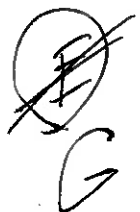


Testimony in support of HB23-1150 – Abortion Pill Reversal Information



My name is Tom Perille. I am a physician and President of Democrats for Life of Colorado. As a physician I played a key role in developing evidence-based guidelines for a large hospital system. I am here in strong support of HB23-1150.

Just last year this body passed RHEA. The bill explicitly states that “a pregnant person has a fundamental right to continue a pregnancy and give birth ...and to make decisions about how to exercise that right”. Did you mean what you said or was this just rhetoric?

Some women who pursue a medication abortion immediately regret their decision and desperately want to continue their pregnancy. If they decide this after taking the first drug, mifepristone, but before taking the second drug, misoprostol, they have the option of using the Abortion Pill Reversal protocol or APR. Since these women have a legally delineated right in RHEA to continue their pregnancy, Colorado has a legal obligation to make information regarding APR available as part of the informed consent process for medication abortions. That is exactly what HB23-1150 does.

The Abortion Pill Reversal protocol entails the administration of high dose progesterone to mitigate the impact of mifepristone. We know that mifepristone has a high affinity for the progesterone receptors in the uterus and antagonizes the effect of natural progesterone.¹ The APR protocol floods the uterus with natural progesterone and thereby diminishing the impact of the mifepristone.

What is the evidence that this works and is safe? There is animal data demonstrating the efficacy of progesterone to counter the effects of mifepristone.² A large randomized, placebo-controlled trial demonstrated proof of principle by showing that a progestin agent could quadruple the chances of a woman having a continued pregnancy after mifepristone/misoprostol.³ And the largest of several case series to date demonstrated that APR doubled (64-68%) the chances a woman would have an ongoing pregnancy compared to historical controls (20-40%).⁴

Progesterone has been used safely for decades in OB. For women who have a threatened miscarriage after suffering earlier miscarriages, high dose progesterone has been demonstrated to increase the chances for an ongoing pregnancy.⁵ It is also used to support pregnancies using in vitro fertilization technologies.

Recently, a trio of clinicians and ethicist evaluated APR and concluded that it would be clinically inappropriate and unethical not to offer APR after women ingested mifepristone if they regretted their decision.⁶

Please vote YES on HB23-1150.

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President, Democrats for Life of Colorado