



Julie A. Moore

House Bill No. 297

House Ways and Means Committee

November 5, 2019

Chairman Merrin, Vice Chair LaRe, Ranking Member Rogers and members of the committee, thank you for allowing me to submit testimony regarding House Bill 297. As the President of Pregnancy Decision Health Centers (PDHC) in Columbus, Ohio, I represent the work that we do in our four centers located in both Franklin and Fairfield counties, and I am here as an advocate for the work of pregnancy centers from around the state.

PDHC has promoted healthy pregnancy and childbirth since 1981. We provide early pregnancy intervention services, education, and resources for those who are most at-risk for adverse medical and social outcomes. We provide pregnancy testing and verification, ultrasound, prenatal vitamins, and connection to various pregnancy and family care services. In the past 10 years, over 14,000 women had positive pregnancy tests at our centers. PDHC provides individualized care to address each woman's risks and promote healthy outcomes.

As no-cost service providers, pregnancy centers are in a strategic position to reach women in poverty who are at the greatest risk for adverse pregnancy and family outcomes. Federal Poverty Level (FPL) guidelines for 2019 classify an individual as being at 200% of FPL with an income level of \$24,980. These individuals often rely on Medicaid and other Ohio Department of Job and Family Services (ODJFS) benefits for medical care, food and supportive services. PDHC statistics demonstrate our ability to reach these families. In 2018, 66% of the women served at PDHC reported an annual income of less than \$15,000 and an additional 22% reported an income of less than \$30,000.

According to Medicaid, Ohio has experienced a near 24% increase in Medicaid enrollment since 2013. Pregnant women below the poverty line are more likely to experience adverse health outcomes that increase strain on Ohio's budget. Pregnancy related services account for the largest portion of Medicaid's hospital charges. The 2017 Ohio Infant Mortality Report cites prematurity as the leading cause of infant death. Evidence shows that poorly nourished moms have a higher risk of stillborn and

low-birth weight babies. These outcomes and their related expense can be reduced with early pregnancy intervention.

Women recognize their local pregnancy center as a resource for early pregnancy care through free pregnancy testing and ultrasounds. Each one of our staff nurses has the likelihood to be the first medical point of contact that a woman has during her pregnancy. PDHC empowers women with access to early prenatal care, education and prenatal vitamin provision. Vitamin nutrients support healthy moms and babies during and after pregnancy. All pregnant PDHC clients are eligible to receive prenatal vitamins at no cost. Last year, PDHC provided 243,000 prenatal vitamin doses to expectant mothers. Prenatal vitamins include necessary nutrients that support brain and spine development, fight against infection and the risk of miscarriage and stillbirth.

PDHC also educates pregnant women and new families on a wide range of topics including safe sleep, car seat safety, the risks of smoking and substance use, benefits of breastfeeding and other essential topics. All of which are designed to reduce health risks and the rate of infant mortality in our county by using a collaborative approach with county agencies and evidenced-based education.

In addition to providing care for pregnant women, PDHC serves the whole family – the husband, boyfriend or partner and caregiving grandparents. Pregnancy centers around the state work to strengthen and promote two-parent families. Evidence shows that children from fatherless homes are at significantly greater risk for negative outcomes. Children in father absent homes are more likely to be poor and have a dramatically greater risk of drug and alcohol abuse, mental illness, suicide, poor educational performance, teen pregnancy and criminality.

Chairman Merrin, Vice Chair LaRe, Ranking Member Rogers and members of the committee, thank you for the opportunity to share how pregnancy centers are uniquely suited to care for needy families and reduce the strain on taxpayer dollars. As a service provider committed to providing care at no cost and without qualification, pregnancy centers have the ability to reach those who are the most vulnerable among us. Thank you for your public service and commitment to provide care for pregnant women, infants and families. I respectfully ask you to support House Bill 297.