



**Testimony of Jaime Miracle,  
Deputy Director of NARAL Pro-Choice Ohio,  
Senate Finance Committee  
Substitute House Bill 49  
June 7, 2017**

Chairman Oelslager, Vice Chair Manning, Ranking Member Skindell, and members of the Finance Committee, my name is Jaime Miracle and I am the deputy director of NARAL Pro-Choice Ohio. I am here to testify on behalf of our over 50,000 members and activists on the Medicaid, ODJFS, and other healthcare related portions of Substitute H.B. 49.

NARAL Pro-Choice Ohio applauds the state for continuing its investments in the prevention of infant mortality in this budget process. But elsewhere, the budget includes policies that undermine our progress towards reducing the infant mortality rate.

Imposing work requirements and charging premiums for Medicaid recipients between 100% and 138% of the federal poverty line are not helpful proposals. Increasing the cost of healthcare through premiums decreases the use of health care services.<sup>1</sup> For childless adults making between \$11,880 and \$16,400 a year, an additional cost — even of just \$20 a month — can present an insurmountable obstacle for accessing health care. These new requirements will disproportionately impact people of color, who already face a myriad of racial disparities in health.

In 2013, a Black baby was 2.3 times more likely to die before reaching its first birthday. By 2014 that increased to 2.7, and by 2015 the increase had continued to 3.<sup>2</sup>

Now, more than ever we need to be reducing racial disparities in health, not increasing them.

The CDC has identified six key strategies to reduce infant mortality. Two of these strategies are improving women's health before pregnancy, and investing in prevention and health

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<sup>1</sup> Office of the Assistant Secretary for Planning and Evaluation, "Financial Condition and Health Care Burdens of People in Deep Poverty," United States Department of Health and Human Services, July 16, 2015

<sup>2</sup> [http://www.cleveland.com/healthfit/index.ssf/2016/11/infant\\_mortality\\_rate\\_up\\_in\\_oh.html](http://www.cleveland.com/healthfit/index.ssf/2016/11/infant_mortality_rate_up_in_oh.html)

promotion.<sup>3</sup> The state is investing funds to increase access to care for pregnant women and to take care of women and newborns following a birth, but this is only a piece of the puzzle. Making sure childless adult women have access to the preconception care they need, making sure chronic illness is managed properly, and making sure that racial disparities of health are minimized are crucial to making real gains in our infant mortality rates.

Another strong investment we could make would be to re-instate the family planning optional Medicaid program that was eliminated in the 2015 budget. This program not only improves the health and well-being of citizens of our state, it also makes financial sense. For every dollar invested in family planning services, we save seven dollars in other costs.<sup>4</sup> Recognizing that family planning access is critical to the health and well-being of women and babies, both the National Governor's Association and the March of Dimes have advocated for expanded Medicaid coverage for contraceptive services.<sup>5</sup>

In its current form the budget does not allocate money for the Parenting and Pregnancy Program, and this is good. State money should be going to programs that have proven track records for effectiveness. The Parenting and Pregnancy Program gives funding to unproven, misleading, and coercive organizations known as "crisis pregnancy centers" or CPCs. The program was previously funded out of the TANF block grant, which is one of the few remaining places where low income women and families can turn when they need emergency cash assistance, the state must assure that these limited funds go to effective, proven programs. I urge the Senate to not add funding into H.B. 49 for this program.

In a 2013 study into the practices of CPCs,<sup>6</sup> our undercover investigators found that these centers routinely gave out medically inaccurate information. Less than half of the centers were up front about what they stand for; and although they are getting this funding for providing material assistance, most CPCs only had limited programs in this area. More than a third of centers had time consuming eligibility requirements, forcing women to earn "baby bucks" by attending parenting classes, volunteering at the center, or even attending Bible study classes. A low-income woman working three jobs to make ends meet doesn't need to spend two hours in a parenting class before she can earn a "free" pack of diapers.

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<sup>3</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a3.htm>

<sup>4</sup> <http://www.guttmacher.org/statecenter/family-planning/pdf/OH.pdf>

<sup>5</sup> Guttmacher Institute, Wise Investment: Reducing the Steep Cost to Medicaid of Unintended Pregnancy in the United States, 2011, <https://www.guttmacher.org/pubs/gpr/14/3/gpr140306.html>.

<sup>6</sup> You can read the full report of this investigation at: <http://www.prochoiceohio.org/what-is-choice/cpc/reporttext.shtml>

In testimony before House Finance several of these centers said how critical their work was for reducing the infant mortality rate. But, when you look at ODH funding for this work, no CPC receives these funds. Why are CPCs not going after the funding that is targeted for the reduction of our dismal infant mortality rates? Why do they need to come before this body and ask for a completely separate funding source that only their centers are eligible to apply for? Our limited tax dollars need to be spent wisely, not sent to centers that deceive and lie to people seeking help.

Finally, I urge this committee and all the members of the legislature to not continue to use the state budget as a weapon to attack access to abortion care in our state. Previous abortion restrictions amended into past budgets have been blocked by courts. Additional lawsuits challenging the constitutionality of attacks on abortion access contained in the 2013 state budget are headed to the Ohio Supreme Court in the next few months. I encourage this body to stick to the issues that the state budget is supposed to cover, and violate our state constitution's single subject clause.

Thank you for your time today, and I am happy to answer any questions you may have at this time.