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House Families and Aging Committee

Chairwoman Jean Schmidt

Proponent Testimony on House Bill 7

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Chairwoman Schmidt, Vice Chair Miller, and Ranking Member Denson and members of the House Families and Aging Committee, thank you for the opportunity to provide proponent testimony on House Bill 7. The Center for Community Solutions (CCS) is a nonprofit, nonpartisan think tank that aims to improve health, social and economic conditions through research, policy analysis and communication. House Bill 7 is comprehensive, so I will touch on a few, but not all areas of the bill.

Maternal Health

As Representatives White and Humphrey shared in their sponsor testimony, Ohio has fallen behind on maternal and infant health. Since 2018, our organization has specifically focused in on maternal health. First, by understanding the scope of the issue which has led us to supporting specific policy change that will make a difference. Our organization has spent a lot of time with the data around maternal mortality and morbidity. In the United States and in Ohio, women are dying from complications related to pregnancy and childbirth at a higher rate than other industrialized nations, and the rate is increasing. The United States has a maternal mortality ratio of 23.8 deaths per 100,000 live births. Compared to the next highest countries France and Canada with rates of 7.6 and 7.5 respectively, it's not even close.

I have attached to my testimony a brief overview that I wrote in 2018 explaining the terminology around maternal mortality and morbidity, because there are distinct definitions related to this issue.

What we know is that pregnancy-related mortality, which is the death of a woman during pregnancy or within 1 year postpartum from any cause related to or aggravated by her pregnancy or its management, is increasing. And for every death, we know there are many more "near misses" of a death. In 2018, the most recent year that we have data for, in Ohio,

there were 32 pregnancy-related deaths.¹ The pregnancy-related mortality ratio or the number of pregnancy-related deaths per 100,000 live births was 23.7 in 2018. Nationally, the 2019-2021 data tells us this rate has only increased, but this is not yet available yet at the state level.

We also know that the maternal mortality rate is worse for Black moms. Non-Hispanic Black women are dying at a rate three to four times that of non-Hispanic white women. Studies have shown that college-educated Black women have higher risks of maternal death than high school-educated white women. This is unacceptable and demands every tool we have to address the people who are suffering the worst outcomes at the highest rates. House Bill 7 will move Ohio toward addressing these very issues.

Doulas

We are excited to see the inclusion of doula certification and Medicaid reimbursement for doulas in House Bill 7. Data and experiences show us that doulas can make a difference in improving outcomes for moms and babies, especially for Black moms and babies. The involvement of doulas into the normal course of care before, during and after childbirth 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 (one of the leading drivers of infant mortality), two times less likely to experience a birth complication involving themselves or their baby and significantly more likely to initiate breastfeeding.

Prior General Assemblies have vetted this policy. Senate Bill 328 (133rd General Assembly) passed the Senate in the fall of 2020 and House Bill 142 (134th General Assembly) passed the House with a vote of 82-3 in the summer of 2022. Expanding access to doula services has bipartisan, bicameral support, as evidenced by its history and the commitment of current legislators to moving this policy forward. Similar language to House Bill 7 is included in the House passed budget and companion language is also moving in Senate Bill 83. We are supportive of whichever method moves most quickly and gets Ohio on the path to connecting more doulas with more families.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC is a vital nutrition program for families with young children, but we are not reaching nearly enough eligible participants. Research demonstrates WIC's effectiveness at improving health and nutritional outcomes of both women and children. WIC enrollment reduces infant mortality, especially for Black participants. A recent study looked at the rates of infant mortality in babies whose mothers participates in WIC during pregnancy and found that the infant mortality rate was 5.2 deaths per 1,000 live births among those who had received WIC benefits, compared to 8.2 deaths among those who did not — cutting infant mortality by more than a third.

¹ <https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/Reports/PAMR-Reports>

Similar to other benefit programs, WIC requires participants to recertify their enrollment in and need for the program every so often. In Ohio, this time period is every six months. And in Ohio, like only 8 other states in the nation², we require WIC participants to physically visit their local WIC office to have their cards reloaded. We are considered an offline state.

Community Solutions and our partners at Children's Defense Fund and the Ohio Association of Foodbanks have been working over the last few years to push Ohio toward moving its WIC program online and have had productive conversations with leadership in the executive and legislative branches. We appreciate Representatives White and Humphrey including recommendations to improve Ohio's WIC program. We are hopeful that the push in House Bill 7 to move Ohio online, take full advantage of federally-funded opportunities to modernize WIC and fully reach all eligible families in Ohio will yield positive results.

Continuous Medicaid coverage for kids through age 3

We are excited to see the commitment to ensuring Ohio's youngest kids have continued access to health coverage and care with the inclusion of continuous Medicaid coverage for kids up to their 4th birthday. Our research³ shows that when parents lose Medicaid coverage, for whatever reason, there are significant rates of coverage loss for their kids too, even though these children may still be eligible. This is because we cover kids up to a higher income range than adults. This would mean that once a child in this age range is enrolled in Medicaid, they would stay enrolled without an annual redetermination, until the age the continuous coverage ends. We understand this is a significant policy change, but know that it will make a positive impact on Ohio kids' health and wellbeing.

We are excited to see this provision also included in House Bill 33 and like with the doula language, are supportive of whichever method ensures this policy will be implemented.

Conclusion

We're excited to support House Bill 7 and look forward to working with the sponsors and all of you to implement these proposals. I'm happy to take any questions.

² <https://www.fns.usda.gov/wic/wic-ebt-activities>

³ <https://www.communitysolutions.com/research/childrens-medicaid-eligibility-ohio/>