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**Ohio Senate Finance Committee  
Sub.HB 110 Interested Party Testimony  
June 3, 2021**

Chairman Dolan, Vice Chair Gavarone, Ranking Member Sykes and members of the Senate Finance Committee, thank you for the opportunity to provide testimony on behalf of March of Dimes regarding Sub. HB 110, Ohio's FY 2022-2023 budget bill.

March of Dimes has spent 83 years as our nation's leading non-profit working to improve the health of mothers and babies. Our vision is that every mother and baby in our country is healthy no matter where they live, their family's economic status or their race. March of Dimes promotes the health of women, children and families across the life course, from birth through adolescence and the childbearing years, with an emphasis on preconception, prenatal, interconception and infant health. Ensuring that women, infants and families have access to quality care is essential to achieving our goals.

Virtually every measure of the health of pregnant women, new mothers, and infants living in the United States is going in the wrong direction. In 2019, the nation's preterm birth rate rose for the fifth year in a row.<sup>1</sup> Likewise, in Ohio, the preterm birth rate rose to 10.5% and the preterm birth rate among Black women was 48% higher than the rate among all other women. Preterm birth is the leading cause of Ohio's infant mortality crisis and is associated with extreme financial and emotional costs for our families, our employers and insurers. As we work to reduce poor infant outcomes in our communities and in Ohio, we must also remain focused on addressing poor maternal outcomes.

Nationally, an estimated 700 women die from complications related to pregnancy each year and more than 50,000 other women experience life-threatening complications due to labor and delivery.<sup>2 3</sup> Despite the fact that many countries around the world have successfully reduced their maternal mortality rates since the 1990's, the U.S. rate is still higher than most other high-income countries, and it has doubled in the past 25 years.<sup>4 5</sup> The threat of maternal mortality is especially acute for women of color. Black mothers of all ages are three times more likely to die from pregnancy-related complications than their white peers.<sup>6</sup> The Ohio Department of Health reports that between 2008 and 2016, pregnancy-related deaths occurred at a ratio of 14.7 per 100,000 live births, with 57% of these considered preventable. Furthermore, Black women in Ohio died at a rate two and a half times that of white women.<sup>7</sup>

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<sup>1</sup>2020 March of Dimes Report Card. March of Dimes. November 2020. Available at:

<https://www.marchofdimes.org/mission/reportcard.aspx>

<sup>2</sup> Maternal Mortality Review Information Application. Report from Nine Maternal Mortality Review Committees. (2018).

<https://www.cdcfoundation.org/building-us-capacity-review-and-prevent-maternal-deaths>

<sup>3</sup> CDC. Severe Maternal Morbidity in the United States.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>

<sup>4</sup> WHO. Trends in Maternal Mortality 1990-2015. Available at:

<http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>

<sup>5</sup> CDC. Pregnancy Mortality Surveillance System. Available at:

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

<sup>6</sup> xiPetersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. *Morbidity and Mortality Weekly Report*. May 10, 2019. Available at:

<http://dx.doi.org/10.15585/mmwr.mm6818e1>.

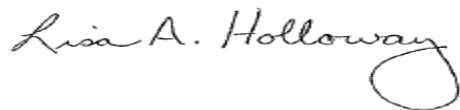
<sup>7</sup> Ohio Department of Health, A Report on Pregnancy-Associated Deaths 2008-2016, 2019

Access to quality maternity care is a critical component of maternal health and positive birth outcomes. Uninsured mothers and newborns are more likely to have poor birth outcomes than moms and babies with insurance.<sup>8</sup> Medicaid covers roughly half of the births in the United States and in Ohio, and women with Medicaid coverage are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions (e.g., diabetes) – putting them at higher risk of maternal morbidity and mortality.<sup>9</sup> For new moms in Ohio, Medicaid’s pregnancy coverage lapses 60 days after birth, ending at a critical time for the health of new moms. Too many new moms are losing coverage at this vulnerable period postpartum. The data show that approximately 30 percent of pregnancy-related deaths – not counting those that were caused by suicide or overdose – occur 43 to 365 days postpartum.<sup>10</sup> State analyses of pregnancy-associated deaths, which include behavioral health-related causes, often find that 50 percent or more of deaths occur beyond the 60-day period.<sup>11</sup>

**The American Rescue Plan provides an opportunity for Ohio to extend Medicaid coverage with federal match to a full year postpartum. March of Dimes urges Ohio to capitalize on this opportunity and extend postpartum coverage for all women covered by Medicaid to a full year after giving birth. Groundwork Ohio estimates that this extension would cover nearly 14,000 women in Ohio. As Ohio remains committed to improving health outcomes for women and infants and specifically reducing maternal mortality and morbidity, extending postpartum Medicaid coverage is a solution that will likely have drastic positive impact and must not be passed up.**

If I can provide further information or otherwise be of assistance, please reach out to me at (513) 324-9763.

Sincerely,



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<sup>8</sup> Institute of Medicine. Committee on the Consequences of Uninsurance. *Health Insurance is a Family Matter*. Washington (DC): National Academies Press (US); 2002. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK221019/>.

<sup>9</sup> Medicaid and CHIP Payment and Access Commission, “Access in Brief: Pregnant Women and Medicaid,” November 2018, available at: <https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf>.

<sup>10</sup> In 2018, a total of 658 women were identified as having died of maternal causes in the United States, and an additional 277 deaths were reported as having occurred more than 42 days but less than 1 year after delivery in 2018. These numbers are based on an updated method of coding (the “2018 method”) maternal deaths based on the implementation of a revised U.S. Standard Certificate of Death. See Centers for Disease Control and Prevention, “Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018,” available at: [https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69\\_02-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf).

<sup>11</sup> [https://reviewtoaction.org/sites/default/files/portal\\_resources/MMR%20Annual%20Report%202017.pdf](https://reviewtoaction.org/sites/default/files/portal_resources/MMR%20Annual%20Report%202017.pdf); Texas Health and Human Services Maternal Mortality and Morbidity Task Force, “Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report,” September 2018, available at: <https://www.dshs.texas.gov/mch/pdf/MMMTFJointReport2018.pdf>;