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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the committee, my name is Lynanne Gutierrez and I am the Policy Director and Legal Counsel at Groundwork Ohio. Thank you for the opportunity to provide written proponent testimony on Senate Bill 328 which would allow Medicaid to reimburse for doula services.

Groundwork is a statewide, nonpartisan advocacy organization that champions high-quality early learning and healthy development strategies from the prenatal period to age five, that lay a strong foundation for Ohio kids, families and communities. Our vision is to make Ohio the best place to be a young child so that all children have the opportunity to reach their full potential. Groundwork is led by Executive Director, Shannon Jones, and governed by a robust advisory committee of child-focused health and education experts from across the state.

When a mother dies as a result of childbirth, it is both a tragedy for families and communities. Healthy moms are the foundation of healthy children and that is why Groundwork is testifying today as a proponent of Senate Bill 328. Whether infants are born healthy and with the potential to thrive as they grow greatly depends on their mother's well-being—not just before birth, but even prior to conception. To have a healthy pregnancy and positive birth outcomes, women and their infants require access to appropriate health care services, before, during, and after birth.

A pregnancy-related death can happen at any point during pregnancy, at delivery, and up to a year after birth (postpartum). According to the Centers for Disease Control and Prevention (CDC), about 1/3 of deaths (31%) happened during pregnancy; about 1/3 (36%) happened at delivery or in the week after; and about 1/3 (33%) happened 1 week to 1 year postpartum. A national study found that of the medical complications that most commonly cause maternal mortality and morbidity, Black women were two to three times more likely to die than white women who have the same exact complications. The reasons behind the racial disparity are varied and complex, but lack of access and poor quality of care are leading factors. Researchers have explored connections between these disparities and factors such as poverty due to parents not earning a living wage, unemployment, or underemployment; living in under-resourced neighborhoods; or low educational attainment. These numerous studies, however, have reached the same conclusion: Even after considering the influence of these factors, racism accounts for huge differences in maternal health outcomes.

The CDC estimates that every year in the United States, 700 women die from pregnancy or childbirth-related causes, and the majority are from preventable causes. The U.S. has the worst maternal mortality record in the developed world and Black women are three times more likely than white women to die from pregnancy or childbirth-related causes. In Ohio, between 2008 and 2016 pregnancy-related deaths occurred at a ratio of 14.7 per 100,000 live births. Over half of these deaths, 57% were considered preventable. Additionally, Black

women in Ohio died at a rate of more than two and a half times that of white women making up 34% of deaths but only 17% of births.

This data is one of a series of metrics for which the pervasive racial disparity determines outcomes for both parent and child(ren). The experiences of both mothers and infants are inextricably linked, although they are often considered separately. This is particularly important when it comes to babies and women of color, due to the intergenerational effects and lived experiences of racism. These factors are influential throughout pregnancy and affect their babies' start in life. We know that where these disparities and gaps present themselves during the prenatal period of a young child's development, they often persist across the life course as demonstrated by the following data points:

- More than half of all babies in Ohio are born to women who receive Medicaid and 49% of infants and toddlers in Ohio receive health coverage through Medicaid and Healthy Start.
- Nearly 12% of all Ohio births are preterm and this rate is 50-80% higher for moms receiving Medicaid compared to their higher income peers. 1 in 7 Black babies are born premature compared to 1 in 10 white babies.
- Black babies are more than 2.5 times more likely to die before their first birthday compared to white babies;
- Black children ages 0-5 are nearly three times more likely to live in poverty than white children;
- Black children are much more likely than their white peers to be accessing publicly funded child care, but are less likely to be in a high-quality program;
- Less than 11,000 families are accessing voluntary evidence-based home visiting through the state funded Help Me Grow program.
- Only 24% of Black children show up to kindergarten ready to learn compared to 47% of white children;
- Black kindergartners are 7 times more likely to be suspended or expelled than white kindergarteners—and that gap increases to about 9.5 times more likely by 2nd grade;
- Black children are far more likely to have adverse childhood experiences (ACEs)—61% of Black children have had at least one adverse childhood experience (ACE) compared to 40% of white children.

In 2016, there were 69,683 births by Medicaid recipients and 64,978 births by non-Medicaid recipients in Ohio. Medicaid births thus accounted for 51.8% of total births in 2016. Pregnant women in families with income up to 200% of the federal poverty level are eligible for the Medicaid program Healthy Start (also called the State Children's Health Insurance Plan, SCHIP). Of the pregnant women served by Medicaid in 2017, only 72.1% of white mothers and 69.3% of black mothers received timely prenatal care, having a visit during their first trimester. In order for the state to equitably respond to the maternal and infant health crisis it faces, Ohio must focus on pregnant women and babies served by Medicaid, especially women and babies of color, who face the greatest barriers to accessing quality health care before during and after birth.

Doulas are non-clinical professionals who advocate for pregnant mothers as they navigate their care and the health care system. They provide pregnant mothers with educational, emotional, and physical support to ensure that the mother and baby remain healthy before, during and after birth. Groundwork supports SB 328 which would require that Medicaid cover doula services as a supplement to high-quality clinical care. Doula services are part of a package of services, that if made available to at-risk pregnant women and babies, can complement clinical care, support pregnant women and improve maternal and infant health outcomes.

Ohio communities have a history with doula programs across the state that have been successful in improving maternal and infant health outcomes. Many of these programs and services, however, are cost prohibitive and not often accessible to pregnant women who may benefit the most from additional support. Doula programs serving low-income women have often absorbed the cost of providing care to increase access among our most vulnerable mothers and to support their community. SB 328 would help bridge this gap by leveraging Medicaid

as a financing mechanism to build doula capacity across the state, increase access to doula services and improve and regulate the quality of doula services.

We are calling for the successful passage of SB 328 to provide this critical resource to our most vulnerable mothers and to support Ohio's ongoing fight to improve maternal and infant health and advance birth equity. Through passage of this bill, we are hopeful that we will strengthen our response to the needs of women and mothers across the state of Ohio. While doula services are a critical service, they are one of many non-clinical interventions that have demonstrated impact on maternal and child health outcomes. We hope that SB 328 will be an example of the power behind Medicaid financing of non-clinical interventions to serve the needs of pregnant women, infants, toddlers and young children. Advancing a more complete vision for pregnant women and young children will be critical to, not only the improvement of birth outcomes, but also health and education outcomes that will pay dividends for pregnant women, children and the state for years to come. I welcome any questions you may have and thank you for your time today.