Ohio Senate Medicaid Committee
Testimony on Sub. H.B. 64, 131st G.A., Medicaid Proposals

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Chairman Burke, Vice Chair Manning, and Ranking Member Cafaro, and members of the Senate Medicaid Committee, thank you for taking the time to hear our testimony on the proposal to change Medicaid eligibility for pregnant women. My name is Tara Britton and I am a Public Policy Associate at The Center for Community Solutions. CCS is a nonpartisan think tank focused on research and analysis of health and human service issues with offices in Cleveland and Columbus. I would like to share our perspective on proposed changes to the Medicaid program, namely changes to eligibility categories.

Medicaid Eligibility for Pregnant Women

The state budget, in the As-Introduced and House-proposed versions, cuts Medicaid coverage for pregnant women with family income between 138 and 200 percent of the federal poverty level (FPL) expecting that they can pick up coverage in the health insurance marketplace. This decision will undercut the state's goal to reduce the infant mortality rate, which in 2010, was 4th highest in the nation at 7.7 infant deaths per 1,000 live births.[1]

Community Solutions recommends continued Medicaid coverage for pregnant women up to 200 percent of the federal poverty level. Comprehensive, timely prenatal care is vital for the health of the mother and baby and is a key factor in healthy birth outcomes which can contribute to lowering the infant mortality rate. Reduction of the infant mortality rate is tied to prenatal care through early detection of: maternal health issues, complications of pregnancy, and the mother receiving appropriate treatment and interventions for smoking or other substance abuse. Detection and treatment must happen early on in pregnancy in order to carry to term and increase the chances of delivering a healthy baby.

[1] http://www.cdc.gov/nchs/pressroom/states/INFANT_MORTALITY_RATES_STATE_2010.pdf

As you have likely heard, pregnancy does not trigger a special enrollment period on the health insurance Marketplace, so if an uninsured woman becomes pregnant outside of the regular enrollment period, she has no way to access insurance. I think there is an additional important point to be made in terms of consistency in Medicaid coverage. Children in Ohio are covered through Medicaid up to 206 percent of the federal poverty level, so once a baby is born into a family with income between 139 and 200 percent of the poverty level, the baby is eligible for Medicaid. Again linking this to infant mortality, prenatal care is imperative in reducing pregnancy complications and improving birth outcomes. We should also remember that a child born with severe disabilities due to lack of prenatal care may need a lifetime of coverage through the Medicaid program. It is good policy to be consistent with health insurance coverage for the whole family. Medicaid should cover pregnant women at the same level that the program covers children, to ensure health from pregnancy to birth and beyond.

Thank you again for your time. I'm happy to take questions.