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Health Committee June 6, 2018 Sponsor Testimony HB 248

Chair Huffman, Vice Chair Gavarone and members of House Health Committee, thank you for the opportunity to provide sponsor testimony today on House Bill (HB) 248. The passage of HB 248, the Prevention First Act, would provide the opportunity to improve the overall health and wellbeing for the women of Ohio in several ways. This bill includes creating comprehensive sexual health and sexually transmitted infection education in schools, providing certain hospital and pregnancy prevention services for victims of sexual assault, and coverage for prescription contraceptive drugs and devices.

This legislation focuses on preventing unintended pregnancies through comprehensive sexual health education and greater access to contraception. Comprehensive sexual health education in school is critical. Ohio stresses abstinence-only education while not mandating that their students' sex education classes be medically accurate or include information on other forms of contraception.¹

We know that abstinence from sexual activity is the only way to successfully prevent the contraction of sexually transmitted infections and unintended pregnancies. The *National Campaign to Prevent Teen and Unplanned Pregnancy* reports that Ohio currently has the 28th highest teen pregnancy rate out of the fifty states and the District of Columbia.² This suggests that our current education methods have not been as effective as we may have hoped. Therefore, the abstinence method of sexual health education certainly

¹ https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education

² The Ohio Story and Ohio Data

https://thenationalcampaign.org/data/state/ohio

should not be the only educational strategy presented in our schools' sexual health-education.

Nearly two-thirds of Ohio parents agree that the best approach to sexual health education for high school students is to focus on both abstinence as well as the value of contraceptive use, and this bill addresses those exact concerns.³

House Bill 248 will also help educate Ohioans about pregnancy prevention by establishing the *Teen Pregnancy Prevention Task Force*. This task force would be made up of the following:

- the Director of Health or the Director's designee
- the Superintendent of Public Instruction or the Superintendent's designee
- two members of the House of Representatives (one appointed by the Speaker and one appointed by the Minority Leader)
- two members of the Senate (one appointed by the President and one appointed by the Minority Leader)
- one member of the Commission on Minority Health
- two teens who reside in Ohio, appointed by the director of health
- two parents who reside in Ohio and are parents of teens who reside in Ohio, appointed by the director of health
- two teachers who reside in Ohio and are employed as classroom teachers in Ohio, appointed by the director of health
- One representative from **each** of the following, appointed by the director of health:
 - a community-based organization that provide teen pregnancy prevention services
 - public health professionals
 - o licensed medical practitioners
 - o school nurses

The Ohio Department of Health would also be required to post medically accurate information on its website. The informational materials created by the Ohio Department of Health about emergency contraception will help medical professionals, social service providers and the public learn more about how to use emergency contraception, how it works and how it can help prevent unintended pregnancy following contraceptive failure, contraceptive non-use or sexual assault.

 $^{^{3}\} https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/adolescent-health/literaturereview.pdf?la=en$

This legislation also takes steps to protect survivors of rape and sexual assault from pregnancy and sexually transmitted infections by requiring hospitals to have policies in place that ensures basic standard of care policies for victims that seek help in the emergency room. Basic standard of care policies include providing victims with information on emergency contraception and emergency contraception upon request. The bill does not require an individual doctor to provide emergency conception if doing so would violate their personal religious beliefs; hospitals would adjust their policies if this scenario occurs.

This bill would also require pharmacies to have policies in place so that in-stock prescription and over-the-counter birth control would be dispensed without judgment or delay. It would also require all insurance plans in the state of Ohio to cover birth control medications and devices if the plan covers other prescription medications. Like the emergency room provision, a pharmacy would have to have a policy in place that maintains a patient's right to access their birth control prescription while not forcing a pharmacist to violate their personal beliefs.

In a recent study by Guttmacher Institute, researchers found that 55% of pregnancies in Ohio are unintended, with 25% of these unintended pregnancies ending in abortion.⁴ Further studies indicate that unintended birthmothers received less early prenatal care, their babies were breastfed less often, and were more likely to be of a low birthweight than planned births.⁵ By increasing access to birth control and thus providing for greater family planning, we can hopefully decrease not only the teen pregnancy rate, our infant mortality rate and reduce the abortion rate in Ohio as well.

In short, the goal of this legislation is to provide comprehensive education to the public on the best methods to reduce sexually transmitted infections and unintended pregnancies in Ohio. Thorough education on how to prevent unintended pregnancy and better access to birth control we will help reduce the consequences of unintended pregnancies and make our state a healthier place for women, children and families.

Thank you for your consideration. We would be happy to take questions at this time.

⁴ https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy-ohio

⁵ https://link.springer.com/article/10.1007/s13524-014-0359-9