

Elana Curry
Opponent Testimony to House Bill 214
Ohio House Health Committee
October 11, 2017

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, and distinguished members of the committee, thank you for your time. I am a medical student who lives and works in Columbus, Ohio. As a future healthcare provider who has lived in Ohio since birth and who cares deeply about the future of this state, I write to express my strong opposition to House Bill 214. I oppose this bill on three grounds:

- (1) this bill is a dangerous breach of the relationship between providers and patients, which is itself built on respect for patient autonomy and privacy
- (2) this bill is logistically ill-conceived, placing doctors well outside their scope of practice
- (3) this bill turns Ohio into a hostile, hyper-politicized state for providers of all backgrounds

Autonomy/trust

While historically medicine has been marked by the idea that the doctor knows best, today students are trained to respect patients' rights to self-determination. Ethically, each individual has their right to liberty and the sheer variety of the human experience demands a deeply individualized approach. The physician's role, then, emphasizes the ability to provide accurate, expert knowledge supported by highest standards of the national and international medical community.

With regards to prenatal testing for Down syndrome specifically, the American College of Obstetricians and Gynecologists (or ACOG), the country's premier organization dedicated to reproductive health, recommends that, "all pregnant women, regardless of age, be offered the opportunity to have a screening test for Down syndrome before 20 weeks of pregnancy." This recommendation is not without its nuances. As Nancy C. Rose, MD, previous chair of ACOG's Committee on Genetics stated, "testing should be an informed patient choice, congruent with shared-decision making. Women also have the right to decline both genetic screening and testing, and all decisions should be supported." Addressing the imperfections of genetic screening and testing is an inherent part of this informed process, and the end path is left to the consideration of the patient. Furthermore, ACOG affirms that "access to safe pregnancy termination options remains of vital importance." The continued role of the doctor is to maintain a trusting, accurately informative, and, crucially, non-judgmental role supporting each individual and their particular circumstances, regardless of the ethical views of the provider.

In my experience learning from medical mentors of multiple different fields, aiding the patient through highly variable situations remains of vital importance. Patients' ability to open up without fear of stigmatization or of violation of their right to privacy, is so key to effective healthcare that it is not only academically emphasized, but also legally protected. This bill would discourage patients and physicians from discussing genetic screening for Down syndrome,

abortion, and potentially more down the line for fear of legal repercussion. It would irrevocably damage how Ohioans work with their healthcare providers by pitting physicians against the people they are meant to help.

Logistics

Apart from changing the mindset with which physicians are currently trained to approach patients, this bill adds serious logistical uncertainties. From a medical standpoint, students are not trained to be criminal detectives, judges, and juries. As most pregnant patients consult multiple physicians, including primary care providers, geneticists, and obstetricians, per this bill, primarily on the basis of a positive screening result existing, all providers and their medical teams and hospitals would be required to spend time both procuring evidence for charges and answering to them, diverting time that would otherwise be spent caring for patients. As it stands, HB 214 demonstrates a poor understanding of the various teams working in healthcare and has the potential to be wildly disruptive.

Hostile environment for medicine

Finally, this bill creates a hostile environment for medical practitioners in a state which is already experiencing a severe shortage of providers despite its high proportion of medical schools and residency training programs. It threatens to imprison physicians and strip them of their licenses for acting in accordance with established medical practice, and without specifying how physicians would possibly work appropriately with their patients, hospital staff, and all governing bodies to comply. This bill would likely discourage medical students from studying in Ohio and practicing here as a physician. The transformation of the provider into a prosecutor has implications into our education and health system far beyond abortion providers alone.

In closing, as a medical student, I strongly oppose House Bill 214. As a lifelong Ohioan, I aspire to be a family physician-- providing holistic, patient-centered, preventive care for underserved communities. This bill breaches the trust we place in our fellow citizens by presuming to know patient motives and circumstances better than patients themselves, thus preventing a healthful physician-patient relationship and forcing physicians to work outside their professional capacities to avoid prosecution at the price of criminalizing the very people they mean to serve. If this bill is to pass, I am strongly inclined to plan for a future outside of the state and am deeply concerned about the negative impact this bill will have on the health of all Ohioans.