

ANNOUNCEMENT OF COMMITTEE MEETING

COMMITTEE: Health
CHAIR: Derek Merrin
DATE: Tuesday, March 19, 2019
TIME: 11:00 AM
ROOM: Room 116

AGENDA

SCHEDULE

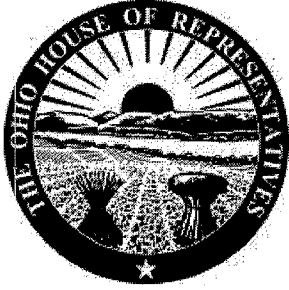
Presentation

TOPIC

"All Access: Ohio's Community Health Centers"
 by Julie DiRossi-King, Chief Operating Officer,
 Ohio Association of Community Health Centers

<u>BILL</u>	<u>SPONSOR</u>	<u>TITLE</u>	<u>STATUS</u>
H. B. No. 90	Rep. Antani	Spread information to protect humanity of unborn child	2nd Hearing Proponent
S. B. No. 23	Sen. Roegner	Prohibit abortion if detectable heartbeat	1st Hearing Pending Referral Sponsor/ Proponent

Cc: House Clerk
 Committee Clerk
 Assistant Majority Floor Leader's Office
 Bill Sponsor
 LSC
 Minority Leader's Office
 Committee Members
 Speaker's Office
 Caucus Staff
 Legislative Information Systems
 Press Room



House Health Committee
Rep. Derek Merrin, Chairman

WITNESS INFORMATION FORM

Date: 03-18-2019

Name: DENNIS M. DOODY, M.D.

Are you representing: Yourself Organization _____

Organization (If Applicable): _____

Position/Title: PHYSICIAN - PEDIATRICIAN

Address: 128 GREEN SPRINGS DRIVE

City: COLUMBUS State: OHIO Zip: 43235-4643

Best Contact Telephone: 614-949-1388 Email: dooddy.1@osu.edu

Do you wish to be added to the committee notice email distribution list? Yes No _____

Business before the committee

Legislation (Bill/Resolution Number): SENATE BILL 23

Specific Issue: _____

Are you testifying as a: Proponent Opponent _____ Interested Party _____

Will you have a written statement, visual aids, or other material to distribute? Yes No _____

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 3 minutes to 5 minutes

Comments:

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.

Dennis M. Doody, M.D.
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March 19, 2019

Good afternoon, Chairman Merrin, Vice Chairman Manning, ranking member Boyd, and members of the Ohio House Health Committee. My name is Dennis M. Doody, M.D. and I am a proponent of S.B. 23, the Heartbeat Bill. I am a physician in the specialty of Pediatrics in Columbus. I am a 1974 graduate of The Ohio State University College of Medicine and Public Health. I have an appointment to The Ohio State University as an adjunct assistant clinical professor of Pediatrics. I served a residency in Pediatrics at The Ohio State University Medical Center and Nationwide Children's Hospital from 1974 to

1977. I began the private practice of Pediatrics in 1977.

In medical school I received education in obstetrics and gynecology during my rotation in that department at both The Ohio State University Medical Center and Riverside Methodist Hospital during the months of February and March, 1973. This was immediately following the Roe versus Wade Supreme Court decision. I walked onto that obstetrics and gynecology clinical rotation a mere ten days after the United States Supreme Court issued that decision.

I would like to briefly describe to you the level of obstetrical technology that was available at the time Roe versus Wade was decided. Even at the major medical centers in which I did my training, the methods to detect the heartbeat of an unborn baby would be considered insufficient by today's standards. In the clinic

we used DeLee-Hillis fetoscopes to detect the heart sounds of unborn infants. This device relied simply on listening with a regular stethoscope with an added head attachment to enhance the sound of the heart tones. We did not have ultrasound at that time. In the labor and delivery area we had very early Doppler devices.

One of the great things about the Heartbeat Bill is that it doesn't limit physicians to the current technology, which can be quickly outdated, as I described. The bill specifies that "standard medical practice" be employed in detecting the unborn child's heartbeat, allowing the standards to grow and improve as technology improves.

Senate Bill 23 also gives physicians the ability to bypass the testing and/or other requirements if "in the physician's reasonable medical

judgment," they are performing a procedure
"designed or intended to prevent the death of
the pregnant woman or to prevent a serious
risk of the substantial and irreversible
impairment of a major bodily function of the
pregnant woman." This language not only gives physicians the ability to bypass the law in a medical emergency, but it is language which has already been upheld by the courts, and is currently Ohio law found in the post-viability bill.

At this time in history we are blessed to have very accurate methods of observing many things about babies *in utero*. Today we have far greater abilities to see the baby and hear heartbeats.

The detection of a heartbeat is a standard universally accepted proof of life. A person, born or yet unborn, is always considered alive when the heartbeat is detected. This has been

true throughout the history of medicine and in all countries and cultures throughout the world. It would be a departure from historical standard medical practice not to use the heartbeat as an indicator of the presence of human life.

And so I urge swift passage of S.B. 23 by the House Health Committee and the full House so that babies whose heartbeats can be detected can have the same legal protections the rest of us enjoy.