often viewed as “near misses” of a maternal death. Non-Hispanic black women are dying at a rate 3 to 4 times that of non-Hispanic white women. The most recent data available for Ohio shows that between 2008 and 2014 there were 408 pregnancy-associated deaths. This data, from 2014, is also the most recent data available on maternal deaths in Ohio. Over the last 18 months Community Solutions has worked to improve awareness and knowledge of maternal mortality in Ohio.

We would like to thank the Governor and his administration, as well as the House of Representatives, for including language in the budget that supports Ohio’s Pregnancy-Associated Mortality Review Committee (PAMR), situated at the Ohio Department of Health. The PAMR reviews all maternal deaths in Ohio and the House budget formally puts this committee into state statute. We know that collecting and reviewing this data can be challenging due to delays in receiving it and PAMR not always receiving complete information. In order to collect information when a pregnancy-associated death occurs, ODH sends a letter requesting information about the death to hospitals, medical providers, emergency medical



services, mental health and addiction providers, law enforcement officers, coroners and others who may have been involved in the care of the woman who died. It is important for complete data on pregnancy-associated deaths to be submitted to PAMR, but that doesn't always occur, and if it does, there is often a time lag. Codifying this committee and offering legal protections to those entities who report the data are important first steps. Additional changes will further strengthen the committee and give it the tools it needs to compel the submission of data on maternal deaths in a timely manner.

The budget language requires reporting of this data only every three years. We already know that there is a significant lag in the reporting of this information and think it is imperative that we are informed at least annually about maternal death reviews in Ohio in order to learn from deaths that have occurred and prevent future deaths.

While we understand it is a big undertaking, we would like to see language incorporated that acknowledges severe maternal morbidity ("near misses") and makes an effort to incorporate a review of these instances, at least in part, into the PAMR review process. There are examples from other states that have worked to incorporate severe maternal morbidity into their state PAMRs.

Over the last several years, Ohio has committed to broad-based efforts and has dedicated resources to addressing the state's high rate of infant mortality, which is still too high. While many strategies employed to reduce this rate could also make an impact on maternal health, a dedicated effort to address maternal mortality and morbidity is also required to wholly address maternal and infant health. Improvements have been made in the United States and around the world, so there are certainly lessons to learn. Having timely and complete data on this issue is an important step toward implementing measures to improve maternal health and wellbeing. Community Solutions is committed to working alongside the General Assembly and the administration to carry this issue forward now, and beyond this budget, and to work to support implementation of on-the-ground changes to prevent maternal deaths.

### Adult Protective Services

Community Solutions has a long history of advocating for a strong adult protective services system in Ohio. In recent research we covered the rollout of statewide APS changes, enacted legislation that increases the number of categories of mandatory reporters of suspected APS cases and senior levies in place across Ohio. Ohio now has a common statewide data system for adult protective services and indications from 2018 data shows that more calls are coming into



counties. We are supportive of making aggregate-level data from this system publicly available on a routine basis to better inform our discussions on this topic.

The House-passed budget includes an increase to the APS line item (line item 600534), a strong move in the right direction to protect Ohio's older adults. This increase brings the line item from \$2.74 million each year of the biennium to \$4.23 million each year of the biennium. At current budget levels, each county receives around \$31,000 for APS. The bill, as it stands, would provide about \$48,000 per county in Ohio. Community Solutions continues to support an increase to at least \$5.72 million each year, which would allow an allocation of \$65,000 per county, to support one full-time, designated APS caseworker. With a system long overdue for increased support, we want to continue to discuss an overall increase in the line item to \$10 million per year, which would provide support for a full-time worker and wraparound supports to help older adults remain safe in their communities.

### Multi-System Youth

Community Solutions has been working among a coalition of stakeholders committed to achieving the best possible outcomes for multi-system children and youth. You will be hearing from a panel of experts and families with lived experience on this issue tomorrow, but I want to share that Community Solutions is pleased to see the inclusion of language in the House-passed bill that develops a multi-system youth action plan that includes implementing the recommendations of the Joint Legislative Committee on Multi-System Youth. There remains a need for a dedicated, flexible funding source to address the myriad issues and barriers faced by these children and their families and we look forward to continuing this conversation with the General Assembly and Governor DeWine's administration.

Thank you for the opportunity to testify today. I would be happy to answer any questions.