THE OHIO
WOMEN'S
PUBLIC POLICY NETWORK

TESTIMONY OF:
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INTERESTED PARTY:
State Operating Budget (House Bill 166)
House Finance Committee
Health and Human Services Subcommittee

Chair Romanchuk, Ranking Minority Member West, and distinguished members of the House Finance Subcommittee on Health and Human Services, thank you for the opportunity to provide testimony on House Bill 166, Ohio's budget bill for the FY 2020 - 2021 biennium.

My name is Erin Ryan and I serve as the Managing Director of the Ohio Women's Public Policy Network. We are a coalition of more than 30 organizations working collaboratively to promote policies that build economic opportunity for women and strengthen families.

In order to make a meaningful impact, policymakers must advance public policies centered in equity, fairness, and justice that address the following issue areas:

1. Promoting an economic security agenda for women;
2. Ensuring fairness and opportunity in the workplace; and
3. Improving women's health and well-being

These shared goals guide our work as a coalition and have shaped our interest in testifying today on Ohio's budget bill, the most important legislation to the operation of our state government and a true reflection of the state's priorities and values.

I am here today to testify on three specific provisions within the budget that would support our underlying mission of providing women with the opportunity to lead economically secure, safe, and healthy lives. These key policies are crucial to Ohio women, families, and communities, and they directly align with the governor's and legislature's commitment to invest in Ohio's children and future.

1. **Increasing accessibility and affordability of child care for women and working families, ensuring that children are prepared for school and helping working mothers remain in the workforce.**

   Unfortunately, childcare is out of reach for many working families due to the high cost of care and the low eligibility level to qualify for public support. **We can fix that by raising the eligibility for public childcare aid to 200 percent of the federal poverty level ($32,920 for a family of two).**.

   Children's future outcomes have been shown to have a positive relationship to the accessibility and quality of child care and early childhood education they receive, further asserting the need for an equitable publicly-funded program in the state of Ohio.[i] These benefits extend beyond the individual impact on one child. Expanding the accessible and affordability of child care has clear, undeniable connections to the workforce participation of working mothers and the economic stability of women and their families.

   Governor DeWine has identified making improvements to Ohio's child care system as one of his major goals for the Department of Job and Family Services in Fiscal Years 2020 and 2021. We support the governor's identification of children's health and success as a key policy initiative for his administration, however, the focus that the Executive Budget places on quality fails to recognize one of the most prominent barriers working families face to child care: affordability of quality programs.

   According to a report released by Policy Matters Ohio, the average cost of providing child care for a one-year-old is over $14,000 per year. The astronomical cost of affording child care compose a large share of many household budgets. In 2017 over 450,000 children in the state of Ohio were impoverished while approximately 119,000 children are covered under public-funded child care.[ii] The rising costs of child care are leaving far too many families without options for their children or themselves, many times pushing workers, mostly women, out of the workforce entirely to take on the caregiving duties.

   In his Executive Budget, the governor aims to address this by pushing for expanded access to high-quality early care and education for Ohio's children and an increase in the initial income eligibility for publicly funded child care from 130 to 150 percent of federal poverty guidelines. While this is commendable to see action being taken on addressing the limitations of the state's child care system, it is not enough.

   The current provision does not go far enough to fully encompass and support the children and families in Ohio who do not have access to quality, affordable child care. This disproportionately affects women, particularly women working in low-wage or part-time

jobs, and these inequities have an even greater unequal burden on women of color and single mothers. We urge the Ohio House to build upon the foundation of the Governor's budget to better invest in a quality and affordable child care system that works for all Ohioans.

Again, in order to strengthen women and families and provide children with the best chances at future success, the legislature should increase eligibility for publicly-funded child care to 200 percent of the federal poverty guidelines. It is both necessary and incredibly important to ensure that the expansion of eligibility for publicly funded child care is included in the General Assembly's budget, as well as improvements to the quality of care provided.

2. **Preserving and protecting Medicaid expansion, without adding new barriers or obstacles to accessing care.**

Medicaid has long been a lifeline for women, especially women in rural areas of the country. In Ohio, women compose nearly 60 percent of the state's Medicaid population, and nationally, Medicaid covers more than half of births, playing a critical role in maternal care and health outcomes for babies.[iii] It is critical to women's health and economic security that Medicaid eligibility and expansion be protected and preserved. **This can be done by retaining the changes made in the Executive Budget to expand Medicaid eligibility for pregnant women for up to 12 months after childbirth and refraining from imposing additional barriers to enrollment, such as work requirements.**

As an organization, we are strongly opposed to restrictions to Medicaid enrollment, and urge the committee to avoid implementing such barriers, which would directly threaten the health and wellbeing of Ohioans who depend on Medicaid to access health insurance. These types of restrictions not only exclude low-income and uninsured populations from accessing necessary health care, but are also ineffective as a policy and strategy. Plain and simple: work requirements do not work. Research has shown that work requirements such as these do not help to improve employment rates or reduce rates of poverty. Moreover, they impose even greater obstacles and challenges for low-income women and women of color, further exasperating health disparities.[iv]

Implementing further restrictions to accessing health care through Medicaid would not only be ineffective, but would also be irresponsible due to the detrimental effect that additional barriers would have on people's lives and well-being. Medicaid expansion and eligibility in the state of Ohio needs to be preserved in order to protect Ohio women, children, and families.

We recognize and applaud Governor DeWine's proposal in the Executive Budget to extend pregnant women's eligibility for coverage through Medicaid from 3 months to 12 months after giving birth, a policy that will have an immediate and demonstrative impact on the health of Ohio women. The Ohio House should keep this provision enacted in the state budget, while maintaining that no new restrictions or barriers to Medicaid be imposed.

3. **Lastly, designating funding for services and programs related to maternal and infant mortality, with a particular focus on explicitly addressing racial and ethnic inequalities, such as requiring all health care professionals to complete cultural competency training.**

   The United States is the most dangerous developed nation in the world for women to give birth, and Ohio faces a maternal mortality rate above the national average. Nationally, Black women are three to four times more likely to die from pregnancy-related deaths compared to white women as a result of racial disparities in access to and quality of care; discrimination and implicit bias in the health care system experienced before, during, and after pregnancy; and stress and trauma associated with structural and institutional racism.[v] On a global scale the United States ranks the worst out of the rest of the developed world in terms of maternal and infant mortality with the highest rates of pregnancy-associated deaths. These rates have also been shown to continue increasing in the United States as they decrease elsewhere.[vi]

   As it currently stands, the budget proposal includes a wealth of policy language and appropriations which aim to reduce rates of infant mortality in the state of Ohio. However, there is a clear absence of reference to the current maternal mortality crisis our state and country is facing -- and a disconnect between addressing maternal health concerns in our state's effort to combat infant mortality. Maternal mortality is briefly referenced in the budget proposal through the establishment of a Pregnancy-Associated Mortality Review Board. We are glad to see these critically important issues are included in the budget, however, there is room for additional improvements and expansions that will help to create more just practices and reduce the rates of maternal and infant mortality in the state of Ohio.

   There is an inextricable link between maternal health and infant mortality that cannot and should not be ignored. The health and well-being of pregnant women needs to be addressed to protect their own safety and ensure healthy births and infants. Women of color, who experience much higher rates of maternal and infant mortality, are disproportionately impacted by structural and institutional racism, which is embedded

into our medical and health care systems. This is compounded by an overarching trend of Black women's voices and experiences being devalued and ignored. Across several articles, studies, and shared stories of women, Black women's concerns are frequently dismissed or downplayed, leading to severe consequences.[vii]

According to a study conducted by researchers in New York, the quality of hospitals is a significant factor in maternal and infant mortality. In a published report in the American Journal of Obstetrics and Gynecology, researchers concluded that the rates of Black women dying during childbirth could be nearly cut in half if they simply had access to give birth in the hospitals where white women were able to deliver.[viii]

In order to improve and ensure the health and well-being of mothers and infants, the legislature must allocate funding to enact and enforce a requirement for all healthcare providers and medical professionals to complete adequate training in cultural competency in an effort to remedy the racial disparities in maternal and infant mortality. Finally, a more equitable distribution of adequate prenatal care and resources should be implemented to target marginalized populations who are at greater risk. Any policy that does not specifically aim to address racial and ethnic disparities will not be successful in resolving Ohio's abysmal maternal and infant mortality rates. If we want to create a better future for children and shape a stronger Ohio it is crucial that these issues are made a priority.

It is imperative that the Ohio House not only considers these changes, but also recognize that each of these concerns is not a singular issue. The issues of child care, maternal mortality, and Medicaid access are all interconnected and pose unique challenges to women and families in Ohio. We hope that the members of this legislature will take these issues seriously and make a concerted effort to improve these key provisions in the State Operating Budget.

Thank you again for the opportunity to testify. I am available to answer any questions today or by email at ryan@innovationohio.org.

Sincerely,

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[ii] Ibid

[iii] "Report on Pregnant Women, Infants and Children." *The Ohio Department of Medicaid,* 29 December 2017, https://www.medicaid.ohio.gov/Portals/0/Resources/Reports/PWIC/PWIC-Report-2017.pdf?ver=2017-12-29-112608-887

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