

**AMSA Committee on Health Policy, Case Western Reserve University School of Medicine  
Senate Bill 23 – Six-Week Abortion Ban  
Opponent Testimony  
Ohio Senate Health, Human Services, and Medicaid Committee  
February 26, 2019**

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and Members of the Senate Health, Human Services, and Medicaid Committee,

Thank you for receiving our testimony today. We are the American Medical Student Association (AMSA) Committee on Health Policy and Medical Students for Choice (MSFC) at the Case Western Reserve University School of Medicine. As future health care providers, and as residents of Ohio, we strongly oppose Senate Bill 23. If passed, this legislation would jeopardize our practice as physicians, while also endangering the health and well-being of our patients.

Safe and legal abortion is a fundamental and necessary component of health care for women and all individuals who are pregnant or may become pregnant. Any number of factors can necessitate a medically supported method of terminating pregnancy, including health risks to the mother and fetal anomalies. Often, these anomalies and complications cannot be detected until much later than the six weeks since last menstrual period in the gestational period that, on average, marks the first detection of a fetal heartbeat. Taking away a pregnant individual's right to terminate their pregnancy—and a physician's right to give that individual the highest standard of care they deserve—is an unethical and dangerous legislative overstep.

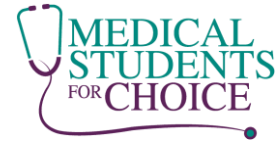
This bill, if passed, will not eliminate abortion. Instead, it will simply strip individuals of their access to safe, medically supervised abortions performed by trained health care providers. Countless studies have confirmed that legislative restrictions on abortion merely drive the practice underground—forcing mothers to turn to dangerous and amateur abortive methods that can significantly endanger their own lives. Overall, states with more abortion restrictions tend to have poorer health outcomes for women and children than other states, including higher rates of maternal and infant mortality.<sup>1</sup>

This is of particular interest to us as students and residents of Cleveland, Ohio. Between the years of 2012 and 2015, this city's infant mortality rate was about 12.9%, more than double the national average, and one of the highest in the country<sup>2</sup>. Its maternal mortality rate is also drastically high. These phenomena affect black mothers and women of color at a far higher rate than they do white mothers: on average, a black mother is six times more likely to lose her child than a white mother, controlling for factors like socioeconomic background and the hospitals

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<sup>1</sup> See Ibis Reproductive Health & Ctr For Reproductive Rights, *Evaluating Priorities*, Volume II 23 (2017), available at <https://ibisreproductivehealth.org/sites/default/files/files/publications/Evaluating%20Priorities%20August%202017.pdf>.

<sup>2</sup> "Infant Mortality in Cleveland: An In-Depth Analysis (2012-2015)." *Cleveland Department of Health*, Cleveland Department of Public Health: Office of Communicable Disease Surveillance & Epidemiology, 2016, [www.clevelandhealth.org/assets/documents/health/health\\_statistics/Infant\\_Mortality\\_in\\_Cleveland\\_\(2012-2015\).pdf](http://www.clevelandhealth.org/assets/documents/health/health_statistics/Infant_Mortality_in_Cleveland_(2012-2015).pdf).



used.<sup>3</sup> Outlawing abortion will lead to dangerous and harmful effects that will manifest along these same lines of class and race, disproportionately burdening our community's most vulnerable women.

The additional inevitable end result of this bill is the criminalization of physicians who would be acting in accordance with the evidence-based standard of care for pregnant individuals. As stated by the American College of Obstetricians and Gynecologists, the bill "will affect ob-gyns' ability to make ethical and professional decisions in the best interest of their patients."

The legislation makes exception to its abortion restrictions in cases of "medical emergency" or "medical necessity." In other words, the only potential exceptions to this law are cases in which there is imminent risk of a significant, life-threatening injury to the pregnant individual, directly as a result of their pregnancy. This criterion puts physicians in an impossible position, wherein they must choose between the law and their patient's health. Early medical intervention in cases of pregnancy that might eventually become life-threatening will necessitate a violation of this law. On the other hand, allowing a patient's condition to deteriorate until they are near death before medically intervening constitutes overt negligence of that patient's health.

Finally, eliminating access to abortion has the potential to significantly affect our own lives as students in the present. Lack of access to resources that will allow us to terminate our own pregnancies should they be unwanted, coerced, or otherwise threatening to our quality of life can impair our own educations and the careers we seek to pursue as physicians. We would face daily the stigma and societal pressures of carrying a fetus while also pursuing our educations. We would likely face implicit hurdles in the types of residencies or fellowships we could pursue. Many of us report feeling that the burden would be too great to continue our education at all. In an era marked by a significant shortage of physicians, as well as marked gender disparities within many subspecialties of the medical field, measures like this one, that would disproportionately impact women, are regressive and harmful to society as a whole.

With the rights of Ohio's mothers and women, as well as its physicians in mind we ask you to consider this testimony and vote no on this fundamentally harmful and dangerous bill. Thank you again for your consideration.

Sincerely,

AMSA Committee on Health Policy, Case Western Reserve University School of Medicine  
Medical Students for Choice, Case Western Reserve University School of Medicine

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<sup>3</sup> Zeltner, Brie. "Rate of Black Infant Deaths 6 Times That of White Deaths in Cuyahoga County in 2017: Saving the Smallest." *Cleveland.com*, Cleveland.com, 14 Mar. 2018, [www.cleveland.com/healthfit/index.ssf/2018/03/black\\_babies\\_6\\_times\\_more\\_like.html](http://www.cleveland.com/healthfit/index.ssf/2018/03/black_babies_6_times_more_like.html).