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**Ohio Senate Medicaid Committee
Substitute House Bill 96
Groundwork Ohio
May 6, 2025**

*Interested Party Testimony Urging Restoration of Investment in
Maternal and Infant Health*

Chairman Romanchuk, Vice Chair Reynolds, Ranking Member Antonio, and members of the Senate Medicaid Committee: thank you for the opportunity to provide testimony today. My name is Caitlin Feldman, and I serve as Policy Director at Groundwork Ohio, the state's leading early childhood advocacy organization focused on promoting healthy development for Ohio's youngest children and their families. I am here today to magnify the importance of Ohio's Medicaid program for Ohio's youngest children and their families, and to urge the Senate to prioritize policies and investments that support moms, babies, and young children in Amended Substitute HB 96.

Laying a Strong Foundation: Medicaid's Role in Early Childhood

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. The foundation for a healthy life starts early, laying a foundation for a lifetime of learning, behavior, and health.

Medicaid coverage helps to reduce barriers to accessing care and services for children and families during this critical window, ensuring qualifying women and children receive timely, comprehensive, and necessary medical care.

This includes:

- **Maternity Care and Delivery:** providing access to prenatal, labor and delivery, and postpartum care to help ensure 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.ⁱⁱ

- **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:** Helping to cover costly therapies, in-home nursing, and specialized medical equipment for children with disabilities, Medicaid covers 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.

Proposed Changes to Medicaid Undermine Progress

A decade ago, Ohio's infant mortality rate was ranked among the highest in the nation, and one zip code in Akron recorded the highest infant mortality rate in the country. In response, state and local leaders launched focused efforts to combat this public health crisis with marked improvement over time; however, an urgent need still exists.

Today, Ohio's infant mortality rate is 7.1 deaths per 1,000 live births, significantly higher than the national average of 5.6.ⁱⁱⁱ For Black babies, the disparity is even more devastating at 13.1 deaths per 1,000 live births – more than double the rate of white infants.^{iv} Outcomes for birthing moms are equally chilling. Between 2017-2021, the number of maternal deaths related to or aggravated by pregnancy rose to 23.7 per 100,000 live births, with a large and appalling racial disparity.^v

Progress has been made, but ongoing investments are critical to continuing Ohio's momentum. The House-passed budget threatens this progress by reducing funds for key infant and maternal health supports. A \$22.5 million reduction in FY27 for Help Me Grow, which connects new parents and their infants to essential health, development, and parenting services, is an important source of support for women and children on Medicaid. Community- and faith-based infant vitality programs, which have helped to drive local reductions in infant mortality, were reduced by \$1.5 million per fiscal year. I seek your support in adopting amendment SC0458 to restore As Introduced investments in Help Me Grow and Infant Vitality.

Groundwork Ohio is deeply concerned about proposed changes to existing laws that would undermine our state's progress. Ohio's infant and maternal mortality rates underscore an urgent imperative to maintain and grow focused efforts to keep mothers and infants alive, rather than slow down and add unnecessary roadblocks.

Protect Continuous Medicaid Enrollment for Children Ages 0-3

Substitute House Bill 96 removes **existing law** requiring the Ohio Department of Medicaid to provide continuous Medicaid coverage for eligible children from birth through age three. I ask you to adopt amendment number SC0457 to remove the House's repeal of this law.

Gaps in coverage – often caused by paperwork hurdles or brief fluctuations in family income – increase the likelihood of having unmet health needs and seeking routine care in emergency departments rather than through a consistent care provider.^{vi} 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.^{vii}

Coverage disruptions in the first three years of life undermine a child's health, school readiness, and long-term well-being. Multi-year continuous enrollment reduces red tape and ensures that the health system remains engaged with young children during a time when early interventions can change lifelong trajectories. I urge members of this committee to restore this policy.

Preserve Statewide Doula Reimbursement

In October 2024, doulas across Ohio became able to seek reimbursement for their services through Medicaid, drastically increasing the number of families who can potentially benefit from the services of a doula. Substitute House Bill 96 proposes a significant reduction in access to doula services by undermining Medicaid reimbursement.

Doulas provide non-clinical support throughout pregnancy, childbirth, and the postpartum period. Their support has been shown to improve pregnancy and birth outcomes, reducing the likelihood of premature death.^{viii} Restricting Medicaid reimbursement for doulas from the current 88 counties to the 6 with the highest number of infant deaths will exclude rural and Appalachian regions of the state which are more likely to be maternity care disparity areas.

Limiting access to doulas by geography exacerbates health disparities and undermines coordinated efforts to reduce maternal and infant mortality. I implore this committee to support amendment SC0461 to remove the restriction on Medicaid reimbursement for doulas to only six counties. Such haphazard limitations limit the efficacy of a service that saves lives and significantly reduces health care costs by reducing expensive and avoidable complications.^{ix}

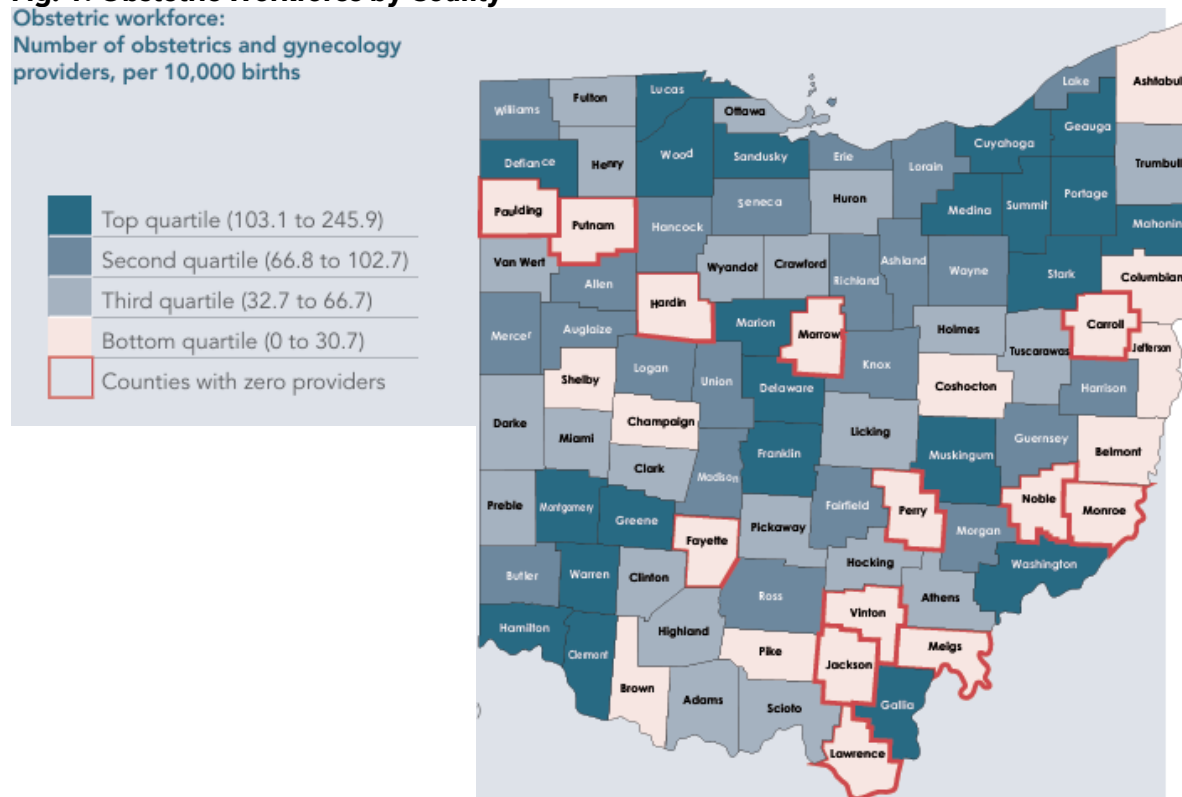
Medicaid Is Critical to Ohio's Health System and its Families

The discontinuation of coverage for the Group VIII population should the FMAP drop below the current 90% poses a significant threat to eliminating access to health care for women prior to conception, increasing the likelihood of unhealthy pregnancies and births.

The statewide impact will also be severe. Ohio's Medicaid program underpins the financial stability of Ohio's health care infrastructure, especially in Ohio's thirty-three (33) designated rural hospitals.^x Potential hurdles for Medicaid reimbursements at

Recent estimates show 23.4% of women in rural Ohio are forced to travel over thirty minutes to the nearest birthing hospital,^{xi} leading to missed health care and increased risk for complications and poor outcomes. The map in my testimony shows the number of counties without a delivery hospital or access to an obstetrician or gynecologist, including 13 counties with zero providers and several others in the bottom quartile.

Obstetric workforce:
Number of obstetrics and gynecology
providers, per 10,000 births



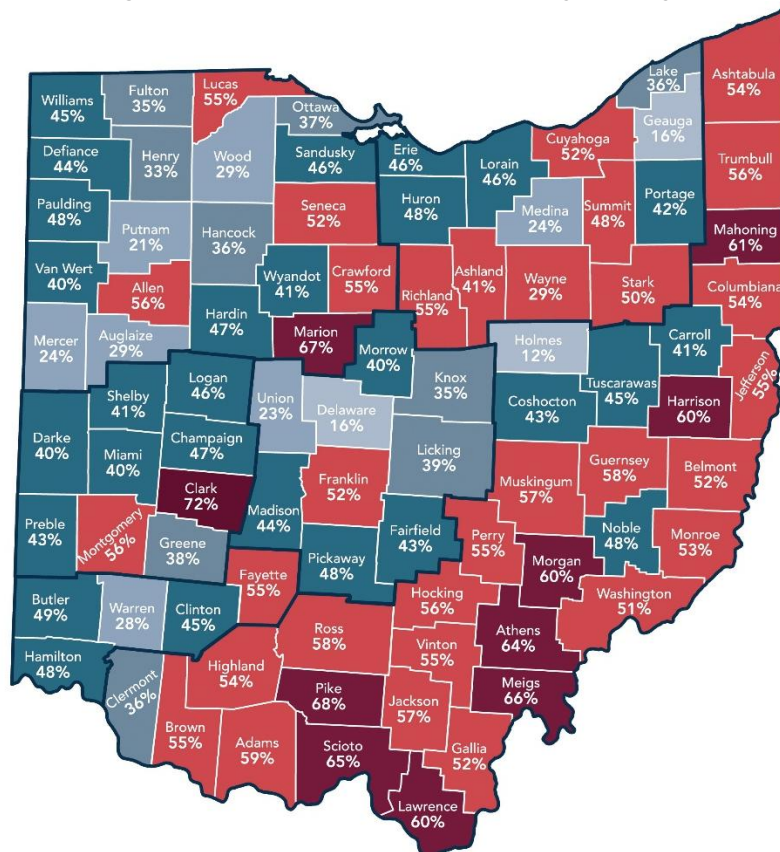
Medicaid helps keep rural hospitals open, supports care coordination, and reduces financial strain on low-income families. I ask members of this committee consider implementing language reflecting the Department of Medicaid may discontinue, rather than shall discontinue, medical assistance for members of Group VIII. This will empower our state's leaders to make informed, data-driven decisions about a change that could potentially impact many hundreds of thousands of Ohioans, including pregnancy women.

The Medicaid program is essential to ensuring access to health care services at a critical lifecycle point for moms and young children, covering nearly half of all births

in the state^{xii} and serving as the primary source of health coverage for 48% of all children ages 5 and under in the state of Ohio.^{xiii}

The map embedded in my testimony shows forty-one (41) counties, primarily in rural and Appalachian areas, where 50% or more of the young child population rely on Medicaid coverage.^{xiv}

Fig. 2: Percentage of Young Children Enrolled in Medicaid, by County



Source: Ohio Department of Medicaid, Medicaid Demographic and Expenditure Dashboard, Enrollment as of July 2024.

This issue is not abstract. Ohio families are directly impacted by Medicaid funding and policy decisions. Groundwork Ohio has visited and collected stories from individuals with lived experience all over the state as we seek to capture systemic barriers and challenges that shape maternal and infant health outcomes. Ohio families have spoken, sharing what their family's health story would be like without Medicaid access:

- **"But for Medicaid...** I would have had to make impossible choices, like whether to pay for my daughter's health care or our rent. I might have delayed her care - or skipped my own. . . Medicaid helped stabilize our lives. It allowed me to pursue better opportunities and ultimately become financially secure."

- **“But for Medicaid...** we would not be able to make regular well-child visits. We wouldn’t have been able to schedule the necessary surgeries for my kids or receive any of the therapy services that are helping my son right now. Medicaid is the reason we’re even able to get him the help he needs.”
- **“But for Medicaid...** our son would not be able to access his medications. He would also lose access to the routine counseling he relies on . . . which is essential for his mental health care.”

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.^{xv}

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 avoid policy changes that would weaken Medicaid and jeopardize the health of thousands of Ohioans, especially moms, babies, and young children.

Groundwork Ohio seeks your support for HEALTH Amendments:

- SC0457 (HEALTH): Remove the House’s repeal of existing law that would require Ohio Dept of Medicaid to seek approval for continuous coverage of Medicaid enrollment for Medicaid-eligible children birth through age three.
- SC0458 (HEALTH): Restore As Introduced investments in Help Me Grow and Infant Vitality.
- SC0461 (HEALTH): Removing restriction of Medicaid reimbursement for doulas to only 6 counties.

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

ⁱⁱⁱ Centers for Disease Control and Prevention. (2024) Infant mortality. *Maternal Infant Health*.

^{iv} Centers for Disease Control and Prevention. (2022). Wide-ranging Online Data for Epidemiologic Research (WONDER). Retrieved from Linked Birth / Infant Death Records, 2017-2022 Expanded Request Form

^v Groundwork Ohio. (2025a). Early Childhood Data Dashboard.

https://www.groundworkohio.org/_files/ugd/a395ee_03eae070a8f46b7af018364f183ba4a.pdf

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

^{vii} 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>

^{viii} Sobczak, A., Taylor, L., Solomon, S., Ho, J., Kemper, S., Phillips, B., Jacobson, K., Castellano, C., Ring, A., Castellano, B., & Jacobs, R. J. (2023). The Effect of doulas on maternal and birth Outcomes: A scoping review.

Cureus. <https://doi.org/10.7759/cureus.39451>

^{ix} Schneider, E. C., Shah, A., Doty, M. M., Tikkanen, R., Fields, K., & Williams, R. D. (2021, August). Mirror, Mirror 2021: Reflecting Poorly – Health Care in the U.S. Compared to Other High-Income Countries. The Commonwealth Fund

^x *Our nation’s health suffers if Congress cuts Medicaid*. (2025). Kaiser Permanente.

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

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

^{xii} 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

^{xiii} 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.

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

^{xv} 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/>