



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

Chair Edwards, Vice Chair LaRe, Ranking member Sweeney, and members of the House Finance Committee, we are thrilled for this opportunity to discuss not only the moral imperative, but the business case in swiftly passing House Bill 7, The Strong Foundations Act. We have before us the opportunity to change the trajectory of our most vulnerable citizens by strategically investing in their first 1000 days of life – those crucial early years that can make or break a child’s ability to learn, grow and thrive both as children and as adults.

You’ve all heard the sobering statistics on how we’re doing for moms and babies right now as you’ve listened to budget testimony. I’ll briefly remind you of a few. It’s risky business to have a baby in our state. Ohio has some of the worst infant and maternal mortality rates in the entire nation: 41st in infant mortality rates, 32nd in infant maltreatment – that’s child abuse and neglect under the age of one. More mothers are dying from causes related to pregnancy and childbirth in Ohio than many other states, and more than 1 in 150 Ohio babies don’t live to see their first birthday. The gap in racial outcomes 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.

Last year, more than 2,000 infants and toddlers were placed in foster care. Infants are the most common age accessing homeless assistance in Ohio, according to the most recent data available. Half of our infants and toddlers live in poverty.

Just let all those numbers sink in... does Ohio really want to be known for all of this? I recognize that we have invested significant resources to address many of these issues, including new investments in HB 33 including two provisions from HB 7 – doula services and continuous Medicaid coverage for babies 0-3 once they qualify. But the numbers speak for themselves. We’re not doing right by our most vulnerable citizens.

House Bill 7 strategically addresses Ohio’s infant and maternal mortality crisis, while sharply focusing on improving health and developmental outcomes for babies, mothers, and families by expanded prenatal, postnatal and infant and toddler services and supports. Our bill uses a multi-pronged approach that expands existing proven strategies, combines innovative approaches and technology, and leverages the power of relationships in local communities to truly move the needle. Most importantly, these strategies save lives; and they actually save money in the long run as data has shown. 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. Head Start targets the most vulnerable families. 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.

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 the 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 – and bring in more money to assist our families.

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 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 Jobs 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.

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. Just ask any psychologist or counselor who are increasingly speaking out on this subject.

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 I mentioned earlier, there are more babies in homeless shelters than any other age group according to the most recent data. 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 – saving lives and generating long-term Medicaid savings. For example, in the initial pilot, there were zero fetal deaths among babies in the housing intervention group, but four deaths in the group not participating. 40 of the 51 babies in the housing intervention group were born full-term at healthy birth weights compared to just 24 of 44 babies born to other moms; and babies admitted to the NICU stayed just 8 days, as compared to 29 days for others.

The pilot also showed that the investment spent in housing support is gained back 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 on average for babies not in the intervention group. The budget included \$2.5 million to expand this pilot, but that is far less than the amount needed to provide the scaling and data collection required to reach the statistical significance needed for a Medicaid waiver for long-term federal support to sustain this initiative. The administration, the Ohio Departments of Health and Medicaid are fully behind this initiative, and we ask for an additional \$8 million to bridge the gap and bring this life-saving program to Ohio permanently.

Hopefully, everyone on this committee is aware of WIC – the Special Nutrition Program for Women, Infants and Children 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 Ohio children between the age of 0-4 were eligible for WIC in an average month in 2019. But over the past four years, Ohio's WIC participation actually decreased. Our last reported data from the USDA showed that 52.3% of those eligible 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.

Some 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.

- Expanding access to prenatal and postnatal supports by looking at areas of the state where there are gaps in Centering Pregnancy Services targeting first those areas with the highest levels of infant and maternal mortality

As mentioned earlier, we'd like to thank this committee for the partial inclusion of funding for Healthy Beginnings at Home in the budget, along with 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 visits and other coverage because of administrative churn – which ultimately will increase their health and save the system money. Additionally, developing a permanent pathway for Medicaid reimbursement for doula services which save lives and improve outcomes was finally put into Ohio law. There were some updated changes made to the doula bill this General Assembly that didn't make it into the budget so you will see we have included those provisions to align doula services with both the stand-alone Senate Bill 93 and HB 7 as passed by the Families and Aging Committee. And there are some technical changes included that harmonize HB 7 with other changes made through the budget in HB 33.

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 that will truly move the needle for our pregnant women, infants and toddlers. I'm a big proponent of invest now so you don't have to pay later. We have the opportunity right now to make investments that will truly save lives, while at the same time securing more dollars that can be well spent toward building the futures of our babies, our mothers and our families. And let's remember, if we don't invest now, there won't be the same opportunity to save later because we are losing far too many mothers and young infants in our state.

Now more than ever, Ohio mothers and young children need us to come alongside them to help secure their futures. As Martin Luther King Jr. once said, "The time is always right to do what is right." And right now is the time to act. **We urgently ask you to swiftly move House Bill 7 through the legislative process to create a stronger foundation for pregnant women, for their children, for their families and for Ohio's future.**

I want to point out that my joint sponsor, Representative Latyna Humphrey has submitted written testimony and unfortunately couldn't be here in person but we are both grateful that the Families and Aging Committee moved this bill into your hands and we want to help move this bill as swiftly as possible through the Finance Committee and onto the House floor. Chair Edwards, Vice Chair LaRe, Ranking Member Sweeney, and members of the House Finance Committee, thank you again for allowing me to testify and I am happy to answer any questions at this time.