As medical professionals - including practicing Obstetrician/Gynecologists, medical students, and other health providers, we see firsthand the impact of political decisions on patients' health. Regardless of one's personal faith or moral code, it is completely untenable for the State of Ohio to criminalize physician behavior and to deny a medical procedure to patients that is both Constitutional and consistent with a physician's professional medical standards of care. **We respectfully ask you to vote against SB23 as it is not evidence based and criminalizes medical care.**

Currently in the state of Ohio, we are facing incredibly high maternal mortality rates - according to the Ohio Department of Health, the number of Ohio mothers dying directly from complications of pregnancy has reached 85 women per 100,000 live births.[1] Denying women the right to choose to have an abortion in a sterile, physician-led environment would only result in an increase in this number. In fact, research has shown that removing abortion restrictions to allow for greater access to medically safe abortions results in a subsequent drop in maternal mortality and reduces the rates of unsafe abortions.[2] As we have seen in Ohio following the 20-week ban put in place in 2017, abortion restrictions did not decrease the number of abortions taking place, but rather served to increase their number along with causing an increase in number of maternal deaths.[3] Many of us remember the years before 1972, when women would come to the emergency room with infections and as a result often died after attempting to abort a fetus. Legal, accessible abortion is extremely safe with a mortality rate of 0.7 per 100,000 procedures - much lower than the current mortality rate for carrying a pregnancy;[4] to put this in perspective, legal abortion has the same risk to the mother as receiving a shot of penicillin, a very common antibiotic.[5]

Medically, the justification of this bill is unsound, because merely seeing a fetal heartbeat does not in any way ensure a healthy outcome. A fetal heartbeat can develop as early as 6 weeks, often before the mother knows she is pregnant. A fetus at 6weeks is still at least 4 months from being able to survive outside the womb. Even if the mother is aware that she is pregnant, there are other concerns surrounding this time frame. One of the components of standard prenatal care includes the choice to undergo genetic testing, and most of these tests are not available before the 6 week threshold introduced by the ban. A law of this nature would leave families unable to obtain standard prenatal genetic or anatomic diagnoses. If there is a genetic or anatomic disorder this would prevent their access to abortion care once the diagnosis is made.[6] This would not only negatively impact the family in their ability to plan for their future, but also would negatively impact the patient-physician relationship. If you compare this to the field of transplant surgery we know that a "heartbeat" is not the standard for life and the absence of a heartbeat is not the standard for "death". Organs are often harvested from people with heartbeats who are braindead and therefore dead but still have beating hearts. A heartbeat alone whether it is a fetus or an organ donor does not constitute a life.

Criminalizing a physician's actions that are consistent with their professional standards of care is simply unacceptable. If laws like this are allowed in Ohio, it is conceivable that there will be a shortage of obstetricians in our state, as young professionals will avoid choosing Ohio to begin or continue their education or their practice. Why would these young doctors voluntarily place

themselves in the midst of a potential legal quagmire that would not only prevent them from meeting their moral obligations to provide the full spectrum of evidence-based care for their patients, but might also result in criminalizing their practice? In a state where there is already a high maternal mortality and a severe shortage of providers, this would only exacerbate problems with access to healthcare for Ohio constituents.

Ohio has an egregious track record in terms of infant mortality, to the point that there are active task forces which are working to address the state's staggeringly high rates of infant mortality. Unfortunately, women that are forced to carry a pregnancy that is unwanted or has been conceived by rape or incest, also tend to be less likely to seek prenatal care. Poor prenatal care has already been shown to worsen infant mortality rates and outcomes. Inadequate prenatal care and the effect of abortion restrictions, disproportionately affect young mothers and those already facing challenges: those who are young or already raising children, especially on their own, women who suffer from depression and substance use, those facing domestic violence, and those who are unable to access quality care.[7] In fact, the women who delay seeking prenatal care often delay visiting a provider due to travel and visit costs, pointing even further to limits on abortion care largely affecting our most vulnerable populations.[8]

Each individual bill may not seem to have that great an impact, but it has added up to the point that it is becoming logistically impossible for a woman to obtain an abortion in Ohio, particularly a women in poverty or from a rural and medically underserved area. This is especially true of those who are unable to take time off of work to travel to the clinic multiple times or are unable find transportation to one of the few clinics left in Ohio. These laws simply affect the ability of those who are underprivileged to get abortions as those who have the means will simply go to other states.

Regardless of your personal beliefs, this bill is unconstitutional and will be challenged as such, adding an undue burden to the taxpayers of this state. Women and the providers who care for them should be the ONLY ones involved in making decisions regarding a pregnancy. Please vote against SB23. Other states like Texas where laws like this have passed have only led to increasing maternal mortality rates and difficulty accessing care. Legislating medicine through emotional and nonscientific beliefs have no place in a society that should value women and infants.
Sincerely,

Physicians Action Network

Ashley Brant, DO, MPH – Cleveland, OH

Citations:

1 — http://www.ohiohouse.gov/democrats/press/as-pregnancy-related-deaths-rise-in-ohio-sykes-looks-to-raise-maternal-mortality-awareness

2 — Briozzo L1, Gómez Ponce de León R2, Tomasso G1, Faúndes A3. Overall and abortion-related maternal mortality rates in Uruguay over the past 25 years and their association with policies and actions aimed at protecting women's rights.
Int J Gynaecol Obstet. 2016 Aug;134(S1):S20-S23. doi: 10.1016/j.ijgo.2016.06.004.

3 — Paulsen, J., Smith, D. (2017). Induced Abortions in Ohio, 2017. Ohio Department of Health.

4 — Zane, S., Creanga, A. A., Berg, C. J., Pazol, K., Suchdev, D. B., Jamieson, D. J., & Callaghan, W. M. (2015). Abortion-Related Mortality in the United States: 1998-2010. Obstetrics and gynecology, 126(2), 258-65.

5 — World Health Organization (2011). Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008. Sixth Edition. ISBN 9789241501118.

6 — Farrell, R., Mabel, H., Reider, M., Coleridge, M., Yoder Katsuki, M. Implications of Ohio's 20-Week Abortion Ban on Prenatal Patients and the Assessment of Fetal Anomalies. Obstetrics and Gynecology. 2017 May;129(5):795-799. doi: 10.1097/AOG.0000000000001996.

7 — Foster, D., Kimport, K. Who seeks abortion at or after 20 weeks? Perspect Sex Reprod Health. 2013 Dec;45(4):210-8. doi: 10.1363/4521013. Epub 2013 Nov 4.

8 — Upadhyay, U. D., Weitz, T. A., Jones, R. K., Barar, R. E., & Foster, D. G. (2014). Denial of Abortion Because of Provider Gestational Age Limits in the United States. American Journal of Public Health,104(9), 1687-1694. doi:10.2105/ajph.2013.301378