Ohio Section
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Ohio Senate
Health and Human Services Committee
SB155 Reversal of Abortion
Testimony of David Hackney, MD FACOG
American College of Obstetricians and Gynecologists, Ohio Section

Chair Burke, Vice Chair Huffman, Ranking Member Antonio, and distinguished members of the Senate Health Committee, my name is Dr. David Hackney and I am a practicing specialist in Maternal Fetal Medicine, also known as high risk obstetrics, in Cleveland Ohio where I am a Division Director and Associate Professor. Of note, I am neither speaking on behalf of nor representing the views of my employers. I received my medical degree from the University of Pittsburgh after which I came to Ohio for residency training at THE Ohio State University. I've been in active practice in Cleveland for seven years. Thank you for the opportunity to provide testimony for SB155.

Today, I write on behalf of the American College of Obstetricians and Gynecologists, Ohio Section (ACOG) as the Legislative Chair. ACOG is our specialty's premier professional membership organization dedicated to the improvement of women's health. In Ohio, ACOG represents over 1500 obstetrician-gynecologists and their patients; and nationally ACOG represents approximately 58,000 obstetrician-gynecologists and women's health care professionals.

I would like to take this opportunity to clarify comments by made by prior witnesses for SB155 regarding the relationship between ACOG and American Board of Obstetricians and Gynecologists (ABOG). A physician is <u>not</u> required to be a member of ACOG to become certified by ABOG, have hospital privileges or practice in our field. Although the vast majority of Ob/Gyns in Ohio are members of ACOG we join together entirely voluntarily in support of the organization and its mission. ACOG recognizes that the abortion debate comes from profound moral conviction from all perspectives. While we respect the need of our members to determine their own personal values and beliefs, the organization's statement on abortion is clear and the ACOG Abortion Policy Statement is attached.

Another important clarification from prior witnesses is the fact that a randomized trial of progesterone after mifepristone is not only necessary but is possible and in fact has already been performed. The results, however, are not known at this time pending peer review and journal publication. Prior to publication, clinical trials are required to register and present some public information via clinicaltrails.gov. Interested parties can see information regarding this trial under registration: NCT03774745.

According to the information provided publically to clinicaltrials.gov, <u>the clinical trial was prematurely discontinued in August of this year secondary to "safety".</u> Although the

circumstances regarding early discontinuation will not be known until peer review and publication, this raises the concern that progesterone after mifepristone may not only be ineffective but could be unsafe.

As background, it is possible, though not proven, that progesterone could be beneficial for women who undergo medical abortion with mifepristone and then change their mind. Although there is a theoretical biologic rationale behind this treatment, clinical evidence to date consists of only poorly controlled case series which do not constitute definitive evidence of benefit. This is, in part, why ACOG strongly opposes legislation mandating that this be presented to patients as a treatment option. In medicine, the gold standard for the determination of medical benefit is a placebo-controlled randomized trial. Throughout the history of medicine, many treatments that have had biologic plausibility and favorable results in early cases have subsequently been found to be ineffective or even harmful once subjected to properly controlled randomized trials.

In prior testimony on SB155 several witnesses and committee members reflected on the absence of randomized trials on progesterone after mifepristone. Presumably and reasonably there was not awareness of the ongoing trial because the results have not yet been published. However, this is a particularly inopportune historical moment to mandate progesterone treatment while the medical community and public are awaiting the results of the first randomized trial. Although the results are currently unknown, what if in a few months the trial results show that progesterone is ineffective? In that scenario the state would have just mandated that physicians tell their patients something that is not true. Additionally, nobody would want women who are undecided regarding abortion to be told that it is reversible if she changes her mind if in fact the treatment is ineffective. What if she proceeds with medical abortion thinking that she can change her mind and then when she does the progesterone is not actually effective? That is a scenario that everyone on any side of this issue would want to avoid. Even worse, what if progesterone is found to be unsafe? All we know now is that the clinical trial was discontinued secondary to “safety”.

Thank you for the opportunity to offer testimony on SB155. I appreciate your consideration, urge you to vote no on this bill, and I hope you will consider ACOG Ohio and myself a valuable resource for all items relating to the practice of obstetrics and gynecology and women’s health issues.