



TESTIMONY OF:

Erin Ryan
Managing Director
Ohio Women's Public Policy Network

INTERESTED PARTY TESTIMONY:

House Bill 110
State Operating Budget
Senate Finance Committee
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Chair Dolan, Vice Chair Gavarone, Ranking Minority Member Sykes, and distinguished members of the Ohio Senate Finance Committee, thank you for the opportunity to provide testimony today as an interested party to House Bill 110.

My name is Erin Ryan and I serve as the Managing Director of the Ohio Women's Public Policy Network (WPPN), a coalition of nearly 40 organizations that advocate for public policy solutions that build economic opportunity for women and families. We believe that the measure of success for our state and communities is largely determined by the success of Ohio's women. Therefore, 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 policy goals guide WPPN's work and shaped our interest in testifying today as an interested party of House Bill 110, the state operating budget bill. The state budget is the most important document in the operation of our state, and it impacts the quality of life of women, children, and families. There are bold investments that this legislative body can make through the state budget that will help all families thrive.

The Ohio House took important steps in House Bill 110 to support the health, safety, and futures of women and families, but more work is needed to meet the demands of this moment as we rebuild from the pandemic and reconcile vast racial disparities that have long affected the quality of life for Ohioans of color. My testimony outlines key provisions that this committee can

implement within House Bill 110 that will strengthen the budget bill to more effectively support the needs of women and families, building a budget that works for all Ohioans.

1. **Increase funding support to address the affordability of high-quality housing, particularly for Black women who experience disproportionately higher rates of eviction**

We applaud the policy initiative in the Ohio House version of the budget that allocates \$2,250,000 to support stable housing initiatives for pregnant mothers and to improve maternal and infant health outcomes. Research estimates that on the national level, 1 in 5 Black women are evicted during their lifetime, compared with 1 in 15 white women. The COVID-19 pandemic has exacerbated housing insecurity that disproportionately affects Black and Latinx women. Moreover, the pandemic has negatively impacted children's academic success and overall well being. Access to stable, safe housing is correlated with positive impacts on children's readiness for school, short- and long-term health outcomes, and mental health.

Through continued investments in the Senate version of the budget, this funding will help to decrease the number of families experiencing housing insecurity, narrow racial disparities in access to safe and affordable housing, and support the futures of children across the state. **We urge the committee to maintain, and increase, the funding allocation towards the stable housing initiatives. Additionally, the Senate can increase funding to the Housing Trust Fund and the TANF-funded "Housing Now for Homeless Families," which will help families experiencing housing insecurity and narrow the racial disparities in access to safe and affordable housing.**

2. **Utilize resources and funding to reduce incarceration and prison overcrowding, focusing the programs on community-based rehabilitation**

The House version of the budget made important investments to promote the health and safety of incarcerated people and people impacted by addiction, allocating \$1,375,000 to expand targeted RECLAIM, the Behavioral Health Juvenile Justice Initiative, and other evidence-based programs of community-based rehabilitation. Moreover, the expansion of community-based substance use disorder treatment programs, the subsidies for community based corrections programs, and the widened access to services for those addicted to opiates and other substances on probation will greatly improve the lives of women and families across the state.

Women are the fastest growing prison population in the United States, and Ohio has one of the largest female incarceration rates in the country. Women in state prisons are more

likely than men to be incarcerated for drug or property offenses, and in Ohio, this is linked to the rampant opioid epidemic. These programs are essential for rehabilitation of women with addiction, and for combatting the vicious cycle of poverty and racial discrimination that have led to mass incarceration. **This committee must maintain, and increase, the funding allocated to this program, as well as keeping critical policy changes that center on community-based reform for those impacted by addiction.**

3. Designate funding for services and programs related to maternal and infant mortality and morbidity, with a focus on addressing racial and ethnic inequalities facing Black women and women of color

A crucial budget priority for women and families that is notably missing in the current version of the legislation is funding for services and programs addressing maternal and infant mortality and morbidity. As of 2018, Ohio is in the top 10 states with the highest infant mortality rate, and our mortality rate for Black infants is almost three times that of white infants. The mortality rate of Black women in Ohio is over 2.5 times that of white women, largely due to 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. A report by the Ohio Department of Health found more than half of maternal deaths in Ohio over an eight-year period were preventable, and this means that allocating resources towards programs that focus on maternal and infant mortality and ending racial disparities in birth outcomes can save lives.

It is essential that this committee add provisions that will strengthen maternal and infant health outcomes, focused on outcomes that support Black women and women of color. **There are four key provisions that we recommend this body add to the budget bill: 1.) Extend Medicaid eligibility for pregnant people to provide continuous coverage for up to 12 months postpartum; 2.) Allow for Medicaid and private insurance coverage of doula and midwife services; 3.) Allocate funding for ongoing implicit bias and cultural humility training within hospitals and birthing facilities; 4.) Strengthen funding for the Ohio Pregnancy-Associated Mortality Review Board (PAMR) to support research on pregnancy-associated deaths and the growth of a more diverse executive board.**

4. Boost investments to services and programs in the state of Ohio that support survivors and victims of sexual and domestic violence, specifically the Rape Crisis Fund (RCF) and the Ohio Domestic Violence (DV) Program

We were thrilled to see that the House allocated funding to domestic and sexual violence

programs: **The House budget currently increases funding for the Domestic Violence Program from \$1 million per fiscal year to \$2.5 million per fiscal year and for Rape Crisis Fund from \$4.8 million per fiscal year to \$7.3 million per fiscal year.**

In Ohio, rates of intimate partner violence have increased during the pandemic due to shelter-at-home protocols; however, there is concern that the actual rates are significantly higher than what the data can capture. Research found that throughout the pandemic, due to the disproportionate rates of financial and employment insecurity experienced by women of color - particularly Black and Latinx women - survivors of color are more likely to remain in or return to unsafe situations.

At the same time, programs and organizations serving survivors have experienced sharp funding declines from the loss of the Victims of Crime Act (VOCA) funding. This has caused a profound negative impact on individuals and families experiencing violence in Ohio and on the programs that provide them with critically needed services and work to prevent violence. Many programs report being forced to cut staff, reevaluate how work can be done remotely, and streamline their services. This could have a long-lasting damaging impact on the women and families who are no longer able to receive these essential services from the trusted provider in their community. **We urge the committee to maintain, and increase, these investments to tested and trusted anti-violence programs by increasing funding for the Domestic Violence Program to \$7.7 million per fiscal year (\$15.4 million total) and for the Rape Crisis Fund (RCF) to \$10 million per fiscal year (\$20 million total).**

5. Expand access to Paid Family and Medical Leave for working Ohioans, particularly focused on providing paid leave to women, people of color, and low-wage workers who are least likely to have access through an employer

Paid family and medical leave policies provide workers with financial support that they need to take time off of work to care for a loved one or address their own health issue without risking their economic security. Unfortunately, millions of working people lack basic protections to paid leave, forcing them to choose between earning their paycheck and caring for their family. The COVID-19 pandemic exposed the immediate need for paid leave as families continue to slip through the cracks of the caregiving system and struggle under the strain of the crisis, especially for women who have left the workforce in alarming numbers to address increased caregiving responsibilities for their families.

Currently in Ohio, even unpaid leave under the Family and Medical Leave Act is inaccessible to 61 percent of working people. Families should not have to choose between caring for their loved ones or paying their rent. **This committee can take action through the budget bill to expand access to paid family and medical leave for**

Ohioans to provide direct support to families, promote stronger health outcomes, and strengthen our economy. This can be done by: 1.) Updating the Paid Leave program for workers employed by the state of Ohio from six weeks of parental leave to 12 weeks of parental, caregiving, and personal medical leave; 2.) Allocating funding to lay the groundwork for a state paid family and medical leave policy by performing an actuarial analysis through the department of Jobs and Family Services to determine the framework of the program

The state operating budget is a reflection of the state legislature's funding and policy priorities for the future of Ohio and our communities. The global pandemic and accompanying catastrophic economic crisis of the last year make this an unprecedented budget cycle, but this legislative body must rise to the occasion by making important investments in Ohio families and communities. Now is the time for bold action that responds to the needs of women and families most impacted by the pandemic, particularly Black and brown women who have experienced racial inequalities in health and economic opportunity that hold them back from reaching their full potential. **On behalf of the Ohio Women's Public Policy Network, I respectfully urge the committee to consider our budget recommendations outlined within our testimony as the bill moves through the budget process.**

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

Sincerely,

Erin Ryan
Managing Director
The Ohio Women's Public Policy Network
ryan@innovationohio.org