Formerly Pro-Choice Ohio
ABORTION FORWARD

Jaime Miracle, Deputy Director
Senate Finance Committee
Testimony in Opposition to HB 96
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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. I want to thank my Policy Fellow Milena Wood for her assistance with drafting this testimony I'm presenting today.

I'd like to begin my testimony by thanking the committee for two of the changes that were made in the amendment earlier this week: the elimination of the income tax credit for individuals who donate to fake clinics also known as crisis pregnancy centers and the removal of the funding and geographic limits for the doula Medicaid coverage program. Ensuring that people who give birth in Ohio, especially those from marginalized communities, have all the support they need during pregnancy, childbirth, and the post-partum period is crucial to bringing down our exorbitantly high maternal mortality and morbidity rates, infant mortality rates, and reducing racial disparities in healthcare outcomes.

Unfortunately, many harmful provisions remain, and more were added to the bill. We ask this committee to remove these provisions before final passage.

MEDICAID DEI BAN

The current version of H.B. 96 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 includes leaves the department without clear guidelines 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.

In the absence of DEI in medicine, colorblind approaches to patient-practitioner relationships would, concerningly, become common practice. 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]

[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.

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 white newborns in the U.S.[2] Not only that, but if we were dedicating the proper attention needed to the unique needs of these groups, many of these deaths and other health complications that disproportionately affect Black and other women of color would be preventable. 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.

REMOVE FUNDING FOR FAKE HEALTH CENTERS KNOWN AS CRISIS PREGNANCY CENTERS

Anti-abortion centers, also known as "crisis pregnancy centers," or CPCs, make extensive efforts to have themselves appear as legitimate health centers. As described by Planned Parenthood, the important distinction is that "most crisis pregnancy centers aren't legitimate medical clinics, so they don't have to follow HIPAA and keep your information private, like most real health care providers do." Concerningly, "they advertise free pregnancy tests, abortion counseling, pre-abortion screenings, abortion education, post-abortion care, or after-abortion help—but they refuse to help you get an abortion."[3]

While updated renditions of the budget eliminate the income tax credit for individuals who donate to fake clinics, many of our concerns about the continued funding of CPCs remain. CPCs frame themselves as organizations that can help those looking to get abortions but in reality, they are actively working against their client's wishes. They try to get clients to delay necessary care in hopes that those clients will decide against obtaining an abortion. Instead of offering legitimate health care, CPCs propagate unfounded anxieties about abortion to influence decision making among their clients.

Research has shown CPCs "engage in abortion misinformation, including leading people to believe that medication abortions are reversible, that abortions cause catastrophic long-term health consequences, or that abortions will cause future infertility," absolutely none of which are claims backed by any significant body of research.

When you dive into the actual numbers and how these centers use funding from the state of Ohio, it immediately becomes apparent that this program is a corrosive investment of taxpayer funds. According to reports submitted by the grantees to ODH in 2022, these programs spent 5.6 times MORE money on overhead and marketing and media than they did on participant support and education ($1.755 million vs $314,000). In 2021, those figures are even more alarming, spending 10 times more on overhead and marketing and media than participant support and education ($1.426 million vs $140,000).

Even if we don't consider CPC's dodgy moral guiding principles, these centers are not nearly a suitable option for distributing resources to families in need of material aid. We can use their ineffective diaper distribution system, one of their most sought-after services, as an example

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[2] Bryant AS, Worjoloh 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.plannedparenthood.org/blog/what-are-crisis-pregnancy-centers

of this. On average, a baby will use 3,000 diapers in their first year of life.[4] Ohio Medicaid pays for approximately 60,000 births each year. At an average price of $0.29 per diaper,[5] the $20 million that the state is proposing to give to this program could cover the total diaper cost of 22,988 babies in Ohio or 38% of all Medicaid births in the state. If the true goal is the provision of direct support to these families, then giving this funding directly to families in need is a much better delivery method than giving it first to CPCs and adding an additional hurdle to get to an essential good; CPCs act as nothing more than an unnecessary middleman, using the vast majority of funding not to provide actual services to their clients but instead on overhead and marketing of their programs. This is government waste at its most harmful.

And the waste continues. This committee is now proposing to add $5 million in additional funding to be used by the state to purchase 3D ultrasound machines for these centers. These centers are not medical facilities., nor do they have trained medical professionals on staff. Spending $5 million to give these medical devices to non-medical entities is just another example of how the "concern" you show for pregnant people and families in this state is nothing more than a talking point used to legitimize anti-woman, anti-family, and anti-human legislation. It was never about the health of individuals but rather a conscious choice to dismantle their fundamental rights to healthcare as a way to appease an anti-abortion minority.

To illustrate exactly why it's dangerous to have untrained non-medical staff operating ultrasound machines, we just have to look to our neighbor to the south. A nurse in Kentucky decided she wanted to volunteer for a local CPC. She completed the online training course and began in-person instruction at a local CPC in Louisville. She immediately noticed red flags. The center was using expired disinfectant to sanitize the transvaginal ultrasound probe. The disinfectant the center was using was not effective against the human papillomavirus (HPV), a widespread sexually transmitted infection responsible for nearly 90% of cervical cancers. The nurse immediately reported what she found to her manager and the facility's leadership but got little response. She then filed whistleblower complaints with the state. But because these facilities are not medical facilities, they are not regulated by the state; there was no state agency she could file a complaint with, no one who had the authority to investigate or hold these facilities accountable for the harm they were causing.[6]

Similar to Kentucky, Ohio does not regulate crisis pregnancy centers – they are not under the jurisdiction of ODH or the State Medical Board and cannot be held accountable if their actions harm Ohioans. Providing additional funding to these centers is not only morally suspect but an active disregard for their unsafe nature. Even if CPCs continue their attempts to make themselves appear as legitimate medical providers, the simple fact remains that they are not qualified to provide many, if not all, of the medical and social services they currently do.

We urge this committee to remove the $20 million in funding for the Parenting and Pregnancy Program and the additional $5 million allocated to the Department of Family and Youth to purchase medical equipment for these non-medical facilities.

UNECESSARY AND BURDENSOME CHANGES TO ABORTION REPORTING REGULATIONS

H.B. 96 also includes extensive changes to the way that doctors in the state report abortion numbers to the Ohio Department of Health (ODH) and the way that ODH releases this data to the public. Ohio already has some of the most medically unnecessary and burdensome

[4] https://www.totalcareaba.com/statistics/diaper-facts
[5] Ibid
[6] https://www.theguardian.com/world/2023/feb/02/kentucky-crisis-pregnancy-center-anti-abortion-malpractices

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

Since the overturning of *Roe v Wade* in 2022, we have seen state and federal officials try to weaponize the collection of abortion data against medical professionals and the patients they serve. This weaponization and coupled with 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."[7]

In addition to the fact that these changes are unnecessary and a regulatory burden on healthcare providers, they are also blatantly unconstitutional under the Ohio Reproductive Freedom Amendment that was 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 thus, unconstitutional.

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

CHANGE TO MEDICAL EMERGENCY 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 to make an informed decision. H.B. 96 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 in a medical emergency is a denial of often lifesaving medical care to those who need it most. This could result in loss of future fertility, many other long-term medical issues for the pregnant individual, and even death. 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.

ATTACKS ON TRANSGENDER OHIOANS

H.B. 96 now includes numerous provisions that will harm transgender and gender non-binary people. The legislature continues to fight a one-sided culture war to gain dominance over the personal, private lives of Ohioans. This bizarre fixation on gender expression and identity helps absolutely no one and must be put to a stop.

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[7] https://www.guttmacher.org/2025/03/risks-patients-and-providers-growing-states-should-revisit-abortion-reporting-requirements

First, in section 9.05, this bill copies a dangerous and completely medically inaccurate definition of "sex" from a Trump executive order. The Ohio Legislature is literally proscribing hate in our codes by establishing a state policy recognizing only two sexes — male and female — which are "not changeable and are grounded in fundamental and incontrovertible reality." Not only is this yet another attack on transgender Ohioans, but it erases the existence of intersex individuals who most certainly do not fall under this narrow and medically inaccurate definition. Human biology is not simple – and this definition has no grounding in medical science or biology. Some people, for example, are born with a condition called androgen insensitivity syndrome. These individuals are born with XY chromosomes but without the receptors to properly use male hormones and then develop a body that biologically looks female. By this bill's narrow definition and understanding of how gender can be expressed, where do these individuals fit? This "state policy" has nothing to do with the budget, nor does it have anything to do with how the state will spend taxpayer dollars for the next two years. Considering this and the ill-conceptions of gender it depends on, it should be removed from this bill.

The problems continue with this definition of gender. This Senate amendment weaponizes it to attack transgender Ohioans who change the sex listed on their drivers' licenses and state IDs. This new provision will make Ohio's laws around identification for transgender individuals one of the most restrictive in the nation, especially when we consider that only FOUR other states forbid transgender individuals from changing their sex on their drivers' licenses.

Additionally, this budget will defund Medicaid mental health providers who affirm an individual's gender identity. Ohio, like the rest of the country, is in the midst of a mental health crisis. Getting access to mental health care can be a real struggle, especially for those who rely on Medicaid for their health insurance coverage. This provision would force mental health providers to choose between being able to be a Medicaid provider and being able to serve every patient who comes through the door with the dignity and respect that they deserve. It is cruel and will cause harm to people across this state.

One of the most concerning parts of this budget is the defunding of youth homelessness programs that "promote or affirm" social gender transition. According to the Trevor Project, "28% of LGBTQ youth reported experiencing homelessness or housing instability at some point in their lives – and those who did had two to four times the odds of reporting depression, anxiety, self-harm, considering suicide, and attempting suicide compared to those with stable housing."[8] The rate of homelessness and housing instability were even higher when just looking at transgender youth. 39% of transgender boys and men, 38% of transgender girls and women, and 35% of nonbinary youth reported homelessness or housing instability.

I've described a lot of what is happening in this budget proposal as cruel, but this funding ban is one of the cruelest proposals I've ever seen. Imagine you are a 16-year-old girl who was kicked out of your house because you told your parents you were transgender. You found a program that took you in with open arms and made you feel like a person, deserving of love and care. Thanks to this program, this girl finally found a place where she belonged. If this proposal were to pass and be signed into law, the program would have to make a choice between continuing to take care of this young girl or lose ALL of their funding. The Ohio Legislature would be putting not only that girl but *everyone* else in the program back on the streets; we cannot restrict the rights of some and expect that it won't eventually come back to restrict the rights of all of us.

[8] https://www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-lgbtq-youth-feb-2022/

Would the right choice really be to force programs to turn this girl away, send her back onto the streets, and likely face abuse or death? Continuing to make a villain out of transgender communities shows a blatant disregard for humanity, one that you cannot continue to stand for. Remove this funding ban from the budget. Allow these programs to give these young people a home, no matter who they are or what they look like.

No matter how many bills you introduce or policies you try to push, transgender people exist, have always existed, and will continue to exist long after you are out of office. This legislation is poised to cause great harm to Ohio's transgender community. Please listen to the stories of transgender Ohioans who have come before this committee to share their stories. Limiting access to healthcare that affirms the basic dignity of humanity and identity will lead to more Ohioans attempting suicide. We urge you to strike these 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. It also 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. Undoubtably, 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.[9] 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 these bills really want to equip students with the resources they need to make healthy decisions, delay childbearing, and rise out of poverty, our school's programming should include comprehensive sex education and not the failed rhetoric of "abstinence-only," To conclude, we urge the committee to:

1. Remove the ban on DEI in Medicaid.
2. Remove the now $25 million in funding for dangerous, untrained, and coercive crisis pregnancy centers.
3. Remove changes to the abortion reporting requirements.
4. Reinstate the medical emergency provision in the ban on Genetic Services funds being used to counsel or refer for abortion.
5. Remove anti-trans provisions.
6. Eliminate funding for 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.

[9] 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/