

Testimony of Jackie Mostow
Medical Student at Ohio State University
Opposing Senate Bill 214
Wednesday, October 21, 2015

Chairman Coley, Senator Yuko and members of the Government Oversight and Reform Committee, thank you allowing me to speak with you today.

My name is Jackie Mostow and I am a second year medical student. I grew up in Akron, attended Oberlin College and worked in Cleveland for a few years before moving to Columbus. After medical school, I plan to focus on providing care to underserved populations. I am a member of Medical Students for Choice am here today in opposition to Senate Bill 214.

As a physician in training, I work to provide my patients with accurate, comprehensive information so that we can work as a team to make them healthy. It is important to me to provide truthful information to them, and when I am unsure about an answer, I make sure to look it up before providing false or misleading information. I followed the same guiding principle when I prepared my testimony today. You, like all Ohioans, deserve truth and respect.

Over the course of the next few minutes, I will dispel some myths and inaccuracies you may have heard surrounding this bill:

1. First, I will discuss how the field of medicine is specialized to allow for the best patient outcomes,
2. Second, I will elucidate how Senate Bill 214 could make accessing healthcare even more difficult for Ohio residents,
3. Finally, I will give some examples that show the importance of comprehensive sex ed in Ohio's schools.

First of all, I want to clarify how the division of labor occurs in healthcare, and how this division allows for the best possible health outcomes. If a patient has a fever, sore throat and seven days of a productive cough with green mucous, where should they go? We could probably all discern that they should see their primary care provider. If a patient has severe chest pain, lightheadedness and feels anxious, they should probably go to the emergency department to be seen by a cardiologist. If an Ohioan has concerns about their reproductive health, be it getting preventative cancer screenings, testing for sexually transmitted infections or treatment for a sexually transmitted infection, where should they go? They should go to a reproductive healthcare specialist like Planned Parenthood. No one shows up to Planned Parenthood expecting to fix a broken bone or have open heart surgery. Planned Parenthood is a trusted community agency that provides compassionate reproductive healthcare for many Ohioans who choose them as their care provider.

Second, I'd like to share a little personal experience from working at a community health center in Cleveland. Federally Qualified Health Centers and other clinics that provide healthcare to underserved populations are wonderful. However, they are not able to fill the niche that Planned

Parenthood serves, and nor could they accommodate all the patients who utilize Planned Parenthood. Though I was at a well-respected and very well run community health center, we could not always accommodate people for same day appointments, and even when an appointment had been scheduled the wait to see a provider was often more than an hour. Defunding Planned Parenthood would be a huge leap backwards in terms of providing efficient, quality healthcare to all Ohio residents.

To address my third point about sex ed in schools, I'd like to share my own story as well as one from a friend. I attended public school, and when I hit middle school, my school used the Responsible Social Values Program, a curriculum that focused entirely on abstinence until marriage. My parents still joke that according to what I was taught, they were "allowed" to have sex since they were married, but sex was "not allowed" for myself or my siblings since we were not married. Had my school chosen Planned Parenthood's sex ed curriculum over the one they chose, abstinence still would have been taught, along with how to build healthy relationships, consent, preventing STIs and more. While Planned Parenthood and other comprehensive sex ed curricula focus on making positive choices throughout life, programs like the one I had focus on the artificial timeframe between middle school and marriage where the answer is always "no." The evidence shows youth who receive comprehensive sex education are NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes¹.

By leaving out all discussions of contraception and family planning, abstinence only sex ed programs also do not address the reality of the needs across the lifespan. Comprehensive sex ed programs, like the programs conducted by Planned Parenthood, include information about family planning, birth spacing, and contraception and are critical to women's health, not only during the years before they get married but after as well. According to the Guttmacher Institute, the average woman who desires two children will spend five years pregnant, postpartum or trying to become pregnant, and three decades, more than three-quarters of her reproductive life, trying to avoid unintended pregnancy. Most of this within a committed, long term relationships or married².

For all these reasons, and for the health and safety of Ohio's women and families, I urge you to vote no on SB 214. Thank you for allowing me to speak with you, and I look forward to answering any questions that you may have.

¹ Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes. Lindberg, Laura Duberstein et al. *Journal of Adolescent Health* , Volume 51 , Issue 4 , 332 - 338

² The Alan Guttmacher Institute (AGI), *Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics*, New York: AGI, 2000.