

Comment Report

HF 383

A bill for an act relating to informed consent for medication abortions, and providing penalties.(Formerly HF 53.)

Subcommittee Members: Lundgren-CH, Osmundson, Wessel-Kroeschell

Date: 02/09/2022

Time: 08:30 AM

Location: RM 304

Name: Emily Trudeau

Comment: My name is Emily Trudeau and I am from Sioux City, Iowa. I am a 4th year medical student in Iowa planning to practice family medicine. I am strongly opposed to HF383 because it is unsafe and unethical for my patients. This bill states that it may be possible to reverse the intended effects of a medication abortion when in fact there is no scientific, peerreviewed evidence in the literature to support this. The only wellknown study attempted was emergently stopped because 25% of the participants experienced severe hemorrhage in the study. Of note, hemorrhage is a very rare occurrence with conventional administration of medication abortion with mifepristone and misoprostol. As well, this study was initiated based on two incomplete, methodologically flawed case series. Currently, mifepristone antagonization, which is what abortion reversal medication refers to, is considered experimental. Requiring providers to provide information to their patients under penalty of licensee discipline, when there is no sound scientific evidence that this is possible or safe for our patients, is unethical and violates our Hippocratic Oath. We should not be experimenting on our patients and we definitely should not be forced by the government to experiment on them. Thank you for your time.

Name: Sarah Costello

Comment: My name is Sarah Costello and I am from Solon, Iowa. I am an Iowa medical student and I am voicing my strong opposition to this bill. The American College of Obstetrics and Gynecology is very clear in their recommendations around abortion reversal, there is NOT sufficient evidence that medical abortions can be safely or effectively reversed. Unfounded legislative mandates represent dangerous political interference and compromise patient care and safety. Please trust the experts on this one and vote 'no' on HF 383. Legislative mandates based on unproven, unethical research are dangerous to womens health.



Advocacy

Facts are Important: Medication Abortion "Reversal" Is Not Supported by Science

Facts are important, especially when discussing the health of women and the American public. Claims regarding abortion “reversal” treatment are not based on science and do not meet clinical standards. The American College of Obstetricians and Gynecologists (ACOG) ranks its recommendations on the strength of the evidence,ⁱ and does not support prescribing progesterone to stop a medical abortion.

Yet, politicians are pushing legislation to require physicians to recite a script that a medication abortion can be “reversed” with doses of progesterone, and to steer women to this care. Unfounded legislative mandates represent dangerous political interference and compromise patient care and safety.

What is Medication Abortion?

- Medication abortion is the use of medications, rather than surgery, to end a pregnancy. This safe and effective evidence-based regimen includes a combination of two drugs—mifepristone, taken first, and misoprostol, taken at a later point.
- Mifepristone stops the pregnancy growth by blocking the hormone progesterone; misoprostol makes the uterus contract to complete the abortion.
- Medication abortion is more effective when both drugs are used, because mifepristone alone

will not always cause abortion. In fact, as many as half of women who take only mifepristone continue their pregnancies.ⁱⁱ

- Mifepristone is not known to cause birth defects.

So-called abortion “reversal” procedures are unproven and unethical.

- A 2012 case series reported on six women who took mifepristone and were then administered varying progesterone doses. Four continued their pregnancies.ⁱⁱⁱ This is not scientific evidence that progesterone resulted in the continuation of those pregnancies.
- This study was not supervised by an institutional review board (IRB) or an ethical review committee, required to protect human research subjects, raising serious questions regarding the ethics and scientific validity of the results.
- Case series with no control groups are among the weakest forms of medical evidence.^{iv}

Legislative mandates based on unproven, unethical research are dangerous to women’s health.

Politicians should never mandate treatments or require that physicians tell patients inaccurate information.

Additional ACOG Resources

[ACOG Practice Bulletin 225 Medication Abortion Up to 70 Days of Gestation \(October 2020\)](#)

[ACOG Committee Opinion 815 Increasing Access to Abortion \(December 2020\)](#)

References

1. Hal C. Lawrence, M.D., “The American College of Obstetricians and Gynecologists Supports Access to Women’s Health Care,” *Obstetrics & Gynecology* vol. 125 1282, 1283 (Jun. 2015) available at http://journals.lww.com/greenjournal/Fulltext/2015/06000/The_American_College_of_Obstetricians_and.2.aspx.
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. Delgado G and Davenport M, “Progesterone Use to Reverse the Effects of Mifepristone,” *The*

Annals of Pharmacotherapy vol. 46 (Dec. 2012).

4. ACOG, Reading the Medical Literature

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Name: Jamie Burch Elliott

Comment: My name is Jamie Burch Elliott, lobbyist for Planned Parenthood Advocates of Iowa and Planned Parenthood North Central States. We are opposed to HF 383, a measure that would force medical professionals to tell patients information that is not supported by science, including claiming there is the potential to reverse a medication abortion. Leading medical organizations, including the American College of Obstetricians and Gynecologists, do not support such measures, saying they are not supported by science and these unfounded legislative mandates represent dangerous political interference, while compromising patient care and safety. Doctors who fail to comply with this bill would be subject to disciplinary action being taken against their license. The twodrug regimen of mifepristone and misoprostol for medication abortion has been safe and legal in the U.S. since the FDA approved its use almost 20 years ago. Since then, it has been used by more than 4 million people in the United States, with a welldocumented safety record in more than 100 research publications. Abortion reversal is a medically inaccurate term that people opposed to abortion used to describe a medically unproven protocol in which a high dose of progesterone is given after the patient takes the first medication. In December 2019, the journal Obstetrics & Gynecology published a new study addressing unproven claims of abortion reversal promoted by opponents of safe and legal abortion. This study was halted because womens lives were put at risk and it was deemed too dangerous, showing us again that the unproven claims made by those who oppose safe and legal abortion are medically unsound and should not be the basis of laws or medical practice. The study offers no evidence for the unsupported idea that taking progesterone will interrupt and medication abortion. Instead, it provides more evidence that the current twomedication protocol is what works best for patients, and that interrupting that protocol based on unproven claims by groups who oppose abortion may create a risk for patients. Forcing doctors and abortion providers to give their patients medically unfounded information is not only dangerous, its unethical. This bill inappropriately intrudes upon the vital physician/patient relationship and inserts politicians into peoples personal health care decisions. Planned Parenthood ensures all patients receive accurate information about all of their pregnancy options so they can make their own fully informed decisions about their health, their family and their future. HF 383 is deeply concerning and will put the health and safety of Iowans at risk. Politicians with no medical expertise should not be interfering in medical care and pushing health care providers to experiment on people seeking abortion care. By suggesting there is a way to reverse a medication abortion, physicians would be undermining the informed consent process, which should instead stress to patients that they must be certain before proceeding with the first step of the medication abortion process. For all of the reasons stated above, I urge you to vote against this dangerous measure and protect the health of Iowans and integrity of our health care system.



My name is Jamie Burch Elliott, lobbyist for Planned Parenthood Advocates of Iowa and Planned Parenthood North Central States. We are opposed to HF 383, a measure that would force medical professionals to tell patients information that is not supported by science, including claiming there is the potential to reverse a medication abortion. Leading medical organizations, including the American College of Obstetricians and Gynecologists, do not support such measures, saying they are not supported by science and these unfounded legislative mandates represent dangerous political interference, while compromising patient care and safety. Doctors who fail to comply with this bill would be subject to disciplinary action being taken against their license.

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