



**Sarah Inskeep**  
**Proponent Testimony for Ohio Senate Bill 260**  
**Ohio Senate Health, Human Services, and Medicaid Committee**  
**Wednesday, February 26, 2020**

Chairman Burke, Vice-Chair Huffman, Ranking Member Antonio, and members of the Senate Health, Human Services, and Medicaid Committee thank you for allowing me to testify in opposition to Senate Bill 260.

My name is Sarah Inskeep and I am the Ohio State Policy and Movement Building Director for Unite for Reproductive and Gender Equity, also known as URGE. URGE is a youth-led reproductive justice organization that is committed to building a world where all people have agency over their own bodies and relationships and the power, knowledge, and tools to exercise that agency.

At URGE, we not only fight against the threats to abortion access, but we also push our uncompromising vision to expand that access. Whether a person decides to become a parent, choose adoption, or have an abortion we all deserve to access the support and health care we need and build the families we want. URGE stands for the rights of all people to make those decisions for themselves free from stigma, shame, barriers, or government interference. It is with these values, and on behalf of our hundreds of members in Ohio, that I urge you to vote no on Senate Bill 260.

This bill is just the latest piece of legislation 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 our abortion clinics in the state. As Jaime outline in her previous testimony, this has left us with nine clinics 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.

---

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



Given the significant health disparities that exist between people living in rural 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. Senate Bill 260 is not about improving patient safety or expanding access to health care. In fact, it's the opposite. Although abortion is still legal in Ohio, it has become increasingly more difficult to access it.

Today the committee heard from McCray Powell who detailed the immense barriers rural and Appalachian communities face while trying to access the basic health care they need, which unfortunately in too many cases includes abortion. The outcome: deep cycles of devastating poverty weighing on families and ruining communities.

The committee also heard from Noah Levenberg who shared his experience while escorting at Toledo's last abortion provider, Capital Care, and hearing about the lengths patients have to go in order to get medication abortions because of the state's burdensome laws like the 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 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, and that includes managing their own abortions. 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 failed health care policies, you all will vote no and ultimately stop Senate Bill 260.

Thank you again for allowing me to testify and I'm happy to help answer any questions you have.