

Testimony to Senate Committee on Medicaid: Maternal health provisions in the 2016-17 budget bill

By Wendy Patton

Good morning, Chairman Burke and members of the committee. My name is Wendy Patton and I am a Senior Project Director at Policy Matters Ohio, a nonprofit, nonpartisan organization with the mission of creating a more prosperous, equitable, sustainable and inclusive Ohio. Thank you for the opportunity to testify on reductions to maternal and child health care proposed in House Bill 64.

In 2011, Ohio's infant mortality rate was 7.9 deaths per 1,000 live births, the 5th highest among the 50 states and the District of Columbia.¹ Cleveland was dubbed the 'infant mortality capital' of the United States,² with some neighborhood infant mortality above 27 deaths per 1,000 births - worse than North Korea or Uzbekistan.³ Rural Ohio has pockets of shocking infant mortality as well. (See attached tables for county infant mortality rates).

The good news is that we have in place a good foundation to reduce infant mortality. Medicaid expansion gave low-income working women earning up to 138 percent of poverty access to a doctor's care. The current Medicaid system goes further for critical components of maternal health care, covering pregnancy, family planning services and treatment for breast and cervical cancer up to 200 percent of poverty. These three measures, taken together, are considered important health interventions in third world countries.⁴ Ohio has an archipelago of third world neighborhoods scattered throughout a first world state. Strategies used internationally to reduce infant mortality are essential until we have brought all neighborhoods into first world health status (See Ohio State University's Kirwan Institute maps at https://dl.dropboxusercontent.com/u/9762125/IM_County_Profiles_20141030.pdf).

The bad news is, House Bill 64, as passed by the House, makes Medicaid harder to use and easier to lose through the introduction of complex health savings accounts with premiums and penalties. The executive budget cut Medicaid eligibility for pregnancy, family planning, and breast and cervical cancer treatment from 200 percent of poverty to 138 percent.

¹ Population Reference Bureau, analysis of data from the Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Causes of Death Public Use Files for 2006-2011 From Kids Count data center, Annie Casey Foundation, at <http://bit.ly/1IHA8zQ>.

² Fault Lines: America's Infant Mortality Crisis, Aljazeera America, September 26, 2014 at <http://alj.am/1Iai0hq>

³ Tom Feran, "Expert says infant mortality rate near University Circle exceeds that of some Third World countries, The Cleveland Plain Dealer, April 12, 2013 at <http://bit.ly/1ESYxRt>.

⁴ Dara Lee Luca, Alyssa Shiraishi Lubet, Kristine Husøy Onarheim, David E. Bloom, Johanne Helene Iversen, Elizabeth Mitgang, Klaus Prettnner, Benefits and Costs of the Women's Health Targets for the Post-2015 Development Agenda, Copenhagen Consensus Center, November 2014 at <http://bit.ly/1IdOcC4>

Pregnant women earning between 138 and 200 percent of poverty can seek subsidized coverage under the Affordable Care Act, but there are cracks through which they can fall, leaving them stranded without coverage, increasing the risk of losing the baby.

The family glitch: Eligibility for a federal health care subsidy is determined in part by access to “affordable” coverage. If an employer offers individual coverage that is deemed affordable, the rest of that worker’s family is not eligible for subsidized health coverage.

No special enrollment rights for pregnancy: Pregnancy does not qualify for a special enrollment period in a federal exchange like Ohio’s. An uninsured woman who becomes pregnant outside open enrollment period will not be able to access subsidized coverage until the next open enrollment period comes around – and, it only comes around once a year.

Labor market fluctuations may lead to gaps in care: Wages in the low-wage labor market fluctuate: temporary jobs start and stop, hours rise and fall with seasonal demand. A pregnant woman may get a temp job that boosts her income above eligibility for Medicaid, but getting coverage in the exchange can take more than a month - too long to wait during a pregnancy.

If we want to save money, we should expand, not reduce, access to maternal and prenatal care, which helps prevent low weight and pre-term births. Hospitalizing a premature baby in a neonatal intensive care unit costs around \$5,000 per day; 100 days may cost \$500,000.⁵ If we want to reduce infant mortality, we should protect the baby. Medicaid coverage for pregnant mothers also ensures Medicaid coverage for the baby’s critical first year of life.

This budget bill endangers progress we have made to lower infant mortality in Ohio. You can change that. Eliminate the proposal in the House budget for Medicaid premiums and penalties that would act as barriers to care. Reject the executive budget proposal to cut Medicaid eligibility for maternal health care. We hope that you act on these opportunities.

Thank you for the opportunity to testify. I would be glad to answer any questions.

⁵ Tricia Brooks and Sophia Duong, Cuts to Medicaid Pregnancy Coverage: Penny Wise and Pound Foolish, Children’s Health Policy Blog, Georgetown University Health Policy Institute, February 12, 2015 at <http://ccf.georgetown.edu/all/cuts-medicaid-pregnancy-coverage-penny-wise-pound-foolish/>

Table A-1

**Infant mortality rates (deaths per 1,000 live births) in Ohio counties by 5-year periods
(Adams through Gallia)**

| County | 2000-2004 | 2001-2005 | 2002-2006 | 2003-2007 | 2004-2008 | 2005-2009 | 2006-2010 | 2007-2011 | 2008-2012 |
|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Adams | 6.3 | 7.8 | 6.3 | 7.8 | 7.7 | 10.4 | 9.5 | 11.7 | 10.4 |
| Allen | 9.9 | 10.2 | 10.1 | 9.4 | 8.5 | 8.0 | 7.2 | 6.2 | 7.2 |
| Ashland | 5.2 | 4.7 | 5.1 | 4.1 | 5.6 | 5.7 | 5.1 | 4.7 | 5.4 |
| Ashtabula | 8.2 | 8.7 | 9.1 | 9.4 | 8.8 | 9.0 | 9.2 | 8.9 | 8.5 |
| Athens | 5.7 | 6.5 | 7.6 | 7.4 | 7.3 | 7.5 | 5.7 | 5.4 | 5.1 |
| Auglaize | 7.4 | 7.4 | 7.0 | 6.2 | 6.1 | 6.2 | 5.6 | 5.8 | 6.3 |
| Belmont | 7.5 | 9.6 | 9.0 | 8.3 | 7.0 | 7.1 | 5.9 | 6.4 | 7.0 |
| Brown | 7.4 | 5.3 | 4.9 | 6.0 | 6.5 | 8.3 | 9.9 | 10.1 | 9.8 |
| Butler | 7.9 | 8.3 | 8.4 | 8.2 | 7.9 | 7.6 | 7.0 | 6.9 | 7.3 |
| Carroll** | | | | | | | | | |
| Champaign | 6.0 | 6.8 | 7.6 | 5.9 | 6.3 | 6.4 | 6.2 | 6.0 | 6.3 |
| Clark | 7.3 | 8.0 | 7.7 | 7.6 | 6.7 | 6.7 | 7.4 | 6.5 | 6.3 |
| Clermont | 5.1 | 5.2 | 5.7 | 5.8 | 6.3 | 6.3 | 6.1 | 6.4 | 6.9 |
| Clinton | 4.4 | 5.4 | 6.8 | 7.2 | 8.4 | 9.9 | 9.1 | 9.4 | 9.6 |
| Columbiana | 8.2 | 6.9 | 6.8 | 6.1 | 6.0 | 5.1 | 6.6 | 6.0 | 5.6 |
| Coshocton | 5.0 | 7.2 | 8.2 | 8.2 | 9.6 | 9.0 | 8.3 | 7.7 | 6.9 |
| Crawford | 9.8 | 7.0 | 7.3 | 7.1 | 7.3 | 7.0 | 7.6 | 6.1 | 6.1 |
| Cuyahoga | 9.3 | 9.5 | 9.6 | 9.5 | 10.0 | 9.9 | 9.7 | 9.7 | 9.4 |
| Darke | 3.3 | 3.9 | 3.8 | 4.4 | 4.9 | 5.9 | 5.7 | 5.2 | 5.0 |
| Defiance | 6.8 | 8.1 | 7.1 | 7.0 | 6.7 | 7.5 | 6.8 | 7.4 | 8.5 |
| Delaware | 5.9 | 5.2 | 4.7 | 4.4 | 4.0 | 3.8 | 4.3 | 4.2 | 4.6 |
| Erie | 5.9 | 5.3 | 5.7 | 5.0 | 6.5 | 7.4 | 8.3 | 8.5 | 9.4 |
| Fairfield | 7.6 | 8.1 | 7.7 | 7.7 | 6.8 | 5.5 | 5.2 | 5.0 | 4.7 |
| Fayette | 2.1 | 4.2 | 4.6 | 6.1 | 6.1 | 5.9 | 6.1 | 6.7 | 7.3 |
| Franklin | 8.3 | 8.3 | 8.6 | 8.6 | 8.5 | 8.6 | 8.5 | 8.6 | 8.5 |
| Fulton | 4.8 | 5.7 | 7.0 | 7.6 | 7.2 | 6.7 | 4.9 | 4.6 | 5.2 |
| Gallia | 12.2 | 11.3 | 11.3 | 10.0 | 8.8 | 6.3 | 6.8 | 5.4 | 7.6 |

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Table A-1

**Infant mortality rates (deaths per 1,000 live births) in Ohio counties by 5-year periods
(Geauga through Mercer)**

| County | 2000-2004 | 2001-2005 | 2002-2006 | 2003-2007 | 2004-2008 | 2005-2009 | 2006-2010 | 2007-2011 | 2008-2012 |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Geauga | 4.7 | 4.8 | 5.7 | 6.1 | 5.5 | 5.1 | 4.4 | 4.6 | 4.1 |
| Greene | 4.1 | 4.3 | 4.6 | 4.8 | 5.3 | 5.8 | 6.3 | 6.9 | 6.8 |
| Guernsey | 4.7 | 5.5 | 6.0 | 5.9 | 6.4 | 5.6 | 5.3 | 5.0 | 5.5 |
| Hamilton | 10.2 | 11.0 | 10.8 | 11.0 | 11.3 | 11.1 | 10.5 | 10.7 | 10.2 |
| Hancock | 7.8 | 7.5 | 6.8 | 6.4 | 5.9 | 6.7 | 6.8 | 6.9 | 7.2 |
| Hardin | 7.1 | 7.8 | 6.7 | 7.2 | 5.7 | 5.1 | 5.0 | 6.6 | 6.1 |
| Harrison | 13.0 | 10.4 | 12.7 | 9.2 | 9.1 | 8.9 | 8.0 | 4.7 | 7.2 |
| Henry | 4.7 | 4.3 | 3.2 | 3.2 | 3.2 | 3.8 | 5.6 | 5.7 | 5.9 |
| Highland | 8.0 | 8.3 | 8.0 | 8.0 | 6.8 | 8.2 | 6.9 | 8.9 | 10.3 |
| Hocking | 6.0 | 6.0 | 6.7 | 6.2 | 6.2 | 5.7 | 5.2 | 4.7 | 4.2 |
| Holmes | 7.2 | 7.5 | 7.1 | 6.0 | 6.1 | 6.8 | 7.4 | 6.7 | 6.9 |
| Huron | 6.9 | 7.3 | 6.6 | 6.9 | 6.3 | 6.7 | 6.4 | 5.8 | 5.8 |
| Jackson | 6.5 | 5.8 | 6.3 | 6.3 | 7.0 | 7.4 | 8.7 | 10.7 | 9.8 |
| Jefferson | 7.4 | 7.3 | 8.5 | 9.7 | 6.9 | 7.5 | 7.1 | 7.9 | 7.2 |
| Knox | 5.0 | 5.0 | 5.8 | 6.9 | 5.7 | 5.1 | 6.5 | 8.7 | 9.0 |
| Lake | 5.2 | 5.7 | 5.4 | 6.1 | 6.2 | 5.7 | 5.0 | 5.0 | 4.2 |
| Lawrence | 9.8 | 10.5 | 11.2 | 12.2 | 10.0 | 9.7 | 9.8 | 8.8 | 8.5 |
| Licking | 8.0 | 7.7 | 7.0 | 7.1 | 7.3 | 6.5 | 6.7 | 7.0 | 7.7 |
| Logan | 9.3 | 8.4 | 8.0 | 6.4 | 8.0 | 6.5 | 6.2 | 6.8 | 8.1 |
| Lorain | 7.4 | 7.6 | 7.9 | 7.6 | 7.7 | 7.6 | 7.6 | 7.2 | 6.8 |
| Lucas | 8.8 | 9.0 | 9.3 | 8.7 | 8.2 | 8.0 | 7.8 | 7.3 | 7.5 |
| Madison | 7.7 | 5.4 | 6.2 | 7.9 | 7.5 | 7.7 | 8.7 | 8.5 | 10.1 |
| Mahoning | 8.5 | 9.3 | 8.2 | 8.6 | 8.2 | 8.5 | 8.9 | 9.4 | 9.8 |
| Marion | 7.3 | 6.1 | 7.3 | 5.9 | 6.3 | 6.8 | 6.1 | 6.1 | 5.9 |
| Medina | 4.5 | 5.0 | 5.3 | 4.8 | 5.3 | 4.9 | 3.6 | 2.7 | 3.3 |
| Meigs | 4.9 | 7.1 | 7.9 | 8.1 | 10.8 | 10.4 | 9.2 | 8.4 | 7.8 |
| Mercer | 5.1 | 4.7 | 4.7 | 4.7 | 4.3 | 3.9 | 3.3 | 3.7 | 4.1 |

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Table A-1

**Infant mortality rates (deaths per 1,000 live births) in Ohio counties by 5-year periods
(Miami through Van Wert)**

| County | 2000- 2004 | 2001- 2005 | 2002- 2006 | 2003- 2007 | 2004- 2008 | 2005- 2009 | 2006- 2010 | 2007- 2011 | 2008- 2012 |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Miami | 4.6 | 4.7 | 5.1 | 6.2 | 6.5 | 6.5 | 6.4 | 7.3 | 5.6 |
| Monroe | 2.6 | 3.9 | 4.0 | 4.1 | 3.9 | 4.0 | 3.9 | 5.1 | 5.1 |
| Montgomery | 7.8 | 7.7 | 7.5 | 7.3 | 7.4 | 7.6 | 7.6 | 7.8 | 8.0 |
| Morgan | 7.9 | 7.9 | 7.8 | 5.7 | 5.9 | 5.9 | 4.9 | 3.9 | 2.6 |
| Morrow | 9.3 | 11.6 | 11.3 | 9.9 | 9.5 | 10.1 | 6.8 | 6.8 | 5.5 |
| Muskingum | 8.3 | 8.6 | 8.1 | 8.1 | 8.0 | 7.8 | 7.7 | 7.2 | 6.0 |
| Noble | 1.5 | 2.9 | 4.2 | 5.3 | 5.4 | 5.1 | 3.9 | 2.5 | 1.4 |
| Ottawa | 4.3 | 5.3 | 5.3 | 5.8 | 5.8 | 5.9 | 6.5 | 6.2 | 5.4 |
| Paulding | 3.6 | 2.7 | 1.7 | 1.6 | 4.8 | 4.8 | 6.4 | 9.0 | 10.1 |
| Perry | 9.1 | 7.9 | 6.2 | 5.7 | 5.8 | 6.6 | 6.2 | 6.3 | 7.0 |
| Pickaway | 8.0 | 7.7 | 7.3 | 5.6 | 5.7 | 6.4 | 6.4 | 5.9 | 7.5 |
| Pike | 8.9 | 9.3 | 9.3 | 8.2 | 7.7 | 9.7 | 9.4 | 8.5 | 10.5 |
| Portage | 4.8 | 4.9 | 4.4 | 5.4 | 6.0 | 6.5 | 7.0 | 7.3 | 6.7 |
| Preble | 4.0 | 5.8 | 5.6 | 5.9 | 6.7 | 5.6 | 4.9 | 5.1 | 5.2 |
| Putnam | 6.0 | 5.5 | 5.4 | 4.9 | 3.6 | 4.0 | 4.4 | 5.4 | 5.9 |
| Richland | 6.9 | 7.7 | 7.5 | 7.4 | 7.1 | 7.7 | 7.8 | 8.6 | 7.6 |
| Ross | 5.6 | 6.7 | 7.1 | 7.5 | 6.9 | 7.7 | 6.8 | 6.4 | 6.6 |
| Sandusky | 8.0 | 7.5 | 7.0 | 6.0 | 7.0 | 5.3 | 5.4 | 5.3 | 5.2 |
| Scioto | 10.0 | 10.2 | 8.3 | 8.4 | 8.4 | 8.9 | 9.5 | 9.3 | 9.7 |
| Seneca | 6.5 | 6.9 | 7.1 | 6.1 | 5.5 | 6.0 | 7.1 | 6.7 | 8.3 |
| Shelby | 5.9 | 5.2 | 7.0 | 6.7 | 7.0 | 7.4 | 6.7 | 5.6 | 5.5 |
| Stark | 7.2 | 7.5 | 7.1 | 7.1 | 7.4 | 7.8 | 7.8 | 8.2 | 8.6 |
| Summit | 7.8 | 7.7 | 7.8 | 7.9 | 7.5 | 7.3 | 7.4 | 7.6 | 7.7 |
| Trumbull | 9.0 | 8.8 | 8.7 | 8.2 | 8.0 | 8.2 | 8.6 | 9.0 | 8.9 |
| Tuscarawas | 5.5 | 5.7 | 6.6 | 6.1 | 5.1 | 5.2 | 5.8 | 4.5 | 5.1 |
| Union | 6.3 | 5.8 | 6.3 | 7.3 | 8.4 | 9.0 | 8.8 | 7.4 | 6.4 |
| Van Wert | 7.9 | 10.1 | 8.1 | 7.4 | 6.1 | 6.8 | 5.4 | 5.1 | 4.1 |

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Table A-1

**Infant mortality rates (deaths per 1,000 live births) in Ohio counties by 5-year periods
(Vinton through Wyandot)**

| County | 2000-2004 | 2001-2005 | 2002-2006 | 2003-2007 | 2004-2008 | 2005-2009 | 2006-2010 | 2007-2011 | 2008-2012 |
|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Vinton | 9.3 | 9.4 | 10.5 | 10.5 | 7.1 | 9.4 | 9.5 | 6.4 | 3.9 |
| Warren | 4.8 | 5.0 | 5.8 | 6.0 | 6.0 | 6.4 | 6.3 | 6.3 | 6.6 |
| Washington | 7.6 | 7.9 | 7.7 | 8.3 | 7.9 | 8.2 | 9.4 | 8.2 | 6.4 |
| Wayne | 6.4 | 6.0 | 6.1 | 6.3 | 6.2 | 6.4 | 6.4 | 5.9 | 5.6 |
| Williams | 8.0 | 6.0 | 5.4 | 5.7 | 6.6 | 5.4 | 6.7 | 7.2 | 6.5 |
| Wood | 6.4 | 5.9 | 5.8 | 6.3 | 6.7 | 5.8 | 6.2 | 6.8 | 5.7 |
| Wyandot | 9.1 | 7.6 | 7.5 | 8.3 | 7.0 | 6.2 | 7.9 | 6.7 | 6.6 |

Source: Policy Matters Ohio, based on Ohio Department of Health Vital Statistics.

** Carroll County file is missing.

Note: Infant mortality is gauged by individual years but also by groupings of years to mitigate the effect of years in which numbers spike or plummet, particularly in places where numbers of births are small.