Dear Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, thank you for the opportunity to offer proponent testimony on House Bill 324. My name is Sophie Privitera, I am an ER nurse who was born and raised in Ohio, and have lived here my whole life. I am grateful for the opportunity today to speak on behalf of myself and to advocate for patient care, safety, and the accessibility of healthcare.

I appreciate any and all efforts to protect patients, and create safeguards that would prevent harm. However, I have concerns regarding the nuances of this bill, and see its potential to do harm to Ohioans by limiting or delaying access to necessary medications that would otherwise be safely available via telehealth. In the ER, we often see complications of illness or increased severity of disease due to lack of access to care-- I've seen untreated infections lead to sepsis and cared for many patients who attempted to end their lives who hadn't ever received psychiatric services. I am concerned that in limiting telehealth services, this bill could add more barriers to care, in turn leading to the very same adverse effects which it seeks to prevent.

Meta-analyses and systematic reviews demonstrate that telehealth yields comparable outcomes in psychiatric diagnosis, chronic disease management, and primary care, with high consistency in assessment decisions and clinical endpoints.[1][2][3] Patient satisfaction and experience with telehealth, especially video visits, are comparable or sometimes more positive than in-person visits. Medical literature also demonstrates that medication errors and the overall prevalence of adverse drug reactions are not increased when prescriptions are made via telehealth.[4} Studies in large integrated health systems show slightly lower prescribing rates and comparable follow-up health events (emergency department visits, hospitalizations) after telehealth visits versus in-person care, suggesting telehealth is not associated with increased medication-related harm.[5-6]

On a more personal note, I am an Ohioan who uses telehealth to seek care. I know it is possible to have in-depth, and very personal conversations with my provider even over a video call. Years of receiving mental health treatment and therapeutic counseling in the telehealth modality has shown me this. The conversations I've had with my providers via telehealth have actually been the deepest and most difficult of my life, and I was grateful to have been able to have done it in a space where I was most comfortable--in my bed with my dog snuggled next to me for support. It is absolutely possible for patients to receive education regarding drug effects via telehealth, and for patients to give informed consent in this modality--they may actually feel safer in the comfort of their own home.

While this bill does not name any specific medications, proponents of this bill have largely focused on just one-- mifepristone. Current evidence demonstrates that prescribing mifepristone via telehealth does not result in a higher rate of adverse drug

reactions compared to in-person appointments. Multiple large cohort studies, randomized trials, and systematic reviews consistently show that serious adverse events—such as hospitalization, blood transfusion, or emergency surgery—are rare (<1%) and occur at similar rates in both telehealth and in-person care models for medication abortion up to 70 days gestation.[7-10] The American College of Obstetricians and Gynecologists confirms that telehealth provision is not inferior to in-person care in terms of safety and effectiveness, and the FDA's removal of the in-person dispensing requirement was based on robust safety data. Citations from proponents of this bill stating the dangers of mifepristone have been from nonreproducible studies from insurance data, and have largely ignored the mounting evidence from peer reviewed journals that demonstrate drug safety. This bill tasks the Ohio Department of Health to create a list of drugs that meet the standards for adverse drug reactions named in the bill. My concern is what evidence will the ODH be using to create this list? Will the ODH rely on flawed studies such as those cited by proponents of this bill?

Given the proven efficacy of telehealth, I am also concerned that this bill is putting unnecessary burdens of time, money, and resources upon the ODH and healthcare providers. At the end of the day, it's the patients who suffer when they are faced with barriers to care. I trust physicians, PA's and Nurse Practitioners to continue providing patients with the quality care they need in whatever modality they deem appropriate to make their assessment and clinical decision making. I love my job in the ER, and I love caring for my patients. However, if it's possible for them to never be wheeled into the trauma bay because they were able to receive preventative care, I would be thrilled. I urge legislators to vote no on this bill because of its potential to create barriers to care.

Thank you,
Sophia Privitera
MSN, RN, Certified Pediatric Nurse

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