

**Rev. Dr. Susan K Smith**  
**Senate Bill 164**  
**Senate Health, Human Services and Medicaid Committee**  
**September 12, 2017**

Chairman Burke, Vice Chairman Beagle, Ranking Member Tavares and members of the committee, thank you for allowing me to testify today in opposition to Senate Bill 164. My name is Rev. Dr. Susan K Smith and I am currently the vice chair of the Ohio Religious Coalition for Reproductive Choice.

As I think about this legislation, I think about “the least of these,” as all of us do, but I think of the least of these as those not being able to get the care they need to live productive lives once they are born. My daughter is a licensed music therapist and works with children born with developmental problems, including Down Syndrome. The treatment these children receive is highly specialized and technical, and it is expensive. When I visit my daughter’s school and see all of those precious children, I am always saddened, because I know many children born with developmental issues are not able to get specialized care. Many are born to young parents who do not have the economic resources to get their children proper treatment; many are born into poor families with limited education. What more resourced and educated parents might be able to identify as a developmental issue, poorer and younger parents might not have that capacity. They are more likely to label their own children as “bad.” The children are disciplined, not encouraged; they are sent to schools where there are a host of problems, largely due to economic disparities, and these children get lost in the shuffle. They again are labeled “bad.” They are called “stupid” or worse, and even though they have developmental issues, the way they are treated causes them emotional distress. They end up feeling isolated and angry; far too many, I

am afraid, drop out of high school and end up on the streets, their condition or conditions never treated, and end up in the criminal justice system or dead.

What I have just stated is my concern about children born with developmental conditions who face all kinds of hardship once they are born. I cannot get away from my concern about them because I have seen too much. But I am also concerned about this bill that would ban abortion if the doctor has knowledge that the pregnant woman seeking abortion is asking for it because she has learned that her unborn child may be born with Down Syndrome. I keep thinking, not about the well-informed mother-to-be who might dread the thought of taking care of a child with great medical needs, but about the poor mother who knows that she will not be able to afford to get her child the care he or she will need. Because of what I have seen in terms of how poor pregnant women are treated, I am not sure that many of them would even be told of such a possibility for their child, but if these women, critically under-resourced, are told, I keep wondering what their options are? Poor women love their children as much as do women who are better off financially, but they are strapped, often working two to three jobs just to make ends meet. That kind of life does not allow extra money for the specialized care a child with Down Syndrome might need and, frankly, deserves.

These women rely on Medicaid, but the Ohio Senate is considering veto overrides that have already passed the House and which would dismantle Medicaid expansion in Ohio. That would be devastating for poor women (many of whom are disproportionately women of color) who would use Medicaid funds to help take care of complicated health needs their children might have.

According to the Ohio Coalition for the Education of Children with Disabilities, special education funding fell \$210 million short of what was needed. That is a serious problem. Add to

that the fact that many poor mothers do not have adequate paid leave which is needed to attend to the needs of a sick or developmentally compromised child. Many, many poor mothers have jobs which do not include a provision for compassion; poor mothers often have to make a choice as to whether they will leave work and risk losing their jobs in order to take care of a special-needs child, or just throw the child into school and hope for the best.

That being said, this bill goes straight to the heart of this problem; if a doctor tells a mother she may have a child with Down Syndrome and she decides she cannot do it, under this bill she has no options. If a doctor provides an abortion for a woman who is having it because she has been told her child will be born with Down syndrome, that doctor can be charged with a 4th degree felony and can have his/her license revoked. Women who make the gut-wrenching decision to have an abortion because they feel they cannot afford to take care of a special-needs children are the ultimate losers under this bill – as are their children. The society ultimately loses, too, because poor, sick, untreated babies grow up to be poor, sick, untreated adults. They suffer as children and as adults, and as they act out in antisocial behavior, the society suffers as well.

Were the playing field level, with all disabled children able to get the kind of care the children my daughter works with, my passion on this would not be so great. I have, however, seen how the children she works with flourish with the care they receive, and on the other hand, I see how poor children, with the same issues, are labeled and cast into a place of dishonor, suffering and pain.

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the committee, thank you for giving me the opportunity to speak. I am happy to answer any question you may have.