



**Ohio Section**  
David Hackney, MD FACOG  
Chair  
Ohio Section

**Ohio House  
Families, Aging and Human Services  
SB157 Abortions Live Births  
Testimony of David Hackney, MD FACOG  
American College of Obstetricians and Gynecologists, Ohio Section**

Chair Manchester, Vice Chair Cutrona, Ranking Member Dr. Liston, and distinguished members of the Committee, my name is Dr. David Hackney and I am a practicing specialist in Maternal Fetal Medicine, also known as high risk obstetrics, in Cleveland Ohio where I am a Division Director and Associate Professor. Of note, I am neither speaking on behalf of nor representing the views of my employers. I received my medical degree from the University of Pittsburgh after which I came to Ohio for residency training at THE Ohio State University. Thank you for the opportunity to provide testimony for SB157.

Today, I write on behalf of the American College of Obstetricians and Gynecologists, Ohio Section (ACOG) of which I am the current Chair. As you may know, ACOG is our specialty's premier professional membership organization dedicated to the improvement of women's health. In Ohio, ACOG represents over 1500 obstetrician-gynecologists and their patients; and nationally ACOG represents approximately 58,000 obstetrician-gynecologists and women's health care professionals. Although the vast majority of Ob/Gyns in Ohio are members of ACOG, we join together entirely voluntarily in support of the organization and its mission. ACOG recognizes that the abortion debate comes from profound moral conviction from all perspectives. While we respect the need of our members to determine their own personal values and beliefs, the organization's statement on abortion is clear and the ACOG Abortion Policy Statement is linked below.

Ohio already has a large number of laws that regulate the performance of abortion, including a 20-week ban and laws regarding pediatric evaluation for pregnancies that are potentially viable. Additionally, fetuses do have not a possibility of survival after surgical abortion procedures such as a D+E. Thus, we admittedly struggle to understand the need for this legislation given statutes currently existing beyond mandating additional paperwork. Our specific concern is with the provisions of the legislation that create civil and criminal penalties for clinicians who provide medical care related to women's reproductive health issues and paperwork filing errors. To criminalize a physician with a felony of the fifth degree for not filing appropriate paperwork is unreasonable and excessive.

ACOG represents a wide range of Ob/Gyns who in turn have differing beliefs and practices regarding abortion. However, any physician who practices obstetrics may find themselves in the rare though unfortunate situation in which they have to deliver a fetus prior to viability in order to save the life or health of the mother. This could include physicians with conflicted personal

beliefs about abortion, and those who practice in smaller hospitals, as tragic scenarios can arise unexpectedly in previously healthy patients. One of our primary concerns in Ohio is the physician in this scenario who may not be familiar with the increasingly complicated laws surrounding abortion and thus be exposed to not only professional or civil repercussions but actual felony convictions. Is it reasonable for this physician to have to know that if there is cardiac activity at birth, they have additional paperwork that needs to be completed rapidly or they will face a fifth degree felony? Especially if the paperwork serves no discernable purpose? Such laws generate a hostile work environment in Ohio for all Ob/Gyns, including those who do not perform abortions as part of their regular practice. This in turn makes it more difficult to recruit the best physicians despite both Ohio being a great place to work and the serious problems we face serious in maternal and infant mortality. On a personal level, I work as a division director in Cleveland and am always trying to recruit new faculty in high-risk obstetrics. Our laws, and the criminal penalties that surround them, are a constant deterrent even for providers who have no plans to regularly provide abortion services.

I additionally share our opposition to an amendment included in SB157; the amendment prohibits the Ohio Department of Health from granting a variance to an Ambulatory Surgical Center who has a consulting physician who teaches or provides instruction, directly or indirectly, at a medical school or osteopathic medical school affiliated with a state university or college or a physician who is employed by or compensated pursuant to contract with and provides instruction or consultation to a medical school or osteopathic medical school affiliated with a state university or college; and would additionally require ODH to rescind any current variances wherein a consulting physician has the above stated affiliations.

While the onus of this amendment is on the Ambulatory Surgical Center to not employ or contract with a specific physician; there is little doubt this amendment constrains Ohio physicians from pursuing gainful employment and/or contracting opportunities. Many practicing physicians have more than one employer or contract and restricting certain facilities from contracting with physicians with specific affiliations thus impedes their free market opportunities.

Additionally, this amendment places an undue burden on medical residents pursuing OB/GYN. Abortion training is a requirement of accredited OB/GYN residency programs. As stated by Accreditation Council for Graduation Medical Education (ACGME) in their *Clarification on Requirements Regarding Family Planning and Contraception Review Committee for Obstetrics and Gynecology*: “Access to experience with induced abortion must be part of residency education. Programs with restrictions to the provision of family planning services or the performance of abortions at their institutions must make arrangements for such resident training to occur at another institution. Programs must allow residents to “opt out” rather than “opt in” to this curriculum, education, and training.” If Ohio’s residency programs cannot offer this training either in-house or via in-state contracts/agreements, residents will potentially be forced to travel to other states to pursue the full scope of their education.

ACOG opposes legislation or other requirements which single out abortion services from other outpatient procedures. For example, ACOG opposes laws or other regulations that require abortion providers to have hospital admitting privileges or otherwise restrict them from having such privileges. ACOG also opposes facility regulations that are more stringent for abortion than for other surgical procedures.

Thank you for the opportunity to offer testimony on SB157. I appreciate your consideration, urge you to vote no on this bill, and I hope you will consider ACOG Ohio and myself a valuable resource for all items relating to the practice of obstetrics and gynecology and women's health issues.

ACOG Abortion Policy Statement: <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/abortion-policy>