

Dear Sir,

I am a family physician who lives and works in Columbus, Ohio. I completed a Bachelor of Arts in Spanish Literature at New York University (I am fluent in Spanish), received my medical degree from the University of Connecticut, and completed a residency in family medicine with an emphasis on social justice and caring for underserved Spanish speaking patients at the Lawrence Family Medicine Residency Program in Lawrence, Massachusetts. I am board certified in Family Medicine and I have lived in Columbus since 2013. I am also a member of Physicians for Reproductive Health, a doctor-led national advocacy organization that uses evidence-based medicine to promote sound reproductive health policies. As a physician who cares for women in Ohio, I write to express my strong opposition to Senate Bill 145. This bill represents a dangerous intrusion into medical practice, and could prevent my patients from accessing critical care.

I am alarmed by this latest attempt by Ohio politicians to dictate how physicians should perform a safe, common and medically proven surgical procedure. The Ohio Legislature has already enacted multiple burdensome and medically unnecessary restrictions on abortion care since *Roe v. Wade*, placing substantial obstacles in my patients' way as they seek the care they need. Recently a patient of mine was forced to leave the state to obtain an abortion because state restrictions on procedures in the hospital setting have made in-hospital abortion inaccessible for all practical purposes. She paid over 10,000 for a procedure that should have been performed in her home city and covered by her private insurance plan, but was not. In many cases, D&E procedures have been delayed due to restrictions on abortion.

Many of my patients are facing complex personal or medical circumstances that cannot be anticipated by politicians. As a doctor, I must be able to use my medical judgment to provide the best care for their particular circumstances; I see the importance of access to this kind of individualized care every day in my practice. I'll share with you the story of a woman who I will call Maria. Maria needed a D&E to end a pregnancy that was very much a wanted and loved pregnancy. When she was told in her 16th week that her child would not be able to move his limbs and would likely die before birth, she chose to have a D&E. My patient, who I will call Laura, did not know she was pregnant until her 14th week because she was using injectable birth control that made her periods irregular. After suffering profound post partum depression with suicidal thoughts after her last pregnancy two years ago, she was fearful for her own life and the well being of her child if she were to carry the pregnancy to term. She and her family made the decision to have a D&E so that she could continue to be a good mother to her two-year-old daughter.

Finally, it has been argued that if this ban on a safe and legal procedure is enacted, abortion providers can use other methods to terminate a pregnancy. As a physician who has examined the safety data for D&E and the evidence for alternative termination methods, it is my medical opinion that these alternative methods increase the risk of the procedure without providing increased benefit to the patient. Offering care that has increased risk without concomitant increased benefit is not general practice in medicine.

Throughout their pregnancies, my patients must be able to make their own decisions about their health care with the advice of the medical professionals they trust - without interference from politicians. I urge you to reject Senate Bill 145.

Sincerely,

Catherine Romanos, MD