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**Committees:**

Vice Chair of Energy and Natural Resources  
Community and Family Advancement  
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## State Representative Christina M. Hagan Ohio House District 50

Chairman Derickson, Vice-Chairman Ginter, Ranking Member Howse and members of the Ohio House Community and Family Advancement Committee, thank you for allowing me the opportunity to present the Abortion-Inducing Drug Safety Act, or House Bill 255. This legislation is intended to ensure women's health care be exactly that, care to the highest degree with no misuse of drugs beyond the context of their intent by the FDA.

In 2012, Ohio's law requiring that mifepristone be furnished in accordance with FDA protocol became an enforceable measure. Around the same time, non-surgical abortions dropped dramatically by 79 percent in Ohio. Although I am certain this can be attributed to a few variables, there is no doubt that abortionists having to act within confines of safe practices approved by the FDA related to the length of time during the gestational development of the unborn child, reduced the broad and questionable practice of using this drug to terminate a pregnancy with no boundaries, both for the woman and child.

Since this change in law has been upheld and enacted, the Ohio Department of Health began collecting data on the type of medication used for non-surgical abortions. In 2013 there were a total of 1,102 chemical abortions<sup>1</sup>:

- 855 abortions performed using Mifepristone (RU-486)
- 581 using misoprostol (used most often in combination with mifepristone)
- 163 using methotrexate
- 6 using "other" drugs, including potassium chloride which is injected directly into the unborn baby's heart to ensure the baby is not delivered alive

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<sup>1</sup> Ohio Department of Health, *Induced Abortions in Ohio, 2013*. Publicly available: <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/health%20statistics%20-%20vital%20stats/Induced%20Abortions%20in%20Ohio%202013.ashx>

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Mifeprax combined with misoprostol, is currently the only drug regimen labeled for the purpose of inducing an abortion in the United States by the FDA.

Abortions using methotrexate, a chemotherapy agent that is contra-indicated<sup>2</sup> for use during pregnancy, rose dramatically from the previous year (when there were 63 abortions performed using that same drug in 2012). As with cancer, methotrexate attacks the fast growing cells of the tissue surrounding the embryo that eventually give rise to the placenta. The baby dies as she is deprived of needed food, oxygen and fluids. Methotrexate can cause abnormal liver function and liver damage as well as other known side effects. The fact that abortionists are using a cancer drug to “treat” pregnancy reveals two things about the abortion industry itself: It shows how they understand pregnancy and a pre-born baby—as a cancer to be stomped out—and it shows an astonishing contradiction between the abortion industry and the traditional medical community.

Contrary to what the abortion industry’s practice implies, pregnancy—a human baby with her own DNA—is not a disease, and an unborn baby is not a cancer to be “cured”. It is advised that methotrexate should not be taken if you are pregnant or plan to become pregnant. It can cause serious birth defects as well as pregnancy complications. It is advised that contraception be used during the use of methotrexate and for three months after methotrexate has been used. Unsafe drug interactions can occur if a woman is not informed of such potential complications because some medications and natural remedies

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<sup>2</sup> Am Fam Physician\_ 2000 Oct 1;62(7):1607-12, 1614. *A family physician's guide to monitoring methotrexate.*

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may increase methotrexate toxicity, which is not just limited to the child being aborted but also to the woman ingesting methotrexate.

As a result of the misuse of these drugs, methotrexate used out of its originally intended purposes to help save a life is now being mis-administered to terminate another. Several states have enacted similar legislation to protect women and children:

- North Dakota
- Oklahoma
- Arkansas
- Texas

You see, Abortion is never “safe” when an industry is willing to use methods that are unproven and untested with unknown ramifications to a woman's health. To execute such actions knowing full well the intent of a drug is being abused can very well result in complications of what was presented to a woman as a simple procedure. When the goal is the death of a human being, whether through poisoning or dismemberment, abortion can never be completely safe. Between April 2011 and March 2013, there were 42 adverse events associated with the use of mifepristone reported, 35 of which were incomplete abortion which required surgical intervention.

To ensure the highest level of quality care is provided to women, this legislation also addresses admitting privileges to promote continuity of care. Only one manufacturer of mifepristone in the United States exists. That manufacturer requires a physician who furnishes the drug to sign a provider agreement before they can order the drug for distribution. That agreement requires the doctor to sign a statement affirming that the physician performing the abortion has “the ability to provide surgical intervention in

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cases of incomplete abortions or severe bleeding”. This legislation is in line with the requirements set forth by the manufacturer of the drug. This bill seeks to codify what should already be current practice in administering this drug.

This bill is about women’s health. If you disagree with the position of protecting all human life, surely you will still agree that the health of these mothers ought to be protected, and we should not be allowing the abortion industry to experiment as they please, for profit. The least we can offer women is to protect them from untested methods that the abortion industry may be using to skirt the most basic standards of health and safety.

Chairman Derickson and Members of the committee, thank you for allowing me to provide sponsor testimony on behalf of myself and Representative Brinkman. At this time I would be glad to answer any questions that members of the committee may have.

