



SENATE FINANCE COMMITTEE

Chairman Dolan

Vice Chair Burke

Ranking Member Sykes

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Co-Chairs, Collaborative for Comprehensive School Aged Health

Chairman Dolan, Vice Chair Burke, Ranking Member Sykes, and members of the Senate Finance Committee: thank you for considering our testimony. Our names are Steph Wahome-Lassiter and Kate Ingersoll, and we serve as co-chairs of the Collaborative for Comprehensive School Aged Health. The Collaborative for Comprehensive School Aged Health, known simply as the 'Collaborative,' is a network of youth serving organizations in Northeast Ohio, working to forward access to science-based reproductive health education in our local schools to ensure our young people make informed decisions to stay healthy. We offer this testimony on the state operating budget's Pregnancy and Parenting Programs (JFS, 660689) which will support entities known as crisis pregnancy centers in Ohio.

The Collaborative has advocated for over a decade for access to accurate health information and access to high quality health services for young people. Our table includes social workers, pediatricians, public health professionals and educators. However across Northeast Ohio, crisis pregnancy centers negate this work, offering incomplete health information and services at centers and clinics that are unlicensed, by staff who are often not medically credentialed. Women – clients – are not made aware of this context when they seek services at these centers. The centers may often market themselves and may appear to be clinics, leading pregnant woman to believe these visits are the same as prenatal care, which is not the case. Given the lack of state standards requiring training and licensing of center staff, clients can receive incorrect due dates, and services received at these centers can delay actual prenatal care, or comprehensive preconception care for women who are found not be pregnant.



Preconception and prenatal health services are required for healthy pregnancies and positive birth outcomes for women and their infants. When women seek prenatal and preconception care, it is an opportunity to provide them with information and services that are medically appropriate – following national standards of care – and patient-centered. Women who utilize crisis pregnancy centers are often uninsured and seek services at these venues because the services – like pregnancy testing and ultrasound – are offered free of charge. There is no way for a women entering a center to know that the facility is not licensed and the services are being provided by non-credentialed, unlicensed providers. Ohio women have no idea they are not receiving comprehensive information and services pursuant to national clinical guidelines and standards of care. This is medically dangerous. The state is correctly investing in evidence-based programs to curb the infant mortality rate. Nationally, maternal mortality is increasing. Continuing to support these centers that are not licensed with staff that are untrained, is an antithesis of the goal of healthy mothers and infants.

The centers provide material resources to women who are pregnant – such as diapers and infant clothing – support which is truly needed by some families. If the centers are to continue to receive state dollars, our recommendation is for the centers to provide this material support for pregnant women and their infants and discontinue health services; or become licensed, with appropriately trained and credentialed staff, and with oversight by a Medical Director whose minimum qualifications include licensure as a medical doctor or doctor of osteopathy and board certification as relevant for their specialty (e.g., OB, GYN, FP).

With investments like the one proposed, the state is setting up a parallel and substandard care system that can easily be mistaken for actual medical care by trained and credentialed medical professionals. We are fortunate to have excellent health and adolescent and women’s health resources in NE Ohio and around our state – if geographic or other access gaps exist, these funds could also be used to expand existing high quality systems. We are grateful for your consideration.

Respectfully submitted,

Steph Wahome-Lassiter & Kate Ingersoll