



DAYTON RIGHT TO LIFE
Society

Ohio House Health Committee
HB 324 Proponent Testimony
November 17, 2025

Chair Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the House Health Committee, we appreciate the opportunity to share our proponent testimony on House Bill 324. As Policy Director for Dayton Right to Life Society, it is my privilege to give a voice to Ohioans in the Miami Valley area.

Dayton Right to Life serves approximately 60 families each week through our pantries, most of them mothers. Many of these women have personally experienced the effects of drugs addressed in this legislation. They have shared with me the intense physical pain and emotional suffering they endured after taking certain drugs—specifically chemical abortion pills.

Several of these women ultimately required emergency care for complications that could have been prevented if clear, common-sense guidelines had been in place. This legislation provides those necessary safeguards.

The State of Ohio Medical Board routinely receives several hundred “RU-486 Complication” reports each year, detailing the horrific consequences of the lack of oversight regarding the dispensing of the chemical abortion drug. I have enclosed some of the reports for your consideration. Please note the timeline: when the drug was prescribed and how long these women suffered before seeking emergency care. In some cases, they endured weeks of heavy bleeding and excruciating pain before receiving help. Ohioans deserve better. They deserve protections that prevent these unnecessary tragedies.

Every medication should be dispensed under direct medical supervision, with informed consent regarding risks, and a confirmed follow-up to ensure the patient’s well-being. Accountability and safety must be the standard of care in our state. This legislation provides exactly that—reasonable and standard medical practices that protect Ohioans and upholds the integrity of medical practice.

I urge you to support this bill. Ohioans deserve nothing less.

Margie Christie
Dayton Right to Life

State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	<u>8</u>	<u>9</u>	<u>2022</u>
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: <u>Planned Parenthood of Greater Ohio</u>			
3. Address of medical practice or facility at which RU-486 was provided: <u>3255 E Main St. Columbus Ohio 43215</u>			
4. Date post RU-486 complication began: <u>8/13/2022</u>			
5. Event(s) (Please check all that apply): <input type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input checked="" type="checkbox"/> Other serious event (specify) <u>ectopic pregnancy</u>			
6. Duration of event: <u>1</u> Hours <u> </u> Days			
7. Remarks: <u>Mab procedure was initiated per FDA regimen on 8/9/2022. Hcg values were followed due to inconclusive US. Pt. was seen in ER on 8/13/2022 and ectopic pregnancy was confirmed. Patient was treated at Emergency room for resolution of ectopic pregnancy.</u>			
8. a. Name of physician who provided RU-486 <u>Dr. Rivlin</u>			
8. b. Physician's signature <u><i>Deborah E. Keesecker MD</i></u> <u>MD/D.O</u>			
Date <u>10/14/2022</u>			

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Legal Department

30 E. Broad St., 3rd Floor

Columbus, OH 43215-6127

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STATE MEDICAL BOARD OF OHIO

OCT 13 2023
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State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

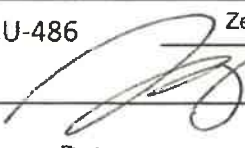
1. Date RU-486 was provided:	06	16	2023
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided:	Women's Med Dayton		
3. Address of medical practice or facility at which RU-486 was provided:	1401 E Stroop Rd Dayton, Ohio 45429		
4. Date post RU-486 complication began:	9/6/23		
5. Event(s) (Please check all that apply):	<input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____		
6. Duration of event:	_____ Hours	_____ Days	
7. Remarks:			
8. a. Name of physician who provided RU-486	Dr. Catherine Romanos		
8. b. Physician's signature			
	M.D./D.O.		
	Date 9/7/23		

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State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	<u>7/22/23</u>
	Month Day Year
2. Name of medical practice or facility at which RU-486 was provided:	Planned Parenthood of Greater Ohio
3. Address of medical practice or facility at which RU-486 was provided:	25350 Rockside Road, Bedford Heights, Ohio, 44146
4. Date post RU-486 complication began:	7/31/23
5. Event(s) (Please check all that apply):	<input checked="" type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input checked="" type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) _____
6. Duration of event:	<u>1</u> Hours _____ Days
7. Remarks:	MAB procedure initiated per FDA regimen on 7/22/23. Patient called 7/31/23 with c/o severe pain, heavy bleeding, and possible fever. Patient advised to go to ED. Patient went to ED 7/31-8/1 and had a D&C procedure at the hospital 8/1/23.
8. a. Name of physician who provided RU-486	<u>Zevidah Vickery</u> MD
8. b. Physician's signature	 M.D./D.O.
	Date <u>9/9/2023</u>

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SEP 25 2023
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State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: 8 / 17 / 23
Month Day Year

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Greater Ohio

3. Address of medical practice or facility at which RU-486 was provided:
3255 E. Main St. Columbus OH 43213

4. Date post RU-486 complication began:
9/8/23

5. Event(s) (Please check all that apply):

Incomplete abortion Adverse reaction to RU-486 Patient hospitalized

Patient received a transfusion Severe bleeding

Other serious event (specify) Failed MAB

6. Duration of event: 1 Hours 00 Days

7. Remarks: MAB initiated per FDA regimen on 8/17/23. Follow up call 8/28/23 revealed pt still experiencing pregnancy symptoms. Followup visit 9/8/23 revealed Failed MAB. ~~ultrasound done~~ visit showed one fetus passed and one viable fetus remaining from twin pregnancy. Suction procedure completed 9/15/23. without complication. pt did well post-op.

8. a. Name of physician who provided RU-486 Anne Marie Simey

8. b. Physician's signature [Signature] (MD/D.O)

Date 10-12-23

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OCT 30 2023

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State Medical Board of Ohio Report of RU-486 Event

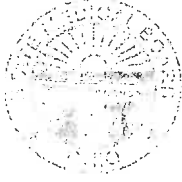
(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

OCT 13 2023
STATE MEDICAL BOARD

1. Date RU-486 was provided:	Aug 8 2023 Month Day Year
2. Name of medical practice or facility at which RU-486 was provided:	Women's Med Dayton
3. Address of medical practice or facility at which RU-486 was provided:	1401 E Stroop Rd Dayton, Ohio 45429
4. Date post RU-486 complication began:	Aug 10, 2023
5. Event(s) (Please check all that apply):	<input type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input type="checkbox"/> Other serious event (specify) <u>failed medication abortion</u>
6. Duration of event:	_____ Hours _____ Days
7. Remarks:	Treated with D+E on 9/26/2023
8. a. Name of physician who provided RU-486	Jeanne Corwin
8. b. Physician's signature	<i>[Signature]</i> M.D. D.O.
Date	09/26/2023

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State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	10	29	2024
	Month	Day	Year
2. Name of medical practice or facility at which RU-486 was provided: Planned Parenthood of Greater Ohio			
3. Address of medical practice or facility at which RU-486 was provided: 25350 Rockside Road, Bedford Heights, Ohio, 44146			
4. Date post RU-486 complication began: Pt visited ED 11/04/2024			
5. Event(s) (Please check all that apply):			
<input type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input type="checkbox"/> Severe bleeding <input checked="" type="checkbox"/> Other serious event (specify) <u>Failed AB</u>			
6. Duration of event: <u>1</u> Hours _____ Days			
7. Remarks: PUL MAB 10/29/2024. HCG quant levels continued to rise. Pt went to ED for c/o ectopic on 11/04/2024. Pt treated in ED w/ methotrexate for presumed ectopic pregnancy. No further follow-up visible in shared EMR. Upcoming D&C scheduled with outside provider for failed MAB.			
8. a. Name of physician who provided RU-486 <u>A Brant DO</u>			
8. b. Physician's signature <u><i>A Brant</i></u> M.D. / D.O.			
Date <u>11/19/24</u>			

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DEC 2 2024
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State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided:	December 11 2024 <small>Month Day Year</small>
2. Name of medical practice or facility at which RU-486 was provided:	Planned Parenthood of Greater Ohio
3. Address of medical practice or facility at which RU-486 was provided:	3255 E. Main St. Columbus OH 43213
4. Date post RU-486 complication began:	December 12, 2024
5. Event(s) (Please check all that apply):	<input type="checkbox"/> Incomplete abortion <input type="checkbox"/> Adverse reaction to RU-486 <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient received a transfusion <input checked="" type="checkbox"/> Severe bleeding <input checked="" type="checkbox"/> Other serious event (specify) <u>D+C Performed D/t Blood Loss of 3 Liters</u>
6. Duration of event:	<u>1</u> Hours _____ Days
7. Remarks:	Patient received a MAB on 12/11/24 Per Protocol. Went to ED on 12/12/24 due to Excessive bleeding. Hospital performed Emergency D+C to remove what was left in uterus. Pt states "blood was pouring out" and she lost 3 Liters of blood. Hgb went from 12.2 to 7.9 from blood loss.
8. a. Name of physician who provided RU-486	<u>Kale Turner MD</u>
8. b. Physician's signature	<u>MD/D.O.</u>
	Date <u>11/9/25</u>

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FEB 24 2025
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State Medical Board of Ohio Report of RU-486 Event

(Required pursuant to R.C. 2919.123)

To be completed by the physician who provided RU-486

1. Date RU-486 was provided: May 23, 2023
Month Day Year

2. Name of medical practice or facility at which RU-486 was provided:
Planned Parenthood of Greater Ohio

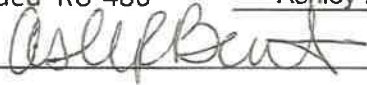
3. Address of medical practice or facility at which RU-486 was provided:
25350 Rockside Road, Bedford heights, Ohio, 44146

4. Date post RU-486 complication began: 6/6/23

5. Event(s) (Please check all that apply):
 Incomplete abortion Adverse reaction to RU-486 Patient hospitalized
 Patient received a transfusion Severe bleeding
 Other serious event (specify) bleeding

6. Duration of event: 1 Hours Days

7. Remarks:
Pt states she is having intermittent episodes of gushing of blood that is filling a pad. Also has noticed small clots. Pt denies filling a pad every hour for 2 hours. Patient went to ED, they gave her 2nd dose of misoprostol.

8. a. Name of physician who provided RU-486 Ashley Brant, DO
8. b. Physician's signature  M.D. / D.O.
Date 6/13/23

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