Proponent Testimony: Senate Bill 309
Ohio Senate Health Committee
February 11, 2026

Chairman Huffman, Vice Chairman Johnson, Ranking Member Liston, and Members of the Senate Health Committee:

My name is Alicia Thompson, DO, MPH, FACOG, and I submit this testimony in support of Senate Bill 309. I am a board-certified obstetrician-gynecologist with more than 15 years of experience in military, academic, and community practice in Ohio. I believe SB 309 establishes a reasonable and medically appropriate framework for informed consent and professional accountability in the prescribing of abortion-inducing drugs, and I respectfully urge its passage.

Qualifications and Experience

I am a Diplomate of the American Board of Obstetrics and Gynecology and a Fellow of the American College of Obstetricians and Gynecologists. I currently practice general obstetrics and gynecology, providing comprehensive reproductive health care across the lifespan.

Previously, I served as an Assistant Professor in Dayton, Ohio, where I taught medical students and residents in both clinical and surgical settings. I also served on active duty in the United States Air Force as an attending OB-GYN at Wright-Patterson Medical Center, attaining the rank of Major while managing both routine and high-risk cases and leading quality and education initiatives.

Throughout my career, I have been responsible for obtaining informed consent for a wide range of medical and surgical procedures and for teaching those standards to trainees. This has repeatedly reinforced that informed consent is a professional obligation central to ethical medical practice and is a professional and ethical duty—not a formality.

Informed Consent Is a Medical Process

Informed consent is not merely a signature on a form. It is a dialogue that requires clear, accurate, and understandable communication about the information, including the nature of the treatment, potential risks and complications, expected outcomes, and available alternatives, including no treatment. True informed consent enables patients to make voluntary and knowledgeable decisions about their care.

For elective interventions such as medication abortion, informed consent standards should meet the same threshold as those for other procedures with physical, reproductive, or emotional implications. SB 309 supports this principle by requiring

written, understandable disclosures, patient acknowledgment, and documentation that consent was properly obtained and recorded.

Risk Disclosure and Patient Understanding

Abortion-inducing drugs carry known risks, including bleeding, infection, incomplete abortion, and the need for additional medical care. These risks are documented in federal drug labeling and safety communications. SB 309 ensures that women receive clear, standardized written information about these risks before giving consent.

From a clinical perspective, the purpose of informed consent is not to discourage care, but to ensure that patients understand what they are agreeing to and are not misled about the potential consequences. SB 309 appropriately places responsibility on the prescriber to provide accurate risk disclosures and obtain documented confirmation that the patient understands them and holds prescribers responsible for providing accurate disclosures and verifying patient understanding.

Accountability and Medical Standards

A key strength of SB 309 is that it reinforces professional accountability. By establishing explicit informed consent requirements and record-keeping standards, the bill aligns abortion-inducing drugs with the same ethical and legal expectations that govern other areas of medical practice.

SB 309 also informs patients of their legal rights and available remedies in the event of violations of consent or statutory requirements. This strengthens patient autonomy by ensuring that consent is not only required, but also enforceable, and that it is substantive as well as enforceable.

Protection Against Coercion and Non-Consensual Use

In clinical practice, it is well recognized that medical treatments can be misused in situations involving pressure, deception, or lack of patient knowledge. SB 309 addresses this risk by requiring documented, individualized consent and by informing patients of their civil rights if consent is violated.

The importance of clear, enforceable informed consent standards is not hypothetical. This issue is not theoretical. In December 2025, an Ohio physician, Dr. Hassan-James Abbas, was indicted by a grand jury on multiple felony charges after allegedly administering abortion-inducing drugs to his pregnant partner without her knowledge or consent. According to court filings, the woman had clearly stated she wished to continue her pregnancy. Prosecutors allege that Dr. Abbas nonetheless obtained the medication using

another individual's identity and attempted to administer it to her while she was asleep. The victim resisted and later sought medical care and legal protection.

As a result of these allegations, the State Medical Board of Ohio suspended Dr. Abbas's medical license, citing an immediate risk to patient safety. The criminal case remains pending, but the facts alleged illustrate a critical reality: abortion-inducing drugs can be misused in situations involving deception, coercion, or lack of patient awareness. SB 309 directly addresses this risk by requiring documented, individualized informed consent and by informing patients of their civil remedies if consent is violated. This case underscores that informed consent laws are not abstract policy—they are concrete safeguards against real-world abuses.

In my professional medical opinion, SB 309 represents a reasonable, ethical, and necessary step to:

- Affirm that informed consent is a substantive medical process, not a procedural formality.
- Ensure that women receive clear, accurate, and documented risk information before taking abortion-inducing drugs.
- Hold prescribers to consistent professional standards of accountability.
- Protect patients from coercion, deception, and non-consensual medical treatment.

SB 309 does not restrict access to care. It ensures that care, when provided, is accompanied by the same informed consent safeguards expected throughout modern medicine and does not restrict care—it ensures that when care is provided, it meets the same informed consent standards applied throughout medicine. For these reasons, I strongly support its passage.

Thank you for the opportunity to provide this testimony and for your commitment to women's informed consent and patient safety.