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**Ohio House of Representatives
Finance Subcommittee on Health and Human Services
House Bill 110
Lynanne Gutierrez
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Chairman Roemer, Ranking Member West and members of the committee, my name is Lynanne Gutierrez and I am the Assistant Director at Groundwork Ohio. Thank you for the opportunity to provide written testimony on House Bill 110, Ohio's FY 2022-2023 budget bill as it relates to invited testimony today from the Ohio Department of Medicaid (ODM).

As you may know, 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 steering committee of child-focused health and education experts from across the state.

Groundwork is testifying today as an interested party to House Bill 110 to express continued support for the maintenance of state funds for ODM's services and initiatives that support pregnant women, young children and their families. These investments are more important now than ever in light of the toll the once-in-a-lifetime COVID-19 pandemic has taken on our most vulnerable children. Not only does the COVID-19 pandemic happen once in a lifetime, so does childhood. Our youngest children have a short, five-year period of critical brain development happening in the earliest years of their life to benefit from the love, care and learning they need to support their lifelong success. We often talk about the first 1,000 days setting the foundation for the rest of a child's life in recognition of over 80% of brain development happening in the first three years of life. Ohio's most vulnerable infants and toddlers have now spent a third of these precious 1000 days in this pandemic, enduring the stress, trauma and financial realities experienced by their families, caregivers and communities which deeply impacts their development. Focusing upstream on policies and investments on the first 1000 days of a child's life is critical for the following reasons:

- Because children rely on Medicaid, especially in their first three years of life. Medicaid provides health care coverage for more than half of all Ohio infants and toddlers.
- Because pediatric primary care is regularly accessed by families and is the only (near) universal system for reaching families in the earliest years of a child's life.
- Because, as a public program, Medicaid has an interest in reducing long-term health care expenses and expenses to other public sectors.
- Because Medicaid is already one of our most effective means of improving child outcomes and it can be leveraged to do more.

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Groundwork Ohio shares a common goal with the state and the Ohio Department of Medicaid in our ongoing efforts to ensure that all our children grow up healthy and equipped to reach their full potential. Because of what we know about the science of brain development, we understand that we must use evidence to improve outcomes in learning, behavior, and health for vulnerable young children. The key drivers of our shared goal include the following:

- Access to high quality medical care for pregnant women and children
- Evidence-based home visiting for vulnerable families
- High-quality early childhood education
- Two-generation programs in health and education
- Prevention and mitigation of toxic stress in early childhood
- Providing economic stability supports to increase family self-sufficiency
- Reducing neurotoxin exposure such as lead

In addition to our request for continued support of the maintenance of state funds for ODM's services and initiatives that currently support the healthy development of young children, we ask that ODM and the legislature preserve and expand investments in maternal and infant health and vitality so that our state can fully implement and build upon the progress we have made. Healthy moms are the foundation of healthy children. Whether infants are born healthy and with the potential to thrive as they grow greatly depends on their mother's well-being. 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. 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. Women in Ohio with pregnancy-related Medicaid coverage currently lose their benefits 60 days after the end of pregnancy. Our state's rate of maternal mortality is rising, and a growing body of evidence shows that many of these deaths, particularly from preventable causes, occur after pregnancy-related Medicaid coverage ends.

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 during and after 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 beginning with these shameful outcomes for infants in Ohio:

- 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 in Ohio.

Extending Medicaid coverage can help eradicate preventable maternal deaths and improve outcomes for both mom and baby. As the largest payer of maternity care in Ohio, Medicaid has a critical role to play in ensuring healthy moms and babies. Our state Medicaid program is available to pregnant women in families with income

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up to 200% of the Federal Poverty Level. **These Medicaid eligible women and their babies need one-year postpartum coverage, including coverage for services such as case management and outreach, substance use disorder treatment, and mental health screening and treatment.**

To support this critical period beginning at pregnancy through the first year of life, we also request that ODM fully implement investments in evidence-based home visiting and the coordination of other non-clinical services in collaboration with their sister state agencies and external maternal and child health stakeholders to support the robust delivery of services to our state's high-risk pregnant moms and babies. As the Department implements current investments and expands services, we further request that it seeks to make important data on spending, incidence of conditions, health care, and health outcomes, particularly for pregnant women and young children, publicly available to benchmark progress and inform future policy and investment. This data must be collected and reported to provide meaningful insight on race, ethnicity, language and the social determinants of health to reduce disparities in health care access, services and outcomes.

Thank you for the opportunity to testify today and please allow Groundwork Ohio and our partners across the state to support your work during the budget process.