May 24, 2023

The Ohio Senate
Public Health Policy Committee
HB 33: Interested Party Testimony

Chair Dolan, Vice Chair Cirino, Ranking Member Sykes, and committee members,

Thank you for allowing me to testify today. My name is Karen Kearney, and I am a Licensed Social Worker (LSW) and practicing mental health therapist in Cleveland, Ohio. I provide therapy for the perinatal population: both during pregnancy and during the postpartum period. Through this work, I have learned first hand about the unique stressors that influence maternal mental health in our state. Today, I would like to express my appreciation and support for specific proposed measures in HB33 that will positively impact maternal mental health for Ohioans, resulting in both healthier parents and healthier babies.

According to Postpartum Support International, 15-20% of women will experience maternal mental health conditions during pregnancy or the first year postpartum.[1] Although screening tools and effective treatments exist, 60% of women with symptoms do not receive a diagnosis, and 50% of those with a diagnosis do not receive treatment.[2] Here in our state, the Ohio Department of Health reported that mental health conditions were the leading cause of pregnancy-related deaths from 2008-2018. In considering how to improve health outcomes for pregnant and postpartum Ohioans, we must consider the role that mental health plays in overall health.

Among several important proposed investments in HB 33, a few stand out as particularly impactful for the perinatal population. I urge you to protect the below investments as you review and modify this bill:

- **MCDCD43:** Providing continuous Medicaid enrollment for children from birth through age three will not only positively impact children, it will also remove one of many time consuming and challenging administrative tasks for parents of young children. Burnout and overwhelm are common among parents of babies and toddlers, and this measure will simplify an important part of parenting: ensuring access to healthcare for their children and resulting in better health outcomes.
- **MCDCD34:** Granting Medicaid coverage to both pregnant women and children under age nineteen with incomes up to 300% of FPL and privately adopted children will cover an additional 30,000 children and an estimated 3,500 pregnant women. Access to prenatal medical care is not only critical to ensuring a healthy pregnancy, it also allows guaranteed touchpoints with a provider during which pregnant individuals can be screened and assessed for perinatal mood and anxiety disorders including depression, anxiety, and obsessive-compulsive disorder.
- **MCMCD52:** Establishing Medicaid coverage of doula services to strengthen maternal and infant health outcomes. One devastating component we frequently see in mental health care for

[1] https://www.postpartum.net/learn-more/
[2] Cox EQ, Sowa NA, Meltzer-Brody SE, Gaynes BN. The perinatal depression treatment cascade: baby steps toward improving outcomes. *J Clin Psychiatry.* 2016;77(9):1189–1200.

postpartum individuals is the impact of birth trauma. Access to a doula to advocate for individuals during the birth process has the power to improve this experience and decrease likelihood or severity of birth trauma in circumstances where the birthing parent feels unable to advocate for themselves.

I see the impact of perinatal mood and anxiety disorders every day in my work. They affect quality of life for Ohio families, and I know that the above outlined measures have the potential to positively impact the perinatal population. This will have a ripple effect on families and young children across our state who experience secondary impacts of perinatal mood and anxiety disorders through their loved ones. I greatly appreciate your attention to this important population and issue in Ohio and am happy to answer any questions via phone or email.

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