

June 10, 2021

John Bel Edwards
Governor
Office of the Governor
PO Box 94004
Baton Rouge, LA 70804

Dear Governor Edwards:

As a network of physicians from across the country committed to improving access to comprehensive reproductive health care, including abortion care, we write in strong opposition to Louisiana House Bill 578. Our network includes physicians of all specialties from across the country, including physicians in Louisiana and those that serve Louisiana patients. We are strongly opposed to this legislation as it is not based in science, requires providers to give patients medically inaccurate information, and would interfere in the patient-provider relationship.

Medication abortion is a combination of two drugs, mifepristone and misoprostol. The first drug, mifepristone, is followed by misoprostol 24-48 hours later. Approved for use in the United States since 2000, mifepristone has been studied extensively for over two decades and has continuously been proven exceedingly safe and effective.

Abortion “reversal” is a **non-medical term** used by those who are anti-abortion to describe a medically unproven protocol in which a high dose of progesterone is given after the first of the two medications are administered. This has not been well studied, and relies on experimental treatment that does not follow standard research protocol. Proponents of so-called “reversal” rely on case series, the lowest level of evidence. Case series cannot prove cause and effect.

In December 2019, the results from the first randomized control study (the highest level of scientific study) on abortion “reversal” were published.¹ This study had to be stopped because of significant safety concerns about the so-called reversal regimen, namely heavy bleeding that in some cases required blood transfusion and even emergency surgery. The study concluded that the efficacy of progesterone for nullifying the effects of mifepristone could not be estimated due to these significant safety concerns. Notably, the American College of Obstetrics and Gynecology (ACOG), which publishes practice guidelines for OB-GYN care including abortion, does not recommend the practice, stating that “claims of medication abortion reversal are not supported by the body of scientific evidence, and this approach is not recommended in ACOG’s clinical guidance on medication abortion.” As shown by the failed study, this approach is not safe, effective, nor is it based on medical evidence.

Although all of this bears repeating, Louisianans are already aware that this experimental treatment is not based in science and does not meet clinical standards. In 2016, the Louisiana Bureau of Family Health completed a legislatively mandated study related to whether claims

¹ Mitchell Creinin, D.M.D. et al. Mifepristone Antagonization With Progesterone to Prevent Medical Abortion, A Randomized Controlled Trial. *Obstetrics and Gynecology*: January 2020 – Vol. 135 – Issue 1 – p 158-165. Available at https://journals.lww.com/greenjournal/Fulltext/2020/01000/Mifepristone_Antagonization_With_Progesterone_to.21.aspx.

about so called medication abortion reversal were true. After an extensive review of the professional opinions expressed by the panel of experts, the Department found that there is neither sufficient evidence nor a scientific basis to conclude that a medication abortion can be reversed.²

Forcing providers to give patients misleading, medically and scientifically inaccurate information undermines informed consent practices and interferes with the trusting relationship between patients and providers. The patients we care for all share something in common. They and their families are making thoughtful, at times difficult, decisions about their health and well-being. Each of our patients deserves high quality, medically accurate, informed care regardless of who they are, where they live, or how much money they make. These decisions should always be made without political interference, and with the wishes, health, and well-being of the patient in mind. As providers we must be able to take care of our patients using the best medical evidence available. It is our duty and obligation.

Bills like this falsely assume that patients seeking abortion care are unsure of their decision-making or may regret having an abortion. Informed consent is a bedrock of the patient-provider relationship and the decision to have an abortion is voluntary and informed. The Turnaway Study, a five-year study examining the health and socioeconomic consequences of abortion in the United States, found that women overwhelmingly did not regret their decision. The emotion most commonly reported was relief.³

Louisiana must stop inserting politics into the provider-patient relationship. Instead, it's time to bring the collective time, resources, and expertise of Louisianans to address actually pressing reproductive health issues, including the state's maternal mortality crisis. Every person should be able to access the comprehensive reproductive health care they need no matter their race, gender, or zip code. We urge you to reject House Bill 578.

Sincerely,

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² Available at <https://ldh.la.gov/assets/docs/LegisReports/HCR87RS20161.pdf>.

³ Corrinne Roca, et al. Emotion and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma. *Social Science & Medicine*. Vol. 248 March 2020. Available at <https://www.sciencedirect.com/science/article/pii/S0277953619306999?via%3Dihub>.

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