



Kellie Copeland  
Executive Director

Chairman Burke, Ranking Member Antonio, and members of the Senate Health, Human Services and Medicaid Committee, my name is Kellie Copeland and I am the Executive Director of NARAL Pro-Choice Ohio. I am here to testify on behalf of our more than 50,000 members and activists against SB 23.

This is the fifth general assembly that has considered passing a six-week abortion ban. Over the last eight years, thousands of people have spoken out against this legislation. Some discussed the reasons why this bill is unconstitutional, others spoke about the ways in which this legislation poses serious dangers to women's health. Others have talked about how this legislation would impact the victims of rape or incest as they are compelled by their government to give birth to their rapist's child.

Just two months ago before this very committee, person after person stepped forward and shared their personal experiences. Their stories ranged from a young victim of human trafficking, to a graduate student facing an unintended pregnancy, to a woman facing the heartbreaking news that her wanted pregnancy had gone terribly wrong. Each woman made the decision to terminate her pregnancy because it was the best decision for them based on their unique life circumstances.

As I prepared to come before you, for perhaps the last time before this bill becomes law, my thoughts turned to each of you and what it would mean for you to have to live with the consequences of effectively outlawing abortion in Ohio. You see, until this past fall when President Trump's nominee, Brett Kavanaugh, was confirmed to the U.S. Supreme Court, hearings about this legislation were largely just an exercise in the hypothetical. Until that time, everyone assumed that if Ohio enacted this virtual ban on abortion, that the U.S. Supreme Court would strike it down as being unconstitutional. Now that there appears to be a 5-4 conservative majority on the court, it is entirely possible that after a lengthy and costly legal battle, that this newly configured U.S. Supreme court could uphold this legislation, and use it to overturn or gut *Roe vs. Wade*, the 1973 court case that legalized abortion across the United States.

If you enact this ban, and the U.S. Supreme Court upholds it, that will mark a seismic shift in American history. Abortion will be effectively outlawed in Ohio, and likely in many of our neighboring states. Abortion may remain legal in some states, but they may not be able to handle the influx of patients to their states.

Even though we talk about this as a six-week abortion ban, it would likely result in all of the abortion clinics in Ohio being forced to close, and it would be nearly impossible for anyone to legally obtain abortion care in Ohio—even those individuals who are facing medical complications during their pregnancy. Few hospitals or doctors, if any, will risk felony charges to end a patient's pregnancy, even in the most dire medical circumstances. People of means will flee Ohio's borders (as is already happening due to bans on abortion later in pregnancy). Those without the means to escape will endure fruitless, and sometimes dangerous pregnancies against their will. They will be confined to their homes, or face the innocent but painful questions about "when are you due?" or "is it a boy or a girl?"

Over time, many of the best and brightest Obstetricians and Gynecologists will leave Ohio and our surrounding states that also outlaw abortion, or refuse to move here in the first place. They won't want to practice medicine with county prosecutors looking over their shoulders, poised to slap handcuffs on them and haul them into court for providing their patients with the standard of care during a medically complex

pregnancy. Ohio's shortage of Obstetricians and Gynecologists will worsen and it will become increasingly difficult to find doctors to provide critical care in our rural communities, while wait times for appointments will grow—possibly allowing undiagnosed cancer to spread past the point of effective treatment. Efforts to curb the increasing incidents of scheduled c-sections will be reversed because doctors will try to accommodate as many patients as they can from Ohio's rural communities. There is little doubt that the massive disruptions in pregnancy care will irrevocably harm the doctor patient relationship, and make it more difficult to fight Ohio's intolerably high rates of maternal and infant mortality, which disproportionately impact communities of color.

In state's like Ohio, who chose to outlaw abortion, women will not simply surrender their bodily autonomy and stop having abortions. That has never happened throughout history or anywhere around the globe. Women will search out medications or herbal combinations to end their pregnancies.

According to Michelle Oberman, a law professor at Santa Clara University, "When abortion is a crime, the emergency room can become the scene of a criminal investigation, and doctors the detectives. If a woman takes the wrong drug or the wrong dosage, particularly too late in pregnancy, she is likely to wind up in the emergency room, bleeding. There is no ready way for doctors to tell the difference between the hemorrhaging from a natural miscarriage and that from an induced abortion. But this hasn't stopped governments charging poor minority women with crimes arising from miscarriages, stillbirths or perceived risks taken while pregnant,"

Oberman continues, "Knowing all of this — that banning abortion will not make it go away and that without doctors to charge, law enforcement will wind up targeting the poorest, most marginalized women — our battle over legalized abortion seems misguided. The rise of abortion drugs simply throws into sharper relief what we have always known: Abortions rates are driven not by legality but by economics. Half of the abortions in the United States take place among women below the federal poverty line.

People of good faith on both sides of the abortion war know that the best way to lower abortion rates is to deal with what causes women to want to abort in the first place. Rather than ending abortion, criminalizing abortion will merely create new ways in which the state can intensify the misery of the poorest among us."<sup>i</sup>

As you reflect on the impact you will have on your constituents and the State of Ohio, I'm asking you to think about what you want your legacy to be. Do you want your legacy to be that you punished women and outlawed abortion, making Ohio a place where the poor are punished and the rich leave to get the medical care need? Or would you rather enact policies that promote the wellbeing of Ohio's women and their families, like paid family leave, pay equity and quality, affordable child care? What is all of this really about? If your goal is to punish medical professionals and women you should pass Senate Bill 23. If your goal is to reduce the number of abortions in Ohio, there are better ways to do that, such as enacting paid family leave, pay equity, increased access to contraceptive services, comprehensive and medically accurate sex education in our schools, and quality affordable child care.

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<sup>i</sup> <https://www.nytimes.com/2018/05/31/opinion/sunday/abortion-banned-latin-america.html>