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Senate Bill 157 Opponent Testimony
House Families, Aging, and Human Services Committee
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Chairwoman Manchester, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, my name is Jaime Miracle and I am the Deputy Director of NARAL Pro-Choice Ohio. I am here to testify on behalf of our more than 50,000 members and activists against Senate Bill 157, yet another bill based on misinformation, which is now being used to force abortion providers to close.

First, let's make something crystal clear: what proponents claim they are trying to accomplish in Senate Bill 157 is already law. It is already a first-degree felony to not provide care. This bill is a solution in search of a problem that does not exist and is most certainly not about medicine. It perpetuates myths and lies about abortion care, the individuals who receive this care, and the doctors who care for them. Senate Bill 157 reveals the consistent strategy of anti-abortion legislators, to use propaganda to achieve the goal of pushing abortion completely out of reach for Ohioans.

Let's start by spending some time talking about what this bill actually does. During proponent testimony, questions were asked about the definition of abortion and who this bill would impact. The answers provided were the opinions of the person testifying, they did not in fact reflect the text of the bill being considered.

The legal definition of abortion according to Ohio Revised Code is: "the purposeful termination of a human pregnancy by any person, *including the pregnant woman herself*, with an intention other than to produce a live birth or to remove a dead fetus or embryo. Abortion is the practice of medicine or surgery for the purposes of section 4731.41 of the Revised Code."¹ This does not only happen in stand-alone ambulatory surgical facilities. This broad definition can include a whole range of medical crisis situations that can happen later in pregnancy in hospitals across our state. Senate Bill 157 would not just impact what happens inside the six ambulatory surgical facilities across the

¹ <https://codes.ohio.gov/ohio-revised-code/section-2919.11>

state that provide in-clinic abortion procedures, but could have a chilling effect on the provision of care for medical crises happening later in pregnancy.

What kind of cases am I talking about? I'm talking about cases like I experienced with a close friend over 16 years ago. Her pregnancy was complicated from the very beginning, getting the confirmation of pregnancy while in the ER with the first set of complications she faced. By ten weeks gestation, she was put on bed rest at home because the placenta of one of the triplets she was carrying had attached over her cervix and she was at high risk of placental abruption and a deadly hemorrhage. At 18 weeks, she in fact did start hemorrhaging and was rushed to the hospital. They were able to stop her preterm labor and bleeding that night, but in the end that was only temporary. A few weeks later, before the point of viability, she was rushed into an operating room for an emergency c-section.

I'll never forget the rushed, scared 5 a.m. call I got from her partner to come to the hospital, the fear I had for the safety of my friend in the 2-mile drive to the hospital, and the heartbreak we all felt when the promise of a happy pregnancy outcome was lost. The two comforts we all had that day were that, although she had lost a lot of blood and was still in crisis, my friend would survive and that the babies were not subjected to futile medical "treatment" dictated by a bunch of legislators in the Ohio Statehouse, but instead were loved and held by the people who loved them. Robbie, Tyler, and Ella knew nothing but love in their short time with us. This bill would change all of that by taking the decision away from families and their doctors and forcing medical professionals to provide futile care, even when the families did not want it. A doctor should not have to decide between risking being convicted of a 1st degree felony and providing their patients with the care they think is best for the situation.

Numerous health care organizations representing thousands of clinicians oppose bills like Senate Bill 157, including the American College of Obstetricians and Gynecologists, the American College of Nurse Midwives, and the Society of Maternal-Fetal Medicine. These groups oppose these bills because they unnecessarily place politicians between a patient and their doctor and impose felony penalties on medical providers. Additionally, Ohio's version of this bill has no exception for actions taken by the pregnant women and therefore could be used to prosecute pregnant individuals for actions taken during pregnancy.

Before its passage in the Senate, this bill became even more dangerous for Ohioans. In a last-minute move, without the opportunity for testimony, a completely unrelated amendment was added to this bill. It would limit the doctors who can sign on with an ambulatory surgical facility as back up doctors when the facility operates with a variance to the medically unnecessary transfer agreement

requirement for an ambulatory surgical facility license. Since I have started working in a policy role for NARAL Pro-Choice Ohio over a decade ago, some legislators have been on a singular mission to regulate abortion providers out of business. Nowhere is this more obvious than with the passage of rule after rule governing ambulatory surgical facility licensing. Every time this legislature passes a new rule, ambulatory surgical facilities that provide abortion care have found a way to comply so that they can continue to provide high quality patient centered care to Ohioans seeking abortion services. However, the legislature continues to tighten the rules to make it harder to continue to keep their doors open. None of these regulations improve patient safety; they just risk forcing yet another abortion clinic to close. This latest attack once again puts the future of abortion access in Southwest Ohio at risk. This amendment is completely unnecessary and just shows the true intent of the sponsors of Senate Bill 157: to put abortion out of reach for Ohioans. The state of Ohio is already being sued based on the unconstitutional nature of existing rules around transfer agreements and variances. This amendment may very well add to the already long list of cases that are pending in federal and state court on the issue of abortion. Just how many cases does the state want to waste our tax dollars fighting?

Each day, people across Ohio and our nation face the deeply personal decision of whether or not to continue their pregnancies. Their circumstances are as varied as the individuals themselves—some with a healthy desired pregnancy, some with an unplanned pregnancy, and some with severe health conditions that modern medicine simply cannot fix. Instead of respecting the decisions made by these individuals and acknowledging the complexities of medical decisions, abortion opponents push bills like Senate Bill 157 to distract from their true agenda of pushing all abortion care out of reach.

First, abortion opponents worked to pass laws regulating how abortion is provided through *targeted restrictions on abortion providers* or TRAP laws. Next, they turned to passing incremental bans on abortion, starting with a post-viability ban; then a 22-week ban; next a method ban, banning the most commonly used abortion procedure in second trimester; then finally their crown jewel, the near total abortion ban, signed into law by Governor DeWine. But they haven't stopped there. There is still a political base to please, so now abortion opponents have moved onto a propaganda campaign—with six million dollars in funding for fake women's health centers in the state budget, bills requiring medical professionals to lie to their patients about the risks of abortion procedures or how a medication abortion works, an abortion trigger ban, and the bill before us today. All of these bills are based on lies and misinformation, and all of them put targets on the back of abortion patients and the providers who serve them.

I cannot imagine being a patient facing a medical crisis during pregnancy and, instead of having my doctor focused on what care is best for me and my individual circumstances and health history, they are concerned about whether the care they have determined is best would result in them going to jail. Patients must be able to trust that their doctors are able to provide the best, compassionate, and individualized care, without interference from members of the Ohio legislature.

Once again, stop the lies, stop the stigma.

NARAL Pro-Choice Ohio urges a no vote on Senate Bill 157.