

**Testimony of Missouri Right to Life  
In Support of HB 177  
Before the House  
Health Care Policy Committee  
February 27, 2013**

House Bill 177 places restrictions on abortion-inducing drugs.

HB 177 particularly focuses on the the abortifacient drug RU-486. It does not include any prescriptions for drugs that do not have the effect of killing an already-created human being. The bill clearly focuses on the protection of women by assuring that “no person who is not a physician shall knowingly prescribe or administer RU-486 (mifepristone) or any other drug for the purpose of inducing an abortion. It does not attempt to make an abortifacient illegal.

Now, the abortionists, especially Planned Parenthood, will no doubt take issue with “any other drug” but HB 177 is specific in that it clarifies that “any other drug” means any drug that is used for the purpose of inducing an abortion. The abortion industry, which profits from abortions, distort the meaning of the terms, “pregnancy” and “abortion causing drugs.” They will say that “pregnancy” starts only with implantation, not fertilization. But preventing implantation is one way to perform an abortion.

By the time a human being is ready for implantation, a week of development has occurred. The human being is composed of approximately 200 cells, and specialization into different types of body systems has already begun. The human is long past the stage of being a so-called “fertilized egg.” If denied the ability to implant, then the human cannot form a placenta and continue to live. This means that a drug that prevents implantation causes an abortion.

The abortion drug, RU-486, which is now called, “mifepristone” and is marketed under the brand name, “Mifeprex,” is an abortion causing drug and is used with a companion drug. Mifeprex kills the unborn child, but it must be used with a second drug that induces contractions to expel the unborn child’s body. In the United States, the second drug is misoprostol, marketed under the trade name “Cytotec”. The FDA tells women to visit an abortion clinic or doctor’s office two days after taking Mifeprex to be examined and to take misoprostol (Cytotec). (FDA, “Mifepristone (Mifeprex) Medical Guide,” 2000). However, Planned Parenthood, claiming that “It is generally common for a large majority of clinicians in the U.S. to follow evidence-based alternatives to FDA regimens,” now claims that the “mifepristone regimen is often adapted” to eliminate some of the FDA’s recommended steps. ([Planned Parenthood, “Mifepristone: Expanding Women’s Options for Early Abortion”](#)). Planned Parenthood used to just tell women to skip the second clinic visit and “self-administer the prostaglandin at home.” ([Planned Parenthood, “Mifepristone: Expanding Women’s Options for Early Abortion”](#)) Apparently, its exposure to liability for women’s deaths, including those to be mentioned shortly, has caused it to be more ambiguous in how it advises young women to ignore the FDA.

Cytotec is only approved by the FDA as a treatment for ulcers. Its manufacturer has even sent a letter warning physicians and pharmacists that it should not be used by pregnant women. Nevertheless, it continues to be used with Mifeprex.

The administration of Mifeprex followed by Cytotec has been implicated in the deaths of at least four women in the state of California in recent years. A teenager, Holly Patterson, died in September, 2003. In November, 2005, the New York Times reported that since Ms. Patterson’s death, three more California women have died after using Mifeprex. (“Deaths after Abortion Pill to Be Studied by Officials,” New York Times, November 23, 2005, <http://www.nytimes.com/2005/11/23/national/23pill.html?ex=1139806800&en=8cebf5261c831c8b&ei=5070,accessed> on 2/11/2006.) The Times article also reported that perhaps the vaginal self-administration of Cytotec caused

the type of infection that led to the women's death.

Planned Parenthood has accused pro-life officials of getting the facts wrong about the administration of Mifeprex in connection with the conscience rights of pharmacists. It says that Mifeprex is not dispensed by pharmacists. Planned Parenthood misses the point. It is the entire protocol that begins with Mifeprex that can be a problem. The second drug, Cytotec, is a prescription drug that **is** dispensed by pharmacists. If Planned Parenthood ever decides to give prescriptions for Cytotec for women to pick up at the local pharmacy, then that presents problems for pharmacies who have the safety of their patients in mind as well as conscientious objections to dispensing abortion drugs. In this case HB 177 would address a follow up visit and the prescription drug of Cytotec in conjunction with the administration of RU-486.

Missouri legislators have demonstrated strong support through the years for policies that protect human life. Women should be protected from the abuses in the abortion industry by those who would profit from abortion. Missouri Right to Life therefore strongly supports HB 177 and urges its approval by this committee.