



State Representative Stephanie Howse

House Resolution 11

Sponsor Testimony

Ohio House Finance Committee

June 18th, 2019

Chair Oslager, Vice Chair Scherer, Ranking Member Cera and members of the Ohio House Finance Committee, thank you for the opportunity to provide sponsor testimony on House Bill 11, which works to reduce the rate of infant and maternal mortality and morbidity in Ohio. I will be addressing the lead and group prenatal healthcare provisions of the bill.

The goal is to reduce the rate of infant and maternal mortality and morbidity in the State of Ohio. Specifically, Ohio's infant mortality rate amongst African Americans is three times that of Caucasian children due to the lack of proper prenatal care and social determinates of health. Studies have shown that mothers who participate in prenatal group care show significant increases in health outcomes, which leads to decreases in infant mortality rates.

Lead is a well-known environmental toxin whose adverse effects include infant mortality. We are proposing lead education outreach to reduce and prevent Ohio's exposure to lead hazards and poisoning. Lead exposure risks have severe and irreversible consequences and have been linked to brain and nervous system damage resulting in behavioral and learning difficulties, hyperactivity, and social/emotional issues.

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 1978, information surrounding safe lead paint practices for children. For example, in Cuyahoga County, 80 percent of the housing stock was built before 1978; in Cleveland, that share reaches nearly 90 percent. Resulting in the city of Cleveland having more children and babies poisoned by lead than any other city in Ohio. This legislation is a part of a larger movement to reduce the state of Ohio's exposure to lead hazards and poisoning because it is negatively impacting our children, families, and the state's development.

House Bill 11 establishes a grant program where providers across the state can develop group prenatal care programs both in individual physician offices and large hospitals. The purpose of the group, prenatal care program, is to increase the number of pregnant women who begin prenatal care early in their pregnancies, reduce the number of infants born preterm and increase women's health during the duration of their pregnancy. This will consist of adequate in-kind resources, including existing medical staff who will provide necessary prenatal healthcare services to women on both an individual and group

basis. The benefit of group prenatal care provides eight to 12 women with similar due dates prenatal care sessions coordinated by a facilitator. These visits are 90-minute sessions which include discussions of breastfeeding, nutrition, parenting, and other pregnancy-related concerns. When distributing funds under the program, the department must give priority to entities that are both operating in areas of the state with high preterm birth rates, including rural areas. Cuyahoga, Franklin, Hamilton, and Summit counties. In addition, those counties will provide care to Medicaid recipients who are members of the prenatal healthcare services group.

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

Thank you Chairman Oelslager 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.