

Testimony of Erika Boothman, MD MPH
Opposing House Bill 258
December 5, 2018

Chairman Burke, Vice Chair Beagle, and Ranking Member Tavares, thank you for your time. My name is Dr. Erika Boothman. I am a physician resident specializing in obstetrics and gynecology. I received my medical degree from Ohio State University College of Medicine and I earned a Masters in Public Health from Johns Hopkins University. I have lived in Columbus since 2011 and plan to practice medicine in Columbus after my residency. As an obstetrician-gynecologist, I am here to express my strong opposition to House Bill 258.

I want to start off by saying it is incredibly frustrating to me that we are back here. We are here, yet again, discussing removing autonomy from women. I am here, asking you to vote “no” on this bill, a bill that the majority of Americans do not support. I am here, as a doctor who has promised to take care of women in whatever condition they present. I am here, telling you that this will lead to worse outcomes for women of Ohio. Every day I use my training to counsel patients to identify and choose smart medical decisions, like to stop smoking and stop doing heroin. I am standing here on behalf of my patients, Ohio women, your constituents, telling you that supporting this bill is a poor choice.

The majority of women who have abortions are already mothers. With Ohio’s abysmal infant mortality rate, Ohio cannot afford to pass a bill that could harm Ohio mothers; potentially making them unable to care for their other children.

One of my colleagues, Dr. Cassell, asked me to share two patient stories; two women who thankfully received care in an Ohio that had not passed House Bill 258. Please refer to the written testimony you received for Dr. Cassell’s complete testimony.

The first patient is a 31-year-old woman who was diagnosed with cervical cancer. Her cancer was rapidly progressive, already beyond the stage at which she was a candidate for surgical resection. She needed chemotherapy and pelvic radiation as soon as possible. At the time of her initial consult with our oncology team, she was found to be pregnant, and her fetus did have a heartbeat. Her oncologist stressed the importance of prioritizing her cancer treatment, as another 9 months would likely mean her cancer would never be curable. The patient was devastated, as an abortion did not align with her personal or religious views, but she proceeded with a life-saving pregnancy termination. She is now doing well and completing her chemotherapy and pelvic radiation.

The second patient is a 29-year-old woman who developed a rare but life-threatening condition after her last pregnancy called Peripartum Cardiomyopathy. Her ejection fraction, a measure of her heart’s ability to circulate blood to her body, was only 25%. Her cardiologists were so concerned that they felt she needed an implantable cardiac pacing device. During the planning for this procedure, the patient was found to be pregnant, and her fetus did have a heartbeat. Her cardiology specialists reported that women in this circumstance are at a 50% risk of having permanent heart failure and a 1 in a 4 chance of death by continuing the pregnancy to term given the increased demand on the heart during pregnancy. The patient was unimaginably upset, but proceeded with a life-saving pregnancy termination.

Proponents of this bill seem not to be moved by arguments expressing concern for the life and health of Ohio women. I ask you, then, to consider how passing this bill would impact the quality of medical professionals

that major Ohio universities attract? I am a resident OBGYN at a local hospital, and every year, my program interviews about 100 medical students for 11 OBGYN residency positions. We interview about 25 medical students at a time. At the last round of interviews, I was giving tours of our hospital and seven of the fifteen applicants in the room approached me and stated that they were strongly considering the residency program, but they were from out of state and they had heard that Ohio has been chipping away at women's reproductive rights. They expressed trepidation at the thought of spending their four most formative years of training in a state that has established itself as hostile toward women's rights. They were wary of practicing in a state that has decided repeatedly that the lawmaker-patient relationship is more important than the doctor-patient relationship. A large percentage of physicians practice in the state in which they complete their residency. These are bright-minded individuals. These are individuals who will be working toward lowering the infant and maternal mortality rates of this state. These are the doctors that, in 5 years, are replacing the doctors that are retiring. These are the doctors taking care of you, your family, and your loved ones.

As a Jr. Fellow of the American College of Obstetricians and Gynecologists, I would like to cite their position on safe, legal abortion: *"Induced abortion is an essential component of women's health care. Like all medical matters, decisions regarding abortion should be made by patients in consultation with their health care providers and without undue interference by outside parties. Like all patients, women obtaining abortion are entitled to privacy, dignity, respect, and support."* As you may know, ACOG is the nationally recognized foremost organization dedicated to the improvement of women's health. ACOG, through its members, produces guidelines and educational material viewed as the standard of care for patients. It is committed to ensuring optimal women's health and has repeatedly stated that the organization is opposed to legislative proposals that limit women's access to medical care.

This bill would harm women. This bill would deter smart medical minds from choosing to practice and train in Ohio. Supporting this bill is the wrong decision. Because of this, I urge you to vote no on House Bill 258. Thank you, and I welcome any questions.