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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 Senate Bill 326 which would provide modifications to the Pregnancy-Associated Mortality Review Board (PAMR).

As you may know, Groundwork Ohio is a statewide, nonpartisan advocacy organization that champions high-quality early learning and healthy development strategies from the prenatal period to age five, which 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 steering committee of child-focused health and education experts from across the state.

When a mother dies as a result of childbirth, it is both a tragedy for families and communities. Healthy moms are the foundation of healthy children and that is why Groundwork is testifying today as a proponent of Senate Bill 326. Whether infants are born healthy and with the potential to thrive as they grow greatly depends on their mother's well-being—not just before birth, but even prior to conception. To have a healthy pregnancy and positive birth outcomes, women and their infants require access to appropriate health care services, before, during, and after birth.

A pregnancy-related death can happen at any point during pregnancy, at delivery, and up to a year after birth (postpartum). According to the Centers for Disease Control and Prevention (CDC), about 1/3 of deaths (31%) happened during pregnancy; about 1/3 (36%) happened at delivery or in the week after; and about 1/3 (33%) happened 1 week to 1 year postpartum. A national study found that of the medical complications that most commonly cause maternal mortality and morbidity, Black women were two to three times more likely to die than white women who have the same exact complications. The reasons behind the racial disparity are varied and complex, but lack of access and poor quality of care are leading factors. Researchers have explored connections between these disparities and factors such as poverty due to parents not earning a living wage, unemployment, or underemployment; living in under-resourced neighborhoods; or low educational attainment. These numerous studies, however, have reached the same conclusion: Even after considering the influence of these factors, racism accounts for huge differences in maternal health outcomes.

The CDC estimates that every year in the United States, 700 women die from pregnancy or childbirth-related causes, and the majority are from preventable causes. The U.S. has the worst maternal mortality record in the

developed world and Black women are three times more likely than white women to die from pregnancy or childbirth-related causes. In Ohio, between 2008 and 2016 pregnancy-related deaths occurred at a ratio of 14.7 per 100,000 live births. Over half of these deaths, 57% were considered preventable. Additionally, Black women in Ohio died at a rate of more than two and a half times that of white women making up 34% of deaths but only 17% of births.

This data is one of a series of metrics for which the pervasive racial disparity determines outcomes for both parent and child(ren). The experiences of both mothers and infants are inextricably linked, although they are often considered separately. This is particularly important when it comes to babies and women of color, due to the intergenerational effects and lived experiences of racism. These factors are influential throughout pregnancy and affect their babies' start in life. We know that where these disparities and gaps present themselves during the prenatal period of a young child's development, they often persist across the life course as demonstrated by the following data points:

- More than half of all babies in Ohio are born to women who receive Medicaid and 49% of infants and toddlers in Ohio receive health coverage through Medicaid and Healthy Start.
- Nearly 12% of all Ohio births are preterm and this rate is 50-80% higher for moms receiving Medicaid compared to their higher income peers. 1 in 7 Black babies are born premature compared to 1 in 10 white babies.
- Black babies are more than 2.5 times more likely to die before their first birthday compared to white babies;
- Black children ages 0-5 are nearly three times more likely to live in poverty than white children;
- Black children are much more likely than their white peers to be accessing publicly funded child care, but are less likely to be in a high-quality program;
- Less than 11,000 families are accessing voluntary evidence-based home visiting through the state funded Help Me Grow program.
- Only 24% of Black children show up to kindergarten ready to learn compared to 47% of white children;
- Black kindergartners are 7 times more likely to be suspended or expelled than white kindergarteners—and that gap increases to about 9.5 times more likely by 2nd grade;
- Black children are far more likely to have adverse childhood experiences (ACEs)—61% of Black children have had at least one adverse childhood experience (ACE) compared to 40% of white children.

The changes to the PAMR Board outlined in SB 326 are necessary next steps to strengthen the PAMR's work and the experience of pregnant women across the state of Ohio which will, in turn, build a stronger foundation for their children, positioning them for a lifetime of success. SB 326 imposes additional requirements on PAMR Board membership, reimbursement and compensation, and meetings and expands the Board's duties associated with its mission to reduce the incidence of pregnancy-associated deaths in Ohio. The expansion of duties and the recognition of the requisite governance to support the critical work of the PAMR, is a statement of priority and expectation. These changes empower the Board to seek a diverse table of stakeholders to inform it's work, including centering the lived experiences of women and mothers in medically underserved areas or areas with a disproportionately high incidence of delivery hospitalizations involving severe maternal morbidity. Listening to the voices of these women and mothers most deeply impacted by, or proximate to, pregnancy-associated deaths is critical to the development of effective and equitable policy that will support the health of them and other women in their communities.

Further, this legislation imposes additional requirements on the Ohio Department of Health (ODH) and those with information on pregnancy-associated deaths for the purpose of identifying pregnancy-associated deaths. Requiring ODH to use all resources available to it to identify pregnancy-associated deaths in Ohio, including maternal death certificates, the International Classification of Diseases (ICD) obstetric cause of death codes, and linking death certificates to live birth and fetal death certificates will ensure state policy to prevent maternal

mortality and improve the care of women and mothers in our state is driven by data and complete information. SB 326 also requires the PAMR Board to prepare reports annually versus biannually and include additional content in the reports to better inform the work of the Board and ultimately the prevention of pregnancy-associated deaths in Ohio with special attention to systemic responses to data trends and racial disparities. What we measure matters and the reporting of this data annually is necessary to implementing and improving upon responsive maternal health policies and investments made in the state to ensure they reflect the changing needs of pregnant women in communities across the state.

Lastly, beyond the work specific to the Board, SB 326 designates the month of May as "Maternal Mortality Awareness Month." Maternal mortality is a crisis in Ohio. It is our hope that this legislation is enacted to expand the duties of the PAMR board associated with its mission to reduce the incidence of pregnancy-associated deaths in Ohio and designate a month for education and action towards improving the experience of pregnant women in the state of Ohio. We view SB 326 as helping to build the state infrastructure that will support equitable birth experiences in Ohio and serve as an important vehicle to inform policy and increase investments in maternal mortality and morbidity prevention. Thank you for your time and attention to this important issue. Please feel free to contact me if you have any questions regarding my testimony.