ACOG
Ohio Section
David Hackney, MD FACOG
The American College of Obstetricians and Gynecologists

Legislative Chair
Ohio Section

## Ohio Senate <br> Health and Human Services Committee SB208 Abortions Live Births Testimony of David Hackney, MD FACOG American College of Obstetricians and Gynecologists, Ohio Section

Chair Burke, Vice Chair Huffman, Ranking Member Antonio, and distinguished members of the Senate 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. Thank you for the opportunity to provide testimony for SB208.

Today, I write on behalf of the American College of Obstetricians and Gynecologists, Ohio Section (ACOG) 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 obstetriciangynecologists 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 entirely voluntarily in support of the organization and its mission. ACOG recognizes that the abortion debate comes from profound moral conviction from all perspectives. While we respect the need of our members to determine their own personal values and beliefs, the organization's statement on abortion is clear and the ACOG Abortion Policy Statement is attached.

Ohio already has a large number of laws that regulate the performance of abortion, including a 20 week ban and laws regarding pediatric evaluation for pregnancies that are potentially viable. Additionally, fetuses do have not a possibility of survival after surgical abortion procedures such as a $\mathrm{D}+\mathrm{E}$. Thus we admittedly struggle to understand the need for this legislation given statutes currently existing beyond mandating additional paperwork. Our specific concern is with the provisions of the legislation that create civil and criminal penalties for clinicians who provide medical care related to women's reproductive health issues and paperwork filing errors. To criminalize a physician with a felony of the fifth degree for not filing appropriate paperwork is unreasonable and excessive.

ACOG represents a wide range of Ob/Gyns who in turn have differing beliefs and practices regarding abortion. However, any physician who practices obstetrics may find themselves in the rare though unfortunate situation in which they have to deliver a fetus prior to viability in order to save the life or health of the mother. This could include
physicians with conflicted personal beliefs about abortion, and those who practice in smaller hospitals, as tragic scenarios can arise unexpectedly in previously healthy patients. One of our primary concerns in Ohio is the physician in this scenario who may not be familiar with the increasingly complicated laws surrounding abortion and thus be exposed to not only professional or civil repercussions but actual felony convictions. Is it reasonable for this physician to have to know that if there is cardiac activity at birth they have additional paperwork that needs to be completed rapidly or they will face a fifth degree felony? Especially if the paperwork serves no discernable purpose? Such laws generate a hostile work environment in Ohio for all Ob/Gyns, including those who do not perform abortions as part of their regular practice. This in turn makes it more difficult to recruit the best physicians despite both Ohio being a great place to work and the serious problems we face serious in maternal and infant mortality. On a personal level I work as a division director in Cleveland and am always trying to recruit new faculty in high-risk obstetrics. Our laws, and the criminal penalties that surround them, are a constant deterrent even for providers who have no plans to regularly provide abortion services.

Thank you for the opportunity to offer testimony on SB208. 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.

