Jaime Miracle
Deputy Director
Am. Sub. H.B. 110 Opponent Testimony
Senate Finance Committee
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Chairman Dolan, Vice-Chair Gavarone, Ranking Member Sykes, and members of the Senate Finance Committee, my name is Jaime Miracle and I am the Deputy Director of NARAL Pro-Choice Ohio. I am submitting this written testimony on behalf of our more than 50,000 members in opposition to Am. Sub. H.B. 110.

As it currently stands, this bill provides $6 million in funding for the "Parenting and Pregnancy Program" through the TANF block grant. In testimony last week, supporters of this program asked for an increase of funding to $10 million dollars, an increase of $4 million over the current level in this bill and $2.5 million over the funding level from the last budget cycle. On its face, this sounds like a great idea. But as we often say, the devil is in the details.

Let's start with the problem Ohio needs to address. According to the World Health Organization the U.S. is one of only 13 countries in the world where the maternal mortality rate is climbing, and we are the only country with an advanced economy to see a rate increase.[1] Black women are four times more likely to die as a result of pregnancy as white women, and a Black baby is twice as likely as a white baby to die before their first birthday.[2]

These are all stats you have heard before, but let's take it a bit deeper. Maternal mortality is just the tip of the iceberg. The rate for severe maternal morbidity (often referred to as "near misses") impacts 60,000 women a year in the U.S., and Black women are two times more likely to experience severe maternal morbidity than white women.[3] A report released in 2019 showed that more than 17% of women experienced one or more types of mistreatment during childbirth. Among Black women of low socioeconomic status, that rate jumped to nearly 28%, that number increased further when that woman's partner was also Black.[4]

What this data shows is the stark reality that our medical care systems fail people of color, especially Black people. At its root, systemic racism and the structures it has created are putting the lives of Black mothers and babies at risk. I applaud the steps that the legislature has taken to begin to address this health crisis. But it hasn't been enough. The infant mortality rate for white babies has gone down, but the rate for Black babies continues to increase, making the racial disparity in

[1] World Health Organization (WHO) et al., Trends in Maternal Mortality: 1990 to 2015 70-77 (2015) http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1
[2] Gopal Singh, U.S. Dep't of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau, Maternal Mortality in the United States, 1935-2007: Substantial Racial/Ethnic, Socioeconomic, and Geographic Disparities Persist 2 (2010), http://www.hrsa.gov/ourstories/mchb75th/mchb75maternalmortality.pdf.
[3] Elizabeth A. Howell et al., Black-White Differences in Severe Maternal Morbidity and Site of Care, 214 Am. J. Obstet. Gynecol. 122.e1, 122.e1 (2016); Andrea A. Creanga et al., Maternal Mortality and Morbidity in the United States: Where Are We Now?, 23 J. Women's Health 3, 6 (2014)
[4] Vedam, S., Stoll, K., Taiw, TK., Rubashkin, N., Cheyney, M., Strauss, N., McLemore, M., Cadena, M., Nethery, E., Rushton, E., Schummers, L., Declercq, E., and the GVtM-US Steering Council, The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reproductive Health* (2019) 16:77. Retrieved on 6.12.19 from: https://reproductive-health-journal.biomedcentral.com/track/pdf/10.1186/s12978-019-0729-2?fbclid=IwAR1tvfSnb6OF8pXtjshEMd3V6NoEhjNF0yFtinj1478sGiGKFMY4wS52AIs

this health outcome larger, not smaller.[5] While some good initial steps have been made, if this body is going to actually address the problem, policy decisions must be made based on data from experts in the field, not to placate a political base.

Why isn't the "Parenting and Pregnancy Program" the solution to these problems? It is because this funding doesn't go to medical providers to make sure people get the healthcare they need during pregnancy; and the funding certainly doesn't go to the individual people in need of assistance, as the TANF program was designed to do. The "Parenting and Pregnancy Program" is a way to funnel money into religiously affiliated, mostly volunteer run anti-abortion organizations who have a track record of lying to and manipulating the people they claim to serve.

A 2013 study conducted by the NARAL Pro-Choice Ohio Foundation found that nearly half of these fake women's health centers told the client about a supposed link between abortion and mental health issues in the future. This claim is blatantly false. The American Psychological Society conducted a full review of the research associated with mental health and abortion and found, "The best scientific evidence published indicates that among adult women who have had an unplanned pregnancy, the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy."[6] Additionally, the New England Journal of Medicine published a research article in January 2011 that states, "the incidence rate of psychiatric contact was similar before and after a first-trimester abortion does not support the hypothesis that there is an increased risk of mental disorders after a first-trimester abortion."[7]

This report also showed that the centers routinely claimed that abortion causes breast cancer, and that having an abortion made it more likely for the patient to have fertility issues in the future. Both of these claims have also been shown to not be accurate by medical researchers. There is no evidence that abortion increases the risk of infertility, ectopic pregnancy, or miscarriage.[8] A 2003 committee opinion (reaffirmed in 2018) from the American College of Obstetricians and Gynecologists states "Early studies of the relationship between prior induced abortion and breast cancer were methodologically flawed. More rigorous recent studies demonstrate no causal relationship between induced abortion and a subsequent increase in breast cancer risk."[9]

Additionally, and frankly most importantly, based upon the fact that Ohio has ever increasing racial disparities in health, these fake women's health centers may claim to provide culturally sensitive and targeted outreach to Black women, but a 2018 study found that not to be the case. Researchers at Mississippi State University found the methods found in fake women's health centers in urban areas are "not significantly different from its approaches in white and/or suburban areas and inclusion of Black perspectives and activists is limited to a surface-level veneer."[10] Instead of consulting with community members about what the community needs or what will actually help, fake women's health centers claims "imply that women, and especially poor or Black

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[5] Ohio Department of Health, 2017 Ohio Infant Mortality Data: General Findings (https://odh.ohio.gov/wps/wcm/connect/gov/5b43b42b-0733-42cd-8a01-063f831ec53f/2017+Ohio+Infant+Mortality+Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-5b43b42b-0733-42cd-8a01-063f831ec53f-mzKcbiN)

[6] https://www.apa.org/pi/women/programs/abortion/

[7] Munk-Olsen, Trine, Laursen, Thomas M., Pedersen, Carsten B., Lidegaard, Ojvind, and Mortensen, Preben B. "Induced First-Trimester Abortion and Risk of Mental Disorder'" The New England Journal of Medicine, 364 (January 27, 2011): 332-339.

[8] Boonstra, H., Benson-Gold, R., Richards, C., and Finer, LB. "Abortion in Women's Lives" Guttmacher Institute (May, 2006). https://www.guttmacher.org/sites/default/files/report_pdf/aiwl.pdf

[9] American College of Obstetricians and Gynecologists (ACOG). Committee Opinion: Induced Abortion and Breast cancer Risk. 2018. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Induced-Abortion-and-Breast-Cancer-Risk

[10] Kelly, K., and Gochanour, A. "Racial Reconciliation or Spiritual Smokescreens?: Blackwashing the Crisis Pregnancy Center Movement. Qualitative Sociology (2018) 41:423-443.

women, cannot be trusted to make their own decisions about abortion and continues to construct poor women and women of color as victims in need of rescue by white, middle class activists."[11]

In the previous budget cycle, Representative Erica Crawley directly asked two directors of these centers what had been done within their organizations to dismantle implicit bias and racism in regards to prenatal care, and if they had trainings or specific strategies to address this.[12] The response from the director of the Elizabeth New Life Center stated that their main strategy against implicit bias and racism is "where we are located." When she was questioned about cultural competency training, she was unaware of any specific training for their medical staff. This dangerous "color blind" operating protocol was in full view in their testimony before the sub-committee last week. Not once did the director of Elizabeth's New Life Center even mention racial disparities in health or implicit bias in the medical profession. In the position statement included in Ohio Right to Life's testimony, the three actions that their board stated the organization would take to reduce infant mortality didn't mention decreasing racial disparities, providing culturally competent care, or reducing implicit bias in the medical field. In the testimony from the president of Pregnancy Decision Health Centers, race or racial disparities was not mentioned once again.

Our tax-payer dollars cannot and should not be used to promote fake science and coercion In the midst of our infant and maternal mortality and morbidity crises, our state cannot afford to give money to programs that completely deny the existence of racial disparities in health and the dangers of implicit bias in the medical field. Black parents and their babies deserve real assistance, targeted at the fact that racism — not race — causes health disparities. They deserve well developed programming with a proven track record. They deserve so much more than these so called "crisis pregnancy centers" deliver. The time to act is now, not later. The state cannot continue to fund these programs at all and certainly cannot expand the funding for these programs.

So where should we spend the money?

According to the March of Dimes, studies suggest that increased access to doula care — especially in under resourced communities — can improve a whole range of health outcomes for mothers and babies, lower health care costs, reduce C-sections, decrease maternal anxiety and depression, and help improve communication between low income, racially/ethnically diverse pregnant women and their health care providers. "The March of Dimes supports increased access to doula care as one tool to help improve birth outcomes and reduce the higher rates of maternal morbidity and mortality among women of color in the United States."[13] Luckily for some folks in Ohio there are already programs like Restoring Our Own Through Transformation (ROOTT) and Birthing Beautiful Communities to turn to. Just imagine what these two highly effective programs could do if they were given $10 million over the next two years to expand their services across the state. Imagine a world where Black families got the culturally competent, comprehensive services they need to fight against implicit bias and to ensure each and every person, regardless of their race, gets the care they need. That is a world I want to live in, and is a world that could be a step closer if programs like this were fully funded.

Additionally, you could expand Medicaid coverage in two ways that would make a huge impact on maternal and infant health. First, you can expand Medicaid coverage to include the doula services that are at the core of the ROOTT and Birthing Beautiful Communities programs. Second, you could expand Medicaid eligibility to 200% of the federal poverty limit for a full 12 months (instead of the current 60 days) postpartum. Ensuring continuity of care following childbirth allows for both parent and child to receive the care they need at during this critical time. Because of provisions in the

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[11] IBID

[12] http://www.ohiochannel.org/video/ohio-house-finance-committee-5-3-2019-part-1 (50:36)

[13] March of Dimes. "Position Statement: Doulas and Birth Outcomes." (2019)

American Rescue Package, the majority of the cost is paid for by the federal government, not the state.

Finally, research shows that the infant mortality rate decreases when we make sure that Black women live in safe neighborhoods, have stable housing, and are provided with health care that is culturally appropriate and based in their communities.[14] In 2017, the Health Policy Network of Ohio released a report on new approaches to reduce infant mortality. Housing stability and affordability was identified as one of the key approaches. The report states, "housing that is high-quality, affordable, and located in safe, resource-rich neighborhoods supports good health. A lack of affordable housing stock in most communities, historical policies of segregation, and discriminatory housing practices make it difficult for people in groups at the greatest risk of poor birth outcomes to find housing that meets this description."[15] Pathway Community Hub programs across this state help at-risk, pregnant individuals navigate all of the complex programs and systems to help them find stable housing, child care, and other support programs that help mom and baby not only survive but to start down the pathway to thriving. Ensuring these programs at a minimum do not see a funding cut, but preferably see a funding increase, will make huge strides in providing wrap-around care for pregnant individuals and their families in our state.

If this legislature just wants to continue to do things so they can say they did things and pat themselves on the back and placate their political buddies, then by all means spend $10 million funding programs that have no research backing their effectiveness, and in fact have been shown through research to lie to and manipulate the clients they are supposed to serve. But if this legislature really and truly wants to fix the problem, then you need to shake things up. You need to look at the evidence. You need to look at what is working, and you need to listen to people IN THESE COMMUNITIES about what they need. Then, and only then, will we even begin to break down the systems that this country has built over the last 400 years that have gotten us to the place where we are today. Only then will we actually start to make progress.

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[14] Wallace, M., Green, C., Richardson, L., Theall, K., and Crear-Perry, J. "'Look at the Whole Me': A Mixed-Methods Examination of Black Infant Mortality in the US through Women's Lived Experiences and Community Context" International Journal of Environmental Research and Public Health (2017) 14(7): 727.

[15] Health Policy Institute of Ohio. "A new approach to reduce infant mortality and achieve equity: Policy recommendations to improve housing, transportation, education, and employment." December 1, 2017. http://www.healthpolicyohio.org/wp-content/uploads/2017/12/SDOIM_FinalCombined_posted.pdf