

Rev. Terry Williams Testimony for December 15, 2020
Ohio House Health Committee Hearing on Senate Bill 260

Chairman Lipps, Vice Chairman Holmes, Ranking Member Boyd, and distinguished members of the committee, thank you for taking time today to allow me to share testimony concerning Senate Bill 260.

My name is the Reverend Terry Williams. I am an ordained minister of The United Church of Christ, and I currently serve as Lead Pastor of Orchard Hill United Church of Christ in Chillicothe. As a Christian pastor, I am called to ministries of preaching, spiritual care, faith formation, and teaching within my local congregation.

In addition to my work in the parish, I am a Faith Organizer with the Ohio Religious Coalition for Reproductive Choice and a member of the Ohio Clergy for Choice, a group of clergy and religious leaders from across Ohio who support a person's ability to access a full range of reproductive health services, including safe and legal abortion.

I regret that I am unable to safely appear before you today in person, and I regret that arrangements were not able to be made so that I could address you in real time digitally; your time is very important, and it is always my desire to put forward the effort to attend your meetings when possible as a sign of the abiding gratitude I have for each of you and the very important work that you do.

Please rest assured that I will be joining you in spirit, watching the Ohio Channel livestream of your committee meeting in full. I will be in prayer for you and for the work before you in this time of critical importance in the life of our state and nation.

As a pastor in rural southern Ohio, I witness firsthand the effects of limited quality healthcare access on the people of my region. In the many communities within our state not fortunate enough to be served by quality medical facilities local to the city or town, patients are often hard pressed to find care when they most need it. Sometimes lack of local access means driving dozens if not 100 miles or more roundtrip to be able to connect with physicians and medical professionals who can support a patient in need of advice, care, and treatment.

Even before the COVID-19 pandemic struck our state, the advent of telemedicine had been a God-send for my community in Ross County and for thousands like it across the nation. From providing affordable mental healthcare and counseling services to helping combat the opioid and polyabuse drug epidemic, telemedicine is giving rural Ohioans a fighting chance at accessing more health care from better sources than we dared dream even five or 10 years ago.

Often in rural Appalachia, when access to healthcare requires too high a cost, choices are made to provide for medical care in more affordable and local ways. Many of our people in rural parts of Ohio forego visits to traditional medical personnel in exchange for home remedies and self-managed methods of treatment — a tradition dating back hundreds of years in our local community.

While self-managed health care has indeed been successful for many patients, it is clear that a consultative approach — one which gives the patient the option of consultation with state-regulated medical personnel — is far preferable to simply forcing patients to seek self-managed care alone and unsupported by the medical establishment.

The bill before you in this hearing today (SB260) will, if enacted, produce dangerous and deleterious health outcomes for Ohioans of every age, gender, and social or geographic location. Far from simply having a negative impact on the ability of people seeking abortions to successfully access abortion care, SB260 will set our state hurtling down a path of stigma and skepticism, ripping telemedicine away from doctors in rural communities for countless procedures, treatments, and consultations.

If prescribing drugs for medical abortion is now deemed a threat to “safe” medical care, what other prescriptions will the state seek to regulate away from the commonsense judgment of doctors in their practice of telemedicine? Will our state prohibit the prescription of all medications via telemedicine in the future? Or will Ohio only prohibit the prescription of those which treat reproductive health conditions?

In reviewing the sponsor and proponent testimony given already on this bill, I have to note how laughable it is for proponents to claim concern for the health and safety of patients as it relates to the provision of drugs for medical abortion and then to claim that SB260 is the solution to their health and safety problem.

The stated concern of proponents is that patients who seek medical abortions should be physically seen by doctors in the provision of their abortion care. Given current barriers to access in our region, the logical way to solve this concern for proponents is not to further limit patient access to doctors, but rather to help connect patients more easily and affordably with the doctors providing their abortion care.

If this is the true concern of the proponents, as they have stated in their testimony, then Hallelujah! I couldn't agree more. I look forward to the Ohio General Assembly re-opening the state budget, laying out significant investments in local healthcare spending, and providing affordable, local abortion clinics in every small town and city across the state — totally accessible provision of abortion care where every patient can be seen physically by a doctor in their local community.

Of course, every member of this committee knows that's not the proponents' truthful position with regard to this bill. Proponents of SB260 couldn't care less about providing safe abortion care to patients in Ohio — their real agenda is to continue a passive aggressive war against abortion health care by raising disingenuous concerns about safety, all while trying to stamp out patient access to any and all reproductive health care by whatever means necessary.

As a pastor who has often journeyed with patients through abortion, I can tell you this bill will do nothing to protect the life and safety of patients who have medication abortions. By banning telemedicine involvement in part of the process of medical abortion care, SB260 would actually put doctors farther away from patients, eliminating a quick connection to a trusted physician — something all of us could use no matter what our healthcare experience.

Usually, after a prescription is secured and an initial dose of the medication abortion protocol is administered, patients leave the physical presence of their doctor and return to the same place they would be if they had received the treatment via telemedicine: waiting in whatever way they choose with whomever they trust to help give them comfort, love, and care.

This bill represents an unwise ban on helpful technology. Its proponents have rooted their support for this legislation in unfounded scare tactics using disingenuous rhetoric that rings as hollow in the hills and

the valleys of rural Ohio, as it does in this gilded statehouse chamber today. I urge you to reject this thinly-veiled assault on the people and patients of rural Ohio, and vote NO on SB260 — Ohio's disingenuous telemedicine ban.

Rev. Terry Williams
105 N. Courtland Drive
Chillicothe, OH 45601
Terry.Williams.2006@OWU.edu