

**Ohio Senate
Health and Human Services Committee
HB11 Tobacco Cessation/Prenatal Care
Testimony of David Hackney, MD
American College of Obstetricians and Gynecologists, Ohio Section**

Chair Burke, Vice Chair Huffman, Ranking Member Antonio, and distinguished members of the Senate Health Committee, my name is Dr. David Hackney and I am a practicing specialist in Maternal Fetal Medicine, also known as high risk obstetrics, in Cleveland Ohio where I am a Division Director and Associate Professor. Of note, I am neither speaking on behalf of nor representing the views of my employers. I received my medical degree from the University of Pittsburgh after which I came to Ohio for residency training at THE Ohio State University. I've been in active practice in Cleveland for seven years.

Today, I write on behalf of the American College of Obstetricians and Gynecologists, Ohio Section (ACOG) of which I am the current Legislative Chair. As you may know, ACOG is our specialty's premier professional membership organization dedicated to the improvement of women's health. In Ohio, ACOG represents over 1500 obstetrician-gynecologists and their patients; and nationally ACOG represents approximately 58,000 obstetrician-gynecologists and women's health care professionals. I am grateful for this opportunity to provide written proponent testimony for HB11 Tobacco Cessation/Prenatal Care.

Centering pregnancy and group prenatal care: The provision in HB11 establishing a grant program to benefit centering pregnancy programs will be helpful to practices and healthcare facilities wishing to provide this valuable service. We recognize group prenatal care models can be challenging to initiate and maintain; often the cost of initiating a group prenatal care model can be a barrier to implementation.

Group prenatal care models are designed to improve patient education, include opportunities for social support and maintain the risk screening and physical assessment of individual prenatal care. Some studies demonstrate high levels of patient satisfaction and obstetric outcomes equal to those patients receiving individual prenatal care, with improved outcomes for some patient populations. ACOG believes individual and group care models warrant additional study, with a goal of

demonstrating differences in outcomes and identifying populations that benefit most from specific care models.

When participation in group prenatal care is offered, it should be provided as an alternative option to traditional prenatal care and not mandated. Each patient should have the ability to choose how they receive their medical care.

Tobacco Cessation: Smoking is one of the most important modifiable causes of poor pregnancy and ACOG fully supports the provisions in HB11 that addresses tobacco cessation. Quitting tobacco can be extremely difficult; coverage of cessation medications and services is an important improvement.

Dental Care: Maintaining good oral health is important to all adults and ACOG supports access to dental care for women, including those who are pregnant. Physiologic changes during pregnancy can affect oral health and pregnant women are more prone to gingivitis, tooth mobility, tooth loss and other oral health conditions. Dental care can be provided during pregnancy safely. Thus we support access to dental hygiene programs for pregnant women as part of their oral health and overall health care.

Thank you for the opportunity to offer testimony on HB11. I appreciate your consideration, urge you to support this bill, and I hope you will consider ACOG Ohio and myself a valuable resource for all items relating to the practice of obstetrics and gynecology and women's health issues.

Pregnancy Group Care: ACOG Committee Opinion 731; Mar. 2018 (attached)

Dental Care: ACOG Committee Opinion 569; Aug. 2013; reaffirmed 2017 (attached)

Tobacco Cessation: ACOG Committee Opinion 721; Oct. 2017