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December 8, 2020

Chairman Lipps, Vice Chair Holmes, ranking member Rep. Boyd, and all members of the Health Committee: thank you for allowing the time and opportunity to provide proponent testimony for Senate Bill 260, legislation that would require a physician's presence when providing or furnishing an abortion inducing drugs.

My name is Margie Christie and I am the Executive Director of Dayton Right to Life and the past President of the Right to Life Action Coalition of Ohio. These two organizations would like to add their support to this legislation.

Most medical abortions in Ohio use two specific medications, Mifepristone and Misoprostol. According to the latest Ohio Abortion report, over 8,000 abortions, approximately, 44% of all abortions, utilized one of both of these drugs in 2019. Currently, as in the case of 19 other states, these drugs require a physician to be present upon their initial dispensing. These drugs are not simple antibiotics for a urinary tract infection or ear infection. These drugs carry significant risks for the women who are prescribed them to end their pregnancy. According to the United States post marketing reports received by the FDA of adverse events, since the US approval date of September 28, 2000 until December 31, 2018 there have been 24 deaths recorded by women who used Mifepristone for the medical termination of pregnancy. Additionally, there have been multiple cases of hospitalizations, blood loss cases requiring a transfusion, and many infections. As stated in the drugs' own labeling, bleeding or spotting can be expected for an average of 9-16 days, may last for up to 30 days. In some cases, excessive vaginal bleeding may require treatment by uterotonics, vasoconstrictor drugs, administration of saline infusions, and/or blood transfusions.

In Ohio, we have seen the same adverse effects. Medical event records are required to be filed with the State Medical Board and can be accessed by public records requests. In 2019, I received copies of 23 reports filed with the State Medical Board from just the Dayton abortion facility. These reports state the abortions were "incomplete." The report then list what additional follow up was required. Most required a surgical abortion to end the bleeding and resolve the "event." In some cases, the woman returned as long as 20 days after this initial

medication was taken. One particular patient suffered for 34 days before returning to the facility for follow up care and subsequent surgical abortion. Can you imagine what she went through for those 30 days? As if the abortion was not traumatic enough, she had to endure the effects for 30 more days. As of October 2020, I have already received copies of 24 cases of incomplete abortions at our Dayton abortion facility requiring follow up care. Statewide, the number is well over 40. Keep in mind--this is with our current safeguards in place. Medical abortions are not the non-events abortion providers want you to think they are. Telemedicine procedures would only exacerbate these issues. Any pregnant woman should be treated in person, especially a woman considering an abortion. Pregnancy is not a simple medical condition like an earache or urinary tract infection requiring a simple antibiotic. Medications strong enough to kill an unborn child and flush it from your body needs the utmost supervision and safeguards. The more the doctor knows about a patient, the better he or she can assess the risk factors of such strong medications. I think we would all agree that telehealth is not the best vehicle for in-depth discussion and/or treatment of a serious medical issue.

We believe abortion is never the answer to a crisis pregnancy. But when it is someone's choice, why would advocates for women's health want less safeguards in place? Telemedicine takes this very important discussion between a woman and her doctor and minimalizes it to just a face on screen, impersonal, exchange of information and of course money. Telemedicine has its place, but not in this circumstance. Not when this discussion and medical decision are so important. On behalf of thousands of Ohio women, we urge your support of Senate bill 260.