



LYNANNE GUTIERREZ

Policy Director & Legal Counsel

lgutierrez@groundworkohio.org

mobile: 614-204-6106

4041 N. High St., Ste. 204

Columbus, Ohio

43214

Medicaid and CHIP Payment and Access Commission (MACPAC)

Public Comment on Postpartum Extension

Lynanne Gutierrez

Groundwork Ohio

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Good Afternoon, my name is Lynanne Gutierrez. I am the Assistant Director at Groundwork Ohio. Groundwork is Ohio's statewide, nonpartisan public policy, research and advocacy organization that champions high-quality early learning and healthy development strategies from the prenatal period to age five, that lay a strong foundation for Ohio kids, families and communities. We are governed by a robust advisory committee of child-focused health and education experts from across the state. Thank you for the opportunity to provide public comment to the Commission today. In the following testimony, please hear our resounding support for this body taking bold action this morning in your recommendations on postpartum coverage.

Healthy moms are the foundation of healthy children. Whether infants are born healthy and with the potential to thrive as they grow greatly depends on their mother's well-being. To have a healthy pregnancy and positive birth outcomes, women and their infants require access to appropriate health care services before, during, and *after* birth. More than half of all babies in Ohio are born to women who receive Medicaid and 49% of infants and toddlers in Ohio receive health coverage through Medicaid and Healthy Start. Women in Ohio with pregnancy-related Medicaid coverage currently lose their benefits 60 days after the end of pregnancy. Our state's rate of maternal mortality is rising, and a growing body of evidence shows that many of these deaths, particularly from preventable causes, occur after pregnancy-related Medicaid coverage ends.

In Ohio, between 2008 and 2016 pregnancy-related deaths occurred at a ratio of 14.7 per 100,000 live births. Over half of these deaths, 57%, were considered preventable. Additionally, Black women in Ohio died at a rate of more than two and a half times that of white women making up 34% of deaths but only 17% of births. This data is one of a series of metrics for which the pervasive racial disparity determines outcomes for both parent and child(ren). The experiences of both mothers and infants are inextricably linked, although they are often considered separately. This is particularly important when it comes to babies and women of color due to the intergenerational effects and lived experiences of racism. These factors are influential during and after pregnancy and affect their babies' start in life. We know that where these disparities and gaps present themselves during the prenatal period of a young child's development, they often persist across the life course beginning with these shameful outcomes for infants in Ohio:

- Nearly 12% of all Ohio births are preterm and this rate is 50-80% higher for moms receiving Medicaid compared to their higher income peers. 1 in 7 Black babies are born premature compared to 1 in 10 white babies.

- Black babies are more than 2.5 times more likely to die before their first birthday compared to white babies in Ohio.

Extending Medicaid coverage can help eradicate preventable maternal deaths and improve outcomes for both mom and baby. As the largest payer of maternity care in Ohio, Medicaid has a critical role to play in ensuring healthy moms and babies. Our state Medicaid program is available to pregnant women in families with income up to 200% of the Federal Poverty Level. Ohio needs your support to ensure that all individuals whose pregnancies are covered by Medicaid can keep their Medicaid coverage for at least one year postpartum, including coverage for services such as case management and outreach, substance use disorder treatment, and mental health screening and treatment.

Many states have taken additional action to make progress towards extending postpartum coverage including Ohio. A part of House Bill 166 (Ohio's Operating Budget for FY20-21), Ohio committed to pursuing CMS approval for continuous 12-month Medicaid eligibility for postpartum women with substance abuse disorders. This represented a \$15 million investment of which \$5.4 million were state general revenue funds. At this time, in large part we understand due to the onset of COVID-19, our state has not yet submitted a Section 1115 waiver to CMS to provide this enhanced care.

Our advocacy continues to seek to maintain and expand this investment in addition to calling for immediate action to implement the state's commitment. As we anticipate our state biennial budget process, however, beginning as soon as next week, we are concerned that even with leadership from our Governor and Department of Medicaid that the ability to maintain and ultimately implement even this narrow scope of extended postpartum coverage will continue to be paused. With this Commission's leadership and a clear recommendation to Congress that provides for the highest possible FMAP rate and clear expectations for states, this Commission can play a powerful role in supporting state leaders, pregnant women and young children in our state. By doing so, you will help save lives and support the continuum of care that we know our families not only need to live but to thrive.

Thank you again to the Commission for your work and a special thank you to Commissioner Retchin for your service and leadership on behalf of your fellow Ohio early childhood stakeholders.