



**Testimony of Kellie Copeland,
Executive Director for NARAL Pro-Choice Ohio,
to the House Health Committee
Opposing Senate Bill 164
December 6, 2017**

Chairman Huffman, Ranking Member Antonio, and members of the Ohio House Health Committee on Health, Human Services and Medicaid, my name is Kellie Copeland. I am the executive director of NARAL Pro-Choice Ohio. I am here to speak in opposition to S.B. 164 on behalf of our more than 50,000 activists and members in Ohio.

Over the last couple of years that the policies in this bill have been debated in the Ohio House and the Ohio Senate, some supporters have claimed this legislation is not about abortion. Although I respect the convictions of these people, I must unequivocally disagree. If this bill is not about abortion, why is its sole purpose banning abortion services to a specific group of women in our state? The true motive of this bill is the same as other abortion bans recently enacted in Ohio: to in the short-term limit access to a health care procedure; and in the long term to ultimately overturn *Roe v. Wade*, making abortion illegal in our country. This particular abortion ban is unconstitutional because it would ban abortion well before the point of viability, a clear challenge to *Roe v. Wade*.

Beyond the unconstitutionality of S.B. 164, we have serious concerns about the imprecise language used in this bill. As written, this bill would forbid a physician from performing, inducing, or attempting to perform or induce an abortion if “the person has knowledge that the pregnant woman is seeking the abortion, in whole or in part,” due to a “test result indicating Down syndrome,” a “prenatal diagnosis of Down syndrome,” or “any other reason to believe” the fetus has Down syndrome.

How would the court define “knowledge” and what would be considered “any other reason to believe” the fetus had Down syndrome? Would a doctor have cause to believe any woman over age 40 (who, because of advanced maternal age, has a higher risk of having a child with Down syndrome) would possibly be terminating the pregnancy because of a potential Down syndrome diagnosis? How would a doctor be able to prove that he or she had no reason to believe this was the case? Would “knowledge” include knowing that a woman had a diagnostic test for Down syndrome without knowing the outcome of the test? Or would “knowledge” only be if the woman specifically told the doctor she was having the abortion at least in part because of a prenatal Down syndrome diagnosis?

This type of uncertainty would create a chilling effect on the medical profession in Ohio. Doctors would face a fourth-degree felony and the loss of their medical license if they thought they followed the law, but a local prosecutor decided that they didn’t do enough to fit the prosecutor’s interpretation of the definition of “knowledge.”

This bill would encourage patients to withhold information from their medical provider, because if the patient did disclose her reason for seeking abortion care to her physician, the physician would no longer be able to perform the procedure without facing felony charges and the loss of their medical license. The Ohio Legislature should not pass laws that force patients to withhold critical medical information from their physicians.

When a woman faces a complicated medical diagnosis during pregnancy there are a million things that go through her mind. Some of the questions she will try to answer include:

- Can I raise a child with disabilities?
- Do I have access to health care?
- Are there services for people with disabilities in my community?
- Can I take the time off work needed to take care of my child?
- Do I have maternity leave so that my child and I can figure out this complicated diagnosis?
- Do I have access to specialists to help my child develop, as well as medical professionals to treat possible medical complications?
- Does my school system have adequate programs in place to educate my child so that they can grow to their full potential?
- Do I have the support system I need to navigate this new world?

Does this legislation help address any of these issues? No, it does not. The future of Medicaid expansion in Ohio, a program that families across the state who have children with special needs rely on to help take care of their children's complicated healthcare needs, remains uncertain. According to the Ohio Coalition for the Education of Children with Disabilities, special education funding in Ohio fell \$210 million dollars short of what was needed¹. Advocates are currently suing the state of Ohio because underfunding of our school systems in general has left districts without sufficient resources to provide the proper level of education for special needs students in their districts. Our nation as a whole, and specifically our state, falls woefully behind in the provision of paid leave for workers. How are these families supposed to be able to take care of a child with special needs when 45.9% of workers in our state have no access to paid leave², forcing a parent to have to choose between their child's needs and losing their job?

If the Ohio General Assembly truly wants to address the needs of families raising children with special needs, and we at NARAL Pro-Choice Ohio strongly encourage you to do so, these are the issues that should be addressed.

During a pregnancy, a woman can be faced with many deeply personal and often complex decisions. Ultimately, decisions about whether to choose adoption, end a pregnancy, or raise a child must be left to the woman and the counsel of those she trusts--her family, her health care provider, and her faith community—not the legislature. Thank you for this opportunity to address your committee. I urge you to vote no on S.B. 164 and am happy to try to answer any questions you may have.

¹ <http://www.ocecd.org/Downloads/OCECD%20Sp%20Ed%20Funding%20Update-Final%205%202014.pdf>

² <http://www.nationalpartnership.org/research-library/work-family/psd/workers-access-to-paid-sick-days-in-the-states.pdf>