

Sarah Hayford
Interested Party Testimony
Senate Bill 23
Ohio Senate Health, Human Services and Medicaid Committee

Chairman Burke, Vice Chair Huffman and Ranking Member Antonio and Members of the Health, Human Services and Medicaid Committee:

My name is Sarah Hayford. I have an MA and a PhD in demography from the University of Pennsylvania, and I am an associate professor of sociology at the Ohio State University. I conduct research on the causes and consequences of unintended childbearing in the United States. I am providing interested party testimony on SB 23 as a scientist and as a citizen of Ohio; I am not representing Ohio State University or any other organization.

In this testimony, I summarize findings from social science research about barriers to receiving early abortions (before 7 weeks gestation). My testimony is based on information from peer-reviewed articles published in scientific journals and from reputable social science research organizations. I make two main points.

1. Many women do not realize that they are pregnant until close to the proposed limit proposed by SB23.

The proposed bill would prohibit abortion after a fetal heartbeat can be detected. On average, a fetal heartbeat is first detected between 6 and 7 weeks gestation, that is, between 6 and 7 weeks after a woman's last menstrual period.

Women who are not trying to get pregnant generally do not begin to think they might be pregnant until they have missed at least one period. On average, women begin to suspect pregnancy about 36 days, or 5 weeks, after their last period.¹ Teens take longer to think they might be pregnant, in part because they are more likely to have irregular periods. About one-quarter of women do not suspect pregnancy until 40 days (about six weeks) or more after their last period.

Once they suspect they might be pregnant, women then take a pregnancy test to confirm. About half of women take a pregnancy test within 4 days of thinking they might be pregnant, while half take longer.² Teens, low-income women, and women who have children tend to wait longer to confirm a suspected pregnancy with a pregnancy test.

¹ Based on data from a nationally-representative survey of abortion patients in 2003-2004. Finer, L. B., Frohworth, L. F., Dauphinee, L. A., Singh, S., & Moore, A. M. (2006). Timing of steps and reasons for delays in obtaining abortions in the United States. *Contraception*, 74(4), 334-344.

Another study, also based on nationally-representative survey data, found similar results for pregnancies ending in birth. On average, women knew they were pregnant about 5.5 weeks into a pregnancy. For women not trying to become pregnant, awareness of pregnancy was later, about 6.3 weeks. Branum, A. M., & Ahrens, K. A. (2017). Trends in timing of pregnancy awareness among US women. *Maternal and Child Health Journal*, 21(4), 715-726.

² Finer, L. B., Frohworth, L. F., Dauphinee, L. A., Singh, S., & Moore, A. M. (2006). Timing of steps and reasons for delays in obtaining abortions in the United States. *Contraception*, 74(4), 334-344.

Under the proposed bill, the average woman seeking a legal abortion in Ohio would have to decide about abortion and receive an abortion within 1-2 weeks of the time she first thought she might be pregnant. Some women would not even know they were pregnant in time to make that decision.

2. Multiple barriers delay abortion care once women decide they want an abortion.

Once they know they are pregnant and have decided they want to terminate the pregnancy, women may face difficulties in receiving timely abortion care. Nationally, patients had to wait 7.6 days on average for an appointment from the time they first called a provider.³ This delay may be even longer in Ohio, where recent clinic closures have reduced the availability of services.⁴ The mandatory 24-hour waiting period after receiving in-person counseling from the provider also adds to the time women wait for care.⁵

Financial barriers may also delay abortion care. In the state of Ohio, an abortion during the first trimester may cost \$500 or more. According to the Federal Reserve Board, 4 in 10 American adults would not be able to cover an unexpected expense of \$400 or would have to borrow money or sell something to cover the expense.⁶ So women – especially young women and low-income women – may need time to put together the money they need for an abortion. (In Ohio, Medicaid funds cannot be used to pay for abortions, and many private insurance plans do not include abortion coverage. Nationwide, only about 14% of abortions are paid for by private insurance.⁷)

These barriers are compounded for women who have to travel to receive an abortion. About half of Ohio women live in a county with no abortion provider.⁸ These women may need to arrange to take time off work, or borrow a car or gas money, which may increase time to appointment.

Administrative, financial, and practical barriers make it difficult for many women in Ohio to obtain abortions in a timely way. These barriers are stronger for low-income women and for teens. Current abortion regulations in Ohio increase administrative and practical barriers.

Thank you for your attention and for your service to the State of Ohio. I would be happy to answer any questions you might have.

³ Based on data from a nationally-representative survey of abortion patients in 2014. Jones, R. K., & Jerman, J. (2016). *Time to appointment and delays in accessing care among US abortion patients*. The Guttmacher Institute.

⁴ A mystery caller study in Texas found that, when clinics closed, average wait times for appointments in nearby clinics increased by 10 days or more. Texas Policy Evaluation Project. (2015). *Abortion wait times in Texas: The shrinking capacity of facilities and the potential impact of closing non-ASC clinics*.

⁵ A study of the impact of a 24-hour waiting period in Mississippi found that introducing the waiting period delayed abortions by about 4 days on average. Joyce, T., & Kaestner, R. (2000). The impact of Mississippi's mandatory delay law on the timing of abortion. *Family Planning Perspectives* 32(1), 4-13.

⁶ Based on data from a nationally-representative survey of U.S. adults. Board of Governors of the Federal Reserve Bank. (2018). *Report on the economic well-being of U.S. households in 2017*.

⁷ Based on data from a nationally-representative survey of abortion patients in 2014. Jones, R. K., & Jerman, J. (2017). Characteristics and circumstances of US women who obtain very early and second-trimester abortions. *PloS one*, 12(1), e0169969.

⁸ 56% in 2014. Guttmacher Institute. (2018). *State facts about abortion: Ohio*.