



Ohio Legislative Service Commission

Bill Analysis

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(As Introduced)

Sens. Jones and Tavares, Faber, Obhof, Patton, Manning, Lehner, Beagle, Seitz, Eklund, Hite, Gardner, Burke, Balderson, Peterson, Hottinger, Hackett, Uecker, Cafaro, Skindell, Yuko, LaRose, Bacon

BILL SUMMARY

COMMISSION ON INFANT MORTALITY RECOMMENDATIONS

- Enacts in the Revised Code the recommendations made by Commission on Infant Mortality in a March 2016 report, except those relating to tobacco taxes and the minimum purchase age for tobacco products.

Data collection and sharing

Medicaid claims data and vital statistics training

- Requires the Ohio Department of Medicaid (ODM) to make Medicaid claims data regarding perinatal services, and the State Registrar of Vital Statistics to make preliminary vital statistics information, available to local infant mortality reduction initiative organizations and grant recipients.
- Requires the State Registrar to provide training for hospital and freestanding birthing center staff, as well as funeral service workers, on their responsibilities under the vital statistics law.

Infant mortality scorecards and quarterly data

- Requires the Ohio Department of Health (ODH) and ODM to create infant mortality scorecards that report quarterly data regarding pregnancy- and birth-related health measures and outcomes.
- Requires ODM to make publicly available quarterly infant mortality and preterm birth rates delineated by race and ethnic group.

Medicaid performance reports

- Requires the annual report that ODM must complete on the effectiveness of the Medicaid program to include additional information related to perinatal care and infant mortality initiatives.
- Requires ODM to submit a report to the General Assembly and the Joint Medicaid Oversight Committee regarding each Medicaid managed care organization's progress, during fiscal years 2016 and 2017, in improving infant mortality measures through the provision of enhanced care management and targeted initiatives in infant mortality hot spots.

Survey regarding maternal behaviors related to pregnancy

- Requires ODH to create a population-based questionnaire designed to examine maternal behaviors related to pregnancy similar to the Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire that was recently discontinued.

Tracking primary language of Medicaid recipients

- Requires the Ohiobenefits.gov website administered by ODM to collect information on the primary language of Medicaid applicants.

Assessment of Shaken Baby Syndrome Education Program

- Adds to the responsibilities the Director of Health must fulfill in assessing the effectiveness of the Shaken Baby Syndrome Education Program.

Enhancing current interventions

Crib bumper pad sales

- Prohibits crib bumper pad sales and specifies penalties for violating the prohibition.

Safe sleep education

- Requires ODH to provide annual safe sleep training at no cost to parents and infant caregivers who reside in infant mortality hot spots.
- Requires facilities that procure safe cribs for at-risk families, as well as ODH, to ensure that crib recipients receive safe sleep education and crib assembly instructions.

- Requires ODH to include in a report on safe sleep initiatives an assessment of whether at-risk families are sufficiently being served by the crib distribution and referral system specified under existing law.

Tobacco cessation

- Requires ODH's tobacco use and cessation plan to emphasize reducing tobacco use by Medicaid recipients, account for the increasing use of electronic health records, and ensure that ODH collaborates with organizations in infant mortality hot spots to help them secure tobacco cessation grants.
- Requires ODM to enter into an interagency agreement with ODH requiring ODM to pay the federal and nonfederal shares of Ohio Tobacco Quit Line services provided to Medicaid recipients.

Birth spacing and prematurity prevention

- Authorizes a hospital to submit a Medicaid claim for a long-acting reversible contraception (LARC) device provided to a Medicaid recipient after giving birth that is separate from the hospital's claim for inpatient care.
- Requires the Director of Health to coordinate with the Medicaid Director to provide technical assistance and grants to federally qualified health centers (FQHCs) and FQHC look-alikes that seek to include the practice of a prescriber who promotes awareness and use of LARC devices (a "LARC First practice").
- Requires the Director of Health to collaborate with health professional schools to develop and implement appropriate curricula on patient counseling regarding efficacy-based contraceptives, including LARC devices.
- Authorizes pharmacists with specified training to administer by injection hydroxyprogesterone caproate (a prescription hormone used to lower the risk of preterm birth) and medroxyprogesterone acetate (Depo-Provera) pursuant to a prescription and physician protocol.
- Requires ODM, when contracting with a Medicaid managed care organization, to use a uniform prior approval form that is not more than one page for progesterone.

Restructuring health systems for improved outcomes

- Permits any entity that is eligible to be, and requests to serve as, a qualified provider to make presumptive Medicaid eligibility determinations for pregnant women if ODM determines that the entity is capable of making such determinations.

- Requires ODM to contractually require Medicaid managed organizations to promote the use of Text4baby, a free cell phone text messaging service for pregnant women and new mothers.
- Requires the Executive Director of the Office of Health Transformation to establish goals for continuous quality improvement within the State Innovation Model (SIM) grant component pertaining to episode-based payments for prenatal care and to promote the adoption of best practices on family planning options, reducing poor pregnancy outcomes, and wellness activities.
- Requires certain health care professionals to obtain instruction or continuing education in cultural competency in order to receive or renew a professional license, and requires licensing boards to adopt rules regarding cultural competency instruction.

Social determinants of health for pregnant and at-risk women

Qualified community hubs

- Requires Medicaid managed care organizations to provide certain Medicaid recipients, or arrange for those recipients to receive, services by certified community health workers who work for, or are under contract with, a qualified community hub.
- Requires ODH to establish a qualified community hub in each community that lacks one, and requires the Commission on Minority Health to convene quarterly meetings with the hubs to discuss performance data and best practices.

Home visiting

- Requires ODH rules to specify that families residing in infant mortality hot spots are to receive priority for Help Me Grow home visiting services.
- Requires ODH to convene ODM staff and other stakeholders to discuss and create a proposal for transferring administration of Help Me Grow's home visiting component to ODM.
- Requires ODH to allocate funds for home visiting pilot projects targeted at families with the most challenging needs.
- Requires ODH to transition to paying for home visiting services based on outcomes rather than processes.

- Requires ODH, through a competitive process, to select one or more persons or government entities to create and administer a central intake and referral system for all home visiting programs operating in Ohio.

Housing

- Requires the Ohio Housing Finance Agency (OHFA) to include pregnancy as a priority in its housing assistance and local emergency shelter programs.
- Additionally requires OHFA to investigate current investment in state-funded programs that support middle- to low-income homebuyers in communities identified with high levels of infant mortality and evaluate whether current investment should be rebalanced.
- Mandates that recipients of grants targeting homelessness (1) track and report the number of pregnant women and the ages of any children seeking assistance at emergency shelters and (2) place pregnant women in family shelters.
- Requires OHFA to adopt rules necessary to implement these requirements.

Evaluation of state policies and programs

- Requires the Legislative Service Commission, not later than October 1, 2016, to contract with a nonprofit organization to convene and lead a stakeholder group concerned with evaluating social determinants of health matters for infants and women of child-bearing age.

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CONTENT AND OPERATION

OHIO COMMISSION ON INFANT MORTALITY RECOMMENDATIONS

Background

The Commission on Infant Mortality was created by Am. Sub. S.B. 276 of the 130th General Assembly. In addition to 15 members specified in statute,¹ the Commission designated other persons to participate in Commission meetings depending on the topic of a particular meeting.² On March 22, 2016, the Commission issued its first report after a series of meetings that began in August 2015. That report, *Committee Report, Recommendations, and Data Inventory – March 2016* ("March 2016 Final Report"), is available at this website: <http://cim.legislature.ohio.gov/documents>. The report makes recommendations under four themes: improvements in the collection and

¹ R.C. 3701.68(C).

² Commission on Infant Mortality, *Committee Report, Recommendations, and Data Inventory – March 2016*, p. 8, available at <<http://cim.legislature.ohio.gov/documents>>.



sharing of data, building on proven interventions, health system improvements, and addressing social determinants of health.

The bill enacts the Commission's recommendations in the March 2016 Final Report, except for those pertaining to tobacco taxes and the minimum purchase age for tobacco products. This analysis of the bill's provisions largely tracks the organization of the Commission's recommendations in the Final Report.

Data collection and sharing

Data availability to local organizations

The bill requires the Ohio Department of Medicaid (ODM) to make Medicaid claims data regarding perinatal services available on request to local organizations concerned with infant mortality reduction initiatives and recipients of grants administered by the Division of Family and Community Health Services in the Ohio Department of Health (ODH). The data must be made available not less than once each year and in accordance with state and federal laws governing the confidentiality of patient-identifying information.³

The bill also requires the State Registrar of Vital Statistics to ensure that the local organizations and grant recipients described above have access to preliminary birth and death data maintained by ODH, as well as access to any electronic system of vital records the State Registrar or ODH maintains, including the Ohio Public Health Information Warehouse (also known as the Integrated Perinatal Health Information System, or "IPHIS").⁴ (IPHIS automates the collection of pregnancy and newborn data, permits authorized users to print draft and final versions of a birth certificate; and facilitates the distribution of data to multiple end user systems.⁵) To the extent possible, the preliminary data must be provided in a format that permits geocoding.⁶ The bill defines "geocoding" as a geographic information system (GIS) operation for converting street addresses into spatial data that can be displayed as features on a map, usually by referencing address information from a street segment data layer.⁷

³ R.C. 5164.471.

⁴ R.C. 3705.40(B).

⁵ Ohio Department of Health, *Integrated Perinatal Health Information System*, available at https://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/datasystems/iphis.aspx.

⁶ R.C. 3705.40(B).

⁷ R.C. 3705.40(A).



In addition, the State Registrar must ensure that the terms of data use agreements required for access to the preliminary data and any electronic system of vital records are consistent with the terms of data use agreements required to access the Ohio Cancer Incidence Surveillance System that ODH maintains.⁸

Training for birthing facilities and funeral services workers

The bill requires the State Registrar of Vital Statistics to provide training for appropriate staff of hospitals and freestanding birthing centers, as well as funeral services workers, on their responsibilities under Ohio law pertaining to vital records. The training must occur at least annually and cover correct coding and time limits for reporting vital statistics information for the purpose of ensuring accuracy and consistency of the vital statistics system.⁹ For purposes of this requirement, the bill defines a "hospital" as one that has a maternity unit or that receives care for infants who have been transferred to it from other facilities and who have never been discharged to their residences following birth.¹⁰ A "funeral services worker" is defined as a person licensed by the Board of Embalmers and Funeral Directors as a funeral director or embalmer or an individual responsible for the direct final disposition of a deceased person.¹¹

New reports intended to track progress and identify areas for focus

ODH infant mortality scorecard

The bill requires ODH to create an infant mortality scorecard. The scorecard must report all of the following:¹²

(1) The state's performance on population health measures, including the infant mortality rate, sudden unexpected infant death rate, preterm birth rate, and low-birthweight rate, delineated by race, ethnic group, region of the state, and the state as a whole;

(2) The state's performance on outcome measures related to preconception health, reproductive health, prenatal care, labor and delivery, smoking, infant safe sleep practices, breastfeeding, behavioral health, domestic violence, food security, and

⁸ R.C. 3705.40(B).

⁹ R.C. 3705.41(B).

¹⁰ R.C. 3705.41(A)(3).

¹¹ R.C. 3705.41(A)(2).

¹² R.C. 3701.953(A).

housing status, delineated by race, ethnic group, region of the state, and state as a whole;

(3) A comparison of the state's performance on the population and outcome measures specified in (1) and (2), above, with both national performance on the measures and the targets for the measures, or the targets for the objectives similar to the measures that are established by the U.S. Department of Health and Human Services through the Healthy People 2020 Initiative (see **COMMENT 1**, below);

(4) Any other information on maternal and child health that ODH considers appropriate.

The scorecard must be updated each calendar quarter and made available on ODH's website. In addition, it must include a description of the data sources and methodology used to complete the scorecard.¹³

ODM infant mortality scorecard

The bill also requires ODM to create an infant mortality scorecard. The scorecard must report all of the following:¹⁴

(1) The performance of the fee-for-service component of Medicaid and each Medicaid managed care organization on population health measures, including the infant mortality rate, sudden unexpected infant death rate, preterm birth rate, and low-birthweight rate;

(2) The performance of the fee-for-service component of Medicaid and each Medicaid managed care organization on service utilization and outcome measures using claims data and data from vital records; and

(3) Any other information on maternal and child health that ODM considers appropriate.

The performance measures described above must be delineated in the scorecard as follows:¹⁵

--For each region of the state and the state as a whole, by race and ethnic group; and

¹³ R.C. 3701.953(B) and (C).

¹⁴ R.C. 5162.135(A).

¹⁵ R.C. 5162.135(B).

--For the urban and rural communities specified by the Director of Health (in consultation with the Medicaid Director) with the highest rates of infant mortality, as well as the communities that are the subject of targeted infant mortality reduction administered by the state, by race, ethnic group, and census tract. These communities are referred to in this analysis as "infant mortality hot spots."

The scorecard must be updated each calendar quarter and made available on ODM's website. It also must include a description of the data sources and methodology used to complete the scorecard.¹⁶

Infant mortality and preterm birth rates – quarterly reports

Under the bill, ODH must determine the state's infant mortality and preterm birth rates, delineated by race and ethnic group, each calendar quarter. The rates must be determined using a simple rolling average. ODH must publish the rates in a quarterly report, which must also include a description of the data sources and methodology used to determine the rates. ODH must make each report available on its website not later than five business days after the rates are determined.¹⁷

Additions to existing Medicaid report

Under existing law, ODM must complete an annual report on the effectiveness of the Medicaid program in meeting the health care needs of low-income pregnant women, infants, and children. The bill requires all data included in the report to be delineated by race and ethnic group. In addition, it requires that the report also include:¹⁸

--The average number of days between a pregnant woman's application for Medicaid and enrollment in the fee-for-service component of Medicaid and between her application for enrollment in a Medicaid managed care organization and enrollment in the organization. This information also must be delineated by county and the infant mortality hot spots;

--The estimated number of enrolled women of child-bearing age who use a tobacco product;

--The estimated number of enrolled women of child-bearing age who participate in a tobacco cessation program or who use a tobacco cessation product;

¹⁶ R.C. 5162.135(C).

¹⁷ R.C. 3701.951.

¹⁸ R.C. 5162.13.

--A report on performance data generated by the component of the State Innovation Model (SIM) grant pertaining to episode-based payments for perinatal care that was awarded to Ohio by the Center for Medicare and Medicaid Innovation in the U.S. Centers for Medicare and Medicaid Services;¹⁹

--A report on funds allocated for infant mortality reduction initiatives in the infant mortality hot spots;

--A report on client responses to questions related to pregnancy services and Healthcheck (see **COMMENT 2**) that are asked by county department of job and family services personnel; and

--A comparison of the performance of the fee-for-service component of Medicaid with the performance of each Medicaid managed care organization on perinatal health metrics.

Fiscal years 2016 and 2017 report

The bill requires ODM to prepare a report that does both of the following:²⁰

(1) Evaluates each Medicaid managed care organization's progress, during fiscal year 2016 and fiscal year 2017, toward decreasing the incidence of prematurity, low birthweight, and infant mortality and improving the overall health status of women capable of becoming pregnant, through the provision of enhanced care management services, as required under existing law not modified by the bill and the implementation of other initiatives that are targeted in the infant mortality hot spots, including those that use community health workers; and

(2) Describes, in detail, the uses and amounts spent of the \$13,400,000 appropriated in fiscal year 2016 and fiscal year 2017 for the ODM initiative designed to

¹⁹ In December 2014, Ohio was awarded a federal State Innovation Model (SIM) test grant to implement an episode-based payment model statewide. An episode payment is a single price for all of the services needed by a patient for an entire episode of care. The goal is to reduce the incentive to overuse unnecessary services within each episode, and give health care providers the flexibility to decide what services should be delivered, rather than being constrained by fee codes and amounts. Office of Health Transformation, *Implement Episode-based Payments*, available at <http://www.healthtransformation.ohio.gov/CurrentInitiatives/ImplementEpisodeBasedPayments.aspx>. Also, see "**State Innovation Model (SIM) grant**," below.

²⁰ Section 3(A).

engage leaders in high-risk neighborhoods for the purpose of connecting women to health care.²¹

Not later than April 1, 2017, ODM must submit the report to the Joint Medicaid Oversight Committee and the General Assembly.²²

Additional data collection

Population-based questionnaire – maternal behaviors

The bill requires ODH to create a population-based questionnaire designed to examine maternal behaviors and experiences before, during, and after a woman's pregnancy, as well as during the early infancy of the woman's child. The questionnaire must collect information that is similar to the information collected by the Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire that ODH most recently used before the bill's effective date, as well as any additional information suggested by the U.S. Centers for Disease Control and Prevention (CDC) for PRAMS questionnaires (see **COMMENT 3**).²³

The bill requires ODH to implement and use the questionnaires in a manner that is consistent with the standardized data collection methodology for PRAMS questionnaires prescribed by the CDC model surveillance protocol. In addition, for the purpose of having statistically valid data for local analyses, ODH must oversample women in Cuyahoga, Franklin, and Hamilton counties on an annual basis, and oversample women in the remaining counties that constitute the Ohio Equity Institute cohort (Butler, Stark, Mahoning, Montgomery, Summit, and Lucas counties) on a biennial basis (see **COMMENT 4**).²⁴

ODH must report results from the questionnaires not less than annually in a manner consistent with guidelines established by the CDC for the reporting of PRAMS questionnaire results.²⁵

²¹ See Office of Health Transformation, *Reduce Infant Mortality*, available at <<http://bit.ly/1QRK9u8>>.

²² Section 3(B).

²³ R.C. 3701.952(A).

²⁴ R.C. 3701.052(B).

²⁵ R.C. 3701.952(C).



Ohiobenefits.gov

Ohiobenefits.gov is a website maintained by ODM. Presently, a person may use the website to apply for Medicaid. In the future, a person will be able to use the website to apply for food and temporary cash assistance.²⁶

The bill requires the Medicaid Director to ensure both of the following:²⁷

--That Ohiobenefits.gov or a successor system collects information on the primary language of each applicant for benefits through the system, as well as the race and ethnic group of each person in the applicant's household whose income or resources affect the applicant's eligibility for benefits or affect the amount of benefits the applicant would receive; and

--That the information collected by Ohiobenefits.gov or a successor system is made available to Medicaid managed care organizations, health care providers, social services agencies, and other persons and government entities that arrange for or provide health or social services to households determined to be eligible for benefits.

Shaken Baby Syndrome prevention

The bill adds to the Director of Health's responsibilities in assessing the effectiveness of the Shaken Baby Syndrome Education Program that ODH administers under current law. Currently, ODH must annually evaluate reports it receives from the Director of Job and Family Services concerning the number of child abuse cases that were entered in the Statewide Automated Child Welfare Information System (SACWIS) indicating that the abuse arose from an act that caused the child to suffer from, or resulted in the child suffering from, Shaken Baby Syndrome. The bill requires, in addition, that the Director review (1) the content of the educational materials to determine if updates or improvements should be made and (2) the manner in which the educational materials are distributed to determine if modifications should be made.²⁸

²⁶ Ohio Department of Medicaid, *About Benefits.Ohio.Gov*, available at <<https://benefits.ohio.gov/learn-more.html?lang=>>.

²⁷ R.C. 5160.28.

²⁸ R.C. 3701.63.



Enhancing current interventions

Safe sleep initiatives

Ban on crib bumper pad sales

The bill prohibits a person from recklessly manufacturing, offering for sale, selling, delivering, or possessing for the purpose of manufacturing, selling, or delivering, a crib bumper pad.²⁹ The bill defines a "crib bumper pad" as any padding materials, including a roll of stuffed fabric, that is designed for placement within a crib to cushion one or more of the crib's inner sides adjacent to the crib mattress.³⁰

The Superintendent of Industrial Compliance must issue a notice of violation to any person found to have violated the prohibition.³¹ A person who, after being issued a notice of violation, continues to violate the prohibition is subject to a fine of not more than \$500. Each day of violation constitutes a separate offense.³²

Annual safe sleep training in infant mortality hot spots

Under existing law, ODH must establish a safe sleep education program. As part of the program, ODH must develop and make available on its website educational materials that present readily comprehensible information on safe sleeping practices for infants and possible causes of sudden unexpected infant death.³³

The bill requires ODH to also provide annual training classes at no cost to individuals who provide safe sleep education to parents and infant caregivers who reside in the infant mortality hot spots, including child care providers, hospital staff and volunteers, local health department staff, social workers, individuals who provide home visiting services, and community health workers.³⁴

Training and crib assembly instruction at crib distribution sites

Under existing law, hospitals and freestanding birthing centers are generally required to determine through an infant safe sleep screening procedure before discharge whether an infant is unlikely to have a safe crib at the infant's residence. If it

²⁹ R.C. 3713.021(A).

³⁰ R.C. 3713.01(I).

³¹ R.C. 3713.021(B).

³² R.C. 3713.99(C).

³³ R.C. 3701.66(B).

³⁴ R.C. 3701.66(B)(3).

is unlikely the infant will have a safe crib, the facility must make a good faith effort to arrange for the parent, guardian, or other person responsible for the infant to obtain a safe crib at no charge. There are four ways a facility can meet this requirement.³⁵

If a facility obtains a safe crib with its own resources, collaborates with or obtains assistance from persons or government entities that are able to procure a safe crib or provide money to purchase a safe crib, or refers the parent, guardian, or other person responsible for the infant to a person or government entity to obtain a safe crib free of charge, the bill requires the facility to ensure that the crib recipient receives safe sleep education and crib assembly instructions from the facility or another source. If a facility refers the parent, guardian, other person to a Cribs for Kids Program site (see **COMMENT 5**, below), the bill requires ODH to ensure that the Program or a successor program ODH administers provides safe sleep education and crib assembly to the crib recipient.³⁶

Assessment of safe crib distribution and referral system

Under existing law, the Director of Health must annually submit a written report to the Governor and General Assembly summarizing information on the number of safe cribs that were obtained and distributed by facilities as described above. The bill requires the report to assess whether at-risk families are sufficiently being served by the crib distribution and referral system and make suggestions for system improvements.³⁷ The bill also requires each recipient of a grant that ODH administers pertaining to safe crib procurement to annually report to ODH (1) demographic information specified by the Director regarding the individuals to whom safe cribs were distributed and (2) if known, the extent to which distributed cribs are being used.³⁸

Tobacco use and cessation

ODH tobacco use and cessation plan

The bill requires (rather than permits) ODH to prepare a tobacco use and cessation plan and specifies that it must emphasize reducing tobacco use by Medicaid recipients (in addition to reducing use among populations specified in current law:

³⁵ R.C. 3701.67(C).

³⁶ R.C. 3701.67(C).

³⁷ R.C. 3701.67(F).

³⁸ R.C. 3701.671.

youth, minority and regional populations, pregnant women, and others who may be disproportionately affected by tobacco use).³⁹ The bill also requires that the plan:⁴⁰

--Take into account the increasing use of electronic health records by health care providers and expanded health insurance coverage for tobacco cessation products and services; and

--Require ODH to collaborate with community organizations in the infant mortality hot spots for the purpose of helping them succeed in securing grants from the Moms Quit for Two Grant Program created by Sub. H.B. 64 of the 131st General Assembly and other tobacco cessation grant programs.

Ohio Tobacco Quit Line services – Medicaid recipients

The bill requires ODM, not later than October 1, 2016, to enter into an interagency agreement with ODH that provides for ODM to pay the federal and nonfederal shares of Ohio Tobacco Quit Line services provided to Medicaid recipients.⁴¹ The Ohio Tobacco Quit Line is a free tobacco cessation resource available to uninsured individuals, Medicaid recipients, pregnant women, and members of the Ohio Tobacco Collaborative. A person who enrolls is paired with an experienced quit specialist who works with the person to set a quit date and design a quit plan customized to the person's pattern of tobacco use.⁴²

Safe birth spacing and prematurity prevention

Hospital Medicaid claims for long-acting reversible contraceptives

The bill authorizes a hospital that is a Medicaid provider to submit to ODM or ODM's fiscal agent a Medicaid claim that is both of the following:⁴³

--For a long-acting reversible contraception (LARC) device that is covered by Medicaid and provided to a Medicaid recipient during the period after the recipient gives birth in the hospital and before the recipient is discharged from the hospital; and

³⁹ R.C. 3701.84(A).

⁴⁰ R.C. 3701.84(B).

⁴¹ Section 6.

⁴² Ohio Department of Health, *Ohio Tobacco Quit Line*, available at <http://www.healthy.ohio.gov/healthylife/tobc2/cessation/quit.aspx>.

⁴³ R.C. 5164.721.



--Separate from another Medicaid claim for other hospital inpatient care the hospital provides to the Medicaid recipient.

According to the American College of Obstetricians and Gynecologists, LARC devices include the intrauterine (IUD) device and birth control implant. An IUD is a small, T-shaped, plastic device that is inserted into and left inside a woman's uterus. A hormonal IUD releases progestin and can be used for three or five years, depending on the brand. A copper IUD does not contain hormones. Both types of IUDs work mainly by preventing *fertilization* of the *egg* by the *sperm*. The hormonal IUD also thickens cervical mucus, which makes it harder for sperm to enter the uterus and fertilize the egg, and keeps the lining of the uterus thin, which makes it less likely that a fertilized egg will attach to it. A birth control implant is a single flexible rod about the size of a matchstick that is inserted under the skin in the upper arm. It releases progestin into the body and protects against pregnancy for up to three years.⁴⁴

LARC First practices

The bill defines a "LARC First practice" as the practice of a prescriber who promotes awareness and use of LARC as the first-line contraception option for women, including teens.⁴⁵ During fiscal year 2017, the bill requires the Director of Health to coordinate with the Medicaid Director to do both of the following:⁴⁶

--Provide technical assistance to health care facilities, including federally qualified health centers (FQHCs) and federally qualified health center look-alikes (FQHC look-alikes), that seek to include a LARC First practice and that serve women residing in the infant mortality hot spots; and

--Provide grants to such health care facilities.

A facility that is awarded a grant must use the funds to purchase LARC devices and progesterone.⁴⁷ The Medicaid Director and Director of Health must use any available funds from the federal Children's Health Insurance Program Reauthorization

⁴⁴ American College of Obstetricians and Gynecologists, *Long-Acting Reversible Contraception (LARC): IUD and Implant*, available at <<http://www.acog.org/Patients/FAQs/Long-Acting-Reversible-Contraception-LARC-IUD-and-Implant#methods>>.

⁴⁵ Section 8(A).

⁴⁶ Section 8(B).

⁴⁷ Section 8(B).

Act of 2009 (CHIPRA) or any unallotted General Revenue Funds (GRF) within ODH's budget to fund these activities.⁴⁸

Health professional curricula

The bill requires the Director of Health to collaborate with Ohio medical, nursing, and physician assistant schools or programs, as well as Ohio medical residency and fellowship programs, to develop and implement appropriate curricula in those schools and programs designed to prepare primary and women's health care physicians, advanced practice registered nurses, and physician assistants to provide patient counseling on efficacy-based contraceptives, including LARC devices.⁴⁹

Progesterone and Depo-Provera administration by pharmacists

Authorization. The bill authorizes a pharmacist to administer by injection hydroxyprogesterone caproate (a prescription hormone used to lower the risk of preterm birth) and medroxyprogesterone acetate (a prescription contraceptive marketed under the brand name, Depo-Provera) if the drug to be administered has been prescribed by a health professional authorized to prescribe it. The bill also permits a pharmacist to administer epinephrine or diphenhydramine, or both, to an individual in an emergency resulting from an adverse reaction to a drug administered by injection by the pharmacist.⁵⁰ Epinephrine is used to treat life-threatening allergic reactions and works by relaxing the muscles in the airways and tightening the blood vessels.⁵¹ Diphenhydramine is an antihistamine used to treat allergy symptoms.⁵²

Under current law, a pharmacist or pharmacy intern may administer certain immunizations, including those specified in State Board of Pharmacy rules or recommended by the CDC Advisory Committee on Immunization Practices.⁵³ When administering an immunization, existing law requires that a pharmacist or pharmacy intern do so in accordance with a protocol established by a physician and approved by the Pharmacy Board.

⁴⁸ Section 8(C).

⁴⁹ R.C. 3701.90.

⁵⁰ R.C. 4729.45(A).

⁵¹ National Institutes of Health, U.S. National Library of Medicine, *Epinephrine Injection*, available at <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a603002.html>.

⁵² National Institutes of Health, U.S. National Library of Medicine, *Diphenhydramine*, available at <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682539.html>.

⁵³ R.C. 4729.41, not in the bill.



Qualifications. To be authorized to administer drugs by injection, a pharmacist must do all of the following:⁵⁴

(1) Successfully complete a course in the administration of drugs that has been approved by the Pharmacy Board;

(2) Receive and maintain certification to perform basic life-support procedures by successfully completing a basic life-support training course certified by the American Red Cross or American Heart Association;

(3) Practice in accordance with a protocol (see "**Protocol for pharmacist administration by injection**" below) that meets the bill's requirements.

The bill prohibits a pharmacist from administering drugs by injection if the foregoing requirements have not been met. It also prohibits a pharmacist from delegating to any person the pharmacist's authority to administer drugs by injection.⁵⁵

Protocol for pharmacist administration by injection. A protocol for administration by injection must be established by a physician, be reviewed and approved by the Pharmacy Board, and specify all of the following:⁵⁶

(1) A definitive set of treatment guidelines;

(2) The locations at which a pharmacist may engage in the administration of drugs;

(3) Procedures to be followed by a pharmacist when administering by injection, including processes for obtaining permission from the individual receiving the drug and notifying the prescriber, as well as the length of time and location at which the pharmacist must observe the individual receiving the drug (see "**Requirements when administering drugs by injection**" below);

(4) Procedures to be followed by a pharmacist when administering epinephrine or diphenhydramine, or both, to an individual having an adverse reaction to a drug administered by injection by the pharmacist.

⁵⁴ R.C. 4729.45(B).

⁵⁵ R.C. 4729.45(E).

⁵⁶ R.C. 4729.45(D).

Requirements when administering drugs by injection. Under the bill, a pharmacist must do all of the following each time the pharmacist administers a drug specified in the bill to an individual by injection:⁵⁷

(1) Obtain permission to administer the drug from the individual, the individual's parent or other person having care or charge of the individual, if the individual is under 18, or the person authorized to make health care decisions on the individual's behalf, if the individual lacks the capacity to do so;

(2) Notify the health professional who prescribed the drug; and

(3) Observe the individual who receives the drug to determine whether the individual has an adverse reaction to it.

Prescribers. Under the bill, a pharmacist may administer by injection a specified drug that is prescribed by a health professional with authority to prescribe it. The following prescribers are generally authorized to prescribe any of the drugs specified by the bill: physicians (excluding podiatrists), physician assistants, and advanced practice registered nurses holding certificates to prescribe.⁵⁸

Pharmacy Board rule-making authority. The Pharmacy Board must adopt rules governing pharmacist administration of drugs by injection, including rules addressing all of the following:⁵⁹

(1) Approving courses in the administration of drugs;

(2) Approving protocols for the administration of drugs;

(3) Specifying procedures that a pharmacist must follow when obtaining permission from an individual to administer a drug by injection;

(4) Establishing standards regarding the length of time and location at which a pharmacist must observe the individual who receives the drug to determine whether the individual has an adverse reaction to it.

The rules must be adopted in accordance with the Administrative Procedure Act (Chapter 119. of the Revised Code). The bill requires the Pharmacy Board to consult with the State Medical Board and Ohio Board of Nursing before adopting rules

⁵⁷ R.C. 4729.45(C).

⁵⁸ R.C. 4723.481, 4730.41, 4730.411, and 4731.51.

⁵⁹ R.C. 4729.45(F).

regarding the approval of protocols. However, the bill does not permit a protocol to be established by an advanced practice registered nurse.⁶⁰

Practice of pharmacy. The bill defines the "practice of pharmacy" to include engaging in the administration by injection of drugs in accordance with the bill's provisions.⁶¹

Uniform form for progesterone administration

When contracting with a Medicaid managed care organization, the bill requires ODM to require the organization, if the organization requires providers to obtain prior approval before administering progesterone to Medicaid recipients enrolled in the organization, to use a uniform prior approval form for progesterone that is not more than one page.⁶²

Restructuring of health systems for improved outcomes

Presumptive Medicaid eligibility for pregnant women

Federal law gives states an option to make ambulatory prenatal care available under the Medicaid program to pregnant women during a presumptive eligibility period. This period begins on the date a qualified provider determines, based on preliminary information, that the family income of a pregnant woman does not exceed the state's eligibility threshold and ends on the earlier of (1) the day a Medicaid eligibility determination is made or (2) the last day of the month following the month the eligibility determination is made if a Medicaid application is not filed by that day. State law requires the Medicaid Director to implement this option.

Current state law permits children's hospitals and FQHCs (including FQHC look-alikes) to serve as qualified providers for the purpose of the presumptive eligibility for pregnant women option if they are eligible to be, and request to serve as, qualified providers. The Medicaid Director is permitted to authorize other types of providers to serve as qualified providers if they are eligible to be, and request to serve as, qualified providers. The bill provides instead that any entity that is eligible to be, and requests to serve as, a qualified provider may serve as a qualified provider for the purpose of the

⁶⁰ R.C. 4729.45(F)(3).

⁶¹ R.C. 4729.01(B).

⁶² R.C. 5167.171.



option if ODM determines that the entity is capable of making determinations of presumptive eligibility for pregnant women.⁶³

Text4baby promotion

When contracting with a Medicaid managed care organization, the bill requires ODM to require the organization to promote the use of Text4Baby (see **COMMENT 6**, below) among Medicaid recipients who are enrolled in the organization and are pregnant or have an infant who is less than one year of age.⁶⁴

State Innovation Model (SIM) grant

Ohio was one of 16 states to receive a State Innovation Model (SIM) Design Award in February 2013 from the U.S. Centers for Medicare and Medicaid Services. The Office of Health Transformation has been using the \$3 million grant to develop a comprehensive plan to expand the use of patient-centered medical homes (PCMHs) and episode-based payments for acute medical events to Ohioans who receive coverage under Medicaid, Medicare, and commercial health plans.⁶⁵ According to ODH, a PCMH is a medical office or clinic that offers coordinated, comprehensive primary care that is personal and focused on making sure the patient's health care needs are met.⁶⁶

Regarding the SIM grant, the bill requires the Executive Director of the Office of Health Transformation to do both of the following:⁶⁷

--Establish goals for continuous quality improvement within the component of the grant pertaining to episode-based payments for prenatal care; and

--Promote the adoption of best practices pertaining to family planning options, strategies for reducing poor pregnancy outcomes, and health and wellness activities within the component of the grant pertaining to PCMHs.

⁶³ R.C. 5163.10.

⁶⁴ R.C. 5167.172.

⁶⁵ Governor's Office of Health Transformation, *Press Release: Ohio Receives Federal Grant to Advance Health Care Payment Innovation (February 21, 2013)*, available at <<http://1.usa.gov/1qkV0a0>>.

⁶⁶ Ohio Department of Health, *Patient-Centered Medical Homes*, available at <<http://www.odh.ohio.gov/pcmh>>.

⁶⁷ R.C. 191.09 and 191.10.

Cultural competency for health care providers

Cultural competency requirement for licensure. The bill generally requires applicants for and holders of certain health care professional licenses, certificates, or registrations to obtain instruction or continuing education in cultural competency in order to receive or renew their professional licensure, certification, or registration.⁶⁸ The individuals subject to the bill's requirements are those seeking to practice, or those seeking to renew licensure, certification, or registration to continue practicing, as dentists, registered nurses, licensed practical nurses, optometrists, pharmacists, physicians, psychologists, independent social workers, social workers, and social work assistants.⁶⁹

Waiver. The bill provides that its requirements for instruction or continuing education in cultural competency do not apply to an applicant or health care professional if the licensing board has granted the applicant or professional a waiver of those requirements.⁷⁰ In adopting rules under the bill, each board must establish the criteria it will consider in deciding whether to grant a waiver. The criteria must include demonstration to the board's satisfaction that the person has attained experience that is substantially equivalent to the required number of hours of instruction or continuing education in cultural competency.⁷¹

Board rules for cultural competency. The bill requires the licensing boards that oversee each of the professions subject to the bill to adopt rules regarding the number of hours of instruction or continuing education in cultural competency each applicant or professional must complete in order to receive or renew licensure, certification, or registration. This rulemaking requirement applies to the State Dental Board, the Board of Nursing, the State Board of Optometry, the State Board of Pharmacy, the State Medical Board, the State Board of Psychology, and the Counselor, Social Worker, and Marriage and Family Therapist Board.⁷²

In developing the rules, the boards must consider the problems of race and gender-based disparities in health care treatment decisions. The boards must consult with at least one professionally relevant and nationally recognized organization, or similar entity, that reviews the curricula offered by educational institutions in the

⁶⁸ R.C. 4743.08(B).

⁶⁹ R.C. 4743.08(A)(1) and (2).

⁷⁰ R.C. 4743.08(C).

⁷¹ R.C. 4743.08(D)(3).

⁷² R.C. 4743.08(D)(1) and (2).

applicable health care field. Each board must adopt the rules in accordance with the Administrative Procedure Act (R.C. Chapter 119.).⁷³

Approval of continuing education courses. The bill authorizes the boards to approve courses that are included within continuing education programs certified by professional associations or similar entities.⁷⁴

Social determinants of health for pregnant and at-risk women

Community health worker services for Medicaid recipients

The bill requires Medicaid managed care organizations to provide certain Medicaid recipients, or arrange for those recipients to receive, services provided by community health workers certified by the Ohio Board of Nursing who work for, or work under contract with, a qualified community hub. The bill defines a "qualified community hub" as a community-based agency that meets all of the following criteria:⁷⁵

--Uses the Pathways Community HUB model developed by the Community Health Access Project for the purposes of coordinating two or more care coordination agencies and ensuring that the agencies use pathways to connect at-risk individuals to physical health, behavioral health, social, and employment services;

--Demonstrates to the Medicaid Director that it fully or substantially complies with the Pathways Community HUB certification standards developed by the Pathways Community Hub Institute, Inc., by submitting to the Director a copy of a document from the Institute stating that the community hub satisfies the standards or has shown substantial progress toward satisfying the standards; and

--Has a plan, approved by the Medicaid Director, specifying how the community hub ensures that children served by it receive appropriate developmental screenings as specified in the most recent edition of "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents," available from the American Academy of Pediatrics, as well as appropriate early and periodic screening, diagnostic, and treatment services.

A Medicaid recipient is eligible to receive the services if she (1) is pregnant or capable of becoming pregnant, (2) resides in an infant mortality hot spot, (3) was recommended to receive the services by a physician or another licensed health

⁷³ R.C. 4743.08(E).

⁷⁴ R.C. 4743.08(F).

⁷⁵ R.C. 5167.173(A)(3).



professional specified in rules required by the bill, and (4) is enrolled in the Medicaid managed care organization.⁷⁶

The services that must be provided or arranged for under the bill are (1) community health worker services and (2) other services performed to ensure that the Medicaid recipient is linked to employment services, housing, educational services, social services, or medically necessary physician and behavioral health services.⁷⁷ "Community health worker services" includes assisting in accessing community health and supportive resources through the provision of services like education, role modeling, outreach, home visits, and referrals.⁷⁸

The bill requires the Medicaid Director to adopt rules specifying the licensed health professionals, in addition to physicians, who may recommend that a Medicaid recipient receive the specified services.⁷⁹

Qualified community hubs in underserved areas

The bill requires the Commission on Minority Health, not later than December 31, 2016, to identify each community in Ohio that is not served by a qualified community hub. Using funds ODH receives from the federal Maternal and Child Health Block Grant (see **COMMENT 7**), ODH must establish a qualified community hub in each community the Commission has identified. In establishing the hubs, ODH must consult with the Commission.⁸⁰

The Commission must convene quarterly meetings with the qualified community hubs. The bill permits the meetings to be held by telephone, video conference, or other electronic means. Each meeting must include a discussion on the community hubs' performance data, best practices for community hubs, and any other topics the Commission considers appropriate.⁸¹

⁷⁶ R.C. 5167.173(C).

⁷⁷ R.C. 5167.173(B).

⁷⁸ R.C. 5167.173(A)(2).

⁷⁹ R.C. 5167.173(D).

⁸⁰ Section 4(B) and (C).

⁸¹ Section 4(D).

Home visiting

Background

Help Me Grow is a program established by ODH to encourage early prenatal and well-baby care, provide parenting education to promote the comprehensive health and development of children, and provide early intervention services for individuals with disabilities.⁸² The home visiting component of Help Me Grow operates in all 88 counties and provides first-time parents with incomes of not more than 200% of the federal poverty level (as well as families whose children are at-risk for poor birth and poor early childhood outcomes) with information, support, and encouragement in their homes. In state fiscal year 2015, the home visiting component of Help Me Grow provided services to 9,044 families.⁸³

Other home visiting programs operating in Ohio include a program administered by the Ohio Children's Trust Fund in 42 counties and the Maternal, Infant, and Early Childhood Visiting (MIECV) Program operating in 26 counties. More information on these home visiting programs is available on the Commission on Infant Mortality's website.⁸⁴

Help Me Grow – priority for home visiting services

Under existing law governing the Help Me Grow Program, the Director of Health must adopt rules establishing eligibility requirements for the Program. The bill requires those rules to specify that families residing in the infant mortality hot spots receive priority over other families for home visiting services provided by the Program.⁸⁵

Home visiting programs – administration, service delivery, payments, and central intake and referral

The bill requires ODH, not later than October 1, 2016, to do all of the following with respect to the home visiting component of the Help Me Grow Program and other home visiting programs operating in Ohio:⁸⁶

⁸² R.C. 3701.61(A).

⁸³ Commission on Infant Mortality, *Data Inventory: Access to Care Initiatives*, available at <http://cim.legislature.ohio.gov/Assets/Files/access-to-care-initiatives.pdf>.

⁸⁴ Commission on Infant Mortality, *Data Inventory: Targeted Initiatives*, available at <http://cim.legislature.ohio.gov/Assets/Files/targeted-initiatives.pdf>.

⁸⁵ R.C. 3701.61(F)(1) and (G).

⁸⁶ Section 7.



--Convene ODM staff and other stakeholders to discuss and create a proposal for transferring the administration of the home visiting component of the Help Me Grow Program to ODM so that Medicaid funds may be used to pay for home visiting services provided to Medicaid recipients;

--Allocate funds for pilot projects that seek to provide home visiting services through innovative service delivery models to families with the most challenging needs who have been unsuccessful in home visiting programs that use traditional service delivery models;

--Transition to paying for home visiting services based on outcomes rather than processes; and

--Through a competitive process, select one or more persons or government entities to create and administer a central intake and referral system for all home visiting programs operating in Ohio. The system must ensure that families are linked to appropriate home visiting services based on their county and region of residence.

Stable housing for at-risk pregnant women

Ohio Housing Finance Agency (OHFA) duties. The bill imposes two new duties on OHFA, a state agency administering programs to assist certain individuals and families find housing. First, OHFA must include pregnancy as a priority in its housing assistance and local emergency shelter programs. Second, OHFA must investigate current investment in state-funded programs that support middle- to low-income homebuyers in communities that have been identified as having the highest infant mortality rates in Ohio under continuing law and evaluate whether current investment should be rebalanced.

The bill also imposes two new duties on the recipient of any grants targeting homelessness administered by OHFA or the Ohio Development Services Agency. Under the bill, such grantees must (1) track and report the number of pregnant women and the ages of any children seeking assistance from each emergency shelter operated or funded by the grantee and (2) require that pregnant women be placed in family shelters instead of shelters for single adults.⁸⁷

⁸⁷ R.C. 175.14(A) and (B).

OFHA rules. The bill requires OHFA, in consultation with the Ohio Development Services Agency, to adopt rules in accordance with the Administrative Procedure Act (R.C. Chapter 119.) to implement the provisions of the duties described above.⁸⁸

Evaluation of state policies and programs

The bill requires the Legislative Service Commission (LSC), not later than October 1, 2016, to contract with a nonprofit organization to convene and lead a stakeholder group concerned with matters regarding the social determinants of health for infants and women of child-bearing age.⁸⁹ LSC must use up to \$100,000 in fiscal year 2017 to contract with the nonprofit organization.⁹⁰

The stakeholder group must do all of the following:⁹¹

--Review state policies and programs that impact the social determinants of health for infants and for women of child-bearing age, particularly programs intended to improve educational attainment, public transportation options, and access to employment;

--Identify opportunities to improve such programs and policies; and

--Evaluate best practices other states have implemented to improve the social determinants of health for infants and women of child-bearing age.

The nonprofit organization must determine the stakeholder group's membership and who should be invited to participate in the group's discussions.⁹² Not later than October 1, 2017, the nonprofit organization must submit a report to the Governor and General Assembly that summarizes the stakeholder group's findings and makes policy recommendations based on the findings.⁹³

⁸⁸ R.C. 175.14(C).

⁸⁹ Section 5(A).

⁹⁰ Section 5(D).

⁹¹ Section 5(A).

⁹² Section 5(B).

⁹³ Section 5(C).

COMMENT

1. **The Healthy People 2020 Initiative** was launched by U.S. Department of Health and Human Services and has four goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death, (2) achieve health equity, eliminate disparities, and improve the health of all groups, (3) create social and physical environments that promote good health for all, and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. Healthy People 2020 monitors approximately 1,200 objectives organized into 42 topic areas, each of which represents an important public health area. At the time of the December 2010 launch, 911 objectives were measurable with baseline data and established targets.⁹⁴

2. "**Healthcheck**" or "**Healthchek**" is Ohio's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. It is a service package for babies, children, and young adults under age 21 who are enrolled in Medicaid. The purpose of Healthchek is to discover and treat health problems early. If a potential health problem is found, further diagnosis and treatment are covered by Medicaid.⁹⁵

3. **The Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire** is a population-based survey designed to examine maternal behaviors and experiences before, during, and after a woman's pregnancy, as well as during the early infancy of her child. The CDC initiated PRAMS in 1987 in an effort to reduce infant mortality and the incidence of low birth weight. PRAMS was implemented in Ohio in April of 1999,⁹⁶ but was discontinued at the end of 2015.⁹⁷ ODH staff is working with the Government Resource Center at The Ohio State University to design an Ohio-specific survey with some of the same PRAMS questions, except that the new survey will be customized based on the data ODH and Ohio stakeholders have indicated a desire to evaluate.⁹⁸

4. **The Ohio Equity Institute** is an initiative designed by CityMatCH to strengthen the scientific focus and evidence base for realizing equity in birth outcomes.

⁹⁴ U.S. Centers for Disease Control and Prevention, National Center for Health Statistics, *Healthy People 2020*, available at <http://www.cdc.gov/nchs/healthy_people/hp2020.htm>.

⁹⁵ Ohio Department of Medicaid, *Healthchek Services for Children Younger than Age 21*, available at <<http://medicaid.ohio.gov/FOROHIOANS/Programs/Healthchek.aspx>>.

⁹⁶ Ohio Department of Health, *Ohio Pregnancy Risk Assessment Monitoring System*, available at <https://www.odh.ohio.gov/healthstats/pramshs/prams1.aspx>.

⁹⁷ Electronic and telephone correspondence from ODH staff (January 8, 2016).

⁹⁸ Electronic correspondence from ODH staff (January 8, 2016).



(CityMatCH is a national organization that supports urban maternal and child health efforts at the local level.) The Institute is a data-driven, high-visibility movement by nine urban Ohio communities. During a three-year span, these communities will participate and receive training to support them as they select, implement, and evaluate equity-focused projects.⁹⁹

5. **The Cribs for Kids Program**, administered by ODH, distributes cribs and infant safe sleep education materials through local and regional health departments to families who meet income eligibility requirements for the Women, Infants, and Children (WIC) program.¹⁰⁰

6. **Text4baby** is a free cell phone text messaging service for pregnant women and new mothers provided by the nonprofit organization, Zero to Three, and Voxiva, Inc. Text messages are sent three times a week with information on how to have a healthy pregnancy and a healthy baby. The text messages are timed to the pregnant woman's due date or the baby's date of birth. The free text messages provide tips on subjects including breastfeeding, car seat safety, developmental milestones, emotional well-being, exercise and fitness, immunizations, labor and delivery, nutrition, prenatal care, safe sleep, and smoking cessation. The text messages also provide toll-free numbers and other resources to learn more.¹⁰¹

7. **The Maternal and Child Health (MCH) Block Grant**, authorized by Title V of the Social Security Act (42 United States Code 701), authorizes a wide array of direct services to individuals and population-based programs that serve everyone in a community. As a "block grant," states and territories program their MCH investments to meet their specific needs. Through a process that identifies all potential MCH priorities, states and territories conduct surveys and analyze data to determine where resources would have the most impact and serve the greatest need to address MCH problems and challenges. Every year states and territories submit an application to the Maternal and Child Health Bureau (MCHB) of the federal Health Resources and Services Administration for MCH funding, and these are made public to all stakeholders and

⁹⁹ Ohio Department of Health, <http://www.odh.ohio.gov/odhprograms/cfhs/oei/Ohio%20Equity%20Institute%20Homepage.aspx>.

¹⁰⁰ Ohio Department of Health, *Ohio Department of Health Infant Vitality: Cribs for Kids Partners*, available at www.odh.ohio.gov/~media/ODH/ASSETS/Files/infant%20safe%20sleep/ODH%20Cribs%20for%20Kids%20Partners.ashx.

¹⁰¹ U.S. Centers for Disease Control and Prevention, *What is text4baby?*, available at <http://www.cdc.gov/women/text4baby/>.



partners. A formula is used to determine funding allocations based on population size and need.¹⁰²

HISTORY

ACTION	DATE
Introduced	05-17-16

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¹⁰² Association of Maternal and Child Health Programs, *75 Years of Title V: Maternal and Child Health Services Block Grant*, available at <<http://www.amchp.org/AboutTitleV/Documents/Celebrating-the-Legacy.pdf>>.

