

Testimony of Alyssa Lambrecht, OMS-II  
In opposition to Senate Bill 157

My name is Alyssa Lambrecht and I am a second year medical student. Growing up in Toledo, Ohio as a cis gender, straight female, I have heard many lectures from parents, family members, and physicians about the importance of abstinence, safe sex, and pregnancy prevention since I was a young teen. I was fortunate enough to grow up in a stable family with access to healthcare and positive role models when it came to these topics. I attended well-funded schools, yet I only recall learning about sexual health three times between 6<sup>th</sup> grade and 12<sup>th</sup> grade.

Despite the CDC reporting that 96% of females received sexual education by 18, only 70% received instructions on methods of birth control <sup>(1)</sup>. Of these 70% females, only 47% first learned about birth control in high school, which for many people is after they begin menstruation and are in childbearing potential. The most common methods for birth control in teens were condoms, withdrawal, and the pill. As a medical student, we have learned that condoms are only 85% effective, withdraw only 78%, and the pill 91% with perfect use <sup>(2)</sup>. Until healthcare, sexual education, and more effective birth control methods can be delivered to members of all socioeconomic classes, safe abortion must be accessible because unwanted pregnancies are inevitable with current resources and education.

There are many reasons why a pregnant person may choose to have an abortion. One of these may be that abortion is safer than pregnancy. The maternal mortality rate for non-Hispanic black women is 2.5 times higher than other racial groups. This Black maternal health crisis would be exacerbated by abortion bans <sup>(3,4)</sup>. Until we have adequate care for all our mothers, legal abortion can save Americans lives. Banning abortion will lead to unsafe practices and increased mortality of pregnant women seeking abortions.

Abortions are evidence based medical practices that are safe and can prevent many lifelong consequences for pregnant people who do not desire to carry a child. The choice to have an abortion should occur only between a pregnant person and their physician. Just as republicans have supported legislation against masking and vaccine mandates, I too believe that people have medical autonomy and should make the best choice for their bodies without the input of government regulations. Physicians should not be punished for providing evidenced based medical practice that is patient centered but more importantly that the patient desires. I would not want to practice medicine in a state where I could be punished for treating a patient with safe practices that are legal in other states. An abortion ban in Ohio would force many excellent, Ohio born doctors to consider positions outside the state, reducing Ohioan's access to reproductive care physicians.

I am opposing SB157 because physicians know healthcare and procedure outcomes better than government officials. After a person decides to have an abortion, physicians should not be penalized or required to perform any other life-saving measures on an underdeveloped fetus. In the United States, death is often regarded as worst-case scenario. As a medical student, we are aware that a life of medical complications and unnecessary procedures for little benefit, such as intubated survival, is not really living at all. SB 157 would require nearly impossible procedures to be done only to subject a young fetus to months of intensive care that would likely result in death or long-term impairments. SB 157 does not support life; it supports the use of medical equipment to force a fetus to remain viable and uncomfortable for much longer than the natural course. If legislators in Ohio truly care about pro-life, they would be passing laws such as increased access to contraception, Medicare coverage of doula services and addressing the Black maternal health crisis that threatens more lives than abortions. Please consider my plea and oppose this dangerous bill.

References

1. <https://www.cdc.gov/nchs/products/databriefs/db44.htm>
2. [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2017/201706\\_NSFG.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2017/201706_NSFG.htm)
3. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality-2021/maternal-mortality-2021.htm>