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The MetroHealth System
HB 7 -Proponent Testimony
House Finance Committee
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Chairman Edwards, Vice Chair LaRe, Ranking Member Sweeney and members of the House Finance Committee, thank you for the opportunity to testify in support of House Bill 7 (“HB 7”), a bill that would help address the infant and maternal mortality crisis in Ohio.

My name is Nabil Chehade and I serve as MetroHealth’s Chief Clinical Transformation Officer. MetroHealth is a super safety-net provider located in Cuyahoga County, Ohio, which includes the City of Cleveland and its surrounding suburbs. Founded in 1837, MetroHealth has served Cuyahoga County longer than any other Cleveland healthcare organization.

MetroHealth plays an essential role in the region, caring for anyone and everyone, regardless of ability to pay, while being committed to improving the health of the community and reducing health disparities. Our staff of more than 650 physicians, 2,000 nurses, and 8,200 employees provides care at MetroHealth’s four hospitals, four emergency departments, plus a network of 23 community-based health centers and more than 40 additional sites throughout the region. In the past year, MetroHealth has served more than 300,000 patients during almost 1.5 million visits in its hospitals and health centers, 75 percent of whom are uninsured or covered by Medicare or Medicaid. Last year, 3,000 babies were delivered at MetroHealth. The health system is also home to Cuyahoga County’s most experienced Level I Adult Trauma Center, verified since 1992, and Ohio’s only adult and pediatric trauma and burn center.

MetroHealth also created and launched the Institute for H.O.P.E., to help improve health through opportunity, partnership, and empowerment. The creation was rooted in the recognition that we needed to reach out to our patients beyond our hospital walls so that we can identify and help eliminate potential barriers to their health and well-being. One example of these efforts - in 2022, we screened 24,574 patients for social drivers of health and made 19,805 connections to address the social needs identified. Additional highlights can be found here - [I4HOPE Annual Report-Digital 4-2023.pdf](#)

Improve Services and Supports for Moms & Babies

Too many moms and infants in Cuyahoga County die from preventable conditions. Moms don’t get the support they need, when they need it, and where they need it. And too often it’s black moms that are not receiving this support. In Cuyahoga County, black women and children make up 70% of all infant deaths and over half of pregnancy associated deaths – the largest disparities in Ohio.

The solutions lie upstream and should be designed by women and implemented at the neighborhood level. The poorest census tract in Ohio is in Cuyahoga County – 70% of adults are female, 80% of females are non-white, <1% has bachelor’s degree, half have monthly rent above 50% of income and most households do not have internet access. Additionally, 4 out of the 10 most socially vulnerable zip codes in Ohio are in Cuyahoga County. Therefore, it shouldn’t be a surprise that women in these



areas have some of the lowest rates of preventive visits in Ohio – and in a County with world class healthcare providers in its backyard.

HB 7 will help us go beyond healthcare delivery to reduce the upstream maternal health challenges in Cuyahoga County. We want to root these initiatives in the communities that need them most, and design programs based on what women and families need to be healthy.

Medical Legal Partnership Grant Program

HB 7 includes many important programs that will help us go upstream to strengthen the foundations for mom and baby. One such program that we want to highlight today is the Medical Legal Partnership (MLP) program that is included in the bill. Unmet legal needs represent an obstacle for patients and health care providers that neither is equipped to manage.

Twenty years ago, The MetroHealth System and The Legal Aid Society of Cleveland established the first MLP in Ohio to address the unmet legal needs of our most vulnerable patients. Every year, the program continues to expand on its mission while promoting a culture of legal advocacy amongst MetroHealth providers. In 2022, the program served more than 2,800 individuals, managed more than 600 patient cases, met one-on-one with over 200 providers, and trained almost 1,000 physicians, medical residents, and staff on the related laws, issues, and policies that improve patient health and well-being. CAP operates under the auspices of MetroHealth’s Institute for H.O.P.E™, which focuses on social drivers impacting health, including access to food, safe housing, transportation, job opportunities and more. The funding in this bill would help us sustain this vital work.

Here are just a few examples of how the program has impacted women –

Story 1:

Marina (*name changed for privacy*) contracted COVID-19 and was unable to work during her illness. Not long after, she found out she was pregnant, and ended up leaving her job because she feared contracting the virus again. Eventually Marina got a new job and resumed working, but she was struggling to catch up with bills that had piled up during her time out of work. She fell behind on rent and was soon facing an eviction due to nonpayment. Her medical provider referred her to Legal Aid. Her Legal Aid attorney got right to work. First, the attorney helped Marina navigate the rental assistance application process to secure critical funding that could cover what she owed. The attorney then negotiated with Marina’s landlord, who agreed to accept the rent assistance money and drop the eviction. The attorney also successfully petitioned the court to seal Marina’s eviction matter from public record, so it cannot resurface to penalize her in the future.

Story 2:

While pregnant with her second child, Susan (*name changed for privacy*) spent four days at the hospital due to illness. Upon discharge, she tried scheduling a follow-up appointment but found out that her Medicaid had been terminated. To make matters worse, the food assistance benefits she relied on to feed her family had been cancelled as well. Thankfully, her medical provider could connect her to Legal Aid. A paralegal at identified why Medicaid had denied further coverage to Susan: the administration lacked certain necessary information about her case. The paralegal worked with Family Services (JFS) to obtain the requisite information, and helped Susan receive Medicaid once again.



Susan was also helped by Legal Aid as she tried to get back on food assistance – and Legal Aid requested an expedited phone interview for Susan. Soon afterward, Susan was interviewed and approved for nearly \$200 in food assistance benefits.

HB 7 would go a long way to helping us improve the health of our communities and reducing health disparities by improving the support we give mom and baby. I urge full support and swift passage of HB 7.