

H.B. 258 Testimony of Dr. Emily Cassell
Senate Health, Human Services, and Medicaid
December 5, 2018

My name is Emily Cassell and I am here to express my opposition to HB-258. I am an Obstetrics and Gynecology resident physician in Columbus, Ohio. While I am not here directly representing my employer or hospital, our national governing body the American College of Obstetrics and Gynecologists opposes any bills limiting access to safe abortion care in the United States.

I would like to share two cases of women I have cared for just in the last 4 months.

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.

These stories are just the most recent women I have cared for, but there have been many before them and there will continue to be many after them. It is my medical opinion that these women may not be alive today without their abortions, and it was a decision that they did not take lightly. Limiting access to safe abortion care would mean limiting access to safe and appropriate medical care for women. I urge you to consider these women when you think about restricting access to safe abortion care. I urge you to consider if your wife, mother, sister, or even yourself were put in one of these horrific positions—though I certainly hope you/they never are. I urge you to decide the type of medical care you want yourself and your family to have access to in a time of crisis, and remember that this bill would directly infringe upon that.

Thank you so much for your time, and I hope that you join me in opposing HB 258, as it is a direct threat to the safety and health of women in our community.