

# Urging Restoration of Governor DeWine's Executive Budget Proposal for Ohio's Young Children & Families

## AN OPEN LETTER TO MEMBERS OF THE OHIO SENATE

May 22, 2025

Dear Members of the Ohio Senate,

On behalf of our organizations and the thousands of families we serve and advocate for across Ohio, we write to respectfully urge the Ohio Senate to restore Governor DeWine's critical investments in Amended Substitute House Bill 96:

1. fully restore funding for Help Me Grow evidence-based home visiting programs, including additional resources to scale the Family Connects model statewide;
2. restore funding for community- and faith-based infant vitality programming; and,
3. remove proposed changes to current law that would eliminate multi-year continuous coverage for Medicaid eligible 0-3 year olds and restrict Medicaid reimbursement for doula services.

At a time when maternal and infant health outcomes in Ohio are in crisis, the above programs and services create a strong continuum of support that offer proven, cost-effective strategies for Ohio families by supporting healthy pregnancies, strengthening parent-child relationships, and improving long-term health outcomes for babies and families across Ohio.

### 1. Restore Funding for Evidence-Based Home Visiting Programs

Help Me Grow's evidence-based home visiting models connect pregnant women and new parents with trained professionals who provide personalized support during the most critical years of a child's life. These visits support maternal and infant health, promote school readiness, and reduce child maltreatment. The evidence is clear:

- Families who participate in home visiting are 60% less likely to experience infant loss. [1]
- Children who participate in home visiting programs are 50% less likely to be born with low birthweight, a key indicator of future health outcomes. [2]
- Mothers in these programs are more likely to receive prenatal care and are less likely to experience pregnancy complications. [3]
- Home visiting improves child cognitive development, reduces rates of abuse and neglect, and boosts family economic self-sufficiency. [4]

Ohio's Help Me Grow system provides foundational supports that reduce downstream costs to systems including Medicaid, child welfare, and education.

#### *Expanding Family Connects Statewide*

Family Connects is a universal, short-term nurse home visiting program that supports families with newborns in the first weeks of life, regardless of income or background. This model complements long-term home visiting programs in Ohio (Healthy Family America, Nurse-Family Partnership, Parents as Teachers) by offering every family a trusted clinical connection to community resources during a crucial window of vulnerability. Governor DeWine's proposal increased home visiting services, including Family Connects, to reach more than 25,000 additional newborns over the biennium through a phased approach to grow the model statewide from the current 11 counties.

Key outcomes from Family Connects evaluations include:

- 50% reduction in emergency room visits and 28% reduction in overnight hospital stays for infants in the first year of life. [5]
- Significant reductions in maternal anxiety and depression, improving both short- and long-term maternal well-being.
- Improved community connectedness, parenting behaviors, and rates of child care engagement and immunizations. [6]
- A \$3.17 return for every \$1 invested, based on reductions in healthcare costs and increased use of community resources. [7]

Early pilots in Ohio communities including Darke, Erie, Fayette, Greene, Guernsey, Hamilton, Huron, Mahoning, Noble, Shelby, and Trumbull counties, have demonstrated strong family satisfaction, successful nurse-family connections, and deep community impact. Scaling Family Connects statewide would strengthen Ohio's maternal and child health infrastructure by offering a consistent, evidence-based starting point for all families - bridging gaps while ensuring no child falls through the cracks.

### 2. Restore Community- and Faith-Based Infant Vitality Funding to Reduce Maternal and Infant Deaths

Ohio's infant mortality rate remains in crisis at 7.1 deaths per 1,000 live births, significantly higher than the national average of 5.6. [8] For Black babies, the disparity is even more devastating at 13.1 deaths per 1,000 live births – more than double the rate of white infants. [9] Outcomes for birthing moms are equally chilling. Between 2017-2021, the number of maternal deaths related to or aggravated by pregnancy rose to 23.7 per 100,000 live births, with a large and appalling racial disparity that underscore deep inequities in maternal care. [10]

Ohio has remained among the bottom ten states for infant mortality for far too long. In the face of this crisis, local communities have developed innovative solutions that are delivering strong results. Cradle Cincinnati has developed a nationally recognized model connecting mothers most at risk with health providers, managed care organizations, and local leaders. By centering the voices and lived experiences of women, Cradle Cincinnati has achieved undeniable success. Between 2022 and 2023, Hamilton County's overall infant mortality rate dropped from 8.7 deaths per 1,000 live births to 5.5 – lower than the national average. For Black infants, the results were historic, falling from 13.7 to 9.0 deaths per 1,000 live births. This marks the first time the Black infant mortality rate has ever reached single digits in Hamilton County. [11]

These outcomes are proof that targeted, community-based interventions deliver. We urge Ohio's legislators to restore Governor DeWine's executive proposal, which included an increased investment of \$7.5 million each fiscal year specifically to support community and local faith-based service providers that invest in maternal and infant health programs and services. When mothers and babies are dying, every dollar counts. Strategic investment in community-based strategies prevents avoidable deaths and helps families thrive.

### 3. Remove Proposed Restrictions to Multi-Year Continuous Coverage for Medicaid Eligible 0-3 Year Olds and Medicaid Reimbursement of Doula Services

#### *Multi-Year Continuous Medicaid Eligibility for Children Birth Through Age Three*

The first 1,000 days of life are a critical period of rapid brain development, with more than one million neural connections formed every second. By the time a child reaches age three, 80% of brain development has taken place. [12] Consistent access to health care for infants and toddlers has lasting impacts on a child's future. The health care system is often the first to engage with at-risk infants from low-income families, playing a crucial role in shaping both immediate and long-term outcomes. By enabling consistent access to well-child visits, immunizations, and early detection of health or developmental challenges, multi-year continuous Medicaid coverage for Ohio's children ages 0-3 is an important policy to ensure children do not lose health coverage due to administrative red tape.

This policy is current law that was championed during the last state budget and the Department of Medicaid has already completed the process of submitting a waiver to fully implement the policy. The House version of Amended Sub. HB 96 eliminates this policy. We ask that you keep existing law and allow the waiver process to be completed so that Ohio can begin fully implementing this policy upon approval.

Medicaid Coverage for Doula Services

Expanding access to doula services across Ohio is a critical step toward improving maternal and infant health outcomes. Doulas provide prenatal, birth, and postpartum support that promotes breastfeeding, reduces preterm births and low birth weight, and lowers rates of cesarean deliveries. With Ohio’s preterm birth rate at 10.7%, and preterm birth and low birth weight being leading causes of infant death, this support is more vital than ever.

While exact rates of postpartum depression are unknown, the Ohio Department of Children and Youth has found that about 13% of women who have had a live birth are diagnosed with postpartum depression [13] - highlighting the urgent need for holistic, continuous care. Doulas also play a key role in addressing maternal mental health by offering emotional support and connecting mothers to needed services.

Women in many Ohio counties lack access to obstetric and gynecological providers, including 13 Ohio counties with zero maternity care providers. [14] Every mom and baby in Ohio deserve a chance to thrive, and doulas can help close that gap.

After a thorough analysis, the Ohio Departments of Health and of Children and Youth recently found that 66% of pregnancy-related deaths were deemed preventable during the reporting year. [15] In a landscape where so many Ohio women are dying unnecessarily, doulas are uniquely positioned to help by addressing social determinants of health that traditional medical systems may not. National studies have found that doula care could save:

- \$895 million in cesarean delivery costs,
- \$13.7 billion in preterm birth-related costs, and
- \$30.8 million in maternal mortality-related costs. [16]

However, the House version of Amended Sub. HB 96 restricts Medicaid reimbursement for doulas to only six counties, severely limiting access and making it impossible to collect meaningful statewide data. We urge you to remove these restrictions and allow Medicaid reimbursement for doulas across Ohio.

**Conclusion**  
Ohio’s future begins with our babies. Let’s give them the healthy start they deserve.

Thank you for your leadership and continued commitment to Ohio’s children and families. We are grateful for your attention to this urgent issue and stand ready to partner with you in building a healthier, more equitable future for all Ohioans.



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[2.] Olds, D. et al. (2002). Prenatal and Infancy Home Visitation by Nurses: Recent Findings. The Future of Children.

[3.] Health Policy Institute of Ohio. (2017). Ohio Medicaid Basics.

[4.] U.S. Department of Health and Human Services, Home Visiting Evidence of Effectiveness (HomVEE).

[5.] Dodge, K.A. et al. (2014). Impact of a Community Agency–Administered Nurse Home Visiting Program on Program Utilization and Maternal and Infant Health Outcomes. American Journal of Public Health.

[6.] Goodman, W.B. et al. (2021). Family Connects Impact Studies. Center for Child and Family Policy, Duke University.

[7.] Washington Center for Equitable Growth (2021). Cost-Benefit Analysis of Family Connects.

[8.] Centers for Disease Control and Prevention. (2024) Infant mortality. Maternal Infant Health.

[9.] Centers for Disease Control and Prevention. (2022). Wide-ranging Online Data for Epidemiologic Research (WONDER). Retrieved from Linked Birth / Infant Death Records, 2017-2022 Expanded Request Form

[10] Groundwork Ohio. (2025a). Early Childhood Data Dashboard. [https://www.groundworkohio.org/\\_files/ugd/a395ee\\_03eae070a8f46b7af018364f183ba4a.pdf](https://www.groundworkohio.org/_files/ugd/a395ee_03eae070a8f46b7af018364f183ba4a.pdf)

[11] Smith, M. & Cradle Cincinnati. (2023). Hamilton County Maternal and Infant Health Report. [https://static1.squarespace.com/static/6478c6aa3baafb3fbda9cc9c/t/669914ca7254d16b02b8600a/1721308372300/2023\\_Cradle-Cincinnati-Annual-Report.pdf](https://static1.squarespace.com/static/6478c6aa3baafb3fbda9cc9c/t/669914ca7254d16b02b8600a/1721308372300/2023_Cradle-Cincinnati-Annual-Report.pdf)

[12] Center on the Developing Child. (n.d.). Brain Architecture. Harvard University.

[13] Maternal depression. (n.d.). <https://childrenandyouth.ohio.gov/for-families/maternal-infant-wellness/maternal-depression>

[14 ] Groundwork Ohio. (2025b). Early childhood data dashboard. [https://www.groundworkohio.org/\\_files/ugd/a395ee\\_03eae070a8f46b7af018364f183ba4a.pdf](https://www.groundworkohio.org/_files/ugd/a395ee_03eae070a8f46b7af018364f183ba4a.pdf)

[15] A Report on Pregnancy-Related Deaths in Ohio 2020. (2025). [https://dam.assets.ohio.gov/image/upload/v1740403648/childrenandyouth.ohio.gov/For%20Providers/Maternal%20and%20Infant%20Clinical%20Initiatives/A\\_Report\\_on\\_Pregnancy-Related\\_Deaths\\_in\\_Ohio\\_in\\_2020.pdf](https://dam.assets.ohio.gov/image/upload/v1740403648/childrenandyouth.ohio.gov/For%20Providers/Maternal%20and%20Infant%20Clinical%20Initiatives/A_Report_on_Pregnancy-Related_Deaths_in_Ohio_in_2020.pdf)

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