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Testimony in Support of House Bill 293
The Ohio Prevention First Act
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Thank you Chairwoman Boyd and members of the Health Committee for allowing me to testify in support of this long overdue life and family saving policy set.

I have been a family physician for thirty years and have spent the last decade teaching in the Department of Family Medicine at The Ohio State University. I've delivered hundreds of babies, cared for hundreds of my patients who have died and gratefully participated in the medical care of thousands of others in between.

I also spent ten years early in the epidemic doing primarily HIV and AIDS care, served as board president of the Columbus AIDS Task Force and served on the board of trustees of Planned Parenthood of Central Ohio.

In writing and testifying about a multitude of health related policy issues over these three decades, I've learned the importance of rigorously following the science, and creating policy that is data driven. Such is the bill you have before you today.

The Ohio Prevention First Act deals with four distinct but closely related issues: (1) insurance reform that requires coverage of physician prescribed contraception; (2) education reform that provides for honest, age-appropriate and accurate sexuality education and a teen pregnancy prevention task force (3) policy reform that insists on compassionate assistance for rape emergencies; and (4) pharmacy reform that guarantees timely professional access to medication essential to women's health.

Let me address the insurance issues. Nothing seems so absurd and blatantly sexist as insurance that pays for Viagra at \$15 per pill but will not pay for birth control pills for a dollar or two a day. If our common goal is to prevent unwanted pregnancies and unintended teen pregnancies and reduce the number of abortions, we must provide women and their doctors with safe, medically appropriate choices. Women with insurance should not have to choose between food on their family's table now or more mouths to feed later. Ohio lags behind the majority of states in providing this parity for women.

Education reform. The data on teen pregnancy and sexually transmitted diseases among teens is outrageous. America leads the developed world on both counts. One quarter of American girls will contract an STD during their teen years, including one half of African American girls. Here in Ohio, 27,000 girls become pregnant as teens each year. We can do a much better job. For a decade during the 90s a more intelligent and rational approach to sex education dramatically dropped both teen pregnancy and STDs. Now with eight years

of abstinence only education, we are reaping a bitter harvest of increasing rates in both areas.

We must take the opportunity to learn from our mistakes. Age appropriate, abstinence affirming, realistic sexuality education makes sense, saves money and absolutely promotes family values. Moreover the crisis of unplanned teen pregnancy demands a top-to-bottom evaluation. How do we make sexuality education and support work in our schools? How do we involve parents? What are the roles of non-profit and religious organizations? How do we reach out to teens that are no longer in school? How do we support teens that are already pregnant or have small children? These are some of the myriad questions that an expert task force might address.

On an even more concerning subject, we continue to be faced with an epidemic of rape in our country and in our state. The best data we have tells us that one in seven Ohio women have suffered a completed forcible rape. If those numbers are remotely accurate we must at very least require our emergency rooms to lend compassionate and scientifically based assistance in preventing pregnancy and sexually transmitted disease. Negligence, medical ignorance or bias is simply unacceptable.

Finally, those biases cannot be forced upon women to go to a pharmacy. Individual pharmacists may have differing opinions about a variety of drugs they dispense including birth control pills and emergency contraception, but that does not give the licensed, public pharmacy the right to ignore or intimidate women who come to it in need with a prescription from a physician, especially when time is of the essence. Emergency contraception is not abortion. Whether over-the-counter or prescribed, these medicines must be made available to women who need and request them or these women should be offered expeditious and courteous alternatives.

All of us have varying perspectives on sex and family, teenagers and responsibility, choice and the beginnings of life, but we share many common goals. We want to reduce the number of unplanned and teen pregnancies. We want fewer abortions. We want children who have two loving, mature parents. This bill presents a balanced and reasonable approach to these goals. I urge your support.

Thank you for your time and attention. I would be glad to address any questions or concerns.