



**children's  
defense fund  
ohio**

**Senate Finance Committee  
HB 33 - Proponent Testimony  
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Chairperson Dolan, Vice Chair Cirino, Ranking Member Sykes, and members of the Senate Finance Committee. Thank you for the opportunity to provide testimony on behalf of Children's Defense Fund-Ohio in support of maternal and child health provisions in House Bill 33, Ohio's biennial budget.

CDF-Ohio is a statewide non-profit organization which serves as an independent voice for all children. Born out of the civil rights movement, with more than four decades of advocacy in Ohio, it is the mission of the Children's Defense Fund to champion policies and programs that lift children out of poverty, protect them from abuse and neglect, and ensure their access to appropriate and targeted health care, quality education, and nutritional wellness.

The budget is a moral document that reflects our priorities as a state, and as such it should reflect our commitment to healthy moms and babies.

Maternal and infant mortality continues to be a leading public health crisis in Ohio. According to the Ohio Department of Health, the 2020

infant mortality rate in Ohio was 6.7 per 1,000 live births, but the rate among Black infants was 13.6. The infant mortality rate in the Appalachia region of Ohio was **21 percent higher** than in the nation as a whole. ([Key Findings: Health Disparities in Appalachian Ohio \(PDF: 320 KB\) \(arc.gov\)](#))

In Ohio, Medicaid provides coverage for over 1.3 million low-income children. As a population group, children represent approximately 40% of Ohio's Medicaid caseload but only 14% of Medicaid spending. But the return on investment for that spending is immeasurable.

Research shows the following priorities can have a dramatic effect on both maternal and infant health and will address the immediate crisis facing mothers and babies in Ohio and lay the groundwork for healthier families and a healthier Ohio. For that reason, CDF-Ohio supports these priorities in HB 33:

**Medicaid coverage of pregnant women and children up to 300% of poverty.**

Ensuring children in Ohio have access to affordable, quality health care during all stages of development is essential to their future health and success. As the cost of dependent coverage for all insurance

continues to increase, allowing for wider Medicaid and CHIP income eligibility would give more children of working parents access to healthcare coverage. This coverage is critical if we are serious about protecting pregnant women and children and improving the dismal health outcomes we currently see in Ohio.

**Help Me grow Program**

We support the Governor's effort to grow Ohio's Evidence-based home visiting programs through increased investment. Home visiting is one

proven approach to mitigate infant mortality. For every \$1 invested in home visiting programs, the state return on investment is \$6.

### **School-Based health care**

CDF-Ohio supports the funding for School-Based health care. School-Based health care plays a critical role in improving children's access to healthcare which in turn will also close gaps in education outcomes. Children who don't have access to appropriate health, dental, and vision care cannot fully participate in the classroom. They will miss school and inevitably fall behind their peers, and never reach their full potential.

### **Healthy Beginnings at Home**

Healthy Beginnings at Home (HBAH) is program designed to reduce infant mortality by providing safe and stable housing to pregnant women and young children. This program which is currently operating in Franklin and Summit counties demonstrates that stable housing improves birth outcomes for at-risk women and their families, reduces Medicaid spending, and addresses racial disparities.

The executive budget includes a \$16 million appropriation in FY 2024 and \$1 million in FY 2025 for HBAH 2.0. This will allow the program to serve at-risk pregnant women in Franklin, Montgomery, Hamilton, and Summit counties.

### **Medicaid coverage of Doula services.**

There is a strong and growing body of evidence that access to doula care during pregnancy reduces the incidence of preterm birth, the prevalence of cesarean births, and increases healthy outcomes for both mother and child. In 2022, 1 in 10 children were born preterm Ohio. According to The Ohio Perinatal Quality Collaborative, a preterm birth in Ohio costs an average of \$32,000 (this is without an extended stay in a neonatal intensive care facility). Doulas provide emotional, physical,

and educational support to a mother who is expecting, experiencing labor, or has recently given birth. Doulas act as advocates for the women they care for to make sure their voices are heard, and their concerns are addressed.

According to the March of Dimes, in 2020, Ohio had 14 counties, mostly concentrated in the Appalachian region that are designated as Maternity Care Deserts, and 4 counties with low access to maternity care. The March of Dimes defines a maternity care desert as a **county that lacks a hospital offering obstetric services or a birthing center**, providing no access to an ob-gyn or a certified nurse midwife. ([Maternity Care Deserts Report | March of Dimes](#))

Unfortunately, nationwide, Ohio had the most women impacted by overall reductions in access to care (over 97,000).

Trained doulas with access to Medicaid reimbursements in these areas could make a great deal of difference in the health and well-being of pregnant women and the birth of healthy thriving children.

### **Continuous early childhood Medicaid eligibility.**

Young children need uninterrupted access to health insurance to thrive. Brain development is most rapid in the early years of life, and infants and young children need quality health care to ensure they get and stay on a path to success. Pediatricians recommend frequent visits in early years to track progress toward developmental milestones, detect and address social, emotional, or developmental delays prior to beginning school, and minimize unnecessary, long-term harm and costs.

**Children in Ohio aren't getting the care they need.** Ohio can and should be doing a better job of providing care to families and children — particularly those who are covered by and/or eligible for Medicaid. Administrative barriers and red tape cause many eligible

children to fall off and re-enroll. In 2019 alone, more than 23,000 children lost their Medicaid coverage, and over 70 counties saw child enrollment declines — without corresponding gains in private insurance coverage.

Ohio ranks poorly in several [Child Core Set measures](#). According to data highlighted by the [Georgetown Center for Children and Families](#):

- 4.4% of children under age 6 are uninsured.
- Only 61% of Ohio children complete well-child visits in first 18 months
- Only 62% of children aged 2 have the required immunizations.
- Only 29% of eligible children received preventive dental services.
- When it comes to overall child well-being, Ohio fell from 27th in 2019 to 31st in 2020 ([2022 Kids Count Data Book](#)).
- Ohio ranks 47 out of 50 states in terms of health value, meaning that Ohio spends more on healthcare and experiences worse outcomes than people in most other states ([2021 HPIO Health Value Dashboard](#)).

We saw the number of children enrolled in Medicaid rise during the pandemic because of the continuous coverage provisions that were in effect, but with the unwinding of those provision we expect to see the number of uninsured children to rise again.

One important way to ensure Ohio kids are getting the care they need is to offer continuous Medicaid eligibility from birth to age 3. Allowing children with Medicaid to maintain their coverage regardless of temporary household income fluctuations will:

- 1 Give children consistent access to the well-child visits, vaccinations, and specialty care they need to start school ready to learn.

2. Help low-income parents stay focused on getting their kids to the doctor without worrying about whether visits will be covered from one month to the next.
3. Allow families to seek care before small health issues turn into expensive problems.
4. Address racial health disparities by reducing the gaps in coverage that disproportionately affect nonwhite children.
5. Reduce the administrative burden and costs to the state and drive more efficient spending.

### **Increase access to school meals to improve the well-being of all children.**

Children qualify to receive free school meals if their household's income is at or below 130 percent of the Federal Poverty Level. This equates to an annual income of less than \$35,000 for a family of four for the 2021–2022 school year. Yet, the livable salary for a family of four in Ohio is around \$72,000. This means many families struggling to pay for their basic family needs do not qualify for free or reduced-price school meals. And many families who may be eligible for reduced-price meals still struggle to afford the copays.

1. In early 2020, over 2.6 million children certified for reduced-price school meals, but only 741,000 participated in school breakfast (28.5%); and 1.7 million participated in school lunch (65.4%)
2. School meals are essential to ensuring that students have access to nutritious food, which has been proven to help children succeed in school.
3. School meals are linked to better educational outcomes, including increased test scores, improved academic attendance, and increased graduation rates.

### **Modernize the Medicaid in Schools program.**

Ohio's Medicaid in Schools Program (MSP) currently blends state and federal dollars to pay for physical and mental health services in schools

for Medicaid-eligible students – but it is limited to only those students with an individualized education plan (IEP).

- Ohio should utilize federal funds to increase School-Based access to mental health services. **This requires no additional state general revenue spending.**
- “The General Assembly directs the Ohio Department of Medicaid to seek permission from the Centers for Medicare and Medicaid Services by December 31, 2023, to expand the Medicaid in Schools Program to allow Medicaid payments for any covered services for Medicaid-eligible beneficiaries when delivered by Medicaid-qualified providers in schools.”

Thank you for the opportunity to testify on HB33 and give voice to the concerns of mothers and babies around Ohio. The budget is not just a fiscal document, it is a mirror by which we see what we value in our state. With this budget, Ohio has the opportunity to make positive strides forward in maternal and infant health. CDF-Ohio urges you to make healthy moms and babies a priority in this state budget.

I am happy to answer any questions the committee may have.