Planned Parenthood
Act. No matter what.
Planned Parenthood Advocates of Ohio

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the Ohio House Health Committee,

Thank you for accepting my testimony today in strong opposition to House Bill 324. My name is Danielle Firsich, and I am the Director of Public Policy at Planned Parenthood Advocates of Ohio, and Planned Parenthood of Greater Ohio. House Bill 324 creates medically unnecessary barriers to medications like mifepristone that are both safe and effective. In November 2023, 57% of Ohioans passed the Reproductive Freedom Amendment, clearly rejecting government interference in personal health decisions. House Bill 324 is an unconstitutional attempt by anti-abortion legislators to undermine the will of the people, decrease access to medication abortion, and require the spread of medical misinformation about essential health care.

The sponsors and proponents of this bill have made clear that this bill is targeting restricted access to medication abortion by cherry picking a single, deeply flawed study, published by a conservative think tank known as the Ethics and Policy Center, to determine that mifepristone causes "a serious adverse event" in nearly 11% of patients.[1] This study has been universally discredited by all reputable researchers and health policy organizations. The Kaiser Family Foundation--a non-profit, non-partisan organization focused on health policy--has explained that "despite being widely criticized for methodological flaws, lack of transparency, and distortion, findings from the report have been used to amplify false claims that mifepristone is unsafe."[2]

Th Ethics and Policy Center's goals include "pushing back against the extreme progressive agenda," and serving as the "premier institute working to apply Judeo-Christian moral traditions to contemporary questions of law, culture, and politics."[3] Their study was self-published, not peer reviewed, and was so flawed that just last month, Advancing New Standards in Reproductive Health (ANSIRH)--a leading research group grounded in evidence through multi-disciplinary research, training and advocacy--debunked this study entirely, noting the following:

- **In the report, an abortion-related emergency room visit was counted as a serious adverse event regardless of the reason for the ER visit and whether the patient was actually experiencing a serious event.**
- **Subsequent treatment such as additional medications or a procedure to complete an abortion accounted for one fourth of the serious adverse events in the study, even though the medical community is in agreement that additional treatment is expected in 3-5% of patients and does not constitute a serious adverse event.**
- **About half of the serious adverse events counted in the report are "Other abortion-specific complications" in the report, but the authors do not define that term.**
- The authors conflate abortion with miscarriage and other non-abortion uses of mifepristone.
- The analyses cannot be verified, and the authors have refused subsequent requests to reveal the source of their data, precluding the ability to independently verify the results.[4]

In contrast to this debunked study, all reliable, peer-reviewed academic research has demonstrated that medication abortion is extremely safe. The National Academies of Science, Engineering and Medicine, a private, nongovernmental institution established by Congress to advise the nation on issues related to science and technology, has stated that "Complications after medication abortion, such as hemorrhage, hospitalization, persistent pain, infection, or prolonged heavy bleeding, are rare—occurring in no more than a fraction of a percent of patients."[5]

In fact, abortion is much safer than carrying a pregnancy to term and giving birth. The risk of death associated with childbirth is approximately 14 times higher than that with abortion.[6] Medication is also very effective. According to the FDA, in the United States there is a 97.4% success rate for medication abortion administered through the two-drug regimen in accordance with the 2016 Mifeprex label.[7] Even in the 2.6% of patients that required intervention following a medication abortion, that intervention was typically non-urgent.[7]

This bill would give the Director of Health excessive and unchecked discretion to determine which drugs are subject to onerous, unnecessary restrictions and opens the door to politically motivated decisions rather than evidence-based public health measures, thereby jeopardizing patient health. The bill even explicitly limits the sources the Director of Health could rely on in making determinations about medication safety and does not allow a review of the best, peer-reviewed academic research. Healthcare providers could be forced to

navigate a constantly shifting landscape of regulations, hindering their ability to provide consistent care across various populations.

Access to medication abortion is incredibly popular amongst Americans, who don't want to see the drug regimen pushed out of reach by politicians. A 2024 poll reported widespread support for letting women obtain drugs for medication abortion from their doctor or a clinic, with 72% supporting — including half of Republicans.[8] Nearly three in five Americans want patients to have access to medication abortion through telehealth—something this bill would restrict.[9] Prohibiting mail-order distribution of listed drugs could severely limit access for many patients, particularly vulnerable populations. Medication abortion can be a key tool in making health care more equitable, by bringing abortion access to those who need it most—particularly people of color, low-income people, and people in rural areas. This bill disproportionately affects rural Ohioans and those with disabilities who rely on telehealth and mail services, potentially creating significant barriers to care.

Prior efforts by the Ohio legislature to restrict access to medication abortion by telehealth have been rejected by the courts even before the passage of the Reproductive Freedom Amendment. The Hamilton County Court of Common Pleas found in blocking the prior ban:

> "Many patients will have to travel significantly farther to obtain an abortion, in some cases up to 100 miles or more, thus encountering barriers to care that will cause delay and that may ultimately preclude patients from accessing constitutionally protected care. The record demonstrates that increased travel will carry other financial, physical, and emotional costs for patients for which they cannot be made whole."[10]

Most recently, the same court found when blocking other restrictions on medication abortion under the Reproductive Freedom Amendment that based on the expert medical testimony presented in the case:

> "Medication abortion . . . and abortion in general, are among the safest treatments in contemporary medical practice" and that the Reproductive Freedom Amendment "grants sweeping protections ensuring reproductive autonomy for patients in Ohio."[11]

Forcing in-person pharmacy visits for all listed medications would be a significant burden for patients with mobility issues or those living in areas with limited pharmacy access. This restriction would undermine the progress made in expanding healthcare access through telemedicine and mail order pharmacies, pushing patients back to less convenient and

more costly options. In fact, at our newly opened PPGO Akron pharmacy, about 20% of patients are coming to us due to pharmacy closures in their area (within 4.6 miles). This bill is unconstitutional, and the legislature shouldn't be in the business of passing such legislation to use up state resources needed for litigation when there are far more pressing and urgent matters facing their constituents.

I strongly urge you to vote no on House Bill 324.

Thank you for your time and attention, and I will now take any questions you may have.

[1] 25-04-The-Abortion-Pill-Harms-Women.pdf

[2] Flawed Report Aims to Undercut Established Research on Abortion Pill Safety, Plus How a Federal Initiative to Study Autism May Overemphasize Environmental Toxins — The Monitor | KFF

[3] https://eppc.org/about/

[4]https://www.ansirh.org/research/research/ansirh-debunks-questionable-junk-analysis-abortion-safety

[5] https://apnews.com/article/fact-check-medication-abortion-783874945633

[6] Elizabeth G. Raymond & David A. Grimes, The Comparative Safety of Legal Induced Abortion and Childbirth in the United States, 119 Obstetrics & Gynecology 215, 216 (2012).

[7] https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf

[8]https://www.ipsos.com/sites/default/files/ct/news/documents/2024-03/Axios%20Ipsos%20Abortion%20Pill%20Survey%20Final%20Topline%203.28.24%20PDF.pdf

[9]https://navigatorresearch.org/two-in-three-are-concerned-that-restrictions-on-medication-abortion-would-insert-politicians-and-courts-into-personal-decisions/?

[10] TMAB PI Order, PPSWO et al v. ODH, No. A 2101148, April 19, 2021.

[11] Second PI Order, PPSWO v. ODH, No. A 2101148, August 29, 2024.