



Jaime Miracle, Deputy Director
Senate Finance Committee
Testimony in Opposition to HB 96
May 29, 2025

Chair Cirino, Vice Chair Chavez, Ranking Member Hicks-Hudson, and members of the Senate Finance 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.

We have many concerns with the current iteration of the state budget. A budget document is a moral document – showing the direction that the state's elected officials want to go for the next two years. As currently pending, the only signal that this budget is sending to Ohioans is that this legislature unfortunately continues to push cruel and harmful policies on the residents of our great state.

MEDICAID DEI BAN

The House proposal includes language that bans the Department of Medicaid from using "Diversity, Equity, and Inclusion" in its work. The lack of definitions around what this prohibition could mean leaves the department without clear guidance on what they can and cannot do, increasing the likelihood of over-enforcement to ensure compliance. Removing the ability for the department to look at disease trends by race or how certain health outcomes look different in different populations across our state will make the work of medical professionals more difficult and cause our already high levels of racial disparities in health to continue to skyrocket.

The desire for colorblind practices often stems from the idea that discrimination simply won't exist if we do not acknowledge our differences. In practice, however, colorblind approaches to medicine often yield poor outcomes for the relationship between medical professionals and their patients, and patient health outcomes in general. Trying to appear more unprejudiced by acting as if we don't notice race, despite automatically seeing race, makes white practitioners appear more uncomfortable, anxious, and less friendly when working with patients of a different race than their own.¹

Colorblind approaches to healthcare do not promote equity, genuine understanding, or cultural competency. Black women are almost four times more likely to die while giving birth than white women. Black infants are two to three times more likely to die within their first year of life than

¹ West TV, Schoenthaler A. Color-Blind and Multicultural Strategies in Medical Settings. Soc Issues Policy Rev. 2017 Jan;11(1):124-158. doi: 10.1111/sipr.12029. Epub 2017 Jan 13. PMID: 39359747; PMCID: PMC11445782.

white newborns in the U.S.² Not only that, but many of these deaths and other health complications that disproportionately affect Black and other women of color would be preventable if we were dedicating the proper attention needed to the unique needs of these groups. In other words, a colorblind approach that would be required by this budget language will literally cost us the lives and health of individuals around the state.

Withholding potentially life-saving information, strategies, and approaches to medicine for the sake of avoiding the imaginary 'horrors' of DEI is bad practice and unjust. We need the presence of positive forces like diversity, equity, and inclusion to give us the foundations for true relational equality. This budget language actively keeps us from accomplishing that goal.

UNNECESSARY AND BURDENSOME CHANGED TO ABORTION REPORTING CHANGES

The House-passed budget document includes extensive changes to the way that doctors in the state report abortion numbers to the Ohio Department of Health and the way that ODH releases this data to the public. Ohio already has some of the most medically unnecessary and burdensome reporting requirements for abortion providers. No other medical procedure in the state is required to be reported on the way that abortion is. This budget just increases that burden.

Supporters of the provisions say that this is about patient safety, but if that is the case, why require this level of reporting on a medical procedure that is one of the safest medical procedures and not require the same level of reporting for procedures that carry much more risk to the patient? It's because these reporting provisions have no basis in medical safety. They are about forcing healthcare staff to comply with a medically unnecessary regulation, so they have less time for patient care.

Since the overturning of *Roe v Wade* in 2022, we have seen states and federal officials try to weaponize the collection of abortion data against medical professionals and the patients they serve. This weaponization and the new dangers posed by the Trump administration on healthcare privacy are why the Guttmacher Institute reversed their position on legislatively mandated abortion reporting, stating "The benefits of state-mandated abortion reporting no longer outweigh the risks." The report goes on to urge states to "change their laws and regulations to end the mandated collection of such data."³

In addition to the fact that these changes are unnecessary and a regulatory burden on healthcare providers, it is blatantly unconstitutional under the Ohio Reproductive Freedom Amendment, passed by an overwhelming majority of voters in 2023. Under this amendment, the Ohio Constitution now states that one cannot discriminate against patients or providers for accessing or providing reproductive healthcare. By requiring this level of reporting for only doctors providing abortion services and not providers of other healthcare procedures, these regulations are discriminatory and is therefore unconstitutional.

² Bryant AS, Worjloh A, Caughey AB, Washington AE. Racial/ethnic disparities in obstetric outcomes and care: prevalence and determinants. *Am J Obstet Gynecol*. 2010 Apr;202(4):335-43. doi: 10.1016/j.ajog.2009.10.864. Epub 2010 Jan 12. PMID: 20060513; PMCID: PMC2847630.

³ <https://www.guttmacher.org/2025/03/risks-patients-and-providers-growing-states-should-revisit-abortion-reporting-requirements>

We urge the Senate to remove these medically unnecessary and burdensome reporting requirements from HB 96.

CHANGE TO EXCEPTION IN GENETIC SERVICES FUNDING BAN

When someone faces a medical crisis during pregnancy, they need a medical team that can discuss all of their options with them so they can make an informed decision about how to move forward. The House proposed budget takes that away from Ohioans by removing an exception to the Genetic Services Program funding that allows the money to be used to discuss or refer for abortion care in a medical emergency. Tying the hands of medical professionals by threatening their funding if they discuss ALL of the options the person could choose when facing a medical emergency is wrong and could result in death, loss of future fertility, and many other long-term medical issues for the pregnant individual. We urge the committee to reinstate the language allowing this funding to be used to counsel or refer to abortion care in a medical emergency. Allow doctors and their patients to make the best medical decision based on the individual circumstances of the patient, not a government dictate.

DEFUNDING MEDICAID MENTAL HEALTH PROVIDERS AND YOUTH HOMELESSNESS

Defunding Medicaid mental health providers and youth homelessness is a blatant dismissal of the needs of vulnerable Ohioans. Combined with the provision mirroring the Trump executive order defining only two sexes and the defunding of youth homelessness programs that affirm a person's gender identity, this bill would force mental health providers to choose between either being a Medicaid provider or serving every patient who comes through the door with the dignity and respect they deserve. Ohio, like the rest of the nation, is in the midst of a mental health crisis, and this denial of care would cause great harm to Ohio's most vulnerable communities—transgender individuals included. Getting access to mental health care is already an immense struggle, especially for those who rely on Medicaid for their health insurance coverage. More Ohioans will attempt suicide if you limit access to mental healthcare that affirms the basic dignity of one's identity and humanity. Please listen to the stories of transgender Ohioans who have come before this committee. These provisions show just how little regard the Ohio legislature has for residents of our state. We urge you to strike this and the other dangerous and cruel anti-Trans provisions out of this budget document.

SUCCESS SEQUENCE FUNDING PROVISIONS

The so-called "success sequence" disguises itself as a solution to poverty but it requires that we place blame for failures in our social infrastructure onto the individuals who are forced to live in broken systems. Worse, it lays the foundations for abstinence-only sex education programming. If the success sequence is to be embedded throughout middle and high school curriculums, it will begin to affect sex-education in our schools. Undoubtedly, the success sequence and abstinence-only sex education come together to form a worldview that prevents critical dialogue and sees the world in binaries. Ohioans would be told that those who cannot make good of their lives through a very specific lens are wasting their life and are morally bankrupt. In other words, these two forces together make no room for those who don't fit within the worldview it prescribes.

The general public overwhelmingly supports comprehensive sex education in schools despite previous legislative efforts to politicize health education.⁴ 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. The program should include comprehensive sex education, not the failed rhetoric of “abstinence-only,” if the proponents of these bills really want to equip students with the resources they need to make healthy decisions, delay childbearing, and rise out of poverty.

To conclude, we urge the committee to:

1. Remove the ban on DEI in Medicaid.
2. Remove changes to the abortion reporting requirements.
3. Reinstate the medical emergency provision in the ban on Genetic Services funds being used to counsel or refer for abortion.
4. Ensure that youth homelessness programs receive full funding and remove the harmful provision that will leave Ohioans without Medicaid mental health care services across the state.
5. Eliminate the ineffective success sequence program. Fund real, effective educational programming that provides students what they need to succeed in life, not abstinence-only programming that will only cause harm.

⁴ 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/>