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Senate Bill 155 Testimony **September 18, 2019**

Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Senate Health Committee, thank you for allowing me the opportunity to testify on Senate Bill 155. Senate Bill 155 would require doctors prescribing abortion-inducing drugs to provide written information created by the Ohio Department of Health informing patients of an abortion reversal treatment option. Currently, seven other states have enacted similar legislation: Arizona, Arkansas, Idaho, Kentucky, North Dakota, South Dakota, and Utah.

The Mifeprex regimen is a chemical abortion process that involves two drugs: Mifepristone and Misoprostol. Mifepristone destabilizes a pregnancy by blocking progesterone, also referred to as the “pregnancy hormone”. By blocking the progesterone receptors, the Mifepristone leads to the death of a developing baby within 24-72 hours by causing the uterine lining to begin breaking down. To finish the abortion, Misoprostol induces labor, forcing a woman’s body to expel the baby.

Women who choose to have a chemical abortion and regret it within the first two days of taking the Mifepristone have a chance to save their pregnancies as long as they have not taken the Misoprostol. The Abortion Pill Reversal (APR) treatment involves administering a large dose of progesterone to the mother orally or by intramuscular injection, which can reverse the process by counteracting the Mifepristone.

The reversal treatment has been proven to be successful in 64-68% of cases, as opposed to a 25% success rate when the woman simply does not take Misoprostol.

Through the use of APR, more than 750 live births were achieved, according to the Abortion Pill Rescue. I

There has been some criticism that this study, done by Dr. George Delgado, did not have a control group. While some argue that this makes the study problematic, the reasons for this are purely a question of ethics. If a woman is seeking to reverse an abortion through this treatment and continue her pregnancy, it is cruel to give her a placebo, especially because progesterone is a safe treatment, generally. In fact, progesterone has been used in pregnancies for over 50 years and initial studies of the APR process found that the birth defect rate in babies born after the APR is less than or equal to the rate in the general population.

This issue should not be one side versus the other. This legislation is intended to give another choice to women who are in desperate situations. We are not forcing anyone to take the abortion pill reversal treatment – we simply want to give women more information on another option available to them.

Thank you for allowing me to testify today and for your consideration. I am happy to answer any questions you may have.