



Jaime Miracle, Deputy Director  
Senate Health Committee  
Testimony in Opposition to HB 96  
May 15, 2025

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate Medicaid 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 about the Ohio Department of Health (ODH) and Department of Children and Youth (DCY) portions of the House budget bill, including changes to the abortion reporting requirements, elimination of the medical emergency provision in the ban on Genetic Services funds being used to counsel or refer for abortion, creating a state policy recognizing only two sexes, the defunding of youth homelessness programs, yet another increase in funding for the Parenting and Pregnancy Program, and the near total elimination of funding for the Lead Abatement Program.

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.

### **Unnecessary and burdensome changes to abortion reporting requirements**

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.”<sup>1</sup>

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 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.

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

### **Elimination of the medical emergency exception language in the ban on Genetic Services funds being used to counsel or refer for abortion**

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 funding program 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.

### **Dangerous language creating a state policy recognizing only two sexes**

In section 9.05, the House proposed budget copies a dangerous and completely medically inaccurate definition of “sex” from a Trump executive order and inscribes it forever in Ohio Revised Code. 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 literally erases the existence of intersex individuals who most certainly do not fall under this narrow and medically inaccurate definition. Human biology is not simple. A person can be born with XY chromosomes but without the receptors to properly use male hormones, and then develops a body that biologically looks female. This condition called androgen insensitivity syndrome. Where to they fit in this ridiculous definition? This “state policy” has nothing to do with the budget, has nothing to do with how the state will spend

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<sup>1</sup> <https://www.guttmacher.org/2025/03/risks-patients-and-providers-growing-states-should-revisit-abortion-reporting-requirements>

taxpayer dollars for the next two years, and it should be removed from this bill. Transgender and intersex Ohioans have been here for as long as the state has and will be here long after this budget has passed. You cannot legislate transgender people away. All you are accomplishing is pushing even more cruel and harmful legislation onto a community that has been under attack for decades. Our legislature should be focused on policies that bring communities together and help ALL Ohioans live the healthiest lives. Instead, we see yet another cruel proposal intended to divide and attack.

### **Defunding youth homelessness programs that “promote or affirm” gender transition**

In addition to the state policy defining “sex,” this budget also defunds 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.”<sup>2</sup> 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. Is this really what you want to do with this budget? Are you really that heartless that you would force these programs to turn this girl away, put her back on the street to face possible abuse or worse, just so you can once again prove a point by passing a policy that harms the transgender community in our state? 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.

### **\$20 million in funding for the ineffective Parenting and Pregnancy Program**

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.”<sup>3</sup>

CPCs frame themselves as organizations that can help those looking to get abortions, delaying necessary care, and replacing that care with the propagation of unfounded abortion anxieties

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<sup>2</sup> <https://www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-lgbtq-youth-feb-2022/>

<sup>3</sup> <https://www.plannedparenthood.org/blog/what-are-crisis-pregnancy-centers>

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,”<sup>4</sup> 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 becomes immediately apparent that this program is not a good 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 it was even worse – these programs spent 10 times more on overhead and marketing and media than participant support and education (&1.426 million vs &140,000).

Crisis pregnancy centers are the worst possible way to distribute resources to families. CPCs love to talk about diaper distribution, so let’s look at that as an example. On average, a baby will use 3000 diapers in their first year of life.<sup>5</sup> Ohio Medicaid pays for approximately 60,000 births each year. At an average price of \$0.29, per diaper<sup>6</sup>, 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. They use 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.

We urge this committee to remove the \$20 million in funding for these programs and invest in direct support to people in need. At a minimum, fund programs proven to make a difference in the lives of pregnant people and families in our state. For example, the House proposed Medicaid budget drastically cuts the funding for doula coverage for Medicaid patients. The funding is limited to just \$500,000 per year (yes, Ohio gives CPCs 20 times more funding than doulas who actually assist in childbirth). With a limit of \$500,000, this program will only be able to serve 416 patients per year, less than 1% of all pregnancies covered by Medicaid. We urge the Senate to completely remove this cap to ensure every patient who needs it can have access to this program. If the \$10 million per year went to cover these doula services instead of the Parenting and Pregnancy Program, then 8,333 patients could access doula care – nearly 14% of Medicaid births. Let’s put this funding into programs that have proven outcomes, not to pad the pockets of political allies.

### **Elimination of funding for lead abatement programs**

The House proposal includes a near total elimination of funding for ODH’s lead hazard control and prevention efforts, severely cutting funding for the Lead Safe Home Fund Program and

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<sup>4</sup> Evangeline Warren, Alexandra Kissling, Alison H. Norris, Priya R. Gursahaney, Danielle Bessett, Maria F. Gallo, “I felt like I was a bad person... which I’m not”: Stigmatization in crisis pregnancy centers, *SSM - Qualitative Research in Health*, Volume 2, 2022, 100059, ISSN 2667-3215, <https://doi.org/10.1016/j.ssmqr.2022.100059>

<sup>5</sup> <https://www.totalcareaba.com/statistics/diaper-facts>

<sup>6</sup> Ibid

Lead Abatement program. It should go without saying that exposure to lead in any amount can lead to serious health complications. This is especially true for pregnant individuals and children, whose health is disproportionately affected by even “low-level lead exposure.”<sup>7</sup> We have known that lead is harmful for close to five decades, so it is appalling to see that this budget even toys with the idea of eliminating funding from these programs. The amount of disregard for human life that it requires to consider this a viable addition to the budget is beyond contemptible. This is made even more erroneous by the fact that Ohio has long had issues with lead exposure, especially among children. In 2023 alone, ODH estimated there were around 19,000 children with lead poisoning in the state.<sup>8</sup> We urge the committee to reinstate this funding at the full level so that the individuals that rely on these services can keep themselves and their families safe.

In conclusion, today we urge the committee to:

1. Remove changes to the abortion reporting requirements.
2. Reinstate the medical emergency provision in the ban on Genetic Services funds being used to counsel or refer for abortion.
3. Remove the section that creates a state policy recognizing only two sexes.
4. Ensure that youth homelessness programs receive full funding.
5. Eliminate funding for the Parenting and Pregnancy Program and use the \$20 million dollars to provide direct support to families in need or on programs with records proving their effectiveness.
6. Re-establish full funding for the Lead Abatement Program.

Thank you for your time and attention. I’m happy to answer any questions that the committee members might have.

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<sup>7</sup> <https://www.epa.gov/archive/epa/aboutepa/lead-poisoning-historical-perspective.html>

<sup>8</sup> <https://www.statenews.org/health/2023-03-24/ohio-has-a-lead-problem-one-city-is-hoping-to-curb-it>