

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares, and members of the Ohio Senate Health, Human Services, and Medicaid Committee, thank you for the opportunity to present written testimony regarding Senate Bill 164.

My name is Dr. Anita Somani. I graduated from the Medical College of Ohio in 1988 and have been practicing for 25 years. I am the current president of the Columbus Medical Association, past president of Columbus OB/GYN Society and a delegate to the OSMA. I also have a private practice in Franklin County.

I am here today because I am deeply concerned about this bill and the misconceptions that I perceive are inherent within it. First, proponents have stated that medical professionals pressure patients to terminate pregnancies based on a prenatal diagnosis that reveals a fetal anomaly, such as Down Syndrome. Personally, as a practicing OB/GYN, I have faced the scenario many times in which a prenatal diagnosis has revealed a fetal anomaly, and never have I or my colleagues pressured a patient to terminate a pregnancy based on that diagnosis. As a medical professional, our job is to give objective data and outcomes to patients.

I am also concerned regarding the misinformation that is being promulgated regarding prenatal diagnoses. Proponent testimony misleads the legislature by stating that 20% of prenatal diagnoses are inaccurate. This is quite simply false. The current prenatal screening tests have a false positive rate well below 1% and every screening test is backed up by an amniocentesis (which is the gold standard) before any talk of termination is undertaken.

Further, this bill does not address the fact that there are often co-morbidities (concurrent health conditions) such as severe heart defects, bowel abnormalities, or other medical conditions that may co-exist with Down Syndrome and that may also impact a parent's decision to terminate. To prohibit abortion if even "in part" due to Down Syndrome completely negates the fact that there are these other conditions that often also exist that may ultimately be the deciding factor for the parent. The combination of these anomalies can lead to the death of the infant in the first few months of life regardless of the initial diagnosis of Down's Syndrome. To take it one step further if this bill indeed becomes law does that mean if a person with Down's Syndrome has an accident or condition which would cause him or her to be declared brain dead that we as physicians could not withhold life support as we so often do for other patients?

We have made great strides in expanding the quality of life for those with Down Syndrome. In the last eight years, the life expectancy for people with Down Syndrome has increased by nearly 27%. Also, the General Assembly passed H.B. 552 in 2015, which will better inform parents of the positive outcomes of giving birth to a child with Down Syndrome. While acknowledging the legislature's desire to support people with Down Syndrome and parents of children with Down Syndrome, the reality is that this bill does not achieve that. If the legislature truly wanted to help people with Down Syndrome, it would focus instead on providing resources, such as ensuring that insurance companies cover people with Down Syndrome or ensuring that schools have adequate funding for special education services.

As a practicing OB/GYN it also concerns me that the patient physician relationship is jeopardized when normal counseling and standard medical discussions and procedures are subjected to criminal penalties. That affects the ability of physicians to practice and will impact

the number of physicians that would train in Ohio or set up practice in Ohio. As a result the shortage of OB/GYNs that is predicted in Ohio will only get worse and as a consequence affect access to care and increase our dismal infant mortality numbers. Please vote against this bill so it does not leave the committee.