

## Abortion Pill Reversal

Chemical abortions are an increasingly popular method of terminating a first-trimester pregnancy. Approximately 24.6% of abortions in 2015 (Centers for Disease Control- CDC published reports) were completed through a two-step pill regimen. However, many women change their mind after ingesting the first pill.

### What is APR?

- The Abortion Pill Reversal (APR) is a procedure that may reverse the effects of the first step in the chemical abortion process if the pregnant woman changes her mind after the first pill. This is done using a commonly prescribed hormone (that has been safely used in pregnancies for over 50 years) to stop the abortion process after the first abortion pill.
- The APR procedure boasts a success rate of over 64%.<sup>i</sup>
- Since October 2018 there have been 500 babies born after the mother changed her mind and underwent APR process.<sup>ii</sup>

### APR is in Demand

- Heartbeat International reports that their APR website and hotline received over 3,000 calls specifically related to APR as of April 2018.
- Heartbeat International's general helpline (optionsline.org) was fielding 1000 calls per day regarding all abortion-related questions as of April 2018.<sup>iii</sup>

### Legislative Trends

- Arizona, Arkansas, Idaho, South Dakota, and Utah have already established laws that require some version of the above requirements to be included in their patient informed consent questionnaires.<sup>iv,v,vi,vii,viii</sup>
- Kentucky (SB 50), Nebraska, and North Dakota have all filed bills in the 2019 legislative session that would require physicians, or anyone administering a chemical abortion, to inform the pregnant woman that if she changes her mind after the first pill there may be options to reverse the process. Any person performing a chemical abortion at an abortion clinic/pregnancy center would also be required to tell the pregnant woman that, if she does change her mind, time is of the essence and she will need to consult a physician right away.

# ISSUE: Abortion Pill Reversal (APR) Option

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## Why is this good policy?

- Patients of medical professionals rely on the people treating us to give us all of the information they can on our given conditions so that we might pick the option that works best for us. In the same way, pregnant women should be able to count on their physician to give them all of their options.
- A mother should never be required to give up their child forever just because they had thought that was the right thing to do at first. This policy would give them a second chance to make the right choice. We would all like the chance to undo some of our mistakes, but in this scenario the mistake can truly be undone, and a life can be saved.

## The opposition to this policy is hiding behind technicalities.

- The opposition claims that this is a pseudoscience and that requiring physicians to tell patients about the APR treatment is requiring them to lie to their patients.<sup>ix</sup> This is an example of bias propaganda coming out of a group that claims to be ‘Pro-Choice’. If an experimental procedure was completely harmless to a human being but touted a 64% success rate in curing cancer, the tone would be completely different than it is in the oppositions’ case. The APR procedure, while experimental, has seen incredible results.
- There have been nearly 1000 children born as a result of the APR procedure since the procedure was discovered and the research has recently been published in a peer-reviewed journal.<sup>x,xi,xii</sup>
- This bill gives the mother a true choice- to choose life even after she initially chose death- while the opposition is only interested in giving pregnant women the choice to kill their child without the choice to change their mind.

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<sup>i</sup> <https://www.abortionpillreversal.com/faq>

<sup>ii</sup> <https://aul.org/wp-content/uploads/2018/12/Defending-Life-2019.pdf>

<sup>iii</sup> <https://www.heartbeatinternational.org/hbi-apr>

<sup>iv</sup> <https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/36/02153.htm>

<sup>v</sup> [A.C.A. § 20-16-1703](https://legis.idaho.gov/statutesrules/idstat/Title18/T18CH6/SECT18-609/)

<sup>vi</sup> <https://legis.idaho.gov/statutesrules/idstat/Title18/T18CH6/SECT18-609/>

<sup>vii</sup> [http://sdlegislature.gov/Statutes/Codified\\_Laws/DisplayStatute.aspx?Type=Statute&Statute=34-23A-10.1](http://sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=34-23A-10.1)

<sup>viii</sup> [https://le.utah.gov/xcode/Title76/Chapter7/76-7-S305.html?v=C76-7-S305\\_2018050820190101](https://le.utah.gov/xcode/Title76/Chapter7/76-7-S305.html?v=C76-7-S305_2018050820190101)

<sup>ix</sup> <https://rewire.news/article/2017/03/21/falsehood-becomes-law-abortion-reversal-case-study/>

<sup>x</sup> <https://www.heartbeatinternational.org/hbi-apr>

<sup>xi</sup> <https://aul.org/wp-content/uploads/2018/12/Defending-Life-2019.pdf>

<sup>xii</sup> <https://issuesinlawandmedicine.com/wp-content/uploads/2018/04/Effects-of-Mifepristone-Article-6.pdf>