

**Testimony for Jill Miller, President & CEO, bi3 Fund  
Ohio Senate Medicaid Committee  
May 6, 2025**

Good morning, Chairman Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the committee. Thank you for your service to our state and for your work to improve the health and well-being of all Ohioans. I appreciate the opportunity to join you today.

My name is Jill Miller, and I am the President and CEO of the bi3 Fund, located in Cincinnati, Ohio. Since 2012, we have invested more than \$100 million in TriHealth and community-based organizations to improve health outcomes. Our key priorities include improving maternal and infant health and expanding access to behavioral and mental health services.

**Improving Maternal and Infant Health**

Bi3 had invested over \$20 million to improve maternal and infant health in Southwest Ohio. I am most proud of the fact that hundreds of babies and children are alive today because of Hamilton County's collective efforts to reduce infant mortality.

**We've seen our investments work.**

In Hamilton County, a public-private partnership helped drive historic progress. Hamilton County went from having the 2<sup>nd</sup> highest infant mortality rate in the U.S. relative to counties our size to an infant mortality rate of 5.5 per 1,000 live births that is on par with the National average for the first time ever. With funding from bi3 and Cincinnati Children's, Cradle Cincinnati developed a new model of care that reduced extreme preterm births in one of our highest-risk neighborhoods, Avondale, from once every 26 days to zero for three consecutive years. With additional funding from Ohio Medicaid and the Ohio Department of Health, Cradle Cincinnati scaled and spread this new model across Hamilton County to achieve a statistically significant reduction in infant mortality. Cradle Cincinnati's Executive Director and I recently published a book that captures our success story in reducing infant mortality in Hamilton County and provides a blueprint for other counties throughout Ohio to do the same.

We are also seeing encouraging signs across Ohio. The state's overall infant mortality rate has reached its lowest point in more than two decades. This progress reflects the power of sustained, evidence-based investment — and it reinforces why now is the time to double down on what works, not walk away from it.

**This momentum is real — and it is fragile. Without sustained investment, these hard-won gains could be lost.**

Governor DeWine's executive budget proposal rightly prioritized expanding evidence-based home visiting and infant vitality efforts, ensuring access to doula services, and

protecting continuous health coverage for young children. Each of these strategies addresses a critical piece of the maternal and infant health crisis in Ohio.

Today, I respectfully urge you to RESTORE critical investments included in Governor DeWine's executive budget proposal:

- **Infant Mortality: Restore the originally proposed infant vitality funds to \$7.5M each fiscal year.** Locally developed infant vitality initiatives — like Cradle Cincinnati — show that when we listen to mothers, empower community leadership, and build culturally responsive care models, we can save lives and close persistent health disparities, which leads to better health outcomes for ALL.
- **Home-visiting: Restore the proposed \$22.5M in this evidenced-based programming.** Home visiting programs like Family Connects provide every new family with clinical support during the earliest and most vulnerable days of life. They have been proven to reduce emergency room visits, lower maternal anxiety and depression, strengthen parent-child relationships, and deliver a strong return on investment for communities.
- **Continuous Medicaid Coverage for Babies: Restore existing law requiring multi-year continuous Medicaid enrollment for babies ages 0-3** championed by House leaders last budget cycle. Continuous Medicaid eligibility from birth through age three ensures that young children do not lose access to vital health services during the most critical years of brain development. Stable health coverage helps catch developmental issues early, ensures timely immunizations and well-child visits, and strengthens long-term health trajectories. Continuous coverage for young children does NOT come with a high price tag. The General Assembly recognized this when it directed the Administration to seek approval to provide continuous enrollment in the last operating budget. Now is not the time to turn away from Ohio's children.
- **Medicaid Coverage for Doula Services: STOP restrictions on the use of doula services to Medicaid eligible women.** Expanding access to doula services ensures that more women, especially in maternity care deserts, have trusted advocates during pregnancy, labor, and postpartum recovery. Doula care is associated with better birth outcomes, fewer medical interventions, and improved maternal mental health, which in turn improves baby's health.

**These are investments that honor life, strengthen families, and secure a healthier, more prosperous future for Ohio.**

At big3, we are committed to working alongside state leaders to continue advancing these evidence-based solutions. We believe that when Ohio invests early and invests wisely, we can move from persistently poor maternal and infant health rankings to national leadership.

I respectfully urge you to restore these essential investments fully. Let's ensure that every baby born in Ohio has the healthiest possible start and that every family has the support it needs to thrive.

### **Expanding Access to Behavioral and Mental Health Services**

Families need access to *affordable* behavioral and mental health services to thrive.

It is not okay that teenagers across the country are taking their own lives every day. It is not okay a person may have to wait 6 months or longer to gain access to mental and behavioral health services.

big has invested millions to increase access to behavioral and mental health services in Southwest Ohio. But we cannot tackle this crisis alone. We need Medicaid and commercial insurance to increase their reimbursement rates for behavioral and mental health services.

We have made a significant investment in our partner health care delivery system, TriHealth, to integrate behavioral and mental health services into primary care and pediatrics. This model has led to improved health outcomes but can only be sustained if reimbursement rates increase.

big Fund provided the seed funding needed to create a pediatric behavioral health urgent care crisis center at Best Point Behavioral Health. While Best Point can seek reimbursement for the services they provide, there is no way for them to bill for facility fees. The crisis center will cease to exist unless Medicaid changes this practice.

### **Mental Health and the Economy – It's costing billions of dollars.**

Our mental health crisis has led to a reduction in productivity and increases in absenteeism and healthcare costs. Unfortunately, Behavioral health conditions are common among Ohioans, including those with Medicaid coverage. In calendar year 2024, 40% of Ohioans enrolled in Medicaid expansion had a primary mental health or substance use disorder diagnosis. Per a 2024 study by Columbia Business School, mental health issues cost the U.S. \$282 billion annually.

The big Fund, as well as other philanthropic partners throughout Ohio, is proud to stand alongside the state to invest in evidence-based, data-driven strategies that deliver outcomes for children and families. These upstream investments yield significant savings in programs that are otherwise left to address costly problems. We know what works. Now we need to continue to fund it.

Thank you for your leadership and your commitment to Ohio's children and families. I am happy to answer any questions.