Testimony for the 11/19/2025 House Health Committee hearing #5 on HB 324, the Patient Protection Act:

Chairwoman Schmidt and Members of the Health Committee,

Thank you for allowing me to testify today. My name is Rachel Craddock. I am 33 years old and grew up spending a lot of time in hospital settings and learning about medications from my mother, who is a recently retired hospital pharmacist. That background plus my dependence on multiple medications makes me particularly interested in HB 324, which I am strongly opposed to.

In 2023, Ohioans made our opinion on reproductive healthcare very clear when 57% of voters voted for Issue 1, The Right to Reproductive Freedom with Protections for Health and Safety. I bring this up because the Patient Protection Act seems to me to be a thinly veiled attempt to restrict women's access to medication that is required for medical abortions, whether they are elective OR necessary for a wanted pregnancy that has heartbreakingly ended in a miscarriage. In the case of miscarriage, mifepristone can be life-saving, as the "adverse effects" of a miscarriage include some of the dangerous conditions listed in this bill, hemorrhage and sepsis being the most life-threatening.

Doing anything to restrict access to a medication that has been shown to be safe and effective through decades of research (mifepristone was created in France in 1980 and has been studied extensively since then) undermines the wishes of Ohioans, is putting the unqualified opinions of Ohio state legislators over the expertise and experience of scientists and doctors, and goes against the Republican motto of "smaller government."

In addition to the concern I have about this bill being an attempt to restrict abortion access despite Ohioans's wishes, I also have concerns about the burden this bill would place on the Director of Health to basically undertake the job of an entire federal government agency with no extra support. This is particularly wasteful, given its redundancy. The FDA is much better equipped to determine and ensure "the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices" as they state is part of their mission. There is no need for a state health director to check their work.

Lastly, I am concerned that this bill instructs the Director of Health to use insurance claim data and "patient reports of severe adverse effects to health care professionals," which I assume refers to the FDA Adverse Event Reporting System (FAERS), to determine whether a medication meets the 5% specific adverse event threshold outlined in the bill. Anyone can submit a claim to the FAERS database for any reason; it takes skill and expertise to parse out all that data to determine if a medication is actually harmful, and to what extent it is harmful. An untrained eye might deduce that a medication is harmful when it isn't, and making decisions based on these faulty findings could open the door for the unnecessary restriction of more than the targeted medication, mifepristone. This could also disproportionately target treatments that are known to be harmful but necessary in certain circumstances, such as chemotherapy.

As I mentioned above, I am dependent on multiple medications, and the idea that they could potentially be more difficult or even impossible for me to access is terrifying and infuriating. My healthcare should be between me and my healthcare providers; I trust them to prescribe medications that they believe will help more than they will hurt. Additionally, the provision stating that a prescriber must see a patient in person to prescribe a medication that has been, arbitrarily and against expert opinion, decided to be unsafe would affect me directly. One of my prescribing providers is located multiple hours away from me, and it isn't realistic to expect me to travel to see him– nor is it fair to expect me to find a closer provider so that I can be seen in person. There are many reasons why someone may choose or need to see an out-of-town provider and do so virtually, and again, this is something that should be between patient and doctor.

I ask you to consider my testimony and vote NO on this ill-informed, intrusive, redundant, and dangerous bill. Thank you again for the opportunity to testify.