Testimony on Abortion-Inducing Drugs

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The state of Maryland has a vested interest in ensuring the health and safety of all of its citizens. Abortion-inducing drugs end the life of a child in the womb and are incredibly dangerous for women. The inherent health risks associated with these drugs are why they have historically been subjected to certain federal safety protocols. However, these safety protocols have been scaled back in recent years, leaving women vulnerable. The lack of in-person examinations, follow-up appointments, and complication reporting requirements put women at greater risk for serious complications, including hemorrhage, fallopian tube rupture, and even death.

There are two drugs in the abortion-inducing drug regimen. The first, mifepristone (Mifeprex®; also known as RU-486 or simply "the abortion pill"), was approved by the FDA in September 2000 to chemically induce an abortion. The second, misoprostol (Cytotec®), is taken 24 to 48 hours after mifepristone to induce uterine contractions intended to expel the remaining fetal tissue.

Prior to 2020 and the scaling-back of safety protocols, the abortion-inducing drug regimen was typically administered under a physician's supervision in a clinical setting. Mifepristone, the first drug, is a synthetic steroid that acts as an anti-progestin to block the release of the hormone progesterone, a chemical critical for the pregnancy's progression. Progesterone is needed to stabilize the uterine wall and nourish the developing child. Mifepristone blocks progesterone from functioning as required, which leads to the deterioration of the uterine lining—thereby causing the unborn child's death.

After taking mifepristone, the patient was typically sent home to take the regimen's second drug, misoprostol, 24 to 48 hours after the mifepristone was taken. Misoprostol causes intense uterine contractions soon after ingestion. Misoprostol expels embryonic or fetal tissues from the uterus that were not expelled after the mifepristone was taken.[1] Once the embryo or fetus is expelled, there will be human remains (the unborn baby as well as tissue) that must be disposed of.

Abortion-inducing drugs can produce severe cramping, contractions, and bleeding. Such symptoms can last from several hours to several days, and they can be very intense and painful. Hemorrhage may last much longer, requiring transfusions. According to the FDA's full prescription information, many women also experience nausea, vomiting, diarrhea, abdominal pain, and headache.[2] Maternal deaths have occurred, most frequently due to infection or an undiagnosed ectopic pregnancy.[3]

Disturbingly, the physical trauma that happens to a woman's body as a result of using abortion-inducing drugs is a sign that the "treatment is working."[4] According to the Mifeprex medication guide:

> Cramping and vaginal bleeding are expected with this treatment. Usually, these symptoms mean that the treatment is working…Bleeding or spotting can be expected for an average of 9 to 16 days and may last for up to 30 days…You may see blood clots and tissue. This is an expected part of passing the pregnancy.[5]

The abortion industry markets abortion-inducing drugs as straightforward and safe.[6] In reality, the use of these drugs is a multi-day traumatic process that could take up to 30 days to complete, according to the Mifeprex medication guide.[7] Incomplete abortion occurs up to 10 percent of the time and occurs more frequently as gestational age increases.[8] Without an in-person examination, a woman must rely on the rhythm method or her best estimate of when she last had her period to assess gestational age. A miscalculation of gestational age can have tragic results for the woman.

The data clearly shows the negative health consequences abortion-inducing drugs have on women. Between 2000 and 2021, a total of 4,207 adverse events related to drug-induced abortions were reported to the FDA. These events include 26 maternal deaths, 97 ectopic pregnancies, and 1,045

hospitalizations. It is important to note that these numbers only represent the adverse events voluntarily reported to the FDA, so we do not have a full picture of the data.[9]

Most states do not require abortion complication data to be broken down based on abortion type. However, Arkansas passed legislation in 2019 requiring this breakdown. The 2020 data shows that 88.9 percent of abortion complications in Arkansas are the result of drug-induced abortions.[10] Passing this legislation is the first step to preventing the same tragedies from occurring in Maryland. Failure to pass this legislation will increase the number of complications women face and leave those complications unreported.

Because of the dangers abortion-inducing drugs pose to women, it is common sense to require that the drugs only be dispensed by a licensed physician who performs an in-person examination confirming the gestational age and intrauterine location, as well as require one follow-up appointment. Complication reporting requirements ensure transparency and safety. If the state of Maryland values women, it should pass this legislation.

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[1] "Full Prescribing Information – Mifeprex®," Food and Drug Administration, 18, https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020687s022lbl.pdf.

[2] Ibid, 16-19.

[3] Charlotte Ellertson, et al. "Can women use medical abortion without medical supervision?" *Reproductive Health Matters* 5, no. 9 (1997): 149-161, accessed June 28, 2021, https://www.tandfonline.com/doi/abs/10.1016/S0968-8080%2897%2990019-7.

[4] "Full Prescribing Information – Mifeprex®," Food and Drug Administration, 19.

[5] Ibid.

[6] "The Abortion Pill," Planned Parenthood video, May 2019, accessed June 28, 2021, https://youtu.be/byhvmqAg3-E.

[7] Ibid.

[8] Sanhueza Smith, et al., "Safety, Efficacy and Acceptability of Outpatient Mifepristone-Misoprostol Medical Abortion Through 70 Days Since Last Menstrual Period in Public Sector Facilities in Mexico City," *Reproductive Health Matters* 22 (2015): 75-82, accessed June 28, 2021, https://www.ncbi.nlm.nih.gov/pubmed/25702071.

[9] "Mifepristone U.S. Post-Marketing Adverse Events Summary through 06/30/2021," Food and Drug Administration, accessed January 27, 2022, https://www.fda.gov/media/154941/download?bcs-agent-scanner=eb65c610-a437-634a-8d53-f105268b0dbe.

[10] "Induced Abortion Complications Report - Required By Act 620 of 2019," Center of Health Statistics, Arkansas Department of Health, accessed March 8, 2022, https://www.healthy.arkansas.gov/images/uploads/pdf/complication_final_2020.pdf?bcs-agent-scanner=e3865dbb-12dc-434e-b1d9-273a87e02d59.