

Public Testimony before House Community and Family Advancement
HB 294

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Chairman Derikson, Vice Chair Ginter, and members of House Community and Family Advancement committee, my name is Kelli Arthur Hykes. I serve as the Director of Public Health Policy for Columbus Public Health. I am here today representing Dr. Teresa Long, Health Commissioner for The City of Columbus, our Board of Health and the nearly 850,000 residents of Columbus and Worthington that we serve.

Thank you for the opportunity to speak to you regarding HB 294. Columbus is in a unique position, in that our local Planned Parenthood receives their funding directly from the federal government, not as a pass through of funds from ODH or through a contractual relationship with CPH as the local health department. Many would assume that because of this situation, our local health department would not have concerns with this bill; however, we believe that the impact to client services across the state will have a negative impact both across the state and for the health of women and families in Columbus by creating a void in STI treatment and hampering our early efforts to reduce infant mortality.

When looking at HB294, we are concerned about the capacity to serve patients that relied on annual healthy women exams, STI testing and treatment, birth control, and other preventative services provided by Planned Parenthood. In Columbus, we already are seeing the challenge low income, un-or under-insured, and others without an existing relationship with a provider are facing when they need critical services. It has been said that if all the Planned Parenthood patients just went to other providers, those other providers would only need to pick up two new patients to fill the gap. Unfortunately, this assumes that Planned Parenthood patients are spread throughout the state at the same rate as other gynecological providers. That just isn't realistic. People will travel, if they are able, to larger metropolitan areas, like Columbus, and that affects the number of our local residents that we can serve. And keep in mind many won't



be able to travel far for services. Even with additional funding, local health departments don't have the capacity to take on all the displaced patients. For example, in Columbus, we estimate that with additional funding, we would be able to grow our sexual health and women's health services by about 10% over the next few years. This would barely put a dent in the anticipated need, especially if there is an immediate loss of funding for Planned Parenthood before a local health department could ramp up services.

We are also concerned about the definition of "Affiliate" in the bill. The definition which includes any "agreement that authorizes an entity to use the other entity's brand name, trademark, service mark, or other registered identification mark" would endanger our ability to partner on important information sharing opportunities, like resource guides that we are required by federal grants to develop and share. We are further concerned that this could lead to the end of informal relationships, where our staff would be prohibited from referring a patient to another provider where an appointment may be available at more convenient times for the individual or they may have devices in stock when we are running low. We are most concerned that when we partner with a school or community organization to sponsor a health fair, we put ourselves at risk of losing state funding for critical projects like infant mortality reduction if Planned Parenthood or a Rape Crisis Counseling program are also participating in the health fair.

At a time when the State of Ohio, the City of Columbus, and partners at all levels of government and business are working together to combat infant mortality, we are concerned that with fewer providers offering well women visits, longer wait times to get birth control, which can not only increase unplanned pregnancy, it can contribute to unsafe spacing of pregnancies which is a factor in infant mortality, any missed opportunity in confirming a pregnancy in the first trimester, and missed opportunities to test and treat sexually transmitted infections, this bill would be undermining the gains that we are making. While recent data shows national infant mortality rates decreasing, Ohio's remain high. Columbus and Franklin County have a rate that is twice that of New York City. In 2012, Ohio's rate ranked third worst in the nation. Right here in the Capital, we have one of the worst infant mortality rates in Ohio, and Columbus ranks 36th out of the 50 largest U.S. cities. Our black babies are dying at a rate twice that of white babies. Now is not the time to bar funding that helps women get linked to prenatal care when they discover they are pregnant and assures that they have affordable

access to birth control after a pregnancy. Already in Franklin County 20% of woman receive no or late prenatal care. And for low income, minority woman this percentage can reach up to 70%. We need an increase in access to these services, not the void that could be created by prohibiting funding to organizations like Planned Parenthood.

In addition to the unintended consequences this bill could have on efforts to reduce infant mortality, our priorities as public health practitioners is to support efforts that increase women's health and decrease infectious disease. We are experiencing an increase in Hepatitis C, Syphilis, and other sexually transmitted infections that make this a less than ideal time to experiment with a decrease in health care providers that offer testing and treatment.

In conclusion, Columbus Public Health is interested in ways to increase the number of people that can be served through the programs this bill addresses and we are concerned that what this proposal will result in is a void in these important services. With paramount goals of increasing woman's health, decreasing infectious disease, and reducing infant mortality, we are afraid that prohibiting funding and collaboration with Planned Parenthood will make achieving these goals more difficult.

Thank you. I am happy to address any questions you may have. If you have additional questions after the hearing, please feel free to contact me at kahykes@columbus.gov or 614-645-2097.