Kansans for Life

Proponent Testimony on HB 2439

House Health and Human Services Committee

March 20, 2023

Chairwoman Landwehr and Members of the committee,

Thank you for the opportunity to testify in support of House Bill 2439, Abortion Pill Reversal Informed Consent.

I am Jeanne Gawdun, Director of Government Relations with Kansans for Life.

Abortion decisions are driven by a variety of motives, with conflict and ambivalence common. The Kansas legislature has long been committed to providing full and accurate medical information about abortion prior to the decision, which needs to be updated to include timely notice of a chemical reversal option.

There is no acceptable reason that women who begin an abortion pill regimen and change their minds should be denied information about current protocols for abortion pill reversal (APR). HB 2439 was drafted to empower pregnant women with the knowledge of their true options concerning medication abortions.

ln Kansas, nearly 68% of abortions are "medication" abortions using a regimen of two doses of different pills, mifepristone and misoprostol. Increasingly, a significant number of women who have ingested the first set of abortion pills change their mind about using the second set, and have sought abortion pill reversal (APR) to save their baby.

According to a December 6, 2022 *Pregnancy Help News* article, the Abortion Pill Rescue Network (and its more than 1,200 medical professionals) has "assisted women in 77 different countries and all 50 states in the U.S." Since 2012, more than 4,000 babies have been saved using the abortion pill reversal protocol.

Published studies on APR show an approximate 64%-68% success rate in situations where only the first abortion pills are ingested. The fetal abnormality rate after APR is also parallel to those of ordinary pregnancies (see A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone).

Supplemental hormones have been used for decades as a bona fide treatment for women struggling with infertility or pregnancies prone to miscarriage. This regimen is covered by insurance (i.ę. pregnancy-related ICD-l0 codes: O20.0, E34.9, N94.89).

However, it is logical that most women obtaining abortion pills are not aware of the role of supplemental hormones assisting pregnancy as would those women who have consulted physicians to overcome infertility and miscarriage to achieve a birth.

The idea of reversing a first-stage medication abortion with the standard regimen used for treating threatened miscarriage was initiated by pro-life Ob/Gyns who were well versed in the efficacy of hormonal supplementation APR is strongly supported by the American Association of Pro-Life OB/GYNs (AAPLOG). (See attached position statement.)

This can be considered crucial information for some women, but the window for treatment is narrow. Women need to know about APR:

- before abortion, as part of giving full consent;
- inside the facility prior to the procedure, in case of continued ambivalence;
- with paperwork sent home by the abortionist, because the reversal treatment has a short window of time to begin for success.

No matter why women change their minds after beginning an abortion by pills, they deserve all the information normally available to other women receiving medical help in maintaining pregnancy until delivery.

Since 1998, the Kansas State Department of Health and Environment has provided abortion informed consent materials and a toll-free number to get more information, which can be found at www.womansrighttoknow.org. Abortion appointments are made most often by phone or email and providers have online consent forms that reference the required KDHE "Woman's Right to Know" materials.

The posting of the possibility of reversal about APR aligns with the fact that Kansas abortion facilities already post signage inside that notify:

- that the Kansas State Board of Healing Arts regulates doctors and can be contacted with any concerns and complaints; (K.A.R. 100-22-6)
- that women may not be coerced into abortion and that state agencies are able to help and that "You have the right to change your mind at any time prior to the actual abortion and request that the abortion procedure cease."(K.S.A. 65-6709. section (k)).

HB 2439 informs and empowers women seeking abortion and I ask the committee to pass it out favorably.

Thank you and I will stand for questions.

Jeanne Gawdun

Director of Government Relations

Kansans for Life

ProLife OBGYNS
AAPLOG American Association of Pro-life Obstetricians & Gynecologists

2019 AAPLOG Position Statement on Abortion Pill Reversal

Some women change their mind about abortion after taking the first drug of the abortion regimen. For those women, Abortion Pill Rescue offers a medically sound choice to attempt to reverse the effects of Mifepristone, and to save their baby. The American Association of Pro-Life Obstetricians and Gynecologists strongly supports efforts to require all women presenting for abortion to be given information about abortion pill reversal as part of informed consent prior to abortion.

Biological Background on the Chemical Abortion Regimen and Abortion Pill Reversal

The chemical abortion regimen consists of two drugs: Mifeprex (a.k.a. mifepristone or RU-486) and Cytotec (misoprostol). Mifeprex is the first drug developed in a class of drugs called "selective progesterone receptor blockers". This class also includes Ella (ulipristal) and onapristone among others. Mifeprex is the first drug approved by the FDA for inducing abortion.

However, Mifeprex by itself is only effective at accomplishing embryo demise about 75% of the time[1]. So, roughly one out of four women who take Mifeprex alone will have an unborn child in utero who continues to live.

So, in order to increase the number of women who complete the abortion, a second drug, Cytotec (misoprostol), is administered to the woman. Cytotec is of the class of drugs known as prostaglandins. Other prostaglandins can also be used for this purpose (e.g. gemeprost) Prostaglandins cause the uterus to contract, forcing the expulsion of the unborn child and placenta.

How often a chemical abortion fails to kill the unborn child and cause complete expulsion of the pregnancy, and what side effects and complications a woman may experience during and after chemical abortion depends on four things: 1) the gestational age of the woman, 2) the dose of Mifeprex, 3) the dose of Cytotec given, and 4) the way in which the woman takes the Cytotec (by swallowing, by placing it in her vagina, or by placing it in her cheek and letting it dissolve.)

The deaths from overwhelming infection after using chemical abortion have been after the use of Cytotec in the vagina, or by dissolving it in her cheek.[2] The most accurate study to date, of 42,000 women who underwent surgical or chemical abortion demonstrated a four times higher rate of serious complications from chemical abortion as compared to surgical abortion.[3] The further along in pregnancy a woman is when she attempts a chemical abortion, the higher the complication rate, as well

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[1] Davenport M, Delgado G, Harrison M,Khauv V. Embryo Survival after Mifepristone: A Systematic Review of the Literature. Issues in Law & Medicine, Volume 32, Number 1, 2017. Available at https://issuesinlawandmedicine.com/product/davenport-embryo-survival-after-mifepristone-a-systematic-review-of-the-literature/.

[2] Mifepristone U.S. Post-marketing Adverse Events Summary through 04/30/2011, available at: https://www.minnpost.com/sites/default/files/attachments/Mifeprex_April2011_AEs.pdf (Last visited 2019 Feb 19.)

[3] Niinimaki M, Pouta A, Bloigu A, Gissler M, Hemminki E, Suhonen S, Heikinheimo O. Immediate Complications after Medical

illustrated by a study looking at the complication rate from chemical abortion for different gestational ages.[4]

The way in which Mifeprex works to kill the unborn child is by blocking a natural pregnancy hormone called progesterone. Progesterone is produced by the mother's body to allow her womb to grow the placenta- the organ needed to provide nourishment to the baby. Mifeprex blocks the action of progesterone on a woman's womb. When Mifeprex blocks progesterone, the placenta deteriorates and can no longer provide nourishment to the baby.

However, during the development of Mifeprex, it was clearly demonstrated that Mifeprex is a REVERSIBLE blocker of progesterone. [5] That means that if one blocks progesterone with Mifeprex, the Mifeprex the blockade can be overcome by administering more natural progesterone, which kicks the Mifeprex off of the progesterone receptor and nullifies the effects of Mifeprex blockade. This fact was clearly demonstrated in **Animal experiments**.

The development of mifepristone as an abortifacient was based on its mechanism as a reversible progesterone receptor antagonist; using progesterone to counteract the effect of mifepristone is the logical extension of simple principles of toxicology and poison control. This is the same scientific principle which is behind the use of an antitoxin for poisoning. If a poison acts by blocking a certain biological receptor, and if the administration of another medication will remove the poison from the receptor, then it is clear that the antidote for the poisoning is to administer the drug which will remove the poison from the receptor. In the case of Mifeprex, (the poison), the specific antidote is the natural hormone progesterone, which removes Mifeprex from the cellular progesterone receptor.

By giving a woman progesterone, the Mifeprex abortion can be stopped and the chances of the baby surviving increase from 25% (the survival rate without natural progesterone) to 68% (the average survival rate after giving natural progesterone). This is a significantly increased chance of the baby surviving the attempted chemical abortion after Mifeprex. For women who change their mind after starting a chemical abortion, the administration of progesterone can give her a real hope of saving her unborn child.

The natural hormone progesterone has been used for over 40 years in the IVF industry, to help women carry pregnancies after the embryo is transferred into her womb. There is a very long and solid history of safety of the use of natural progesterone in pregnancy. [6] Natural progesterone use in pregnancy for the last 50 years has not been associated with any increased risk of any birth defects. Mifepristone alone has also not, to date, been demonstrated to have any increased risk of birth defects. Thus, to date there does not appear to be any risk of birth defects to the unborn child from abortion pill reversal. And, abortion pill reversal offers another reproductive choice for women facing the abortion decision.

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[4] Mentula, Maarit, Niinimaki M, Suhonen S., Hemminki E, Gissler M, and Heinkinheimo 0. "Immmediate adverse events after second trimester medical termination of pregnancy: results of a nationwide registry study". Human Reproduction (0)(0) p 1-6 2011.

[5] Davenport M, Delgado G, Harrison M,Khauv V. Embryo Survival after Mifepristone: A Systematic Review of the Literature. Issues in Law & Medicine, Volume 32, Number 1, 2017. Available at https://issuesinlawandmedicine.com/product/davenport-embryo-survival-after-mifepristone-a-systematic-review-of-the-literature/.

[6] American Society of Reproductive Medicine Practice Committee. Progesterone supplementation during the luteal phase and in early pregnancy in the treatment of infertility: an educational bulletin. Fertil Steril 2008;89:789–92. Available at: https://www.fertstert.org/article/S0015-0282(08)00253-7/pdf (last visited 2019 Feb 19). See p 791 at Risks: *"The weight of available evidence suggests that progesterone supplementation in early pregnancy poses no significant risk to mother and fetus" and "Controlled studies have shown no increased incidence in congenital anomalies, including genital*

Abortion Pill Reversal Case Series

A new case series[7], authored by AAPLOG members George DelgadoM.D. and Mary Davenport M.D., demonstrates that Mifeprex abortions can be reversed by administration of natural progesterone. The study, looked at 261 successful mifepristone reversals and demonstrated that the reversal success rates were 68% with the high-dose oral progesterone protocol and 64% with the injected progesterone protocol; both were significantly better rates than the 25% survival rate if no treatment is offered. These survival rates are statistically significant ($p<0.001$). There was no increased risk of birth defects or preterm births when compared to the normal population.

The American Association of Pro-Life Obstetricians and Gynecologists strongly supports laws which require women to be informed of the option of Abortion Pill Rescue as part of a woman's right to informed consent prior to abortion.

[7] Delgado G, Condly S, Davenport M, Tinnakornsrisuphap T, Mack J, Khauv V, Zhou P. A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone Issues in Law & Medicine, Volume 33, Number 1, 2018 available