February 19, 2020

Chairman Burke, Vice Chair Senator Huffman, ranking member Senator Antonio, and all members of the Health, Human Services, and Medicaid Committee: thank you for allowing the time and opportunity to provide proponent testimony for Senate Bill 260, legislation that would the practice of telemedicine for the purpose of prescribing abortion-inducing drugs.

My name is Margie Christie and I am the Executive Director of Dayton Right to Life and the current President of the Right to Life Action Coalition. These two organizations would like to add our support to this legislation.

The drugs, specifically Mifepristone and Misoprostol are used regularly in our state’s abortion facilities. According to the latest Ohio Abortion report, over 6,000 abortions, approximately, 29% of all abortion, utilized these drugs. Currently, as in the case of many other states, these drugs require a physician to be present upon their initial dispensing. These drugs are not simple antibiotics for a urinary tract infection or ear infection. These drugs carry significant risks for the women who are prescribed them to end their pregnancy. According to the United States post marketing reports received by the FDA of adverse events, since the US approval date of September 28, 2000 until December 31, 2018 there have been 24 deaths recorded by women who used Mifepristone for the medical termination of pregnancy. Additionally, there have been 4,195 total cases with an adverse event, 1042 hospitalizations, 599 blood loss cases requiring a transfusion, and over 400 infections. Granted these may be small numbers for a 20-year span, but the risk is present. As stated in the drug’s own labeling, bleeding or spotting can be expected for an average of 9-16 days, may last for up to 30 days. Excessive vaginal bleeding usually requires treatment by uterotonics, vasoconstrictor drugs, administration of saline infusions, and/or blood transfusions.

In Ohio, we keep the same RU-486 adverse event records and they are sent to the State Medical Board each year. In 2019, there were 23 reports filed with the State Board from the just the Dayton facility alone. The majority of these reports read “incomplete abortion” followed by “uncomplicated dilation and suction.” This means the pills did not work as they should and the woman had to return to the facility for follow-up, in many cases, 20 plus days later. One particular woman had to come back 34 days later. Can you imagine what she went through for 30 days? Keep in mind--this is with our current standard of care that we see these adverse “events.” Telemedicine would only exacerbate these issues. Imagine a telemedicine scenario where the patient Is not given a thorough in-person exam and important medical nuances were missed? Suddenly these drugs’ side effects are turned into life-threatening issues.

Telemedicine takes this very important discussion between a woman and her doctor and minimalizes it to just a face on screen, impersonal, exchange of information. How is this in the best interest for women’s health? Telemedicine has its place, but not when this discussion and medical decision are this important. Women’s health, my health, my three daughters’ health deserves better care and attention than telemedicine.

Like Senator Huffman said in his testimony, I believe this legislation will make sure women in these difficult situations, will receive the best care possible. For this reason, I ask you to support Senate Bill 260. Thank you.