



**To: Chair Bob Lynn, Vice Chair Dennis Mannion, and the House Judiciary Committee**  
**Re: Testimony in Opposition to HB 1702-FN, relative to notice requirements and enforcement for pharmacies dispensing medications intended to induce chemical abortions.**  
**Date: February 9, 2026**  
**Position: INEXPEDIENT TO LEGISLATE**

### Background

Reproductive Equity Now works across New England to make equitable access to the full spectrum of reproductive health care a reality for all people. Advancing reproductive justice and eliminating barriers to abortion care are central to our mission.

HB 1702 legitimizes so-called medication abortion reversal, a practice that lacks any scientific proof of safety and efficacy. This practice poses significant medical, ethical, and public health dangers and the promotion of medication abortion reversal threatens patient safety and patients' trust in their health care providers. For these reasons, Reproductive Equity Now opposes HB 1702.

HB 1702 dangerously promotes medication abortion reversal, which is unproven and unsafe Medication abortion is safe and effective and has been used more than 5 million times in the United States to end pregnancy since it was approved over 25 years ago by the U.S. Food and Drug Administration (U.S. FDA).<sup>1</sup> Medication abortion has a 99% safety rate and more than a 95% efficacy rate.<sup>2</sup> It serves as the primary method of abortion provision in most states as it has become more accessible<sup>3</sup>, with the medication's use in the U.S. formal health care system rising from 53% in 2020 to 63% in 2023.<sup>4</sup>

Medication abortion reversal is a relatively new "treatment," that has yet to be evaluated by the U.S. FDA.<sup>5</sup> Anti-abortion advocates promote it as a medical option for patients who have begun,

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<sup>1</sup> *Mifepristone U.S. Post-Marketing Adverse Events Summary through 12/31/2022*, U.S. FOOD & DRUG ADMIN. <https://www.fda.gov/media/164331/download> (last visited Feb. 6, 2026).

<sup>2</sup> *The Facts on Mifepristone*, PLANNED PARENTHOOD FED'N OF AM., [https://www.plannedparenthood.org/uploads/filer\\_public/42/8a/428ab2ad-3798-4e3d-8a9f-213203f0af65/191011-t-he-facts-on-mifepristone-d01.pdf](https://www.plannedparenthood.org/uploads/filer_public/42/8a/428ab2ad-3798-4e3d-8a9f-213203f0af65/191011-t-he-facts-on-mifepristone-d01.pdf) (last visited Feb. 6, 2026).

<sup>3</sup> Amy Friedrich-Karnik, et al., *Medication Abortion Remains Critical to State Abortion Provision as Attacks on Access Persist*, GUTTMACHER INSTITUTE, (Feb. 2025), <https://www.guttmacher.org/2025/02/medication-abortion-remains-critical-state-abortion-provision-attacks-access-persist#table>.

<sup>4</sup> *Medication Abortions Accounted for 63% of All US Abortions in 2023, an Increase from 53% in 2020*, GUTTMACHER INSTITUTE, (March 19, 2024), <https://www.guttmacher.org/news-release/2024/medication-abortions-accounted-63-all-us-abortions-2023-increase-53-2020>.

<sup>5</sup> *Abortion Pill "Reversal": Where's the Evidence?*, ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH, (March 2019), [https://www.ansirh.org/sites/default/files/publications/files/so-called\\_medication\\_abortion\\_reversal\\_7-14-2020\\_1.pdf](https://www.ansirh.org/sites/default/files/publications/files/so-called_medication_abortion_reversal_7-14-2020_1.pdf).

but not yet completed, the two-drug medication abortion protocol.<sup>6</sup> In a typical medication abortion regimen, a patient takes mifepristone to stop the supply of progesterone, the hormone that supports early pregnancy, followed by misoprostol 24-48 hours later. The underlying theory of so-called medication abortion reversal is that patients who start the process of medication abortion by taking mifepristone can “reverse” the abortion by skipping the dose of misoprostol and taking an elevated dose of progesterone instead.<sup>7</sup> When a pregnant individual ceases the medication abortion protocol prior to completion, published studies indicate pregnancy continuation occurs between 8% and 46% of the time.<sup>8</sup>

While medication abortion has been widely researched and found to be safe and effective, there is little evidence to support so-called medication abortion reversals. The American College of Obstetricians and Gynecologists opposes the practice, saying it is “not supported by science.”<sup>9</sup> In a review of multiple studies in which individuals received progesterone in an attempt to reverse the effects of mifepristone, researchers concluded “there is insufficient evidence to recommend progesterone for individuals who change their minds after initiating the medication abortion process.”<sup>10</sup>

When so-called medication abortion reversal has been studied, those studies document numerous dangerous outcomes for patients. The University of California, Davis conducted a study to test the efficacy and safety of medication abortion reversal to give 40 patients mifepristone, and then multiple doses of progesterone or a placebo.<sup>11</sup> The study was shut down after enrolling only 12 patients, some of whom experienced such severe hemorrhaging that they required hospitalization.<sup>12</sup> As a result, the researchers concluded: “We could not estimate the efficacy of progesterone for mifepristone antagonization due to safety concerns when mifepristone is administered without subsequent prostaglandin analogue treatment [misoprostol]. Patients in early pregnancy who use only mifepristone may be at high risk of significant hemorrhage.”<sup>13</sup> Put simply, researchers were too concerned about the harms of heavy bleeding to comprehensively study the effects of progesterone use. **Unlike medication abortion, “abortion pill reversal” is unproven and unsafe.**

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<sup>6</sup> See Deborah Garratt & Joseph V. Turner, *Progesterone for preventing pregnancy termination after initiation of medical abortion with mifepristone*, 22 EUR J. CONTRACEPT REPROD. HEALTH CARE 472 (Dec. 2017).

<sup>7</sup> *Id.*

<sup>8</sup> Daniel Grossman & Kari White, *Abortion “Reversal” – Legislating Without Evidence*, 379 NEW ENG. J. MED. 1491, 1491-1493 (Oct. 2018).

<sup>9</sup> *Facts Are Important: Medication Abortion “Reversal” Is Not Supported by Science*, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>, (last visited Jan. 20, 2026).

<sup>10</sup> Bianca Maria Stifani & Antonella Francheska Lavelanet, *Reversal of medication abortion with progesterone: a systematic review*, 50(1) BMJ SEXUAL & REPROD. HEALTH 43, 43–52 (Oct. 20, 2023).

<sup>11</sup> Mitchell D. Creinin, MD, et al., *Mifepristone Antagonization With Progesterone to Prevent Medical Abortion, A Randomized Controlled Trial*, 135(1) OBSTETRICS & GYNECOLOGY 158, 158-65 (Jan. 2020).

<sup>12</sup> *Id.* at 160.

<sup>13</sup> *Id.* at 158.

## HB 1702 erodes patients' trust in their providers

For decades, medical and professional organizations, including the American College of Obstetricians and Gynecologists (ACOG) and the Association of Women's Health, Obstetric and Neonatal Nursing (AWHONN) have recommended a patient-centered approach for pregnancy options counseling.<sup>14</sup> This approach empowers patients to make the best decisions for them based on their health history and personal values. It advises them on all options, including parenting and adoption, and pregnancy termination. This patient centered approach centers the wants and needs of the patient and ensures that providers are connecting patients with the appropriate information and referrals, including to pregnancy-related care or abortion care. Misinformation regarding abortion care is pervasive and patients rely on their clinicians to be sources of accurate clinical information.<sup>15</sup> While the decision to obtain abortion care may not always be easy, a UC San Francisco study shows that five years after having an abortion, over 95 percent of the women in the study said it was the right decision for them.<sup>16</sup>

**HB 1702 demands that licensed health care providers and pharmacists promote the legitimacy of so-called medication abortion reversal, a practice that lacks adequate scientific research to prove its safety and efficacy. Granite State patients trust that their health care providers will not disseminate misleading information or promote dangerous practices. This bill threatens patients' ability to make informed decisions about their pregnancies.**

## Conclusion

Reproductive Equity Now encourages your opposition to HB 1702-FN and is committed to working further with legislators, community leaders, and advocates alike to ensure its defeat. We thank you for your consideration and for the opportunity to provide testimony and urge you to reject this proposal.

Respectfully submitted,

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<sup>14</sup> Kristen Nobel, et al., *Patient-reported experience with discussion of all options during pregnancy options counseling in the US South*, 106 *CONTRACEPTION* 68, 68-74 (Feb. 2022).

<sup>15</sup> *Facts Are Important: Identifying and Combating Abortion Myths and Misinformation*, AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, <https://www.acog.org/advocacy/facts-are-important/identifying-combating-abortion-myths-misinformation> (last visited Feb. 6, 2026).

<sup>16</sup> Laura Kurtzman, *Archive: Five Years After Abortion, Nearly All Women Say It Was the Right Decision, Study Finds*, UNIVERSITY OF CALIFORNIA SAN FRANCISCO, (Jan. 13, 2020), <https://www.ucsf.edu/news/2020/01/416421/five-years-after-abortion-nearly-all-women-say-it-was-right-decision-study>.