



Planned Parenthood Advocates of Ohio

Chair Gross, Vice Chair Barhorst, Ranking Member Baker, and members of the Ohio House Medicaid Committee,

Thank you for accepting my testimony today in strong opposition to House Bill 410, and its potentially catastrophic impact on our statewide healthcare system. My name is Danielle Firsich, and I am the Director of Public Policy at Planned Parenthood Advocates of Ohio and Planned Parenthood of Greater Ohio. H.B. 410 would ban abortion providers from receiving Medicaid reimbursements for *any* services, including critical sexual and reproductive health services like birth control, cancer screenings, vaccines, STI testing and treatment, and wellness exams. This bill is the latest in a long stream of efforts by state and federal anti-abortion legislators to defund the critical healthcare services provided by Planned Parenthood and other reproductive healthcare providers.

The Ohio Reproductive Freedom Amendment reads (in part): “The State shall not, directly or indirectly, burden, penalize, prohibit, interfere with, or discriminate against either an individual’s voluntary exercise of this right or a person or entity that assists the individual exercising this right.” How is it not discriminatory for the state legislature to dictate what provider an individual insured by Medicaid can or cannot receive healthcare from? Is it not inherently burdensome to prohibit certain providers from providing critical care, even when another provider may not be available, accessible, or able to fill the gap left by a reduction in healthcare providers? How do you justify penalizing patients who seek our services, especially in areas with existing healthcare shortages?

Nearly 43% of patients at Planned Parenthood of Greater Ohio use Medicaid, equaling about 22,000 of our 50,550 patients. When patients are blocked from going to Planned Parenthood, the health centers cannot afford to stay open, and access to other forms of affordable and accessible health care are jeopardized.

In 2024, PPGOH provided care to 50,550 patients, which included:

- 156,547 tests for sexually transmitted infections (STIs), including 11,331 HIV tests;
- 21,200 pregnancy tests;

- 36,902 contraception visits;
- 10,235 preventive care visits (including cancer screenings);
- 7,605 gender-affirming care visits; and
- 10,425 telehealth visits (centers patients in rural areas).

Ohio already has 114 designated Medically Underserved Areas, and 8 Planned Parenthood healthcare centers are in areas with a Primary Care Health Care Shortage--there is no way that Ohio's healthcare system can serve the patients that will be without a medical home because of this Medicaid ban.

The constituents of the following members' districts will see devastating impacts were this bill to eliminate access to Planned Parenthood services in their area, due to already existing shortages in 1) advanced practice nurse midwives, 2) general practice providers, 3) family medicine providers, and/or 4) OB-GYNs:

- Chair Gross and Rep. Mullins' Butler County district has shortages in all four categories.
- Rep. Baker's Hamilton County district has a shortage of general practice providers.
- Rep. Lett and Rep. Somani's Franklin County district has a shortage of general practice providers.
- Rep. Oelslager's Stark County district has shortages in advance practice nurse midwives and general practice providers.¹

How does one justify eliminating healthcare access in counties with such existing healthcare shortages? Your own constituents simply cannot afford it. The recent loss of Title X and Medicaid funding represents a loss of \$10 million annually to PPGOH. With further attacks, PPGOH could cease to exist entirely.

The individual members of this committee have district-level constituent Medicaid coverage ranging from 6.4% to 25.6%--a study by the Center for Community Solutions utilized 2023 data to find that constituents covered by Medicaid among this committee's members amount to the following:

- 13,253 individuals (10.9%) in Chair Gross's 45th Ohio House District.
- 16,805 individuals (14.4%) in Vice Chair Barhorst's 85th Ohio House District.
- 12,780 individuals (10.6%) in Representative Baker's 27th Ohio House District.
- 13,809 individuals (11.9%) in Representative Craig's 77th Ohio House District.
- 23,009 individuals (20.1%) in Representative Ferguson's 96th Ohio House District.
- 12,005 individuals (10%) in Representative Hall's 34th Ohio House District.
- 11,061 individuals (9.9%) in Representative Lampton's 70th Ohio House District.

- 9,535 (7.4%) individuals in Representative Lett’s 11th Ohio House District.
- 22,012 (18.2%) individuals in Representative Mullins’ 47th Ohio House District.
- 15,504 (12.9%) individuals in Representative Oelslager’s 48th Ohio House District.
- 7,464 individuals (6.4%) in Representative Roemer’s 31st Ohio House District.
- 13,100 individuals (10.8%) in Representative Somani’s 8th Ohio House District.
- 30,536 individuals (25.6%) in Representative Stephens’ 93rd Ohio House District.

In total, the members of this committee alone represent over 200,000 Ohioans covered by Medicaid. Over 730,000 Ohioans have gained Medicaid coverage since 2020. Why are we doubling down on ill-advised national policy that impacts an enormous number of Ohioans in every state district? Are the elected officials of this body not meant to represent the best interests of their constituents?

The federal budget bill that this legislation relies on cuts over \$1 trillion from health programs – the largest rollback of federal support for health care in American history. These cuts will result in an estimated 10 million people losing their health insurance coverage. The legislation also slashes at least \$120 billion from SNAP, reducing food assistance for low-income families. At a time when Ohioans are grappling with skyrocketing costs of living, restricting Medicaid access for Ohioans will lead to additional financial burdens due to higher health care costs and force them to travel further to receive necessary health care.

Creating unnecessary and detrimental barriers to health care will deepen the state’s public health crisis, including high maternal and infant mortality rates and sexually transmitted infection rates, and disproportionately harm at-risk groups, such as people living with disabilities, caregivers, and people with low incomes. And it will roll back the progress we’ve made to reduce the state’s uninsured rate. Moreover, losing coverage for preventative care will inevitably lead to an increase in costly emergency room visits, burdening both hospitals and patients with enormous costs and further straining our statewide healthcare system.

I strongly urge this committee to vote no on House Bill 410.

Thank you for your time and attention, and I will now take any questions you may have.

¹HRSA Maternal and Infant Health Mapping Tool, Health Resources, <https://data.hrsa.gov/maps/mchb/?hmpgdshbrd=1>

²https://www.communitysolutions.com/fact-sheet/ohio-legislative-districts?d6904f37_page=1