



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

Chair Dolan, Vice Chair Cirino, Ranking Member Sykes, and members of the Senate Finance Committee, thank you for this opportunity to discuss not only the moral imperative, but the business case for swiftly passing House Bill 7, The Strong Foundations Act. This bill passed through the House with a large majority, as well as near unanimous support out of both the Families and Aging and Finance Committees. Today, 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 in Ohio. 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 moms 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 almost two and a half times higher compared to white babies (13.4 per 1000 for black infants; 5.7 per 1000 for white infants – both 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. More than one in five 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. 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 combines existing proven strategies with innovative approaches and technology, and leverages the power of relationships in local communities to truly move the needle. Most importantly, these strategies save lives. They also actually save money in the long run and enable us to draw down additional federal dollars to help our moms and babies take their best next steps. This bill is truly about investing now so we don't pay later to fix problems we could have prevented. I'd like to briefly describe some of the components of this bill here today.

First let's talk about mental health. Like me, you may be hearing from parents, early childhood and medical providers that they are seeing a sharp increase in mental health and behavior issues in not only our school age children, but also in our very young children. One of the key areas of our bill deals with targeting 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.

Currently there are diagnostic codes that, to put it simply, just need turned on in Medicaid 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.

Pregnancy increases a woman's likelihood of being homeless, and homelessness during pregnancy poses significant health risks for both mothers and infants. As I mentioned earlier, there are more babies in homeless shelters than any other age group. In 2023, homelessness in Ohio increased by 6.9% overall and 3.8% within the family population. In 2022, an estimated 7,600 children under the age of 3 in Ohio experienced homelessness.

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 initial pilot also showed 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, and women are currently being served in Dayton, Akron and Cleveland, but more dollars are 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 working on this initiative, and we are asking for additional funds 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 only 41.3% of those eligible women and children birth to five are accessing WIC services as of 2022. Another sober statistic released recently along with the new Ohio report on Infant mortality – 57% of the babies who died in 2022 were on Medicaid, but only 28% of those children participated in WIC.

By far one of the highest concerns being voiced right now by our at-risk young families is nutrition. But our state is one of the very few that has not modernized the process for applying for and receiving WIC benefits so that families can more easily access this federally paid for food resource.

Our bill will help Ohio evaluate and invest in strategies to do just that. It will 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 benefit from this program. Expanding WIC enrollment should also help our dollars invested in our foodbanks to go a lot farther, and the one-time investment to modernize WIC has real potential to be offset by federal grants.

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 evidence-based 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. As of October, Ohio served over 12,000 families this year with home visiting. But that’s just a fraction of families who are in need of these services. Research shows pregnant women who are enrolled in home visiting are more likely to access prenatal care and carry their babies to term – which results in saved lives, reduced NICU stays and costs. Along with expanding access, our bill also looks to build workforce capacity to enable that growth.

Something we used to fund with state dollars is Head Start. We are proposing very targeted, temporary pilot funding to try to increase our state’s ability to draw down more federal dollars for help in our rural, urban and other communities where there are high rates of infant mortality and shortages of access to quality care. Our bill calls for piloting an expansion of Early Head Start initiatives in these targeted areas to allow 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 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. The initiative we are proposing leverages existing federal dollars with state money. It will drive innovative partnerships 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.

Some additional items in the bill include:

- Providing preterm babies with low birth weight with a home visit and access to an early intervention screening when indicated;
- Creating a community-based grant program that expands access to infant vitality supports and studying ways to expand access to group-based education to support expectant and new parents;
- Providing small 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 services targeting those areas with the highest levels of infant and maternal mortality

As you can see, there is an immense opportunity to advance comprehensive solutions for our pregnant women, infants and toddlers through the Strong Foundations Act. 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 positively 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. Chair Dolan, Vice Chair Cirino, Ranking Member Sykes, and members of the Senate Finance Committee, we ask you to swiftly pass House Bill 7. Thank you again for allowing me to testify and I am happy to answer any questions at this time.