NARAL Pro-Choice Ohio

Testimony of Jaime Miracle,
Deputy Director of NARAL Pro-Choice Ohio,
House Finance: Health & Human Services Sub-Committee
In Opposition to House Bill 64
April 17, 2015

Chairman Smith, Ranking Member Driehaus, and members of the 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 in opposition to several proposals contained within Substitute H.B. 64. Specifically we are concerned about the elimination of optional Medicaid coverage programs for pregnant women, individuals with breast or cervical cancer, and those who need family planning services, and continuing to give state dollars to crisis pregnancy centers that coerce and lie to women in search of medical care.

Substitute H.B. 64 explicitly eliminates three critical Medicaid expansion programs, and new language added to the substitute version of the state budget puts other critical programs in jeopardy. These programs serve tens of thousands of Ohioans who have no other place to turn for coverage. The Kasich administration says that they care about Ohio's dismal infant mortality rate, however their budget would eliminate two programs that directly combat infant mortality--early access to prenatal care and access to family planning services. Ohioans' ability to space their pregnancies, plan when they add children to their families, and receive early access to prenatal care is critical to healthy pregnancy outcomes.

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[1]. The programs proposed for elimination in this budget fulfill these needs by improving the health of women and families, and playing a vital role in reducing infant mortality. The family planning program helps women in preconception care to create reproductive life plans

[1] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a3.htm
[2] The CDC has much more information about preconception planning and how this improves overall health of women and

NARAL Pro-Choice Ohio • 12000 Shaker Blvd • Cleveland, OH 44120
216.283.2180 (office) • 216.283.2184 (fax)
Choice@ProChoiceOhio.org • www.ProChoiceOhio.org

allowing them to plan for pregnancy and begin making healthy choices so they are in the best position possible before becoming pregnant[2].

An even more obvious tactic for reducing infant mortality is early entrance into quality prenatal care. Being able to identify issues early in pregnancy allows the doctor and patient to prepare to treat disorders to achieve the best possible pregnancy outcome. Today if an uninsured woman discovers she is pregnant, she qualifies for Medicaid coverage all the way to 200% of poverty, and her family size increases by one as soon as the pregnancy is confirmed. That means that she is eligible for Medicaid coverage during pregnancy and the post-partum period to an income of $31,460. If the pregnancy program is eliminated, she would only be eligible for coverage up to an income of $21,707. Additionally this program also creates presumptive eligibility, allowing a pregnant woman to start receiving prenatal care while her application for coverage is being processed. Without this, a woman may be forced to wait weeks or even months to start prenatal care depending on how quickly her Medicaid coverage is approved.

Even if a pregnant woman can afford to purchase insurance through the exchange, she can only do so during open enrollment (Nov.-Feb.), and that plan doesn't go into effect until January 1st. So, if a woman discovers she is pregnant in April, she would deliver her baby before she could get insurance through the exchange. Leaving these women without access to prenatal care will dramatically increase our infant mortality rate, and risk the health and well-being of thousands of Ohio's women and families. The elimination of this program will force lower income women to choose between continuing to be employed and not having health care, or quitting a job in order to qualify for Medicaid. I think we can all agree that this is not what we want for our state.

Finally eliminating Medicaid coverage for the Breast and Cervical Cancer Program (BCCP) will threaten the health of hundreds of women in our state. Delaying treatment for breast cancer is directly correlated with lower survival rates. According to the American Cancer Society, the survival rate for stage II breast cancer is 93%. When a woman faces stage IV cancer her survival rate drops to 22%[3].

Ohio has the seventh highest rate of death from breast cancer[4], the good news is, that we are getting better and mortality rates have decreased since the implementation of this program.

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[2] 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

[3] http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-survival-by-stage

[4] http://statecancerprofiles.cancer.gov/index.html

It would be a tragedy for to reverse this pattern. More than a decade ago I lost my beloved grandmother to breast cancer. No one should face a loss like that because their loved one could not afford treatment.

Additionally new language added to the substitute bill in section 5163.03 and 5163.04 could impact even more optional programs contained within the Medicaid department, forbidding optional programs from existing unless they are explicitly allowed in Ohio Revised Code. Medicaid optional programs exist so that the Medicaid program can respond to the changing environment of health care service delivery. Tying the hands of our Medicaid department by requiring legislative approval for any new optional coverage groups will make our system less efficient and less able to respond to new challenges. This is the exact opposite of what we should want from a government program. We should want it to be nimble and able to respond in an efficient way to new challenges, not bogged down with unnecessary restrictions.

One would think that with the changes in these Medicaid programs the Ohio Legislature would focus funds on high-quality, effective programs that serve pregnant and parenting women in our state. Unfortunately this budget bill does the opposite. This sub-bill designates a half million dollars in funding to the "Ohio Parenting and Pregnancy Support Program." We all can agree that supporting those who are pregnant and parenting is a good thing. But as they say, the devil is in the details. This program would redirect limited funds from the Temporary Assistance for Needy Families (TANF) block grant away from women who use these funds to take care of their children and send the money to organizations known as crisis pregnancy centers.

Let me be clear, we are not here opposing the existence of these centers; what we are opposing is our tax dollars, especially the limited funds available through the TANF block grant, being sent to centers who mislead and lie to women who turn to them for help. In 2013, we released the results of a one-year study of these centers[5]. What did we find?

- These centers routinely gave out medically inaccurate information, and provided no real medical care:
    - 47% of counselors gave misleading information on the connection between mental health problems and abortion.[6]

[5] You can read the full report of this investigation at: http://www.prochoiceohio.org/what-is-choice/cpc/reporttext.shtml

[6] This link has been shown to be false in multiple scholarly publications including: American Psychological Association, Task Force on Mental Health and Abortion. *Report of the Task Force on Mental Health and Abortion*,

- 38% emphasized medical complications, including inaccurate information on the connection between abortion and breast cancer and fertility issues.[7]
- None provided referrals or information on contraceptives services aside from natural family planning or abstinence.

- They are not upfront about agenda:
  - Less than half of CPCs were up front about who they are and what they stand for, 60% did not disclose that they were not a medical facility and only 42% stated that they opposed abortion rights.
- CPCs only provide very limited services, and sometimes lie about why the services are offered:
  - Most CPCs provided some material support to women and babies such as baby clothes, diapers or formula. Although these services are free of charge, a third of the centers had time consuming eligibility requirements. Access to these services could also be limited by the centers that often change their hours without notice.
  - 38% of CPCs offered free ultrasounds, stating that they want to "make sure the pregnancy is viable." However, 95% did not mention that their ultrasound was non-diagnostic and limited in scope.

- Manipulation is common:
  - Materials frequently cited medically inaccurate "side effects" of abortion care to coerce women into continuing a pregnancy rather than have an abortion. One

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http://www.apa.org/pi/women/programs/abortion/mental-health.pdf, (August 28, 2012). Munk-Olsen, Trine, Laursen, Thomas M., Pedersen, Carsten B., Lidegaard, Ojvind, and Mortensen, Preben B. "Induced First-Trimester Abortion and Risk of Mental Disorder'" *The New England Journal of Medicine,* 364 (January 27, 2011): 332-339.

[7] Medical research has also proven these statement to be false, these scholarly journals are a sampling of the available research on the non-existent connection between abortion and breast cancer or infertility: Hogue, Carol J.R., Cates Jr., Willard, Tietze, Christopher, "The effects of Induced Abortion on Subsequent Reproduction," *Epidemiological Reviews* 4 (1982): 66, 67, 88-89. Boonstra, Heather, D., Benson Gold, Rachel, Richards, Cory I., and Finer, Lawrence B., *Abortion in Women's Lives*, http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf (August 28, 2012). Reeves, G.K. et. al., "Breast cancer risk in relation to abortion: Results from the EPIC study," *International Journal of Cancer* 119 (October 2006): 1741-1745. Collaborative Group on Hormonal Factors in Breast Cancer, "Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83,000 women with breast cancer from 16 countries," *The Lancet* 363 (March 27, 2004): 1007-1016.

video obtained by our investigators actually interviewed a woman who was incarcerated in the Texas state prison system who said, "No one tells you that you'll want to kill yourself after you do an abortion…having had that abortion turned me into a crack head whore."[8]

Thank you for your time today. I urge you to fix the dangerous gaps in health care access that will occur if the Medicaid coverage programs are eliminated, and to use our tax dollars on programs that actually assist low-income families rather than use misinformation to coerce clients.

[8] http://spectsvideo.com/Collateral/view_crossroads.html