



Life Matters

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Substitute House Bill No. 49

Senate Finance Committee

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Good afternoon Chairman Oelslager, Vice Chair Manning, Ranking Member Skindell, and members of the committee. Thank you for allowing me to testify before you regarding Substitute House Bill 49. As the President of Pregnancy Decision Health Centers (PDHC) in Columbus, Ohio, I represent the work that we do in our six centers located in both Franklin and Fairfield counties, and I am here as an advocate for the work of pregnancy centers from around the state.

At PDHC, we offer practical support to those facing an unplanned or challenging pregnancy. We have promoted healthy pregnancy and childbirth since 1981. We provide early pregnancy intervention services, education, and resources for those who are most at-risk for adverse medical and social outcomes. Our services include free pregnancy testing, ultrasounds, connection to prenatal care, material aid, and parenting classes that are designed to combat the risk factors for infant mortality. In the past 10 years, nearly 14,000 women have had a positive pregnancy test at our centers. Every woman who has a positive test receives the resources necessary to promote healthy outcomes. In addition, regardless of test result, PDHC promotes the benefits of education, employment, stability in relationships, and maintaining good health.

As a no cost service provider, pregnancy centers are in a strategic position to serve women with the high-risk factors that contribute to infant mortality. According to the Kirwan Institute at The Ohio State University; poverty, singleness, teen age, maternal stress, and lack of health care contribute to an increased risk of infant mortality.<sup>1</sup> Conversely, positive parenting behaviors such as quitting smoking, breastfeeding, and practicing safe sleep

1. <http://kirwaninstitute.osu.edu/wp-content/uploads/2014/02/ki-infant-mortality.pdf>



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habits have been shown to reduce the mortality rate.<sup>1</sup> In 2016, 66% of the women served at PDHC reported an annual income of less than \$15,000 and 76% were single. Over 60% of the women who came to us self-identified as non-Caucasian. These statistics demonstrate the key position that pregnancy centers are in to reach our shared target audience of families who are most at-risk for infant mortality.

Our only challenge is our limited resources. As a service provider, committed to providing care at no cost and without qualification, we have the ability to reach those who are most vulnerable among us. I am certain that we could reach many more with state funds appropriated to the Ohio Parenting and Pregnancy Program.

Chairman Oelslager, Vice Chair Manning, Ranking Member Skindell, and members of the committee, thank you for the work you do on behalf of the public. I urge you to protect those most at-risk for infant mortality by amending the budget to include one million in funds allocated to the Ohio Parenting and Pregnancy Program.