

Testimony of Catherine Romanos, MD
In opposition to House Bill 324
October 8, 2025

Chairperson Schmidt, Vice-Chair Deeter, and Ranking Member Dr. Somani, thank you for accepting my testimony in opposition to House Bill 324. I am a board-certified family physician, and I have been in practice for over 15 years. I completed a Bachelor of Arts in Spanish literature at New York University (I am fluent in Spanish), received my medical degree from the University of Connecticut, and completed a residency in family medicine in Lawrence, Massachusetts with an emphasis on social justice and caring for Spanish-speaking patients. I am a past president of the Columbus Medical Association, the Vice President of the Ohio Academy of Family Physicians, and a Past-President of the Central Ohio Academy of Family Physicians.

As a physician who provides abortion care as a part of the full spectrum of health care, I want to convey to you the dangers of House Bill 324 and clarify several incorrect claims raised in the proponent testimony. HB 324 is based on false premises, not medical evidence, and I urge you to oppose it.

First and foremost, as a board-certified medical expert, I provide excellent patient-centered care. Every day I hold my patient's hands and jump through hoop after hoop with them to ensure they get the abortion care they need. These requirements do not make abortion any safer; they serve only to burden patients and providers. They also disproportionately impact communities of color and rural patients who often lack the resources with which to overcome these barriers.

Forcing individuals to physically come to a physician's office to obtain mifepristone will add additional barriers and delay access to care. In my practice I have seen the impacts of barriers and delays. I have had more than a handful of patients in my career who have not been able to get to a clinic for a medication abortion and took matters into their own hands, taking dangerous amounts of vitamin c, ibuprofen, and aspirin. Peer-reviewed research published in well-known scientific journals have consistently shown that mifepristone is safe and effective, when prescribed in person, and via telemedicine.

The proponents of HB 324 reference a report by the Ethics and Public Policy Center (EPPC) which asserts that mifepristone has a high rate of "severe adverse events" when taken for medication abortion. This self-published report was not peer-reviewed and has a variety of flaws that make any conclusions drawn by the authors highly questionable and not reliable. There is a large body of peer-reviewed research on serious adverse events following medication abortion has consistently shown a rate of between 2% and 5%, regardless of whether the patient has an in-person visit with a physician or if the medication is prescribed via telemedicine. Having provided thousands of medication abortions in my career I have had only a handful of cases that I can recall ending in hospitalization, all of which were managed quickly and efficiently.

Mifepristone (when combined with misoprostol) is a safe and common medication regimen taken by patients who choose to take it, are informed of the intended effects, like bleeding and cramping, and who are made aware of the actual risks of the medication, most importantly the risk that < 5% of pregnancies may not be terminated by the regimen as the patient intends.

Please see this proposed legislation for what it is. This is another attempt by abortion opponents to make this safe medical practice look like something other than routine medical care. Please do not give voice to such hostile rhetoric. I oppose this bill on behalf of myself and the thousands of patients to access abortion care via telemedicine and urge you to do the same.