**Opponent Testimony HB 324**
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Chair Huffman, Vice Chair Johnson, Ranking Member Dr. Liston, and members of the Senate Health Committee, thank you for this opportunity to provide testimony on House Bill 324. My name is Mary LaPlante, MD, MPH and I am President of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), and a board-certified OB-GYN from the Cleveland area.

The Academy of Medicine of Cleveland & Northern Ohio represents 7,200 physicians and medical students in Northeast Ohio. For more than 200 years, we have championed policies that promote the highest quality practice of medicine for physicians and their patients. That mission is why we oppose House Bill 324 and its attacks on telehealth and the physician-patient relationship.

House Bill 324, inappropriately named the Patient Protection Act, is nothing more than an attempt to block patients of their right to comprehensive healthcare. While the bill itself does not name RU-486, or mifepristone, in its text, it is clear from statements made by the bill's sponsor and proponents that this is yet another attack on abortion access. This bill does not address an actual problem, nor does its purported solution do anything to protect patients.

As a medical association, we are appalled by the misinformation and pseudoscience that has already been spread by the bill's proponents, and we intend to address many of the false claims made in previous committee hearings, as well as fundamental problems with the underlying bill, in order persuade you not to pursue this legislation.

**Opening the doors to bad science**

Despite claiming to protect patient health, this bill does not establish any provisions that would promote safety. HB 324 directs the Director of Health to determine which drugs cause the outlined severe adverse effects in more than 5% of the users based on consultation with state boards and insurance claims, patient reports, and data from the U.S. Food and Drug

Administration, but it does not set any further scientific standards for the appropriate selection of these data. This potentially opens the door to poorly conducted, politically motivated efforts preventing access to care.

Presently, there are more than 20,000 FDA-approved prescription medications[1]. HB 324 makes the Director of Health responsible for determining which of these drugs meet the bill's threshold to be included on the publicly available list that they are then tasked with updating as needed. With an undertaking of this size, we are concerned that the actual targets of this bill will be those drugs that have been politicized, like mental health medications and abortion medications. Unless the bill's sponsors intend to recreate the safety process of the FDA in the Ohio Department of Health, this bill is aimed at allowing political agents to enact their agendas on the practice of medicine.

**Targeting abortion, despite lack of evidence**

The bill's proponents are willing to accept any report that supports their desire to limit access to abortion, regardless of the quality or source of the study. The "study" that has continuously been cited in sponsor and proponent testimony as showing severe adverse effects from mifepristone is nothing more than a memo, issued by the Ethics & Public Policy Center (EPPC), an institution whose stated mission is to "apply the Judeo-Christian moral tradition to contemporary issues of law, culture, and politics to renew society[2]." They are not a scientific organization, and they demonstrate clearly that their goal of blocking abortion is the primary reason behind the report that has been cited in this Health Committee.

The EPPC report makes its claims of harm based on insurance data that includes an insurance code defined simply as "a prescription for mifepristone (with or without misoprostol within the next three days)"[3]. The report fails to note that beyond medication abortion, mifepristone is FDA approved to control hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing syndrome and are not candidates for surgery[4]. Because the report does not provide transparent data, it is impossible to say that all of the claims included in their analysis were related to abortion. Further, the EPPC report does not distinguish the rates of severe adverse effects based on the insurance claim codes it includes. In doing so, it obscures

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[1] U.S. Food and Drug Administration . *FDA at a GLANCE REGULATED PRODUCTS and FACILITIES*.; 2020. https://www.fda.gov/media/143704/download

[2] Ethics and Public Policy Center. About. Ethics & Public Policy Center. https://eppc.org/about/

[3] Hall JB, Anderson R. The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experiences a Serious Adverse Event - Ethics & Public Policy Center. Ethics & Public Policy Center. Published May 10, 2025. https://eppc.org/publication/insurance-data-reveals-one-in-ten-patients-experiences-a-serious-adverse-event/

[4] U.S. Food and Drug Administration. *HIGHLIGHTS of PRESCRIBING INFORMATION KORLYM*.; 2019. https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/202107s008lbl.pdf

the potential that individuals prescribed mifepristone for a health condition like Cushing syndrome may have adverse effects for reasons related to their illness[5].

It is common knowledge that correlation does not equal causation, but this report fails to even make a statistical case for correlation and instead relies on the lack of scientific literacy of its readers to draw conclusions. It exemplifies the total absence of scientific rigor in HB 324's justification. It is riddled with bias and lacks transparency or replicability. Most importantly, it stands alone against dozens of peer-reviewed publications and trials that demonstrate the safety of mifepristone. Restricting the practice of physicians based on what amounts to an op-ed sets an ominous and threatening precedent for medicine at large.

More than 100 studies conducted across the world over the past 30 years have shown the safety of mifepristone for abortion[6]. Repeatedly, these studies have found the need for hospitalization following mifepristone and misoprostol abortion to be rare[7], adverse effects to occur in fewer than .5% of patients[8], and telehealth to be a safe means of delivering medication abortion care, with 95% of patients completing their abortion without intervention and none with any major adverse events[9]. In the case of medication abortion via telehealth specifically, a prospective study that followed pregnant people through their abortion care found that 99.8% of the abortions were not followed by a serious adverse event[10].

At best, this bill will amount to nothing, as to properly investigate the safety of medications, the state will need to undertake the rigorous testing and evidence collecting that already happens in the U.S. FDA approval process. However, the risk that comes with the current language is that individuals who wish to limit access to certain telehealth prescriptions will be able to cherry pick data and avoid peer review and interfere with the practice of medicine. The bill's sponsor has already mentioned SSRIs as a potential target for this legislation. Fortunately, proponents have not yet passed around the type of poorly conducted reports they intend to use to claim that SSRIs meet their 5% threshold as they have with mifepristone. But the threat remains. In HB 324's current state, what is to stop the director of health from artificially limiting access to

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[5] Autry BM, Wadhwa R. Mifepristone. PubMed. Published February 28, 2024. https://www.ncbi.nlm.nih.gov/books/NBK557612/

[6] Walker AS, Corum J, Khurana M, Wu A. Are Abortion Pills Safe? Here's the Evidence. *The New York Times*. https://www.nytimes.com/interactive/2023/04/01/health/abortion-pill-safety.html. Published April 1, 2023.

[7] Gatter M, Cleland K, Nucatola DL. Efficacy and safety of medical abortion using mifepristone and buccal misoprostol through 63 days. *Contraception*. 2015;91(4):269-273. doi:https://doi.org/10.1016/j.contraception.2015.01.005

[8] U.S. Food and Drug Administration. *MEDICATION GUIDE Mifeprex*.; 2023. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s026lbl.pdf#page=16

[9] Upadhyay UD, Koenig LR, Meckstroth KR. Safety and Efficacy of Telehealth Medication Abortions in the US During the COVID-19 Pandemic. *JAMA Network Open*. 2021;4(8):e2122320. doi:https://doi.org/10.1001/jamanetworkopen.2021.22320

[10] Upadhyay UD, Koenig LR, Meckstroth K, Ko J, Valladares ES, Biggs MA. Effectiveness and safety of telehealth medication abortion in the USA. *Nature Medicine*. 2024;30(4):1-8. doi:https://doi.org/10.1038/s41591-024-02834-w

antidepressants or SSRIs, or other medications that have saved countless lives, justified only by a political agenda.

The sponsors of HB 324 claim that it will help protect patients by requiring in-person examinations of patients prior to prescribing a drug which the director of health has determined may have severe adverse effects in greater than 5% of patients. While it sounds well-meaning, this bill ultimately does nothing more than decrease access to medicine. These physicians perform either in person of for the purpose of decision-making, equally well during telehealth exams. They are creating fear where none need be. Our physicians want to give their patients safe, effective medical care, and this kind of intrusion into the physician-patient relationship is ultimately harmful and will lead patients away from the trusted clinical relationships needed to provide good care.

The sponsors of this bill have shown they intend to use it as a means of preventing Ohioans from getting abortions that they, under the state constitution, have a protected right to receive. Mifepristone via telehealth has been subject to ongoing litigation and legislation across the country, and while HB 324 does not explicitly name this medication, we see that the aim of the bill is to put more barriers to access between patients and their physicians.

**Medication abortion is safe, effective, and reflects the will of Ohioans**

In 2023, more than 2 million Ohioans came together to amend our state's constitution to protect abortion rights. We were proud to join that movement, because we know as an organization of medical providers that abortion is fundamentally a decision that belongs between an individual and their provider.

From the plethora of studies that exist, mifepristone would not be at risk under HB 324, except that the bill does not require the director of health to use the highest quality scientific data to make their case.

As currently written, HB 324 does nothing to improve safety for patients. Instead, it forces them to make unnecessary in-person appointments for their medication, with providers who are already stretched thin in our state. Telehealth has been a boon particularly to rural Ohioans and has expanded the ability of physicians to help manage their patients' health more effectively.

We respectfully ask that you oppose this dangerous legislation.