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**Ohio Senate
Health, Human Services and Medicaid Committee
House Bill 11
Lynanne Gutierrez
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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the committee, my name is Lynanne Gutierrez and I am the Policy Director and Legal Counsel at Groundwork Ohio. Thank you for the opportunity to provide written proponent testimony on House Bill 11 (HB 11) which would address prenatal initiatives and make an appropriation.

Groundwork is a statewide, nonpartisan advocacy organization that champions high-quality early learning and healthy development strategies from the prenatal period to age five, that lay a strong foundation for Ohio kids, families and communities. Our vision is to make Ohio the best place to be a young child so that all children have the opportunity to reach their full potential. Groundwork is led by Executive Director, Shannon Jones, and governed by a robust advisory committee of child-focused health and education experts from across the state.

The foundation for a child's healthy development is laid during the brain's rapid growth throughout pregnancy and the first three years of a child's life when 80% of brain growth occurs. To ensure babies are healthy, we have to support mothers with timely and frequent, high-quality prenatal care. In Ohio, many babies are born prematurely and too many do not make it to their first birthday. Poverty disproportionately impacts young children and families of color, making it even more difficult to overcome adversity and support healthy development. Empowering parents and caregivers to support their baby's development through health and educational interventions allows Ohio to ensure that babies are positioned to thrive during their first year and beyond. Ohio must do a better job of reaching our most at-risk babies and families early. Accordingly, Groundwork Ohio supports the increased investment and thoughtful policy to support healthy moms and babies in HB 11. Two related priorities of HB 11 are to increase the number of pregnant women who begin prenatal care early in their pregnancies and to reduce the number of infants born preterm.

Experiences occurring before birth can have consequences for the physical and mental health of a child that persist across the lifespan. Having a healthy pregnancy is one of the best ways to promote a healthy birth and is critical for a child's development as his or her brain begins developing rapidly early in gestation. In order to influence a baby's development, pregnant women require timely, high-quality health care, as well as emotional support. Factors that influence prenatal brain development include maternal stress and anxiety, social and cultural stressors, poverty, nutrition and substance use. In 2016, there were 69,683 births by Medicaid recipients and 64,978 births by non-Medicaid recipients in Ohio. Medicaid births thus accounted for 51.8% of total births in 2016. Pregnant women in families with income up to 200% of the federal poverty level are eligible for the Medicaid program Healthy Start (also called the State Children's Health Insurance Plan, SCHIP). Of the pregnant women served by Medicaid in 2017, only 72.1% of white mothers and 69.3% of black mothers received timely prenatal care—having a visit during their first trimester. This disparity in access to health care among other social determinants of health, including the impact of racism, shed light on Ohio's maternal mortality rates. The rate of maternal mortality for white women is 11.5 for every 100,000 births and more than double that—29.5—for black women. More than half of these deaths are preventable.

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It is important for babies to be born full-term because the brain, lungs and liver need those final weeks of pregnancy to develop fully. Not only is premature birth the leading cause of death for infants, it results in increased risk of disability, breathing problems, difficulty feeding, cerebral palsy, developmental delays, and vision and hearing problems. In the United States, 1 out of every 10 births was preterm in 2016. This is consistent in Ohio, where 11.9% of all Ohio births are preterm. Preterm birth rates, however, for moms receiving Medicaid are 50-70% higher than the rates for more affluent (above 200% FPL) moms not on Medicaid. Race is also determinative in preterm birth outcomes. One in every seven African Americans babies are born premature compared to one in every ten white babies. Given that preterm birth is the leading cause of death for infants, it is no surprise that this same stark racial disparity translates to Ohio infant mortality rates; black babies are more than 2.5 times more likely to die before their first birthday compared to white babies.

HB 11 would establish a grant program to address prenatal health care services with the aim of increasing early prenatal care and reducing preterm birth through the provision of group-based prenatal health care services in targeted communities who experience high preterm birth rates including rural areas and urban communities. Group-based prenatal health care services are programs that support the daily experiences of pregnant women. One group-based model operating in Ohio is Centering Pregnancy. Women who participate in Centering Pregnancy receive access to prenatal care including health assessments, education and support. Patients meet in a group setting of eight to twelve women, where they can enjoy community with other women as they experience similar challenges during their pregnancy. The program empowers women through community support networks and relationships that otherwise may not be available to at-risk pregnant mothers.

Centering Pregnancy is a national model developed in response to the alarming rates—and disparities among rates—of preterm birth across the country. It has been implemented in Ohio communities where concentrated populations of these pregnant women live. Among these communities are Franklin, Montgomery, Butler, Lucas, Cuyahoga, Summit, Stark, Hamilton and Mahoning counties. Those that have implemented Centering Pregnancy in Ohio are documenting the impact it can have on women during and after pregnancy when they are empowered to choose behaviors that promote positive health outcomes. Across the State of Ohio during 2018, more than 3,000 women participated in Centering Pregnancy. Outcomes among these programs include reduced preterm birth rates and increased initiation and duration of breastfeeding. Ohio programs including one at University Hospitals in Cleveland have also demonstrated impact of the program on women's mental health. Women who can gain access to Centering Pregnancy are able to experience pregnancy with less anxiety and find the group care therapeutic.

We are calling for the successful passage of HB 11 to provide critical resources to our state's ongoing fight against maternal and infant mortality and to close the harrowing racial disparity among the lives of black women and babies lost each year. As the public health and economic devastation of COVID-19 has ravaged the State of Ohio and the nation, it has laid bare and, yet again, confirmed that the public systems that are supposed to protect the most vulnerable among us are often undermining these same children, families and citizens. HB 11 is an opportunity to view policy choices and systems-building with a racial equity lens to support pregnant women and babies who are too often the victims of state systems affirming and even exacerbating the racial and geographic disparities that have been perpetuated for decades by institutional racism and structural inequities. Thank you.