



Allie Frazier
House Bill 110
Senate Finance Committee
June 3, 2021

Chairman Dolan, Vice Chair Gavarone, Ranking Member Sykes, and members of the committee, thank you for allowing me to testify today on Substitute House Bill 110. My name is Allie Frazier, and I am the Director of Communications at Ohio Right to Life. On behalf of Ohio Right to Life and our statewide membership and affiliates, I am here today to speak in support of the Ohio Parenting and Pregnancy Program.

Ohio Right to Life recognizes and greatly appreciates the efforts of the Governor and this Legislature to work to improve Ohio's appalling infant mortality rate. We supported the Infant Mortality legislation that was introduced by former Senators Jones and Tavares in the 131st General Assembly. In the past, we have also held an educational forum with local pregnancy resource centers and Dr. Arthur James to promote the message and statewide strategies to reduce infant mortality. Additionally, our board adopted a position statement on the issue which is attached to my testimony.

In light of our support for efforts to reduce infant mortality in our state, we ask you to maintain funding for the Ohio Parenting and Pregnancy Program to support the work of pregnancy resource centers across the state. While this program was created and funded in the state operating budget eight years ago, and has been consistently funded since then, the program has yet to be funded in House Bill 110 as it was introduced. We are asking you today that the House Finance committee amend the bill to include \$10 million in TANF funds for program over the biennium.

Infant mortality is an issue of serious concern to our state. I'm sure that I do not need to repeat the grim statistics, but we all know that Ohio ranks very poorly for our high rates of infant mortality, especially for African American babies. In fact, the infant mortality rate among non-Hispanic black women in Ohio is a dismal 14.5%, the second highest in our nation. One tool we have in the tool belt to combat infant mortality in our state that should not be underestimated is our pregnancy help centers. They are in nearly every community. In Ohio, we have 142 pregnancy help centers, pregnancy help medical clinics, and maternity homes.

Among the crucial services these organizations provide at no cost to their clients are pregnancy tests, counseling, community referrals (for prenatal care, housing, material aid, childcare, help with addictions, etc.), parent education courses, STI testing, GED preparation, and adoption support and referrals. These clinics serve thousands of women every year in communities across Ohio, and they are staffed by either paid staff or volunteers who are committed to empowering and equipping the women who come through their doors.

In 2013, the Ohio Parenting and Pregnancy Program was established through the state operating budget. ORC Section 5101.804 establishes the program, the intent of which is to “promote childbirth, parenting, and alternatives to abortion.” The program was funded at \$7.5 million in FY 2019, using TANF funds through the Department of Jobs and Family Services.

I can think of no better way to empower local organizations to reach more women and work to promote healthy birth outcomes than to continue to fund this program. Pregnancy help centers, with few exceptions, are completely donor-funded and often rely on volunteers. With increased funding from the state made available to them, they would be able to increase their capacity to serve even more women and their families, the impact of which could be measured in the number of lives saved and women reached with community support when they need it most.

Especially now, with COVID-19 placing more strain on young women already struggling to make ends meet, pregnancy centers have been for many the first line of defense against mounting poverty. The countless families who looked to pregnancy resources centers for help in a time of personal crisis are now looking to pregnancy centers to fulfill basic needs in a time of community crisis. The pandemic has only underscored just how vital pregnancy centers are as support nets within their communities. A pregnancy center in Toledo, for instance, told USA Today that it had increased its distribution of free diapers, formula, and other essential items by 200% due to COVID-19.

As you debate changes to be made to House Bill 110 in the coming weeks, I ask that you consider our state’s policy to prefer childbirth over abortion (ORC 9.041) and amend the budget to include \$10 million dollars in TANF funds to be allocated to the Ohio Parenting and Pregnancy Program.

Thank you for your consideration.



Policy Position on Infant Mortality
December 2018

According to the [2017 Ohio Infant Mortality Report](#), the number of infant deaths in 2017 was the second lowest since record keeping began in 1939. That being said, Ohio's rate of 7.2 deaths per 1,000 live births puts Ohio in the [10 worst states](#) for Infant Mortality in the US. In 2017, the infant mortality rate for African Americans increased in Ohio from 15.2 in 2016 to 15.6.

It is the mission of Ohio Right to Life to advance the right to life, working to see every child reach their birth day. Because Ohio's public policy prefers pregnancy to result in childbirth (O.R.C. 9.041), the state is promoting initiatives that support healthy pregnancies.

It is the policy of Ohio Right to Life to ensure the right to life for every child, promoting their health and opposing their destruction from the moment of conception. Ohio Right to Life is positioned to respond to infant mortality by taking the following actions:

- Advocating on behalf of families and their children by advancing legislation to decrease infant mortality.
- Promoting and supporting organizations and groups that promote and ensure healthy pregnancies.
- Providing educational resources to Ohio communities on the issue of infant mortality. These resources will reduce Ohio's vulnerability to this tragedy and raise awareness for those impacted by it.