

Testimony of Jenni De Luca  
Senate Health, Human Services, and Medicaid Committee  
Senate Bill 23  
February 26, 2019

Chairman Burke, Ranking Member Antonio, and members of the Senate Health, Human Services and Medicaid Committee, my name is Jenni De Luca. I am 27 years old, born and raised in Akron, Ohio. We are here to discuss Senate Bill 23, but I feel it is important to our conversation that I am able to tell you my story before I address the topic at hand.

I am in my tenth year of retail management, and am lucky and privileged to live comfortably with my partner in a city that we love. My life has not always been an easy one. At 23, I was diagnosed with Borderline Personality Disorder. This came after a childhood fraught with unstable relationships, years of erratic behavior, severe mood swings and depression, self harm, and inconsistent mental health care that did not adequately meet the needs of my emotional distress. After finally being diagnosed, I was able to get the care I needed. Through years of hard work, I have begun to overcome my illness and find peace and productivity. Old wounds have started to heal. It may sound strange, but so much of this is possible because I was able to exercise my right to a safe abortion at eight weeks of pregnancy almost nine years ago.

After my high school graduation in June of 2010, my parents moved out of state, leaving me responsible for myself financially. As I was about to start a full load of classes at the University of Akron, I worked as a part-time manager at a local clothing store, making eight dollars an hour. Two days before my nineteenth birthday in August, I found out I was pregnant using an at-home pregnancy test. My partner at the time and I dated throughout high school, but our relationship was unstable, due in part to my then-undiagnosed mental illness. I informed him of the positive test results immediately. The same day, I was given another pregnancy test at Planned Parenthood, where I was told I was likely 8 weeks into a pregnancy. I weighed my choices with my partner. It was clear we were not in the financial position to support a child, and my illness at this point was out of control: I was experiencing severe depression and constant mood swings, and acting out in sometimes violent rages or absurd behavior. It ruled my life. Our minds turned to adoption, but as my mental state was fragile, he was concerned that this would push me over the brink, and I agreed. After a few hard days, we finally opted for abortion. I had a pre-procedure appointment a few days after that, where I underwent an ultrasound which confirmed I was 9 weeks into my pregnancy. I had the abortion the next day. Had S.B. 23 been in effect at the time of my pregnancy, I would have been denied my right to a safe abortion.

To better illustrate for the committee how difficult it would have been for me to comply with S.B. 23, I find it important to share the events which led to the discovery of my pregnancy.

In July of 2010, my period was spotty and abnormal, and I had a feeling that something was "off," but I took a pregnancy test and it came up negative. I continued feeling like something in my body had changed, so two weeks later I took another test, which again turned up negative. Because of the two negative test results, and because I had been taking oral contraceptives for over a year at that point, I chalked the strange feeling up to being sick and went on for a few more weeks without thinking anything of it. In August, I missed my period completely, so I bought a third test, and there it was: I was pregnant. It is clear to me that I could not have been reasonably expected to discover my pregnancy and obtain an abortion in time to meet the six-week deadline proposed by S.B. 23.

My partner at the time and I ended our relationship two years after I had the abortion. Two years after that, I was diagnosed with Borderline Personality Disorder. I sit here now thinking of how a ban on abortion past six weeks of gestation would have affected my life: what if I had been forced to carry that pregnancy to term? I don't believe I would ever have been diagnosed. I would be a single parent struggling to hold down a low-wage job; it is unlikely that I would have been able to afford the quality of care necessary to identify and treat my illness. Left untreated, my BPD would have significantly affected my ability to care for myself, let alone a child. My partner would have been unable to contribute significant financial support or child care. So what if I had opted for adoption? The pain of carrying a pregnancy to term and giving that child away, coupled with the emotional pain caused by my mental illness and history of self harm, would have had dire consequences. I cannot tell you with a certainty that I would still be here. The pain would have just been too much to bear. To think that all of these things could happen to someone else, simply because our legislators have personal beliefs and opinions which they feel entitled to dictate into law, infuriates me. Every woman deserves the opportunity to make choices in the best interest of her health and well-being. It is her right.

Chairman Burke, Ranking Member Antonio, and members of the committee, I ask you to please consider the following, as you weigh the proposition before you:

1. The United States Supreme Court ruling on *Roe V. Wade* guarantees a woman's right to a safe, legal abortion.
2. Medical science, rather than personal opinions or beliefs, should dictate legislation regarding the parameters of what is considered a safe, legal abortion. As outlined in *Roe V. Wade*, and re-iterated by Planned Parenthood, "a state may — but is not required to — prohibit abortion after viability, except when it is necessary to protect a woman's life or health."\* According to the American College of Obstetricians and Gynecologists, fetal viability outside the womb occurs at no more than 20-24 weeks gestation.\*\* Any legislation which enforces restrictions on abortion before the point of fetal viability would clearly infringe upon a woman's right to make choices about her reproductive health.

3. A woman often does not know she is pregnant until her first missed menstrual cycle, which can occur up to four weeks from the time of conception. Once a woman has discovered she is pregnant, she is guaranteed the right to discuss her options with her doctor, and determine what is best for her health. If she elects for an abortion, she must then locate a physician who is willing to perform the procedure, at a facility which is licensed to do so. According to the Guttmacher Institute, “In 2014, some 93% of Ohio counties had no clinics that provided abortions, and 56% of Ohio women lived in those counties.”\*\*\* After the often difficult task of locating a clinic and physician, she must acquire transportation to the clinic, ask for time off of work, arrange for child care if she is already a parent, not to mention make sure she can cover the financial cost of the procedure. Because of Ohio’s 24-hour Informed Consent Law, she must also wait 24 hours after meeting with a licensed physician before undergoing an abortion, which can mean additional costs for lodging and/or transportation if she has been forced to travel a long distance to obtain the procedure. In essence, abortion is already incredibly difficult to access in Ohio. It takes time to jump through the hoops already put in place. This committee cannot reasonably expect a woman to verify her pregnancy, receive medical council, and obtain an abortion within the timeline proposed by S.B. 23.

Banning abortion past 6 weeks gestation has no basis in medical science, and grossly violates the guaranteed right of a woman to make an informed decision on whether or not to pursue a pregnancy. I am one of the many examples of how difficult it can be for a woman to even know she is pregnant by the sixth week of gestation, no matter how diligent she is in her reproductive health. I used birth control. It took eight weeks and three pregnancy tests to get a positive result. I could not have possibly known that I was pregnant before the deadline proposed by S.B. 23. To force me to carry that pregnancy to term would have resulted in an enormous amount of unnecessary pain and suffering. I may not even be here today had I been forced to endure it.

It is my opinion as a constituent represented by the committee that S.B. 23 is both unconstitutional and poses a grave danger to the health and well-being of women in Ohio. Chairman Burke, Ranking Member Antonio, and members of the committee, I urge you to think of us as you cast your vote, and vote “no” on S.B. 23.

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\*Ecker, Jeffrey L, et al. “Obstetric Care Consensus.” *Group B Strep and Pregnancy - ACOG*, The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, Oct. 2017, [www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Perivable-Birth](http://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Perivable-Birth).

\*\*“Roe V. Wade: Its History and Impact.” *Planned Parenthood*, Planned Parenthood Federation of America, 2014,  
[www.plannedparenthoodaction.org/uploads/filer\\_public/c6/59/c65961ce-447c-48e1-b315-79bfac151e42/abortion\\_roe\\_history.pdf](http://www.plannedparenthoodaction.org/uploads/filer_public/c6/59/c65961ce-447c-48e1-b315-79bfac151e42/abortion_roe_history.pdf).

\*\*\*“State Facts About Abortion: Ohio.” *Guttmacher Institute*, 4 Jan. 2019,  
[www.guttmacher.org/fact-sheet/state-facts-about-abortion-ohio](http://www.guttmacher.org/fact-sheet/state-facts-about-abortion-ohio).