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Chairman Burke, Vice Chairman Huffman, Ranking Member Antonio and Members of the Senate Health, Human Services & Medicaid Committee, my name is Dr. Lindsay Rerko, and I am a primary care physician here in Columbus, Ohio. I have practiced full spectrum family medicine including obstetrics for 10 years and I am the mother of four children. I stand here today, urging you to support Senate Bill 260.

As physicians, we vow to do no harm when we accept the vital task of caring for patients. It is a vow that we, nor the public we serve, take lightly.

Mifepristone is a drug that should not be dealt with lightly. It has the power to end not one, but two lives, should life threatening bleeding or infection occur in the woman who ingests it.

The FDA outlines criteria for "healthcare providers who would like to become certified to prescribe Mifeprex." In addition to having "the ability to date pregnancies accurately and to diagnose ectopic pregnancies," they "must also be able to provide any necessary surgical intervention, or have made arrangements for others to provide for such care."

There is no place for telemedicine when we are discussing the administration of this restricted access medication. Mifepristone can cause severe prolonged bleeding, severe infection, sepsis with atypical symptoms, and anaphylaxis. If the physician administering mifepristone needs to be in close enough proximity to provide surgical intervention should the need arise, telemedicine is contraindicated and dangerous. The physician should see the woman in her office. To expect the ER to deal with the complications is not making "arrangements for others to provide for such care."

As you are well aware, "as of December 31, 2018, there were reports of 24 deaths of women associated with Mifeprex since the product was approved in September 2000, including two cases of ectopic pregnancy resulting in death; and several cases of severe systemic infection (also called sepsis), including some that were fatal."

The FDA states "All providers of medical abortion and emergency room healthcare practitioners should investigate the possibility of sepsis in women who are undergoing medical abortion and present with nausea, vomiting, or diarrhea and weakness with or without abdominal pain."

A sepsis evaluation cannot take place over telemedicine. Initial diagnosis requires a temperature, heart rate, respiratory rate, and white blood cell count. When sepsis is suspected, a medical team must jump into action to save a patient's life. If a physician is taking on the responsibility of administering this life threatening medication, she needs to be present to deal with the consequences. The physician administering mifepristone ideally could respond more quickly and appropriately as she is one who is fully aware of the patient and situation. An ER physician may not even be aware that a chemical abortion is the cause should the woman not share or be able to share this important part of her history.

Very few medications have to be taken with the physician present. There is a reason for that. This medication is extremely high risk and requires appropriate medical attention and care. It is clearly dangerous at the present, being administered under FDA guidelines in a clinical setting, as we have 24 documented deaths for this elective procedure. Imagine how these numbers would increase with a telemedicine platform of care.

Please protect the women of Ohio and place a ban telemedicine chemical abortions.

https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifeprex