



**SENATE HEALTH COMMITTEE
CHAIRMAN S. HUFFMAN**

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Hope A. Lane-Gavin, Health Equity Fellow

Chairman Huffman, Vice Chairman Antani, Ranking Member Antonio and members of the Senate Health Committee, thank you for the opportunity to provide interested party testimony on House Bill 142. My name is Hope Lane-Gavin and I am a Health Equity Fellow with The Center for Community Solutions, a nonprofit, nonpartisan think tank that aims to improve health, social and economic conditions through research, policy analysis and communications.

We have had the opportunity to come before this body on numerous occasions this General Assembly to speak about our work in the maternal and infant health space and we are eternally grateful that this legislature recognizes how crucial this work is for our state and thus continues to prioritize public policy to make significant improvements.

For the past several years, Community Solutions has been committed to analyzing Ohio's escalating maternal and infant health crisis to raise awareness and seek policy solutions to improve outcomes for families in our state. This has included extensive advocacy on increasing the availability of data, hospital licensure, improving access to the Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC) and successfully recommending fourth trimester care to this body. Along this journey, we have paid particular attention to policy changes that enables care providers and community organizations to best meet the needs of the people in their communities, often those most vulnerable to adverse outcomes. We quickly identified that for favorable birth outcomes, women need more than just access to care but rather a combination of clinical skills and relationship-based care. For this reason, Community Solutions has worked tirelessly alongside the leadership in both the legislative and executive branches and with communities across the state for the inclusion of doula services in the list of Ohio's covered Medicaid benefits.

Ohio still struggles with unacceptably high maternal and infant mortality rates, which are significantly worse for Black moms and babies.

From data from the Ohio Department of Health, we know that:

- 2.7x more Black babies die before their first birthday as compared to white babies
- Black women are 2.5x times more likely to die of a pregnancy-related cause than a white woman
- Ohio ranks 42nd in the country in infant mortality
- Ohio's maternal mortality ranking is 28th in the country
- Black Ohio women are nearly two times more likely than white women to experience severe maternal morbidity following delivery (a near miss)

These disparities exist across insurance status/payor type.

Data and experiences show us that doulas can make a difference in reversing this.

The involvement of doulas into the normal course of care before, during and after child birth has proven to provide better birth outcomes for mothers and infants compared to those that are without. Doula assisted mothers are four times less likely to have a low-birth-weight baby, two times less likely to experience a birth complication involving themselves or their baby and significantly more likely to initiate breastfeeding. Additionally, with the support of doulas, many women can forego risky and costly interventions such as epidurals, uterine ruptures, cesarean sections, need for oxytocin augmentation and hysterectomy.

Ohio Medicaid has long recognized this fact, which is why they have provided grants for the past several years to community-based organizations, such as Birthing Beautiful Communities who already do this work. Yes, that's right, Ohio Medicaid is already inadvertently paying doulas. This bill would formalize this informal, impermanent funding arrangement.

One of Community Solutions' priorities is to ensure a cost-effective Medicaid program and thus we are sympathetic to concerns over additional costs to Ohio's Medicaid program and subsequently its taxpayers, especially as we begin to recover from an unprecedented public health crisis. However, the physical, emotional and informational support to women that doulas provide will ultimately save our state millions of dollars per year while simultaneously saving lives. For example, the average price of a cesarean section in Ohio is \$21,431.11.^[iii] Considering over 50 percent (about 70K/year) of Ohio's babies are born onto the Medicaid program, there is significant cost savings in reduced cesarean sections alone. And if Medicaid coverage for doula services is coupled with the implementation of other policies focused on infant and maternal health such as the implementation of all Alliance for Innovation on Maternal Health (AIM) bundles, Ohio's Medicaid program and hospitals can decrease the cost of labor and delivery across the board. In fact, in 12 states with this type of access, including Indiana, California, Oregon, Minnesota and Nevada nearly \$58.4 million was saved and 3,288 preterm births were avoided.^[iiii]

This is why we've worked through the last two General Assemblies, with members of both parties, to improve access to doula services. We all know that insurance reimbursement is key to access, especially for people who cannot afford to pay for doulas out of pocket. We are also excited about the opportunities this policy opens up to grow a key part of the perinatal workforce in Ohio. The version of House Bill 142 that passed in the House makes strides toward these goals and that's why we're here today.

I want to also quickly address the question over why the bill is a pilot program that will ultimately sunset, even if passed. From our understanding, the pilot nature of the bill is simply to be able to collect additional data before making permanent changes to the state's Medicaid program. Although several states have instituted similar programs, investing in maternal supports that would primarily benefit low-income women and women of color is a new concept.

I want to thank you again for the opportunity to provide interest party testimony on House Bill 142 as Community Solutions always values the chance to weigh in on policy that would greatly impact the health and wellbeing of Ohioans. We would welcome the chance to share additional research that we have conducted in this space, and I'm happy to answer any questions you may have at this time.