

Testimony of Catherine Romanos, MD  
In opposition to Senate Bill 157  
Submitted to the Government Oversight and Reform Committee  
October 6, 2021

I am a family physician and an abortion provider. 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 in Lawrence, Massachusetts with an emphasis on social justice and caring for Spanish-speaking patients. I am board certified in family medicine and I am the President-elect of the Columbus Medical Association, a Board Member of the Ohio Academy of Family Physicians, and a Past-President of the Central Ohio Academy of Family Physicians.

As a physician who provides abortion care as a part of the full spectrum of health care my patients need access to over the course of their lifetime, I want to convey to you the dangers of Senate Bill (SB) 157 and clarify several medical issues raised in the proponent testimony. SB 157 is based on false premises, not medical evidence, and I urge you to oppose it.

First and foremost, as a board-certified medical expert, I provide excellent patient-centered care. I follow the laws and regulations applicable to my practice. In reality I am probably following the law more closely than any other kind of doctor in Ohio because of the way the provision of abortion care is politically targeted unlike any other health care. Every day I hold my patient's hands and jump through hoop after hoop with them to ensure they get the abortion care they need. To have an abortion in the state of Ohio, a patient must hear state mandated information, wait at least 24 hours, and have an ultrasound even when it is not medically necessary. These requirements do not make abortion any safer; they serve only to burden patients and providers. They also disproportionately impact communities of color who because of systemic racism often lack the resources with which to overcome these barriers.

Second, because of Ohio's medically unnecessary and restrictive laws, we do not provide abortion care past 20 weeks post fertilization. This means that patients in complex circumstances needing abortion care later in pregnancy often must travel to a different state for care. As a physician, it disturbs me that I am not allowed to provide the same level of care that my colleagues in other states can; patients should not be forced to travel long distances for essential health care like abortion.

It is important to note that viability is not a fixed point and every pregnancy is different. The ability to survive outside of a womb depends on individual circumstances. There are rare cases when a fetus is born after the predicted age of viability, either by preterm delivery or induction who are not able to survive outside the womb, even with all available medical technology. These cases are often devastating for families, involving incredibly sick mothers and babies. At times, a family might decide, in consultation with their physician, not to perform heroic measures to keep that infant alive. That is

compassionate end of life care, and that is the kind of cases that this bill will impact. This bill is not about abortion, it is about blocking families from being able to decide what kind of care they want for their child.

I am a good doctor. I am a teacher. I am a friend, a wife, a daughter, a sister, an auntie (by blood and by love), and a Godmother. Passing SB 157 and using this bill as an excuse to ensure that I do not break existing law, my own code of ethics, or the trust my patients place in me, is insulting. It indicates that those who sponsor and support this law have not done their due diligence about what laws already apply, or worse, simply do not care and see this bill as an opportunity to further stigmatize providers of abortion care and their patients. Furthermore, as physicians, Dr. Huffman and Dr. Johnson should know that abortion is safe and a common medical procedure sought out by 1 in 4 women.

If legislators truly cared about the health of my patients and their families, they would be passing policies that actually help them, not shame and stigmatize them. Policies like paid family leave, increasing access to contraceptive care, allowing Medicaid to cover doula services, and declaring racism a public health crisis.

Please see this proposed legislation for what it is. This is another attempt by abortion opponents to make this safe medical practice look like something other than routine medical care. Please do not give voice to such hostile rhetoric. Please oppose this repetitive and offensive legislation.