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Ohio Senate
Senate Medicaid Committee
House Bill 33
Interested Party
Erin Ryan, Director, Center for Maternal & Young Child Health | Groundwork Ohio
May 11, 2023

Chair Romanchuk, Vice Chair Wilson, Ranking Member Ingram, and distinguished members of the Senate Health Committee, thank you for the opportunity to testify on House Bill 33. My name is Erin Ryan, and I serve as the Director of the Center for Maternal & Young Child Health at Groundwork Ohio.

Groundwork Ohio is a nonpartisan public-policy research and advocacy organization. The vision of Groundwork Ohio is to make Ohio the best place to be a young child so that every child can reach their full potential. Our organization focuses on the time when children's experiences and environments most influence their health, development, and life trajectory: from birth to age 5. We work to ensure that every baby, toddler, and young child in Ohio has the resources and opportunities for a strong start.

House Bill 33 provides a great opportunity to invest in and improve the systems and structures that serve Ohio's youngest children and their families. We are facing an inflection point for Ohio's children and their families, and the work that this legislative body does now during the state budget process will set the framework for the future of our state. Early investments in our youngest Ohioans lay the foundation for good outcomes, help families thrive, and pay dividends in a return on investment for our state. It is never too early to invest in a child, but it can be too late.

With that in mind, we ask the Committee to support the following investments in early childhood that greatly impact the potential for children's future success and well-being:

(1) Maintain the increased Medicaid eligibility for pregnant women and babies up to 300% of the Federal Poverty Level as proposed by the Governor and passed by the House.

(2) Maintain the continuous Medicaid enrollment for eligible children from birth through age three as passed by the House.

(3) Update the language for the program under the Ohio Department of Medicaid to cover doula services provided to a Medicaid enrollee by a certified doula, as passed by the House, to match the language within House Bill 7 and Senate Bill 93, which establish a permanent program.

As you deliberate on this bill, it is crucial you understand that the first years of life are the most foundational years for a child's development. Investments in early childhood not only benefit the well-being of children and their families, but they pay dividends to the state and our economy. After two years of extensive research, fact-gathering, and input from children and family experts throughout the state, including families themselves, we proudly released the 2023 Early Childhood Data Dashboard earlier this year. This first-of-its-kind tool incorporates more than 60 metrics across six domains, including early learning access, kindergarten readiness, poverty, prenatal care, well-child visits, and more, spotlighting the immense challenges and broad inequities faced by the families in our state.

The research is clear: as a state, many of our systems are failing Ohio's youngest children and their families. While Ohio families are strong, policies, programs, and systems have an opportunity, and an obligation, to do a better job supporting the families who need it most. Additionally, many families face obstacles that include systemic racism and multi-generational poverty. These challenges disconnect them from the opportunities they need to thrive. To close gaps in outcomes, investments and policies must ensure that every child has a strong foundation while racism and other forms of discrimination are dismantled.

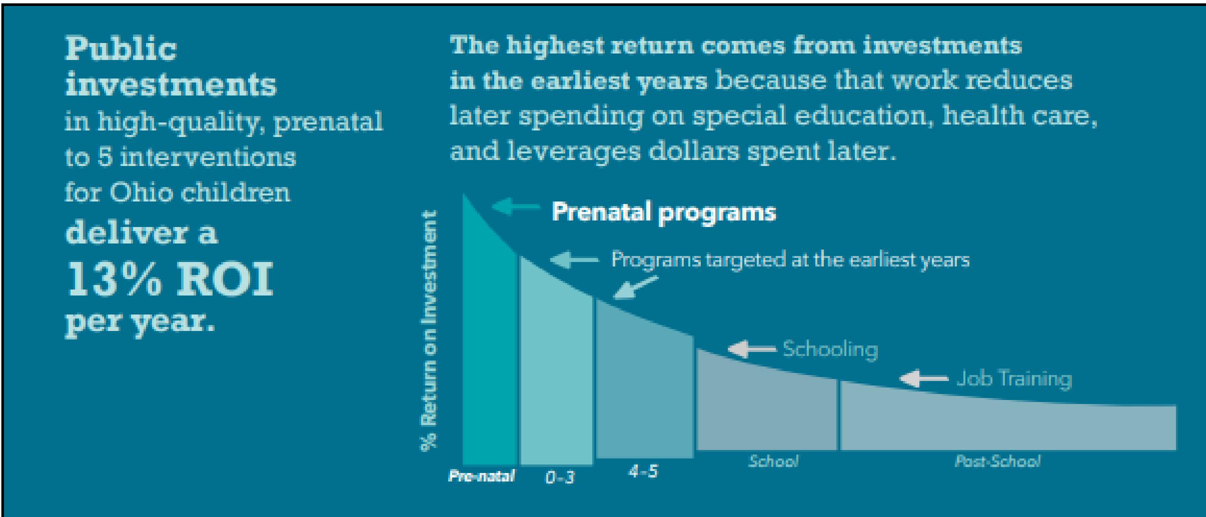
By investing early, we can lay the foundation for positive outcomes for children, families, and our state as a whole.

While there are many ways we can begin to improve outcomes for our young children, focusing state efforts on its very youngest citizens is an urgent moral imperative as well as a wise state investment.

Invest Now, Save Later: In babies and young children, prevention services delivered in diverse settings seek to identify risk factors, support early learning and healthy development, and mitigate the impact of trauma and adverse experiences. These interventions can intervene in child/caregiver dynamics that threaten healthy development. Research demonstrates that early prevention and treatment are more beneficial and cost-effective than attempting to treat emotional difficulties and their effects on learning and health after they have become more serious.

The return on investment is derived from the impact on healthy development, educational attainment, and employment when young children have a strong foundation for social and emotional health. For example, kids who exhibit strong social and emotional skills are 54% more likely to earn a high school diploma. Further, kids who share or are helpful in kindergarten are 46% more likely to have a full-time job at the age of 25.

Figure 1. The Heckman Equation



In Ohio, babies bear a disproportionate burden of our failing systems. Even where there have been investments in high quality birth-to-five interventions, disparities remain. In Ohio, infant mortality rates continue to be worse than the U.S. average at 6.9 infant deaths (under age 1) per 1,000 births, with a large and appalling racial disparity.

The important goal of reaching a first birthday should be the floor, not the ceiling of success. Yet, upon birth, Ohio babies and their families are faced with insurmountable challenges:

- There are almost twice as many cases of neonatal abstinence syndrome in Ohio than in the U.S. overall.
- More young children experience maltreatment (child abuse or neglect under age 1) in Ohio than in most other states. The trend only gets worse for Ohio babies with a 20% increase from 2017 to 2020.

We are facing a maternal and infant health crisis, particularly for Black moms and babies, and we must advance concrete solutions to address it.

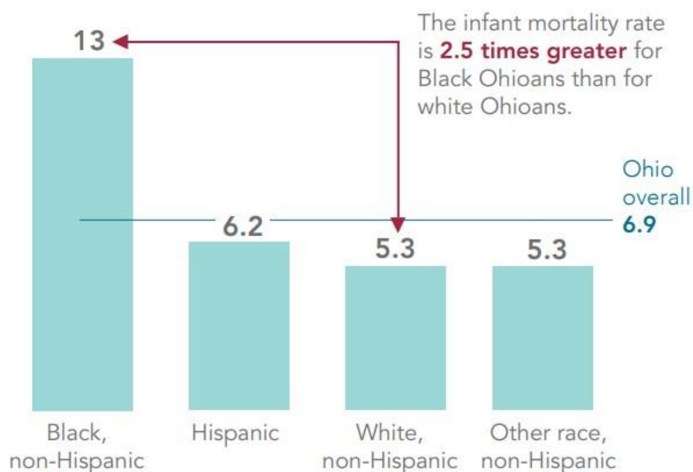
As a country, we are facing a maternal and infant health crisis, with vast racial disparities in outcomes. Ohio is home to regions experiencing some of the most abysmal maternal and infant mortality rates across our nation, and research shows that a large percentage of these deaths were preventable.

The Center for Disease Control estimated that in 2022, the maternal mortality rate was 23.8 deaths per 100,000 live births, with 861 known deaths due to pregnancy or childbirth-related causes. The U.S. has the worst maternal mortality record in the developed world, with a rate that is nearly three times higher than the country with the next highest rate (France). Nationally, Black women are three times more likely than white women to die from pregnancy or childbirth-related causes. In Ohio, recent research from the Ohio Department of Health found that between 2012 and 2016, more than half (57%) of pregnancy related deaths in Ohio were preventable. Additionally, the data found that Black women in Ohio died at a rate of more than two and a half times that of white women, making up 34% of deaths but only 17% of births.

One of our federal partners in this work, The March of Dimes, recently released its 2022 Report Card, which highlights the latest key indicators to describe and improve maternal and infant health for each state. Ohio earned a D+ in preterm birth grade in the March of Dimes' report, demonstrating the need for more targeted action to strengthen maternal and infant health outcomes, as well as outlining once again the stark racial disparities that exist. For example, the preterm birth rate among Black women is 51% higher than the rate among all other women. Both internationally and within the United States, preterm birth and the complications that accompany it are some of the key factors that contribute to infant mortality. Ohio's infant mortality rate is higher than the national average, and the gap in racial outcomes between Black babies (14.1 infant mortality rate) and white babies (5.5 infant mortality rate) is alarming.

Overall, the report indicates that the maternal and infant health crisis is worsening. And the numbers are even more desolate for Black women and babies who experience worse maternal and infant health outcomes, even when accounting for different factors of the pregnant person such as socioeconomic status, education, and insurance coverage. In fact, according to the 2020 Infant Mortality Annual Report released by the Ohio Department of Medicaid, while overall infant mortality rates have decreased slightly from 2019 to 2020, racial disparities continue to persist.

Figure 2. Number of infant deaths, under age 1, per 1,000 live births (2019)



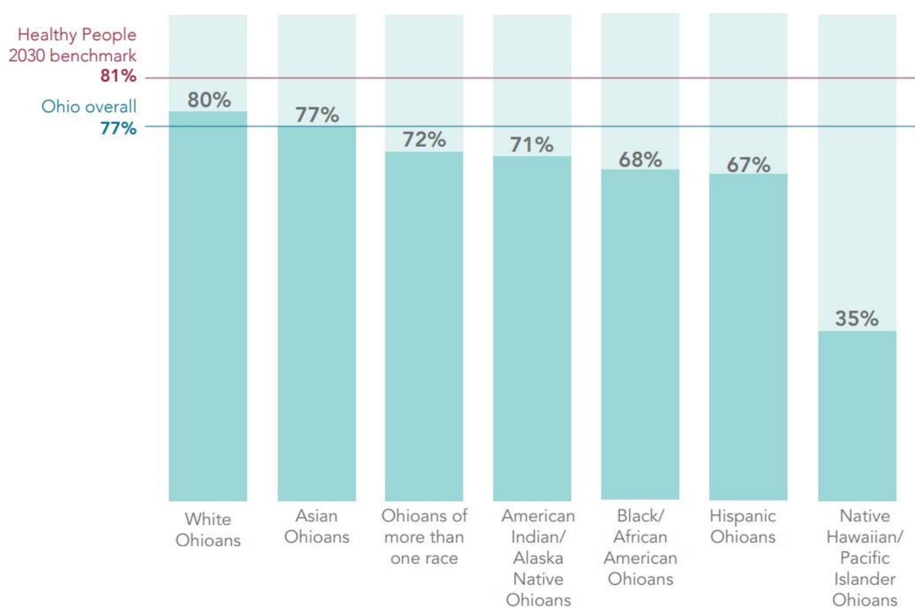
More than 1 in 150 Ohio babies don't live to see their first birthday. Black and Hispanic Ohioans are disproportionately affected by infant mortality. Racism can directly affect maternal and infant health and is a primary driver of infant mortality. For example, repeated exposure to racial discrimination can contribute to maternal toxic stress, which is linked to preterm births, low birthweight, and infant mortality. Racial disparities in infant mortality persist despite maternal income or education level.

In order to ensure strong health outcomes for pregnant women and babies, they must have reliable, affordable access to health care coverage.

A child's environment, experiences, and relationships in the first few years of life can either support or limit their ability to thrive and contribute to society as an adult. A child's health begins with their parents' health, even before pregnancy. Healthy moms are the foundation of healthy children, which foster stronger communities and a more vibrant state. However, many women face challenges or barriers to accessing care, often as a result of not being able to achieve reliable health coverage.

In fact, 2021, about 1 in 18 infants (5.5% of live births) was born to a woman receiving late or no prenatal care in Ohio. Additionally, 78.6% of live births were to women receiving early prenatal care, 15.9% were to women beginning care in the second trimester, and 5.5% were to women receiving late or no prenatal care. Lack of accessing prenatal care can lead to poor health outcomes in the short-term and long-term for babies.

Figure 3. Prenatal care in Ohio: *Only three-quarters of pregnant women in Ohio received prenatal care in the first trimester of pregnancy in 2020. Pregnant women of color in Ohio were much more likely to experience delays in care.*



Note: Where not specified, all racial categories listed above are non-Hispanic
Source: Centers for Disease Control and Prevention (2020)

The experiences of both mothers and infants are inextricably linked, although they are often considered separately in health care and policymaking settings. To have a healthy pregnancy and positive birth outcomes, women and their infants require access to appropriate health care services before, during, and after birth. This is particularly important when it comes to babies and women of color, due to the intergenerational effects and lived experiences of

racism that can uniquely impact pregnancy outcomes for moms and have both immediate and long-term affects across a baby's lifetime.

Quality, timely, and accessible health care is necessary to build a foundation for young children. Quality health care before birth and throughout early childhood can ensure healthy development for Ohio's children and prevent harmful and costly health conditions. **We are asking that the Senate maintain the expansion of Medicaid eligibility for pregnant women and babies up to 300% of the Federal Poverty Level.**

Removing barriers to health coverage can promote positive health outcomes for young children.

A stable source of quality health care during the prenatal, infant, and toddler periods contributes to positive outcomes for children and allows for better mental and physical health into adulthood.[i] Children who are physically, mentally, and emotionally healthy have higher school attendance and are better able to focus and learn while in school, laying the foundation for greater academic achievement. However, between FY 2010-2018, each year on average, more than 500,000 babies in Medicaid were not counted as enrolled for at least 90 days continuously. [ii]

One concrete solution to remove barriers to health care coverage is providing continuous enrollment to Medicaid eligible children. There are immense benefits of providing continuous coverage for children, families, and the state, including[iii]:

- Improving short-term and long-term health outcomes and well-being for young children
- Promoting health equity
- Preventing harmful gaps in health care coverage for children
- Cost savings to states by reducing administrative costs and burden
- Driving more efficient spending of health care costs

Additionally, there is evidence that providing continuous coverage for children under Medicaid can help prevent administrative churn (including the process of enrollees cycling on and off Medicaid as a result of income changes), eliminate administrative barriers to enrollment, and drive cost savings for states. **This is why our organization is recommending that the Senate maintains the provision to provide continuous Medicaid enrollment for eligible children from birth to age three, as passed in the House.**

Increasing access to doula care can contribute to stronger maternal and infant health outcomes.

When a family is welcoming a new baby into their lives, it should be a time focused on the excitement, joy, and anticipation of this big life moment. Unfortunately, this unique time can quickly change for those who face pregnancy complications or poor health outcomes, which can become deadly for moms and babies. Due to racism and bias within our health care

systems, Black women's concerns are frequently dismissed or downplayed, leading to severe consequences and even death in many cases.

Access to doulas, which are trained, non-clinical professionals who advocate for pregnant mothers as they navigate their care and the health care system, can provide needed additional support, create a more supportive environment during delivery, and make the experience of pregnancy much less difficult for the mothers rightfully advocating for their own lives and the lives of their children.

As part of the Governor's Disparities in Infant Mortality Task Force, Groundwork Ohio was tasked with facilitating 30 family listening sessions across 11 counties in the state. We partnered alongside local community-based organizations and commission members to bring together the voices of 174 family participants, with a focus on including the voices of those most affected by infant mortality—a total of 91% of the participants were Black. To begin my testimony, I want to start by highlighting some of the quotes from Black women who participated in those listening sessions, which will set the stage for why this legislation – and the need to listen to those most affected – is so crucial to building birth equity in our state.

- "A hospital is a very dangerous place for a Black woman. We die a lot in the healthcare system and it's not a mistake."
- "People need advocates who will walk alongside the family, with no judgment, and meet them where they are."
- "The differential treatment you experience depending on your insurance is something I'm in the middle of experiencing with this second pregnancy."

Doulas provide pregnant mothers with educational, emotional, and physical support to ensure that the mother and baby remain healthy before, during, and after birth. However, for many women with low-incomes, the ability to hire a doula can be cost-prohibitive and out of reach. In Ohio, Medicaid covers more than half of births, playing a critical role in maternal care and health outcomes for babies. Doula care is part of a package of services, that if made available to pregnant women and babies most at-risk of poor health outcomes, can complement clinical care, support pregnant women, and improve maternal and infant health outcomes. **This is why our organization is also recommending that the Senate retain the provision for making doula services reimbursable through Medicaid; however, adopting the language that establishes a permanent program as included in House Bill 7 and Senate Bill 93.**

In conclusion, we hope that as the members of the Senate Medicaid Committee dedicated to positive health outcomes for Ohio's children, you will choose to invest in these crucial supports that foster strong maternal and infant health and well-being. We encourage this Committee to consider the crucial impact that this legislation will have for families with young children. We can and must do more to ensure that every child is set up for success and can reach their full potential, and the three specific policies that we outline in our testimony can move our state in the right direction.

Thank you for your time and consideration. I am happy to answer any questions today or by email at eryan@groundworkohio.org

Citations
Unless noted below, all data shared in this testimony is available in the Groundwork Ohio Early Childhood Data Dashboard (2023).

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[i] Goldstein, Jessica, D. Betsy McCoach, and HuiHui Yu. "The predictive validity of kindergarten readiness judgments: Lessons from one state." The Journal of Educational Research 110, no. 1 (2017): 50-60. doi: 10.1080/00220671.2015.1039111

[ii] https://ccf.georgetown.edu/2021/03/10/too-many-babies-miss-out-on-medicaid-infant-coverage/#:~:text=On%20average%2C%20each%20year%20more,and%20the%20number%20continuously%20enrolled.

[iii] https://ccf.georgetown.edu/2022/10/07/medicaid-and-chip-continuous-coverage-for-children/