

**As Introduced**

**131st General Assembly  
Regular Session  
2015-2016**

**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**

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**CONCURRENT RESOLUTION**

To declare Ohio's rate of infant mortality a public 1  
health crisis and urge comprehensive preterm birth 2  
risk screening for all pregnant women in Ohio. 3

**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 4  
infant mortality (47th), with the loss in 2012 alone of 1,047 5  
Ohio babies before their first birthdays; and 6

WHEREAS, The leading cause of infant mortality is 7  
preterm birth. In Ohio, the preterm birth rate for 2013 was 8  
12.1% (the same rate as for 2012 and 2011) and about half of 9  
all pregnancy-related costs are driven by preterm births, 10  
largely because of expensive care of infants in neonatal 11  
intensive care units (NICUs). Among babies born before 32 12  
weeks gestation, 89% are admitted to NICUs at an average cost 13  
of \$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 38% of Ohio's pregnancies 19  
(about 53,000 annually). In Ohio, NICU babies account for 20  
only 0.2% of the Medicaid population but consume 15% of total 21  
Medicaid spending; and 22

WHEREAS, Cervical length is the best predictor of 23  
preterm 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 41  
screening and vaginal progesterone treatment prove that this 42  
preterm birth prevention strategy is cost-saving. The drug 43  
used in this treatment is available in generic form; a full 44  
course of treatment costs less than \$400. Adoption of this 45  
strategy across Ohio could result in savings over \$27 million 46  
annually, with over \$10 million of that total in Medicaid 47

savings; and 48

WHEREAS, The Ohio Collaborative to Prevent Infant 49  
Mortality of the Ohio Department of Health, the Ohio 50  
Perinatal Quality Collaborative, and many other state and 51  
local organizations have been working diligently to raise 52  
awareness and promote the adoption of best practices, 53  
including appropriate use of progesterone to prevent preterm 54  
birth. Among the top priorities of the Ohio Department of 55  
Medicaid is more timely identification of high risk expectant 56  
mothers to provide enhanced services, such as ensuring 57  
"progesterone without barriers" for Ohio pregnant women; and 58

WHEREAS, The good health and well-being of Ohio's 59  
expectant mothers and their babies will be enhanced by 60  
education on the importance of cervical length measurement as 61  
an evidence-based, cost-saving prenatal risk screening test. 62  
Beneficiaries of such education should include health care 63  
professionals, women and families, Medicaid and private 64  
health insurers, government officials, elected officials, and 65  
all others who share the mission of reducing preterm birth 66  
and infant mortality; now therefore be it 67

RESOLVED, That we, the members of the 131st General 68  
Assembly of the State of Ohio, support and encourage improved 69  
education and outreach concerning prenatal care, cervical 70  
length measurement, and progesterone treatment; and be it 71  
further 72

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