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**Ohio Senate
Health Committee
House Bill 110
Melissa Bacon
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Chairman Dolan, Ranking Member Sykes and members of the committee, my name is Melissa Bacon, and I am the Policy and Advocacy Director at Groundwork Ohio. Thank you for the opportunity to provide testimony on House Bill 110, Ohio's FY 2022-2023 budget bill, as it relates to state investments in maternal and child health in the Departments of Health and Medicaid.

Groundwork Ohio 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 that all children can 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.

Healthy moms are the foundation of healthy children. Tragically, birthing mothers and babies in our state are dying at an alarming rate. 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. All the while, too many babies across the state are dying before their first birthday, making Ohio's infant mortality rate one of the worst in the country.

The experiences of both mothers and infants are linked, although they are often considered separate. This is particularly important when it comes to babies and women of color due to the intergenerational effects and lived experiences of racism. We know that where these disparities and gaps present themselves during the prenatal period of development, they often persist across the life course, as reflected by the following 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.
- Black babies are more than 2.5 times more likely to die before their first birthday compared to white babies in Ohio.

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Ohio's persistent infant and maternal mortality crisis is a tragedy for families and communities. Now more than ever, Ohio must invest in programs that improve birth and health outcomes for both moms and babies.

The Ohio Department of Health

Groundwork is testifying today as an interested party to House Bill 110 to express continued support for the maintenance of state funds as proposed in the FY22-23 Executive Budget for Ohio Department of Health (ODH) services and initiatives that support pregnant women, young children, and their families. These investments in addition to federal dollars that support maternal and child health are critical in light of the toll the once-in-a-lifetime COVID-19 pandemic has taken on our most vulnerable children. 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 1,000 days in this pandemic, enduring the stress, trauma and financial realities experienced by their families, caregivers and communities, which deeply impacts their development.

In addition to our request for continued support of the maintenance of state funds for ODH's services and initiatives that support the healthy development of young children, we ask that the legislature preserve and expand investments in Help Me Grow, Ohio's voluntary evidence-based home visiting program.

In the FY22-23 proposed budget, the Ohio Department of Health increased the Help Me Grow investment over the biennium by a total of \$1.9 million (bringing the annual investment up to \$41,242,281). The increase in funding will allow for an additional 500 families to receive home visiting services in the upcoming biennium. **We are asking this Committee to double down on these critical efforts to serve more families with evidence-based home visiting by doubling the Governor's proposed increase through amendment SC2364, which would provide an additional \$1.9 million in FY23 (bringing the annual investment to \$43,142,281). This will allow the program to serve 1,000 additional children during the upcoming biennium.**

Expanding home visiting services can help improve outcomes for both mom and baby. Voluntary evidence-based home visiting brings early childhood development and health professionals to new parents to help them cultivate strong, healthy relationships with their children, give children the emotional security required for healthy development, and provide parents with the knowledge to understand their child's needs, as well as their own. For those who elect to participate in a home visiting program, providers regularly visit the homes of vulnerable families (typically once per month), starting while the mother is pregnant and continuing through the first few years of the child's life. During this critical period of a child's development, parents receive support and guidance on how to create a safe, stimulating environment that promotes growth and learning, allowing motivated parents to learn how to succeed in their new role and provide children a healthy start with their first and most important teachers—parents.

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More specifically, families enrolled in Help Me Grow home visiting services also receive maternal health and wellness screenings, child health and development screenings, parenting education and referral to medical and social supports. Home visitors also facilitate transitions to an appropriate programs and services that support child development including early childhood education programs.

Under the Ohio Department of Health's leadership, vital investments have been implemented to strengthen the home visiting system, the quality-of-service delivery and capacity building to support intervention reaching more families. Even considering the impact of COVID-19, an additional 1,115 families were served in 2020 compared to 2019 for a total of 10,765 families served in 2020. The home visiting footprint across the state of Ohio has also expanded to serve all but three counties as of 2020. The growth of Ohio's evidence-based home visiting services has been critical to the success of the program over the last two years, as well as the program's ability to weathering the pandemic with quick and decisive action to safely transition services and meet the needs of families. Now is the time to lean into the goal of tripling the number of families served by evidence-based home visiting. However, this requires the maintenance of the historic investment seen during the last biennium *and* additional state investment to support growth and the leveraging of additional federal resources.

Upon taking office, Governor DeWine made a bold commitment to triple the number of families served in evidence-based home visiting. Ohio has made an incredible effort over the past two years to strengthen and expand evidence-based home visiting services through the implementation of a historic state funding increase but to fully realize the goal of tripling the number of families served, we encourage ODH to leverage the Medicaid program so that eligible services can be reimbursed in a more cost-effective manner. The Ohio Departments of Medicaid and Health should continue to investigate and implement options for using Medicaid funding to support home visiting services during the upcoming biennium. Lastly, we ask that ODH continue to collect data, analyze outcomes, and evaluate programs from an equity lens. This data should be made to inform implementation of investments and make policy choices that eliminate barriers to access and the impacts of COVID-19 based on race, rural geography, and age of the child.

The Ohio Department of Medicaid

Just as access to the Ohio Department of Health's Help Me Grow, the state's evidence-based home visiting program is critical to support the growth and development of babies, access to Medicaid coverage is imperative for pregnant women post-partum. The two policies work in tandem.

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.

In the context of the nation's growing and persistent maternal and infant health crises, many have sought policy and delivery system changes that will improve outcomes for women and their babies. A key opportunity identified and well-documented with clinical evidence, is to extend the postpartum coverage period in Medicaid from the current 60-days to a full year post-delivery. 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 during the period after pregnancy-related Medicaid coverage ends.

The federal American Rescue Plan affords states the authority and the federal match needed to provide 12-months of continuous postpartum coverage to Medicaid-eligible women.

Groundwork Ohio is seeking amendment SC2527 to HB 110 to leverage this benefit, extending postpartum coverage to 12 months for women up to 200% of the Federal Poverty Level. We estimate that this extension would apply to nearly 14,000 women in Ohio.

Extending this benefit to a year means a woman has coverage for services such as case management and outreach, substance use disorder treatment, and mental health screening and treatment before and after childbirth. By having continuity of health care, postpartum women are afforded the flexibility to focus on family, maintain their health so that they can make plans to return to work or school, and help save Ohio money from costly health interventions down the road.

In the last biennial budget, the Ohio Department of Medicaid secured funding and permission to seek a 1115 waiver to extend postpartum coverage for a small, targeted population of 2,500 mothers with substance use disorders. Due to the pandemic, this project was paused to address the increased demand for Medicaid coverage.

Governor Mike DeWine, the Ohio Department of Medicaid and Ohio Department of Health, and members of the Ohio General Assembly have all expressed their commitment to addressing the state's devastating infant and maternal mortality crisis. To eradicate preventable maternal deaths and improve outcomes for moms and babies, Ohio must leverage every tool at our disposal. This includes ensuring that all individuals whose pregnancies are covered by Medicaid can keep their Medicaid coverage for at least one year postpartum, as well as increasing investment in Ohio's Help Me Grow evidence-based home visiting program.

Groundwork Ohio requests your support of these important amendments and I would be happy to answer any questions from members of the committee.