

**Alexa Henderson**  
**HB 258 – Six-Week Abortion Ban**  
**Opponent Testimony**  
**Ohio Senate Health, Human Services, and Medicaid Committee**  
**December 5, 2018**

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares, and members of the Health, Human Services and Medicaid Committee,

Thank you for allowing me to testify today. My name is Alexa Henderson. Before I start, I must preface my speech with a disclaimer that what I say here today reflects my beliefs and not those of my university or board position. With that being said, I am a medical student, a member of the International Board of Directors for Medical Students for Choice and a proud voter in the state of Ohio. As a future physician, I would like to tell you why I am strongly opposed to House Bill 258 and why you should be as well.

HB 258 would essentially eliminate access to safe and legal abortion care in the state of Ohio after 6 weeks, except in the case of limited medical exceptions. Regardless of whether abortion is legal, patients will continue to seek abortion care. If this bill passes, instead of receiving care from a trained medical provider, they will be forced to go outside of the medical system. Seeking unsafe abortion care can create a dangerous situation for patients. Maternal mortality in the state of Ohio is already significantly higher than the national average. In 2016, the Ohio Department of Health found that the rate of maternal mortality in the state of Ohio was 85 women per 100,000 live births (1). This rate is more than three times the national average of 23.8 women per 100,000 live births (2). By decreasing access to safe and legal abortion, you are almost certainly increasing the risk of maternal mortality for Ohio residents. Instead of limiting patient's access to quality healthcare, the state should work to create more legislation that aims to decrease the maternal mortality rate in the state of Ohio.

According to a report released by the Ohio Department of Health, 47.5% of pregnancies from 2009-2011 were mistimed or unintended (4). Access to contraceptive services decreases the number of unintended pregnancies and the need for abortion. To decrease unintended pregnancies, the state should support funding for more programs that provide accessible contraception services for the citizens of Ohio. It is also important to acknowledge who this bill would impact the most. The rates of unintended pregnancies are highest among low socioeconomic status, young, and minority patients due to a history of systematic oppression that limits these populations' access to contraception services and comprehensive sexual education. This bill would only further the systematic oppression of these groups by limiting access to safe abortion care.

Let me end by saying that I am aware that many of you in this room are anti-choice. I know that what I presented here today will most likely not change your personal beliefs about abortion. However, your personal beliefs about abortion are not what we are discussing here today. As a State Senator, I believe you were elected to represent your constituents. According to a report released by the Ohio Department of Health, 19,615 Ohio residents received abortion care in 2017 (3). Those 19,615 people are your constituents that you were elected to represent. I am asking you to ensure the people in your state have access to safe and legal medical care that is supported by national medical organizations, including the American College of Obstetricians and Gynecologists. If you are unable to vote no on HB 258 due to your personal beliefs about abortion, I urge you to at least abstain from the vote. Your personal beliefs should not impact

the medical care of millions of women. I believe if we work together, we can protect the health and safety of patients in Ohio.

I ask you to consider my testimony and to vote no on this dangerous House Bill 258. Thank you again for the opportunity to testify. I will now take any questions you may have.

**Citations:**

1. <http://www.ohiohouse.gov/democrats/press/as-pregnancy-related-deaths-rise-in-ohio-sykes-looks-to-raise-maternal-mortality-awareness>
2. MacDorman, M. F., Declercq, E., Cabral, H., & Morton, C. (2016). Is the United States Maternal Mortality Rate Increasing? Disentangling trends from measurement issues Short title: US Maternal Mortality Trends. *Obstetrics and gynecology*, 128(3), 447.
3. Paulsen, J., Smith, D. (2017). Induced Abortions in Ohio, 2017. *Ohio Department of Health*.
4. Ohio PRAMS Perinatal Region Data Summary, 2009-2011. *Ohio Department of Health*.