



**Testimony of Jaime Miracle,  
Deputy Director of NARAL Pro-Choice Ohio,  
Senate Finance Committee  
House Bill 64  
June 11, 2015**

Chairman Oelslager, Ranking Member Skindell, and members of the Senate Finance Committee. My name is Jaime Miracle and I am the deputy director of NARAL Pro-Choice Ohio. I am here to testify on behalf of our over 20,000 members and activists about the Medicaid and ODJFS portions of Sub. H.B. 64.

H.B. 64 as introduced eliminated three critical Medicaid expansion programs. The current substitute bill restores two of these three programs, and we commend the Senate for understanding the importance of continuing these programs. Unfortunately, without restoration of the third program, one that assists low income Ohioans in accessing family planning services, we will never be able to make real progress towards eliminating our infant mortality crisis.

The U.S. Center for Disease Control (CDC) has identified six key strategies to reduce infant mortality. These include: improving women's health before pregnancy; promoting quality and safety in prenatal care; and investing in prevention and health promotion<sup>1</sup>. Addressing pre-pregnancy health and investing in prevention and health promotion are exactly what the family planning optional Medicaid program accomplishes. The family planning program helps women in preconception care create reproductive life plans. Women can then plan for pregnancy and make healthy choices that will insure they are prepared for becoming pregnant<sup>2</sup>. This program also makes financial sense. For every dollar invested in family planning services, we save seven dollars in other costs.<sup>3</sup> Since the federal government covers 90% of the costs, the program requires only a 10% investment from our state.

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<sup>1</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a3.htm>

<sup>2</sup> The CDC has much more information about preconception planning and how this improves overall health of women and men: <http://www.cdc.gov/preconception/index.html>

<sup>3</sup> <http://www.guttmacher.org/statecenter/family-planning/pdf/OH.pdf>

Ensuring proper spacing between births reduces a host of health risks including preterm birth and low birth weight, both of which are directly connected to infant mortality<sup>4</sup>. Recognizing that family planning access is critical to the health and well-being of women and babies, both the National Governor's Association and the March of Dimes have advocated for expanded Medicaid coverage for contraceptive services.<sup>5</sup>

Restoring the optional coverage program for family planning is a wise financial decision, a wise health care decision, and a wise strategy for eliminating the infant mortality crisis in Ohio.

We would also like to praise the removal of funding for anti-choice crisis pregnancy centers through the Ohio Pregnancy and Parenting Support Program. In a 2013 study we conducted of these centers, we found that they routinely gave out medically inaccurate information to women seeking information about their health care options. TANF block grant funds are much better used providing access to real assistance for low income Ohioans.

We applaud this committee for fixing the issues that were present in the previous versions of the budget by reinstating the coverage for pregnant women and Breast & Cervical Cancer Treatment program and eliminating funding for crisis pregnancy centers, but please finish the work you have started by restoring the Family Planning Medicaid program as well.

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<sup>4</sup> Guttmacher Institute, Testimony of Guttmacher Institute, submitted to the Committee on Preventive Services for Women, Institute of Medicine, 2011, <http://www.guttmacher.org/pubs/CPSW-testimony.pdf>.

<sup>5</sup> Guttmacher Institute, Wise Investment: Reducing the Steep Cost to Medicaid of Unintended Pregnancy in the United States, 2011, <https://www.guttmacher.org/pubs/gpr/14/3/gpr140306.html>.