

Chairman Lipps, Vice Chair Holmes, Ranking Member Boyd, and members of the Ohio House Health Committee, thank you for allowing me the opportunity to present testimony in opposition to Senate Bill 260.

My name is Adarsh Krishen, and I am the Chief Medical Officer for Planned Parenthood of Greater Ohio. I am a board-certified family physician who has practiced in Ohio for over 30 years. For 25 years, I served as the Associate Director at Summa Family Medicine Residency in Akron, Ohio, where I provided patient care and resident and medical student education. As a result, I have trained over 200 Family Physicians, most of whom provide care throughout Ohio.

I am submitting this testimony in opposition to this dangerous bill. First, this is an unnecessary piece of legislation, as medication abortion is one of the safest procedures in contemporary medical practice and providing it via telemedicine does not affect its safety. Second, this legislation would limit access to care by creating additional hurdles for patients, and patients injured the most will be those who already struggle to access necessary health care.

Telemedicine is a proven, extremely safe way to administer medication abortion. Data, including from the CDC, shows that abortion has over a 99% safety record and people experience complications less than 1% of the time. Telemab (which involves the dispensing of mifepristone and misoprostol via telehealth) has been utilized in multiple states across the country and is proven to be safe and effective, with no evidence to support any greater risks to the patient when compared to in-office medication abortion. The equal safety of medication abortion provided via telemedicine is simple common sense. Even when the patient receives the abortion medications while in the provider's physical presence, she may opt to take the first medication, mifepristone, either at the clinic or at home. She typically takes the second medication, misoprostol, at home, and typically only then begins to feel the effects of the combination regimen. In addition, Ohio law already requires patients to have an in-person evaluation and education about the process at least 24 hours before the abortion.

As the world of health care continues to change, telehealth continues to provide safe and effective care to Ohioans. During this pandemic, health care workers and hospitals have been overwhelmed. Treating patients at home with telehealth has helped decrease the strain on facility resources and prevent spreading the virus. Telehealth is one of the many ways health care providers can increase access to high-quality health care, meeting the needs and desires of their patients, and improving the lives of Ohioans. While attempting to ban the use of telemedicine to provide medication abortions, our legislature is simultaneously promoting its use for a range of other care in HB 679, recognizing, as so many other states have during this pandemic, that telemedicine is a safe and cost-effective way to improve access to care in medically underserved areas. Telemedicine is generally praised for improving access to expert health care and reducing costs due to improved efficiency, shared staffing, and diminished travel and time away from work or school.

Despite telemedicine's wide-ranging application and proven ability to improve access to affordable and effective health care, this legislature has now singled out abortion as the only service explicitly precluded from the practice of telemedicine. The same needs and benefits of telemedicine apply to abortion care, but SB 260 aims to indiscriminately ban telemedicine in this limited context. This restriction has no medical justification and would impose significant burdens on our population.

Telemedicine abortion allows patients to access safe, legal health care that they need and deserve within their communities. As most of Ohio is rural, under this bill, women in isolated locations would have no choice but to travel long distances to obtain a medication abortion, sometimes needing to stay overnight, miss work, manage childcare, and more. These hurdles only delay or prevent women from accessing abortion, thereby exposing them to unnecessary medical risk and subjecting them to substantial additional costs and other burdens.

Criminalizing telemedicine abortion would disproportionately affect Black and Brown communities, people living in rural communities, and people living with lower incomes by restricting their access to safe, legal healthcare. It is generally very difficult to recruit physicians to work in rural locations. This challenge is not unique to abortion services. New doctors, for a variety of reasons including but not limited to skyrocketing levels of student-loan debt, increasingly decline to practice in rural areas. Throughout our state, telemedicine allows clinicians to fill gaps in rural health care produced by these physician shortages. It is our job as providers and yours as legislators to assure safe, legal health care and make this health care accessible to all. This bill would strip this health care away from people living in rural and low-income communities where access to health care is most limited, and health outcomes are the poorest.

Planned Parenthood provides safe, low-cost, high-quality health care to thousands of Ohioans per year throughout the state, allowing the uninsured and underinsured better access to healthcare. This bill would further restrict our ability to provide high-quality health care to our patients.

If Ohio legislators were genuinely concerned about our citizens' reproductive health, they wouldn't be creating medically unnecessary restrictions that erect additional barriers to safe, legal healthcare during a pandemic; instead, they would focus on championing legislation that expands access to affordable reproductive health care for everyone in Ohio, and that expands access to telehealth services when our citizens need it the most.

I urge you to vote no on Senate Bill 260, a dangerous telemedicine abortion ban. Thank you for reading my testimony.