**Interested Party Testimony Regarding House Bill 324**
Delivered to the Ohio House of Representatives Health Committee
Testimony offered by Alison Norris, MD, PhD
October 8, 2025

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

Thank you for the opportunity to offer interested party testimony regarding House Bill 324.

My name is Dr. Alison Norris and I present this testimony in my personal capacity offering subject-matter expertise. I do not represent the position of The Ohio State University, where I am the Chair of Epidemiology at the College of Public Health, a professor, and a researcher.

HB 324 would have Ohio's Director of Health assess what medical drugs cause "severe adverse effects" in greater than 5% of people taking them. The bill states the Director's assessment shall be based on whichever of the following sources shows a higher adverse reaction rate: insurance claims, patient reports to health care professionals, and data from the Federal Drug Administration.

This aspect of House Bill 324 might sound reasonable upon first read. However, based on my training as a medical doctor and as an epidemiologist, I ask you to consider that it could prohibit standard, evidence-based medical care.

In medicine, standard care should be based on evidence. Basing care on evidence means relying on information examined and affirmed by scientists in related fields. It means using the most well-conducted research.

HB324 defines the data sources Ohio's Director of Health would use to decide if a drug should require additional hurdles to prescribe or receive. I suggest this component of the bill means aspects of Ohioans' health could be tied to poorly conducted studies and factually inaccurate assumptions about medicine fueled by nonmedical sources.

For example, in proponent testimony for this bill, constituents cite a poorly conducted, misleading report by Hall and Anderson about the safety of Mifepristone – one of the drugs used in medication abortion. Proponents use this report to demonstrate how HB324 would allow the state government to cite reports like that of Hall and Anderson to enact stricter limits on Mifepristone.

With my medical and research expertise, I can say that using the Hall and Anderson report to further restrict Mifepristone access would prohibit standard, evidence-based medical care. For the sake of time, I will share just two examples of how the Hall and Anderson report is flawed. I am an expert in study design, and I teach epidemiology: I would be happy to clearly explain all nine serious flaws in the report, should you wish to hear more.

First, the report defines many outcomes as serious adverse events that simply are not. For example, the report counts all emergency room visits as serious adverse events. People go to an emergency room for many other reasons than a serious health event. This is true for people having a medication abortion, and particularly if they live far from an abortion provider.

Second, the report's authors say subsequent treatment is a serious adverse event. Subsequent treatment accounts for nearly a quarter of what they classify as serious adverse events. Subsequent treatment is not a serious adverse event: it is expected that 3-5% of patients who use medication abortion will need additional medication or a procedure to complete the abortion.

In contrast to Hall and Anderson's report, there are more than 100 peer-reviewed studies from over 25 years of medical and social science research and patient experiences that create a strong scientific evidence base to show Mifepristone is safe. Scientific consensus is that serious adverse events amongst users of Mifepristone occur less than .03% of the time.

Proponent testimony for HB324 also suggests adding a required in-person medical visit and follow-up care appointment in order to obtain drugs like Mifepristone would not be too burdensome for patients. As a researcher, I have evidence from the impact of Ohio's previously required 24-hour waiting period and two appointments for abortion care that this claim is objectively false.

The example of Mifepristone regulation that proponent testimony offers shows how HB324 could tie Ohioans' medical care to misleading and poorly analyzed data. It could lead to a change in standard medical care that would harm Ohioans.

Thank you again for the opportunity to offer testimony about the potential impacts of HB324. I am happy to answer questions.

Sincerely,

Alison Norris, MD, PhD