

October 7, 2025

Chairperson Schmidt, Vice-Chair Deeter, and Ranking Member Dr. Somani, thank you for accepting my written testimony in opposition to House Bill 324. My name is Dr. Elise Berlan and I have been a pediatrician and Adolescent Health Specialist practicing in Columbus for the last 18 years. I am also a research scientist and Professor of Pediatrics in a leading medical school in Ohio. I am submitting this testimony in opposition to H.B. 324 today because I care deeply for patient care and safety, and because I know that delaying or denying access to essential medications like Mifepristone H.B. 324 disregards the expertise of medical professionals in Ohio, gold standard science, and damages the doctor-patient relationship.

There is no need to make the changes in health care policy for Ohioans as specified in this bill. Recent media attention has focused on the safety of mifepristone for medication abortion. Strategists and others have promoted a junk science report on the harms of mifepristone for medication abortion. This report was not conducted according to gold standard science, and was not peer-reviewed. The findings of this paper are not scientifically credible and have been rigorously debunked.

Mifepristone has been demonstrated by more than 100 high quality, peer reviewed scientific studies to be safe and effective, when prescribed in person, and via telemedicine.(1) **Serious complications are rare with mifepristone.** 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. **There is no evidence that requiring a patient to have an in-person appointment with a physician increases the safety of the medication.**(2)

The FDA conducted a rigorous review of research from the United States and other countries to assess the safety profile before it approved mifepristone in 2000. The safety of medication abortion has been highlighted in repeatedly in reviews since then, including FDA review in 2016, a National Academies of Sciences, Engineering, and Medicine in 2018, a 2019 FDA review prior to approving a generic of mifepristone, and in 2021 when FDA removed the in-person dispensing requirement and enabling certified pharmacies to dispense mifepristone, including by mail.

Patient safety is always top of mind when medical professionals are working with patients. We use the best, evidence based and proven treatments to provide care based on the needs and wishes of the individual patient. Mandates from the legislature on how medical care is provided interferes in that process and the doctor patient

relationship, stopping medical professionals like me from providing care based on the individual needs of the patient before me. H.B. 324 will not improve patient safety.

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 use of telehealth to be a benefit for patients - it enables patients to obtain high quality health care when and where it's convenient to them, reducing very real barriers such as the need for time off for medical appointments and the need to travel for appointments.

In sum, HB 324 is unnecessary and will harm Ohioans. Health care policy in Ohio must be guided by the best quality scientific evidence, as the consequences of policy changes on the health of Ohioans are significant. Mifepristone has been demonstrated in numerous high quality, peer reviewed studies to be safe and effective. Reducing access to mifepristone by requiring in person visits will reduce access to this medication and is not based on gold standard science.

I urge you to vote no on HB 324.

Sincerely,  
Elise Berlan MD, MPH

References:

1. National Academies of Sciences, Engineering, and Medicine (NASEM). The Safety and Quality of Abortion Care in the United States. 2018:53. <https://nap.nationalacademies.org/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states>
2. Effectiveness and safety of telehealth medication abortion in the USA <https://www.nature.com/articles/s41591-024-02834-w>