Chairman Manning, Vice Chair Rezabek, Ranking Member Celebrezze, and members of the committee:

Thank you for allowing me to address this committee. My name is Dr. Marcy Schwartz, and I am a pediatric cardiologist with a sub-specialty in pediatric and fetal echocardiography (ultrasound of the heart). I have been in the field for twenty years and have imaged hundreds of fetuses. I am here today to testify against SB 145, which would outlaw D & E, the safest abortion method for many of the patients I deal with.

My job includes counseling expectant families when they are referred to me by obstetricians for suspected fetal cardiac anomalies. These referrals are ideally made between 18-20 weeks gestational age, when cardiac imaging is usually clearest. Before this time, limited ultrasound clarity limits the ability to diagnose or alternatively to reassure against the presence of cardiac disease in these tiny fetal hearts.

By outlawing D &E, the most common and safest abortion technique in the second trimester, you are either forcing women to undergo a less safe method –– or you are forcing them to make a decision regarding abortion sooner than should be necessary, often before all the relevant information can be known. Sometimes subsequent imaging could actually be more reassuring. It is possible that someone could opt for an abortion when an anomaly is suspected at an early gestation out of fear that this option will not be available to them at a later point.

The decision to have an abortion is heart-wrenching for families, and the *last* thing they are seeking. The people sitting in my office are expectant families who desperately want to deliver healthy babies. These are incredibly complicated decisions, which should be left to families and their physicians.

For example, the presence of a complex congenital heart defect can require multiple invasive procedures and surgeries and lifelong care. On the more severe end of the spectrum, some of these complex heart disease diagnoses are debilitating, requiring repeated open heart surgeries and catheterizations throughout a person's life time –and are still non curative. Also, a diagnosis of structural heart disease in the fetus is associated with a higher incidence of genetic abnormalities and many other birth defects (kidney, gastro-intestinal, etc.) which also require lifelong care. And this is just my pediatric sub-specialty I am talking about.

In my experience, the overwhelming majority of families decide to keep their babies at any cost --- but it should be *their decision*, taking into account the expected quality of the future life and the amount of suffering expected to be endured. (And who is responsible for the financially crippling medical expenses which most families cannot afford? Is the state prepared to pay these bills?)

Additionally, the welfare and risks to the expectant mother must be weighed. In my religion, Judaism, the well-being of the mother takes precedence over that of the fetus when the mother's health or life is at risk.

As doctors we strive to provide the best possible patient care. Banning D & E, as this bill does, is not in the best care of our patients. A doctor should not be criminalized for treating patients in the safest way available.

Thank you for your time.