



Ohio Section

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Ohio Section

**Ohio Senate
Health and Human Services and Medicaid Committee
SB260 Abortion Inducing Drugs
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.

I write today 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 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 is asking you to vote no on SB260, which will make put in place a ban on medication abortion via telemedicine. Our ACOG Ohio Section is deeply concerned that by restricting medical abortion from the services available by telemedicine, this bill represents governmental interference that 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 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 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.

Supplement Documents Attached.

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.nejm.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>