



Jaime Miracle, Deputy Director
House Health Committee
Testimony in Opposition to HB 347
March 4, 2026

Chair Schmidt, Vice Chair Deeter, Ranking Member Dr. Somani, and members of the House Health Committee, thank you for accepting my testimony in opposition to House Bill 347, a bill to reinstate an unconstitutional mandatory 24-hour waiting period and biased counseling law in Ohio. My name is Jaime Miracle, and I am the deputy director for *Abortion Forward*, formerly Pro-Choice Ohio.

I feel like a broken record in these hearings, but bills continue to get introduced that violate the Ohio Constitution. I guess I need to keep reminding members that in 2023 voters overwhelmingly passed the Ohio Reproductive Freedom Amendment with 57% support. They added Article 1, Section 22, which reads, in part:

“Every individual has the right to make and carry out one’s own reproductive decisions, including but not limited to, contraception; fertility treatment; continuing one’s own pregnancy; miscarriage care; and abortion. The State shall not, directly or indirectly, burden, penalize, prohibit, interfere with, or discriminate against either: an individual’s voluntary exercise of this right or a person or entity that assists an individual exercising this right, unless the State demonstrates that it is using the least restrictive means to advance the individuals health in accordance with widely accepted and evidence-based standards of care.”¹

House Bill 347 violates the Ohio Constitution in a multitude of ways.

- **It’s burdensome and interferes with rights.** House Bill 347 directly burdens and interferes with an individual’s voluntary exercise of the right to abortion by mandating a state-imposed 24-hour waiting period.
- **It’s discriminatory against patients and providers.** By imposing this 24-hour waiting period and mandatory misinformation requirement *only* on individuals seeking abortion care and the medical professionals providing that care and not on other medical procedures or medications, House Bill 347 discriminates against both individuals exercising their voluntary right to abortion and medical professionals assisting the individual in exercising their rights.
- **It fails to meet the “least restrictive” standard in the constitution.** By imposing a restriction on abortion using medically inaccurate and thoroughly debunked “research,” and having failed to prove how this restriction will advance the health of individuals, House Bill 347 does not use “the least restrictive means to advance the individual’s health in accordance with widely accepted and evidence-based standards of care.”

¹ <https://codes.ohio.gov/ohio-constitution/section-1.22>

A state mandated 24-hour waiting period will harm patients by creating additional barriers to care and increasing costs of the procedure. For anti-abortion members of this legislature, this is a *feature* not a *flaw*. The goal of this legislation is not to ensure informed consent. It is to make it harder for people to access the care they need.

For patients facing a medical emergency during pregnancy, being forced to wait could put their lives at risk. The dangerously narrow exception in this bill will tie the hands of doctors who take care of pregnant people in our state. One of these doctors submitted written testimony. In her testimony she states “I recently had a patient in the second trimester present to the Emergency Department with profuse vaginal bleeding from a placental abruption. Her fetus still had a heartbeat. She lost over 2 liters of blood, and I watched her become unresponsive from blood loss. There is only one treatment in this situation, and it is to perform an abortion to save her life. We rushed her to the operating room without delay. Arbitrary delays like those included in HB 347 could have easily cost her her life.”

Proponents of HB 347 claim there is scientific research backing up the medically inaccurate information required in this bill, but that is false. Evidence overwhelmingly shows that there is no causal link between abortion and adverse mental health outcomes. One article published in the *Monitor on Psychology* in 2022 begins with the line “More than 50 years of international psychological research shows that having an abortion is not linked to mental health problems, but restricting access to safe, legal abortions does cause harm.”²

In 2008, the American Psychological Association created a task force to look into claims that abortion and adverse mental health outcomes were connected. Their findings stated “the [task force] reviewed no evidence sufficient to support the claim that an observed association between abortion history and mental health was caused by the abortion per se, opposed to other factors.”³ Additionally, their research detailed the multitude of methodological issues in research on the alleged link between abortion and mental health concerns including a lack of assessment of co-occurring risk factors, statistical errors and interpretational problems and logical fallacies.

This bill provides even more dangerous misinformation for patients seeking medication abortion services. For those patients, medical professionals are required to inform the patient that the process can be “reversed” via an unproven and potentially harmful protocol pushed by anti-abortion organizations. A randomized control study of this idea was conducted in 2020 but had to be stopped early because of concerns about the safety of the study’s participants. ACOG has released a statement opposing this idea of “reversal” stating, “ACOG ranks its recommendations on the strength of evidence and does not support prescribing progesterone to stop a medication abortion.”⁴ Their statement continues by saying: “Politicians should never mandate treatments or require that physicians tell patients inaccurate information. This is an

² <https://www.apa.org/monitor/2022/09/news-facts-abortion-mental-health>

³ <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>

⁴ <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>

interference in the patient-clinical relationship and contradicts a fundamental principle of medical ethics.”⁵

Not only does the bill itself include medical misinformation, but it leaves the door open to even more bias and political interference by putting the State Medical Board in charge of creating the final list of complications that medical professionals must tell their patients. A politically appointed board, which includes within its membership the former president and current board member of Ohio Right to Life, should not be determining this final list. If any list is to be created, it should be created by experts in reproductive health like the American College of Obstetricians and Gynecologists (ACOG).

For nearly 20 years, Ohioans endured harmful restrictions, like the 24-hour waiting period, that delayed or denied abortion care altogether. Research from the Ohio Policy Evaluation Network has shown that 24 hour waiting period laws “make it harder for patients to experience timely, safe, and routine health care and result in distressing challenges for abortion seekers.”⁶ Since the passage of the Ohio Reproductive Freedom Amendment, some of these barriers have begun to be dismantled. As the First District Court of Appeals said in ruling in yet another one of the now unconstitutional restrictions on abortion in Ohio, “Ohio voters said what they meant.” This legislature would do well to listen to Ohio voters who clearly told Ohio’s elected leaders that they want government out of their healthcare decisions.

I welcome any questions you may have for me today.

⁵ IBID

⁶ <https://open.osu.edu/an-assessment-of-burdens-may-2024/>