

**Ohio Senate Finance
Health and Medicaid Sub-Committee
HB166 State Operating Budget
Testimony of Wayne Trout, MD, Chair
American College of Obstetricians and Gynecologists, Ohio Section**

Chair Hackett, Vice Chair Huffman and Ranking Member Thomas, my name is Dr. Wayne Trout, I am an obstetrician-gynecologist, and I currently serve as Chair of the Ohio Section of the American College of Obstetricians and Gynecologists (ACOG Ohio). As you may know, ACOG is the nationally recognized foremost organization dedicated to the improvement of women's health. As such, ACOG, through its members, produce guidelines and education material viewed as the standard of care for patients. ACOG Ohio represents over 1500 Ohio OB/GYNs and their patients. I am grateful for this opportunity to provide written proponent testimony for Sub. HB166 the State Operating Budget and respectfully request your support for the provision establishing the Pregnancy-Associated Mortality Review committee at the Ohio Department of Health.

Maternal mortality is an important indicator for quality in the health of our communities, our patient populations, and our health systems.

It might surprise you to know that there has been no significant improvement in maternal mortality in the US for more than 25 years. In fact, maternal deaths jumped more than 25 percent from 2000 to 2014 (18.8 in 2000 to 23.8 in 2014). California is the exception which showed a declining trend; and Texas had an alarming spike in maternal deaths from 2011 to 2012.

The international trend among other industrialized countries is in the opposite direction. The US lags way behind other industrialized countries in maternal mortality.

It also might surprise you to know that about half of all maternal deaths in the US are believed to be preventable.

Maternal near-deaths are also on the rise, for example from preeclampsia and high blood pressure. Increasingly, more pregnant women in the US have chronic health conditions and are overweight or obese. These conditions put pregnant women, especially those 40 years of age and older, at higher risk of adverse outcomes. For every maternal death, there are an estimated 50 pregnant women who have near-death complications.

And there are significant and widening disparities in maternal mortality among black, Hispanic and white women. This highlights the need to better understand how social determinants of health and barriers to risk-appropriate care can be addressed to promote optimal outcomes for all women.

The CDC and ACOG Support MMRCs

The Centers for Disease Control and Prevention (CDC) and ACOG have long prioritized the reduction of the maternal deaths in the U.S. CDC and ACOG started calling for the establishment of state review teams a decade ago. CDC and ACOG recommend that all states have an active, confidential Maternal Mortality Review Committee or Pregnancy-Associated Mortality Review that uses standardized, uniform data collection and reporting tools including the recommended 5 questions on the death certificate.

About 30 states have an active Maternal Mortality Review Committee or Pregnancy-Associated Mortality Review in place or on the drawing board. We know that reviewing maternal deaths in a systematic manner for the purpose of taking action can reduce the risk of women dying from complications of pregnancy.

We can do more: Ohio's Pregnancy-Associated Review Committee

It's time for Ohio to formalize the Pregnancy Associated Mortality Review (PAMR). While Ohio has one of the oldest review committees in the country established through the Ohio Department of Health in 2008, the PAMR is not codified in the Ohio Revised Code (ORC) and therefore Ohio cannot draw down federal grant dollars through the CDC, Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees Initiative. This is especially disappointing to all of the Ohio OB/GYNs who advocated for the creation of the grant at the federal level to help fund the maternal mortality review committees at the state level in order to address preventable maternal mortality.

Furthermore, without codification in ORC there are no guarantees of liability protection or confidentiality for the PAMR committee members, confidentiality for identity of patients or their families, investigation and dissemination of findings and recommendations on maternal deaths. We believe this fact has hindered the ability of the Ohio PAMR to publish timely reports of their findings; the last report having been published in 2014.

Thank you for the opportunity to present testimony in support of the Pregnancy-Associated Mortality Review committee language contained in Sub. HB166. Passing the language contained in Sub. HB166 to codify PAMR would be an important step in preventing poor health outcomes for Ohio's mothers.