



Jaime Miracle, Deputy Director  
Senate Education Committee  
Testimony in Opposition to HB 96  
May 14, 2025

Chair Brenner, Vice Chair Blessing, Ranking Member Ingram, and members of the Senate Education Committee, thank you for accepting my testimony in opposition to House Bill 96, the proposed state budget. My name is Jaime Miracle, and I am the deputy director for *Abortion Forward*, formerly Pro-Choice Ohio. Before I begin, I want to thank my Policy Fellow Milena Wood for her assistance with drafting this testimony I'm presenting today.

This testimony is in opposition to the provisions in this budget that provide support and funding for schools that teach the "success sequence" to 6<sup>th</sup> to 12<sup>th</sup> grade students, appropriation line items 200634 and 440485, as well as ORC 3301.221. Success sequencing intentionally misinterprets data on poverty, employment, and marriage in an effort to legitimize its own standing, framing the outcomes of systemic inequality as a fault of individual choice. It should not be funded by taxpayers.

Proponents of success sequence curriculum often frame their agenda as providing students with an additional "choice" for how they can choose to navigate their lives, despite presenting no other "choices" as viable. Success sequence life planning strategies have long been rejected by academic critics: "not because following it is a bad idea, but rather because it traces a path that people already likely to succeed usually walk, as opposed to describing a technique that will lift people over systemic hurdles they face in doing so. The success sequence, trustworthy as it may sound, conveniently frames structural inequalities as matters of individual choice."<sup>1</sup>

When we cite figures demonstrating how marriage, employment, and education status are related to socioeconomic status, the full socioeconomic reality of Ohioans isn't captured. Full-time employment, demonstrated in the 2020 Ohio Poverty Report, may reduce poverty. But other factors like education access, childcare availability, transportation, poor health—especially in the form of disability or chronic illness—and discrimination significantly impact both employment status and poverty.<sup>2</sup> Emphasizing the role of full-time employment in overcoming poverty does not capture *why* people do not work or work part-time positions. There are countless other "well-known impediments to following the sequence, everything from a lack of marriageable men who earn decent wages in some communities, high incarceration rates, the decline of the power of unions, and a general feeling that there's little point to waiting to have a child because there's little hope for ever really improving one's lot."<sup>3</sup>

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<sup>1</sup> Alexander, Brian, "What is Success Sequence and Why Do So Many Conservatives Like It" The Atlantic, July 31, 2018. <https://www.theatlantic.com/family/archive/2018/07/get-out-of-poverty-success-sequence/566414/>

<sup>2</sup> Ohio Poverty Report, 2020. <https://development.ohio.gov/about-us/research/population/selected-population>

<sup>3</sup> Alexander, Brian, "What is Success Sequence and Why Do So Many Conservatives Like It" The Atlantic, July 31, 2018. <https://www.theatlantic.com/family/archive/2018/07/get-out-of-poverty-success-sequence/566414/>

This oversimplification of complex circumstances has a clear message: if the circumstances in your life do not allow for you to follow the sequence, it is *your fault* you live in poverty and not any fault of our failing social infrastructure. In other words, an idea like the success sequence “legitimizes inequality by attributing it to individual failure.”<sup>4</sup>

The method of thinking behind success sequencing makes conclusions rooted in logical fallacies. It may very well be true that finishing high school, getting a full-time job, and getting married before having kids is sufficient in *some* instances to produce adults that are less likely to live in poverty. Yet, to generalize this process requires all individuals come from similar backgrounds and have access to the same kinds of opportunities, which repeated research on systemic inequality has shown is certainly not the case.<sup>5</sup> This program assumes that one path to life is the answer to poverty, and that assumption places unnecessary blame on individuals for their life outcomes if they live in environments not designed for their own success. Moreover, to present success sequencing in such a way as to suggest individuals who follow these steps *will* be successful simply cannot be true. Just because certain conditions have shown to be correlated with economic prosperity does not prove causation.

What often goes unmentioned in conversations about adopting the success sequence curriculum is its involvement with abstinence-only sex education, pushing one group's religious beliefs on others. So much for providing our students with ‘choices.’ Despite a decline in comprehensive sex education in schools because of previous legislative efforts to politicize health education, the general public overwhelmingly supports this type of programming in schools.<sup>6</sup> Not only this, but “research, public health experts, educators, and leading medical and professional organizations overwhelmingly denounce the abstinence-only approach” to sex education.<sup>7</sup> Particularly, “decades of research has found that, not only is this approach ineffective at achieving its stated goal of delaying sexual initiation and/or changing sexual risk behaviors, it’s also harmful” because these programs “feature misinformation based in fear, gender stereotypes, and shaming tactics that negatively impact students including: LGBTQ-identifying students, those who’ve already engaged in sexual activity, and students who’ve experienced sexual violence.”<sup>8</sup>

Our schools should be equipping students with knowledge that prepares them for reality, giving them the confidence to navigate the world around them in a way that enables them to make good decisions. If the proponents of “success sequence” really want to equip students with the resources they need to make healthy decisions, delay childbearing, and rise out of poverty, then the program would include comprehensive sex education, not the failed rhetoric of “abstinence-only”.

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<sup>4</sup> Mattei, U., & Haskell, J. D. (Eds.). (2015). *Research Handbook on Political Economy and Law*. Cheltenham, UK: Edward Elgar Publishing. Retrieved May 12, 2025, from <https://doi.org/10.4337/9781781005354>

<sup>5</sup> Hanks, Angela, Solomon, Danielle, Weller, Christian (2018) Systematic Inequality: How America’s Structural Racism Helped Create the Black-White Wealth Gap. Center for American Progress.

<https://www.americanprogress.org/article/systematic-inequality/>

<sup>6</sup> Szucs LE, Harper CR, Andrzejewski J, Barrios LC, Robin L, Hunt P. Overwhelming Support for Sexual Health Education in U.S. Schools: A Meta-Analysis of 23 Surveys Conducted Between 2000 and 2016. *J Adolesc Health*. 2022 Apr;70(4):598-606. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10904928/>

<sup>7</sup> <https://siecus.org/why-we-need-to-avoid-sexual-risk-avoidance/>

<sup>8</sup> Ibid

Champion among the reasons for pushing comprehensive sex education as early as elementary school is the outcomes of these programs. Review of the literature of the past three decades provides strong support for comprehensive sex education across a range of topics and grade levels, speaking to the “effectiveness of approaches that address a broad definition of sexual health and take positive, affirming, inclusive approaches to human sexuality.”<sup>9</sup> Specifically, comprehensive sex education is shown produce outcomes including “appreciation of sexual diversity, dating and intimate partner violence prevention, development of healthy relationships, prevention of child sex abuse, improved social/emotional learning, and increased media literacy.”<sup>10</sup> Research has also found that comprehensive sex education is more likely to delay the onset of sexual activity than abstinence-only programs. When students who have abstinence-only sex education do begin engaging in sexual activity, they are less likely to use protection to prevent pregnancy or the transmission of sexually transmitted infections.<sup>11</sup> When building out school curriculums, we should focus on providing students with an education that makes them well-rounded and confident, laying the foundations for adulthood. Focusing on what peer-reviewed research has to say about this rather than appealing to an ill-supported ideal of what works for students is the better choice.

H.B. 96 offers itself as a solution to a problem that it is woefully unequipped to solve, continuing to push the so-called success sequence despite all evidence pointing to its ineffectiveness and potential for harm. It disguises itself as a solution to poverty, but requires we place blame for failures in our social infrastructure onto the individuals who are forced to live in broken systems. We cannot simultaneously claim that we want the best for Ohio’s youth and yet implement school curriculums that don’t produce positive outcomes. Embracing fruitless educational programming, as if it’s the only and best option, fails to provide students with the robust education they deserve. This legislature must adopt a more rigorous systematic approach to developing solutions that actually enhance the education experience for Ohio’s students. You must not continue to pursue ideologically driven, evidence-deficient policies that consistently fail to produce meaningful results. Instead of over-prioritizing abstract principles over reality, we urge the committee to remove these provisions from the budget.

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<sup>9</sup> Eva S. Goldfarb, Lisa D. Lieberman, Three Decades of Research: The Case for Comprehensive Sex Education, *Journal of Adolescent Health*, Volume 68, Issue 1, 2021.  
<https://www.sciencedirect.com/science/article/pii/S1054139X20304560>

<sup>10</sup> Ibid

<sup>11</sup> Ott MA, Santelli JS. Abstinence and abstinence-only education. *Curr Opin Obstet Gynecol*. 2007 Oct;19(5):446-52. <https://pubmed.ncbi.nlm.nih.gov/articles/PMC5913747/>