Erin Bishop
HB 258 – Six-Week Abortion Ban
Opponent Testimony
Ohio Senate Health, Human Services, and Medicaid Committee
December 5, 2018

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares, and members of the Health, Human Services and Medicaid Committee, thank you for allowing me to testify today. My name is Erin Bishop. I am a second-year medical student at a public medical school in Ohio, a board member of Medical Students for Choice, and a passionate voting constituent of Ohio.

Before I start, I must preface that what I say here today is reflective of my own convictions rather than those of my university. That being said, on behalf of my future patients and the women of Ohio, **I am strongly opposed to House Bill 258** for many reasons, and I would like to share a few of those reasons with you here today.

As a future physician, the risk this poses to my future patients across the state of Ohio is incredibly concerning. Ending a pregnancy is a personal decision, made by the patient after private discussion with her physician and consideration of all her possible options. If this bill were to pass, what would happen to the 19,615 Ohio women who received abortion care last year? Like many of the other 33.5 million women who face unexpected pregnancies each year, they would be stuck, forced to choose between unexpectedly entering into motherhood or seeking unregulated medical care.

This bill makes no exceptions for women who find themselves pregnant as a result of rape or incest, a situation in which 77% of Americans believe elective abortion should be legal (GALLUP Polls, 2018). The bill also does not consider threats to the mother's mental health, which 61% of Americans think should be a valid and legal reason to terminate a pregnancy (GALLOP Polls, 2018).

Evidence-based medicine has proven that restricting access to abortion at any stage of pregnancy does not decrease the number of abortions that women seek and undergo. Rather, in countries where abortion is highly restricted, rates of abortion are three to five times higher (Faúdes & Shah, 2015; International Journey of Obstetrics and Gynecology). Many opponents of a woman's right to choose often argue that abortion results in mental and emotional harm to the mother. In contrast, research has shown that restricting access has been shown to increase anxiety and lower self-esteem and life satisfaction in women (Biggs et al., 2017; JAMA Psychiatry).

Restriction also increases the number of *unsafe* abortions that women will pursue, which leads to increased and unnecessary complications, including infections, chronic pelvic pain, infertility, and death. In this country, maternal and infant mortality is exceedingly high in comparison with other developed nations, and the state of Ohio has one of the highest maternal mortality rates in the country, a rate higher than that of even West Virginia. Restricting access to elective abortion after six-weeks of pregnancy will lead to an increase in maternal mortality—unsafe abortions account for 14.5% of maternal deaths worldwide, with almost all of these unnecessary deaths occurring in countries with restrictive abortion laws (Bhutta & Black, 2013; New England Journal of Medicine). This policy will not decrease the number of abortions—it just makes abortions more dangerous.

I am sure that many of you have heard these arguments before, so I want to share an argument that you may have heard less often. This past weekend, while at a conference on family planning, I was approached by a fourth-year medical student interviewing for residency after I disclosed that I was from Ohio. She told me that she really wanted to go to residency in an Ohio program and that the program had been her top choice, but that she did not think that she could choose an Ohio program anymore. She stated that if women have such restricted access to abortion care, it would become incredibly difficult to get adequate training in the full range of reproductive healthcare, whether or not this was a service that she planned to offer in her future medical practice.

This is not the first time that this sentiment has been expressed to me; two of my closest friends were born and raised in Ohio and are also interviewing and selecting programs where they will continue their medical education and likely their later practice, and they expressed similar sentiments. In fact, one of them has since stated that she has decided she can no longer stay in this state, and I feel the same way myself.

This statement does not just apply to those planning to practice women's health care—in fact, I would argue that just as many if not *more* abortions are provided by family medicine providers than by gynecologists. In a state that already has a maternal mortality rate three times the national average and a dearth of physicians in many of the rural areas in the state, I would argue that policies like this one discourage new physicians from coming into the state because they cannot learn the full range of care that their scope of practice allows. This will negatively impact the health of all Ohioans, not just of pregnant Ohioans. It will also decrease the number of Ohio-trained students who plan to stay in the state, students whose education has been partially funded by the state itself.

On behalf of the future healthcare of all Ohioans, not just those who will become pregnant, **I urge you to strongly consider my testimony and vote NO on this bill that will threaten the mental and physical health and autonomy of so many women in Ohio. The most effective way to reduce abortions is not by restricting access, but by providing comprehensive contraception and sexual health education.** Thank you again for the opportunity to testify. I will now take any questions you might have.

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