



Ohio | RANKING 19

Ohio maintains fairly comprehensive protections for women considering abortions and their unborn children, and it was the first state to regulate the provision of abortion-inducing drugs. However, it maintains no protective laws regarding human cloning or destructive embryo research.

ABORTION

- Ohio prohibits abortion at 5 months (i.e., 20 weeks) gestation.
- A post-viability abortion is only permitted when necessary to avoid the death of the pregnant woman or there is a serious risk of substantial and irreversible impairment of a major bodily function of the pregnant woman. Two physicians must verify the medical necessity.
- In 2019, Ohio passed legislation prohibiting abortion when a fetal heartbeat has been detected except when a medical procedure is necessary to prevent the death of the woman or prevent the serious risk of “substantial and irreversible impairment of a major bodily function.” The law is enjoined and in ongoing litigation.
- Ohio prohibits the performance of an abortion if the woman is seeking it because the child is diagnosed with or may have Down syndrome. The law is enjoined and in ongoing litigation.
- Ohio prohibits partial-birth abortion.
- Ohio prohibits the dismemberment abortion procedure. Portions of the law are enjoined and in ongoing litigation.
- A physician may not perform an abortion on a woman until at least 24 hours after the physician informs her of the nature of the proposed abortion procedure and its risks, the probable gestational age of the unborn child, and the medical risks of carrying the pregnancy to term. The physician must also provide state-prepared materials describing the development of the unborn child, public and private agencies providing assistance, state medical assistance benefits, and the father’s legal obligations.
- Ohio requires an abortion provider to first determine whether there is a fetal heartbeat. If one is detected, the abortion provider must wait 24 hours to perform the abortion and inform the woman in writing about the existence of the heartbeat and the statistical probability of bringing the baby to term based on the child’s developmental stage. The woman must be offered the opportunity to view the ultrasound or hear the heartbeat.
- A physician may not perform an abortion on an unemancipated minor under the age of 18 until receiving the consent of one parent or guardian unless there is a medical emergency or the minor obtains a court order. This does not apply if the minor is a member of the armed services or has “become independent from the care and control of her parent, guardian, or custodian.”
- Abortion facilities must post signs informing a woman that no one can force her to have an abortion.

The law increases the penalty for domestic violence if the offender knew the woman was pregnant, while also permitting the recovery of compensatory and exemplary damages when mandatory reporters fail to report suspected coercive abuse.

- Ohio licenses and regulates abortion facilities as a subset of ambulatory surgical centers. They are required to maintain emergency transfer agreements with a local hospital.
- Ohio limits the performance of abortions to licensed physicians.
- Ohio has an enforceable abortion reporting law but does not require the reporting of information to the Centers for Disease Control (CDC). The measure applies to both surgical and nonsurgical abortions and requires abortion providers to report information such as the woman's age, the gestational age of the unborn child, and complications.
- Ohio has a law regulating the provision of RU-486 and creating criminal penalties for those providing the drug without following Food & Drug Administration (FDA) guidelines. The law also requires abortion providers to inform the state medical board whenever RU-486 leads to "serious complications."
- Ohio follows the federal standard for Medicaid funding for abortions, permitting the use of federal or state matching Medicaid funds for abortions necessary to preserve the life of the woman or when the pregnancy is the result of rape or incest.
- Ohio maintains a "tiering system" for the allocation of family planning funding including funding for which abortion providers might be eligible. Under the system, first priority for funding is given to public entities that are operated by state or local government entities. Most abortion providers fall into the lowest priority category of this system.
- Ohio law also provides that state or local public funds shall not be used to subsidize abortions, except in cases of life endangerment, rape, or incest.
- Several state funding sources include abortion-related limitations. For example, women's health services grants may not be used to provide abortion services and may not be used for counseling or referrals for abortions, except in cases of medical emergency. Services using these grants must be physically and financially separate from abortion-providing and abortion-promoting activities. In addition, generic services funds may not be used to counsel or refer for abortions, except in cases of medical emergency, and the Breast Cancer Fund of Ohio may not use money for abortion information, counseling, or services, or for any abortion-related activities.
- State employee health insurance may not provide coverage for abortion unless the abortion is necessary to preserve the woman's life, the pregnancy is the result of rape or incest, or an additional premium is paid for an optional rider.
- Ohio offers "Choose Life" license plates, the proceeds of which benefit organizations providing abortion alternatives.

LEGAL RECOGNITION AND PROTECTION OF UNBORN CHILDREN AND NEWLY BORN INFANTS

- Ohio law states that "[n]o person shall purposely take the life of a child born by attempted abortion who is alive when removed from the uterus of the pregnant woman." The failure to provide medical care or the active taking of life is a first-degree felony.

- Under Ohio criminal law, the killing of an unborn child at any stage of gestation is homicide, and it defines a nonfatal assault on an unborn child as a crime.
- Ohio allows a wrongful death (civil) action when a viable unborn child is killed through a negligent or criminal act. In 2019, Ohio expanded the instances in which a woman could file an action for the wrongful death of her unborn child.
- Ohio has a “Baby Moses” law, establishing a safe haven for mothers to legally leave their infants at designated places and ensuring the infants receive appropriate care and protection.
- It funds drug treatment programs for pregnant women and newborns.
- Under the Grieving Parents Act, the state permits a fetal death certificate and burial after the death of an unborn child.

BIOETHICS LAWS

- Ohio maintains no laws regarding human cloning or destructive embryo research.
- Ohio prohibits experimentation on or the selling of aborted fetuses.
- The Ohio Department of Health has been directed to place printable information about umbilical cord blood banking and donation on its website. It also encourages healthcare professionals to provide this information to pregnant women.
- Ohio maintains no comprehensive regulations of assisted reproductive technologies or human egg harvesting but has enacted laws regarding the parentage of donated embryos.

PATIENT PROTECTION LAWS

- Assisting a suicide constitutes a felony.

HEALTHCARE FREEDOM OF CONSCIENCE

PARTICIPATION IN ABORTION

- No person is required to participate in medical procedures that result in an abortion.
- A hospital is not required to permit its facilities to be used for abortions.

PARTICIPATION IN RESEARCH HARMFUL TO HUMAN LIFE

- Ohio currently provides no protection for the rights of healthcare providers who conscientiously object to participation in human cloning, destructive embryo research, or other forms of medical research that violate a provider’s moral or religious beliefs.

WHAT HAPPENS AFTER *ROE* IS OVERTURNED?

- Abortion will be legal up to 20 weeks of pregnancy.

RECOMMENDATIONS FOR OHIO

WOMEN'S PROTECTION PROJECT PRIORITIES

- Enhanced penalties and enforcement mechanisms for the state's abortion-related laws
 - Drug-Induced Abortion Information and Reporting Act
 - Parental Involvement Enhancement Act
 - Women's Health Protection Act (emergency transfer and admission provisions)
 - Child Protection Act
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INFANTS' PROTECTION PROJECT PRIORITIES

- Perinatal Hospice Information Act
 - Unborn Infants Wrongful Death Act (for a pre-viable child)
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PATIENT PROTECTION ACT PRIORITIES

- Suicide by Physician Ban Act
 - Joint Resolution Opposing Suicide by Physician
 - Charlie Gard Act (formerly the Life Sustaining Care Act)
 - Pain Management Education Act
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ADDITIONAL PRIORITIES

ABORTION

- Defunding the Abortion Industry and Advancing Women's Health Act
- Federal Abortion-Mandate Opt-Out Act

LEGAL RECOGNITION AND PROTECTION FOR THE UNBORN

- Pregnant Woman's Protection Act

BIOETHICS

- Human Cloning Prohibition Act
- Destructive Embryo Research Act
- Prohibition on Public Funding of Human Cloning and Destructive Embryo Research Act

HEALTHCARE FREEDOM OF CONSCIENCE

- Healthcare Freedom of Conscience Act