Revenue and Budget

Testimony on the Medicaid Budget in House Bill 110 before the Senate Health Committee

Wendy Patton

Good morning Chairman Huffman, ranking member Antonio and members of the committee. I am Wendy Patton, Senior Project Director at Policy Matters Ohio, a non-profit, non-partisan research organization that is building a more prosperous, equitable, inclusive and sustainable Ohio. Thank you for this opportunity to comment on the Medicaid budget.

The enhanced Federal Matching Assistance Program (FMAP) for Medicaid has helped hundreds of thousands of Ohioans get medical care during the past difficult months. It will continue to help the state’s fiscal position substantially, reducing the state program share during the coming budget period, first directly and later through the Health and Human Services Fund. This allows lawmakers to direct state funding to other supports, critical to Ohio’s workforce and vulnerable families. We ask you to maintain Medicaid services without new barriers or cuts throughout this budget period so that Ohioans can receive vital medical services during the public health emergency and the recovery from economic crises.

Every new mother should rest easy that she will be able to hear her baby’s first words or watch their first steps. The United States has the highest maternal mortality rate of any developed nation, and the death rate is rising. In 2018, overall maternal mortality in Ohio was 14.1 deaths per 100,000, up from 9.8 deaths per 100,000 in the years 2003-2007.1 Ohio has a very high rate of Black maternal mortality, and state policy and programs can reduce the death rate. Between 2008 and 2016 in Ohio, there were 29.5 maternal deaths per 100,000 Black mothers, compared to 11.5 per 100,000 among white mothers.2 Ohio lawmakers can reduce maternal mortality, as lawmakers in other states have done.

One thing you can do is to expand Medicaid coverage from 60 days after childbirth to a full year. The recently signed American Rescue Plan Act allows states to extend Medicaid coverage for 12 months after childbirth and provides matching federal dollars to cover the greatest share of the costs.3 Please embrace this federal funding and make sure all mothers who depend on Medicaid during their pregnancies get the care they need in that first important year after childbirth.

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Another thing you can do is to improve state law so that the Ohio Medicaid program could pay for the services of “doulas,” trained advocates who provide emotional, physical and educational support to women who are pregnant or in their first year after giving birth. Doulas are at the heart of Cleveland’s “Birthing Beautiful Communities” program and Columbus’ Restoring Our Own Through Transformation (ROOTT) program. These are nationally respected programs led and staffed by Black women – an important factor within a health system in which many Black women are underserved.

In order for the state to receive federal matching dollars through Medicaid, a licensed clinician must submit the Medicaid reimbursement claim. Doulas are not licensed in Ohio, but there are ways of addressing this barrier. For example, House Bill 142, whose primary sponsors are state Reps. Erica Crawley, a Columbus Democrat, and Tom Brinkman, a Cincinnati Republican, would create certification and registry for doulas, so their services could be covered by Medicaid.

You can fold the provisions of this bill into the budget bill. We ask you to do so.

Two good opportunities to reduce maternal mortality in Ohio are in front of you. We ask you to act on them. Thank you for this opportunity to testify.

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5 Birthing Beautiful Communities at https://www.birthingbeautiful.org/about/
6 Restoring Our Own Through Transformation at https://www.roottrj.org/
8 House Bill 142 of the 134th Ohio General Assembly at https://bit.ly/33np2At