



# Abortion in Ohio: What are the current laws?

In the 22 years that NARAL Pro-Choice America has been releasing its report, Who Decides: The Status of Women's Reproductive Rights in the United States, Ohio has received an "F" grade for access to reproductive health care. In 2014 Ohio ranked 41st in the nation (down from 34th in 2013). 91% of our counties have no abortion providers and Ohio has some of the most stringent laws restricting access to safe, legal abortion care.

Below is a breakdown of Ohio's current laws regulating abortion. Items marked with an asterisk are items signed into law by Governor John Kasich since 2011. Items marked with two asterisks were added to the 2013-2014 state budget (Am. Sub. H.B. 59), approved by Governor Kasich, which went into effect on September 30, 2013.

## **State mandated waiting period and "informed consent" protocol:**

- A woman must go to the clinic twice, the first time for a counseling session with a physician, and then after at least 24 hours has elapsed she must return to the clinic for the abortion procedure.
- During the counseling session the patient must be read a state mandated script, including information about fetal development based on her point in pregnancy, she must be given a book of where she can go for help if she decides to continue her pregnancy, and be told about her options other than abortion. She must also be informed of the responsibilities of the man involved in the pregnancy including his obligation to pay child support.
- The physician must perform an ultrasound or Doppler test to attempt to detect a fetal heartbeat 24 hours in advance of the procedure. Which procedure was used to detect the heartbeat and the presence, or absence, of the fetal heartbeat must be written in the woman's medical chart.\*\*
- The counseling and ultrasounds must now be done by the doctor who will perform the abortion.\*\*
- If a fetal heartbeat is detected the doctor must give the woman the option to see or hear the heartbeat. The doctor must also tell the woman, in writing, that a fetal heartbeat was detected, and medically ambiguous information about the statistical probability of the fetus surviving to term.\*\*

## **Later term abortion ban:**

- Ohio requires doctors to perform a non-existent viability test on each woman seeking abortion care at 20 weeks gestation or greater. If a pregnancy is deemed "viable" the abortion cannot be performed unless the woman is in grave danger of death or irreversible physical health damage. This health exemption is dangerously narrow and the ban has no exceptions for fetal anomalies or for survivors of rape or incest.\*

**Minor women cannot obtain abortion care without the written consent of one parent or guardian, or a court order obtained through the judicial bypass process:**

- Judicial bypasses can only be obtained in the county in which the minor lives or a county adjacent to the county where she lives.\* (Prior to this change by Gov. Kasich a minor could also get the court order in the county in which the abortion provider was located.)
- Judges are required to ask the minor questions that may encourage her to violate attorney client privilege.\*
- Judges are required to ask a legislatively mandated series of questions using medically inaccurate information (including the non-existent link between abortion and mental health issues and substance abuse).\*

**Abortion clinics are regulated as ambulatory surgical centers (ASC):**

- ASC's are required to have annual inspections by the Ohio Department of Health.
- ASC's are required to have medically unnecessary transfer agreements, or obtain a variance (waiver) from the director of the Ohio Department of Health (required by administrative rule before passage of Am. Sub. H.B. 59).\*\* Transfer agreements do not increase patient care and safety, they are simply a vehicle to shut down abortion providers. It is no coincidence that out of the 260 ambulatory surgical centers in the state, the only two that cannot obtain a transfer agreement and operate with a variance are abortion providers.
- Public hospitals are not allowed to enter into a transfer agreement with an abortion provider to fulfill the transfer agreement requirement, nor are doctors with admitting privileges at public hospitals permitted to be the admitting physician for an abortion clinic to obtain a variance from the director of the Ohio Department of Health.\*\*

**Ohio bans some insurance plans from covering abortion care:**

- Ohio bans insurance plans that will be offered in the new insurance marketplace created by the Patient Protection and Affordable Care Act from covering non-therapeutic abortion services.\*
- Ohio bans public insurance plans from covering non-therapeutic abortion services. This ban was extended to local government employees in the 2011 budget.\*

**Other medically unnecessary regulations:**

- Ohio requires doctors to prescribe Mifepristone (a.k.a. the "abortion pill") exactly as it was approved by the FDA. This protocol requires three doses and four office visits. Following FDA approval of Mifepristone, doctors have found that the same results can be obtained with only one dose of the medication, reducing side effects from the medication and also reducing the number of times the woman has to return to the clinic.
- Ohio bans public hospitals from performing non-therapeutic abortions in their facilities. This means that they have to wait until their patients are sick enough that they could die before they can terminate a pregnancy for health reasons. There are no exceptions for fetal anomalies, rape or incest.\*