



**Testimony of Jaime Miracle,
Deputy Director of NARAL Pro-Choice Ohio,
Senate Finance Subcommittee on Health & Medicaid
Substitute House Bill 49
May 24, 2017**

Chairman Hackett, Vice Chair Tavares, and members of the Subcommittee, 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 50,000 members and activists on the Medicaid, ODJFS, and other healthcare related portions of Substitute H.B. 49.

NARAL Pro-Choice Ohio applauds the state for continuing its investments in the prevention of infant mortality. We encourage this body to effectively fund evidence-based programs that reduce health disparities and lower our embarrassing infant mortality rate. But, at the same time that the state is investing funding in these programs, it is promoting other policies that undermine the progress that could be made.

Charging premiums for Medicaid recipients between 100% and 138% of the federal poverty line is not a turn in the right direction. Increasing the cost of healthcare through premiums decreases the use of health care services¹. For childless adults making between \$11,880 and \$16,400 a year, an additional cost — even of just \$20 a month — can present an insurmountable obstacle for accessing health care, and will disproportionately impact people of color in our state, who already face a myriad of racial disparities in health.

Ohio should be in the business of reducing racial disparities in health, not increasing them.

The Centers for Disease Control has identified six key strategies to reduce infant mortality. Two of these strategies are improving women's health before pregnancy and investing in prevention and health promotion². The state is investing more and more funds in programs to help pregnant women be healthy and to take care of women and newborns following the birth of a child, but this is only a part of what needs to be happening to reduce our infant

¹ Office of the Assistant Secretary for Planning and Evaluation, "Financial Condition and Health Care Burdens of People in Deep Poverty," United States Department of Health and Human Services, July 16, 2015

² <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a3.htm>

mortality rate. Making sure childless adult women have access to the preconception care they need, making sure chronic illness is managed properly, and making sure that racial disparities of health are minimized are crucial to making real gains in our infant mortality crisis.

Another strong investment we could make would be to re-instate the family planning optional Medicaid program that was eliminated in the 2015 budget. This program not only improves the health and well-being of citizens of our state, it also makes financial sense. For every dollar invested in family planning services, we save seven dollars in other costs.³ In Ohio in 2010, the federal and state governments spent \$824.6 million on unintended pregnancies, of this \$218.8 million was paid for by the state.⁴ But that number could have been much greater. Publicly funded family planning services provided by safety-net health centers in Ohio helped save the federal and state governments \$226.9 million in that year alone.⁵ 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.⁶

In its current form the budget does not allocate money for the Parenting and Pregnancy Program. I urge the Senate to not add this funding into H.B. 49. You may be wondering why I would be advocating for that based on the rest of my testimony so far. This program sounds like a great idea, but as they always say, the devil is in the details. State money should be going to programs that have proven track records for effectiveness. This program is not one of those. The Parenting and Pregnancy Program, funded out of the TANF block grant, gives funding to unproven, misleading, and coercive organizations known as "crisis pregnancy centers" or CPCs. TANF block grant money is one of the few remaining places where low income women and families can turn when they need emergency cash assistance. It can be used in a variety of ways, including helping low income families get out of lead contaminated homes. We need to use this money where it has the most impact, not give it to unproven programs.

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

⁴ Frost JJ, Frohworth L and Zolna MR, *Contraceptive needs and services, 2014 Update*, New York: Guttmacher Institute, 2016, <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.

⁵ Frost JJ, Sonfield A, Zolna MR, and Fiener LB, Return on Investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program, *Millbank Quarterly*, 2014, 92(4):696-749.

⁶ 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>.

In a 2013 study into the practices of these centers⁷, our undercover investigators found that these centers routinely gave out medically inaccurate information. Thirty-eight percent of CPCs gave misleading information about complication rates for abortion. Forty-seven percent of CPCs gave false information about the non-existent connection between mental health and addiction issues, and abortion. Less than half of the centers were up front about what they stand for; and although they are getting this funding for providing material assistance to low income women and children, most CPCs provided limited material assistance. More than a third of centers had time consuming eligibility requirements, forcing women to earn “baby bucks” by attending parenting classes, volunteering at the center, or even attending Bible study classes. A low-income woman working three jobs to make ends meet doesn’t need to spend two hours in a parenting class before she can get a pack of diapers.

These are not the types of places that should be funded with our tax money.

Women facing an unintended pregnancy deserve medically accurate information presented in an unbiased and non-coercive manner. The state should not be in the business of sending our limited tax dollars to centers that deceive and lie to the people seeking their help.

Finally, I urge this committee and all the members of the legislature to not continue to use the state budget as a weapon to attack access to abortion care in our state. These unconstitutional attacks have already been blocked by two Lucas County courts and two lawsuits challenging the constitutionality of attacks on abortion access contained in the 2013 state budget are headed to the Ohio Supreme Court in the next few months. I encourage this body to stick to the issues that the state budget is supposed to cover, and not continue to misuse state tax dollars passing unconstitutional “Christmas tree” budget bills that violate our state constitution’s single subject clause.

Thank you for your time today, and I am happy to answer any questions you may have at this time.

⁷ You can read the full report of this investigation at: <http://www.prochoiceohio.org/what-is-choice/cpc/reporttext.shtml>