



Sarah Inskip
Proponent Testimony for Senate Bill 328
Ohio Senate Health, Human Services, and Medicaid Committee
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Chairman Burke, Vice-Chair Huffman, Ranking Member Antonio, and members of the Senate Health, Human Services, and Medicaid Committee thank you for allowing me to testify in support of Senate Bill 328.

My name is Sarah Inskip and I'm the Ohio State Policy and Movement Building Director for URGE: Unite for Reproductive and Gender Equity. URGE is a multi-state reproductive justice organization led by and for young Black and brown women, and queer, trans, and gender-nonconforming people in the South and Midwest. This includes our work in Ohio. We are a dynamic group of young people working to create meaningful change for our communities by using a reproductive justice framework¹ in our grassroots organizing, advocacy, and policy work. At URGE we envision a world where all people have agency over their own bodies and have the power, knowledge, and tools to exercise that agency. We build this vision by engaging young people in creating and leading the way to sexual and reproductive justice for all. On behalf of our statewide membership, I humbly ask you to vote and pass Senate Bill 328.

In 2020, structural racism continues to plague every institution in this country. One of the most notable and saddening examples is the United States' health care system. Structural racism is the main driver for the racial disparities seen in maternal and infant morbidity and mortality rates. Black women, Indigenous and other birthing people of color, and American Indian/Alaska Native Women being three to four times more likely than non-Latinx white women to die from pregnancy related causes - during pregnancy, birth, and up to one year postpartum.² These rates are similar for counties across Ohio. For example, Cuyahoga County has one of the highest rates for infant mortality in the United States. 2019 data shows of the 13,937 babies born that year in Cuyahoga County, the majority of which were Black, 120 of them didn't make it their first birthday.³ Income and educational attainment in addition to racist, historical practices such as redlining in neighborhoods are among just a few of the countless factors that have long-lasting impacts and continue to drive health disparities seen throughout communities of color in Ohio. The racism that is fueling these ongoing disparities must be treated as an urgent public health crisis my federal, state, and local elected officials.

¹ SisterSong. What is Reproductive Justice? <https://www.sistersong.net/reproductive-justice>. September 21, 2020.

² Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Freproductivehealth%2Fmaternalinfanthealth%2Fpregnancy-mortality-surveillance-system.htm. Accessed September 21, 2020.

³ First Year Cleveland. The Issue Infant Mortality. <https://www.firstyearcleveland.org/the-issue>. Accessed September 21, 2020.



For decades, Black bodies, specifically Black women's bodies, have been experimented and exploited in the name of making strides in research and techniques for reproductive and sexual health.⁴ This has resulted in baked-in practices and biases within the United States' health care system where practitioners have been reported to not listen and undermine Black women and other pregnant people of color when it comes to their reproductive decisions, including when they're giving birth. The ***Reproductive Injustice: Racial and Gender Discrimination in U.S. Health Care*** report by the Center for Reproductive Rights, the National Latina Institute for Reproductive Health, and SisterSong Women of Color Reproductive Justice Collective outlines alarming data on maternal health outcomes in addition to firsthand accounts of the racial discrimination experienced by Black women.⁵ Recommendations provided include to address racial and gender stereotypes that improve quality of maternal health services for people relying on the public health system. **A way to do this in Ohio is to mandate Medicaid to reimburse for the full range of doula care services.**

Doulas have a longstanding record of not only improving maternal health outcomes, but the maternal health care and support they provide they equips pregnant people with the knowledge, resources, and confidence they need to navigate discrimination and racism within health care systems. Doula care contributes to a reduction in medical intervention such as cesarean sections and preterm births, which put people at additional risk for complications associated with surgical procedures.⁶ Despite this, doula care is not reimbursed by Medicaid in Ohio and is typically not covered by other public and private insurance plans, requiring patients to pay for services out of their own pockets, creating immense financial barriers for marginalized and low-income individuals to access doula care. **Indiana, Oregon, and Minnesota have all passed legislation authorizing reimbursement for doula services through Medicaid - it's time that Ohio follows suit.**

Doula and birth worker services are critical in achieving Reproductive Justice for Black, brown, and Indigenous women and queer, trans, and gender-nonconforming pregnant people in Ohio. **Doulas are trusted providers and advocates pregnant and birthing people who have for too long been silenced, ignored, and violated by the state's health care systems. Ohio-based organizations that provide doula care such as Restoring Our Own Through Transformation (ROOTT) and Birthing Beautiful Communities are providing life-saving**

⁴ History. The Father of Modern Gynecology Performed Shocking Experiments on Slaves. <https://www.history.com/news/the-father-of-modern-gynecology-performed-shocking-experiments-on-slaves>. Accessed September 21, 2020.

⁵ Reproductive Injustice. Racial and Gender Discrimination in U.S. Health Care: A Shadow Report for the UN Committee on the Elimination of Racial Discrimination. https://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/USA/INT_CERD_NGO_USA_17560_E.pdf. Accessed September 21, 2020.

⁶ Expanding Access to Doula Care: State of Union. Maternal Health Taskforce at the Harvard School Center or Excellence in Maternal and Child Health. <https://www.mhtf.org/2020/01/08/expanding-access-to-doula-care/#:~:text=There%20are%20currently%20three%20states,%3A%20Indiana%2C%20Oregon%20and%20Minnesota>. Accessed September 21, 22.



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services to Black women and families throughout Ohio and should be reimbursed by Medicaid for their critical care.

I urge members of the Ohio Senate Health, Human Services, and Medicaid Committee to vote and ultimately pass Senate Bill 328. I'm happy to answer any questions or concerns you have.