

Reducing Infant Mortality

- In March 2011, Governor Kasich made reducing low birth weight babies a priority in his State of the State address. The Governor's Office of Health Transformation, working with the Ohio Departments of Health, Medicaid, Mental Health and Addiction Services, and other human services agencies initiated an [unprecedented package of reforms](#) to improve overall health system performance for pregnant women and infants.
- On December 4, 2014, Governor Kasich previewed elements of his Executive Budget with a group of 1,700 local leaders attending the 2014 Infant Mortality Summit. At the event, the Governor said the current infant mortality rate is "clearly unacceptable" and [announced](#) that the Ohio Departments of Medicaid and Health would work together to surge resources into the neighborhoods with the highest incidence of preterm birth and low birth-weight babies.
- On June 30, 2015, Governor Kasich signed the state's two-year budget (HB 64), which includes the Governor's December 4 proposal and additional reforms that focus resources where the need is greatest. The final version of the budget:
 - Supports enhanced care management for women in high-risk neighborhoods and engages leaders in those neighborhoods to connect women to care (ORC 5167.17),
 - Creates a process to identify communities with the highest rates of infant mortality in order to prioritize and surge resources into those areas (ORC 3701.142),
 - Maintains current Medicaid eligibility levels for pregnant women (ORC 5163.06),
 - Covers additional services in home visitation for pregnant women and newborns, including cognitive behavioral therapy and depression screenings (ORC 5167.16),
 - Requires annual reporting on the effectiveness of Medicaid at meeting health care needs of pregnant women, infants, and children (ORC 5162.13),
 - Requires the Health Director to identify and report on performance of programs to reduce infant mortality (ORC 3701.95),
 - Improves the administration of Progesterone for at-risk mothers (ORC 289.20),
 - Requires additional disease screenings for newborns (ORC 3701.501),
 - Provides funds for maternal and child health projects in Appalachia (ORC 327.245),
 - Provides funding for evidence-based tobacco cessation programs for pregnant women in areas with high infant mortality rates (ORC 289.20, 289.33, 3794.07), and
 - Conducts safe infant and child fatality reviews (ORC 121.22, 2151.421, 3701.70).
- In addition to the reforms described above, the legislature added two restrictions that could have limited the state's ability to implement an infant mortality reduction initiative statewide (ORC 327.244, 5167.15). It required Medicaid managed care plans to provide for services using certified community health workers exclusively through a qualified community HUB. Although the Administration supports health plans using community health workers and HUBs, there are not enough certified workers to meet the demand and HUBs do not exist statewide. Also, relying only on HUBs excludes other providers that also may be providing effective services. Consequently, these restrictions could slow efforts to reduce infant mortality in the near term. To avoid this result, Governor Kasich vetoed the restrictions ([Item Number 13](#)).