SENATOR SHANNON JONES
7th Ohio Senate District

Senate Medicaid Committee
Senator Shannon Jones
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Senate Bill 9

Good afternoon, Chairman Burke, Vice-Chair Manning, Ranking Member Cafaro, and members of the committee. Thank you for providing Senator Lehner and I the opportunity to come before you today to present sponsor testimony on Senate Bill 9. This bill will provide evidence-based services that reduce negative birth outcomes for pregnant women, new mothers, and women who may become pregnant that are Medicaid enrollees, and establish high quality data collection for home visiting services aimed at reducing infant mortality and negative birth outcomes.

Sadly, Ohio still ranks 46th nationally in overall infant mortality and 50th among African American babies. In 2011, Ohio lost nearly 8 babies per 1,000 live births – compared to the national average of 6 deaths per 1,000 live births. Over the course of the Senate Health and Human Services infant mortality tour during the summer of 2013, we learned the three leading causes of infant death are preterm births (47%), sleep-related deaths (15%), and birth defects (14%). Many of the leading risk factors that contribute to these deaths include non-medical indicators – such as race, poverty, poor nutrition, and poor education.

Building on the work Senator Tavares and I did in the last General Assembly, with the support of many of you, this legislation seeks to enable Medicaid to reimburse community health workers who are connecting patients to evidence-based programs that are improving birth outcomes in targeted, high-risk populations. This bill is recognizing that our abysmal infant mortality rate cannot be solved through health care strategies alone and displaying lower cost but highly effective “health care extenders” can make a difference in this tragic epidemic. To be eligible for reimbursement however, these new services must be recommended by a medical professional.

Simply put, community health workers can be used to connect expecting and new mothers with services that address many of the leading risk factors associated with infant death – including the social determinants. These unique professionals are certified healthcare extenders that are typically connected in a meaningful way to the community and high-risk neighborhoods they are serving, making them uniquely positioned to link women and families with proven interventions. This evidence-based model promotes healthy behaviors that result in positive birth outcomes, such as healthy birth weight and full-term births. Community health workers are able to educate and facilitate services that address not only a high-risk mother’s traditional medical

needs such as prenatal and post-natal care, but are also able to connect women to services that address the equally important social-determinants – those issues which keep many women from easily adhering to medical advice.

Utilizing this type of community connector may ultimately have a cost-savings on the Medicaid system as roughly half of all births in the state are covered by Medicaid. Healthy, full-term babies cost the system approximately $5,000 per delivery while pre-term births cost on average $50,000 per delivery. These statistics do not include the additional costs associated with a preterm birth such as long term health care interventions and additional special education services. Research also shows us that infants born before 28 weeks of gestation can accumulate over $32,000 in medical expenses during his first year of life alone, whereas a healthy-full term baby has only $3,300 in medical costs during the first year. Additionally, for every $1 spent on prenatal care - $2.57 is saved on medical care associated with low birth weight. The cost savings are clear. Enabling Medicaid to reimburse community health workers for their can result in Medicaid participants developing healthy habits and ultimately improve birth outcomes.

Additionally, this bill will authorize Medicaid to cover maternal depression screening as well as cognitive behavioral therapy offered through home visiting services. Conclusive research tells us that up to 45% of mothers who participate in some home visiting programs have clinically elevated levels of depression, which can leave a devastating impact on pregnant women and new mothers. Pregnant women who experience maternal depression are 3.4 times more likely to deliver premature and 4 times more likely to deliver a baby with low-birth weight. And this is bad for babies, families and taxpayers. Research suggests that for every $1 spent on treating maternal depression, $5.31 in public dollars is saved.

Finally, this legislation will implement a high quality data collection process for home visiting programs. There are many unique and successful community-based home visiting programs operating across the state, such as the HUB models of care, Moms First in Cleveland, and Every Child Succeeds. Through providing transparent and timely data, we can better understand the strategies that make programs successful in an effort to make a greater impact on this huge problem.

This legislation will improve birth outcomes for some of the most vulnerable populations in our state, while providing a cost-effective method of high-quality preventative care. Again, thank you for the opportunity to testify on Senate Bill 9. I will be happy to answer any questions you have at this time.