



**Sub. HB 7 – Strong Foundations Act  
Sponsor Testimony  
Representative Andrea White**

Chair Schmidt, Vice Chair Miller, Ranking member Denson, and members of the House Families and Aging Committee, thank you for allowing us to come and testify on HB 7 Strong Foundations Act. This bill is all about helping to address Ohio’s infant and maternal mortality which are among the worst in the entire nation, and is sharply focused on improving health and developmental outcomes for babies, mothers, and families by expanding prenatal, postnatal and infant and toddler services and supports.

I am a big proponent of invest now or pay later. But in this case, if we don't invest now, there won't be an opportunity to pay later because we are losing far too many mothers and young infants in our state. It’s risky business to have a baby in our state. More mothers are dying from causes related to pregnancy and childbirth in Ohio than in any other state, and more than 1 in 150 Ohio babies don’t live to see their first birthday. The gap in racial outcomes for infant mortality between Black babies and white babies is alarming, with Black babies facing an infant mortality rate of 14.1 per 1000 infants compared to white babies, who face a rate of 5.5 per 1000 – also too high for us to accept.

More young children experience maltreatment (child abuse or neglect under age 1) in Ohio than in most other states. And this trend has only worsened for Ohio babies, with a 20% increase from 2017 to 2020. In 2022, more than 2,000 infants and toddlers were placed in foster care.

The experiences, environments and relationships in a child’s prebirth and first 1000 days of life are absolutely crucial to their future trajectory in life. The care these tiniest babies and toddlers receive along with supports for their parents, both pre-birth and early on, can lead them toward thriving or limit their ability to flourish and contribute as an adult. As we know, those first 1000 days are a time of tremendous potential and enormous vulnerability as children’s brains are rapidly growing, building the foundation for their lifelong health. How well or how poorly mothers and children are supported during this time has a profound impact on a child’s ability to grow, learn, and thrive. Ohio moms and babies need support—we are not yet getting it right

Now more than ever, Ohio mothers and their children need us to come alongside them to help save their futures. This bill moves us forward in that goal with a multi-pronged approach by expanding existing proven strategies, combining innovative approaches, pilots, and technology, and leveraging the power of relationships in local communities to truly move the needle. I’d like to briefly describe the components of this bill here today.

First, let’s talk about our proposal to pilot the expansion of Early Head Start in Appalachian, rural, urban and other communities where there are high rates of infant mortality and shortages of access to quality child care. Expanding Early Head Start allows us to serve more infants, toddlers and their families at risk of or engaged in the child welfare or foster care systems. We have an incredible shortage of infant and toddler care across our state. This pilot will provide two-year resiliency grants to support new or enhanced center based, home based and child care partnership programs for these

youngest children including wraparound services, mental health supports, and therapeutic classrooms to help in overcoming barriers and achieving family stability.

Head Start is a highly researched, highly effective program for young children. It targets the most vulnerable families. A recent study found that children who participated in Early Head Start and then Head Start demonstrated higher skills in literacy and math through third grade – another reinforcement of early investments impacting later academic skills. The investment we are proposing leverages existing federal dollars with state money. It will drive innovative partnerships and models to improve developmental and learning outcomes with a focus on prenatal to age 3, while helping to meet local community workforce needs, and further state literacy and education priorities. And the best news is that, with data, local Head Start programs will be able to apply for federal funds to assume costs of these slots long-term as their grants cycle through for renewal. So think of this as seed money to create new high quality, comprehensive early learning for our most vulnerable kids.

Connecting moms and children to services they need sooner – rather than too late – can make THE difference for preventing developmental delays and disorders. That’s why our bill expands access to home visiting and parent support programs like evidence-based Help Me Grow home visiting programs including Nurse Family Partnership, Healthy Families America, and Parents as Teachers. It requires the Department of Health to evaluate additional evidence-based programs and online and other tools to serve pregnant women, infants, and toddlers, including those at risk or engaged in the child welfare system. We’re looking to identify unique challenges to participation of families in rural and Appalachian communities with recommendations on how to close gaps in services. We’re also asking ODH to evaluate and pilot a comprehensive screening and connection program to support the coordination of home visiting services across the state, and across state agencies, and to work with the Department of Job and Family Services to build workforce capacity, incentivize and retain home visiting and parent supports professionals to enable expansion.

A small piece in the bill for all of our smallest infants is for babies born preterm – that is before 37 weeks – who have a low birth weight. Currently, children must have an additional birth complication along with very low birth weight to qualify for access to Help Me Grow Home Visiting and other Early Intervention Services. We know that babies who are born preterm can experience developmental delays as a result, yet data suggests that in Ohio, many of these babies and young children who face higher risk are not receiving the early intervention services that they may need. In 2020 a little over 10% of babies were born preterm, but only about half received these services. This small adjustment in qualification will help move the needle for more babies.

The governor has made investments in his Executive Budget for infant vitality supports and resources, including crib distribution, smoking cessation programming, behavioral health peer-to-peer model, and the implementation of the Alliance for Innovation for Maternal Health (AIM) safety bundles. Our bill builds off these proposed investments by creating a community-based grant program that expands access to infant vitality supports. We also task Medicaid with conducting a study to find a pathway to reimburse evidence-based peer-to-peer programming, which can provide group-based education to support expectant and new parents as they navigate resources, build confidence and seek services – a strong complement to care provided by medical professionals.

Like me, you may be hearing from your early childhood professionals and medical providers that they are seeing a sharp increase in mental health and behavior issues in not only our school age children, but in our very young children. One of the key areas of our bill deals with targeting improvements to our Early Childhood Mental Health Treatment Capacity. If we don’t take the time in these early years to help our young children – and the parents and professionals who care for them – we are setting the stage for behavior issues once they reach school with the potential to impact their success in adulthood.

One of the easiest solutions to unlock more access to care lies in our Department of Medicaid. Currently there are diagnostic codes that to put simply just need turned on so that mental health professionals can properly treat young children’s unique mental health needs. This will allow

reimbursement for certain services related to mental health assessment and diagnosis of children from birth to five to support therapy options for young children and their parents/caregivers. These services support family strengths and relationships, help families heal and grow after stressful experiences, prevent and mitigate the impact of adverse childhood experiences, and respect family and cultural values.

Additionally, our bill provides funding to support and grow Early Childhood Mental Health consulting, coaching and training in behavior management and mental health supports for child care assistant teachers and lead teachers – a train the trainer approach. This will give child care professionals the skills they need to address early childhood mental health needs of young children in conjunction with their parents. Funds will enable the development of online and other training tools, and service and referral supports, and to create and evaluate program impact with a child care professional cohort.

As expected, access to safe, stable housing for pregnant women and new mothers is crucial to reducing infant mortality. The Healthy Beginnings at Home Program is gaining significant results in helping improve birth outcomes for moms and babies – for example, reducing the average number of days babies stay in the NICU to 8 days for babies in the pilot compared with 29 days for others and increasing significantly increasing the number of babies born full weight. The investment spent in housing support is gained by significant reductions in Medicaid claims per infant at the time of delivery - \$4,175 for babies in the pilot intervention group as compared with \$21,521 for babies not in the intervention group. While the budget currently has funding to expand this pilot, we believe it is crucial to ensure this program continues. Thus, we are highlighting it and including it in our bill. We need to grow the program and continue data collection so that this program can receive a Medicaid waiver for long-term federal support for funding.

Hopefully, everyone on this committee is aware of WIC – the Special Nutrition Program for Women, Infants and Children nutrition program that provides food support for pregnant mothers and their children up to age 5. Unfortunately, many of the families who qualify to access this vital support at the earliest days of their children’s lives either aren’t aware of the program or have barriers to accessing it. One study showed that almost half of all 49.4% of children in Ohio between the age of 0-4 were eligible for WIC in an average month in 2019. From FY 2018 to preliminary data in FY 2022, Ohio has watched WIC participation decrease from 208,955 participants in 2018 to 160,145 participants in 2022. Our last reported data from the USDA showed that 52.3% of women and children birth to five are accessing WIC services as of 2019. Our bill will help ODH evaluate and invest in strategies that allow mothers who qualify to apply for WIC through integration with the Ohio Benefits portal – a place they are already familiar with. It will also focus on bringing to Ohio all feasible Federal waivers, pilot opportunities and online enhancements, including pursuing one-stop-shop enrollment for participants through Ohio Benefits, making permanent adjunctive enrollment for Ohioans already participating in SNAP, TANF and Medicaid, asking the Federal government for a waiver to continue using a telehealth format to complete enrollment in WIC, enabling automatic online loading of WIC benefits to participants’ WIC cards, offering online shopping and exploring other ways to improve access and remove administrative burdens harming families so that more families gain access to this program that is paid for with federal funds.

Additional items in the bill include:

- Creating a community-based grant program that expands access to infant vitality supports like cribs, smoking cessation programming and the Alliance for Innovation for Maternal Health (AIM) safety bundles. We also task Medicaid with conducting a study to find a pathway to reimburse evidence-based peer-to-peer programming, which can provide group-based education to support expectant and new parents as they navigate resources, build confidence and seek services – a strong complement to care provided by medical professionals.
- Providing pilot grants to invest in competitive grants to expand legal service partnerships between a medical provider and legal assistance organization to increase moms’ participation in

prenatal care and resolve social determinants of health like unsafe housing, food or income insecurity, domestic violence or custody issues which can all impact maternal and infant mortality and health and developmental outcomes.

- Increasing Medicaid Access for Babies by allowing for continuous Medicaid coverage for Ohio children ages 0-3 who are previously determined to be eligible so that low-income babies don't lose access to vital well baby and other coverage because of administrative churn.
- Expanding access to prenatal and postnatal supports by looking at areas of the state where there are gaps in Centering Pregnancy Services targeting first areas with the highest levels of infant and maternal mortality
- Developing a pathway for Medicaid reimbursement for doulas and increasing access to doula services -- as you may recall we passed this last General Assembly in the HB 142 and with some tweaks incorporated it here as it has been recently introduced in Senate Bill 93.
- And creating a competitive community grant program to remove transportation barriers to accessing health care, nutrition and housing services through innovative and evidence-based solutions

As you can see, there is an immense opportunity to advance innovative policy solutions through the Strong Foundations Act to promote maternal and infant health and by all the proposals in the Governor's budget that will truly move the needle for our pregnant women, infants and toddlers. I am encouraged by all the proposals in the Governor's budget and all the work that has been done by so many in our state already. But the time is now to act. Rep. Humphreys and I are working hard to support Ohio mothers and babies in their first 1000 days of life through the provisions of this which will expand prenatal, postnatal and infant/toddler health care, early intervention, learning and wraparound services and supports for Ohio's youngest children, their mothers and families. **We urgently ask you to swiftly move House Bill 7 through the legislative process to create a stronger foundation of supports for pregnant women and new parents, and build a stronger Ohio.**

Chair Schmidt, Vice Chair Miller, Ranking Member Denson, and members of the House Families and Aging Committee, thank you again for allowing us to testify and I will now turn it over to my colleague, Representative Humphrey.