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Testimony of Rachel Sweet
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Opposing HB 2274
House Health and Human Services Committee
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Planned Parenthood Great Plains Votes, the advocacy and political arm of Planned Parenthood in Kansas, opposes House Bill 2274. This measure would force doctors to provide patients with information that is medically inaccurate and could be harmful to a woman's health. There have been no clinical trials proving that reversing a medication abortion is possible. Moreover, the medical protocol that "reversal" proponents advocate has never been tested for safety, effectiveness, or the likelihood of side effects.

So-called medication abortion "reversal" does nothing to improve patient care and places additional burdens on women in Kansas. The claim that abortion can be stopped midway is part of a larger and concerted effort to deceive women and push access to safe, legal abortion out of reach.

- By requiring that information about medication abortion "reversal" be provided by telephone or in-person, the legislature is adding another medically unnecessary step in the informed consent process, as other informed consent materials are provided to the patient in print.
- Women who seek abortion arrive at a thoughtful decision about what is best for them and their families and have a high level of certainty about their decision[1].
- Politicians in Kansas have passed more than two dozen abortion restrictions in the past decade. HB 2274 is just another effort to shame, judge and stigmatize women who seek safe, legal abortion, and to put up more barriers to health care access.

Patients seeking health care deserve honest and accurate medical advice, not politically motivated misinformation. The relationship between providers and patients is based on trust; that means providing information that is medically accurate and scientifically proven.

- There is no scientific or medical evidence that proves that reversing a medication abortion is possible: no clinical trials, no objective or credible data. Because there have been no clinical trials, there is no scientific evidence that this practice is effective or safe for patients.
- Leading health organizations such as American Congress of Obstetricians and Gynecologists (ACOG) debunk so-called abortion pill reversal[2] because it doesn't meet medical standards and guidelines.

[1] Ralph, L. J., Foster, D. G., Kimport, K., Turok, D., & Roberts, S. C. (2017, March). Measuring decisional certainty among women seeking abortion. https://www.ncbi.nlm.nih.gov/pubmed/27745910
[2] ACOG. (2017, August). Facts Are Important: Medication Abortion "Reversal" Is Not Supported by Science. https://www.acog.org/-/media/Departments/Government-Relations-and-Outreach/FactsAreImportantMedicationAbortionReversal.pdf?dmc=1&ts=20180402T1707440185

- In 2018 the National Academies of Science, Engineering and Medicine reported that bills such as these, which require providers to give patients inaccurate or misleading information, interfere with patients' ability to make personal medical decisions based on adequate information.[3]
- Women must be able to make their own health care decisions with the advice and expertise of their health care provider—not politicians.

HB 2274 is antithetical to the informed consent process. Requiring physicians to tell women that a medication abortion may be reversible undermines the informed consent process and risks misleading women to believe they do not need to be certain about their decision before obtaining an abortion.

- It is a core principle of medical ethics that all health care providers obtain informed consent before treating a patient. The goal of the informed consent process is for patients to have all of the information necessary so that they can make the right decision for themselves.
- HB 2274 undermines the informed consent process by telling a woman that she can change her mind in the middle of the abortion process despite the fact that this has not been scientifically proven.
- A woman should not be led to believe that she can change her mind after taking mifepristone, as it creates a risk that a patient may begin an abortion before she is ready to commit to her decision.

Planned Parenthood is committed to providing the highest standard of medical care to patients. Politicians should not be interfering in medical care and pushing health care providers to experiment on people seeking abortion.

- Patients trust Planned Parenthood's expert providers to offer compassionate, evidence-based health care, and providers trust patients to know what decision is best for them and to be the experts in their own lives.
- This measure is a further intrusion of politicians into Kansas women's personal lives. Women don't turn to politicians for advice about mammograms, prenatal care, or cancer treatments. Politicians should not be involved in a woman's personal medical decisions about her pregnancy.

Patients should be treated with dignity and respect, and they deserve to be given medically accurate health information. Ultimately, there is no scientific evidence that medication abortion "reversal" is effective or safe for patients. To mandate that doctors recommend to their patients an experimental course of treatment goes against medical ethics and substitutes the judgement of health care providers for the political whims of legislators. However we may feel about abortion, we should all want women in Kansas to have access to medical care that meets the highest standards. HB 2274 does not do this. We respectfully urge the committee to put the health of Kansans first by rejecting this proposal.

Background on medication abortion:

- There are generally two methods of performing abortions used in the United States: surgical and medical. Medication abortion involves safely and effectively terminating a pregnancy non-surgically through a combination of two prescription drugs: mifepristone and misoprostol.
- Mifepristone ("RU-486" or "Mifeprex") works by temporarily blocking receptors for progesterone, the hormone which is necessary to maintain a pregnancy. Under current practice, a patient takes the mifepristone and approximately 24 to 48 hours later, she takes the second medication, misoprostol ("Cytotec"). The misoprostol causes the uterus to contract and empty its contents, generally within hours, thereby completing the abortion.

[3] Guttmacher Institute. (2018, July 19). Evidence You Can Use: Medication Abortion. https://www.guttmacher.org/evidence-you-can-use/medication-abortion

- Medication abortion requires no anesthesia or sedation. It is only offered in the first 10 weeks of pregnancy.
- Medication abortion gives women an option that, for many, feels less invasive and more private, in a setting where they may be more comfortable. With a medical professional, a woman can decide when the abortion starts, where it should happen, and who should be with her while it is happening. At any Planned Parenthood health center, the woman would also have access to medical professionals 24 hours a day, 7 days a week, if she has any questions or concerns.
- The politicians behind this bill argue that medication abortion can be "reversed" after a woman takes the mifepristone but before she takes the misoprostol by supplementing her body's already-high progesterone levels. These claims, however, are based on scientifically unsupported claims about the effects of progesterone and rely on studies that use inappropriate comparison groups, are too small in scale to support scientific conclusions, and rely on unverified, inappropriate, inaccurate and results-oriented data collection.

Information on the limited research into "reversal":

- There have been only three case studies purporting to prove that abortions can be "reversed;" one included six women, one included only three women, and one included women who had called the abortion reversal hotline. These three case studies are not rigorous clinical studies and did not produce sufficient data to constitute medical evidence. The third study was temporarily withdrawn from publication for ethical concerns.
- The first "study" was co-authored by the well-known anti-abortion activist George Delgado, who runs a website promoting abortion reversals and has been thoroughly discredited. The study was not peer reviewed—a basic requirement for scientific article publication—nor did it undergo any form of approval process from an ethics board or institutional review board. It was also not a randomized case-controlled study. Moreover, in a deposition, one of the case study's authors agreed that the data for the report was not systematically collected, that it was missing facts, and that it is uncertain if the women discussed in the case study had even provided their consent to be included.
- The second case study was also authored by Delgado, and was temporarily withdrawn from publication for misrepresenting the scope of the ethics approval it received from the University. It has further been criticized by scholars for making claims that vastly overstate what the study can possibly show, and for utilizing very weak study designs.
- The third case study, out of Australia, involved only three women and similarly, did not have a control group. The researchers acknowledged that the small sample size limited any conclusions that could be drawn and admitted that "there is currently no definitive evidence for the success of using progesterone to prevent the abortifacient effect of mifepristone."