



**Stephanie Ranade Krider**  
**House Bill 64**  
**House Finance – Workforce Subcommittee**  
**May 19, 2015**

Chairman Beagle, Vice-chair Williams, and members of the committee, thank you for allowing me to testify today on House Bill 64. My name is Stephanie Ranade Krider and I am the Executive Director of Ohio Right to Life. On behalf of Ohio Right to Life and our statewide membership and affiliates, I am here today to speak on the issue of infant mortality.

Ohio Right to Life recognizes and greatly appreciates the efforts of the Governor and this Legislature to work to improve Ohio's appalling infant mortality rate. We supported legislation introduced by Senator Shannon Jones and Senator Charleta Tavares last General Assembly promoting Safe Sleep education. In the fall, we held an educational forum with local pregnancy resource centers and Dr. Arthur James to promote the message and statewide strategies to reduce infant mortality. Additionally, our board adopted a position statement on the issue which is attached to my testimony.

In light of our support for efforts to reduce infant mortality in our state, we ask you to maintain funding for the Ohio Pregnancy and Parenting Program to support the work of pregnancy resource centers across the state. While this program was created and funded in the state operating budget two years ago, the program was not funded in House Bill 64 as it was introduced. However, the House Finance committee amended the bill to include \$1 million to fund the program over the biennium, and we are asking you today to maintain that level of funding.

Infant mortality is an issue of serious concern to our state. I'm sure that I do not need to repeat the statistics, but we all know that Ohio ranks very poorly for our high rates of infant mortality –

the worst in the nation, for African American babies. One tool we have in the tool belt to combat infant mortality in our state that should not be underestimated is our pregnancy help centers. They are in nearly every community. In Ohio, we have 142 pregnancy help centers, pregnancy help medical clinics, and maternity homes.

Among the crucial services these organizations provide at no cost to their clients are pregnancy tests, counseling, community referrals (for prenatal care, housing, material aid, child care, help with addictions, etc), parent education courses, GED preparation, and adoption support and referrals. These clinics serve thousands of women every year in communities across Ohio, and they are staffed by either paid staff or volunteers who are committed to empowering and equipping the women who come through their doors.

In 2013, the Ohio Pregnancy and Parenting Program was established through the state operating budget. ORC Section 5101.804 establishes the program, the intent of which is to “promote childbirth, parenting, and alternatives to abortion.” The program was funded at about \$250,000 in FY 2015, using TANF funds through the Department of Jobs and Family Services. Currently, the program is being funded at 1 million dollars over the biennium through General Revenue Funds.

I can think of no better way to empower local organizations to reach more women and work to promote healthy birth outcomes than to continue to fund this program. Pregnancy help centers, with few exceptions, are completely donor-funded and often rely on volunteers. With increased funding from the state made available to them, they would be able to increase their capacity to serve even more women and their families, the impact of which could be measured in the number of lives saved.

As you debate changes to be made to House Bill 64 in the coming weeks, I ask that you consider our state’s policy to prefer childbirth over abortion (ORC 9.041), and maintain funding for the Ohio Pregnancy and Parenting Program.

Thank you for your consideration.



Policy Position on Infant Mortality  
September 2014

According to the [Centers for Disease Control](#), Ohio has the fifth highest infant mortality rate in the country (7.88 deaths per 1,000 live births), and the highest infant mortality rate for African Americans (15.45 deaths per 1,000 live births as compared to 6.39 deaths per live births among whites). Ohio's infant mortality rate has remained stagnant for over a decade while the U.S. infant mortality rate experienced a twelve percent decline from 2005 through 2011.

It is the mission of Ohio Right to Life to advance the right to life, working to see every child reach their birth day. Because Ohio's public policy prefers pregnancy to result in childbirth (O.R.C. 9.041), the state is promoting initiatives that support healthy pregnancies.

It is the policy of Ohio Right to Life to ensure the right to life for every child, promoting their health and opposing their destruction from the moment of conception. Ohio Right to Life is positioned to respond to infant mortality by taking the following actions:

- Advocating on behalf of families and their children by advancing legislation to decrease infant mortality.
- Promoting and supporting organizations and groups that promote and ensure healthy pregnancies.
- Providing educational resources to Ohio communities on the issue of infant mortality. These resources will reduce Ohio's vulnerability to this tragedy and raise awareness for those impacted by it.