

**Testimony for Ohio State House Committee Hearing on Senate Bill 23, The Heartbeat Bill.**

**J. Wells Logan, MD**

Chairman **Merrin**, Vice Chairman **Manning**, Ranking Member **Boyd**, and members of the committee, Thank You for allowing me to testify today on Senate Bill 23.

My name is Wells Logan. I am a board-certified Pediatrician and academic Neonatologist at Nationwide Children's Hospital. I am speaking today on behalf of the many unborn infants in Ohio who remain at risk because current Ohio law has not provided the protections that these innocent children need and deserve.

**The state has a compelling interest in protecting the life of unborn infants and there is substantial evidence that a beating heart is the most sensitive indicator that the unborn baby is alive and deserving of such protections.**

As a neonatologist, and member of the Small Baby Team at Nationwide Children's Hospital, I care for the smallest, most vulnerable human beings on the planet... **infants as small as 400 grams are cared for in our NICU**. Indeed, one of the reasons I chose to work for Nationwide Children's is that the leaders of my institution, who may or may not agree with me on this particular issue, have the highest regard for the smallest of babies... the large majority of which are born with a beating heart.

Indeed, **the institution I work for is among the most aggressive in the nation** at resuscitating infants born at the so-called "limits of viability"... we do this because we believe that these infants deserve as much a chance at survival as a term newborn with congenital heart disease or a 4 year old with leukemia, each of which might have similar mortality risks... With advances in care, the survival of these fragile, preterm infants has increased substantially to rates that would never have been imagined only 15 years ago. When I was a Pediatric intern, the limits of viability was roughly 25 to 26 weeks gestation. I cared for a 22 week preterm infant only last week, and I fully expect this baby to survive.

For the past 12 to 15 years, my research efforts have focused on optimizing care for extremely preterm newborns in the early postnatal period, sometimes referred to as the Golden Hours... **The Golden Hour literature is absolutely filled with evidence that the infant's heart rate is the most reliable sign of life** and the **most sensitive indicator of the efficacy of resuscitative efforts**. This means that if an infant is born needing respiratory or cardiovascular support, **the heart rate is the single most important vital sign** to guide resuscitative efforts.

It is fitting, then, that Senate Bill 23 is called the HeartBeat Bill, as a beating heart is indeed the most reliable sign of human life.

**I'd like to share, briefly, a clinical case from the published neonatal literature** which illustrates what happens almost every day in Ohio. This case review was published by, **Dr. Annie Janvier**,

a Neonatologist at St. Justine Medical Center in Quebec, CA. She presents a case in which the mother of **twins presents for a prenatal visit at 18-20 weeks gestation**. After the fetal ultrasound, the Obstetrician informs the parents that **one of the twins has a high likelihood of a severe disability**, one that will result in the child having an IQ roughly 3 standard deviations below the normative mean).

**The OB encourages the parents to consent to a procedure called a “fetal reduction”** and is essentially encouraging this couple to terminate the life of what they presume to be the unwanted twin.... **With the parent’s consent, the disabled twin will be terminated, and the one vital sign used to confirm that this child is no longer alive is the heartbeat!**

**Once a physician verifies that there is no heartbeat; the surviving twin will go on without his or her God-given sibling.** According to the literature, the psychological effects on the mother, and perhaps on the surviving twin, will be profound... **and the state must now take some ownership in this tragic loss of life.**

**Fortunately, this particular story has a happy ending...** The parents opted not to heed the advice of the Obstetrician and completed the pregnancy. **On the second page of this published Case Review, the author presents a photo of the second “disabled” twin at age 2 years...** the photo is that of a rather cute, 2 year-old girl, with brown hair, pigtails, a huge smile, and features characteristic of Down syndrome. This girl, with all the challenges she will face, will be happy, and content. While shorter than your life or mine, she will still live a long, meaningful life, perhaps into her late 40’s or 50s... She will fill the hearts of thousands with joy, and everyone that meets her will be better for it!

**Abortion stops a beating heart, the most reliable and sensitive sign of life in the published medical literature.** It steals the life, the heartbeat of an innocent child. Yes, this unborn baby, disabled or not, will require love and care, and there is a chance that he/she may require an investment from the state. This child, like you and me, will face many challenges. But this unborn innocent will enrich the community into which he or she is born. This unborn baby will likely grow up to be a productive citizen... a taxpayer, a nurse, a teacher, or a politician! In the rare case that this child is born with a disability, he or she will provide meaningful work for those who are called to such care.

The state has a compelling interest in protecting the life of it’s unborn citizens. Indeed, it is in the state’s best interest, and the state’s responsibility to protect these defenseless, innocent children. Please protect them? Please do NOT allow the flawed and selfish interests of those who’ve gone before us to make to make our decisions for us? **Please, please... please vote in favor of Senate Bill 23 and do the right thing!**

Thank you for allowing me to share my thoughts on this important, VITAL issue for the unborn citizens of Ohio.