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## Abortion reversal ban chock full of complexities



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Boxes of the drug mifepristone sit on a shelf at the West Alabama Women's Center in Tuscaloosa, Alabama. (AP Photo/Allen G. Breed, File)

**“It's a terrible idea to try to legislate medical practice.”**

— Dr. Matthew Wynia, the director of the CU Center for Bioethics and Humanities

When the state of North Dakota passed a law requiring abortion providers to inform patients that it may be possible to “reverse” a medication abortion, Dr. **Matthew Wynia** spoke out against it.

Wynia, the director of the **Center for Bioethics and Humanities** on the **University of Colorado Anschutz Medical Campus**, said the law put physicians in an unethical position because it forced them to tell patients about a treatment that is scientifically unproven.

“This misrepresentation will serve to mislead or coerce patients who want to ‘undo’ a medication abortion to participate in an unethical experiment without their knowledge,” Wynia wrote [in a declaration filed in a lawsuit](#) seeking to stop the law. “For physicians who are forced to deliver a misleading and inaccurate message that might cause their patients to enroll in an experiment without their full knowledge, doing so is highly unethical.”

He did the same after similar laws were passed in Kansas and Oklahoma, all part of a trend of red states seeking to enshrine notice requirements around medication abortion reversal in their statutes.

So it may come as a surprise that, as the **Colorado Medical Board** on Thursday takes up a debate about a new Colorado law that effectively bans abortion pill reversal treatment in Colorado, Wynia is opposed to that law, too.

“It’s a terrible idea to try to legislate medical practice and especially terrible in an area where the medical base is so flimsy,” Wynia said. “That’s the argument we made in Kansas and in Oklahoma on the other side. And it’s the argument I would make here.”

The concern of Wynia — a doctor who supports abortion rights but is dismayed by a law that is otherwise mostly opposed by anti-abortion groups — reflects the broader complexities in the debate around the former **Senate Bill 190**. The bill, [passed earlier this year](#), declared abortion pill reversal to be “unprofessional conduct” for physicians and other medical providers, meaning they could have their license sanctioned if they perform the practice.

The Medical Board on Thursday will decide whether to go along with the legislature’s “unprofessional conduct” designation or whether to overrule it. Preliminarily, the board [has signaled](#) it would prefer not to declare abortion pill reversal to be unprofessional, per se, and will instead look at incidents on a case-by-case basis, with special focus on whether patients

have been fully informed of all the evidence to support the practice — or lack thereof.

Wynia is not the only doctor with misgivings despite opposing the idea of reversal.

Dr. **Rebecca Cohen**, a professor at the **University of Colorado School of Medicine** and an OB-GYN with **UCHealth**, said she is concerned about the potential intrusion into physician autonomy and what it could mean for other areas of medicine.

“There's always going to be some level of independence where we have to make decisions without perfect evidence,” said Cohen, whose practice includes performing abortions. “That's my own personal biggest struggle here is that we don't want to overstep.”

It is not uncommon, for instance, for doctors to prescribe drugs “off-label” for uses where there is some evidence to support their safety and efficacy but no official approval. That is essentially what providers of abortion reversal do when they give the hormone progesterone to women who have taken the abortion drug mifepristone but then change their minds. (Exactly how often this happens is a matter of debate, though by all accounts it is extremely rare.)

But Cohen said the amount of evidence that exists to support the idea of abortion pill reversal falls far below what she would want to see before using a drug off-label. And that is why she ultimately supports the new Colorado law, despite her concerns. She is worried about whether reversal providers are giving their patients the clearest picture of the science.

“Consent means someone making a choice after being given the accurate information,” Cohen said. “And unfortunately, what they're arguing for is the right to provide inaccurate information or omit accurate information.”