



March 27, 2025

Re: LD 1007, An Act to Update the State's Informed Consent Laws Regarding Drug-Induced Abortion

To: Senator Carney, Representative Kuhn, and the members of the Judiciary Committee

The Maine Chapter of the Freedom From Religion Foundation writes in opposition to LD 1007, An Act to update the State's Informed Consent Laws Regarding Drug-Induced Abortion.

The phrase "abortion pill reversal" refers to the idea that an abortion induced by mifepristone (the first medication in a medication abortion) can be reversed if the patient receives a high dose of progesterone soon after taking the first pill. There is little scientific evidence to support the effectiveness or safety of such a procedure. Mandating healthcare providers to share this information undermines patient autonomy, risks the delivery of unsafe and unproven care, and places an undue burden on medical professionals.

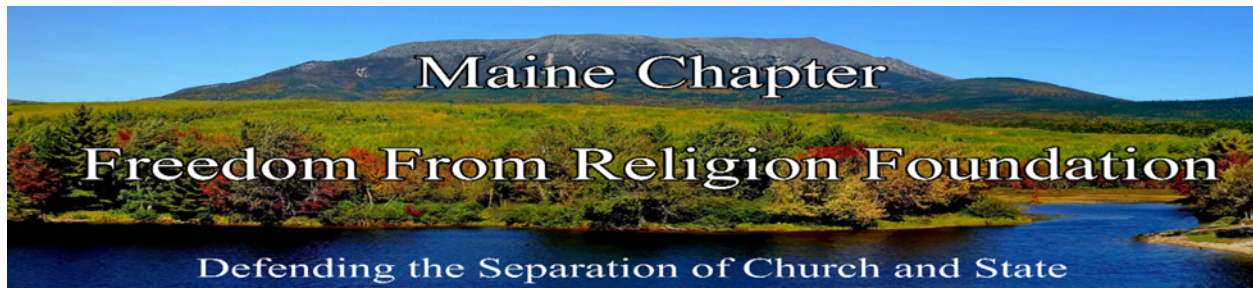
The claim that abortion can be "reversed" after the administration of mifepristone is based on a disputed theory. While proponents argue that progesterone, a hormone naturally produced during pregnancy, may counteract the effects of mifepristone, the evidence supporting this claim is scant and inconclusive. The few studies that have been conducted have been criticized for methodological flaws, small sample sizes, and lack of rigorous peer review. The American College of Obstetricians and Gynecologists (ACOG), the leading professional organization for obstetricians and gynecologists, has stated that there is no scientifically reliable evidence to suggest that abortion reversal is safe or effective.

In fact, research has demonstrated that the vast majority of medication abortions are completed successfully and without complications when the treatment is followed properly. The need for a reversal procedure is extremely rare, and the overwhelming evidence from clinical trials and studies suggests that it is neither necessary nor beneficial for the vast majority of patients. Promoting or mandating information about an unproven and unregulated procedure could confuse patients, create unnecessary fear, and divert attention from medically sound options.

Mandating the provision of information about abortion reversal can exert undue pressure on individuals who have made a well-informed decision to terminate their pregnancy. Requiring healthcare professionals to present information about an "abortion reversal" option could introduce unnecessary doubt and confusion, making individuals feel pressured to reconsider their decision even after they have made an informed choice.

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The provision of this information could undermine the autonomy of patients, suggesting that their initial decision to terminate the pregnancy may not have been the "right" one. This is especially harmful in situations where the decision to seek an abortion is based on serious health concerns, financial hardship, or personal readiness. Forcing patients to hear about "reversal" options could introduce feelings of guilt or regret, making them question their own judgment or second-guess their decision.

Since the "abortion pill reversal" procedure is not supported by scientific evidence or endorsed by medical authorities, it is highly concerning that providers would be pressured to offer this as a viable option. Offering a treatment without sufficient scientific backing could lead to unregulated and unsafe medical practices.

There are potential risks associated with administering high doses of progesterone, including side effects that could impact a patient's health. By requiring healthcare professionals to provide this information, policymakers are essentially asking them to promote a treatment that has not undergone the scrutiny of standard medical research protocols, potentially compromising patient safety.

Furthermore, requiring the presentation of "abortion pill reversal" information could introduce unnecessary risks for patients by encouraging them to pursue unregulated, potentially dangerous options outside of established medical care. If patients are encouraged to seek "reversal" treatments from unqualified providers or outside the healthcare system, they could face serious health complications or even life-threatening outcomes.

Healthcare providers are trained to give evidence-based care, offer options grounded in scientific research, and make recommendations that prioritize patient well-being. Requiring them to provide information about "abortion pill reversal" compels them to discuss a controversial and unproven procedure as though it were an established medical option. This goes against the core principles of medical ethics and patient-centered care.

By mandating that providers give patients information on "abortion pill reversal", lawmakers are dictating a course of action that is not supported by the medical community and that may not align with the patient's health needs. This is a violation of the professional autonomy of healthcare providers and risks undermining the trust that patients place in their healthcare team.

Requiring healthcare professionals to offer abortion reversal information is a distraction from the essential services that should be available in reproductive healthcare. Rather than focusing on unproven procedures, we should be working to ensure that individuals have access to



comprehensive reproductive healthcare that is safe, evidence-based, and respectful of their autonomy. The focus should be on providing accurate, unbiased, and supportive information that helps individuals make informed decisions about their reproductive health.

Furthermore, patients seeking an abortion should have access to counseling, emotional support, and medically accurate information about the procedure, recovery, and potential risks. Mandating that healthcare providers present unproven reversal options detracts from the real, evidence-based counseling that should be the focus of patient care.

MC-FFRF strongly urges the committee to vote “Ought Not To Pass”.

Thank you for your time and consideration.

-Ray Vensel, President