**Proponent Testimony of Marie McCausland on House Bill 11**

**Senate Health and Human Services, and Medicaid Committee**

**November 13, 2019**

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Senate Health, Human Services, and Medicaid Committee, thank you for the opportunity to discuss the importance of House Bill 11 which would support pregnant women in Ohio. I am grateful to Representatives Manning and Howse for sponsoring the bill, and to the House for recognizing the essential nature of the work to combat infant and maternal mortality in the state and unanimously passing House Bill 11. This bill would provide dental coverage to pregnant women and group prenatal care to women on Medicaid, which I believe will help decrease infant mortality in the state and increase overall women’s health.

My name is Marie McCausland, PhD and I am a scientist, mother and maternal health advocate living in Parma, Ohio. I previously came before this committee in support of SB 101, which would designate May as PreEclampsia Awareness month, and described my harrowing near-miss story with Post-Partum preeclampsia. Very soon after my testimony, SB 101 was passed unanimously. I have spent the last 2.5 years since my near-death experience, helping change policies in Cleveland, Ohio, and across this Nation so that no woman has to lose their life while giving the gift of life. In my advocacy journey I found First Year Cleveland, whose goal of eliminating infant mortality so that all infants can see their first birthday lines up very well with my own, making sure their mothers are there to celebrate that first birthday as well. Together we have determined that when you center mothers and take care of moms first, you will help solve the infant mortality crisis in Ohio.   
  
 In Cuyahoga County in 2019 the overall infant mortality per 1000 live births was 9, with the rate for black infants being 16 live births and white infants being 5 (“Infant mortality in Ohio | County Health Rankings & Roadmaps,” 2019), and the March of Dimes recently gave Cuyahoga county an “F” rating for its infant mortality rate(“Preterm Cuyahoga | PeriStats | March Of Dimes,” 2019). Mirroring these infant mortality rates, in the United States, black women are up to 3-4 times more likely to die due to pregnancy related complications than white women. These rates highlight the correlation and intersection of infant mortality, motherhood mortality, and race.

One important aspect of HB11 is the allocation of additional funds to MCOs of Medicaid for group prenatal care. In group prenatal care, women due within the same month meet in groups of 8-12, see their individual healthcare professional, and then come together for 1.5 to 2 hours to discuss important and relevant healthcare topics like labor, complications, and stress management. The largest Group Prenatal Care system in Ohio, which would benefit significantly from the passage of HB 11, is First Year Cleveland Centering Pregnancy Coalition in Cuyahoga County, which serves more than 1,000 expectant parents. According to the Medicaid Policy Research published in April 2016, for every 30 expectant moms served in the Centering model of care, there is a $69,799 cost savings, meaning a total cost savings of nearly $2.5 million (Gareau et al., 2016). With increased funding, First Year Cleveland will be able to serve more parents, and build upon the current momentum; it could double the projected centering slots as of the end of 2019 from 1700 to 3500.

While I do not have personal experience with this particular type of pre-natal care, I can say that my “one-on-one” pre-natal care did not involve significant discussion with my doctor or other mothers. As a result, when I found myself with a severe complication post-partum, it was not my pre-natal care which helped save me, but an NPR article which had discussed the tragic death of a woman, Lauren Bloomstein, from post-partum preeclampsia. It is my hope that mothers will be able to get much needed information from a more reliable and steadfast source, including their providers and peers, and better more equitable care which will decrease motherhood mortality, prematurity, and infant mortality.

In addition, this HB 11 will address dental health of pregnant mothers, which is incredibly important to me personally. During my pregnancy I was diagnosed with Hyperemesis Gravidarum, or HG, which is excessive nausea and vomiting during pregnancy. I like to describe it as a never-ending stomach flu and HG only equates to “morning sickness” like a hurricane resembles a light drizzle. One of the side effects of constant nausea and vomiting is damage to your teeth because of the acidity. I did not receive routine dental cleanings, and the resultant damage to my teeth was significant, requiring several fillings and a root canal. In my HG online support group, there are constant questions about what to do about their now destroyed teeth. Many are low-income women with little or no dental insurance. By delaying routine dental care, they are now faced with more significant and severe dental cases. Many choose to have their teeth pulled because of the decreased cost, rather than fixing their teeth, which subsequently leads to bone decay. HB 11 would provide pregnant women with two much-needed, routine dental cleanings, who otherwise would likely not receive them. By providing pregnant women with dental care, we can increase women’s overall health and decrease the likelihood of more costly procedures or damage beyond repair.

Overall, I know that HB 11 will help provide mothers with better pre-natal care which has the potential to not only improve their overall health, but the health of their pregnancies and infants. When pregnant women are supported and heard, and when we take care of mothers first, we will create a world where no mother dies giving the gift of life and all babies see their first birthday. Thank you for working on this important topic. I urge you to pass this bill, and will answer any questions.

References

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