



Ohio's Final Biennial Budget Must Support Maternal and Infant Health



Support Maternal & Infant Health

Children's Defense Fund-Ohio views the budget as a moral document. It is not only an accounting of spending priorities for the state, but a declaration of what we consider to be important. CDF-Ohio believes that every child contributes to the vibrancy and success of our communities, and as we head into the final weeks of the budget process we urge the prioritization of maternal and infant health. There are currently 3 different versions of the budget, and in each of these there are numerous opportunities to move the needle and improve the health outcomes for at-risk mothers and children.

12-Months Continuous Coverage for Pregnant Women

The United States is the only industrialized nation with a maternal mortality rate that is rising—increasing 26% between 2000 and 2014. Ohio's Pregnancy-Associated Mortality Review Panel (PAMR) published a report showing that between 2008-2016, over half the deaths of women who were pregnant or who died within one year of pregnancy were preventable. The report also showed that Black women died at a rate more than two and a half times that of white women.

In Ohio, Medicaid covers pregnant women up to 200% of the Federal Poverty Level (FPL), however, federal Medicaid law only requires this coverage be available for 60

days after the end of pregnancy. After that period, it is up to the states to decide if they will provide additional coverage to new mothers. At this time, Ohio cuts off Medicaid eligibility and access to new moms 60 days after birth. If the new mom doesn't qualify under another eligibility category, the new mom is left without healthcare coverage at a critical time in her life and the life of her newborn.

The population who ultimately benefits from implementation of this coverage are women specifically between 138-200% FPL. These are women who make too much to be eligible through expansion yet don't make enough where an exchange policy is financially viable. CDH-Ohio is grateful that the Ohio Senate amended the 12 month postpartum language into their version of the budget and urges legislators to support this language remaining in the final budget.

Evidence Based Home Visiting

Infant mortality continues to be a leading public health issue in the United States. Ohio's rate of infant mortality is substantially higher than in the rest of the country and the statistics facing Black infants are staggering. In 2018, 6.2% of Ohio women in urban areas received late or no prenatal care, and in that same year 10.5% of urban infants were born preterm. When we look at the data through a lens of health equity, we can see that in 2018, 1 in 10 babies was born preterm in Ohio. One proven approach to mitigating



Help Me Grow: Evidenced-Based Home Visiting

infant mortality is evidenced-based home visiting programs. Home visiting is a prevention strategy used to support pregnant moms and new parents to promote infant and child health, support educational development and school readiness, and help prevent child abuse and neglect. Home visits may be conducted by trained nurses, social workers or child development specialists. Their visits focus on linking pregnant women with prenatal care, promoting strong parent-child attachment, and helping parents understand child development and the role of being a supportive parent. Home visitors also conduct regular screenings to help parents identify possible health and developmental issues. Gov.DeWine's Executive budget and the House passed version of the budget maintained the investment in Ohio's evidence-based home visiting

programs and extended the maximum age that a child's family is eligible for home visiting services through the Help Me Grow Program from three years old to five years old. Unfortunately, the Senate chose to remove the language allowing 4 and 5 year olds to access the Help Me Grow program. Adopting the Executive and House version of this language will allow children and families to continue to benefit from these cost-saving programs for 2 additional years.

Broadband Funding for Underserved Areas

Broadband access impacts nearly every aspect of child wellbeing—from education, to health and wellness, food and housing security, and economic stability for families. The Covid-19 pandemic has exposed the critical necessity of broadband to our daily lives and

simultaneously exposed the reality that over one million Ohioans lack access to high-speed affordable internet. As schools, businesses, and just about everything else shut down during the pandemic, having a reliable broadband connection became a very important way to stay in touch with family, continue to work, attend school, and access healthcare and behavioral health services.

Broadband access overlaps so many areas of child wellbeing and family stability that it has been identified as a "Super-Determinant of Health." Nearly one in eight families lack access to broadband.

Among unserved rural households, 80% are in the hard-to-reach, rugged terrain of Appalachian Ohio. Even those with service often endure connectivity speeds too low and connectivity too unreliable to support distance learning, remote work, virtual doctor visits, and essential business operations. The problem is one of both availability – the inadequacy or absence of broadband infrastructure – and affordability – the inability of low income households to pay for service.

Ohio must improve the technological infrastructure in the state by making critical investments to expand broadband access and its affordability by recognizing broadband as an essential utility that all Ohioans must be able to access. The House made great strides in this direction by creating the Ohio Residential Broadband Expansion



Grant Program and the Ohio Broadband Expansion Program Authority to award program grants to fund the construction of broadband projects in unserved areas of the state, and by funding that grant program with \$190M over the biennium. This funding was stripped from the Senate version depriving millions of Ohio families from the ability to ensure their children's basic needs by applying for SNAP, Medicaid, unemployment, and other public assistance programs and to find and participate in work. Most importantly, it further cements a second class education for millions of Ohio children who are unable to access or afford reliable internet connection, an essential ingredient in a quality education.

CDF-Ohio Policy Recommendations

- 1. Protect 12 month postpartum coverage** language in the budget. This extended coverage will go far in reducing Ohio's abysmal maternal and infant mortality rate which places Ohio in the bottom quartile of all states. Ohio can easily make this coverage available through a change in the state plan amendment and begin to receive the federal match for coverage.
- 2. Support evidence-based home visiting language** in the Executive and House versions of the budget which allows for an extra 2 years of eligibility for children in Ohio's Help Me Grow program. Home visiting programs

are one proven approach to mitigate infant mortality. For every \$1 invested in home visiting programs, the state return on investment is \$6.

- 3. Promote the expansion of broadband infrastructure** throughout Ohio and especially in rural and under-served areas of the state, and protect the Ohio Residential Broadband Expansion Grant Program funding put in place by the House. In an era where opportunities for healthcare, job retention, and learning all depend on reliable and affordable internet access, it is unfair to deny citizens broadband access because of their income or geographic location.

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