

**Dr. Catherine Romanos**  
**Opponent Testimony on SB 145**  
**Senate Judiciary Committee**  
**Tuesday, June 27, 2017**

Chairman Bacon, Vice Chair Dolan, Ranking Member Thomas, and distinguished members of the committee, thank you for your time. I am a family physician who lives and works in Columbus, Ohio. I received my medical degree from the University of Connecticut and completed a residency in family medicine. I am board certified in Family Medicine and I have lived in Columbus since 2013. As a physician who cares for women in Ohio, I write to express my strong opposition to Senate Bill 145. This bill represents a dangerous intrusion into medical practice, and could prevent my patients from accessing critical care.

Dilation and extraction (“D&E”) is a safe, common and medically proven surgical procedure. This bill would require physicians to perform additional, medically complex procedures before a D&E procedure, which can increase risks and side effects for some patients with no medical benefit. The only other method of second-trimester abortion is the induction method, which typically takes place in a hospital and forces a woman to go through labor. Induction can be traumatic for some women. These procedures may not be the best method for a particular patient, and the lack of availability of D&E could compromise a woman’s health.

The Ohio Legislature has already enacted multiple burdensome and medically unnecessary restrictions on abortion care since Roe v. Wade, placing substantial obstacles in my patients’ way as they seek the care they need. Recently a patient of mine was forced to leave the state to obtain an abortion because state restrictions on procedures in the hospital setting have made inpatient abortion inaccessible for all practical purposes. She paid over \$10,000 for a procedure that should have been performed in her home city and covered by her private insurance plan, but was not. In many cases, D&E procedures have been delayed due to restrictions on abortion.

Many of my patients are facing complex personal or medical circumstances that cannot be anticipated by politicians. As a doctor, I must be able to use my medical judgement to provide the best care for their particular circumstances.

I see the importance of access to this kind of individualized care every day in my practice. I'll share with you the story of a woman whom I will call Maria. Maria needed a D&E to end a pregnancy that was very much a wanted and loved pregnancy. When she was told in her 16th week that her child would not be able to move his limbs and would likely die before birth, she chose to have a D&E. Another patient, whom I will call Laura, did not know she was pregnant until her 14th week because she was using injectable birth control that made her periods irregular. After suffering profound post partum depression with suicidal thoughts after her last pregnancy two years ago, she was fearful for her own life and the wellbeing of her child if she were to carry the pregnancy to term. She and her family made the decision to have a D&E so that she could continue to be a good mother to her two year-old daughter.

These are just two accounts, but there are countless others where patients had to make the difficult decision to end a pregnancy for their health and the health of their families. These situations cannot be predicted and no legislator should be imposing his or her own beliefs in the middle. Throughout their pregnancies, my patients must be able to make their own decisions about their health care with the advice of the medical professionals they trust - without interference from politicians. I urge you to reject Senate Bill 145.