



To: Judiciary Committee
From: Marion Miner, Associate Director for Pro-Life & Family
Nebraska Catholic Conference
Subject: LB 872 (Repeal Abortion Pill Reversal Information Act) (Oppose)
Date: February 21, 2020

Chairman Lathrop and Members of the Judiciary Committee,

The Nebraska Catholic Conference advocates for the public policy interests of the Catholic Church and advances the Gospel of Life through engaging, educating, and empowering public officials, Catholic laity, and the general public. I am here to express the Conference's opposition to LB 872.

LB 872 would repeal a law that passed with broad support last year because it provides women true choice in the event they have second thoughts after beginning a mifepristone abortion. The law is based in good science that continues to be reinforced by new studies, including those done by doctors whose purpose is to sow doubt about the effectiveness of progesterone to save a baby after mifepristone.

I have attached as an exhibit a study done by Dr. Mitchell Creinin, which Senator Hunt contends provides the rationale for the repeal of LB 209. I invite you to read it in full. As you will note, the study consisted of 12 participants, two of whom dropped out very early. As a baseline matter, a study of 12 (or 10) participants is extremely weak, and not able to tell us much of anything.

In addition, it must be pointed out that if the study *does* tell us anything, ironically, it reinforces previous studies' findings that progesterone is a safe and effective means of saving pregnancies after the mother takes mifepristone. And it also reinforces what we already know to be true about the inherent danger of taking the abortion drug mifepristone.

All women who participated in this study took mifepristone as directed by the doctors who conducted it. Half of them, as a follow-up, received progesterone. The other half received a placebo.

Three women had to be hospitalized for severe bleeding. Two of those women were from the placebo group, one from the progesterone group. One woman required a blood transfusion because of the severity of her bleeding—that woman was from the placebo group.

As for effectiveness, after excluding the two women who voluntarily withdrew from the study, four of the five women (or 80%) who received progesterone still had a viable pregnancy at the

time the study ended. By contrast, only two of the five women (or 40%) of the women in the placebo group still had a viable pregnancy at the end of the study.

These findings reinforce not only that progesterone treatment is an effective means of saving a wanted pregnancy after mifepristone, but also show better health outcomes for the women who underwent that treatment.

The 2018 study done by Dr. George Delgado, which was part of the basis for the passage of LB 209 last year, had 754 participants. It found that, when using the most effective protocols, progesterone was effective in saving the pregnancies of 68% of women, compared to the historical outcome of 25% of women who saved their pregnancies after taking mifepristone and doing nothing else.

Dr. Creinin's study only reinforces the earlier study of Dr. Delgado.

Because LB 209 provides women with a true "second chance at choice," and because LB 872 would take that away based on a tiny study which actually reinforces the logic of LB 209, the Conference respectfully asks that you indefinitely postpone LB 872.