



HB 324 Testimony

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members the House Health Committee, my name is Dr. Jamie Byler, and I am Chair of the Ohio Section of American College of Obstetricians and Gynecologists (ACOG), representing more than 1,400 practicing obstetricians-gynecologists. I write to express our opposition to House Bill 324.

House Bill 324 is a proposal that, despite its name, does not protect patients. Instead, it imposes arbitrary and medically unjustified barriers to care through its restrictions on telemedicine and its narrow, flawed approach to evaluating drug safety. Our concerns with the bill are twofold:

1. Arbitrary Restrictions on Telemedicine

HB 324 mandates in-person consultations for certain prescriptions without any clinical justification besides an arbitrary 5% “adverse side effects” determination. It is unclear from the bill text and proponent testimony how this 5% number was reached and why it is beneficial to patients. If the goal is to protect patients, why not 3% or 1%? It is also not clear how requiring an in-person visit would result in a patient-provider conversation that would not occur via telehealth. Providers train extensively for years to become familiar with medications used to treat patients and they know what information is needed before making a prescribing decision. Doctors know when they need to see a patient in-person before writing a prescription. Telemedicine is a proven, effective modality for delivering care, especially for patients in rural areas, those with mobility challenges, and those managing chronic conditions. Forcing unnecessary in-person visits is to needlessly burden the patient under the illusion of greater safety.

2. Restricting the Department of Health’s Authority

Equally troubling is the bill’s attempt to force the Director of the Department of Health to reach certain conclusions by limiting the data they may consider when evaluating medication safety. Requiring reliance solely on insurance codes, patient reports, and FDA data is not only shortsighted, but also dangerous. Insurance codes are billing tools, not clinical indicators. They are often incomplete and misleading. Patient reports are anecdotal and lack the rigor needed for policy decisions. FDA data is important but not always comprehensive and often lags emerging research.

Providers make decisions based on peer-reviewed studies, clinical trial data, and real-world evidence from health systems. These sources are essential for making informed, science-based

decisions. The bill strips the Director of the ability to exercise sound judgment and undermines the integrity of our public health system.

Conclusion

HB 324 is not a patient protection act- it is a patient restriction act. It imposes unnecessary burdens, disregards medical evidence, and undermines the authority of our health experts. It is for these reasons we ask the House Health Committee to reject this legislation.

Thank you for your attention to this matter.

Sincerely,

Dr. Jamie Byler