



November 5, 2019

David Burke
Chair
Ohio Senate

Steve Huffman
Vice Chair
Ohio Senate

Re: Reject SB 208

Dear Chair Burke and Vice Chair Huffman:

On behalf of the Society for Maternal-Fetal Medicine (SMFM) State Liaison Network Ohio members, we are writing in strong opposition to SB 208, and urge the Ohio Senate Committee on Health, Human Services and Medicaid to reject this legislation. This bill is an unnecessary interference in the physician-patient relationship and will only serve to limit medical options available to the women for whom maternal-fetal medicine (MFM) physicians provide care.

Established in 1977, SMFM is the medical professional society for obstetricians who have additional training in the area of high-risk, complicated pregnancies. Our members see the sickest and most complex patients, and aim to improve care, research, advocacy and education for pregnant women. Because MFMs primarily provide care to women experiencing high-risk pregnancies, the Society is particularly concerned with access to pregnancy termination services for this population.

Federal legislation already exists for the population SB 208 purports to protect.¹ By expanding the scope of the care requirements and physician penalties in this bill, legislators are depriving physicians of the ability to act in the best interest of their patients. Physicians are ethically required to exercise all reasonable means to ensure that their patients receive the most appropriate and effective care, which in rare cases may include palliative or "comfort" care. However, the additional requirements in this bill will force physicians to choose between following the law or adhering to their ethical responsibilities to provide patient-centered care in these situations. Instead of resulting in improved maternal or perinatal outcomes, this legislation will threaten communication between the physician and patient and potentially compromise the physicians' medical judgment.

Women with high-risk pregnancies are more likely to experience medical complications – for themselves, their fetus(es), or both – that can lead to increased maternal and perinatal morbidity and mortality. For example, many genetic anomalies render a fetus nonviable or with little or no prospect of long-term ex utero survival without severe morbidity or extremely poor quality of life. In other instances, the life of the woman may be at risk due to a complicated pregnancy, and abortion may be required to protect a woman's life or health. Assuring that the full range of medically appropriate treatments – including pregnancy termination services, perinatal palliative comfort care, and full neonatal resuscitation and treatment – are available in these situations is critically important. Patient

¹ Born-Alive Infants Protection Act of 2002, H.R. 2175, 107th Cong. (2002).

autonomy, a key tenet of medical ethics, requires physicians to honor and respect patient decisions, but fear of litigation or civil or criminal penalties due to SB 208 may impede physicians from fully supporting patient choice.

This bill is both unconstitutional and would result in unnecessary interference in the practice of medicine. A recent report by the National Academies of Sciences, Engineering, and Medicine (NAEM) ² comprehensively reviewed the state of science on all methods of abortion and confirmed once again that abortion is one of the safest medical procedures. It found that the biggest threats to the quality of abortion care in the United States are unnecessary government regulations on such care. SB 208 imposes unnecessary and inappropriate burdens on physician decision-making and limits the ability of women with high-risk pregnancies from accessing the full range of medically recommended care.³

SMFM respectfully urges the Ohio Senate Committee on Health, Human Services and Medicaid to reject SB 208. Please do not hesitate to contact Katie Schubert, SMFM's Chief Advocacy Officer, at kschubert@smfm.org or (202) 517-6122, should you have questions.

Sincerely,



Brian Iriye, MD
President



Matt Granato, LL.M., MBA
Chief Executive Officer

² National Academies of Sciences, Engineering, and Medicine. *The Safety and Quality of Abortion Care in the United States* (March 2018) at <https://www.nap.edu/read/24950/chapter/1>

³ American College of Obstetricians and Gynecologists. *ACOG Committee Opinion No. 786, Perinatal Palliative Care* (August 2019) at <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Perinatal-Palliative-Care>