

Elise DeVore Berlan, MD, MPH
SB 23 – Six-Week Abortion Ban
Opponent Testimony
Ohio Senate Health, Human Services, and Medicaid Committee
February 26, 2019

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Health, Human Services and Medicaid Committee, thank you for allowing me to testify today. My name is Elise Berlan. I am a pediatrician and my specialty is Adolescent Medicine. My area of expertise is adolescent reproductive health and contraception. I have been the physician leader for Nationwide Children's Hospital's Teen Pregnancy Prevention Program since 2012, and I am the founder and director of the Young Women's Contraceptive Services Program at Nationwide Children's. At present, I am the Interim Division Chief of Adolescent Medicine at Nationwide Children's Hospital, an Associate Professor of Pediatrics at The Ohio State University College of Medicine, and a Fellow in the American Academy of Pediatrics, the Society of Adolescent Health and Medicine and the Society of Family Planning. I serve on the Board of Directors of the North American Society of Pediatric and Adolescent Gynecology. For the last 5 years, I have been involved in Franklin County's work to reduce infant mortality through health care quality improvement and civic engagement.

Please understand that the views I present today do not reflect those of my employers. That being said, on behalf of the girls, young women and families I care for across the state of Ohio, I am strongly opposed to Senate Bill 23, and I'd like to share with you why I am opposed to this legislation.

Less than 2 weeks ago I saw a 16 year-old girl in my office. She was accompanied by her father and came in from a rural community for contraception counseling. She was concerned about being late for her period and her pregnancy test in the office was positive. Based on the timing of her last menstrual period, she was 6 weeks along in her pregnancy. She and her boyfriend had been relying on the withdrawal method of contraception, which is not a highly effective method to prevent pregnancy. Her father was stricken by the news, and had a newborn of his own at home. I followed best practice recommendations from the American Academy of Pediatrics and counseled my patient about her options, including continuing the pregnancy and parenting, continuing the pregnancy and having the child be adopted, and termination of the pregnancy. Most adolescents will choose to continue a pregnancy, but about a quarter of adolescents will decide an abortion is the best choice for them.

Many women, especially adolescent girls and young women, do not realize they are pregnant until at least a week or two after they have missed their period. Moreover, adolescent girls' periods are predictably irregular for their first several years after menstruation, so it is difficult for her to know when she might be late on her period. Only rarely have I seen an adolescent present in the office with a positive pregnancy test prior to 6 weeks; more often she presents with symptoms of pregnancy, including morning sickness and fatigue, or being late on her period by a couple weeks.

After learning she is pregnant, an adolescent needs to come to terms with her pregnancy. About 80% of teenage births are unintended. Often, the adolescent girl or young woman may be in denial for weeks. Many pregnant adolescents are ashamed, and will avoid sharing information

about missed periods or a positive pregnancy test with their parents. They are also more likely than pregnant adults to have been victims of incest and sexual abuse. Moreover, if you know an adolescent yourself, you understand that most adolescents are not sophisticated users of healthcare – they face numerous barriers accessing care, including not understanding biology and their bodies, not knowing how to access the healthcare system, lack of financial resources, and if she decides to have an abortion and her parents do not consent to an abortion, she must figure out and obtain judicial bypass. Not surprisingly, adolescents are more likely than older women to obtain abortions and prenatal care later in pregnancy. In fact, the younger the pregnant adolescent, the later she is likely to have an abortion.

If Senate Bill 23 is passed, adolescent girls' and young women's access to legal and safe abortion in Ohio will be effectively eliminated. Older, well-off, and white women may find a way to get around this legislation. This bill will disproportionately affect young women and girls, as well as low income women who are less likely to have the resources to identify a pregnancy early and obtain abortion care before the 6 week cut off, or have the resources to travel out of state.

Senate Bill 23 is not good for Ohio's young people and families. If this bill passes, scores of teenage girls will be forced to continue pregnancies and bear children that they do not want. Teenage pregnancy is a leading cause of teenage girls dropping out of school, and unwanted children are more likely to suffer adverse health outcomes. Moreover, many girls and women will still try to find a way to end their pregnancy, for example by self-induced trauma and unregulated medications, and they face much higher health risks in those circumstances.

The American Academy of Pediatrics, the largest organization representing pediatricians in the US has affirmed that "reproductive healthcare is essential to a woman's overall health, and access to abortion is an important component of reproductive healthcare." **As a constituent and pediatrician who cares deeply for young people and families in the State of Ohio, I urge you to vote NO on Senate Bill 23. In the spirit of my profession, which has a foundation in valuing prevention, I encourage you to invest your attention as legislators in proven approaches to help families and communities reduce teenage pregnancy: access to highly effective contraception and scientifically accurate sexuality education in schools.** Thank you again for the opportunity to testify. I will now take any questions you might have.

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