

Chairman Manchester, Vice Chair Cutrona, Ranking Member Liston, and members of the Ohio House Families, Aging, & Human Services Committee, thank you for allowing me the opportunity to present testimony in opposition to Senate Bill 157. My name is Lauren Blauvelt-Copelin, and I am the Vice President of Government Affairs and Public Advocacy for Planned Parenthood Advocates of Ohio.

No matter our skin color, where we live, or where we're from, we all deserve accessible health care, and maintaining a healthy community benefits us all. Instead of aiming to expand access to care, Ohio Republican politicians have continuously focused on stripping Ohioans of the right to make their own health care decisions. Ohioans deserve legislators who aim to make our communities safer.

In Ohio, the law that Senate Bill 157 sets out to create already exists. The basic point of SB 157 was for anti-abortion politicians to create another opportunity to repeat a misleading narrative about abortion and to further stigmatize essential health care. This was already a misuse of our legislative process, but now, with the addition of Amendment 1, legislators are also using this bill as a trojan horse to shut down abortion clinics in Southwest Ohio. The last-minute amendment is a targeted restriction on abortion providers, known as a "TRAP" provision, and is intended only to shut down abortion providers in Southwest Ohio and push abortion care further out of reach for Ohioans.

Though the bill initially did nothing but promote dangerous stigma, the TRAP provision in the amendment, if passed as drafted, could shutter clinics and greatly reduce patient access to care. Ohio already requires medically unnecessary contracts between abortion providers and physicians who hold admitting privileges at local hospitals. The TRAP amendment to SB 157 would make this requirement even more extreme by limiting the pool of physicians with whom abortion providers can contract, excluding any physicians who are affiliated with public institutions, like the University of Cincinnati. Relationships between private and public health care institutions are the bedrock of an equitable, comprehensive health care system. In SB 157, the state aims to narrow the option to secure a variance so much that it will become virtually impossible for certain providers including Planned Parenthood Southwest Ohio Region, to meet the proposed standards. By disallowing physicians who teach at, contract with, or work for medical students, public hospitals, or public institutions from contracting with abortion providers to secure a variance, the state is essentially limiting the pool of potential physicians for some abortion providers to contract with to zero—which is the point.

There is no medical need for such an agreement. The vast majority of abortions are simple procedures that do not require any incisions. These procedures can be performed safely in an office-based setting and, in fact, the great majority of abortion procedures in the United States are performed in such settings. There is no evidence that complications occur with any greater frequency in the office-based setting than at ambulatory surgical centers. In fact, a first-trimester abortion is one of the safest medical procedures performed, with a less than 0.05% chance of major complications that might need hospital care. The risk of death associated with childbirth is approximately 14 times higher than that of abortion. Nationwide, less than 0.3% of abortion patients experience a complication that requires hospitalization. In the exceedingly rare instance that any complication were to occur, properly trained clinic staff would follow medically appropriate protocols to get a patient the care they need.

There is also no medical justification for disallowing qualified, experienced physicians from agreeing to provide backup coverage for abortion providers under a variance. In fact, if the state was genuinely concerned for patient safety, such physicians would be ideal. Instead, this provision is only meant to make it more challenging for abortion providers to remain licensed and operational.

It is clear that the sole purpose of this requirement is to create yet another unnecessary barrier to care, at a time when access is already extremely limited in Ohio. Sadly, this is not the first attempt by legislators in Ohio to push medically unjustified TRAP laws in order to make provision of abortion as difficult as possible in our state. In fact, the proposed amendment in SB 157 amends the variance process for providers who cannot secure a written transfer agreement, another TRAP law. In 2013 Ohio banned abortion clinics – and only abortion clinics– from obtaining the necessary written transfer agreement from a public hospital, and in 2015, the state passed a measure that automatically suspends an ambulatory surgical facility license if the Ohio Department of Health fails to act on a variance application within 60 days or if the ODH denies the facility’s request for a variance. This highlights that the current proposed bill language, which was first proposed last session, is simply the latest in a series of attempts to regulate abortion facilities out of existence.

This strategy does not benefit Ohioans or our state leaders--the 2013 and 2015 laws have been the subject of litigation for over six years now, costing the state tens of thousands of dollars and protecting no one, given these provisions are not about patient safety at all. The SB 157 variance amendment will be no different. If passed, the litigation will cost our state thousands of dollars, without success, as law makers know these laws are unconstitutional. In *Whole Woman’s Health v. Hellerstedt*, the Supreme Court found multiple TRAP laws were unconstitutional because they imposed an undue burden on a woman’s right to obtain an abortion. In finding that the laws posed an unconstitutional burden on women’s right to access abortion, the Court recognized that the TRAP law in question would leave only seven or eight overcrowded abortion facilities for the entire state, and concluded that the requirement offered “few, if any, health benefits for women.” Under *EMW Women’s Surgical Center v. Planned Parenthood of Indiana and Kentucky*, the sixth circuit established that a law regulating abortion must not “ha[ve] the ‘effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus.’” *June Med. Servs.*, 140 S. Ct. at 2138 (Roberts, C.J., concurring in the judgment) (quoting *Casey*, 505 U.S. at 877 (joint opinion)). Under the standards in both *Whole Woman’s Health* and *EMW Women’s Surgical Center*, the variance provision is an unconstitutional obstacle and burden on a woman’s right to an abortion.

If this bill is passed, the already limited number of abortion providers in Ohio who are able to maintain licenses to serve patients in need could be even further reduced. People may still be able to receive abortion care, but will have far fewer providers to serve them. This legislation will be especially harmful for Black and Brown communities who already struggle to access basic health care in Ohio’s public health institutions, including abortion, because of racist policies and systemic inequity. Selectively eliminating ties between certain public and private health care providers only segregates care and creates inequality. This could have lasting effects on our health system and patients for years to come.

Planned Parenthood of Greater Ohio clinics, and other similar independent clinics in Ohio, provide comprehensive sexual and reproductive health care and education to Ohioans who may otherwise lack access to care. By barring providers who work for public institutions from contracting with these clinics, anti-abortion legislators aim to force many of these clinics to close or lose their licenses to provide abortions. Stripping these clinics of resources and support will endanger the health of thousands of Ohio residents who rely on clinical care by generating delays in abortion access and causing emotional and financial harm to pregnant Ohioans.

Planned Parenthood of Greater Ohio and Planned Parenthood Southwest Ohio Region will always fight for our patients, and we will continue to work to ensure that everyone gets the care they need, no matter what. No matter where someone lives, they should be able to access safe, quality health care. Ohio legislators should be focusing on expanding access to reproductive health care, not further restricting it.

I urge you to vote no on Senate Bill 157, a dangerous bill that would only bring harm to Ohio. Thank you for hearing my testimony, and I welcome any questions you have for me.