Jessica Koehler

Proponent Testimony on Senate Bill 145

House Criminal Justice Committee

Tuesday, March 13, 2018

Chairman Manning, Vice Chair Rezabek, Ranking Member Celebrezze, and distinguished members of the committee, thank you for allowing me to testify again today on Senate Bill 145. My name is Jessica Koehler and I am the Director of Legislative Affairs for Ohio Right to Life. Today, I speak on behalf of our Board, our affiliated chapters, and members of our organization in support of Senate Bill 145, the Dismemberment Abortion Ban.

My aim today is to provide clarity on questions and concerns that have arisen regarding this bill on its effects, restrictions, and legal repercussions.

In past testimony, there seemed to be a misunderstanding about how this legislation would affect women who are either seeking an abortion or needing the dilation and evacuation procedure due to a miscarriage.

I must state from the beginning that this bill only prohibits a D&E procedure on a living unborn baby. This is consistent with current law regarding Partial Birth Abortion. If a woman is seeking a late term abortion in the United States, the physician would use one of the alternatives that we are suggesting in order to perform the abortion within the bounds of the law.

It was stated in previous testimony that the only other options for an abortion during the second trimester would be either induction or C-section. In actuality, there are five other alternatives to a dilation and evacuation (D&E) procedure on a living unborn baby. The most commonly used of those alternatives are D&E with fetal demise caused by an injected feticide (digoxin or KCI being the most commonly used) or the transection. These procedures take effectively no extra time for the abortion to occur, with both of them adding mere minutes to the process. This data has been gathered from several scientific papers, most significantly an article titled "Induction of fetal demise before abortion" by the Society of Family Planning.

There would be no extra cost for the transection of the umbilical cord, since this is just a 5-minute extra step before the unborn child is removed in pieces from the mother. The cost for digoxin varies from place to place and even within states, so that price was not available to us. However, we believe that it would not be a prohibitive cost since it is already a relatively common procedure that women often choose.

Another concern that was raised, was regarding the safety of these additional procedures. The article we referenced earlier states a "trial of induced fetal demise before surgical abortion used a… injection of … digoxin before surgical abortion at 20–23 weeks' gestation and found no difference in procedure duration, difficulty, estimated blood loss, pain scores or complications between groups." They also go on to state that, "Inducing demise before induction terminations at near viable gestational ages to avoid signs of life at delivery is practiced widely."

Also, to clarify a final misunderstanding, it was stated that if a miscarriage occurred, a doctor would not be able to use the D&E procedure to remove the remains of the baby from the mother.

This is not the case, because this legislation would not prohibit a physician from using the D&E procedure on a baby that is no longer living.

Let me be clear, abortion is always cruel and violent. That being said, the process of dismembering a living unborn baby is abhorrent, and there are other less inhumane and cruel abortion procedures available in the 2nd trimester.

To quote Justice Kennedy "[t]he fact that a law which serves a valid purpose, one not designed to strike at the right itself, has the incidental effect of making it more difficult or more expensive to procure an abortion cannot be enough to invalidate it…The government may use its voice and its regulatory authority to show its profound respect for the life within the woman."