

**Sponsor Testimony Delivered by Representative Tyrone Yates to House Health Committee
10/28/2009**

Chairwoman Boyd, Vice Chair Carney, Ranking Member Wachtmann and members of the House Committee on Health, thank you for allowing me to give sponsor testimony on H.B. 293, the Ohio Prevention First Act before you today. The Ohio Prevention First Act is a comprehensive bill that will reduce unintended pregnancy in Ohio by providing medically accurate, age appropriate, sex education as well as increase access to family planning information and services.

This bill has six main components which I will briefly discuss today.

The Ohio Prevention First Act will make sure that schools that choose to teach sex education provide education that is abstinence based but also includes medically accurate and age appropriate information on contraception and prevention of sexually transmitted infections. A study released just last year found that one in four girls between the ages of 14 and 19 has at least one sexually transmitted infection, and that jumps to almost one girl in two for African American teenagers.¹

We expect our teens to behave in a responsible way, but responsible choices require information. Multiple peer reviewed studies have found that comprehensive sexuality education programs that teach teens about abstinence, contraception, and disease control are effective at delaying the onset of intercourse, reducing the frequency of intercourse, reducing the number of sexual partners and increasing condom and contraceptive use.²

There is no question that abstinence from sexual activity is the only protection that is 100% effective against unintended pregnancy. Therefore, abstinence deserves to be part of a comprehensive sex education effort, but not the only part. The vast majority of Ohioans agree. A 2007 Quinnipiac University poll revealed that 71% of Ohio voters felt that the best approach to sex education in Ohio's schools is to focus equally on abstinence as well as the value of condoms and contraception use. This increased to 81% for voters who have kids in school.³

H.B. 293 will also help educate Ohioans about pregnancy prevention by creating a teen pregnancy prevention task force, and requiring the Ohio Department of Health to create informational materials about emergency contraception and put the materials on their website. The charge of the teen pregnancy prevention task force would be to advise the governor and general assembly on strategies to prevent teen pregnancy in this state, and to evaluate, research, and create programs that can help reduce the teen pregnancy problem in Ohio. The materials created by the Ohio Department of Health about emergency contraception will help medical professionals, social service providers, and the general 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.

¹ <http://www.cdc.gov/stdconference/2008/press/release-11march2008.pdf>

² Douglas Kirby, PhD. The National Campaign to Prevent Teen and Unplanned Pregnancy. "Emerging Answers: 2007." November 2007.

³ Quinnipiac University Polling Institute. "Ohio Voters Approve of New Governor," May 15, 2007. (www.quinnipiac.edu/x1322.xml?ReleaseID=1063)

This bill also seeks to protect survivors of sexual assault from pregnancy and sexually transmitted infections, by requiring that hospitals have policies in place that ensure a basic standard of care for sexual assault survivors presenting in the emergency room. This basic standard of care includes providing victims with information on emergency contraception, offering to provide emergency contraception, assessing the risk of sexually transmitted infections, and offering to provide preventative treatment for the diseases. This bill does not require any individual doctor, nurse or medical professional to dispense a medication that they may have a religious objection to it simply requires that the hospital have a policy in place so that if a member of their staff did not want to dispense emergency contraception someone else would step in and take care of the provision.

Let me also be clear that emergency contraception is not the same as RU-486 or the “abortion pill.” Emergency contraception is a medication that contains the same hormones found in normal birth control pills. It works to prevent pregnancy following a contraceptive failure or sexual assault. All research conducted with the medication shows that it has absolutely no effect on an established pregnancy if it is taken by a woman who is already pregnant.⁴ The bill also allows for a hospital to perform a pregnancy test before dispensing the medication if their internal policies require such a test before dispensing emergency contraception.

A 2007 survey conducted by the NARAL Pro-Choice Ohio Foundation found that almost 20% of Ohio hospitals, that responded, did not guarantee access to emergency contraception for sexual assault survivors in their emergency rooms.⁵ I know that there is some controversy about emergency contraception, but I think that we should all be able to agree that no woman should face a pregnancy from a sexual assault because she didn’t have access to a medication that could have prevented it.

Every year, women in the United States experience almost three million unintended pregnancies.⁶ The use of reliable contraception is a tested and proven means to reduce the number of unintended pregnancies and abortion. H.B. 293 would increase access to family planning services in two ways, by ensuring access to family planning medications in pharmacies around the state by requiring 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 to cover birth control medications and devices if the plan covers other prescription medications.

These two polices would increase access to family planning services for patients that choose to use them, and like the section on compassionate care for sexual assault survivors the pharmacy duty to dispense would not require an individual pharmacist to dispense a medication that they object to, but require the pharmacy to have a policy in place to ensure a patient can get access to the in-stock medication without delay.

⁴ www.planbonestep.com

⁵ Jaime A. Miracle. “Access 2007: An Update on the Availability of Emergency Contraception in Ohio’s Emergency Rooms.” 2007. (<http://www.prochoiceohio.org/assets/files/2007execsumm.pdf>)

⁶ The Kaiser Family Foundation (KFF), Abortion in the U.S. (October 2002)

There is an additional provision in line 1071 of the bill which repeals section 3701.046, the Women's Health Services Grant fund. This provision was included in the version of the bill I introduced last session and I meant for it to be excluded from the bill when introduced this time. It is my intention to remove this provision from the bill via an amendment in the coming weeks.

In short, the goal of this legislation is to reduce the number of unintended pregnancies in Ohio. Right now half of all pregnancies each year are unintended, and unintended pregnancy leads to poor birth outcomes, low birth weight, lack of prenatal care and a host of other problems.⁷ Better education on how to prevent unintended pregnancy and better access to birth control will help reduce our unintended pregnancy rate and make our state a healthier place for women, children and families.

⁷ Adam Sonfield, "Preventing Unintended Pregnancy: The Need and the Means," *The Guttmacher Report on Public Policy*, December 2003 pg. 7-10.