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**Ohio House Medicaid Committee
House Bill 96
Groundwork Ohio
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Interested Party Testimony in Support of Medicaid Coverage for Maternal and Young Child Health

Chairwoman Gross, Vice Chair Barhorst, Ranking Member Baker and members of the committee, thank you for the opportunity to speak today. My name is Caitlin Feldman and I am the Policy Director with Groundwork Ohio. We are the state's leading early childhood advocacy organization focused on the healthy development of young children and their families.

Brains are built on a foundation of early experiences. The first five years of life are a critical period of rapid brain development, with more than one million neural connections formed every second.ⁱ By the time a child reaches age three, 80% of brain development has taken place. These neural connections are the brain's architecture, the foundation of which supports the development of cognitive, social, and emotional skills for a lifetime. The foundation for a healthy life starts early and requires investment.

Medicaid: A Lifeline for Ohio's Mothers and Children

Access to quality health care, beginning before birth and continuing throughout early childhood, is fundamental to ensuring that Ohio's children have the best possible start in life. Nearly 380,000 of Ohio's youngest children—48% of all children under age six—depend on Medicaid for health coverage, and many thousands of Ohio women rely on Medicaid to maintain their health before pregnancy, to ensure a healthy pregnancy, and to support postpartum recovery.ⁱⁱ

Medicaid ensures that qualifying women and children receive timely, comprehensive, and necessary medical care. This includes:

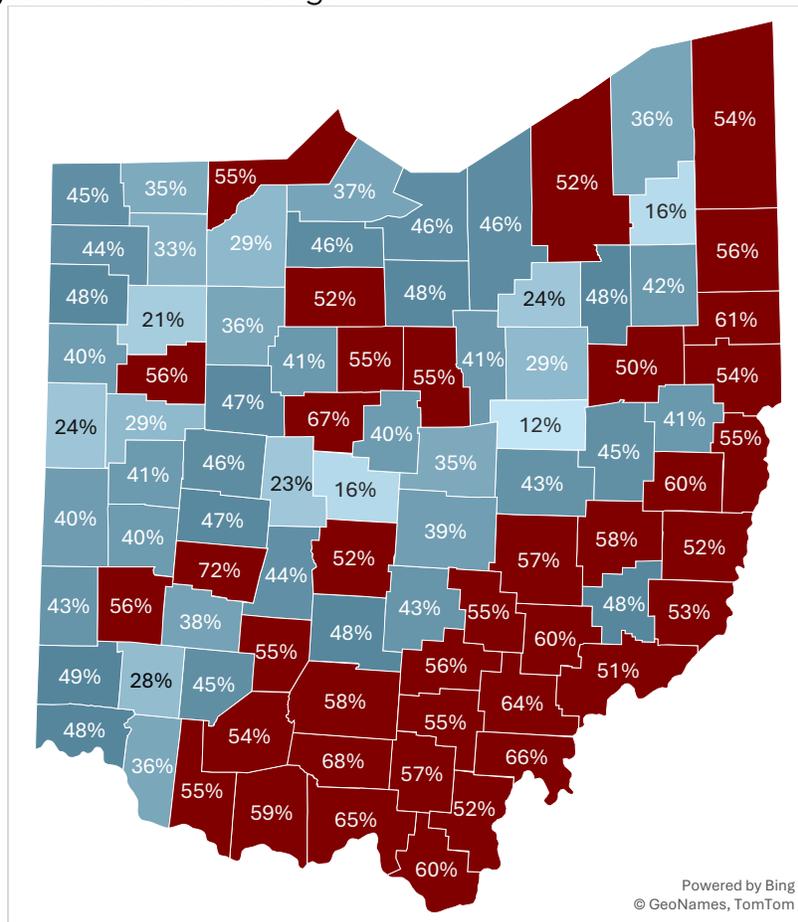
- **Maternity Care and Delivery:** Medicaid provides access to essential prenatal, delivery, and postpartum care, ensuring that babies are born healthy and mothers receive the care they need. Healthy pregnancies reduce the likelihood of preterm births, low birth weights, and costly neonatal intensive care stays, saving both lives and taxpayer dollars.ⁱⁱⁱ

- **Preventive and Routine Care:** Medicaid covers well-child visits, immunizations, dental and vision care, and early screenings that detect health issues before they become more serious.
- **Support for Children with Special Needs:** Medicaid helps cover therapies, in-home nursing, and specialized medical equipment for children with disabilities—services often not covered by private insurance.
- **Mental Health Services:** Medicaid covers counseling and therapy, addressing the growing need for early intervention in children’s emotional and behavioral health, and is a significant payor for substance use disorder treatment.

Medicaid Ensures Vital Health Care Coverage for Mothers and Young Children

The Medicaid program is critical to ensuring access to health care services at a critical lifecycle point for moms and young children across the state. Medicaid pays for nearly half of all births^{iv} and covers 48% of all children ages 5 and under in the state of Ohio.^v

The map embedded in my testimony highlights the parts of our state where more than half of young children are covered by Medicaid. In thirty-eight counties, primarily those in rural and Appalachian areas, 50% or more of the young child population rely on Medicaid coverage.^{vi}



Medicaid is truly vital for Ohio families with young children and provides a continuum of support. By ensuring women have access to quality healthcare before conception we can improve pregnancy outcomes, reducing maternal and infant complications and increasing the likelihood of healthy births. As children grow, Medicaid continues to provide vital services that support language development, motor skills, and social-emotional growth. Studies consistently show that children with access to healthcare are more likely to enter school ready to learn, succeed academically, and become healthy, productive adults.

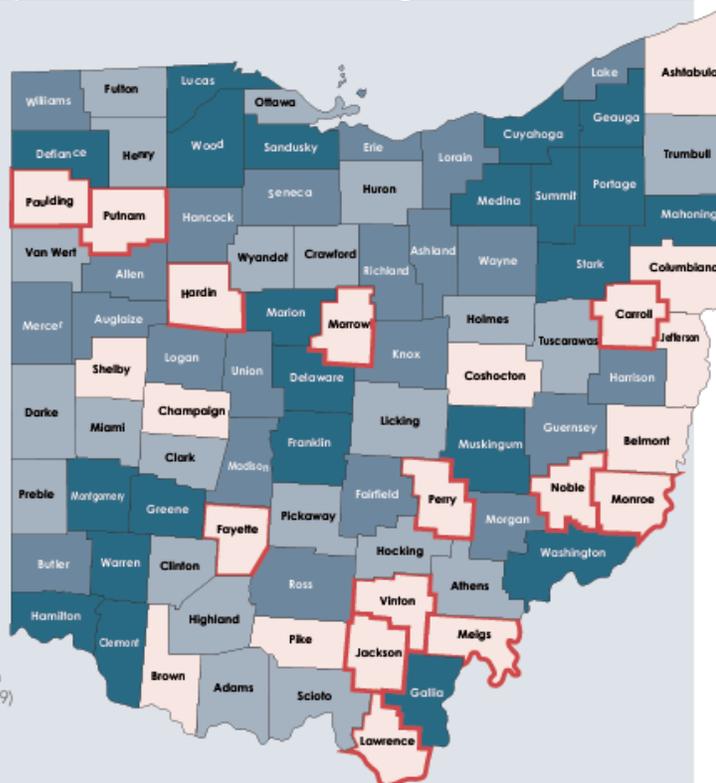
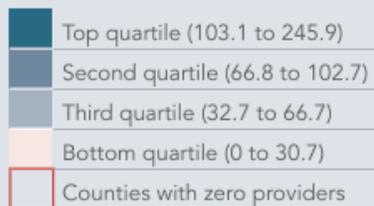
The Cost of Medicaid Disinvestment for Families with Young Children

Ohio’s Medicaid program plays an important role in supporting the financial integrity of community health centers and hospitals all over the state, with particular importance in upholding stability of Ohio’s thirty-three (33) designated rural hospitals.^{vii}

Access to maternity care in rural and Appalachian areas of Ohio is a growing concern, with recent estimates showing 23.4% of women in rural Ohio forced to travel over thirty minutes to the nearest birthing hospital.^{viii} This burden leads to missed preventive health care, increasing risk for health complications and poor health outcomes. We are concerned by recent data showing the number of counties without a delivery hospital or access to an obstetrician or gynecologist, including 13 Ohio counties with zero providers and several others in the bottom quartile. Potential hurdles for Medicaid reimbursements at rural hospitals could result in even more hospital closures for Ohioans in Appalachia and other rural regions.

Obstetric workforce:

Number of obstetrics and gynecology providers, per 10,000 births



Source: Health Resources and Services Administration, Area Health Resources Files, as compiled by March of Dimes (2019)

Health coverage is the foundation of health care, and 5.4% of Ohio children under age six are uninsured, increasing their likelihood of having unmet health needs and seeking routine care in emergency departments rather than through a consistent provider.^{ix} Children (up to age 18) represent 42% of Ohio's Medicaid enrollees but account for only 14% of the program's total spending. Because children are generally healthier, their care is relatively inexpensive compared to other populations. The returns over time are substantial due to reduced long-term health costs.^x

Real Ohio Families Depend on Medicaid

This issue is not abstract. Ohio families are directly impacted by Medicaid funding decisions. In collaboration with Caresource, Groundwork Ohio led a community listening session in Dayton, Ohio where we heard directly from families who are Medicaid recipients.

- One respondent stated: "People have to travel more and outside of the area for prenatal care. When that maternity birthing location left, so did those who had their office in the professional building."
- Another mother in Montgomery County shared: "I'm currently in a high-risk pregnancy . . . so I have had to take a lot of time off work and I've had multiple doctor's appointments a week and taking that time off work cuts into my paycheck. I don't get paid, so I am really struggling in that sense because when I go on maternity leave, I'm worried and I'm terrified because I don't get paid."

In our wider family engagement work, we have heard from other parents over time and in more geographically diverse regions of the state on the important role Medicaid plays in their and their child's health and well-being.

- A parent from Clermont County relies on Medicaid for her daughter, who has cerebral palsy. The family has made significant financial sacrifices to maintain coverage for the care their daughter needs.
- A Central Ohio parent worries about affording life-saving medical equipment for their disabled child.
- A Northeast Ohio family credits Medicaid with providing critical mental health treatment for their child.
- In Southeast Ohio, a family depends on Medicaid to afford care for their child with congenital birth defects.

These stories highlight the real, tangible impact Medicaid has on families across our state.

Conclusion

Investing in our children's health today is an investment in Ohio's future. Prevention and early detection are far more cost-effective than addressing health challenges after they have escalated. Research shows that investments in early childhood yield a

13% return on investment for every public dollar spent, benefiting both individuals and the broader economy.^{xi}

Medicaid is not just a safety net—it is the cornerstone of healthy childhood development and long-term success and plays a profoundly important role for maternal and child health, as well as future child development. I urge this committee to carefully consider the consequences of any changes that would weaken Medicaid and jeopardize the health of thousands of Ohioans. Thank you for your time and consideration. I am happy to answer any questions you may have.

ⁱ Center on the Developing Child. (n.d.). Brain Architecture. Harvard University.

ⁱⁱ KFF State Health Facts, Health Insurance Coverage of Children 0-18 and Births Financed by Medicaid, 2023 data.

ⁱⁱⁱ Coussons-Read, M. E. (2013). Effects of prenatal stress on pregnancy and human development: mechanisms and pathways. *Obstetric Medicine*, 6(2), 52–57.

^{iv} DeWine, M., Ohio House Speaker, the Honorable Bob Cupp, et al (2021). Ohio Commission on Infant Mortality. *Report on pregnant women, infants, and children* [Report].

https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Stakeholders,%20Partners/ReportsandResearch/2021%20PWIC%20Report_Final.pdf

^v Ohio Department of Medicaid, Medicaid Demographic and Expenditure Dashboard, July 2024 enrollment and Census Bureau, American Community Survey 5-year estimate, Census Table B09001, Population Under the Age of 18, 2023.

^{vi} Ohio Department of Medicaid, Medicaid Demographic and Expenditure Dashboard, Enrollment as of July 2024.

^{vii} *Our nation's health suffers if Congress cuts Medicaid*. (2025). Kaiser Permanente.

<https://about.kaiserpermanente.org/news/nations-health-suffers-congress-cuts-medicaid>

^{viii} March of Dimes. (2023). Access to Maternity Care in Ohio.

^{ix} Georgetown University Health Policy Institute, Center for Children and Families. Kids' healthcare report card: Ohio.

^x Currie, J., & Chorniy, A. (2021). Medicaid and Child Health Insurance program improve child health and reduce poverty but face threats. *Academic Pediatrics*, 21(8), S146–S153.

<https://doi.org/10.1016/j.acap.2021.01.009>

^{xi} Solomon, C. (2017). *Research summary: The lifecycle benefits of an influential early childhood Program*. The Heckman Equation. <https://heckmanequation.org/resource/research-summary-lifecycle-benefits-influential-early-childhood-program/>