

2/12/18
S1243 Testimony

APR Print Hearing

This legislation adds subsection f. to Idaho code 18-609(2) to Idaho's informed consent statute for women considering an abortion. Informed consent materials are provided by the Department of Health and Welfare and are required to be given by the physician to the woman considering an abortion 24 hours prior to an abortion being performed. The new subsection f directs the Department of Health and Welfare to add language to the existing informed consent materials. The additional language would direct a patient where to find information or a health care provider who can answer questions related to the potential to reverse a chemical abortion before she has taken the second drug. Some women may regret taking the first pill and may be unaware of a medical protocol which can possibly provide them an opportunity to reverse the effects of the first pill.

Nationwide chemical or medical abortions account for approximately 1/3 of all abortions. Of the 1,289 abortions reported in Idaho in 2016 (latest year the data is available for), 581 were chemical abortions, 45%. Chemical abortions can be performed up to 10 weeks gestation.

The drugs used in the most common chemical abortion regimen are administered in two pills. The first is mifepristone. Mifepristone is a progesterone receptor blocker. It antagonizes the hormone progesterone which cuts off the nutritional supply to the unborn child. The second pill, misoprostol, is taken one to two days later at home. Misoprostol causes uterine contractions and expels the unborn child. There has been research and evidence of a developed medical protocol which has been successful in the reversal of the effects of the first abortion inducing drug, mifepristone. This protocol was developed by Drs. Delgado and Harrison who have successfully reversed the effects of mifepristone by starting the progesterone treatment within 24 to 72 hours of the patient ingesting the mifepristone and continuing through the first trimester. This may be an option for women who have taken the first abortion inducing drug, but find that they have changed their minds and seek an option to potentially continue their pregnancy. The doses of progesterone are designed to out-compete the mifepristone at the receptor level.

Research indicates that mifepristone, the first drug, alone is not always effective in ending a pregnancy. Fewer than 25% of pregnancies continue if only mifepristone is taken and nothing else is done. The American College of Obstetricians and Gynecologists in its March 2014 practice bulletin stated that mifepristone is not associated with birth defects. A woman may still have a viable pregnancy after taking the first abortifacient drug, mifepristone. The Abortion Pill Reversal hotline was established in 2012, by Dr. Delgado. To date the hotline has received over 2,400 calls from women seeking information on how to potentially reverse the effects of the first abortifacient drug. The hotline is staffed 24 hours a day/7 days a week by medical professionals, and connects the women who call with a physician in their area who is willing to provide the abortion pill reversal protocol. To date, there are five medical providers serving all regions in Idaho who are registered with the hotline and are willing to assist women in this way. According to Dr. Delgado, the overall success rate when the protocol is implemented is between 50-55%. To date, over 300 healthy babies have been born as a result of this protocol

being implemented, and over 100 women are pregnant and expected to deliver healthy babies, according to the APR Director.

^{As per Hill}
The potential exists for a qualified health care professional to reverse the effects of the abortion-inducing drug, mifepristone by giving additional progesterone. Progesterone has a long track record of use in pregnancy. The FDA concluded in 1999 that there is no risk of birth defects from progesterone. The American Association of Pro-Life Obstetricians & Gynecologists, a 2,500 member organization, supports offering the abortion pill reversal protocol to women who regret initiating the abortion pill process.

The Idaho Medical Association is neutral on the proposed legislation. This legislation is supported by Right to Life Idaho, the Family Policy Council, and Idaho Chooses Life.

The other change in the legislation clarifies language that was previously passed related to a fetal heartbeat. It strikes the language "hear the heart tone" and replaces it with "observe the heartbeat." This change is a more inclusive phrase which would permit either seeing or hearing the heartbeat depending on the clinical setting and the medical professional judgment.

This protective legislation will require that a woman be informed that the effects of the chemical abortion pill can potentially be reversed in order to save her baby if she changes her mind after taking it.