



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

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**Ohio House
Government Oversight Committee
HB598 To Enact The Human Life Protection Act (Schmidt)
Testimony of Dr. Thomas Burwinkel**

Chair Wilkin, Vice Chair Swearingen, Ranking Member Brown and esteemed members of the Committee, my name is Dr. Thomas Burwinkel. I am an obstetrician-gynecologist currently working in Cincinnati as a reproductive endocrinologist for 30 years specializing in in vitro fertilization which is also known as IVF. My entire career has been about helping infertile couples of Ohio attain their dream of becoming parents through standard, accepted medical treatments. My typical workday involves treating twenty to thirty or more patients; twelve to fifteen percent of all couples experience infertility. I know well the stories and anguish that patients experience trying to overcome infertility. I have comforted many crying patients through their fertility journey. Most of these patients can have their tears of sorrow be turned into tears of joy through the use of advanced reproductive technologies such as in vitro fertilization.

Let me share with you the stories of two couples I have cared for who are examples of the types of situations I encounter on a routine basis. The first couple are Katie and Phil. Together they had experienced infertility, three miscarriages, and an ectopic tubal pregnancy before coming to me. They went thru IVF and were unsuccessful. They then adopted an infant girl thru Catholic Social Services of Southwestern Ohio. Before doing a second adoption through the same agency, they came to me to transfer their last two remaining four cell embryos. At the time in 1997, I told them there was only a twelve percent chance that either one of them would turn into a liveborn offspring. Well, those two frozen embryos are now an aeronautical engineer at NASA and a fast-track management training employee for ConAgra.

The second couple, Sandy and Tim, were not getting pregnant in spite of trying for three years on their own. Sandy was born with only half of a uterus. I was able to help her become pregnant with medications and an intrauterine insemination with Tim's sperm. There were only three follicles, however those three follicles resulted in a triplet pregnancy. Her uterus being only half of the normal size would not be able to safely deliver all three fetuses to viability. This patient after consultation with high-risk obstetricians opted to have a selective reduction procedure to a singleton pregnancy. This procedure allowed the patient to deliver a viable girl at thirty-three weeks gestation weighing in at four pounds, four ounces. There is no way that the triplets would have been born alive. Without the reduction procedure she would have lost all three fetuses.

Under this proposed bill, neither of these couples would have had their respective children.

HB 598 may erase the dreams of many patients of becoming parents through IVF or other reproductive technologies. This bill defines an embryo created from IVF as an "unborn child" (lines 39-40) even though most of embryo created from IVF will never survive to be implanted into a patient to have a chance to turn into a pregnancy.

Doctors cannot know how many eggs from IVF will fertilize. If we have ten eggs, will all fertilize or just one or none? This legislation would potentially force a couple to implant all embryos, whether or not they are normal. The definition of “unborn child” contained in the bill leaves us to question if discarding unused embryos would be considered a criminal act.

HB 598 would give the definition of “unborn child” to embryos created in our IVF laboratories. Giving the embryos the same rights as an “unborn child” creates various situations that place the practice of IVF at risk. As such this bill puts medically licensed professionals at risk to lose their licenses or be jailed for four to twenty-five years for performing tasks that are routine during the IVF process. Are non-viable embryos that are discarded to be considered performing an abortion? If a liquid nitrogen storage tank breaks and all the embryos that are stored there are lost such as what happened in Cleveland a few years ago going to result in criminal prosecution to the physicians, staff, and administrators involved for their storage? Our IVF practices are having enough difficulties finding trained embryologists and physicians to work with us. If the risk of going to jail is possible doing your daily job functions, are you going to work in Ohio? These are all possibilities if this bill is passed and enacted.

If this bill passes, will my patients and I be compelled to transfer multiple embryos into a patient to avoid prosecution to avoid discarding embryos. This practice will result in triplet, quadruplet, quintuplet or more pregnancies. These patients would not have the option under this bill to make these very high-risk pregnancies safer thru the use of selective reduction. This is a medical procedure used to reduce the number of embryos to a number that is safer for her and her fetuses.

This bill at a minimum will have a chilling impact on IVF enters in Ohio; at worst they may be forced to close. Not only will this eliminate fertility treatments for Ohio patients, but it will also result in the loss of hundreds of jobs, millions of dollars wages, and millions of dollars of tax revenue for the State of Ohio. Many young professional couples will not stay to work or relocate to Ohio if fertility options such as IVF are not available to them. We cannot afford to have that happen to our great state.

I know that on a personal level that I would not have been able to help my sister and brother attain three nieces and a nephew if this bill had been law during my career as a practicing reproductive endocrinologist here in Ohio. It is likely many people in this room, including committee members know children through the work that my colleagues and I have been doing. Please do not take away treatments that can help others obtain their dreams of becoming parents and grandparents.

Thank you for the opportunity to offer opponent testimony for HB598. I appreciate your consideration, urge you to vote no on this bill, and hope you will consider myself and ACOG Ohio a valuable resource for all items relating to the practice of obstetrics and gynecology and women’s health issues.