

Senator Dave Burke
Chairman
Committee on Health, Human Services, and Medicaid
Ohio Senate
September 23, 2019

Chairman Burke,

I write in support of HB 11 and its significant efforts to improve health outcomes tied to infant mortality rates in Ohio. I am grateful to the co-sponsors, Representatives Manning and Howse for introducing this important bill and to the Ohio House for passing the bill unanimously. I write to request the Senate Health, Human Services & Medicaid Committee begin hearings and pass the bill this year.

I support the comprehensive approach in HB 11 to address four elements of prenatal health: smoking cessation, dental hygiene, lead education, and group prenatal care. I would like to specifically highlight the positive impact of group prenatal care.

The group prenatal care model has significantly improved maternal and child health outcomes, particularly for African American women being served across the state of Ohio. As a model, group prenatal care allows patients to take part in their own care by measuring and recording their own blood pressure, temperature and weight. This program also provides individual health assessments to patients and the opportunity for group discussion on important health topics, ultimately increasing information-sharing and overall social support for patients. Expanding group prenatal care throughout Ohio can save lives and health care dollars with less days in the neonatal intensive care unit (NICU) for our newborns.

The First Year Cleveland Centering Pregnancy Coalition in Cuyahoga County is the largest Group Prenatal Care system in Ohio, serving more than 1,000 expectant parents. Working together, our community reduced infant mortality rates for white babies to 2.4 in 2017, one of the lowest in the country. In 2018, Cleveland had a decade-lowest African American premature birth rate and infant mortality rate of 14.9. The lower mortality rates results in savings as well. Medicaid Policy Research published in April 2016 estimates that for every 30 expectant moms served in the Centering model of care, there is a \$69,799 cost savings.

With increased funding, First Year Cleveland will be able to serve more parents, and build upon the current momentum. For example, if First Year Cleveland is able to maintain its current level of funding of \$1.4M in the next biennium, and secures an additional \$1M from the newly available funds, it plans to double the projected centering slots from 1700 to 3500. These newly available funds and their impact on the number of patients served by this program could ultimately save the state of Ohio nearly \$4.2M, according to Medicaid Policy Research's findings.

Expanding group prenatal care will not only improve maternal and child health outcomes, it will create a more cost effective, sustainable health care business model. It will drive better

maternal and health outcomes and, for the first time in Ohio, will give us the unique opportunity to align our prenatal care systems and home visiting programs into one seamless system of care for all expectant parents in group prenatal care.

I am looking forward to supporting efforts to move the bill expeditiously through the committee process and ultimately to a vote on the Senate floor. The increased support for infant mortality efforts this bill provides will allow First Year Cleveland and its partners to continue to grow its group prenatal care program.

Respectfully,

Hannah Oakley

cc: Senator Nicki Antonio, Ranking Member
Senator Stephen Huffman, Vice Chair
Senator Theresa Gavarone
Senator Bob Hackett
Senator Jay Hottinger
Senator Stephanie Kunze
Senator Peggy Lehner
Senator Tina Maharath
Senator Kristina Roegner
Senator Kirk Schuring
Senator Cecil Thomas