



State Representative Stephanie Howse

House Resolution 11
Sponsor Testimony
Ohio House Health Committee
May 21, 2019

Chair Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the Ohio House Health Committee, thank you for the opportunity to provide sponsor testimony on House Bill 11, which works to reduce the rate of infant mortality in Ohio. I will be addressing the lead and group prenatal health care provisions of the bill.

The goal is to reduce the rate of infant mortality in the State of Ohio. Mothers receiving Medicaid funded services in Ohio unfailingly face lower health outcomes across the state, partially due to a lack of access to quality healthcare. Specifically, Ohio's infant mortality rate amongst African Americans is three times that of Caucasian children due to the lack of proper prenatal and oral health care. Studies have shown that mothers who participate in prenatal group care show significant increases in health outcomes, which lead to decreases in infant mortality rates.

This bill will require the Department of Health to develop materials informing all pregnant mothers and/or those with children, who live in dwellings built before 1979, information surrounding safe lead paint practices for children. These materials will be distributed through the HelpMeGrow home visiting program, and provide at the first point of contact with the mother.

House Bill 11 establishes a grant program where providers across the state can establish group prenatal care programs both in individual physician offices and large hospitals. Programs must be evidence and outcome based models. Currently, these types of programs are available in 18 communities across the state. This legislation will provide resources to fund programs in all 88 counties in Ohio. The program expansion will also include planning grant dollars for new programs to assist with organization and start-up costs.

The purpose of this program is to increase the number of pregnant women who begin prenatal care early in their pregnancies and to reduce the number of infants born preterm. This will consist of adequate in-kind resources, including existing medical staff, to provide necessary prenatal health care services on both an individual and group basis. When distributing funds under the program, the department has to give priority to entities that are both operating in areas of the state with high preterm birth rates, including rural areas and Cuyahoga, Franklin, Hamilton, and Summit counties. In addition, providing care to Medicaid recipients who are members of the prenatal health care services.

HB 11 is critical legislation to keep our promise to Ohio families and to renew the promise of better lives, brighter futures and healthier women and families across our state.

Thank you Chairman Merrin and the committee for your attention to this matter. At this time Rep. Manning and I would be happy to answer any questions you may have.