



TESTIMONY OF:

Erin Ryan

Managing Director

The Ohio Women's Public Policy Network

INTERESTED PARTY:

State Operating Budget (House Bill 166)

Senate Finance Committee

Chair Dolan, Vice Chair Burke, Ranking Minority Member Sykes, and distinguished members of the Senate Finance Committee, thank you for the opportunity to provide testimony on Amended Substitute 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 advance public policies that build economic opportunity for women and their families.

We are united by a collective vision for Ohio in which all women – particularly women of color and marginalized women – have the resources to achieve economic self-sufficiency and the opportunity to lead safe and healthy lives. 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 four specific provisions within the budget: child care, Medicaid, the Earned Income Tax Credit, and maternal mortality. 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. **The first provision we would like to address is 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 a major goal for his administration and the Department of Job and Family Services in Fiscal Years 2020 and 2021, and the House has committed to build upon these services. We support the governor's and House's identification of children's health and success as a key policy initiative, however, the focus that the Executive and House Budgets 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. This astronomical cost of affording child care composes a large share of many household budgets. In 2017 over 450,000 children in the state of Ohio were impoverished, while only approximately 120,000 children are actually 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 to address this through to expanded access to high-quality early care and education for Ohio's children, and the governor has made a promise to increase in the initial income eligibility for publicly funded child care from 130 to 150 percent of federal poverty guidelines, and there have been important changes in the House budget that strengthen critical services. 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 budget bill 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 Senate to build upon the foundation of the current substitute budget bill to better invest in a quality and affordable child care system that

works for all Ohioans.

In order to strengthen women and families and provide children with the best chances at future success, we urge the Senate to 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 Senate'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, particularly pregnant women who depend on Medicaid to ensure strong maternal and infant health outcomes. **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. Additionally, in order to support the health and well-being of all Ohioans, there must be a commitment to refrain from imposing additional barriers to Medicaid 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 do not help to improve employment rates or reduce rates of poverty over the long-term. 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 health outcomes for new moms. The Ohio Senate should keep this provision enacted, while maintaining that no new restrictions or barriers to Medicaid be imposed.

- 3. The third issue that we would like to address is strengthening the state Earned Income Tax Credit to help lift more families out of poverty and provide greater assistance to low- and moderate-income workers.**

We applaud the legislature for the recent improvements made to the state EITC through the transportation budget, however, we urge the Ohio Senate to build on those changes by making the EITC refundable. The EITC is a crucial worker support designed to reward work and strengthen families by helping hard-working parents make ends meet, particularly among women with low-incomes who are struggling to support children on their own.

Working mothers are playing an increasingly integral role in securing the economic stability of their families: 85 percent of Black mothers, 62 percent of Latina mothers, and 53 percent of White mothers are key family breadwinners. And yet, for many of these working mothers, the economic barriers they face can directly affect their ability to provide for themselves and their families.

In fact, two in five female-headed households with children are living in poverty, nearly 90 percent higher than that of male-headed families with children. A strong EITC can help reduce these barriers by providing working mothers in Ohio with additional support to invest back into their family, using their refunds towards basic needs such as food, housing, health care, child care, and transportation.

Current limitations of it being non-refundable short-change these working women and their families from being able to receive the support they really need. Making this crucial worker support by making it refundable would help lift more families out of poverty and provide greater assistance to low- and moderate-income workers - and it would be particularly impactful for working mothers and their families.

- 4. Lastly, we would like to address today is designating funding for services and programs related to maternal and infant mortality, with a particular focus on explicitly addressing racial and ethnic inequalities.**

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}

The Executive budget proposal included a wealth of policy language and appropriations which aim to reduce rates of infant mortality in the state of Ohio, such as an increase of Evidence Based Home Visits. However, there was a glaring 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. 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}

We were thrilled to see the House version of the budget include an amendment to codify the Pregnancy-Associated Mortality Review Board (PAMR), with commitments to strengthen the data that is collected and directly address the issue of maternal mortality in our state.

We urge the Ohio Senate to retain this amendment, specifically maintaining that this committee is codified, not simply permissible, allowing for the PAMR to have

the tools, resources, and support it needs to provide crucial and timely data on maternal deaths. To strengthen this amendment, we respectfully ask that you require that the committee report data on an annual basis to better inform and prepare efforts to prevent maternal deaths, as well as requiring the diverse representation of community leaders and health experts. In order to fully address racial disparities in maternal mortality and morbidity rates, those who are most affected must be central to the PAMR. 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.

It is imperative that the Ohio Senate not only considers these changes, but also recognize that each of these concerns is not a singular issue. These issues I discussed today are all interconnected and pose unique challenges to women and families in Ohio. 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.

The Ohio budget will wield vast influence on the lives of women and their families, and it is critically important that these policies reflect the realities facing Ohio women. We hope that the members of this legislature will take these issues seriously and make a concerted effort to improve these key provisions in HB 166, the state operating budget bill.

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

Sincerely,

Erin Ryan
Managing Director
The Ohio Women’s Public Policy Network
ryan@innovationohio.org
(440) 382-2900

ⁱ Petrik, Will. “Working families need affordable, accessible child care.” *Policy Matters Ohio*, 26 March 2019, <https://www.policymattersohio.org/blog/2019/03/26/working-families-need-affordable-accessible-child-care>

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>

^{iv} Pavetti, Ladonna. “Work Requirements Don’t Cut Poverty, Evidence Shows.” *Center on Budget and Policy Priorities*, 7 June 2016, <https://www.cbpp.org/research/poverty-and-inequality/work-requirements-dont-cut-poverty-evidence-shows>

^v “Black Women’s Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities.” *National Partnership for Women & Families*, 2018, <http://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html>.

^{vi} Martin, Nina, and Renee Montagne. “U.S. Has The Worst Rate of Maternal Deaths in The Developed World.” *National Public Radio*, 12 May 2017, <https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world>.

^{vii} Novoa, Christina, and Jamila Taylor. “Exploring African Americans’ High Maternal and Infant Death Rates.” *Center for American Progress*, 1 February 2018, <https://www.americanprogress.org/issues/early-childhood/reports/2018/02/01/445576/exploring-african-americans-high-maternal-infant-death-rates/>

^{viii} Howell, Elizabeth A., et al. “Site of delivery contribution to black-white severe maternal morbidity disparity.” *American Journal of Obstetrics & Gynecology*, 2016, pp. 143-152, [https://www.ajog.org/article/S0002-9378\(16\)30202-2/pdf](https://www.ajog.org/article/S0002-9378(16)30202-2/pdf)