



Ohio Section

David Hackney, MD FACOG

Vice, Legislative Chair

Ohio Section

**Ohio House
Health Committee
SB260 Abortion Inducing Drugs
Testimony of David Hackney, MD FACOG
American College of Obstetricians and Gynecologists, Ohio Section**

Chair Lipps, Vice Chair Holmes, Ranking Member Boyd, and distinguished members of the House Health Committee, my name is Dr. David Hackney and I am a practicing specialist in Maternal Fetal Medicine, also known as high risk obstetrics, in Cleveland Ohio where I am a Division Director and Associate Professor. Of note, I am neither speaking on behalf of nor representing the views of my employers. I received my medical degree from the University of Pittsburgh after which I came to Ohio for residency training at THE Ohio State University. I've been in active practice in Cleveland for seven years.

I write today on behalf of the American College of Obstetricians and Gynecologists, Ohio Section (ACOG Ohio) of which I am the current Legislative Chair. As you may know, ACOG is our specialty's premier professional membership organization dedicated to the improvement of women's health. In Ohio, ACOG represents over 1500 obstetrician- gynecologists and their patients; and nationally ACOG represents approximately 58,000 obstetrician-gynecologists and women's health care professionals. Although the vast majority of Ob/Gyns in Ohio are members of ACOG we join together voluntarily in support of the organization and its mission as membership in ACOG is not required for clinical practice or board certification.

Today ACOG Ohio is asking you to oppose SB260, which will put in place a ban on medication abortion via telemedicine. We are deeply concerned that by restricting medical abortion from the services available by telemedicine, this bill represents governmental interference which could cause a physician to compromise his or her medical judgment about what treatment is in the best interest of the patient.

Telemedicine is a promising delivery method for many forms of health care and has become an integral part of medical practice during the COVID-19 Pandemic. Leading medical groups recognize its importance, especially for states like ours, which services large rural areas. The state of Ohio is constantly moving towards utilizing innovative healthcare delivery models and uses telemedicine in other areas of medicine routinely. As policy makers, you understand telemedicine's promise for increasing access to high quality health care across our state and its comparability to in-person services. For this reason, SB260's restriction for a specific use of telemedicine—medical abortion—is all the more egregious. It singles out abortion care based on ideology, not evidence-based medicine and the consensus of the general medical community.

ACOG opposes laws regulating medical care that are unsupported by scientific evidence and that are not necessary to achieve an important public-health objective. Abortion is an essential health service and medical abortion is now a standard and proven method of providing safe and effective early abortion in the United States. Abortion with oral medications taken under the guidance of a health care provider, medical abortion has over a 99% safety rate; serious complications occur in just 0.1-0.4% of patients.ⁱ This bill is simply not informed by science.

Leading researchers and medical organizations have affirmed the safety of medication abortion, including a recent study in the *New England Journal of Medicine*ⁱⁱ and a report from the National Academies of Sciences, Engineering, and Medicineⁱⁱⁱ. Studies also show that telemedicine as a service delivery method for medication abortion, and the American College of Obstetricians and Gynecologists' clinical practice guidelines have endorsed telemedicine both as a safe way to deliver early abortion care and a promising approach to reducing the rate of second trimester abortions.

This legislation infringes upon the patient-physician relationship in regards to safe, legal medical services, and would impair the ability of physicians to determine and deliver the most appropriate treatment options for their individual patients. Ohio's ob-gyns are committed to providing safe, high quality care to our patients, and the proposed law will do nothing to further this goal.

For these reasons, ACOG Ohio opposes SB260 and strongly urges you to closely examine all of the available quality scientific and medical evidence. I appreciate your consideration, urge you to vote no on this bill, and I hope you will consider ACOG Ohio and myself a valuable resource for all items relating to the practice of obstetrics and gynecology and women's health issues.

Thank you.

ⁱ Gatter M, Cleland K, and Nucatola DL., Efficacy and safety of medical abortion using mifepristone and buccal misoprostol through 63 days, *Contraception*, 2015, at <http://www.sciencedirect.com/science/article/pii/S0010782415000062>

ⁱⁱ Time to Reevaluate U.S. Mifepristone Restrictions, Jane E. Henney, M.D., and Helene D. Gayle, M.D., M.P.H., [August 15, 2019](https://doi.org/10.1016/j.jamcoll.2019.08.001) *N Engl J Med* 2019; 381:597-598

ⁱⁱⁱ National Academies of Sciences, Engineering, and Medicine 2018. *The Safety and Quality of Abortion Care in the United States*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24950>



College Statement of Policy

As issued by the College Executive Board

ABORTION POLICY

The following statement is the American College of Obstetricians and Gynecologists' (ACOG) general policy related to abortion. The College's clinical guidelines related to abortion and additional information are contained in the relevant Practice Bulletins, Committee Opinions, and other College documents.

Induced abortion is an essential component of women's health care. Like all medical matters, decisions regarding abortion should be made by patients in consultation with their health care providers and without undue interference by outside parties. Like all patients, women obtaining abortion are entitled to privacy, dignity, respect, and support.

The College continues to affirm the legal right of a woman to obtain an abortion prior to fetal viability. ACOG is opposed to abortion of the healthy fetus that has attained viability in a healthy woman. Viability is the capacity of the fetus for sustained survival outside the woman's uterus. Whether or not this capacity exists is a medical determination, may vary with each pregnancy and is a matter for the judgment of the responsible health care provider.

While ACOG recognizes and respects that individuals may be personally opposed to abortion, health care providers should not seek to impose their personal beliefs upon their patients nor allow personal beliefs to compromise patient health, access to care, or informed consent.

Informed consent is an expression of respect for the patient as a person; it particularly respects a patient's moral right to bodily integrity, to self-determination regarding sexuality and reproductive capacities, and to the support of the patient's freedom within caring relationships.

A pregnant woman who may be ambivalent about her pregnancy should be fully informed in a balanced manner about all options, including raising the child herself, placing the child for adoption, and abortion. The information conveyed should be appropriate to the duration of the pregnancy. There is an ethical obligation to provide accurate information that is required for the patient to make a fully informed decision. The professional must avoid introducing personal bias.

Medical knowledge and patient care are not static. Innovations in medical practice are critical to the advancement of medicine and the improvement of health. Medical research is the foundation of evidence-based medicine and new research leads to improvements in care. ACOG is opposed to laws and regulations that operate to prevent advancements in medicine. For example, laws that prohibit health care providers from following current evidence-based protocols for medical abortion disregard scientific progress and prevent providers from offering patients the best available care. Likewise, the state and federal laws that prohibit specific surgical abortion procedures disrupt the evolution of surgical technique and prevent physicians from providing the

best or most appropriate care for some patients.

If abortion is to be performed, it should be performed safely and as early as possible. ACOG supports access to care for all individuals, irrespective of financial status, and supports the availability of all reproductive options. ACOG opposes unnecessary regulations that limit or delay access to care. The intervention of legislative bodies into medical decision making is inappropriate, ill advised, and dangerous.

ACOG opposes the harassment of abortion providers and patients.

ACOG strongly supports those activities which prevent unintended pregnancy.