

Opponent Testimony for House Bill 324
The House Health Committee
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Maya Dunson, Medical Student

Chair Jean Schmidt, Vice Chair Kellie Deeter, Ranking Member Anita Somani, and the rest of the House Health Committee members, thank you for the opportunity to testify today in strong opposition to House Bill 324.

My name is Maya Dunson. I am an Ohio native and current medical student at the Ohio State University College of Medicine. I am also actively involved in advocacy for reproductive justice as Vice President of Medical Students for Choice – Ohio State Chapter and committee member of the AMA-MSS Committee of Gender and Sexual Health.

Through my Master of Public Health training, medical education, and free clinic work, I have researched and seen first-hand how economic, social and legislative barriers to care can impede access to timely and effective medical care – especially within the realm of women’s health, where there are disparities in maternal and infant mortality and reproductive healthcare, especially among disadvantaged populations.

This is one of the main reasons I have decided to pursue OB/GYN and women’s health as a career, to specifically address these disparities and improve health outcomes for all people. I understand the importance of protecting abortion access and proper reproductive care for every Ohioan. This is why I am here today to strongly oppose House Bill 324. Its attack on mifepristone would further restrict reproductive healthcare access across our state

Back in 2023, Ohio voters passed Issue 1 “*The Right to Reproductive Freedom with Protections for Health and Safety*”. This constitutional amendment protects all reproductive rights for all persons, including contraception, fertility treatment, miscarriage management, and abortion up to the point of viability, as well as one’s right to make their own decisions regarding reproductive healthcare. It also prohibits the state from directly or indirectly burdening, penalizing, prohibiting, interfering with, or discriminating against this care unless it can prove that such actions use the least restrictive means, as analyzed by the Ohio Attorney General.

With these facts to consider, HB 324 directly contradicts the will of the Ohio people. This bill places barriers and restrictions on care that can hinder the right to choose what

a person can do with their body. Under HB 324, there is a requirement of in-person visits and follow up appointments to receive medications that “cause severe adverse effects in > 5% of patients,” and it requires special prescribing protocols for them as well. This bill also bans telehealth and mail order services to distribute these medications.

These requirements would create substantial burdens to the Ohio patient population, especially patients from rural counties and underserved communities who already face restricted access to healthcare due to barriers such as finances, transportation, and other social determinants of health. For many, having to take time to travel to multiple in-person visits and to obtain medication would become logistically impossible, and for some could mean going without essential care.

Based on proponent testimony, it is possible that mifepristone, an evidence-supported safe chemical abortion drug, will be targeted and restricted under this bill. Supporters have cited a report from the Ethics and Public Policy Center, which claims that 11% of patients who were prescribed mifepristone experienced serious adverse events, though the report does not disclose the source or context of its data, which appears to come from insurance claims. Utilizing this source, mifepristone could be wrongly labeled as “high-risk” and subjected to unnecessary restrictions. However, this undermines its long-standing status as a safe medication, proven in more than 100 studies and 10 clinical trials involving more than 30,000 patients, with serious adverse effects occurring in only 0.05% cases, according to the Kaiser Family Foundation.

The issue with this bill is that the term “high-risk” and the sources used to support restricting certain medications are too broad and undefined. There is no clear guidance on which “evidence-based sources” will be referenced or what level of adverse effects would qualify a medication as “high-risk”. As a result, mifepristone could easily be misclassified under these vague standards. This can also lead to overcautious interpretations and judgement from providers, discouraging them from prescribing mifepristone, which would create further burdens on care and more infringement on the constitutional amendment that was passed.

Moreover, restricting mifepristone would also impact patients who are experiencing miscarriage, as this medication is recommended by both the American College of Obstetricians and Gynecologists (ACOG) and World Health Organization (WHO) to prevent unnecessary medical procedures and reduce the risk of infection and hemorrhage risk from incomplete uterine evacuation.

When people do not have access to abortion care or miscarriage management, rates of maternal morbidity and mortality increase. Research shows that abortion restrictions do

not stop people from seeking abortions, they simply force them to pursue unsafe alternatives. This leads to higher risks of complications from unregulated procedures or dangerous, non-prescribed substances, as documented in a study from Keegan, et.al examining the trauma caused by abortion restrictions. Additionally, research from the Harvard School of Public Health found that individuals who were denied abortions experienced significant mental health effects, including higher levels of anxiety and stress, as well as a lower self-esteem.

As a medical student, but more importantly as a woman and a future healthcare provider, I feel it is my duty to fight against bills that have the potential to harm our patient population and restrict access to essential care. I also believe that since the people of Ohio have already spoken, any bill or movement toward abortion restriction is in direct contradiction to their will and infringes upon our constitutional rights.

I urge you to consider my testimony and strike down House Bill 324.

Thank you for your attention.

Maya Dunson