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Memorandum

R-132-2691

To: The Honorable Stephanie Kunze
Ohio Senate

From: Jacquelyn Schroeder, Budget Analyst *JS*

Date: March 6, 2018

Subject: Update on requirements in S.B. 332 of the 131st G.A.

This memorandum responds to your request for an update from state agencies regarding the status or progress of the requirements in S.B. 332 of the 131st General Assembly. As requested, Legislative Service Commission (LSC) staff reached out to the departments of Health and Medicaid, the Ohio Commission on Minority Health, the Ohio Housing Finance Authority, and various occupational licensing boards. Below is a brief description of the requirements impacting state agencies as outlined in the LSC Final Analysis of S.B. 332. Each requirement is followed by an update based on information provided by each impacted agency.

Ohio Department of Health requirements

Data collection and sharing – Perinatal services and vital statistics

Requirement: The State Registrar of Vital Statistics must ensure that local boards of health have access to preliminary birth and death data, as well as access to certain electronic systems of vital records.

Update: Local health districts can access both birth and death data through the public warehouse. Because it is public, the Ohio Department of Health (ODH) does not require a data user agreement. Local health districts also have access to secure birth datasets and the Death Data File for which they must sign a data user agreement.

Requirement: The State Registrar must offer to provide, at least annually, training for hospital and freestanding birthing center staff, as well as funeral service workers, on their responsibilities under the vital statistics law.

Update: Training was provided to birthing hospital staff at the regional Ohio Perinatal Quality Workshops in August 2017. Training was provided to funeral service workers at their Masters Training Seminar and again in October 2017.

Data collection and sharing – Pregnancy – and birth-related data

Requirement: ODH and the Ohio Department of Medicaid (ODM) must create infant mortality scorecards that report quarterly data regarding pregnancy- and birth-related health measures and outcomes. S.B. 332 specifies what is to be included in the scorecards.

Update: ODH scorecards have been posted on the ODH website (ODM requirement is discussed under ODM's agency section). The scorecards can be accessed at the link below.

<http://www.odh.ohio.gov/odhprograms/cfhs/octpim/latestoimd.aspx>

Requirement: ODH must, on a quarterly basis, make publicly available preliminary infant mortality and preterm birth rates, as well as the stillbirth rate, delineated by race and ethnic group.

Update: This information is included in the scorecards at the link above.

Requirement: The Director of Health must publish stillbirth data compiled from ODH's fetal death statistical file and disseminate educational materials on stillbirths to the State Medical Board, statewide medical associations, and the public.

Update: Fact sheet has been disseminated to the State Medical Board and associations and is posted on the ODH website. The document can be accessed at the link below.

<http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/octpim/2017/Stillbirth-Fact-Sheet- 10 11 2017.pdf?la=en>

Survey of maternal behaviors related to pregnancy

Requirement: ODH must 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 discontinued. ODH must report results from the questionnaires at least annually in a specified manner.

Update: The Ohio Pregnancy Assessment Survey (OPAS) has been developed and data is currently being collected. The Ohio Colleges of Medicine Government

Resource Center (GRC) is building an interactive website for the data and there will be a rollout when it is ready to be released. ODH has provided GRC the measures that are needed for the State Health Improvement Plan (SHIP), Title V Block Grant, and Ohio Equity Institute (OEI). ODH's current contract with GRC runs through FY 2018, and ODH is working on a new contract for FY 2019.

Assessment of Shaken Baby Syndrome Education Program

Requirement: There are additions to the responsibilities the Director of Health must fulfill in assessing the effectiveness of the Shaken Baby Syndrome Education Program, including requiring the Director to review the content of educational materials and the manner in which the educational materials are distributed.

Update: Materials were reviewed per standard operating procedures and additional data from the Ohio Department of Job and Family Services (ODJFS)¹ was received. ODH added additional evaluation measures. The new annual report is posted on the ODH website. Information on the Syndrome and the report itself can be accessed through the links below.

<https://www.odh.ohio.gov/odhprograms/cfhs/shaken/baby.aspx>

<https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/shaken-baby-syndrome/Shaken-Baby-Syndrome-11-2-17.pdf>

Targeted interventions – safe sleep education

Requirement: ODH must provide annual safe sleep training at no cost to individuals who provide safe sleep education to parents and infant caregivers who reside in infant mortality hot spots.

Update: ODH worked with the Ohio Injury Prevention Partnership's Child Injury Action Group/Infant Safe Sleep Workgroup to develop implementation plans. The group implemented a statewide survey to inform the development of safe sleep educational toolkits and curricula. The work on the toolkits and curricula will inform development of the annual training which will be available through Ohio TRAC. Annual training is scheduled for June 30. In addition, ODH is developing a webinar training which will be available before then. Training will be offered on a fiscal year cycle to align with the July 1 reporting requirement for cribs and the Child Fatality Review. Training regarding reporting to the Integrated Perinatal Health Information

¹ ODH must annually evaluate reports it receives from ODJFS concerning the number of child abuse cases entered in the Statewide Automated Child Welfare Information System (SACWIS) that indicate abuse arose from Shaken Baby Syndrome. ODJFS maintains the SACWIS system.

System (IPHIS), the state's system for birth and death registration, was provided to hospitals in December 2016.

Requirement: The facilities that procure safe cribs for at-risk families, as well as ODH, are required to ensure that crib recipients receive safe sleep education and crib assembly instructions.

Update: Order form and downloadable files are available at www.safesleep.ohio.gov. The webpage is updated on a regular basis with new resources, information, and Cribs for Kids partner information. The ODH safe sleep video is available in five languages on the website.

Requirement: ODH must include in a report on safe sleep initiatives an assessment of whether at-risk families are being served sufficiently by its crib distribution and referral system. The act specifies the manner in which the report is to be submitted.

Update: This already occurs. Facilities required to report safe sleep screening data that have IPHIS access began to report via IPHIS in January 2017. ODH has been reviewing safe sleep screening data on a quarterly basis since January and reaching out individually to facilities that submitted incomplete data. Those facilities have confirmed that they have put processes in place to improve safe sleep screening, and ODH has observed more complete safe sleep screening data throughout 2017. ODH has collaborated with the Ohio Hospital Association to share safe sleep related information and updates with safe sleep champions at hospitals.

Tobacco cessation

Requirement: ODH must prepare a tobacco use and cessation plan, which is to emphasize reducing tobacco use by Medicaid recipients. The plan must also 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, such as Moms Quit for Two Grants.

Update: ODH has a strategic plan and will be updating the plan for FY 2019 and beyond. ODH states that it cannot help organizations secure grants offered through a competitive bidding process, but ODH does make these organizations aware of grant opportunities. All Ohio Equity Institute communities have a Baby and Me Tobacco Free Program. In addition, ODH is funding Community Cessation Initiatives (CCI).

Birth spacing and prematurity prevention

Requirement: The Director of Health must 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 long-acting reversible contraceptive (LARC) devices (a "LARC First practice"). ODH and ODM must use any available funds specified in the act to fund these activities.

Update: ODH contracted with the Ohio Association of Community Health Centers (OACHC) to provide technical assistance and training to FQHCs. The contract ended in June 2017. ODH is currently contracting with Chicatelli through June 2018 to provide LARC training and contraceptive counseling to Title X clinics which include, but are not limited to, FQHCs.

Requirement: The Director of Health, with participation from the State Medical and Nursing Boards, must collaborate with certain health professional schools or programs to develop curricula on counseling patients regarding efficacy-based contraceptives, including LARC devices.

Update: ODH has contracted and started work with GRC to develop curriculum on LARC and other pre- and inter-conception curricula.

Restructuring health systems for improved outcomes

Requirement: ODH must contractually require Women, Infant, and Children (WIC) clinics to promote the use of technology-based resources that offer tips on having a healthy pregnancy and healthy baby.

Update: The requirement was added to WIC contracts. In addition, ODH will be incorporating the requirement into the Ohio Administrative Code ([3701-42-11](#)). The rule has been filed with JCARR and will be on the March 5 agenda.

Social determinants of health – qualified community hubs

Requirement: ODH must establish a qualified community hub in each community that lacks one using funds from the federal Maternal and Child Health Block Grant.

Update: The Ohio Commission on Minority Health identified 29 communities for consideration. ODH is engaging in ongoing conversations with the Commission and subject matter experts in the state, and is in the process of developing technical assistance and a readiness assessment of the communities. In addition, internal ODH staff will learn how to conduct readiness assessments so ODH can build internal capacity for the future.

Social determinants of health – Home visiting

Requirement: Help Me Grow Program goals must be, to the extent possible, consistent with the Federal Home Visiting Program's goals.

Update: Programs goals are consistent with federal goals and new rules will be in effect on July 1, 2018.

Requirement: The Ohio Home Visiting Consortium is created to ensure that home visiting services are high-quality and delivered through evidenced-based or innovative, promising home visiting models. The Consortium's duties, which include making certain recommendations, are outlined in the act.

Update: All members have been appointed. The first meeting took place on June 19, 2017 and quarterly meetings have been established. The next meeting is March 19, 2018.

Requirement: ODH and the Department of Developmental Disabilities must create a central intake and referral system for the state's Part C Early Intervention Program and all home visiting programs.

Update: Complete.

Requirement: Families must be referred to appropriate home visiting services through the central intake and referral system.

Update: Complete.

Requirement: ODH rules must specify that families residing in infant mortality hot spots are to receive priority for Help Me Grow home visiting services.

Update: ODH has developed an administrative rule regarding the identification of urban and rural communities having higher infant mortality rates. It is routing through the internal process and will be posted for public comment shortly.

Requirement: No later than January 8, 2018, ODH must, after considering recommendations of the Home Visiting Consortium, allocate funds for home visiting pilot projects targeted at families with the most challenging needs.

Update: ODH will be reposting a competitive request for proposal (RFP) for an innovative home visiting model approach that will combine traditional home visiting with home health care services that could support or address infant mortality. The RFP will expand the Moms and Babies First program.

Requirement: ODH must transition, no later than January 8, 2018, to paying for home visiting services based on outcomes rather than processes.

Update: FY 2018 contracts contain performance-based incentives. ODH began the transition to pay a base rate and incentives are based upon ODH's statewide performance plan, which includes 22 measures. ODH is seeking to further advance this work in conjunction with the Home Visiting Consortium.

Requirement: Home visiting service providers must promote certain technology-based resources and report program performance data as a condition of receiving payment.

Update: ODH adopted the first home visiting specific data system, the Ohio Comprehensive Integrated Data System. It will provide dashboarding and real-time data to the state and local communities on home visiting performance measures. There are 22 performance measures in ODH's benchmark plan. The system will also link with Medicaid, WIC, and Vital Statistics data. The system will also be able to text clients to remind them about appointments and provide parenting tips, safety recalls, safe sleep, and other information ODH feels pertinent to share.

Requirement: ODH must facilitate and allocate funds for a biannual home visiting summit.

Update: The Home Visiting Summit is scheduled for April 16, 2018.

Safe Haven Law

Requirement: The Director of Health must adopt rules governing newborn safety incubators in accordance with the criteria established in the act by October 3, 2017.

Update: Complete. Chapter 3701-86 rules were effective in October 2017.

Ohio Department of Medicaid requirements

Data collection and sharing – Perinatal services and vital statistics

Requirement: ODM must make summary data regarding perinatal services available to local infant mortality reduction initiative organizations and grant recipients.

Update: The entire menu of Medicaid services are available in these counties with extra provisions for enhanced maternal care for high risk women from priority communities as outlined in ODM's June 2016 Enhanced Maternal Care Services document, which can be accessed at the following link:

<http://medicaid.ohio.gov/Portals/0/Providers/Enhanced-Maternal-Care-Guidelines-MCPs-2016-06.pdf>

ODM has developed and shared dashboards that include the visualization of trends over time for all of the priority communities. More innovative efforts that specifically target disparities in outcomes through the Medicaid Managed Care Plans (MCPs) have materialized through a grant-like process.

The following link describes how this process fits into a broader ODM population health strategy that aims to reduce disparities with descriptions of the past community infant mortality efforts that were funded:

<http://www.medicaid.ohio.gov/Portals/0/Resources/Reports/Medicaid-Infant-Mortality-Report-SFY16-17.pdf?ver=2017-04-06-094011-667>

The announcement link for the 2018 Community infant mortality efforts can be found here: <http://medicaid.ohio.gov/NEWS/PressReleases.aspx>

In brief, the more recent focus has been on identifying women at risk for poor birth outcomes and connecting them to care associated with consistent, trusting relationships that have some proven success of improved outcomes. The main efforts include centering group care, home visiting and utilizing community workers, although faith-based and fatherhood efforts are also included.

Requirement: ODM must include information about Medicaid recipients' races, ethnicities, and primary languages in data that it shares with Medicaid MCPs and requires the MCPs to share this information with providers.

Update: Medicaid recipients' self-reported demographic data that are contained within Ohio's eligibility system are shared by ODM with the Medicaid MCPs. ODM recognizes that the data is incomplete due to the self-reported nature and because federal regulations prohibit mandatory reporting as part of the Medicaid eligibility determination process. In order to improve ODM's efforts to achieve health equity, ODM is working closely with, and requires, the MCPs to develop and standardize collection of race, ethnicity and language data. This will assist ODM with analyzing data to track progress in disparity reduction efforts (e.g., infant mortality and cardiovascular disease). Lastly, ODM recently added capacity by hiring a full time Health Equity Manager who will work with MCPs, sister state agencies, and other partners to reduce disparities in health outcomes by employing quality improvement science methods, bring focus to the importance of addressing the social determinants of health, and help ODM to further develop its internal infrastructure to achieve health equity.

Data collection and sharing – Pregnancy- and birth-related data

Requirement: ODM must create infant mortality scorecards that report quarterly data regarding pregnancy- and birth-related health measures and outcomes. The act specifies what the scorecards are to include.

Update: The scorecard information is on ODM's website, which can be accessed through the link below.

<http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/MaternalandInfantHealthMeasures.aspx>

Medicaid reports

Requirement: The annual report that ODM must complete on the effectiveness of the Medicaid Program must include additional information related to perinatal care and infant mortality initiatives. The information must be delineated by race and ethnic group. The act specifies what must be included.

Update: The report on Pregnant Women, Infants, and Children is on ODM's website and can be accessed at the link below.

<http://www.medicaid.ohio.gov/Portals/0/Resources/Reports/PWIC/PWIC-Report-2017.pdf?ver=2017-12-29-112608-887>

Requirement: ODM must conduct periodic reviews to determine barriers that Medicaid recipients face in gaining access to interventions intended to reduce tobacco use, prevent prematurity, and achieve optimal birth spacing. The first review must occur by June 5, 2017 and every 6 months thereafter. ODM must prepare a report on each review and submit the reports in accordance with the act.

Update: ODM has reviewed current processes for assessing barriers and it has determined that it will take a systematic, community-based approach to incorporate the perspective of individual women of reproductive age needs. ODM has contracted with the Health Services Advisory Group to conduct interviews with leaders of community based organizations, focus groups with women of reproductive age insured by Medicaid, and to identify barriers based on key themes. ODM will in turn submit periodic reports identifying any potential barriers, as well as causes and remediation efforts.

Requirement: ODM must submit a report to the General Assembly and the Joint Medicaid Oversight Committee regarding each Medicaid MCPs' progress, during FY 2016 and FY 2017, in improving infant mortality measures through enhanced care management and targeted initiatives in infant mortality hot spots.

Update: The completed progress report is available on ODM's website and can be accessed at the following link:

<http://medicaid.ohio.gov/Portals/0/Resources/Reports/Medicaid-Infant-Mortality-Report-SFY16-17.pdf?ver=2017-04-06-094011-667>

Targeted interventions – Tobacco cessation

Requirement: ODM must enter into an interagency agreement with ODH under which ODM pays the federal and nonfederal shares of Ohio Tobacco Quit Line services provided to Medicaid recipients. ODM must also make Medicaid providers aware of these services.

Update: ODM entered into an interagency agreement with ODH for FY 2018 and FY 2019. The agreement, as signed by both parties on January 3, 2018, requires ODM to: (1) pay the federal and nonfederal shares of Ohio Tobacco Quit Line services provided to Medicaid recipients incurred by ODH, (2) take steps to make Medicaid providers aware of the Ohio Tobacco Quit Line services that are available to Medicaid recipients, (3) review and approve ODH claims subject to compliance with applicable federal and state requirements. ODM shall approve and remit payment to ODH within 30 days of the approved invoice date, (4) provide appropriate claim format to ODH to facilitate submission of claims by ODM to the Centers for Medicare and Medicaid Services (CMS) to facilitate reimbursement of the federal shares to ODM, (5) ensure all claims for reimbursement meet requirements to assist ODM to administer the Medicaid Program, (6) if CMS, ODM, ODH, or other authority, through any means, determines a previously submitted claim resulted in an overpayment of federal financial participation (FFP), ODM will provide notice to ODH and initiate an intra-state transfer voucher (ISTV) to collect the unallowable federal and non-federal amount within 60 days of notification, and finally, (7) ODM will work with ODH to prepare a plan to reduce tobacco use by Ohioans, with emphasis on reducing the use of tobacco by youth, minority and regional populations, pregnant women, Medicaid recipients, and others who may be disproportionately affected by the use of tobacco as included in R.C. 3701.84.

Birth spacing and prematurity prevention

Requirement: A hospital or freestanding birthing center is authorized to submit a Medicaid claim for a LARC device provided to a Medicaid recipient after giving birth that is separate from the claim for inpatient care.

Update: The Medicaid Information Technology System (MITS), Ohio Medicaid's claim processing system, was remediated to accept and pay claims for LARC devices provided postpartum in an inpatient hospital setting prior to the recipient's discharge. A claim properly submitted for a postpartum LARC device is processed and paid separately from the associated inpatient obstetrical delivery claim. This payment methodology change became effective for dates of service on or after July 6, 2017.

Requirement: ODM must, when contracting with a Medicaid MCP, use a uniform prior approval form that is not more than one page for progesterone prescribed for pregnant women.

Update: Ohio fee-for-service (FFS) and Managed Care removed prior authorization on progesterone, across all types and for all modes of administration, in February, 2016. Providers have therefore not been required to fill out a prior authorization form for the drug since this date.

Restructuring health systems for improved outcomes

Requirement: Any entity that is eligible to be, and requests to serve as, a qualified provider for the purpose of presumptive Medicaid eligibility for pregnant women option is permitted to serve as a qualified provider if ODM determines that the entity is capable of making the determinations.

Update: ODM amended OAC 5160:1-01-01 after the passage of S.B. 332. The section states that a qualified entity is defined as a source of eligibility determination for the presumptive eligibility program and is limited to the following: a county department of job and family services (CDJFS); or hospital, Department of Youth Services, an FQHC or an FQHC look-alike, that meet the requirements in Chapter 5160-28 of the Administrative Code; or a local health department, a WIC clinic, or other entity as designated by the Medicaid Director.

Requirement: ODM must contractually require Medicaid MCPs to promote the use of technology-based resources that offer tips on having a healthy pregnancy and healthy baby.

Update: As part of the MCP's maternal care programs, ODM expects the plans to integrate eligibility with health specific information into mobile messaging applications to improve patient engagement and connectivity to care management. These expectations are outlined in the document entitled "Guidance for Managed Care Plans: Provision of Enhanced Maternal Care Services." The guidance document is available at the following link:

<http://medicaid.ohio.gov/Portals/0/Providers/Enhanced-Maternal-Care-Guidelines-MCPs-2016-06.pdf>

Requirement: The Executive Director of the Office of Health Transformation must establish goals for continuous quality improvement 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.

Update: As part of Ohio's Payment Innovation Initiative, ODM, in collaboration with the Governor's Office of Health Transformation, has designed and launched 43 episodes of care – nine of these episodes are currently linked to financial incentives, including the perinatal episode. Launched in 2015, performance on the perinatal

episode was tied to financial incentives starting in 2016. Providers are only eligible for positive incentive payment if they meet cost and quality benchmarks set by ODM.

The thresholding methodology is described in more detail on the ODM website. For 2018, there are three quality metrics linked to payment for the perinatal episode: (1) percent of episodes where the patient receives a screening for HIV, (2) percent of episodes where the patient receives a C-section, and (3) percent of episodes where the patient receives a post-partum follow-up visit. In 2016 and 2017 there was also a measure based on the percent of episodes where the patient received a Group B streptococcus screening. However, after a clinical review, that quality metric is no longer linked to financial incentives.

There are other quality metrics in the perinatal episode that are not linked to payment but are shared with providers: (1) percent of episodes where the patient receives a screening for gestational diabetes, (2) percent of episodes where the patient receives a screening for hepatitis B, (3) average number of ultrasounds per episode, and (4) percent of episodes where the patient receives a screening for chlamydia.

In addition, there are three neonatal episodes based on gestational age – low risk (37+weeks), moderate risk (32 through 36 weeks), and high risk (less than 32 weeks). While the neonatal episodes are not currently tied to payment, they do have a quality component and offer transparency in performance and insight into population health.

Social determinants of health – qualified community hubs

Requirement: Medicaid MCPs must provide or arrange for certain Medicaid recipients to receive services by certified community health workers who work for, or are under contract with, a qualified community hub.

Update: ODM's enhanced maternal care guidelines (which can be accessed below) recommend that MCPs utilize several community level strategies – community workers, home visiting programs, and centering programs – to connect high-risk/at risk women of reproductive age who reside in priority communities to needed services and supports. This flexibility allows the MCP, the managing clinician, and the woman to work together to identify the strategies that may work best to deliver better maternal and infant outcomes in the community context.

<http://medicaid.ohio.gov/Portals/0/Providers/Enhanced-Maternal-Care-Guidelines-MCPs-2016-06.pdf>

Ohio Commission on Minority Health requirements

Social determinants of health – qualified community hubs

Requirement: The Ohio Commission on Minority Health (OCMH) must identify communities not served by a qualified community hub and recommend locations for the expansion of this model. ODH is required to use federal Maternal Child Block Grant

funds to work with OCMH and communities to develop new hubs in the identified areas.

Update: OCMH met the deadline established by S.B. 332 to identify communities that were not served by a qualified hub. In order to identify areas, OCMH collaborated with researchers from The Kirwan Institute at The Ohio State University. For the purposes of developing recommendations, the Kirwan Institute examined data at the county level and created heat maps within counties to identify these communities. A detailed report was submitted to LSC, ODH, the key legislators involved in the Infant Mortality Commission and the S.B. 332 effort before the deadline. Meetings were held with ODH before and after the development of this report. See also ODH's response under the ODH agency section.

Requirement: OCMH must convene quarterly meetings with the hubs to discuss performance data and best practices.

Update: OCMH continues to hold monthly meetings via conference calls with the OCMH Pathways Community HUBS to discuss performance data, best practices, implementation barriers, solutions to barriers, strategies for recruitment and evaluation of programs. These meetings were in effect prior to the passage of this legislation and are a part of the routine grants management and oversight of the OCMH. OCMH states that upon initiation of ODH-funded hubs, OCMH will include these hubs in the regular calls.

Restructuring health systems for improved outcomes

Requirement: Certain health care professional licensing boards must consider the problems of race- and gender-based disparities in health care treatment decisions and consult with OCMH and one or more professionally relevant and nationally recognized organizations or similar entities that review the curricula and experiential learning opportunities offered by health care professional schools, colleges, and other educational institutions.

Update: To date, two licensing boards have met with OCMH to discuss issues related to race- based and gender-based disparities. These are the State Board of Orthotics, Prosthetics, and Pedorthics and the Counselor, Social Work, and Marriage and Family Therapy Board. The State Board of Orthotics, Prosthetics, and Pedorthics was merged into the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board on January 21, 2018.

Ohio Housing Finance Authority requirements

Housing

Requirement: The Ohio Housing Finance Agency (OHFA) must include reducing infant mortality as a priority housing need in its annual plan. In addition, OHFA and the Ohio Development Services Agency (ODSA) must include pregnancy as a priority in their housing assistance and local emergency shelter programs.

Update: OHFA develops a Qualified Allocation Plan (QAP) for the policies and procedures to allocate the federal Housing Tax Credit (HTC) to affordable rental housing developments that address state housing needs and priorities. In allocating competitive HTCs, OHFA scores proposals based on certain criteria. Under the 2018-2019 QAP competitive scoring criteria, OHFA can award points to proposals for family developments that partnered with an infant mortality prevention specialist to serve the community and OHFA also increased the allowable developer fee for entities pursuing these points by \$50,000.

Requirement: OHFA is permitted to establish a housing assistance pilot program for extremely low-income households that include pregnant women or new mothers.

Update: On December 20, 2017, OHFA awarded close to \$1.0 million to CelebrateOne, a Franklin County-based organization created to reduce infant mortality. The money will be used to implement a pilot program that provides rental assistance, health care, and social services to low-income households at risk for infant mortality. The award will fund: (1) rental assistance for ten units of public housing administered by the Columbus Metropolitan Housing Authority, (2) a grant manager and community health worker supervisor to assist families with rental, medical care, and social services, (3) housing stabilization services in partnership with the Homeless Families Foundation, and (4) evaluation of the pilot program by Children's HealthWatch and Nationwide Children's Hospital.

Requirement: The Commission on Infant Mortality is required to work with the Ohio Housing and Homelessness Collaborative to develop a plan for a rental assistance housing program. The Commission and the Collaborative must submit an implementation plan to the Governor and the General Assembly by December 31, 2017.

Update: LSC is uncertain of the status of this requirement.

Legislative Service Commission

Evaluation of state policies and programs

Requirement: LSC must contract with a nonprofit organization to convene and lead a stakeholder group concerned with evaluating social determinants of health for

infants and women of child-bearing age. The nonprofit organization selected must submit a report to the Governor and General Assembly by December 1, 2017.

Update: LSC issued a RFP in March 2017 and selected the Health Policy Institute of Ohio to lead the stakeholder group and to produce the required report. The report was submitted on December 1, 2017 and can be viewed in its entirety at the following link:

https://www.lsc.ohio.gov/documents/reference/current/sdoim_finalcombined.pdf

Ohio Pharmacy Board requirements

Administration of injectable drugs by pharmacists

Requirement: The Ohio Pharmacy Board must adopt rules authorizing pharmacists to administer by injection the following drugs if certain conditions are met: opioid antagonists, antipsychotics, specified drugs related to preterm birth risk and contraception, and vitamin B12.

Update: Ohio Administrative Code 4729-5-40, which was effective October 2, 2017, governs pharmacist injections of the drugs specified. The following guidelines were issued to assist pharmacists with the implementation of the rules.

<http://www.pharmacy.ohio.gov/Documents/Pubs/Special/DangerousDrugs/Administration%20of%20Injections%20by%20Pharmacists.pdf>

Ohio State Medical Board requirements

Administration of injectable drugs by pharmacists

Requirement: The Ohio State Medical Board must adopt rules to be followed by a physician when prescribing a drug that may be administered by injection by a pharmacist.

Update: According to the State Medical Board, the rules are currently being drafted.

Requirements impacting several agencies

Restructuring health systems for improved outcomes

Requirement: Certain health professional licensing boards are to consider the problems of race- and gender-based disparities in health care treatment decisions by August 4, 2017. These boards must also annually provide licensees with a list of relevant continuing education and experiential learning opportunities addressing cultural competency. The following boards are subject to the requirement: Dental (DEN), Nursing (NUR), Pharmacy (PRX), Medical (MED), Psychology (PSY), and

Counselor, Social Workers, and Marriage and Family Therapist boards (CSW). An update is provided for each below.

DEN Update: The following link is a listing of culturally competent continuing education opportunities available to dentists and hygienists. The web-link for each course offering shows more detailed information: <http://www.dental.ohio.gov/Portals/0/EDUCATION/CULTURALLY%20COMPETENT%20education%20opportunities%20-%20Ohio%20State%20Dental%20Board.pdf>

NUR Update: NUR is addressing cultural competency by: promulgating rule revisions; gathering data on race, gender, ethnicity, and language proficiencies for the nursing workforce in Ohio and also for nursing education faculty and nursing students for policy making decisions; participating as Steering Committee members of the Ohio Action Coalition and contributing information for the Coalition's Diversity Work Group; convening the Advisory Group on Continuing Education and the Advisory Group on Nursing Education for focused discussions regarding curricula and experiential learning opportunities, consulting with state and nationally recognized organizations; and disseminating relevant continuing education opportunities through NUR's website and publications. Further discussion will be held at the Board Retreat in April 2018.

NUR provided a report on cultural competency (see attachment entitled "Cultural Competency in Nursing").

PRX Update: PRX has developed the following document and disseminated it to all licensees regarding continuing education opportunities to address cultural competency. The document was also posted in PRX's monthly column in the Ohio Pharmacist Association's monthly newsletter.

<http://www.pharmacy.ohio.gov/Documents/Licensing/CE/CulturalCompetency/Continuing%20Education%20Opportunities%20in%20Cultural%20Competency%20for%20Pharmacy%20Professionals.pdf>

MED Update: A webpage has information about continuing education and how health disparities impact infant mortality. The link is posted on MED's website:

<http://www.med.ohio.gov/Resources/HealthDisparitiesandInfantMortality.aspx>

Information can also be found on the HealthScene Ohio online magazine on pages 34 and 35:

https://issuu.com/cityscenemediagroup/docs/healthscene_winter18_web

More information will soon be posted on the Board's eNews and Newsletters webpage.

PSY Update: PSY's website now has an announcement of the issue with links to continuing education in cultural competence and resources. <http://psychology.ohio.gov/>

CSW Update: CSW has discussed the requirements of S.B. 332 and CSW staff met with OCMH staff to gain their insights into the legislation. A survey of continuing education providers was conducted. A list of providers offering programs with an emphasis on race and gender related issues in treatment will be posted to CSW's website. CSW modified the definition of its ethics continuing education requirement to include cultural competency. CSW has implemented CE Broker, which will allow licensees to more easily search for courses based on content. CE Broker maintains a "live" listing.

If you have any questions, please contact me at Jacquelyn.Schroeder@lsc.ohio.gov or (614) 466-3279.

Attachment: "Cultural Competency in Nursing"