



State Representative Emilia Sykes and State Representative Janine Boyd Sponsor Testimony House Bill 376

Chairman Ginter, Ranking Member Boyce and members of the Community and Family Advancement Committee, thank you for giving us the opportunity to provide sponsor testimony on HB 376. This bill should be something we can all agree on. No entity should use government funding to lie to the people that they are funded to serve. HB 376 will require any entity funded through the Ohio parenting and pregnancy program to provide only medically accurate information when providing counseling and other services, and allow individuals to sue the entity if the entity does not comply with the law.

Why is this bill needed? In 2013 the NARAL Pro-Choice Ohio Foundation released a study of these so-called crisis pregnancy centers, the type of centers that this program was created to fund. These are centers are advertised as all options counseling centers where women facing unintended pregnancies can turn for help. But in reality, these centers are set up by pro-life organizations with the express purpose of pressuring pregnant women who are considering abortion to change their mind and continue their pregnancy.

This study found that 58% of CPCs hid their ideological bent and did not disclose that they are a pro-life center, and 60% did not admit that they were not medical facilities, although many present as such without having any medical professionals on staff¹.

This research also found that centers routinely gave medically inaccurate information on a wide range of issues, from mental and physical health risks to general statistics on the likelihood of miscarriage. Here are a few examples of factually inaccurate information presented by pregnancy centers in the study:

- telling women that they didn't need to seek abortion care quickly because anywhere from 25-30% of pregnancies end in miscarriage. The national rate for miscarriage is 13%, less than half the rate most pregnancy centers claimed.
- false information about the risks of the abortion procedure and the after effects. The most frequent false claim made by nearly half of the centers in the study was that abortion is destructive to mental health. These claims have been disproven by a long line of credible, scientific research. The American Psychological Association conducted a full review of the research associated with the connection between mental health and abortion and found that "The best scientific evidence published indicates that among adult women who

¹ NARAL Pro-Choice Ohio, Ohio Crisis Pregnancy Centers Revealed, January 2013.
<http://www.prochoiceohio.org/assets/bin/2013%20CPC%20report%20text/CPC%20Report%202013-all.pdf>



State Representative Emilia Sykes and State Representative Janine Boyd Sponsor Testimony House Bill 376

have had an unplanned pregnancy the relative risk of mental health problems is no greater if they have a single elective first trimester abortion than if they deliver that pregnancy².”

- physical health complications including a higher risk of future infertility, ectopic pregnancy, and miscarriage. Again, there is no evidence that any of these claims are scientifically valid³.
- false link between abortion and a higher risk of breast cancer. Although several highly regarded large studies have shown any link between abortion and a higher rate of breast cancer to be false, pregnancy centers still tell their clients that if they have an abortion they will be at a greater risk of getting breast cancer later in life⁴. In fact, one of the research reports that looked into this supposed connection not only concluded that there was no increased risk of breast cancer following an abortion, they found that the few studies that did show a connection were methodologically flawed⁵.

Women who seek counseling and help when facing an unintended pregnancy deserve comprehensive, non-judgmental counseling services to help them decide what decision is best for them and their families, not scare tactics and lies so that they make the decision that a pro-life volunteer counselor in one of these centers wants them into make.

In fact, in 2011 I wrote my graduate school thesis on Crisis Pregnancy Centers which ultimately lead to a policy statement and position by the American Public Health Association suggesting further regulations of CPCs.

APHA supports the enforcement of laws that relate to misleading advertising of “so-called health products and services” and encourages the development of new legislation as well as public and professional efforts to minimize the promotion of misleading health products and services. Regardless of an organization’s religious affiliation or moral beliefs, all “health products and services” should be held to a standard of medical accuracy.

² APA, Task Force on Mental Health and Abortion. Report of the Task Force on Mental Health and Abortion, <http://www.apa.org/pi/women/programs/abortion/mental-health.pdf>.

³ Hogue, Carol J.R., Cates Jr., Willard, Tietze, Christopher, “The effects of Induced Abortion on Subsequent Reproduction,” *Epidemiological Reviews* 4 (1982): 66, 67, 88-89. Boonstra, Heather, D., Benson Gold, Rachel, Richards, Cory I., and Finer, Lawrence B., *Abortion in Women’s Lives*, <http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf>

⁴ Reeves, G.K. et. al., “Breast Cancer risk in relation to abortion: Results from the EPIC study,” *International Journal of Cancer* 119(October 2006):1741-1745

⁵ Collaborative Group on Hormonal Factors in Breast Cancer, “Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83,000 women with breast cancer from 16 countries,” *The Lancet* 363 (March 27, 2004): 1007-1016



State Representative Emilia Sykes and State Representative Janine Boyd Sponsor Testimony House Bill 376

All women deserve medically accurate and unbiased information when facing an unintended pregnancy, in order to ensure autonomy in decision making and personal integrity.⁶

Let me be clear. This bill is not aimed at closing these centers, or forcing them provide services that they do not philosophically agree with. This bill will not stop pro-life people from expressing their beliefs to clients seeking help in their centers. They would still be able to say that they believed that abortion wasn't the best choice or talk about their feelings about abortion. What the bill will do is ensure that these centers use actual facts and statistics instead of a false narrative that they have created to manipulate women at this time of need. I think we all should be able to agree on that.

Again, thank you Chairman Ginter, Ranking Member Boyce, and Members of the Community and Family Advancement Committee for the opportunity to offer sponsor testimony for House Bill 376. We will gladly answer any questions from the committee.

⁶ American Public Health Association. APHA Policy Statement 9814: Preservation of Reproductive Health Care in Hospital Mergers and Affiliations With Religious Health. Available at: <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=166>. Accessed January 11, 2012.