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Greta Johnson
State Representative

Chairman Ginter, Ranking Member Boyce, and fellow members of the House Community and Family Advancement Committee, I stand before you today to offer sponsor testimony on House Bill 356. This bill would lift the prohibition against using state resources to provide abortion services.

Currently in the state of Ohio, no state or local funds can be used for payment or reimbursement for abortion services. The only exceptions are for cases of rape, incest, or circumstances in which the woman's life is in danger. Despite many of the allegations regarding legislation aimed at stripping certain healthcare providers of Ohio Department of Health grants, no such funding can legally go toward abortions.

This means that for women whose insurance providers do not cover abortions, or for women who cannot afford to pay out of pocket, the increasingly-closing and heavily restricted providers across our state are the only option for a safe, affordable procedure near their home. Public facilities, such as hospitals and county health departments, or public funds, such as health grants, cannot be used to subsidize the limited accessibility and affordability of this procedure. Forcing women who cannot afford abortion care to carry their pregnancy to term is not only fiscally irresponsible for the state in the long term, but discriminatory in nature toward low-income families. Women have a right to seek abortion care in Ohio, regardless of economic status, and HB 356 would help to address the previously mentioned limitations to securing that right for women in all financial circumstances.

Opponents to this piece of legislation and other efforts to increase access to reproductive healthcare nationwide, state that the Affordable Care Act and other healthcare changes over recent years give women abortion coverage through their private insurers. The healthcare providers I have met with, however, described the important distinction between access and coverage. Not everyone has private insurance, and even those who do are not able to wait weeks or months to meet with their doctor and discuss their pregnancy options. Furthermore, a national report conducted by the Guttmacher Institute found that although fewer abortion patients were uninsured in 2014 than in 2008, there were no significant changes in how patients paid for their abortions. It is also important to note that HB 356 would not violate the federal Hyde Amendment, often cited as the reason public funds cannot be used for abortion care. Although the amendment prohibits state Medicaid programs from using federal funds for abortions, except in cases of life endangerment, rape, or incest, the Hyde Amendment does not prohibit a state from using its own funds in all cases. In fact, 17 states have already chosen to use state funds to pay for abortions outside of the limitations set forth in the Hyde Amendment.

As it has done with Medicaid expansion and other health and human services, the state of Ohio has the ability and responsibility to fill the holes which exist in the private market to address the safety, health, and well-being of Ohioans. Considering the above, this is certainly true for the case of women's access to reproductive choice in Ohio.

Thank you for allowing me to provide testimony on this piece of legislation. I'd be happy to answer any questions at this time.