

Testimony of Erika Boothman, MD MPH
Opposing House Bill 324
October 8, 2025

Chairperson Schmidt, Vice-Chair Deeter, and Ranking Member Dr. Somani, thank you for reviewing my testimony in opposition of HB 324.

I am a board-certified OBGYN and hold a Masters in Public Health from Johns Hopkins University. I am writing to convey my opposition to House Bill 324 as it is dangerous to women of Ohio.

Mifepristone is a safe medication. Yes, it is used in abortions, but it is also used in procedures to assist safe delivery of fetuses that are found not to have a heartbeat. Every restriction placed on mifepristone not only affects patients seeking pregnancy termination but also affects patients in one of their hardest seasons of life; when they have just been told that their baby does not have a heartbeat. There is no role for the government to place unreasonable regulations on safe medications; especially when government officials are duped by bad “science” reports.

I cared for a patient who had experienced an intrauterine fetal demise around 18 weeks gestation. She had previously undergone several Cesarean sections, which increased her risk for uterine rupture if she were to labor. She was devastated when she was told that her baby did not have a heartbeat, and strongly desired to hold her baby. Despite a dilation and evacuation (D&E) procedure likely being the safer option, she was willing to undergo labor and the risk of a uterine rupture so she could bond with her baby before saying goodbye.

Because she had an increased risk for uterine rupture, I recommended that she take mifepristone prior to her induction. In second trimester inductions, mifepristone reduces the time to delivery, thus reducing the doses of medication that cause labor (and thereby can increase the risk of uterine rupture). Mifepristone has also been shown to decrease bleeding after delivery and reduce the risk of retained placenta and the need for subsequent procedures to remove the placenta. These are all facts about mifepristone that have been established with appropriate, well-designed, peer-reviewed data.

Had my patient not had ready access to mifepristone, her risk of uterine rupture would likely have been higher. A uterine rupture would have required an emergency surgery, likely under general anesthesia, and would have threatened her uterus, future fertility, and life. It certainly would have disrupted her grieving process and would have delayed her return to being a healthy mother to her children. Patients like mine deserve timely access to medications that their doctors recommend.

In closing, I'd like to address the report that is referenced in HB 324. As someone who holds a Bachelors in Cellular and Molecular Biology, a Masters in Public Health, and a Medical Doctorate, I have extensive education and experience in evaluating the quality of scientific papers. The "report" by Hall and Anderson upon which this Bill is based is deeply methodologically flawed. I find it embarrassing that members of the Ohio House cannot tell the difference between appropriate scientific studies and sham reports published by extremists. The report referenced falls into the latter category. House Bill 324 will only restrict evidence-based medicine and compassionate care to Ohioans. Please vote no on this harmful bill; and please feel free to reach out to me if you have any questions about the safety of this life-saving medication.