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Senate Bill 155 Opponent Testimony
Senate Health, Human Services, and Aging Commiittee
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Chairman Burke, Ranking Member Antonio, and members of the Senate Health, Human Services, and Aging Commiittee, my name is Jaime Miracle and I am the Deputy Director of NARAL Pro-Choice Ohio. I am here to testify on behalf of our more than 50,000 members and activists against Senate Bill 155.

Advocates for Senate Bill 155 say this is about giving people choices. What the bill really amounts to is experimenting on pregnant individuals without their full consent and without them knowing all the facts and risks involved. This is not about science or medicine—this is about pushing anti-abortion propaganda into the doctor patient replationship.

Before I came to NARAL Pro-Choice Ohio I had spent nearly a decade doing medical research at the OSU College of Medicine and College of Optometry. I know what a good, sound, medical research study looks like; I understand the limitations of research studies; and I understand how to minimize those limitations so that we can move the science of medicine forward.

Lets start with some of the science behind how all of this works. The FDA has approved a two medication protocol for use for terminating pregnancies before 70 days[1]. This protocol consists of a 200mg dose of mifepristone (Mifeprex) taken on day one, followed by an 800mg dose of misoprostol (Cytotec) taken 24 to 48 hours later. The fact that the FDA made misoprostol a part of this approved regimine means that this is clearly not an off label use of this medication. The patient then comes back to the medical facility 7-14 days later for a follow-up appointment. Mifepristone works by attaching to protesterone receptors, blocking the binding of progesterone to those receptors. In order to replace the progesterone on the receptors, mifepristone has to bind more tightly to these receptors than the progesterone does.

Under ORC 2919.123, all medical providers who use mifepristone must adhere exactly to this approved protocol or face a 4th degree felony. I find it ironic that some of the same groups that say that abortion providers cannot differ from the exact FDA protocol for providing medication abortion care are now coming before this body and advocating these same doctors be required by Ohio law to tell their patients about an experimental, unproven treatment that has not been reviewed for safety for efficacy by the FDA. So for one medication the FDA protocol is the gold standard, because anti-abortion advocates want to limit its use as much as possible, but for another medication that has not been reviewed by the FDA for the use described, we should just trust anti-abortion organizations when they tell us its safe and effective because anti-abortion advocates agree with this medication. Whether something is safe and effective shouldn't be decided by your opinion about abortion.. It should be based in scientific fact and research.

During last week's testimony we heard time and time again that we just have to accept the research that Dr. Delgato did as the best information we can get, because there was no way to do a more scientifically sound randomized placebo-cotrolled trial. This is 100% false. How do I know that?

[1] https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information

Because right now, at UC Davis a randomized, placebo-controlled study is underway[2]. Approved by the UC Davis Instiutional Review Board for meeting all ethical standards of research, this study is enrolling patients who are seeking abortion care. In this study researchers give the mifepristone dose and then randomize the patients into two groups, one gets the placebo, the other getting the dose of progesterone, and researchers can directly compare the two groups. With this research we will finally get the answer to whether or not giving progesterone to patients in these situations actually increases the likelihood that the pregnancy will continue.

Why do we need more research? Because the existing research is methodologicaly flawed and is not sufficient to show that progesterone actually blocks the action of mifepristone, and is not sufficient to indicate that this process is safe and effective for patients.

I find it curious that not only is the research conducted by Delgado methodologically flawed, but the proponents of the bill took those flaws to the next level in the way that they described his findings. First, proponents said that the results were based on 754 patients, when in fact 27% of the original patients were lost to follow-up or otherwise excluded from the research so the results are based on just over 500 patients[3]. This percentage is a significant enough finding that even the author of the study admits could impact the results. Secondly, proponents repeatedly claimed that between 60-70% of study patients had their pregnancies continue successfully, but if you read the Delgado study the rate of success was 48%. Its also interesting that proponents of Senate Bill 155 continuously shamed American College of Obstetricians and Gynecologists (ACOG) and discredited their stance on this bill because of a perceived "bias" on the issue of abortion, but failed to disclose that the journal that published Delgado's research, *Issues in Law and Medicine* is co-sponsored by organizations connected to the anti-abortion movement. The journal's editor in chief, Barry Bostrom, has been active in the anti-abortion movement in Indiaina, having served as the director and general council for Indiana Right to Life. If ACOG's stance isn't to be trusted because they support access to safe and legal abortion care, then certainly this journal's research publications are subject to the same criticism for their obvious anti-abortion stance.

It is clear that there is not enough research to show that this experimental practice is safe and effective. This legislative body should not be in the practice of forcing medical providers to break their ethical guidelines by requiring them to give at best misleading and at worst potentially harmful information about this pseudo science claim that an abortion can be "reversed".

Beyond the lack of any scientific evidence that this is even an effective medical treatment, this bill is also 100% about using anti-abortion propaganda to stigmatize and shame abortion providers and the patients they serve. Its interesting that proponents of this bill continuously talk about how people seeking abortion care regret their abortions and frequently seek out these "reversal" services. Once again there is peer reviewed research debunks that statement.

Research published in the journal *Contraception*[4] evaluated decisional certainty of patients seeking abortion care. On a scale of 0-100 the median certainty score was 9.4, indicating very low decisional uncertainty. One particularly relevant part of this research was the impact that myths about abortion had on decisional certainty. Researchers asked the women in the study if they believed in each of the following myths about abortion: having an abortion causes women to become depressed or anxious, abortion causes breast cancer, having an abortion makes it difficult for women to become pregnant and have children later, and childbirth in the US is safer than abortion. The more of these myths a woman agreed with, the less certain she was about her decision. So now here we are in this hearing room with this legislature endorsing yet another myth about abortion care, adding even more stigma to a medical procedure that is among the most

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[2] https://www.npr.org/sections/health-shots/2019/03/22/688783130/controversial-abortion-reversal-regimen-is-put-to-the-test

[3] Delgado, George, M.D., et. al. A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone. *Issues in Law and Medicine,* Volume 33, Number 1, 2018. https://issuesinlawandmedicine.com/wp-content/uploads/2019/10/Delgado-Revisions-FINAL-1.pdf

[4] Ralph, Lauren, et. al. Measuring decisional certainty among women seeking abortion. *Contraception*, Volume 95, pages 269-278, 2017.

commonly performed in the United States. Patients deserve full, medically accurate, scientifically verifiable information about their health care. This must be determined by medical experts, not biased organizations pushing a political agenda to limit access to care.

Stop the propaganda. Stop the lies. NARAL Pro-Choice Ohio urges a no vote on Senate Bill 155.