



Noah Levenberg
Opponent Testimony for Senate Bill 260
Ohio Senate Health, Human Services, and Medicaid Committee
Wednesday, February 26, 2020

Chairman Burke, Vice-Chair Huffman, Ranking Member Antonio, and members of the Senate Health, Human Services, and Medicaid Committee thank you for allowing me to testify in opposition to Senate Bill 260.

My name is Noah Levenberg. I am a student, majoring in political science, and the vice president of the University of Toledo chapter of URGE: Unite for Reproductive and Gender Equity. I am also lucky enough to live near Capital Care in Toledo where I am a volunteer clinic escort.

As a Capital Care Clinic Escort, I greet and speak with patients who often travel for hours to access safe abortion care. They arrive at the clinic, often with a support person, and during the walk from their car to the door of the clinic, they are yelled at, filmed, and harassed by people on the sidewalk. After their appointment, they will face these same people as they walk back to their car. The so-called "sidewalk counselors" will stand behind the patient's car, knocking on the window, often refusing to move out of the way until the patient agrees to take the pamphlet that they have been shoving in their face. Then this same patient will need to travel hours back home, only to come back to the clinic again due to the mandatory 24 hour waiting period.

Taking multiple days off work, paying for childcare, getting a ride, finding a someone to come with them to their appointment (who also needs to take off work and possibly pay for childcare..etc), and traveling sometimes hours to get to the nearest clinic all so that someone can have an abortion, is not something most people can do. Abortion is healthcare, and having access to healthcare is a human right. That being said, whether or not you believe someone should have the right to choose what happens to their own body, taking away that option for only some people, is discrimination. Those living in rural areas, people who can't afford to take multiple days off work, folks who don't have a car, people who are not upper-middle class, are the people who will be affected by this bill.



Telemedicine is an incredible thing that we have today and it helps to safely and effectively give more people access to the healthcare they need. Folks being able to access healthcare professionals through the use of technology is revolutionary. The American College of Obstetrics and Gynecology states *“Medical abortion can be provided safely and effectively via telemedicine with a high level of patient satisfaction; moreover, the model appears to improve access to early abortion in areas that lack a physician health care provider”*, thus recognizing that like many other types of healthcare, medical abortion is safe through the use of telemedicine. It then continues to say *“Despite the medical evidence, several states have passed legislation that bans the use of telemedicine to provide abortion.”*¹ I urge you to take this into consideration, and not allow Ohio to become one of those states.

People have always had abortions and they always will. If someone wants an abortion, they will have one. The only thing this bill would do is determine which people are more and less deserving of having access to SAFE abortion care. Telemedicine gives a way for people who otherwise may not have access to safe abortions to be under the care of a physician through the use of technology. Regardless of your opinion on if people should or shouldn't have the right to choose what's best for their own bodies, I ask you to please understand that just because someone doesn't have the money and resources to travel to a clinic hours away on the limited days a doctor is there in person, doesn't mean they shouldn't have the same safe abortion access as those who can.

I humbly ask you to vote no on Senate Bill 260. Young people, rural communities, and areas without nearby clinics across Ohio would be the ones most impacted and harmed by this legislation.

Thank you again for allowing me to testify and I'm happy to take any questions the committee may have.

¹ ACOG, Practice Bulletin No. 143: Medical Management of First-Trimester Abortion 11 (Mar. 2014), <http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Medical-Management-of-First-Trimester-Abortion>.