



**Sarah Inskeep Opponent Testimony for Ohio Senate Bill 260
Ohio House Health Committee
Tuesday, December 15, 2020**

Chairman Lipps, Vice-Chair Holmes, Ranking Member Boyd, and members of the House Health Committee, thank you for allowing me to testify in opposition to Senate Bill 260. It would be my preference to deliver this testimony in person, however due to continued threat of Coronavirus and leadership's continued neglect to implement the minimum of a mask mandate for all legislators and staff in the Ohio Statehouse, it is simply not safe to come before this committee in person. It is my hope that this committee – and every committee in both the House and Senate – immediately implement a mask mandate for all staff and legislators, in addition to offering virtual testimony in every committee so that the constituents each of you represents can safely participate in the legislative process without risking their health.

With that, my name is Sarah Inskeep and I am the Ohio State Policy and Movement Building Director for URGE: Unite for Reproductive and Gender Equity. URGE is a Reproductive Justice organization led by and for young people of color and LGBTQ+ folks in the South and Midwest, which includes our work in Ohio. We believe that Reproductive Justice is when people have the economic, social and political power, resources, and agency to make healthy and informed decisions about their bodies, sexuality, and reproduction. It is only then that our people can live, love, create families, and live safely and with dignity in their communities. On behalf of our hundreds of members across Ohio, I urge you to vote no and ultimately stop Senate Bill 260.

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, chooses to adopt, or have an abortion – we all deserve to access the support and health care we need to build the families and futures we want. And the use of telemedicine technology services is a critical component of that, especially as we continue to navigate the Coronavirus pandemic, which has affected Black, Latinx, Indigenous, rural, and low-incomes communities the greatest.

Vice-Chair Holmes understands the urgency to expand insurance coverage and access to telehealth services in Ohio better than anyone else, which is why he co-sponsored House Bill 679. On May 28, 2020, the House Insurance Committee held the sponsor hearing for this bill where he said in his testimony, ***“By passing House Bill 679 we can give all Ohioans greater access to physical and mental health treatment, allow our providers to take full advantage of modern technology, and reduce the time and travel burden many Ohioans incur to seek medical assistance. And we can accomplish all of this without raising***



healthcare costs.”¹ This bill has bipartisan support and has moved just as far in the legislative process as Senate Bill 260. So why are there two different bills involving the use of telemedicine technology moving – one to increase access – and the other to restrict it? The short answer is: to single out abortion care and push these critical health services further out of reach for Ohioans. If Vice-Chair Holmes and his colleagues who co-sponsored the bill and voted favorably for it share the goal of, “... **give all Ohioans greater access to physical and mental health treatment.. And reduce the time and travel burden many Ohioans incur to seek medical assistance...**” then they must vote no on Senate Bill 260 because abortion care remains an essential, safe, and common health care procedure.

Do not allow the supporters of Senate Bill 260 legislation fool you. This bill 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. A 2017 Guttmacher report found that 89 percent of U.S. counties had no abortion clinic, with nearly 40 percent of women of reproductive age live in counties without clinics.² In Ohio, 23 unnecessary restrictions to reproductive health care and bans on abortion access have passed since 2011, shuttering half of Ohio’s abortion clinics. This has left just nine clinics open – all of which are located in urban centers of the state. Given the significant health disparities among Ohioans who live in rural and urban areas of the state, telemedicine is critical in helping bridge this gap and ensuring that no matter someone’s zip code – they can access a full range health care services, including medication abortion, without having to travel far distances, take a full day off of work, or pay for additional childcare or lodging just to make their appointment.

When the Senate Insurance committee heard this bill, a witness by the name of McCray Powell traveled from Nelsonville, one of Ohio’s poorest counties in the state, to detail 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 services. The outcome: deep cycles of devastating poverty, which families experience for generations.

The Senate Insurance committee also heard from a witness by the name of Noah Levenberg who shared his experience volunteering to walk patients into Toledo’s last abortion provider, Capital Care. He shared stories of the lengths patients have to travel in order to get medication abortions because of the state’s burdensome laws like the mandatory 24-hour waiting period.

¹ State Representative Adam Holmes House Bill 679 Sponsor Testimony. The Ohio Legislature. <https://www.legislature.ohio.gov/legislation/legislation-committee-documents?id=GA133-HB-679>. Accessed December 14, 2020.

² 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-incidenceservice-availability-us-2017>. Accessed December 14, 2020.

*Please note that Guttmacher’s report is limited to women, however, it is URGE’s position that abortion services and research must be of inclusive of queer, transgender, and gender non-conforming people.



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 completely push abortion care out of reach for people, 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. Reports such as the those the Kaiser Family Foundation published in June of 2020, have found that despite the safety and efficacy of administering medication abortion services through the use telemedicine technology, this method is increasingly inaccessible as a result of federal and state restrictions.³

Now more than ever before, Ohio lawmakers should be working diligently to dismantle barriers to accessing health care, not restricting it. If the members of this committee truly care about health and wellbeing of young people, women, Black people, people of color, individuals who live in rural areas, people with low incomes, LGBTQ+ people, and others who are disproportionately impacted by health care policies such as the those proposed under this bill, then 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 via email or phone call following committee.

³ The Kaiser Family Foundation. Medication Abortion and Telemedicine: Innovations and Barriers During the COVID-19 Emergency. <https://www.kff.org/policy-watch/medication-abortion-telemedicine-innovations-and-barriers-during-the-covid-19-emergency/>. Accessed December 14, 2020.