



TO: Ohio Senate Government Oversight and Reform Committee

FROM: Danielle Smith, MSW, MA, LSW, Executive Director

DATE: October 21, 2015

RE: Testimony in opposition of SB 214

My name is Danielle Smith, and I am the executive director of The National Association of Social Workers Ohio Chapter. NASW is the largest membership organization of professional social workers with 150,000 members nationwide and nearly 4,800 in Ohio. NASW promotes, develops, and protects the practice of social work and social workers. NASW also seeks to enhance the well-being of individuals, families, and communities through advocacy.

NASW Ohio Chapter offers the following testimony in opposition of Senate Bill 214. Social workers are often on the front lines with clients as they fight to keep enough food on the table, gain access to needed medications, keep their home heated, deal with mental health issues, and many other problems that prevent a person from reaching their full potential. I would like to offer the social work voice to talk about the impact to the people we assist if you go through with defunding Planned Parenthood. Social workers often see first-hand the disconnect between laws passed in this building and the consequences that happen outside this building

This bill would essentially defund Planned Parenthood taking away life-saving screenings, treatment, and contraceptives from the people who need it most. 1 in 5 women will go to Planned Parenthood in their lifetimes. Denying people with low-income access to the full range of contraceptive methods, STI screenings and treatment, health care services, and the educational programs that explain them, perpetuate poverty and the dependence on welfare programs.

The NASW Code of Ethics states that “social workers respect and promote the right of clients to self-determination.” This means that a person should, without government interference, be able to make decisions about reproductive and sexual health. To support self-determination, all reproductive services should be available, including contraception, abortion, preventative services like breast and cervical screenings, and comprehensive sexuality education. These services need to be economically feasible and geographically accessible. This bill takes away both of those things. Forty-one counties in Ohio have no family planning clinics. Do you know for certain that the providers who will be left after Planned Parenthood is eliminated can manage the increase of patients who will come to their facilities in place of the other family planning clinics? When you are talking about STD screenings, cancer screenings and OBGYN care, two or more weeks can be the difference between identifying cancer early and not soon enough. It can be the difference between a STD affecting future fertility and catching it before it causes irrecoverable harm to the body.

If your goal is to reduce the number of abortions in Ohio then you should prioritize prevention. This bill would end Planned Parenthood's ability to provide low-cost or free contraceptives. Seven in 10 women of reproductive age are sexually active and do not want to become pregnant, and a quarter of the more than 20 million women who obtain contraceptive services from a medical provider receive care from a publicly-funded family planning clinic. Brand name versions of the pill or patch can cost upwards of \$60 per month if paid entirely out-of-pocket, not including a visit to the health care provider for the prescription, and long-acting or permanent methods, such as an IUD or sterilization, can cost hundreds of dollars in upfront costs. Research shows that every public dollar invested in contraception saves \$3.74 in short-term Medicaid expenditures for care related to births from unintended pregnancies.

We want to remind you that Ohio's economic and political environment continues to struggle. According to the Public Children Services Association of Ohio, 15% of Ohioans receive food stamps, and 25% are insured by Medicaid, 11% of whom are children, and Medicaid pays for one in three births. Forty-two percent of Ohio school children are on the federal free or reduced-price meal program. Waiting times for essential mental health services can be as long as three to six months (Public Children Services Association of Ohio Fact Book, 2011-2012). Food pantry lines are increasing and homeless shelters are full. These problems deserve our full-attention and effort. Your focus, my focus, our focus should be on prevention. This bill does the exact opposite. We owe it to our children, women in this state, and families. Thank you for your time and attention.

Respectively submitted,

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