

To the Ohio House of Representatives Health Committee,

I am a board-certified Family Medicine physician practicing in Dayton, Ohio, with five years of experience providing full spectrum primary care, including a robust obstetrics practice. My commitment to patient care extends beyond the exam room—I utilize telemedicine daily to break down barriers that prevent patients from accessing timely, high-quality care. For many Ohioans, telemedicine is not a convenience but a necessity, especially for those facing unreliable transportation, childcare responsibilities, or inflexible work schedules. Through telemedicine, I am able to address patient concerns, review contraindications, and make informed, real-time decisions that directly impact patient safety and well-being.

Mifepristone is a safe medication. Its side effect profile is minimal, and the risk of serious adverse events is exceedingly low—lower, in fact, than commonly prescribed antibiotics such as amoxicillin-clavulanate (Augmentin) or sulfamethoxazole-trimethoprim (Bactrim), both of which are routinely managed via telemedicine. Mifepristone can be safely and effectively prescribed through telemedicine and delivered by mail.

Despite this, proponents of HB 324 invoke the REMS classification and “Black Box” warnings to generate fear and confusion. This is a misrepresentation of medical reality. Many widely used medications—including antidepressants (with black box warnings for suicidality), certain antibiotics (black box warning for tendon rupture), antipsychotics such as Abilify (black box for increased mortality in elderly patients), and migraine medications like Imitrex (black box for cardiovascular risks)—carry similar warnings, yet are not subject to the same level of legislative scrutiny or restriction. Singling out mifepristone is not grounded in science or patient safety.

The REMS restrictions themselves are not evidence-based. The American College of Obstetricians and Gynecologists has unequivocally stated: “REMS restrictions for mifepristone do not make the care safer, are not based on medical evidence or need, and create barriers to clinician and patient access to medication abortion.” These restrictions serve only to obstruct care, not to protect patients.

As physicians, we are trained to critically evaluate scientific literature. The report cited by HB 324 supporters fails to meet basic standards of scientific validity, misusing terms like “severe adverse effect” and “hemorrhage” in ways that distort the facts. Bleeding is cited as a dangerous side effect of mifepristone, yet this is the intended and necessary effect of the medication, whether used for medication abortion or early pregnancy loss.

HB 324 is not about patient safety—it is about imposing unnecessary barriers to care based on misinformation and misunderstanding. My medical training, board certification, and licensure in Ohio qualify *me* to determine what is safe and appropriate for my patients—not a legislative body.

As a highly trained physician, I urge you to vote “no” on HB 324.

Thank you,

A handwritten signature in black ink, appearing to read "Sarah Dula, DO". The signature is fluid and cursive, with the initials "SD" being particularly prominent.

Sarah Dula, DO