



OHIO ACADEMY OF FAMILY PHYSICIANS

**Opponent Testimony to House Bill 214
Presented by Sarah Sams, MD on behalf of the
Ohio Academy of Family Physicians
House Health Committee Hearing - Wednesday, October 11, 2017**

Chairman Huffman, Vice Chairwoman Gavarone, Ranking Member Antonio, members of the Ohio House Health Committee, thank you for allowing me to testify before your committee today.

My name is Dr. Sarah Sams. I am a family physician and medical director at Grant Family Medicine in Grove City and associate director of the Grant Family Medicine Residency Program. I am here representing the Ohio Academy of Family Physicians. I am a past president of the Ohio Academy of Family Physicians and vice chair of their Public Policy Committee.

As a family physician, I practice full spectrum family medicine. Family medicine is a board-certified specialty. Unlike other specialties that are limited to a particular organ or disease, family medicine integrates care for patients of all genders and every age, and advocates for the patient in a complex health care system. I provide patients with prenatal care, deliver babies, provide care for babies, children, adolescents, adults and seniors. I do not personally perform abortions.

In 1991, I delivered a beautiful baby girl for a middle class, working couple. I took care of her throughout her childhood, adolescence and into adulthood. She married and had a baby who I also delivered. I care for her grandmother, her mother and father, her brother, two of her aunts, her husband, and now her son and her soon-to-be-born second son -- four generations with a lot of medical history. This extended family's medical history is reflected in my charts, but a lot of that medical history is also in my head. They are a seemingly "perfect" family.

In 1993, I delivered a beautiful baby girl for a middle class, working couple. I took care of her throughout her childhood and adolescence and at age 14, she came to me pregnant. We delivered her baby at age 15.... my first second generation delivery. Due to family issues she didn't see me for a while, had another baby and then came back to see me when pregnant with baby #3. She was on suboxone therapy for opiate addiction. I delivered that baby, another baby one year later, and now with a 10 year-old, a 7 year-old, a 20 month-old, and 8 month-old, she is pregnant with her fifth child.

Two very different stories about two very similar, beautiful baby girls who were born to very similar families less than two years apart. They have extremely different medical histories, vastly different social histories, and very different needs. And yet what is similar is that whenever they have a need, they come to me... a trusted individual who has known them pretty much throughout their entire life - someone who understands them.

I did not choose medicine because I was a science geek or because I thought it would be a lucrative profession. I was called to the practice of medicine, much as a pastor or priest is called to ministry. And just as a pastor has a sacred, personal relationship with their parishioners, I have a sacred, personal relationship with my patients. The trusted relationship that occurs between a physician and patient is very personal, very private and very individualized. The patient-physician relationship is NOT "one size fits all".

Every day I have very difficult discussions with patients regarding their medical care. I counsel them on the risks and benefits of chemotherapy when they face a cancer diagnosis. I discuss their gender identity issues --- which they often discuss with me way before they discuss with family members, IF they ever discuss with family members. We talk about drug addiction, how to get into treatment programs and what treatment might be best. I help them think through their wishes on care and code status - do they want to be a full code or a Do Not Resuscitate? As I counsel my patients, I give them as much information as I can so that they can weigh all the factors that play into that decision ---- medical issues, family history, economic factors, religious beliefs. I treat the patient, respect their wishes and help them seek the care or comfort that they need, even if the decision they make is not necessarily the same decision that I would make. They often share their fears and struggles with me when they aren't comfortable sharing the same fears with their loved ones. Behind that exam room door is a very personal, private, sacred space.

HB 214 threatens to violate the sacred patient/physician bond by threatening the patient's freedom to discuss all options with her physician. HB 214 will discourage patients from having honest conversations with their physicians, or from seeking counseling at all. HB 214 also threatens that patient's ability to seek the legal medical care to which she is guaranteed. HB 214 makes a physician a criminal for providing legal medical services to their patients.

As prenatal care providers, we counsel and offer genetic testing to our pregnant patients. The Quad screen is a blood test that screens for spinal cord defects and genetic abnormalities including Down's syndrome. The MaterniT21 test allows further evaluation of abnormal quad screens. If physicians are not allowed to counsel patients on ALL of their legal, evidence-based medical options for care, are we going to make that test illegal too? It would be unethical to do testing without the ability to counsel patients about all of their options. You might argue that having a 25-year relationship with a patient is not the same as someone presenting to a clinic for a one or two time visit for an abortion. However, in my job as residency faculty I staff OB clinics where I may only see a patient one time. I recently had a situation like that when I was working at the clinic. A patient was on my schedule to discuss her abnormal Quad screen. In that 30 minute visit I counseled this patient, as I would any patient that I care for, regarding all her options for further testing and treatment. At the end of that visit, she asked that I try to be present for her delivery. We had that sacred discussion, behind closed doors, having never met before that day.

If legislation encroaches on the legal practice of evidence-based medicine where will it stop? How will we encourage and keep bright young physicians in the state of Ohio, or even encourage young people to answer the call to this noble profession? The fear of loss of license and prosecution will surely discourage physicians from practicing in this state.

The Ohio Academy of Family Physicians follows the American Academy of Family Physicians policy on the criminalization of medical practice which states “the AAFP takes all reasonable and necessary steps to ensure that medical decision-making and treatment, exercised in good faith, does not become a violation of criminal law.” That is exactly what HB 214 does - it criminalizes medical decision-making and legal treatment exercised in good faith.

In addition, the OAFP follows the AAFP’s policy on reproductive health which states “the AAFP supports a woman’s access to reproductive health services and opposes non evidence-based restrictions on medical care and the provision of such services.”

Please oppose HB 214. This legislation interferes with the patient/physician relationship, undermines a patient’s ability to consult with her physician, and turns a physician who performs a legal medicine procedure into a criminal.

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