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H.B. 297 Opponent Testimony
House Ways and Means Committee
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Chairman Merrin, Ranking Member Rogers, and members of the House Ways and Means 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 more than 50,000 members against H.B. 297.

H.B. 297 creates a 50% state income tax credit, for all donations to so called "pregnancy resource centers" which can be carried over for one year if the individual's tax burden is less than the credit. This tax credit is the first of its kind in Ohio. There are no other tax credits for charitable donations in the state, not for donations to organizations that help our wounded warriors, not to ensure low income uninsured Ohioans have access to health care through free clinics, not for organizations that actually provide real care for families that are supposed to be helped by these so called "resource centers". It is completely ridiculous that legislators continue to create special funding mechanisms that divert state resources from real assistance for low income Ohioans and fund these fake women's health centers instead.

Ohio already has two tax payer funded mechanisms that fund these centers. First a "Choose Life" license plate that funds centers through the additional plate fee via a fund operated through the Ohio Department of Health, which has provided over a half million dollars in funding as of March of this year[1]. Second, a Parenting and Pregnancy Program funded through the Temporary Assistance for Needy Families (TANF) block grant. This program was created in the 2014-15 budget, and the 2016-17 and 2018-19 budgets funded the program at $1 million[2]. Earlier this year, the 2020-2021 budget increased that funding to $7.5 million dollars[3], still funded out of the TANF block grant, a grant created by the federal government to provide direct financial support for low income families, not as a handout to political cronies to placate a political base. Interestingly, this funding increased in conference committee from $5 million to the final figure of $7.5 million, at the same time that a Medicaid program that would have funded REAL health care services in low income communities was eliminated from the budget. Taking money from actual health care and giving it to fake women's health centers is a telling move for the Ohio legislature.

Ohio has real problems that we need to address. According to the World Health Organization the U.S. is one of only 13 countries in the world where the maternal mortality rate is climbing, and we are the only country with an advanced economy to see a rate increase.[4] Black women are four times more likely to die as a result of pregnancy as white women, and a black baby is twice as likely as a white baby to die before their first birthday.[5]

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[1] http://www.ohchooselife.org/
[2] HB 59, 130th OGA, HB 64, 131st OGA, HB 49, 132nd OGA
[3] HB 166, 133rd OGA
[4] World Health Organization (WHO) et al., Trends in Maternal Mortality: 1990 to 2015 70-77 (2015) http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1
[5] Gopal Singh, U.S. Dep't of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau, Maternal Mortality in the United States, 1935-2007: Substantial Racial/Ethnic, Socioeconomic, and Geographic Disparities Persist 2 (2010), http://www.hrsa.gov/ourstories/mchb75th/mchb75maternalmortality.pdf.

These are all stats we have heard before, but let's take it a bit deeper. Maternal mortality is just the tip of the iceberg. The rate for severe maternal morbidity (often referred to as "near misses") impacts 60,000 women a year in the United States, and Black women are two times more likely to experience severe maternal morbidity than white women.[6] A report earlier this year showed that more than 17% of women experienced one or more types of mistreatment during childbirth, and among Black women of low socioeconomic status that rate jumped to nearly 28%, and that number went even higher when that woman's partner was also Black.[7]

What does this show? That our system for the provision of medical care fails people of color. At its root, systemic racism and the structures it has created are putting the lives of Black mothers and babies at risk. I applaud the steps that the legislature has done to begin to address this health crisis. But it hasn't been enough. The infant mortality rate for white babies has gone down, but the rate for black babies continues to increase, making the racial disparity in this health outcome larger, not smaller.[8] While some good initial first steps have been made, if this body is going to actually address the problem, policy decisions must be made based on data from experts in the field, not to placate a political base.

Contrary to the testimony from proponents, providing additional state supported funding schemes for fake women's health centers is not the solution to this crisis.

A 2013 study conducted by the NARAL Pro-Choice Ohio Foundation found a pattern of misinformation and coercion at these centers. Nearly half of these fake women's health centers told the client about a supposed link between abortion and mental health issues in the future. This claim is blatantly false, according to the American Psychological Society: "The best scientific evidence published indicates that among adult women who have had an unplanned pregnancy, the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy."[9] Additionally, the New England Journal of Medicine published a research article in January 2011 that states, "the incidence rate of psychiatric contact was similar before and after a first-trimester abortion does not support the hypothesis that there is an increased risk of mental disorders after a first-trimester abortion."[10]

This report also showed that the centers routinely claimed that abortion causes breast cancer, and that having an abortion made it more likely for the patient to have fertility issues in the future. Both of these claims have also been shown to not be accurate by medical researchers. There is no evidence that abortion increases the risk of infertility, ectopic pregnancy, or miscarriage.[11] A 2003 committee opinion (reaffirmed in 2018) from the American College of Obstetricians and Gynecologists states "Early studies of the relationship between prior induced abortion and breast

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[6] Elizabeth A. Howell et al., Black-White Differences in Severe Maternal Morbidity and Site of Care, 214 Am. J. Obstet. Gynecol. 122.e1, 122.e1 (2016); Andrea A. Creanga et al., Maternal Mortality and Morbidity in the United States: Where Are We Now?, 23 J. Women's Health 3, 6 (2014)

[7] Vedam, S., Stoll, K., Taiw, TK., Rubashkin, N., Cheyney, M., Strauss, N., McLemore, M., Cadena, M., Nethery, E., Rushton, E., Schummers, L., Declercq, E., and the GVtM-US Steering Council, The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reproductive Health* (2019) 16:77. Retrieved on 6.12.19 from: https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-019-0729-2?fbclid=IwAR1tvfSnb6OF8pXtjshEMd3V6NoEhjNF0yFtinj1478sGiGKFMY4wS52AIs

[8] Ohio Department of Health, 2017 Ohio Infant Mortality Data: General Findings (https://odh.ohio.gov/wps/wcm/connect/gov/5b43b42b-0733-42cd-8a01-063f831ec53f/2017+Ohio+Infant+Mortality+Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-5b43b42b-0733-42cd-8a01-063f831ec53f-mzKcbiN)

[9] https://www.apa.org/pi/women/programs/abortion/

[10] 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.

[11] Boonstra, H., Benson-Gold, R., Richards, C., and Finer, LB. "Abortion in Women's Lives" Guttmacher Institute (May, 2006). https://www.guttmacher.org/sites/default/files/report_pdf/aiwl.pdf

cancer were methodologically flawed. More rigorous recent studies demonstrate no causal relationship between induced abortion and a subsequent increase in breast cancer risk."[12]

Additionally, and critically important, these fake women's health centers may claim to provide culturally sensitive and targeted outreach to Black women, but a 2018 study found that not to be the case. Researchers at Mississippi State University found the methods found in fake women's health centers in urban areas are "not significantly different from its approaches in white and/or suburban areas and inclusion of Black perspectives and activists is limited to a surface-level veneer."[13] Instead of consulting with community members about what the community needs or what will actually help fake women's health centers claims "imply that women, and especially poor or Black women, cannot be trusted to make their own decisions about abortion and continues to construct poor women and women of color as victims in need of rescue by white, middle class activists."[14]

This inadequate understanding of racial disparities in health and the impact racism has on health outcomes was clearly on display when these centers testified before the House Finance Committee this spring. Representative Crawley directly asked the two directors what has been done within their organizations to dismantle implicit bias and racism in regards to prenatal care, and if they had trainings or specific strategies to address this.[15] The response from the director of the Elizabeth New Life Center was that their main strategy against implicit bias and racism is "where we are located." When she was questioned about cultural competency training, she was unaware of any specific training for their medical staff.

Our tax payer dollars cannot and should not be used to promote fake science and coercion, and in the midst of our infant and maternal mortality and morbidity crises our state cannot afford to give money to programs that do not have scientifically verifiable impacts on racial disparities of health or we will continue to fail Black moms and babies across our state.

So where should the state be investing our tax dollars and encouraging charitable giving? On programs that have proven effectiveness in reducing racial disparities in health.

According to the March of Dimes, studies suggest that increased access to doula care, especially in under resourced communities, can improve a whole range of health outcomes for mothers and babies, lower health care costs, reduce C-sections, decrease maternal anxiety and depression, and help improve communication between low income, racially/ethnically diverse pregnant women and their health care providers. "The March of Dimes supports increased access to doula care as one tool to help improve birth outcomes and reduce the higher rates of maternal morbidity and mortality among women of color in the United States.[16] Luckily for people in Columbus and Cleveland programs like the March of Dimes describes already exist, Restoring Our Own Through Transformation (ROOTT) and Birthing Beautiful Communities provide this support in their communities; and because of their programs, the clients they serve already surpass the Healthy People 2020 goals in both maternal and infant mortality and morbidity. Just imagine what these two highly effective programs could do if they saw the same investments from the Ohio legislature that fake women's health centers have. Imagine all the families these programs could help bring babies into the world and keep both mom and baby safe.

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[12] American College of Obstetricians and Gynecologists (ACOG). Committee Opinion: Induced Abortion and Breast cancer Risk. 2018. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Induced-Abortion-and-Breast-Cancer-Risk

[13] Kelly, K., and Gochanour, A. "Racial Reconciliation or Spiritual Smokescreens?: Blackwashing the Crisis Pregnancy Center Movement. Qualitative Sociology (2018) 41:423-443.

[14] IBID

[15] http://www.ohiochannel.org/video/ohio-house-finance-committee-5-3-2019-part-1 (50:36)

[16] March of Dimes. "Position Statement: Doulas and Birth Outcomes." (2019)

Additionally, research shows that we improve the communities around these individuals, when we make sure that Black women live in safe neighborhoods, have stable housing, and are provided with health care that is culturally appropriate and based in their communities, the infant mortality rate decreases.[17] In 2017 the Health Policy Network of Ohio released a report on new approaches to reduce infant mortality. Housing stability and affordability was identified as one of the key approaches. The report states, "housing that is high-quality, affordable, and located in safe, resource-rich neighborhoods supports good health. A lack of affordable housing stock in most communities, historical policies of segregation and discriminatory housing practices make it difficult for people in groups at the greatest risk of poor birth outcomes to find housing that meets this description."[18] Maybe a tax credit should for donations to organizations that are addressing our affordable housing crisis across the state?

Time and time again this legislature shows that it is obsessed with appeasing your political base to the detriment of Ohio's residents. Over and over again you've ignored programs that work, like ROOTT and Birthing Beautiful Communities or programs to provide supportive housing services—programs proven to do exactly what you say you want to do: reduce disparities in health and really start to address our infant and maternal mortality and morbidity crisis in this state.

If this legislature wants to continue to do things so they can say they did things and pat themselves on the back and placate their political buddies, by all means waste additional tax dollars funding these fake women's health centers through the taxpayer subsidized tax scheme laid out in H.B. 297. But, if this legislature really and truly wants to address infant and maternal mortality and the racial disparities in health that cause black women and babies to die at a much higher rate than white women and babies, which I do think is what the majority of the members really want to accomplish, then we must do things differently. We need to look at the evidence, we need to look at what is working and we need to listen to people IN THESE COMMUNITIES about what they need. Then and only then will we even begin to break down the systems that this country has built over the last 400 years that have gotten us to the place where we are today. Only then will we actually start to make progress.

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[17] Wallace, M., Green, C., Richardson, L., Theall, K., and Crear-Perry, J. "'Look at the Whole Me': A Mixed-Methods Examination of Black Infant Mortality in the US through Women's Lived Experiences and Community Context" International Journal of Environmental Research and Public Health (2017) 14(7): 727.

[18] Health Policy Institute of Ohio. "A new approach to reduce infant mortality and achieve equity: Policy recommendations to improve housing, transportation, education, and employment." December 1, 2017. http://www.healthpolicyohio.org/wp-content/uploads/2017/12/SDOIM_FinalCombined_posted.pdf