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**House Finance Committee**  
Chairman Jay Edwards  
Proponent Testimony on House Bill 7

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Chairman Edwards, Vice Chair LaRe, and Ranking Member Sweeney and members of the House Finance Committee, thank you for the opportunity to provide proponent testimony on House Bill 7. The Center for Community Solutions (CCS) is a nonprofit, nonpartisan think tank that aims to improve health, social and economic conditions through research, policy analysis and communication. House Bill 7 is comprehensive, so I will touch on a few, but not all areas of the bill.

### **Maternal Health**

As the sponsors shared in their testimonies, Ohio has fallen behind on maternal and infant health. Since 2018, our organization has specifically focused in on maternal health. First, by understanding the scope of the issue which has led us to supporting specific policy change that will make a difference. Our organization has spent a lot of time with the data around maternal mortality and morbidity. In the United States and in Ohio, women are dying from complications related to pregnancy and childbirth at a higher rate than other industrialized nations, and the rate is increasing. The United States has a maternal mortality ratio of 23.8 deaths per 100,000 live births. Compared to the next highest countries France and Canada with rates of 7.6 and 7.5 respectively, it's not even close.

What we know is that pregnancy-related mortality, which is the death of a woman during pregnancy or within 1 year postpartum from any cause related to or aggravated by her pregnancy or its management, is increasing. And for every death, we know there are many more "near misses" of a death.

In 2018, the most recent year that we have data for, in Ohio, there were 32 pregnancy-related deaths.<sup>1</sup> The pregnancy-related mortality ratio or the number of pregnancy-related deaths per

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<sup>1</sup> <https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/Reports/PAMR-Reports>

100,000 live births was 23.7 in 2018. Nationally, the 2019-2021 data tells us this rate has only increased, but this is not yet available at the state level.

Recently released detailed data for 2017 and 2018 from the Ohio Department of Health shows that overall, 79 percent of pregnancy-related deaths occurred among non-Hispanic white women and the overall leading cause of death was overdose. ODH updated its criteria for reviewing maternal deaths, resulting in more overdose deaths being classified as pregnancy-related. While more white women died overall, Black women were more likely to die from medical causes unrelated to overdoses, including embolisms, preeclampsia and eclampsia, infections and cardiovascular causes, among others. Non-Hispanic Black women are dying at a higher overall rate than white women. Studies have shown that college-educated Black women have higher risks of maternal death than high school-educated white women. This is unacceptable and demands every tool we have to address the people who are suffering the worst outcomes at the highest rates.

A recent opinion piece in The New York Times most accurately and profoundly describes maternal mortality as “dying of pregnancy and childbirth.” The reasons why Ohioans are dying of pregnancy, at least as of 2017 and 2018, look different for non-Hispanic Black women and non-Hispanic white women. The differences in circumstances between white and Black moms are distinct and require solutions that are “both and” not “either or.” To truly address these tragedies, we need to enact the programs supported through House Bill 7 and continue to support the efforts addressing disparities in outcomes for Black women. This report also shows that we need to provide better support to families in the postpartum period, as a significant portion of deaths related to overdose occurred weeks and months beyond labor and delivery. We also know that tragically the vast majority, 72 percent, of these deaths are preventable. This is an increase from the 2016 data where over half were deemed preventable. We are failing our moms and we are failing their families.

### **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

One key tool to provide nutrition, education, support and resources to pregnant women and families in the extended postpartum period is WIC. WIC is a vital nutrition program for families with young children, but we are not reaching nearly enough eligible participants. Research demonstrates WIC’s effectiveness at improving health and nutritional outcomes of both women and children. WIC enrollment reduces infant mortality, especially for Black participants. A recent study looked at the rates of infant mortality in babies whose mothers participates in WIC during pregnancy and found that the infant mortality rate was 5.2 deaths per 1,000 live births among those who had received WIC benefits, compared to 8.2 deaths among those who did not — cutting infant mortality by more than a third.

Similar to other benefit programs, WIC requires participants to recertify their enrollment in and need for the program every so often. In Ohio, this time period is every six months. And in Ohio,

like only 8 other states in the nation<sup>2</sup>, we require WIC participants to physically visit their local WIC office to have their cards reloaded. We are considered an offline state.

Community Solutions and our partners at Children's Defense Fund and the Ohio Association of Foodbanks have been working over the last few years to push Ohio toward moving its WIC program online and have had productive conversations with leadership in the executive and legislative branches. We appreciate Representatives White and Humphrey including recommendations to improve Ohio's WIC program. We are hopeful that the push in House Bill 7 to move Ohio online, take full advantage of federally-funded opportunities to modernize WIC and fully reach all eligible families in Ohio will yield positive results.

### **Doulas**

We appreciate that doula certification and Medicaid reimbursement for doulas is included in House Bill 7. Data and experiences show us that doulas can make a difference in improving outcomes for moms and babies, especially for Black moms and babies.

We are excited that this policy was included in the state budget and look forward to working with the General Assembly and the Board of Nursing to enact this policy.

### **Continuous Medicaid coverage for kids through age 3**

We are similarly excited to see the commitment to ensuring Ohio's youngest kids have continued access to health coverage and care with the inclusion of continuous Medicaid coverage for kids up to their 4<sup>th</sup> birthday, both here in HB 7, and passed into law in the budget. Our research<sup>3</sup> shows that when parents lose Medicaid coverage, for whatever reason, there are significant rates of coverage loss for their kids too, even though these children may still be eligible and this policy will go a long way in ensuring kids maintain coverage.

### **Conclusion**

We're excited to support House Bill 7 and look forward to working with the sponsors and all of you to implement these proposals. I'm happy to take any questions.

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<sup>2</sup> <https://www.fns.usda.gov/wic/wic-ebt-activities>

<sup>3</sup> <https://www.communitysolutions.com/research/childrens-medicaid-eligibility-ohio/>