

**Juliana Madzia**  
**HB 258 – Six-Week Abortion Ban**  
**Opponent Testimony**  
**Ohio Senate Health, Human Services, and Medicaid Committee**  
**December 5, 2018**

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares, and members of the Health, Human Services and Medicaid Committee,

Thank you for allowing me to testify today. My name is Juliana Madzia. I am a lifelong Ohio resident and currently an MD/PhD student at the University of Cincinnati. I am strongly opposed to HB 258.

As a future physician-scientist, my work is rooted in collecting and interpreting verifiable data and applying it to our health systems to improve the wellbeing of individuals and communities. This can be difficult to do with an issue like abortion, where everyone is pulled emotionally in one way or the other. When I look at all of the current evidence, it's clear that HB 258 would be harmful to women's physical and mental health, and harmful to families across the state of Ohio. Rather than repeating these facts in a way that we've all heard a hundred times, I'm going to share them in the form of a story based on the lived experiences I've heard from patients and friends who have shared their personal stories with me.

First, according to the American Pregnancy Association, most women find out that they're pregnant between the 4th and 7th weeks of pregnancy (1). For women at the later end of the spectrum, their right to choose whether or not to have an abortion has already been denied outright. Even for those who find out earlier, there's no guarantee that they will be able to take all the steps needed to make the decision to have an abortion by the 6 week mark. Let's say that a 22-year old woman finds out she's pregnant during week 4. She's working a full-time job on top of going to college full-time and isn't sure if she has the resources to raise a child, but wants to talk to a doctor about her options. Being a young and healthy 22-year old, she's never been to an OB/GYN before, so she tries to make an appointment as a new patient. Unfortunately, the average wait time to get an OB/GYN appointment as a new patient in the U.S. is 24 days (2). That would put her well past the 6 week mark, but let's pretend she gets lucky and gets an appointment in 10 days. She talks to the doctor, who gives her information on abortion as well as on adoption and other resources that could help her to carry out a healthy pregnancy.

She goes home to think things over for a few days. She knows that raising a child in the U.S. today costs, on average, over \$230,000 (3). She also knows that in order to ever be able to provide the shelter, food, clothing, and enrichment opportunities needed to raise a healthy child, she needs to finish her college degree, which she feels would be unrealistic with a newborn baby to care for. Ultimately, she decides that getting an abortion is what she wants to do. It turns out, however, that she lives in one of the 91% of Ohio counties without an abortion provider (4). Since state law bans public hospitals from performing non-emergency abortion

procedures (4), the closest abortion clinic is two hours away. Because of another state law that mandates a 24-hour waiting period between when a person seeking an abortion meets with a provider at an abortion clinic and when the procedure can actually take place, she'll have to miss two full days of classes and work. By the time she's able to get permission from her professors and her boss to miss classes and work for two days and scrounge together enough money for gas, a hotel, and the procedure itself (since Ohio bans public insurance plans from covering abortions that aren't medically necessary), six weeks are up. Under HB 258, she would no longer be permitted to get an abortion in the state of Ohio.

This isn't an outrageous scenario. This could be me, or any of your children, or any person of childbearing age in this state. This is a young woman who did everything she was "supposed" to do. But still, because of the way that human biology and Ohio state law line up chronologically, it was impossible for her to exercise her right to choose to have an abortion in this state. You may not have the capability to affect the human biology part of the equation, but you do have the capability to affect state law. There is no medical justification for this law to take effect. The National Academies of Sciences, Engineering and Medicine released a report earlier this year providing evidence that the four most commonly used abortion procedures in the US are both highly safe and highly effective (5) - so there is no physical health benefit that could result from this bill becoming law. A recent study reported that more than 95% of women who had abortions reported that they were happy with the decision at all time points between 0 and 3 years after the procedure (6) - so this wouldn't improve women's psychological wellbeing, either. As this story demonstrated, there are already laws in place that make abortion inaccessible for many Ohioans; this bill would make it nearly impossible. I ask you to consider my testimony and vote NO on HB 258. Thank you again for the opportunity to testify.

I will now take any questions you may have.

1. [americanpregnancy.org](http://americanpregnancy.org)
2. Athenahealth, "New Patient Access: Lead Required to Schedule Appointments," October 2017.
3. US Dept of Agriculture, "Families Projected to Spend an Average of \$233,610 Raising a Child in 2015," 2017.
4. NARAL
5. <https://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states>
6. Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study. Corinne H. Rocca. PLOS One, 2015.