

H. B. No. 258 Opponent Testimony

The Ohio Senate: Health, Human Services, and Medicaid Committee

December 5, 2018

I'd like to begin by introducing myself, my name is Ellen Schleckman. I am a lifelong Ohioan hailing from the Cleveland area. I am a fourth-year medical student graduating in May and pursuing a career in obstetrics and gynecology. Women's healthcare is my passion, and currently I plan to become a physician who specializes in high risk pregnancies and the complications of pregnancy. As someone who will dedicate my entire career to this field, I strongly opposed House Bill 258. The action of this bill puts an undue burden on the women and physicians of Ohio. The opinions I am expressing today are my own and do not reflect those of my university.

As a medical student and future physician, I am opposed to political interference and regulation that hinders a physician's ability to provide the best possible care to their patients. The decision to have an abortion should be autonomously made by a patient, her access to a safe medical procedure should not be limited by her zip code. There are many reasons why I oppose this bill, and today I will emphasize three distinct, succinct points that should raise concern for everyone, regardless of their personal convictions regarding abortion care.

The first point I would like to make is that this legislation will disproportionately burden already disadvantaged women in Ohio. Women of higher socioeconomic status will continue to be able to access abortion in neighboring states where reproductive rights are fiercely protected at the state level. In our state, we already have significant health disparities in maternal fetal health. Legislating women with limited resources into unwanted pregnancies will only worsen our maternal and newborn health crises.

The second point I would like to make is that this bill severely restricts abortion to before women undergo screening for genetic disorders and anatomic defects in their fetuses. The earliest we can start screening for abnormal chromosomes in a fetus is ten weeks. Complete assessment of fetal anatomy using ultrasound is not recommended until the second trimester, or after fourteen weeks. I have met patients grappling with fatal fetal conditions diagnosed after these tests. Their grieving process should not be further complicated by having their therapeutic options restricted by the State of Ohio.

The third point that I would like to make is that this legislation will negatively impact Ohio's ability to attract physicians who are passionate about improving women's healthcare. I have spent the last two months interviewing at obstetrics and gynecology residency programs with the best and brightest of future providers. We are the future of women's healthcare. We value comprehensive training in the full spectrum of obstetrics and gynecology, which includes family planning and abortion training. Fellow OB/Gyn interviewees tell me they will not pursue a residency in Ohio if this law is passed.

I want Ohio's fantastic healthcare systems to recruit talented women's healthcare physicians from across the country, physicians who will bring our institutions research dollars, find innovative solutions to our combat our disparities, and provide high quality care to our communities. Restricting training opportunities and the scope of practice for physicians in this state will prevent us from attracting and retaining the best and brightest.

I urge you to vote against House Bill 258 for the arguments I have stated above, and the many arguments you have and will hear throughout the day. This bill is not good for the health of Ohioans and it prevents physicians from providing safe and equitable care to our patients.

Thank you.