



House Families and Aging Committee
HB 7 - Proponent Testimony
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Good morning, Chairperson Schmidt, Vice Chair Miller, Ranking Member Denson, and members of the House Families and Aging Committee. Thank you for the opportunity to provide proponent testimony on House Bill 7, the Strong Foundations Act on behalf of the Children's Defense Fund-Ohio.

CDF-Ohio is a statewide non-profit organization which serves as an independent voice for all children. Born out of the civil rights movement, with more than four decades of advocacy in Ohio, it is the mission of the Children's Defense Fund to champion policies and programs that lift children out of poverty, protect them from abuse and neglect, and ensure their access to appropriate and targeted health care, quality education, and nutritional wellness.

Maternal and infant mortality continues to be a leading public health crisis in Ohio. In 2020, the infant mortality rate in the United States was 5.4 deaths per 1,000 live births. ([Mortality in the United States, 2020](#)). According to the Ohio Department of Health, the 2020 infant mortality rate in Ohio was 6.7 per 1,000 live births. The rate among Black infants was 13.6. The infant mortality rate in Appalachia Ohio was **21 percent higher** than in the nation as a whole. ([Key Findings: Health Disparities in Appalachian Ohio \(PDF: 320 KB\) \(arc.gov\)](#))

We are very excited to be testifying as proponents on this comprehensive piece of legislation that addresses many critical needs of pregnant women and children in Ohio. CDF-Ohio supports all the following investments in infant and maternal health.



Help Me Grow Program

Ohio's Evidence-based home visiting programs is one proven approach to mitigate infant mortality. For every \$1 invested in home visiting programs, the state return on investment is \$6. Help Me Grow is a system of supports for pregnant women, caregivers with new babies, and families with young children with developmental delays and disabilities. These services are usually provided in the home and empower parents with skills, tools and confidence to ensure the healthy growth of their children.

- 1. Pregnant women who participated in Home Visiting were 48 percent less likely to have a child with low birth weight. ([Help Me Grow](#))**
- 2. More than 95 percent of Ohio parents who accessed Early Intervention for their child reported they were better able to support their child in learning new things and gaining new skills.**

Healthy Beginnings at Home

Healthy Beginnings at Home (HBAH) is program designed to reduce infant mortality by providing safe and stable housing to pregnant women and young children. This program, currently operating in Franklin and Summit counties, demonstrates that stable housing improves birth outcomes for at-risk women and their families, reduces Medicaid spending, and addresses racial disparities.

Nutrition

We strongly support the provisions of HB 7 that help to enhance the Supplemental Nutrition Program for Women, Infants, and Children, WIC. Currently, we know there are women and children who are eligible for, but not participating in, WIC due to barriers they may face accessing the program and barriers in reaching their WIC clinic to have benefits reloaded. We fully support efforts to allow for adjunctive eligibility, allow for automatic benefit reloading, and creating an integrated eligibility determination application for both WIC and SNAP. WIC is an effective program in helping pregnant women, women, and children thrive.



In Ohio, Medicaid provides coverage for over 1.3 million low-income children. As a population group, children represent approximately 40% of Ohio's Medicaid caseload but only 14% of Medicaid spending. But the return on investment for that spending is immeasurable.

Extend Medicaid coverage of Doula services.

There is a strong and growing body of evidence that access to doula care during pregnancy reduces the incidence of preterm birth, the prevalence of cesarean births, and increases healthy outcomes for both mother and child. In 2022, 1 in 10 children were born preterm Ohio. According to The Ohio Perinatal Quality Collaborative, a preterm birth in Ohio costs an average of \$32,000 (this is without an extended stay in a neonatal intensive care facility). Doulas provide emotional, physical, and educational support to a mother who is expecting, experiencing labor, or has recently given birth. Doulas act as advocates for the women they care for to make sure their voices are heard, and their concerns are addressed.

According to the March of Dimes, in 2020, Ohio had 14 counties, mostly concentrated in the Appalachian region that are designated as Maternity Care Deserts, and 4 counties with low access to maternity care. The March of Dimes defines a maternity care desert as a **county that lacks a hospital offering obstetric services or a birthing center**, providing no access to an ob-gyn or a certified nurse midwife. ([Maternity Care Deserts Report | March of Dimes](#))

Unfortunately, nationwide, Ohio had the most women impacted by overall reductions in access to care (over 97,000).

Trained doulas with access to Medicaid reimbursements in these areas could make a great deal of difference in the health and well-being of pregnant women and the birth of healthy thriving children.



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Continuous early childhood Medicaid eligibility.

Young children need uninterrupted access to health insurance to thrive. Brain development is most rapid in the early years of life, and infants and young children need quality health care to ensure they get and stay on a path to success. Pediatricians recommend frequent visits in early years to track progress toward developmental milestones, detect and address social, emotional, or developmental delays prior to beginning school, and minimize unnecessary, long-term harm and costs.

Children in Ohio aren't getting the care they need. Ohio can and should be doing a better job of providing care to families and children — particularly those who are covered by and/or eligible for Medicaid. Administrative barriers and red tape cause many eligible children to fall off and re-enroll. In 2019 alone, more than 23,000 children lost their Medicaid coverage, and over 70 counties saw child enrollment declines — without corresponding gains in private insurance coverage.

Ohio ranks poorly in several [Child Core Set measures](#). According to data highlighted by the [Georgetown Center for Children and Families](#):

- 4.4% of children under age 6 are uninsured.
- Only 61% of Ohio children complete well-child visits in first 18 months
- Only 62% of children aged 2 have the required immunizations.
- Only 29% of eligible children received preventive dental services.
- When it comes to overall child well-being, Ohio fell from 27th in 2019 to 31st in 2020 ([2022 Kids Count Data Book](#)).
- Ohio ranks 47 out of 50 states in terms of health value, meaning that Ohio spends more on healthcare and experiences worse outcomes than people in most other states ([2021 HPIO Health Value Dashboard](#)).

We saw the number of children enrolled in Medicaid rise during the pandemic because of the continuous coverage provisions that were in effect, but with the unwinding of those provision we expect to see the number of uninsured children to rise again.



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One important way to ensure Ohio kids are getting the care they need is to offer continuous Medicaid eligibility from birth to age 3. Allowing children with Medicaid to maintain their coverage regardless of temporary household income fluctuations will:

1. Give children consistent access to the well-child visits, vaccinations, and specialty care they need to start school ready to learn.
2. Help low-income parents stay focused on getting their kids to the doctor without worrying about whether visits will be covered from one month to the next.
3. Allow families to seek care before small health issues turn into expensive problems.
4. Address racial health disparities by reducing the gaps in coverage that disproportionately affect nonwhite children.
5. Reduce the administrative burden and costs to the state and drive more efficient spending.

Thank you for the opportunity to testify on HB7 and give voice to the concerns of mothers and babies around Ohio. The legislation you favorably pass out of this committee is a mirror by which we see what we value in our state. With HB7, Ohio has the opportunity to make positive strides forward in maternal and infant health. CDF-Ohio urges you to make healthy moms and babies a priority in this state.