

To: Members of the Ohio House Health Committee

Fr: Monica Hueckel, Senior Director of Government Relations, Ohio State Medical Association  
Joe Rosato, Director of Government Relations, Ohio State Medical Association

Da: November 19, 2019

Re: House Bill 40 – Interested Party Testimony

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On behalf of the Ohio State Medical Association (OSMA), the state's largest professional organization representing physicians, medical residents and medical students, we write today as an interested party regarding House Bill 40, legislation which would require a licensed health care professional who provides prenatal care to a pregnant woman to test her for HIV, syphilis, and gonorrhea at certain times during her pregnancy.

The OSMA believes that it is essential that pregnant women receive routine prenatal care, including, if necessary, STI testing, in order to better ensure the best possible health of the mother and child. Current law permits, but does not require an HIV test, if the individual has consented to medical or other health care treatment. Current law also already requires a physician to test a pregnant woman for syphilis and gonorrhea within ten days of the first examination.

The tests are required unless it is the opinion of the physician that the woman's condition does not permit taking specimens for such tests. If no tests are conducted at that time, specimens for testing must be taken as soon after delivery as the physician deems advisable. Our members report that by and large, under current state law, providers are already conducting the necessary sexually transmitted infection (STI) tests during patient encounters. As with any patient, the physician has a duty to exercise their best professional judgment during examination to determine whether the individual is at risk for certain conditions, and then act accordingly.

Requiring that these tests be conducted on all pregnant patients at specific points in the pregnancy, will undoubtedly mean that many patients tested will be tested regardless of whether these patients demonstrate risk factors for HIV, syphilis, and gonorrhea. The testing would be completed even if the physician determines, using their best professional judgment, that testing is unnecessary. While the OSMA understands and appreciates the intent of this legislation, our members question whether a mandate regarding these specific types of STI testing is potentially wasteful and inefficient, and ask that the sponsors of this legislation consider the undue financial and administrative burden this mandate could place upon providers and patients.

Thank you for our attention to our comments today regarding HB 40. If you have any questions or wish to discuss this matter further, please feel free to contact us.