

Members of the House Health and Human Services Committee
Kansas State Capitol
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Topeka, KS 66612

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Dear Members of the House Health and Human Services Committee:

I am a Wichita native who, after completing my medical training in Minnesota, returned in 2017 to my hometown where I now serve as a board-certified obstetrician/gynecologist. I am writing in regard to HB 2439, which has been introduced to the Health and Human Services Committee. I have reviewed the bill and would like to share my perspective as a physician focused on women's health care.

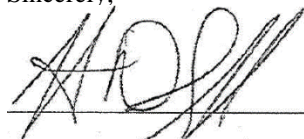
I understand that both health care facilities which perform termination of pregnancy, and accrediting trade organizations such as ACOG (the American College of Obstetricians and Gynecologist), typically recommend against attempts to reverse a medical abortion once it has begun with the administration of the progesterone-inhibiting medication mifepristone. Additionally, I am familiar with and have reviewed commentaries on the topic in peer-reviewed medical journals, which caution against the adoption of bills such as HB 2439 which would require information about the reversibility of medical abortion to be clearly presented to women undergoing the procedure.¹

Nevertheless, I have also reviewed the largest clinical trial to date investigating outcomes following abortion pill reversal, which strongly favors the safety and efficacy profile of abortion pill reversal.² In that study of over 750 women, progesterone-based abortion pill reversal protocols were in most cases effective in maintaining fetal viability, and rates of all studied adverse outcomes were as low or lower than rates expected in the general population.

As a physician, I know that informed consent requires a provider to inform a patient of the information which any patient may reasonably expect to know when undergoing a particular treatment plan. As a gynecologist, I know that the decision to terminate a pregnancy is one often arrived at in the midst of extreme social and psychological challenges, and that women in such a position may reasonably expect to be made aware of any safe and effective options to facilitate a reversal of the termination process if she so decides. As an obstetrician who has personally delivered babies whose lives were saved by the abortion pill reversal protocol, I can personally and professionally attest to the tangible outcomes made possible only by thorough and accurate information about the process. As a born-and-raised Kansan, I would want every woman in the midst of such a struggle to be guaranteed the information she would need to facilitate that reversal should she so desire. While legislation should not in theory be necessary for health care providers to guarantee such a level of informed consent, without such legislation, such counseling is not -- and would not -- be provided in our current medical landscape.

In summary, I urge your consideration for HB 2439. Not only would a bill ensuring provision of information regarding abortion pill reversal help women in our communities to remain informed of their options, but it remains supported by the largest clinical trial performed to date on the topic of safety and efficacy for the protocol. If I may be of further assistance in any way as you consider the bill, or if you would like me to provide you with full copies of the articles referenced in this letter, please do not hesitate to reach out to me by any of the listed contact methods.

Sincerely,



Jonathan Scrafford, MD, FACOG

¹ Bhatti, Nguyen, and Stuart. "Medical abortion reversal: science and politics meet." *American Journal of Obstetrics and Gynecology*. Vol 218, Issue 3. March 2018.

² Delgado et al. "A case series detailing the successful reversal of the effects of mifepristone using progesterone." *Issues in Law and Medicine*. Vol 33, No 1. 2018