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Senate Health Committee
Senate Bill 309 – Sponsor Testimony
Wednesday, November 19th, 2025

Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the Senate Health Committee, thank you for allowing me to present Senate Bill 309 for your consideration and discussion today.

The Abortion Pill Provider Liability Education (APPLE) Act provides a framework for healthcare providers to educate a woman on the risks associated with a chemical abortion and makes her aware of her and her family's rights to sue if the pill results in complications, injuries, a failed abortion, or her death.

As you may recall, the FDA approved chemical abortion in 2000 with strict protocols in place. A chemical abortion is a two-pill protocol (mifepristone and misoprostol) and, when it was first approved, was required to be taken under the supervision of a physician, with three in-person follow up visits. In 2016, the FDA Risk Evaluation & Mitigation Strategies (REMS) reduced the number of follow up visits required and expanded the prescribing authority to any certified health provider.

In 2021, REMS was further expanded to allow the dispensing of chemical abortion pills through telehealth visits. While the Ohio Revised Code requires an in-person visit with a physician to be prescribed the abortion pill, this requirement is currently subject to a preliminary injunction while litigation is pending.

In 2023, chemical abortion accounted for 63% of all abortions performed in the United States and have a higher rate of complications compared to surgical abortions. From November 2012 to December 2024, the FDA reports that more than three dozen women died, 114 experienced infections, 288 were hospitalized, and 190 required blood transfusions after taking mifepristone.[i] Documented complications include excessive bleeding, infections, and rupture of previously undiscovered ectopic pregnancies.

In addition to FDA findings, the largest study on chemical abortion performed by the Ethics and Public Policy Center finds the failure rate and percentage of experiencing a serious adverse event to be much higher than prior U.S. clinical trials. The study found that at least 5.26 percent, one in 19 cases, result in a failed abortion and 13.51 percent, one in seven women, experienced at least one serious adverse event or a repeated abortion attempt within 45 days of the first chemical abortion attempt.[ii] It should be noted that this study involves no recall bias or opinion. It is simply an analysis of insurance data for women who were prescribed mifepristone for an unwanted pregnancy.

As the accessibility to chemical abortions continues with little to no oversight, it is well beyond time to mandate educating women on the risks associated with these drugs as well as their right to hold accountable those who are involved with manufacturing, dispensing, and prescribing these drugs. This bill is an opportunity for abortion pill providers to ensure their patients are properly informed and reevaluate their desire to be held legally liable in offering this drug.

The legislation directs the Department of Health to develop a standardized consent form that women must review and sign, ensuring it is both clear and transparent. The bill also grants the Attorney General authority to enforce compliance and impose significant penalties on abortion pill providers who disregard these requirements.

Truly, this legislation is a patient protection policy. We know much more about the dangers associated with Mifepristone today than we ever have in the past, and the women who are being prescribed this medication have every right to know, as well. This legislation does not impede or hinder a women's ability to access a chemical abortion, but it ensures that she is fully educated on the risks

associated with these drugs and her and her family's right to seek recourse should complications arise.

Mr. Chairman and members of this committee, I ask you to consider SB 309 so that women in our state are given the appropriate facts regarding the risks of mifepristone and their rights to sue should an adverse reaction occur caused by this drug. Thank you for allowing me to testify and I will gladly answer any questions.

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[i] U.S. FDA. (2024, December 31). *Mifepristone US post-Marketing Adverse Events Summary through 12/31/2024*. U.S. Food and Drug Administration. https://www.fda.gov/media/164331/download

[ii] Hall, J. B., & Anderson , R. T. (2025, May 12). *The Abortion Pill Harms Women: Insurance Data reveals repeated abortion attempts due to high failure rate - ethics & public policy center*. Ethics and Public Policy Center. https://eppc.org/publication/the-abortion-pill-harms-womeninsurance-data-reveals-repeated-abortionattempts-due-to-high-failure-rate/