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Interested Party Testimony for HB 110
Tim Johnson, Policy Advocate
Ohio Poverty Law Center
Ohio Senate Health Committee
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Chair Huffman, Vice Chair Antani, Ranking Member Antonio and members of the Ohio Senate Health Committee, my name is Tim Johnson, and I am a policy advocate for the Ohio Poverty Law Center. Thank you for allowing me to provide testimony on House Bill 110 specifically the lead poisoning prevention, Medicaid for new mothers, and childcare provisions of the biennial budget.

Lead Poisoning

Lead is a powerful neurotoxin that has devastating lifelong effects on young children. There is no safe level of lead in a child's blood and there is no cure for lead poisoning. While the country and the state has made some progress toward decreasing the number of children who are lead poisoned, it remains a significant problem. Over two-third of Ohio homes were built before 1978 which means they have potential lead hazards, and over 425,000 of these homes are occupied with children who are under the age of 6. Childhood lead poisoning is an issue in every corner of our state, but many homes with lead hazards are in areas that have been the victim of systemic disinvestment, and children of color are the ones who bear the brunt of childhood lead poisoning.

If we hope to see a day in which all Ohio children can live lead free, it is critical that our state shift its efforts to primary prevention. Currently, when a child is found to have elevated levels of lead in their blood, an investigation is done to find the lead hazards a child has encountered and a lead hazard control order is issued to have the lead hazard abated or controlled. Unfortunately, this only occurs after a child has been poisoned by lead. Primary prevention seeks to control and abate lead hazards before a child is ever poisoned. One of the state's most important primary prevention tools is the SCHIP Lead Abatement Program.

The SCHIP Lead Abatement Program currently allows for homes with lead hazards to be abated for Medicaid households with pregnant women or children under 6 years old. SCHIP has been highly successful, performing lead abatement activities in over 61 counties. The program, however, is currently over-extended; the current budget for SCHIP only allows for 125 households each year to be abated. There is a significant waitlist and there are not enough resources to keep up with demand. We are asking that the general assembly increase the funding from \$5 million each fiscal year to \$10 million each fiscal year. Doubling the funding will allow the program to expand its reach to more communities and allow the state to focus on primary prevention so that we are no longer waiting for kids to become lead poisoned before we act.

The Ohio House removed language from the budget allowing the Director of Health to levy fines of not more than \$5,000 for violations of the lead abatement law. Currently, if a person who has a license to do

lead abatement work, the Department of Health can only suspend or revoke licenses for violations of the law. This poses a problem because it shrinks the worker pool, meaning there are less people to do important work that already has a high demand. Allowing for a modest monetary penalty keeps workers on the job while allowing ODH to work them to ensure future compliance. Furthermore, the removed language also ensures that ODH can enforce the renovation, repair, and painting rule rather than having it enforced via the US EPA. For these reasons, we ask that you restore the language in the executive version.

Governor DeWine has also allocated \$7.15 million in each fiscal year for lead poisoning prevention. Up to \$5 million in each fiscal year will go to a first of its kind program to award grants and contracts to help local communities receive funding for lead poisoning prevention efforts. There are many communities that recognize the benefit of lead poisoning prevention initiatives but lack the funds to begin the process. Each community faces their own unique challenges, and the grant program will allow localities to utilize funding in the way that best fits their needs. We are hopeful that the grant program will represent the beginning of a fruitful partnership between state and local governments on lead poisoning prevention and we ask you maintain this funding in the budget.

Lead poisoning is a serious issue, but it is also preventable. By working to eliminate lead hazards we can create an Ohio where no child suffers from the harmful effects of lead poisoning. A lead-free Ohio will not happen overnight, but the Governor's budget creates solid foundation for us to build a brighter future for our children.

Medicaid for Postpartum Mothers

Currently, a pregnant woman is eligible for Medicaid if they earn below 200 percent of the federal poverty line and that eligibility extends for 60 days postpartum. More than half of pregnancy-related deaths occur in the postpartum period. Research shows that treatment for significant postpartum health risks such as depression, chronic health conditions, and breastfeeding support can be needed for longer than 60 days after delivery.

Starting next year, Ohio will have the option to extend Medicaid health coverage to these mothers for 12 months after giving birth. The American Rescue Plan Act allows states to extend Medicaid coverage through a state plan amendment and provides matching federal dollars to cover the greatest share of the costs. We ask you to extend Medicaid coverage for mothers for 12 months postpartum.

Childcare

HB 110 increases the eligibility for publicly funded childcare from 130 percent of the FPL to 138 percent of the federal poverty level. Ohio ranks near the bottom, among all 50 states, when it comes to helping parents afford high-quality childcare. There is not enough affordable, high-quality childcare options to meet demand, disproportionately harming working mothers, especially low- and middle-income mothers and mothers of color.

We ask you to expand initial eligibility for publicly funded childcare to 200 percent of the federal poverty

level (which would support a family of three making \$43,440 or less) to help parents afford childcare and ensure more at-risk children have access to high-quality care. The Urban Institute estimates that expanding eligibility from 130 percent to 150 percent of the FPL would mean an additional 67,400 children could get childcare in Ohio and 12,100 children could be lifted out of poverty. Boosting initial eligibility to 200 percent would mean even more families could afford childcare.

Thank you for your consideration of my testimony. I stand willing to work with each of you to make Ohio a better place for low-income families.