



**Ohio Section**  
Amy Burkett, MD FACOG  
Chair, Ohio Section

**Ohio Senate  
Finance Committee  
HB110 State Operating Budget  
Testimony of Amy Burkett, MD FACOG  
American College of Obstetricians and Gynecologists, Ohio Section**

Chair Dolan, Vice Chair Gavarone, Ranking Member Sykes and members of the Finance Committee, my name is Dr. Amy Burkett. I am an obstetrician-gynecologist currently working as a Laborist in Cleveland with the Cleveland Clinic Foundation. I have lived in Ohio my entire life. I received my medical degree from the Northeast Ohio Medical University, affectionately known as NEOMED, and then did my residency at The Ohio State University Medical Center before returning to Northeast Ohio. I was in private practice for 10 years prior to starting my current position 4 years ago. Of note, I am neither speaking on behalf of nor representing the views of my employers.

I am here today on behalf of the American College of Obstetricians and Gynecologists, Ohio Section (ACOG) of which I am the current Section Chair. As you may know, ACOG is our specialty's premier professional membership organization dedicated to the improvement of women's health. In Ohio, ACOG represents over 1500 obstetrician-gynecologists and their patients; and nationally ACOG represents approximately 58,000 obstetrician-gynecologists and women's health care professionals.

Governor DeWine has shown an unwavering commitment for prioritizing Ohio's children. We applaud initiatives in his Executive budget that support both maternal and infant health and combat Ohio's abysmal infant mortality rates. Acknowledging the need for and supporting multi-pronged approaches such as, evidence-based home visiting, centering pregnancy, safe birth spacing, tobacco cessation and gestational diabetes are key to achieving success. We are supportive of these initiatives as well as fully funding the Pathways Community HUBs and prioritizing housing for low-income pregnant women.

We believe another key to success would be to expand Medicaid for women to 12 months post-partum. Ohio is the largest single payer of maternity care in the state covering over 52 percent of births and thus Medicaid plays a critical role in ensuring healthy moms and babies. In the United States, one in three women experience a disruption in insurance coverage before, during, or after pregnancy, and nearly 60 percent of these perinatal insurance disruptions include a period of uninsurance. Currently, in Ohio pregnant women are Medicaid eligible up to 200 percent of the Federal Poverty Level until 60 days past the end of their pregnancy. Ohio Medicaid estimates 20% of women covered under the pregnancy qualifying condition lose their coverage on day 61.

A closer look at maternal and infant morbidity and mortality numbers reveals that chronic medical conditions such as obesity, diabetes and high blood pressure play a crucial role in poor pregnancy outcomes. Unfortunately, in Ohio almost half of the women who experience an infant loss report no insurance in the first trimester which is a critical time for fetal development. Poorly controlled pre-gestational diabetes is linked to increased risk of congenital anomalies, growth problems in the baby, development of blood pressure problems of pregnancy and increased need for early deliveries. Chronic high blood pressure is also linked to poor fetal growth and worsening high blood pressure, or the development of pre-eclampsia can necessitate early delivery. These medically indicated early deliveries unfortunately put the baby at risk for complications of prematurity another leading cause of infant mortality. Expansion of Medicaid coverage for 12 months postpartum will allow for a woman to have ongoing medical care while she cares for her newborn and establishes herself in the workforce.

Based on recent data from the Centers for Disease Control and Prevention (CDC) National Vital Statistics System (NVSS), roughly a third of pregnancy-related deaths occur between 7 weeks and 1 year postpartum. The data also shows that the many of these deaths are linked to blood pressure and heart conditions which require ongoing management well beyond the current 60 days covered by Medicaid to optimize the mother's health. We know these numbers are higher for black women and in Ohio Black women represent a large portion of Medicaid beneficiaries. Ohio's maternal and infant mortality rates continue to be disproportionately higher for black women and their babies. We must take action to end this disparity if Ohio wants to meet our Healthy people 2030 Infant Mortality rate goal of 5.

In conclusion, ACOG supports the Governor's initiatives for maternal and infant vitality/mortality and urge you to extend Medicaid coverage for Ohio's women to 12 months post-partum. I hope you will consider ACOG and myself a valuable resource for all items relating to the practice of obstetrics and gynecology and women's health issues.

Thank you for your time and consideration, and I'd be happy to answer any questions you may have.