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**Testimony to the Ohio State Senate Committee for Health and Human Services
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Chairman Burke, Ranking Minority Member Tavares, and distinguished members of the Health and Human Services Committee, thank you for allowing me to submit testimony in opposition to HB258.

I have been a primary care nurse practitioner with Equitas Health for 4 years. In that capacity, I work with vulnerable and underserved populations on a daily basis.

One of the biggest barriers that I face to providing care is building trust between my patients and the medical establishment. It takes work to convince disadvantaged, vulnerable people that we are on their side, with their best interests at heart. Building this trust can be particularly challenging with at-risk women, for example those involved in abusive relationships, sex work, and those with HIV. They are reluctant to get cervical cancer screenings, to be tested for sexually transmitted infections, to talk about their mental health, and to access birth control.

My organization works hard to build this trust and our work has helped improve the health of the neighborhood that we serve, a place that did not have a clinic when we opened there a year ago. But this is a daily battle for us.

Bills like HB 256 have a devastating effect on this process, and make our job much harder. Beyond only negatively impacting reproductive care, this bill sends a chilling message, criminalizing women for tending to their own reproductive health. I have no doubt that this will further scare women away from accessing all kinds of care. The consequences of this will be largest among the most vulnerable populations.

I will give one example. I take care of a woman who initially came in for HIV treatment and primary care. She was extremely sick when she entered care, and was struggling with several health issues outside of HIV as well. At the one year anniversary of her being in care, she was taking her meds daily and doing well, she became pregnant unexpectedly. She came in to our clinic, and we spent a lot of time talking. We discussed all of her options, including abortion. We talked about the risk of the baby being HIV positive, we talked about her mental and physical health. She was my last patient of the day, we talked for an hour, well past the clinic's closing time. She left with reliable information, feeling supported, and empowered to make the decision that was best for her.

My patient decided to keep the baby. I still see her, she brings that baby in with her to visits. The mother tells me how much she loves the baby. She also tells me how much that day meant to her. She felt supported, not judged, and in control of her life, able to make a good choice among all of her available options. She worked with me because she knew that I would support her and connect her to the resources she needed

regardless of her decision. This is a challenging, complicated situation for a provider and a patient to work through. It is made infinitely more challenging and more complex when government intrudes on the situation in a heavy handed way. If many of my patient's possible options had been criminalized, I would have had no responsible way to work with her towards an outcome that was best for her.

Decisions about women's health need to be made by women, in a provider's office, supported by a clinician that knows her circumstances and will provide her with accurate information and support. I urge you to withdraw your support from this bill.