



# Pro-Choice Ohio

Chairman Dolan, Vice-Chair Cirino, Ranking Member Sykes, and members of the Senate Finance Committee - thank you for allowing me to provide interested party testimony on House Bill 33. My name is Cole Wojdacz, and I am the Statewide Field Manager for Pro-Choice Ohio, an organization that advocates for abortion rights and reproductive freedom for all Ohioans. I am providing this testimony today on behalf of our staff, volunteers, and supporters, to ensure that our next state budget provides the resources that Ohioans need to truly thrive, not just survive.

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 an actual rate increase.<sup>1</sup> Black women are four times more likely to die as a result of pregnancy as compared to white women, and a Black baby is twice as likely as a white baby to die before seeing their first birthday.<sup>2</sup>

These statistics are horrifying, and are all metrics that you have heard before, so 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 U.S., and Black women are two times more likely to experience severe maternal morbidity compared to their white peers.<sup>3</sup> A report released in 2019 showed that more than 17% of women experienced one or more types of mistreatment during childbirth. Among Black women of low socioeconomic status, that rate jumped to nearly 28%; that number increased further when that woman's partner was also Black.<sup>4</sup>

What this data shows is the stark reality that medical care systems across Ohio fail people of color, especially Black people. 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 taken to begin to address this health crisis, but those haven'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.<sup>5</sup>

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<sup>1</sup> 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](http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1)

<sup>2</sup> 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>.

<sup>3</sup> 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)

<sup>4</sup> 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 GVM-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=IwAR1tvfSnb6OF8pXtjshEMd3V6NoEhjNF0yFtinj1478sGiGKFMY4wSS2AIs>

<sup>5</sup> Ohio Department of Health, 2017 Ohio Infant Mortality Data: General Findings (<https://odh.ohio.gov/wps/wcm/connect/gov/5b43b42b-0733-42cd-8a01->

Right now, this budget contains proposals that could really make a difference for parenting and pregnant people in our state and start to address some of these startling statistics. Increasing the Medicaid eligibility to 300% FPL will mean more pregnant people can get access to the healthcare they need to have healthy pregnancies, healthy births, healthy babies, and a healthy post-partum period. Increasing the *Help Me Grow* home visiting program will mean more support for new parents in caring for themselves and their babies. Passing the doula certification process and Medicaid reimbursement procedures will allow for more families to use doulas when they get pregnant. Research shows that having a doula during pregnancy increases health outcomes for the birthing person and baby, and can have a real impact on mitigating racial disparities in health care that negatively impact these outcomes. Ohioans deserve that care and attention regardless of their income level. Just like they deserve access to safe and stable housing for pregnant people and new parents, which, you guessed it, also has a direct, positive impact on health outcomes and long-term wellness. In the same vein, ensuring that Ohioans, in this case state employees, can have the time off they need to care for a new addition to the family will mean better parent/child connections, more well-adjusted adults and children, and a healthier, happier, more productive workforce.

Lastly, the small improvements to childcare access are a good start, but the pandemic showed us just how vulnerable this system is. We must ensure that every family who needs childcare can access quality, affordable childcare, close to home, and for the hours they need. No parent should be at risk of losing their job because of a lack of access to childcare, and our system is still far from that goal.

But with all of that good in this budget, there is something also included that will completely undermine any improvements we may see: a doubling of the funding for the “Parenting and Pregnancy Program.”

Why isn’t the “Parenting and Pregnancy Program” the solution to these problems? Why am I here saying that it will only make the problems worse? It is because this funding doesn’t go to medical providers to make sure people get the healthcare they need during pregnancy; and the funding certainly doesn’t go to the individual people in need of assistance, as the TANF program was designed to do. The “Parenting and Pregnancy Program” is a way to funnel money into religiously affiliated, mostly volunteer run, anti-abortion organizations who have a track record of lying to and manipulating the people they claim to serve. These facilities pose as medical providers in communities in your districts, but have absolutely no oversight, no certification, and most certainly do not replace real medical facilities providing professional medical care to their patients.

A 2013 study conducted by the NARAL Pro-Choice Ohio Foundation found that 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. Both the American Psychological Society and the New England Journal of Medicine reviewed these claims and found absolutely no evidence to back them up.<sup>6,7</sup>

This 2013 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.<sup>8</sup> 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 cancer were methodologically flawed. More rigorous recent studies demonstrate no causal relationship between induced abortion and a subsequent increase in breast cancer risk."<sup>9</sup>

In the last year, we have learned even more about the harms these centers cause to pregnant people. A nurse in Kentucky was looking to volunteer her time to provide ultrasounds at an anti-abortion center. After her training she started seeing the red flags, starting with the fact that the center used expired disinfectant to sanitize the transvaginal probe used in early pregnancy identification. Even if it wasn't expired, the type of disinfectant that was being used by the center didn't kill human papillomavirus, one of the most common sexually transmitted infections with an estimated 80 million people currently infected and 14 million new cases identified each year. HPV, as its more commonly known, can cause genital warts and cervical cancer.<sup>10</sup> Unfortunately, the complaints brought to the facilities manager were not heard. She tried to escalate her concerns by filing whistleblower complaints with the state of Kentucky, but because these facilities are not actual healthcare providers and do not have to be licensed as such, there was little oversight that the state held to fix the problems. The nurse quickly quit the program saying that, "She did not want to be associated with an organization that was betraying people's trust... This way of operating presented a moral, ethical, legal, and professional conflict for me."<sup>11</sup>

At another facility in Iowa, a patient nearly died when they failed to diagnose an ectopic pregnancy. When they couldn't see the embryo on the ultrasound they claimed that the patient

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<sup>6</sup> <https://www.apa.org/pi/women/programs/abortion/>

<sup>7</sup> 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.

<sup>8</sup> 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](https://www.guttmacher.org/sites/default/files/report_pdf/aiwl.pdf)

<sup>9</sup> 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>

<sup>10</sup> American Cancer Society: HPV and HPV Testing <https://www.cancer.org/cancer/risk-prevention/hpv/hpv-and-hpv-testing.html>

<sup>11</sup> "It's a public health risk": nurse decries infection control at US anti-abortion crisis center.

<https://amp.theguardian.com/world/2023/feb/02/kentucky-crisis-pregnancy-center-anti-abortion-malpractices>

was just not as far along as they thought or was possibly miscarrying. When the patient asked if it could be anything else they were told that there were no other possibilities. They reassured the patient multiple times that everything was OK and sent them home with a sheet about miscarriage precautions. A few days later the patient went to the ER and was immediately rushed into emergency surgery for an ectopic pregnancy that was causing them to lose large quantities of blood.<sup>12</sup>

According to the March of Dimes, 14.8% of counties in Ohio are maternity care deserts, defined as a county in which there is no access to maternity care, an obstetric provider, a hospital, or birthing center with obstetric care. Additionally, 33% of Ohio counties had low-to-moderate access to maternity care. In fact, under half of the counties in our state are considered “full access” counties when it comes to maternity care.<sup>13</sup> This same study found that Ohio had the most women (approximately 97,000) impacted by overall access to maternity care over the last two years.<sup>14</sup>

Last week, the Ohio Hospital Association released data showing that ten maternity wards in Ohio have closed just in the last year.<sup>14</sup> These closures impact not just the health of people giving birth in that area, but also the overall community health of the region.

In Vinton County there is only one medical provider in the entire county, a federally qualified health center that provides no maternal health or gynecological services, and has a waiting list to see the primary care providers. The Vinton County Health Department has the space to provide this care, but lacks the funding to purchase the needed supplies, equipment, and the finances to hire qualified medical professionals to staff the facility.<sup>15</sup>

I bet the \$14 million dollars that Governor DeWine and this legislature want to give to these anti-abortion fake health centers would go a long way towards filling that budget gap in Vinton County and ensuring those Ohioans have the real healthcare they need to have healthy pregnancies and healthy babies.

With all of the evidence before you, it is irresponsible to continue to fund these facilities. Ohio’s health care policy should be based on what is best for the people of Ohio, not giving back-handed gifts to political allies. Our state is in the midst of several public health crises, and funding propaganda won’t help us.

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<sup>12</sup> Lies, Threats and Near Death Experiences: Iowans Share Stories About Crisis Pregnancy Centers.

<https://iowastartingline.com/2023/02/15/lies-threats-and-near-death-experiences-iowans-share-stories-about-crisis-pregnancy-centers/>

<sup>13</sup> <https://www2.deloitte.com/us/en/pages/life-sciences-and-health-care/articles/march-of-dimes-maternity-care-deserts-dashboard.html>

<sup>14</sup> 10 maternity wards have closed in Ohio in the last year. Here’s where and why.

<https://www.beaconjournal.com/story/news/healthcare/2023/05/11/10-ohio-hospitals-closed-labor-and-delivery-services-since-june-2022/70176238007/>

<sup>15</sup> Babies delivered in cars: Rural Ohio’s lack of maternity care affects nearly 100,000 women.

<https://www.beaconjournal.com/story/news/state/2023/05/15/state-of-maternity-care-in-rural-ohio-wards-shuttered-births-in-cars/70207571007/>

If this legislature really and truly wants to fix the problem, and from some of the proposals included in this budget, I am cautious to say that I think you actually do, then you need to shake things up. You need to look at the evidence. You need to look at what is working, and you need to listen to people IN THESE COMMUNITIES about what they need. I urge this committee to use the \$14 million dollars allocated to the "Parenting and Pregnancy Program" to fund programs that are proven to help, not hurt, Ohioans, and give your constituents access to the care they deserve.

Thank you for your time and attention today, I would be happy to take any questions.