



**Sarah Inskeep**  
**Opponent Testimony for Ohio House Bill 679**  
**Ohio House Insurance Committee**  
**Wednesday, June 3, 2020**

Chairman Brinkman, Vice-Chair Antani, Ranking Member Boggs, and members of the House Insurance Committee, thank you for allowing me to testify in opposition to House Bill 679.

My name is Sarah Inskeep and I am the Ohio State Policy and Movement Building Director for URGE: Unite for Reproductive and Gender Equity. URGE is a reproductive justice organization powered by and for young people in the South and Midwest. At URGE, we work to protect and expand the human right to maintain personal bodily autonomy, have children, not have children, and parent the children folks have in safe and sustainable communities.

**On the sixth day of peaceful protests for racial justice in Columbus and several other cities across Ohio, it is with great frustration and concern that I am writing to ask this committee to vote no on House Bill 679.** At 4:00 p.m. yesterday I learned that this committee would be proposing an amendment to H.B. 679, which would include provisions from Senate Bill 260 that seeks to prohibit medical professionals from using telehealth to safely administer medication abortion to patients. Perhaps it was my naivety or the fact that the people of Ohio are experiencing and bearing witness to the illness, trauma, and violence of public health crises like COVID-19 and structural racism that I thought that this legislative body would refrain from the predictable, ninth hour, anti-abortion amendments, however, I was clearly mistaken...

Every day in Ohio and in this country Black women, Black men, Black youth, Black children, and Black trans and nonbinary people experience state-sanctioned oppression and violence. Whether it is targeted killing of Black LGBTQIA+ folks by the police or abortion bans like the one proposed under the amendment for H.B. 679 that will disproportionately hurt low-income people of color – the extremist majority in this Statehouse has made it clear that their individual well-being and party politics are more important than the Black lives in their districts and through the state. Legislator’s movement of this amendment is



misguided and fails to prioritize the immediate needs of Ohioans who are still without assistance since COVID-19 took hold and absolutely tone deaf to the pleads of Black Ohioans, who long before this pandemic, just want to breath and live full lives without fear of police violence.

Despite tremendous opposition, S.B. 260 already passed out of the Senate and has been referred to the House Health Committee for consideration. There is no reason to sneakily attempt to amend H.B. 679. With less than ten hours of notice of the committee hearing, there is no way to thoroughly inform the public that this is happening. This is not adequate notice nor is it a fair opportunity for constituents who will be impacted by this legislation to engage in dialogue on this bill. Not to mention that it's not a transparent way of governing during a global pandemic or a worldwide call for justice and peace for Black lives.

S.B. 260, similar to the proposed amendment under H.B 679, is just the latest effort to further restrict access to abortion care in Ohio and spread misinformation about the safety, efficacy, and health outcomes of folks who use telemedicine and medication abortion.

A 2017 Guttmacher report found that 89 percent of U.S. counties had no abortion clinic, with nearly 40 percent of women (the report is limited in women, however, it is URGE's position that abortion services and research must be of inclusive of queer, transgender, and gender non-conforming folks needs) of reproductive age live in counties without clinics.<sup>1</sup>

In Ohio, 23 unnecessary restrictions to reproductive health care and bans on abortion access have passed since 2011, shuttering half of the abortion clinics in the state, leaving pregnant people with only nine clinic options left – all of which are in urban centers of the state. Protecting and expanding the use of telemedicine so that patients who are located far away from providers not only innovative but in many ways is viewed as the future of health care. Given the significant health disparities that exist between people living in rural

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<sup>1</sup> Jones RK, Witwer E, Jerman J, *Abortion Incidence and Service Availability in the United States, 2017*, New York: Guttmacher Institute, 2019. Access June 2, 2020. <https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017>



and urban areas, telemedicine is critical in helping bridge this gap and ensures that no matter one's zip code people can access care closer to their communities.

But we're not fooled by the smoke and mirrors of the supporters of this legislation. S.B. 260 nor the proposed amendment for H.B. 679 is not about improving patient safety or expanding access to health care. It's about spreading misinformation and controlling people's bodily autonomy – full stop.

Although abortion remains legal in Ohio, it has become increasingly more difficult to access. People in rural and Appalachian communities in Ohio continue to face immense barriers to access the basic health care they need, which unfortunately in many cases includes abortion. The outcome: deep cycles of devastating poverty weighing on families and ruining communities.

Cut funding streams and medically unnecessary targeted regulations against abortion providers passed by the state have forced patients to have to wait a mandatory 24-hour waiting period. The outcome: strained financial resources and people being subjected to hateful, harassing, and in some cases violent anti-abortion protestors not once, but twice.

As Ohio and other hostile Midwestern and Southern states continue to try and push abortion care out of reach for people, we know that there is a shift happening, largely being led by young people, to normalize self-care and the practice of addressing physical and mental well-being outside of traditional health care settings. The use of telemedicine to access medication abortion is a safe and effective example of this shift.

If this committee believes in the rights of young people, women, Black people, people of color, rural communities, people with low incomes, LGBTQ+ people, and those who have been disproportionately impacted by the state-sanctioned oppression and failed health care policies, you all will vote no on H.B. 679.