



**Senate Finance Committee
HB 110 - Proponent Testimony
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Good morning Chairman Dolan, Vice Chair Gavarone, Ranking Member Sykes, and members of the Senate Health Committee, thank you for the opportunity to provide testimony on behalf of the Children's Defense Fund-Ohio in support of infant and maternal health opportunities in House Bill 110, Ohio's biennial budget.

CDF-Ohio is a statewide non-profit organization which serves as an independent voice for all children. Born out of the civil rights movement, with more than four decades of advocacy in Ohio, it is the mission of the Children's Defense Fund to champion policies and programs that lift children out of poverty, protect them from abuse and neglect, and ensure their access to appropriate and targeted health care, quality education, and nutritional wellness.

The budget is a moral document that is a reflection of our priorities as a state, and as such it should reflect our commitment to healthy moms and babies.

The COVID-19 pandemic has brought to light many of the shortcomings in our healthcare system. We have layered a public health crisis and an economic crisis on top of a healthcare system already fraught with racial inequities in maternal and child health.

Maternal and infant mortality continues to be a leading public health crisis in Ohio, and the rate at which Black mothers and babies die is startling. According to the Ohio Department of Health's 2019 Infant Mortality Annual Report, Black babies died at a rate almost 3 times that of White babies, and Black women died at a rate more than two and a half times that of White women. Between 2008-2016, over half the deaths of women who were pregnant or who died within one year of pregnancy were preventable.

We applaud the Governor's executive budget inclusions supporting maternal and infant health, especially language around Ohio's Evidence-based home visiting programs. Home visiting programs are one proven approach to mitigate infant mortality, and they're a great return on investment. For every \$1 invested in home visiting programs, the state ROI is \$6. We also support the expansion of the program through the increase in eligible age of the child and the number of program days available.



CDF-Ohio recommends the Department of Health make the program available to all eligible families automatically rather than waiting for a family to be referred to the program, and exploring other evidence-based home visiting programs that could be incorporated into the current Help Me Grow program in addition to the four currently eligible for reimbursement.

CDF-Ohio is also very supportive of two areas of funding that speak directly to improving maternal and infant health:

1. Infant Vitality funding in the budget, which will maintain community based maternal health programs which support pregnant mothers and improve maternal and child health outcomes.
2. Infant Mortality grants to support pathways community HUB models that have as their primary purpose reducing infant mortality in the urban and rural communities with a targeted focus on disparities.

Unfortunately, we believe the budget is missing two evidence based practices that could positively move the needle on infant and maternal health. Children's Defense Fund-Ohio recommends the following important areas of maternal and infant health be included in the budget before it is voted on by the full Senate. Although they are not currently included in the budget, research shows both of these priorities can have a dramatic effect on both maternal and infant health, and will address the immediate crisis facing moms and babies in Ohio and lay the foundation for healthier families and a healthier Ohio.

Maternal and Infant Health Recommendations

1. **Immediately extend postpartum coverage for all Medicaid eligible women to 12 months.** Currently, a pregnant woman is eligible for Medicaid if they earn below 200% of the federal poverty line (\$43,440 for a family of three). This eligibility for health coverage continues through 60 days postpartum. On the 61st day, Medicaid eligibility ends unless they earn below 138% of the federal poverty line – that is \$29,974 for a family of three. While more than half of pregnancy-related deaths occur in the postpartum period, Ohio's current Medicaid pregnancy eligibility ends at 60 days. If a postpartum woman doesn't qualify for Medicaid under another category, she is left without healthcare coverage at a critical time in her life and the life of her newborn infant. This coverage will go far in reducing both maternal and infant mortality. Ohio could easily make this change in the state plan amendment and beginning in January 2022, begin to draw down the federal match for the coverage.
2. **Extend Medicaid coverage of Doula services.** Toxic stress is the continuous exposure to adversity and it can disrupt and harm physical health and lead to long-term stress related diseases and conditions. In pregnant women, especially those who are in constant stress due to their economic stability, systemic racism, and other factors, the toxic stress can lead to pre-term birth, low birth weight, and other complications. There is a strong and growing body of evidence that access to doula care during pregnancy



reduces maternal stress levels and can also reduce the incidence of preterm birth, the prevalence of cesarean births, and increases positive birth experience and healthy outcomes for both mother and child. In 2019, there were 14,136 preterm births in Ohio, representing 10.5% of live births. According to The Ohio Perinatal Quality Collaborative, a preterm birth in Ohio costs an average of \$32,000 (this is without an extended stay in a neonatal intensive care facility). Doulas provide emotional, physical, and educational support to a mother who is expecting, experiencing labor, or has recently given birth. Doulas act as advocates for women who often feel marginalized by the healthcare system to make sure their voices are heard and their concerns are addressed.

Both of these issues will be addressed in amendments that will be submitted by Sen. Kunze. I urge your support for both amendments as an economical and substantial way to address the infant and maternal health crisis here in Ohio.

Thank you for the opportunity to testify on HB 110 and give voice to the concerns of mothers and babies around Ohio. I will close by saying that the budget is not just a fiscal document, it is a mirror by which we see what we value in our state. With this budget, Ohio has the opportunity to make positive strides forward in maternal and infant health. CDF-Ohio urges you to make healthy moms and babies a priority in this state budget.

I am happy to answer any questions the committee may have.