

Testimony of Erika Boothman, MD MPH
Opposing House Bill 214
October 11, 2017

Chairman Huffman, Vice Chair Gavarone, and Ranking Member Antonio, thank you for your time. My name is Dr. Erika Boothman. I am a physician resident specializing in obstetrics and gynecology. I received my medical degree from Ohio State University College of Medicine and I earned a Masters in Public Health from Johns Hopkins University. I have lived in Columbus since 2011 and plan to practice medicine in Ohio after my residency. As an obstetrician-gynecologist, I am here to express my strong opposition to House Bill 214. These views are my own, and not necessarily that of my employer.

The most common chromosomal abnormality is aneuploidy, in which there is an extra or missing chromosome or chromosomes. Of these, Down Syndrome is the most common, and it occurs in 1 in 700 births¹. The OB/GYN governing body, the American Congress of Obstetricians and Gynecologists, recommends that every pregnant woman be offered genetic screening². The specific type of screening is dependent on the woman's gestational age, with the most common screening methods being blood tests and ultrasounds, though there are more invasive tests that sample fetal blood or amniotic fluid directly. The American Congress of Obstetricians and Gynecologists specifically recommends prenatal screening for patients even if they are not considering pregnancy termination, because it can lead to family counseling, pregnancy and delivery management, and ensuring that the appropriate pediatric staff is in the delivery room².

I want to make it very clear that nowhere in the culture of prenatal testing or obstetrics is there even a hint of coercion to terminate genetically abnormal pregnancies. Our official guidelines state that "Counseling should be nondirective, informative, and respectful of any decision made by the patient," and I have never seen counseling that attempted to sway a patient's decision toward termination.

This bill should be seen for what it is; an effort to restrict safe abortion care, which remains a legal right in the United States. I want to practice obstetrics and gynecology in a state in which my patients are permitted to communicate openly with me. If this bill passes, my patients will likely feel less comfortable discussing the complications of Down Syndrome with me for fear of legal recourse if they do eventually choose termination. Patients with high risk pregnancies and fetal anomalies need more support and counseling, not less.

I do not want to practice medicine in a state where I am required to force women to justify their decision for a legal procedure. When I am giving a woman information about a significant diagnosis, my patient needs a physician by her side, not an interrogator. She needs a knowledgeable, nonbiased provider who is not being bullied by the law. I need to be able to talk openly with my patients about their pregnancy.

This bill would restrict communication between providers and patients. Because of this, I urge you to vote no on House Bill 214.

1. ACOG website: <https://www.acog.org/-/media/For-Patients/Screening-and-Diagnostic-Testing-for-Genetic-Disorders.pdf?dmc=1&ts=20170908T1722197305>

2. Prenatal diagnostic testing for genetic disorders. Practice Bulletin No. 162. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016;127:e108–22.