



Testimony in Opposition to Substitute House Bill 59

Submitted to: Ohio Senate
Finance Committee

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Date: May 29, 2013

Chairman Oelslager and members of the committee, I am grateful for the opportunity to testify in opposition to portions of Substitute House Bill 59. My name is Angie Shyrigh, and I am on the board of Women Have Options, Ohio's statewide abortion fund. We provide financial assistance to low-income women so they can afford reproductive healthcare. Let me make that point again—we collect individual donations so that the low-income women of our state can afford basic healthcare.

From our work, we know that thousands of women throughout the state *already* struggle to access and afford reproductive healthcare today. There are some dangerous provisions in this bill that would make it even harder for women to get the medical care they need.

Two years ago, Texas dramatically reduced access to family planning—and has experienced horrible consequences in both human and economic costs. So horrible that Texas is now reconsidering the decision. Texas used a different mechanism of defunding, but the result should teach Ohio an important lesson. Ohio should not go down the same disastrous path.

In particular, I'd like to draw your attention to three provisions in Substitute House Bill 59 that would endanger Ohio's women and families:

Redirecting TANF Funds to "Crisis Pregnancy Centers" (lines 70287-70327)

This provision would take the already limited funds from the women and families receiving TANF assistance and give them to crisis pregnancy centers.

Crisis pregnancy centers are wholly unregulated in the state of Ohio. As such, they do not offer genuine healthcare. Crisis pregnancy centers aren't even required by law to provide factual, medically accurate information to the women they claim to serve. In fact, crisis pregnancy centers have historically defended their rights to disseminate false, inaccurate data on the basis

of their First Amendment right to free speech. Pregnant women deserve fact-based, medically accurate information. They deserve ultrasounds by trained technicians and advice provided by medically licensed professionals who have their well-being in mind, not a political agenda. In short, pregnant women deserve *real healthcare*.

Transfer Agreement Requirements for Ambulatory Surgical Facilities (lines 57569-57704)

This provision would create more stringent rules for outpatient clinics—with the intent of forcing clinics that offer abortion services to close. Transfer agreements do not improve the quality of healthcare. Under federal law, hospitals are required to treat the patients who come to them. This federal law was not passed as a way to force hospitals to support abortion. It was passed to stop hospitals from turning away low-income people who have babies and heart attacks in their parking lots.

So transfer agreements are redundant bureaucratic hoops meant to make it difficult for clinics that offer abortion to operate. Making transfer agreements even harder to get is nothing but a political tactic meant to make it impossible for Ohio's women to access a legal medical procedure. Using bureaucratic red tape to choke businesses you don't like out of business is usually not the goal of this legislative body, and I urge you not to start now.

Furthermore, this bill would give the director of the Department of Health huge new powers. For facilities that operate under a variance because they are unable to secure a transfer agreement, the director would now have virtually unlimited power to approve, deny, or revoke a facility's variance for any reason, at any time. Concentrating this much power in one person can undermine the transparency we all value in our government.

Defunding of Family Planning Programs (lines 55902- 55939, 75588-75620, 76572-76587, and 76652-76656)

Finally, this provision is another political stunt. Ohio's *current* family planning funding process is a highly competitive process that ensures that family planning funds go to the most efficient and effective programs in the state. The language in this bill injects politics into the process, making it less competitive, less effective, and reducing access to reproductive healthcare for thousands of women around the state.

Women and their families, specifically low-income women and their families, are being targeted by these proposed provisions. Many of the women we assist are struggling to put food on the table or pay utility bills. This is a fight for their own survival and is not a matter of simply being inconvenienced.

Reducing access to safe reproductive healthcare has disastrous consequences for women's lives. Burdening our healthcare system with bureaucracy is not the right direction for Ohio. We should be *increasing* access to reproductive healthcare; we should be making our healthcare system more effective, not less.

We request that all of these hurtful provisions be stricken from Substitute House Bill 59. Thank you.