

## LEGISLATIVE AGENDA 133<sup>RD</sup> GENERAL ASSEMBLY (2019-2020)

### HUMAN HEARTBEAT PROTECTION ACT

This legislation would prohibit abortion when a human heartbeat can be detected. An abdominal ultrasound can detect a heartbeat between eight and twelve weeks. Any physician who performs an abortion after a fetal heartbeat has been detected would have to demonstrate they did so to save the life of the mother. A recent Marist Poll found that 75% of Americans want to limit abortions to no later than three months of pregnancy (12 weeks).

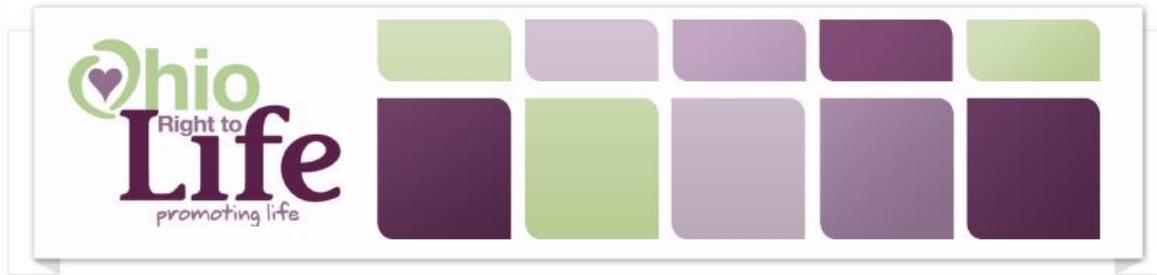
*Sponsors: Senators Kristina Roegner and Peggy Lehner*

### ABORTION TRAFFICKING PREVENTION ACT

The legislation would prevent fetal tissue trafficking from taking place in Ohio. Federal law currently bans this practice, but a loophole allows tissue traffickers to compensate abortion clinics for services related to the trafficking of fetal tissue, including storage and transportation. This bill would make the exchange of any form of compensation for fetal tissue or organs illegal and would make the activity a third-degree felony.

### UNBORN CHILD DIGNITY ACT

This bill seeks to promote the dignity of the unborn through proper burial while strengthening Ohio's laws on informed consent. Deceased unborn infants deserve the same respect as other human beings. Currently, the Ohio Revised Code prohibits the trafficking of the products of conception (2919.14) yet fails to establish protocols regarding the humane disposal of aborted infants. Several states, including Indiana, have enacted legislation to ensure that miscarried, stillborn, or aborted infants are treated with dignity. If enacted, this legislation would require the Ohio Department of Health to establish rules for the proper disposal of products of conception and define "humane disposal" as earthly burial or cremation.



## TELEMEDICINE ABORTION BAN

This bill would prohibit the use of telemedicine for the purpose of providing abortion-inducing drugs. Statistics demonstrate that since the telemedicine abortion program started in Iowa in 2008, chemical abortions rose to make up 64 percent of all abortions, the highest in the U.S. The FDA has determined that Mifeprex, the most common form of a chemical abortion, carries with it a risk great enough that they have required a REMS (Risk Evaluation Mitigation Strategies) to be developed. Only approximately 5% of all the FDA approved medications are currently required to have a REMS. This legislation would ensure that abortion-inducing drugs could only be prescribed after an in-person examination by the prescribing physician.

## OHIO PARENTING AND PREGNANCY SUPPORT ACT

In the last three budget cycles, we pursued an increase in the discretionary TANF dollars to be allocated to funding the work of life-affirming pregnancy centers across the state. Ohio Right to Life will pursue continuing and increasing that funding for this budget cycle for the women who are served across Ohio by centers using the funds.

## ABORTION PILL REVERSAL INFORMATION ACT

The proposed legislation requires doctors prescribing abortion-inducing drugs to also provide written information informing the patient of scientifically proven abortion reversal procedures in the event she changes her mind.

The Mifeprex chemical abortion procedure is a two-day regimen used to terminate early pregnancies by blocking the hormone progesterone needed to sustain pregnancy. A second drug, Misoprostol, stimulates uterine contraction to expel the dead baby. Women who choose chemical abortion and regret it within the first two days of taking the first drug have a chance to save their baby, as long as they have not taken the second drug. The reversal procedure has been proven to be successful in 64-68% of cases. The procedure involves administering progesterone to the mother, which can reverse the impact of the first drug and allow the baby to continue normal development.