



## **HB 347 Opposition Testimony**

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**The Academy of Medicine of Cleveland & Northern Ohio**

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Chair Huffman, Vice Chair Johnson, Ranking Member Liston, and members of the Senate Health Committee – thank you for this opportunity to testify against HB 347.

My name is Samantha Cook. I am a lifelong resident of northeast Ohio and a second-year, non-traditional medical student with six years of experience evaluating and producing scientific literature for bench-side and clinical purposes. I am testifying as a member of the Academy of Medicine of Cleveland & Northern Ohio's Future Leaders Council. The AMCNO represents more than 7,000 local physicians and medical students and has worked for more than 200 years to promote the best practice of medicine for all patients.

HB 347 disregards the will of Ohio voters and medical professionals. In 2023, Ohioans voted to enshrine every individual's right to make their own decisions about reproductive health care, including abortion, without state burden. This legislation is a waste of government time and money. Physicians are already beholden to informed consent laws for all procedures as well as the fundamental principles of autonomy, beneficence, non-maleficence, and justice taught during our medical training and reflected in our sworn oath.

In addition, HB 347 duplicates the 24-hour waiting period for abortion care that is already blocked by the Franklin County Court of Common Pleas on the basis of Article I, Section 22 of the Ohio State Constitution. Patients are currently already required to sign an informed consent form, like any other medical procedure, for abortion. Twenty-four-hour waiting periods are not standard for any other medical procedures, and there is no clinical reasoning for this policy. There are, however, studied and published disadvantages and risks of waiting periods for

abortions including physical harm, psychological harm, and financial harm for patients and taxpayers<sup>1</sup>.

Ohio already has a shortage of OBGYNs, as 24 counties currently do not have a single OBGYN. Punitive and confusing laws like this proposed legislation will only further this shortage in Ohio, as it will become more difficult to train and retain these physicians.

The foundation of evidence-based medicine requires clinical experts to utilize up-to-date, high-quality research while taking into consideration each patient's unique circumstances, preferences, and cultural beliefs when making care decisions. Informed consent is already an integral part of the relationship between physicians and their patients. Current ACOG guidelines, the gold standard of care for OBGYNs, include counseling prior to abortion that covers eligibility, methods, risks, advantages, disadvantages, contraindications, side effects, and how to seek help for the less than 1% of patients that experience adverse events<sup>2</sup>. For reproductive comparison, the use of phosphodiesterase 5 inhibitors, or erectile dysfunction drugs, have a significantly increased risk of adverse events, including hospitalization and long-term effects, compared to Mifepristone and Misoprostol<sup>3</sup>.

I urge this committee to vote against this harmful legislation. As a future physician and current trainee, my responsibility is to provide patients with accurate information, support them in making informed decisions, and deliver care that reflects the best available scientific evidence. HB 347 undermines those principles, creates unnecessary barriers to care, and disregards both established medical standards and the constitutional rights affirmed by Ohio voters. I ask that you reject this bill and trust physicians and patients to make medical decisions together. Thank you for your time and consideration.

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<sup>1</sup> de Londras F, Cleeve A, Rodriguez MI, Farrell A, Furgalska M, Lavelanet A. The impact of mandatory waiting periods on abortion-related outcomes: a synthesis of legal and health evidence. *BMC Public Health*. 2022 Jun 21;22(1):1232. doi: 10.1186/s12889-022-13620-z.

<sup>2</sup> Aiken ARA, Romanova EP, Morber JR, Gomperts R. Safety and effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population-based study. *Lancet Reg Health Am*. 2022 Jun;10:100200. doi: 10.1016/j.lana.2022.100200.

American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Gynecology, Society of Family Planning. Medication Abortion Up to 70 Days of Gestation: ACOG Practice Bulletin, Number 225. *Obstet Gynecol*. 2020 Oct; reaffirmed 2023;136(4):e31-e47. doi: 10.1097/AOG.0000000000004082.

Hunter C, Burck M, Chambers C, Shawon F, Lavergne MR, Whitten A, Wiedmeyer ML. Test or No-Test: Comparison of Medication Abortion Outcomes and Adverse Events When Forgoing Ultrasound, Laboratory Testing, and Physical Examination. *J Obstet Gynaecol Can*. 2025 Jan;47(1):102730. doi: 10.1016/j.jogc.2024.102730.

<sup>3</sup> Shin YE, Rojanasartot S, Hincapie AL, Guo JJ. Safety profile and signal detection of phosphodiesterase type 5 inhibitors for erectile dysfunction: a Food and Drug Administration Adverse Event Reporting System analysis. *Sex Med*. 2023 Nov 29;11(5):qfad059. doi: 10.1093/sexmed/qfad059.