

House Health Committee
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Mike Moroski
Cradle Cincinnati

Chairman Merrin, Ranking Member Boyd, and Members of the House Health Committee:

Good morning, my name is Mike Moroski and I am the Policy Manager for Cradle Cincinnati. I am here today to testify in support of HB 11.

First, allow me to thank Co-Sponsors Manning and Howse for bringing forward this important bill. I would also like to thank Speaker Householder for his leadership in getting HB 11 to this point.

Cradle Cincinnati is grateful to the leadership of both caucuses for recognizing the essential nature of the work to combat infant and maternal mortality in the state. We are supportive of HB 11.

Today, I would like to specifically discuss why group pre-natal care programs are so important to our community in Hamilton County.

Group prenatal care is a model of prenatal care that takes place in a group setting, allowing patients to spend more time with their healthcare providers. In group prenatal care, 8-12 pregnant women due within the same month attend their prenatal care sessions together. At the beginning of each session, women take part in their own care by measuring and recording their own blood pressure, temperature and weight. Then each woman meets with her healthcare provider for her individual health assessment. Once health assessments are complete, everyone comes together for 90-120 minutes of group discussion on important health topics, including stress management, labor and nutrition. This open discussion format promotes information-sharing and increases overall social support among the women in the group.

The group prenatal care model requires significant upfront and continuing investment due to the following expenses: Patient education materials, annual certification fees and office support staff training.

Furthermore, with a total hospital cost of \$93,648,000 for preterm births in Hamilton County *alone* (and a Statewide societal cost estimated by the March of Dimes to be \$731 million), expanding Group Prenatal Care will likely help lower overall costs as birth outcomes are proven to be better under the group model.

In a South Carolina study, a group of 85 pregnant women enrolled in Medicaid who attended at least four group prenatal care sessions were compared with a control group of pregnant women who only saw their clinical provider individually. Pregnant women enrolled in the group prenatal care program had 70% fewer babies admitted into the neonatal intensive care unit (NICU). Furthermore, the lower rate of hospital admissions resulted in cost savings for Medicaid for the women who participated in group prenatal care.

Another South Carolina study was conducted to determine the cost savings in preventing adverse birth outcomes in women enrolled in Medicaid who participated in group prenatal care.¹ Participation in the group prenatal care model reduced the risk of preterm birth by 36%. Reduction in preterm birth yielded additional healthcare savings. The group prenatal care model reduced the risk of NICU hospitalization stays by 28%.

Also notable is that the group prenatal care is shown to reduce disparities in birth outcomes. As we know, black women are four times more likely to have an adverse birth outcome than white women in Hamilton County. This disparity is felt all over the state of Ohio, not just in Southwest Ohio.

Expanded group prenatal care will promote equity in the prenatal space, save the state money, promote healthy pregnancies, improve infant health, and assist in lowering Ohio's infant mortality rate. The group care model has already proven to do these things in Hamilton County, and we look forward to expanding our work with the funds provided by HB 11.

Again, thank you for working on this important topic, and I would be happy to answer any questions.
