

As Adopted by the Senate

131st General Assembly

Regular Session

2015-2016

Am. H. C. R. No. 12

Representatives LaTourette, Antonio

Cosponsors: Representatives Johnson, T., Lepore-Hagan, Ramos, Gerberry, Ruhl, Blessing, Stinziano, Phillips, Sykes, Patterson, Antani, Duffey, Barnes, Rezabek, Boyce, Bishoff, Grossman, Fedor, Smith, K., Rogers, Celebrezze, Kuhns, Leland, Howse, Reece, Gonzales, Brown, Schuring, Sprague, Baker, Brenner, Buchy, Cera, Conditt, Derickson, Dever, Driehaus, Ginter, Green, Hackett, Hall, Hambley, Hayes, Henne, Huffman, Kunze, Maag, McClain, McColley, O'Brien, M., O'Brien, S., Perales, Reineke, Romanchuk, Sears, Sheehy, Slesnick, Smith, R., Sweeney, Terhar, Young, Speaker Rosenberger Senators Hite, Gardner, Beagle, Jones, Lehner, Tavares, Brown, Cafaro, Burke, Coley, Eklund, Faber, Gentile, Hottinger, Hughes, LaRose, Manning, Obhof, Oelslager, Peterson, Schiavoni, Skindell, Thomas, Uecker, Widener, Yuko

A CONCURRENT RESOLUTION

To declare Ohio's rate of infant mortality a public health crisis and urge comprehensive preterm birth risk screening for all pregnant women in Ohio.

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE OF OHIO (THE SENATE CONCURRING):

WHEREAS, Ohio is ranked among the worst in the nation in infant mortality (47th), with the loss in 2012 alone of 1,047 Ohio babies before their first birthdays; and

WHEREAS, The leading cause of infant mortality is preterm birth. In Ohio, the preterm birth rate for 2013 was 12.1% (the

same rate as for 2012 and 2011) and about half of all 9
pregnancy-related costs are driven by preterm births, largely 10
because of expensive care of infants in neonatal intensive 11
care units (NICUs). Among babies born before 32 weeks 12
gestation, 89% are admitted to NICUs at an average cost of 13
\$280,000; and 14

WHEREAS, Socioeconomics, education, geography, and other 15
factors contribute to health access barriers for many Ohio 16
women and a lack of prenatal care increases the risk of 17
preterm birth and infant mortality; and 18

WHEREAS, Medicaid pays for over 52% of Ohio's pregnancies 19
(in 2013, 70,479 pregnancies). In Ohio, NICU babies account 20
for only 0.2% of the Medicaid population but consume 15% of 21
total Medicaid spending; and 22

WHEREAS, Cervical length is the best predictor of preterm 23
birth risk. Women with a prematurely short cervix mid 24
pregnancy are at 10 times the risk of an early delivery, 25
which can have tragic consequences; and 26

WHEREAS, Two technologies that accurately measure the 27
cervix are available: transvaginal ultrasound and use of a 28
cervicometer. Using these technologies, cervical length 29
screening could be performed in any prenatal care setting for 30
pregnant women in Ohio and treatment provided to prevent 31
preterm births and infant deaths; and 32

WHEREAS, The Society for Maternal-Fetal Medicine and the 33
American College of Obstetricians and Gynecologists have 34
published clinical practice guidelines recommending vaginal 35
progesterone treatment to prevent preterm birth in women 36
pregnant with one baby and a mid-pregnancy short cervical 37
length. In this high risk population, treatment cuts the 38
rates of preterm birth and infant mortality nearly in half 39
while reducing NICU admissions by 25%; and 40

WHEREAS, Economic analyses of universal cervical length screening and vaginal progesterone treatment prove that this preterm birth prevention strategy is cost-saving. The drug used in this treatment is available in generic form; a full course of treatment costs less than \$400. Adoption of this strategy across Ohio could result in savings over \$27 million annually, with over \$10 million of that total in Medicaid savings; and

WHEREAS, The Ohio Collaborative to Prevent Infant Mortality of the Ohio Department of Health, the Ohio Perinatal Quality Collaborative, and many other state and local organizations have been working diligently to raise awareness and promote the adoption of best practices, including appropriate use of progesterone to prevent preterm birth. Among the top priorities of the Ohio Department of Medicaid is more timely identification of high risk expectant mothers to provide enhanced services, such as ensuring "progesterone without barriers" for Ohio pregnant women; and

WHEREAS, The good health and well-being of Ohio's expectant mothers and their babies will be enhanced by education on the importance of cervical length measurement as an evidence-based, cost-saving prenatal risk screening test. Beneficiaries of such education should include health care professionals, women and families, Medicaid and private health insurers, government officials, elected officials, and all others who share the mission of reducing preterm birth and infant mortality; now therefore be it

RESOLVED, That we, the members of the 131st General Assembly of the State of Ohio, support and encourage improved education and outreach concerning prenatal care, cervical length measurement, and progesterone treatment; and be it further

RESOLVED, That we, the members of the 131st General 73
Assembly of the State of Ohio, declare Ohio's rate of infant 74
mortality a public health crisis that deserves significant 75
and immediate action by all stakeholders to ensure equitable 76
access to comprehensive preterm birth risk screening for all 77
pregnant women, including cervical length screening; and be 78
it further 79

RESOLVED, That the Clerk of the House of Representatives 80
transmit duly authenticated copies of this resolution to the 81
Governor of Ohio and the news media of Ohio. 82