

October 7, 2025

Chair Jean Schmidt, Vice Chair Kellie Deeter, and Ranking Member Anita Somani:

Thank you to the Health Committee for the opportunity to provide written testimony on House Bill 324. My name is Charlie Ferguson, and I am a first year medical student at the University of Toledo College of Medicine and Life Sciences. I am in strong opposition to this piece of legislation, and I wish to express my concerns on the dangers it poses to the citizens of Ohio.

Before starting medical school, I worked as a clinical research assistant in the Maternal Fetal Medicine department at the Ohio State University. I had a lead role in the Aspirin study, a randomized trial comparing the effectiveness of 81 mg versus 162 mg of aspirin in preventing pre-eclampsia: a condition of dangerously high blood pressure in pregnant patients. Through this position, I gained firsthand experience of the rigorous structure of clinical research. Every step of the process is designed carefully to get safe, effective, and reliable evidence before reaching patients.

Across all fields of medicine, medications are subjected to thorough research and clinical evaluation, especially for high risk populations. It is therefore inappropriate for state legislators to override the judgement of highly skilled and licensed physicians. Even when physicians are faced with the dilemma of prescribing a drug with potential severe side effects, it is nearly always because it is necessary to treat a patient's current condition in a timely manner. The bill's proposed restriction on medications with a "greater than 5% chance of severe adverse effect" is loosely defined and undermines clinical judgment. A vague rule of this nature could prevent physicians from providing the best possible care to their patients.

While working at the Ohio State University, I also witnessed the disproportionate access to health care faced by many people in the state of Ohio. At the outpatient center in Upper Arlington, we had patients that would drive from up to two to three hours away just to receive the high risk pregnancy care that they needed. These patients were fortunate enough to be in a situation where they could travel to see their physician in person, but there were also other patients facing transportation barriers that relied on telehealth to maintain their essential prenatal care.

High risk pregnant patients are just one example of patient populations that utilize telehealth to supplement or replace their in person clinical visits. By forbidding the mailing of medications that fall under the bill's arbitrary list, and by requiring patients to see their physicians in person for both initial and follow up appointments to have these medications dispensed, House Bill 324 would disproportionately affect Ohio's low income and rural populations. It limits access to medications to patients who may not have the time, money, or means to follow these new requirements. This could have a serious implication for the health of patients who need these medications in a timely manner to ensure their safety, ultimately endangering patient health.

For these reasons, I strongly urge the committee to vote against House Bill 324. Thank you for the opportunity to provide testimony and for your consideration on this issue.

Sincerely,

Charlie Ferguson

Medical Student, University of Toledo College of Medicine and Life Sciences