Georgie Elson

House Health Committee

Opponent Testimony on HB 324

November 19th, 2025

Chair Jean Schmidt, Vice Chair Kellie Deeter, Ranking Member Anita Somani, and members of the House Health Committee:

Thank you for the Opportunity to testify today. My name is Georgie Elson, and I am a disability rights advocate here in Ohio. I am also someone who lives with Ehlers Danlos Syndrome and many rare comorbidities that EDS can lead to. I am an individual that is mostly home bound and a rely on personal care aides to help me with my activities of daily living. I am a powerchair user who is unable to drive, so I also depend on personal care aides for transportation.

I am someone that depends upon 30 medications in various forms including pills, liquids, IV, and subcutaneous injections. One of my conditions, called Mast Cell Activation Syndrome, causes daily anaphylaxis and frequent reactions to literally almost everything. Point being, I am no stranger to medications or adverse effects. And I would bate for my personal outlandish and uncommon medical event to be used as an excuse to harm other individuals, whom are much less at risk. There are actually a lot of underlying conditions someone can have, that would make their response to medication atypical.

We shouldn't punish the many due to adverse effects of the few.

---

1. HB 324 causes harm to Ohioans, especially those with disabilities

People with disabilities and rare diseases often require complex treatment plans. We rely on:

- Multiple prescriptions
- Mail-order pharmacies to avoid transportation barriers
- Telehealth visits when appointments are physically unreachable
- Providers who know our medical history and can prescribe safely without unnecessary hurdles

By banning mail-order access and forcing in-person appointments for entire categories of medications, this bill creates barriers by design. It punishes us for being disabled, for being rural, for being immunocompromised, or for being low-income.

When you restrict access to medication, you restrict access to life.

---

2. The 5% threshold is scientifically meaningless and the data is easy to misinterpret or distort

HB 324 prohibits the retail sale—including mail-order sale—of any drug that "causes one or more severe adverse effects in greater than five per cent of users."

A 5% adverse effect rate does not reflect how medical risk is normally assessed. Adverse events such as hospitalization, infection, or hemorrhage—while serious—are rare for most medications. But because the bill defines the threshold as the greater of insurance claims, patient reports, or FDA data, **the number can be artificially inflated** by:

- Duplicate or unverified patient reports,
- Insurance claim miscoding,
- Data that does not distinguish between correlation and causation, and
- Differences in how FDA and insurers classify "severe" events.

Adverse effect rates differ significantly between common medications (e.g., antibiotics, anti-inflammatories) and less frequently used, higher-risk medications (e.g., chemotherapy agents). A single percentage threshold may not account for these differences. Additionally, some medications treat high-risk or life-threatening conditions, which can have a large impact on the risk tolerance of an individual. A chemotherapy drug may have a comparatively high adverse-effect rate, yet withholding treatment would also carry significant risks.

There are many other medications, treatments, procedures, or surgeries where that is the case. And usually, we leave these decisions up to the doctors, the surgeons, the experts. Medical treatment decisions should always be made between the doctor and the patient.

Even being able to access all the data that would be needed to implement this bill, is quite an obstacle in and of itself. Then we must ask, **who is going to police the accuracy of all the data to prevent manipulation and false conclusions?**

---

3. The bill's 5% "severe adverse effect" threshold is not patient protection—it's a pretext

HB 324 uses a threshold so vague and manipulable that it could be applied to countless medications disabled people rely on daily.

And the bill requires using the highest possible rates from any data source—even patient reports that aren't verified or insurance codes that don't distinguish cause from coincidence. This is not science. This is not safety.

Under this structure, the director could be required to flag commonplace medications—ranging from anti-inflammatories to anticoagulants to antibiotics—because these classes naturally involve medical events that often occur because of the underlying illness, not the drug.

4. The bill's restrictions severely limit patient access, especially for rural, disabled, and medically fragile Ohioans

HB 324 bans mail-order delivery of any medication on the director's list. This would:

- Increase costs for patients who rely on mail-order pharmacies for insurance-covered 90-day fills,
- Limit access for individuals with mobility barriers,
- Reduce adherence to long-term treatment plans, and
- Increase strain on small community pharmacies that cannot stock every medication.

Many disabled Ohioans cannot drive. Many live in rural areas where the nearest accessible pharmacy may be 30, 40, even 60 miles away. Some are homebound. Some live alone.

HB 324 would take away an essential service that disabled Ohioans fought decades to secure. Worse, it would strand people without the medicine they desperately need. **Mail delivery is not optional. It is not just a convenience. *It is a lifeline.***

If legislators want to reduce harm, they should be expanding access—not tearing it down.

5. The bill mandates an in-person exam and follow-up appointment even when it is medically unnecessary

HB 324 requires a prescriber to conduct an in-person examination and schedule a follow-up appointment before issuing a prescription for any affected drug.

This degrades the progress Ohio has made in expanding Telehealth, which has been critical for individuals with chronic conditions, those with disabilities, and those facing transportation or childcare barriers.

Mandating in-person exams for medications with even a theoretically elevated risk profile:

- Increases costs for all involved,
- Consumes provider time,
- Creates care delays,
- Does not improve safety when a telehealth evaluation is clinically appropriate, and
- Makes potential life saving medications impossible to access consistently for some.

Telehealth is one of the most important accessibility advances in decades and it is a service that I've had to rely on significantly. In the past, I was fully bedridden, unable to sit up, due to a Cerebral Spinal Fluid Leak for over 1.5 years. I had to bring a yoga mat to lay on the floor flat while in the waiting room, and also during the whole appointment, because I couldn't sit up long enough. I had to travel laying flat in the hack of the van to even make it there. Then, there were several weeks at a time where I couldn't get out of bed at all. I'm also immunocompromised. I attended appointments via Telehealth, when possible, but when Telehealth wasn't available, I was forced to put the care on hold.

I have also depended on Telehealth for therapies and to follow up with my specialists, many of whom are located hours away.

---

6. The bill imposes severe economic consequences on pharmacies, insurers, and the state

Pharmacies and wholesalers would have to continually monitor a state-generated list that may change at any time. This creates:

- Supply chain uncertainty,
- Increased compliance costs,
- Inventory waste, and
- Insurance coverage confusion for medications suddenly rendered non-retailable.

The cost analysis of this legislation prepared by the LSC acknowledges that this legislation will cost millions of dollars annually, at a time when our healthcare system and those who depend upon it, are already experiencing serious increased costs; And from those increased costs come many increased consequences.

There will be high costs to taxpayers to implement this legislation; higher costs for insurance companies - including for Medicaid & Medicare - for the unnecessary in person appointments; the insurance eventually passes down the costs to their consumers – many of whom are already seeing premiums triple right now; Less people will be able to afford insurance, so insurance companies will have to further pass down their increased costs yet again; Healthcare gets more expensive and harder to access for everyone involved; Hospitals and clinics will close their doors.

---

7. HB 324 outsources major health policy decisions to bureaucrats with no guardrails

The bill hands sweeping power to the Director of Health to restrict medications based on incomplete or distorted data, with no transparent methodology, with no public review, no independent clinical medical oversight, and no appeals process for patients who rely on the medications affected.

This bill would - take our fate, our ability to function, our quality of life, and in some cases our actual ability to stay alive - out of the hands of our specialized clinicians and into the hands of a bureaucrat using dodgy data.

Ohio's medical boards already regulate prescribing standards. HB 324 replaces clinical judgment with legislative micromanagement.

This approach not only fails to protect patients; it destabilizes the health care system.

---

8. HB 324 is misnamed. It does not protect patients—it isolates us.

If the legislature wants to protect patients, start by listening to us.

We need:

- Accessible transportation
- Affordable medication
- More telehealth access
- Safe, regulated mail-order options
- Accessibility requirements for provider offices
- Increased access to specialty and IV medications
- Affordable & accessible housing

Not a bill that erects new barriers and then calls it “protection.”

HB 324 would make Ohio a harder, more dangerous place to be disabled. It limits autonomy, increases costs, and strips away the tools that allow us to live full, self-directed lives.

If the General Assembly seeks to improve medication safety, Ohio can pursue measures that actually help patients without restricting access or disrupting the medication supply chain.

But I think we all know why we are really here.

This is policymaking designed to justify taking medications off the shelf without due process, without transparency, and without accountability.

If you want to do the wrong thing and ban abortion medications, at least do the right thing and do not throw vulnerable and sick Ohioans under the bus with it.

Disabled Ohioans are tired of being collateral damage in political experiments.

Conclusion

I urge you: do not pass a bill that treats disabled Ohioans as acceptable casualties. Do not pass a bill that creates barriers to care while claiming to remove them.

If you truly want to protect patients, please start by listening to the ones this bill would harm first and foremost.

Thank you for your time and consideration of this important issue. Please do not hesitate to reach out with any questions via email at georgie.g.elson@gmail.com.