

Chairwoman Schmidt, Vice Chair Deeter, Ranking Member Somani, and members of the Health Committee,

Thank you for allowing me to testify today. My name is Clara Krajci. I am a woman in her thirties who has suffered depression at various times in my life. I am strongly opposed to HB 324.

In my teens, I was diagnosed with depression, and prescribed a medication in the SSRI, or Selective Serotonin Reuptake Inhibitor, class. This medication allowed me to attend school regularly; complete my homework; make friends; attend college and graduate cum laude; and work. In other words, SSRIs and my access to them allowed me to grow into a productive member of society. They are not only life saving, but life enabling. This bill could prevent Ohioans from accessing medication that not only saves lives, but enables them to go farther than they can believe today.

I am also troubled by the excessive, expensive, and redundant bureaucracy this would generate at the cost of Ohio taxpayers, given that the FDA already regulates drugs at the federal level. This, on top of the additional governance aimed at the prescriber-patient relationship, which is already deeply strained by ballooning costs, short appointment times, and healthcare deserts. In particular, when reviewing this bill, I am concerned for rural Ohioans who may have no or few options for care available locally, and may not have the time or means to visit a more populous area to receive care. I was exceedingly fortunate to have access to my parents' insurance, and live within a comfortable distance from a prescriber's office. Not all Ohioans are so lucky.

Finally, as a woman of reproductive age, I am also disturbed by the blatant targeting of mifepristone, a generic version of which was recently approved by the FDA. There has been a great deal of misinformation around mifepristone, especially due to a thoroughly-debunked and widely-criticized report issued by the so-called Ethics and Public Policy Center this past April. This paper was not peer reviewed, nor published in a medical journal, and is publicly noted for significant flaws in methodology and data transparency. In other words: it is an untrustworthy document, and not a sound basis for legislation. It does not stand against the decades of research proving that mifepristone is safe and effective. Ohioans deserve better.

To recap:

- FDA approved drugs save and improve lives;
- Restricting access to those drugs negatively impacts quality of life for Ohioans;
- The method of restriction would put a significant, unnecessary, and redundant burden of bureaucracy on Ohio, paid for by Ohio taxpayers;
- The method of restriction would burden the healthcare of poor and rural Ohioans the most;
- The paper that is the basis of this bill is flawed and scientifically indefensible.

I ask you to consider my testimony and vote NO on this unjustified and unreasonable bill. Thank you again for the opportunity to testify.