

Twyla Melton

From: Kathy Griesmyer <kgriesmyer@acluidaho.org>
Sent: Saturday, February 10, 2018 12:06 PM
To: Senator Brent Hill; Senator Chuck Winder; Senator Jeff Siddoway; Senator Marv Hagedorn; 'Plodge@senate.idaho.gov'; Senator Michelle Stennett; Senator Cherie Buckner-Webb; Senator Steve Vick; Senator Kelly Anthon
Cc: Twyla Melton
Subject: ACLU urges opposition to SB 1243 - Abortion Reversal Legislation
Attachments: Testimony SB 1243.pdf; HCR87RS20161.pdf

Members of the Senate State Affairs Committee –

Attached, and below, please find the ACLU's comments urging your opposition to SB 1243 - Abortion Reversal Legislation. I have also attached the Louisiana Dept. of Health study that I cited in my testimony if you'd like to review. If you have any questions or comments prior to Monday's committee meeting, please feel free to contact me at 208-890-3800. Thank you.

Testimony of Kathy Griesmyer
OPPOSE SB 1243: Abortion Reversal Informed Consent
Before Senate State Affairs Committee
February 12, 2018

The ACLU of Idaho stands before you today in opposition to SB 1243 as it mandates that the Idaho Department of Health and Welfare (through a woman's physician) provide women with medically inaccurate information as they prepare to get abortion care. Specifically, it requires that during the state-mandated counseling period, which women must receive prior to an abortion, medical providers must tell women where to obtain information regarding how a medication abortion can be reversed. This bill is based on a faulty and inconclusive study and seeks to undermine a medical procedure at the expense of a woman's safety and medical rights.

Bills like SB 1243 are based on a case study published by an anti-abortion doctor, George Delgado, who gave six women an injection of progesterone after taking the first medication in a medication abortion, and before they took the second medication. Four women carried their pregnancies to term^[1] - which may not be a result exclusively based on the injection, but rather because the first medication is not designed to work on its own so the abortion does not complete. Because medication abortion requires this combination of both medications, mifepristone and misoprostol, many women will not abort just from using the first medication. In 30-50% of women who take mifepristone alone, the pregnancy will continue.^[2] An institutional review board did not supervise this study and there was no ethical review committee, required to protect human research subjects, which raises serious questions regarding the validity of the results. Case studies with no control groups are among the weakest forms of medical evidence^[3] and as such, the results of the Delgado study do not provide clear scientific evidence that progesterone resulted in the continuation of the stated pregnancies.

In 2016, the Louisiana Legislature also considered introduction and passage of similar legislation. Instead, the state passed House Concurrent Resolution 87 requesting that their Department of Health study whether medication abortions can be reversed and to report the findings. Their Office of Public Health, which conducted the study concluded:

"The panel of experts convened by LDH to review this procedure unanimously concluded, based on their professional experience in the areas of obstetrics/gynecology, pharmacology, and nursing and the above-referenced research, that there was insufficient evidence to conclude that the administration of progesterone in an attempt to reverse a medication abortion is scientifically sound. In reaching this conclusion, the panel expressed great concerns about the experimental nature of using progesterone treatment after taking mifepristone, as highlighted in the Delgado study, and the failure of the study to meet the established standards of safety, efficacy, and ethics.

After review of the professional opinions expressed by the panel of experts, the Department finds that there is neither sufficient evidence nor a scientific basis to conclude that the effects of an abortion induced with drugs or chemicals can be reversed."^[4]

In addition to the inconclusive results of the unsupervised Delgado study, major medical groups have come out in opposition to this type of law because it forces doctors to provide women with medically inaccurate and misleading information that could be harmful to their health. Groups like the American Academy of Family Physicians, the American Congress of Obstetricians and Gynecologists, the American Medical Women's Association, the American Public Health Association, and the National Physicians Alliance signed a letter stating their concerns with abortion reversal legislation. Their letter states that the medication abortion reversal claim is wholly unsubstantiated by any reliable evidence, with no basis in medical science. Instead they ask lawmakers to not force medical providers to "choose between their professional and ethical obligation to provide evidence-based, high-quality care and following misguided laws," and that "patients should not receive care that has no medical basis or is inappropriate to their circumstances."^[5]

By requiring physicians to tell women that a medication abortion may be reversed — despite no scientific or medical evidence to support this claim — it undermines the informed consent process and risks misleading women to believe they do not need to be certain about their decision before beginning the medication abortion process. Furthermore, the American Psychiatric Association stated that legislation like SB 1243 is used "as an instrument for discouraging pregnant women from exercising their constitutional right to make their own reproductive choices. These laws intrude into the privacy of physician-patient communications and, in so doing, compromise the rights of both patients and physicians."^[6]

Overall, abortion remains an incredibly safe procedure (99% according to the Center for Disease Control) and medication abortion, used during the first-trimester of a woman's pregnancy, is one of the safest medical procedures and poses a minimal risk—less than 0.05%—of major complications that might need hospital care. If SB1243 were to go into effect, this law would force doctors to provide a woman seeking a safe, legal abortion with medically inaccurate and misleading information that could be harmful to her health. For these reasons, we urge your no vote and ask that you protect a woman's constitutional right to make her own private medical decisions.

^[1] Delgado G and Davenport M, "Progesterone Use to Reverse the Effects of Mifepristone," *The Annals of Pharmacotherapy* vol. 46 (Dec. 2012).

² Grossman D et al. "Continuing Pregnancy After Mifepristone and 'Reversal' of First-Trimester Medical Abortion: A Systematic Review," *Contraception* 92 206–211 (Jun. 2015).

³ ACOG, Reading the Medical Literature, available at <http://www.acog.org/Resources-AndPublications/Department-Publications/Reading-the-Medical-Literature>.

⁴ Daphne Robinson, JD MPH and Amy Zapata, MPH. Louisiana Department of Health. (2016) "Legislative Report on 2016 House Concurrent Resolution 87 - Study Related to Whether the Effects of an Abortion Induced with Drugs or Chemicals Can Be Reversed."

⁵ Coalition to Protect the Patient-Provider Relationship. "Statement of Members of the Coalition to Protect the Patient-Provider Relationship Regarding Mandating Health Care Professionals Provide Unsubstantiated Medical Information" https://www.apha.org/~media/files/pdf/advocacy/letters/2015/150415_patientprovider.ashx

⁶ American Psychiatric Association. "Position Statement on Legislative Intrusion and Reproductive Choice." 2013. Print.

Kathy Griesmyer
Policy Director
ACLU of Idaho & ACLU of Idaho Foundation
P.O. Box 1897, Boise, ID 83701
208-344-9750 x1204 Ph | 208-344-7201 Fax
kgriesmyer@acluidaho.org
www.acluidaho.org | "Because Freedom Can't Protect Itself"

Would you donate \$15 a month to protect freedom?

-
-
-
-
- [1] Delgado G and Davenport M, "Progesterone Use to Reverse the Effects of Mifepristone," *The Annals of Pharmacotherapy* vol. 46 (Dec. 2012).
- [2] Grossman D et al. "Continuing Pregnancy After Mifepristone and 'Reversal' of First-Trimester Medical Abortion: A Systematic Review," *Contraception* 92 206–211 (Jun. 2015).
- [3] ACOG, Reading the Medical Literature, available at <http://www.acog.org/Resources-AndPublications/Department-Publications/Reading-the-Medical-Literature>.
- [4] Daphne Robinson, JD MPH and Amy Zapata, MPH. Louisiana Department of Health. (2016) "Legislative Report on 2016 House Concurrent Resolution 87 - Study Related to Whether the Effects of an Abortion Induced with Drugs or Chemicals Can Be Reversed."
- [5] Coalition to Protect the Patient-Provider Relationship. "Statement of Members of the Coalition to Protect the Patient-Provider Relationship Regarding Mandating Health Care Professionals Provide Unsubstantiated Medical Information" https://www.apha.org/~media/files/pdf/advocacy/letters/2015/150415_patientprovider.ashx
- [6] American Psychiatric Association. "Position Statement on Legislative Intrusion and Reproductive Choice." 2013. Print.