



Dear Members of the Committee,

By way of introduction, the ACLJ is a national advocacy organization dedicated to the defense of constitutional liberties secured by law, including the defense of the sanctity of human life. Counsel for the ACLJ have presented expert testimony before state and federal legislative bodies, and have presented oral arguments, represented parties, and submitted amicus briefs before the Supreme Court of the United States and numerous state and federal courts in cases involving a variety of issues, including the right to life. *See, e.g., Pleasant Grove City v. Summum*, 555 U.S. 460 (2009); *Whole Woman's Health v. Hellerstedt*, 579 U.S. 582 (2016); *June Medical Servs. v. Russo*, 591 U.S. 299 (2020); *Dobbs v. Jackson Women's Health Org.*, 597 U.S. 215 (2022).

House Bill No. 4122 ("H.4122") seeks to ban the practice of Abortion Pill Reversal ("APR") through a bill labeled as an act relating to deceptive trade practices. For the reasons discussed below, this bill is not only unnecessary but also plainly unconstitutional. We strongly recommend that you vote "no" on this bill.

I. BACKGROUND

In April 2023, Colorado enacted Senate Bill 23-190 ("SB 23-190"), a law aimed at prohibiting licensed medical professionals—including doctors and nurses—from providing, prescribing, administering, or even attempting APR treatment without approval from state medical boards.¹ Despite claims that the law was intended to protect women's health, Colorado continued to allow the use of progesterone for various other off-label purposes, including fertility treatments and gender-affirming care, while singling out APR for prohibition.² Legislative history further revealed hostility toward pro-life and religious providers, with lawmakers describing clinics offering APR as "fake clinics" engaged in "deceptive practices."³ The law was quickly challenged in federal court by Bella Health and Wellness, a faith-based medical clinic, along with affiliated clinicians, who argued that SB 23-190 violated the First Amendment's Free Exercise and Free

¹ *Bella Health & Wellness v. Weiser*, No. 1:23-cv-00939-DDD-SBP, Doc. 180 at 2–3 (D. Colo. Feb. 22, 2024); see also *ADF Intervenes to Defend Pro-Life Nurse After Colorado Bans Abortion Pill Reversal*, ALL.E DEFENDING FREEDOM (Apr. 12, 2024), <https://adflegal.org/article/adf-intervenes-defend-pro-life-nurse-after-colorado-bans-abortion-pill-reversal/> (noting Colorado banned both APR provision and APR advertising notwithstanding the continuing legal, religious, and ethical support for APR in other contexts)

² *Bella Health*, Doc. 180 at 34-39.

³ *Id.* at 11-12.

Speech Clauses, the Fourteenth Amendment’s protections of bodily integrity and due process, and patients’ rights to receive truthful medical information.⁴ The U.S. District Court for the District of Colorado granted a preliminary injunction blocking enforcement of SB 23-190, concluding that Bella Health was likely to succeed on the merits of its constitutional claims.⁵ This ongoing litigation demonstrates that laws like SB 23-190—and by extension, H.4122—are neither constitutionally sound nor necessary.

II. THE BILL IS UNNECESSARY

H.4122 is premised on the claim that APR is unsafe or experimental. However, progesterone—the hormone used in APR—is safe, FDA-approved, and is widely used in reproductive medicine for preventing miscarriage, supporting fertility treatments, treating luteal phase defects, and preventing preterm birth. In *Bella Health and Wellness v. Weiser*, No. 1:23-cv-00939-DDD-SBP (D. Colo.), it is undisputed that “[p]rogesterone is necessary to achieve and maintain pregnancy” and is routinely used for numerous obstetric and gynecological indications.⁶

a. Abortion Pill Reversal is Safe

While the alleged purpose of H.4122 may be to “protect” women from the supposed dangers of APR, its true purpose is to prevent pro-life medical providers from offering women alternatives to abortion. APR provides women with an additional choice if they wish to continue their pregnancies after starting a medication abortion. Though the American College of Obstetricians and Gynecologists has claimed there are insufficient studies for APR to be considered safe⁷ there are not only studies supporting its safety but the actual APR medication—progesterone—has a robust history of safe usage when used to treat naturally occurring miscarriages.

In order to understand how APR works, it must first be understood how the Abortion Pill functions. The abortion pill mifepristone, or RU-486, is a progesterone receptor antagonist; meaning it blocks the progesterone that a woman produces in preparing for implantation and growth of the embryo.⁸ Progesterone causes an increase in the thickness of the uterus, a decrease in prostaglandin levels that is associated with menstruation and the breaking down of the uterine lining, and allows for fetal survival.⁹ The abortion pill blocks the progesterone’s effect, resulting in a thinning of the uterine lining or a destruction of the layer that develops into the placenta and

⁴ *Bella Health*, Doc. 180 at 4–5, 44–50.

⁵ *Id.*

⁶ *Id.* at 6–7.

⁷ *Facts Are Important: Medication Abortion “Reversal” Is Not Supported by Science*, THE AMERICAN COLL. OF OBSTETRICIANS AND GYNECOLOGISTS, <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science> (last visited July 9, 2025).

⁸ Blake M. Autry & Roopma Wadhwa, *Mifepristone*, StatPearls (Feb. 28, 2024), <https://www.ncbi.nlm.nih.gov/books/NBK557612/>.

⁹ *Id.*

provides nutrients for the baby; without such nutrients, the baby ultimately dies.¹⁰ Essentially, it induces a miscarriage. Mifepristone is then followed by the second abortion pill misoprostol to flush the uterus and expel the baby's remains.¹¹

APR is simply a micronized¹² dosage of progesterone that mitigates the suppression effect of the mifepristone.¹³ The progesterone treatment does not reverse the mifepristone's effects, rather, it counteracts it by supplementing with progesterone after mifepristone has blocked the body's natural production of it.¹⁴ Progesterone is a naturally occurring hormone, and APR progesterone is bioidentical to it except for the micronized structure.¹⁵ This continues to supply the body with the progesterone it needs to take the pregnancy successfully to term.

While there is only one clinical study that has been performed with the institutional review board's approval,¹⁶ there are many case studies to show that APR treatment is both safe and effective.¹⁷ The clinical study is often dismissed since three women suffered hemorrhages, ending

¹⁰ *The Reversal of the Effects of Mifepristone by Progesterone*, 6 AAPLOG PRACTICE GUIDELINE 1 (Nov. 2022), <https://aaplog.org/wp-content/uploads/2023/01/PG-6-Reversal-of-the-Effects-of-Mifepristone-by-Progesterone.pdf>.

¹¹ *Id.*

¹² A "micronized" structure means that the size of the particles has been reduced so as to allow it to more effectively enter the bloodstream. Haylee Nye, *What is Oral Micronized Progesterone?*, FLORYN HEALTH (Nov. 3, 2024), <https://florynhealth.net/blog/what-is-oral-micronized-progesterone>.

¹³ *Progesterone Protocols for The Attempted Reversal of Mifepristone*, ABORTION PILL RESCUE (May 2021), <https://aaplog.org/wp-content/uploads/2021/07/B-Progesterone-Protocols-05.2021-Final.pdf>.

¹⁴ *Can a Medication Abortion be Reversed?*, APRSCIENCE, <https://aprscience.org/can-a-medication-abortion-be-reversed/> (last visited June 30, 2025).

¹⁵ Eleni Memi et al., *Diagnostic and Therapeutic Use of Oral Micronized Progesterone in Endocrinology*, SPRINGER (Apr. 23, 2024), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11294403/>.

¹⁶ Mitchell Creinin et al., *Mifepristone Antagonization with Progesterone to Prevent Medical Abortion: A Randomized Controlled Trial*, 135 OBSTETRICS & GYNECOLOGY 158 (Jan. 2020), https://journals.lww.com/greenjournal/abstract/2020/01000/mifepristone_antagonization_with_progesterone_to.21.a.spx. (finding that four out of five women who used APR continued their pregnancies after taking mifepristone).

¹⁷ See Bianca Maria Stifani & Antonella Francheska Lavelanet, *Reversal of Medication Abortion with Progesterone: A Systematic Review*, 50 BMJ SEXUAL & REPROD. HEALTH 43 (Jan. 9, 2024), <https://pubmed.ncbi.nlm.nih.gov/37863512/> (finding that pregnant women who used APR after taking mifepristone were more likely to have continuing pregnancies); Paul L. C. DeBeasi, *Mifepristone Antagonization with Progesterone to Avert Medication Abortion: A Scoping Review*, 90 THE LINACRE Q. 395 (May 29, 2023), <https://journals.sagepub.com/doi/10.1177/00243639231176592?icid=int.sj-abstract.similar-articles.1> (a survey of other studies finding that two-thirds of women who received progesterone after taking mifepristone continued their pregnancies); Joseph V. Turner et al., *Progesterone after Mifepristone: A Pilot Prospective Single Arm Clinical Trial for Women who Have Changed Their Mind After Commencing Medical Abortion*, 50 OBSTETRICS & GYNAECOLOGY 182 (Nov. 9, 2023), <https://obgyn.onlinelibrary.wiley.com/doi/10.1111/jog.15826> (finding that five out of six women treated with progesterone within 72 hours of taking mifepristone had successful pregnancies, with no adverse effects observed); George Delgado, M.D. et al., *A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone*, 33 ISSUES IN LAW & MEDICINE 21 (2018), https://www.heartbeatservices.org/images/pdf/Delgado_et_al_Revisions_-_FINAL_0919.pdf (finding that out of 547 women, 46% had viable fetuses after APR with a subgroup having a 64% success rate when taking higher dosages of progesterone); George Delgado & Mary L Davenport, *Progesterone Use to Reverse the Effects of Mifepristone*, 46 THE ANNALS OF PHARMACOTHERAPY e36 (Nov. 27, 2012),

the study early.¹⁸ However, only one of the women experiencing hemorrhaging was taking progesterone, the other two took only the mifepristone.¹⁹ Hemorrhaging is a known side effect of mifepristone.²⁰ In terms of conducting further clinical studies, there is a strong argument that such studies would be unethical because it would involve giving an ineffective placebo to a mother attempting to save the life of her baby;²¹ and in situations where a clinical trial would be unethical, case studies are deemed to be sufficient medical evidence.²²

Moreover, clinical experience strongly supports the safety and efficacy of APR. Heartbeat International's Abortion Pill Rescue Network reports that when APR is administered within 72 hours of taking mifepristone, it has a 64–68% success rate in continuing the pregnancy, with no increased risk of birth defects compared to the general population.²³ Heartbeat further reports receiving over 200 calls every month from women seeking help to reverse a chemical abortion and that over 4,500 (closer now to 7000) babies have been born following successful APR interventions nationwide.²⁴

b. Progesterone Has Been Used to Prevent Unintentional Miscarriages

In addition to the numerous studies demonstrating the safety and effectiveness of APR, progesterone has also been used effectively to prevent non-induced miscarriages.²⁵ The kind of progesterone used for APR is also FDA approved.²⁶ The author of this bill is aware of both of these facts, because the bill language only restricts the use of progesterone when it is used “with the intent to interfere with, reverse or halt a medication abortion.”²⁷ If the concern were with progesterone's overall safety, this bill would be an outright ban. However, the only thing it seeks

<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=406aec089e809942f4b58b6b16f0b0b4f038256b> (finding that four out of six women had healthy continuing pregnancies after APR).

¹⁸ Mackenzie Darling, JD & Adrienne Ramcharan, MPH, *Medication Abortion “Reversal”*, PHYSICIANS FOR REPROD. HEALTH (July 2024), <https://prh.org/wp-content/uploads/2024/07/policy-fact-sheet-medication-abortion-reversal-2024.pdf>.

¹⁹ Creinin, *supra* note 16.

²⁰ Margaret M. Gary & Donna J. HARRISON, *Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient*, 40 ANNALS OF PHARMACOTHERAPY (Feb. 2006), <https://pubmed.ncbi.nlm.nih.gov/16380436>.

²¹ Bracey Harris, *In Courtrooms and Capitols, Battles Heat Up Over ‘Abortion Pill Reversal’*, NBC NEWS (July 20, 2024), <https://www.nbcnews.com/news/us-news/abortion-pill-reversal-controversy-legal-battles-medical-debate-rcna159515>.

²² Opeyemi O. Daramola, MD & John S. Rhee, MD, MPH, *Rating Evidence in Medical Literature*, AMA J. ETHICS (Jan. 2011), <https://journalofethics.ama-assn.org/article/rating-evidence-medical-literature/2011-01>.

²³ See *Abortion Pill Rescue Network*, HEARTBEAT INT'L, <https://www.heartbeatrescue.org/stay-connected/life-links/itemlist/tag/Abortion+Pill+Rescue+Network> (last visited July 10, 2025).

²⁴ *Id.*

²⁵ Catherine Wykes et al., *Progesterone to Prevent Miscarriage in Women with Early Pregnancy Bleeding: The PRISM RCT*, 24 HEALTH TECH. ASSESSMENT (2020), <https://pubmed.ncbi.nlm.nih.gov/32609084/>.

²⁶ *Drugs@FDA: FDA-Approved Drugs*, FDA, <https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=overview.process&ApplNo=205229>, (last visited July 9, 2025).

²⁷ H.4122, 194th Leg., Reg. Sess. (Mass. 2025).

to regulate is progesterone’s use to prevent an induced miscarriage as opposed to an unintentional one. Not only does this conflict with the bill’s supposed purpose of protecting women, it also creates a serious question of Constitutionality.

III. REP. LINDSAY SABADOSA’S AGENDA BEHIND H.4122

The sponsor of H.4122, Massachusetts State Representative Lindsay Sabadosa, is an advocate for expanding abortion access and restricting pro-life activities in the Commonwealth. Rep. Sabadosa has publicly declared that abortion is “an essential aspect of healthcare” and has fiercely opposed any regulation that could restrict access to mifepristone, the first drug used in the chemical abortion process.²⁸ She has aligned herself with Planned Parenthood and Reproductive Equity Now (“REN”), repeatedly expressing support for efforts to silence and regulate pro-life pregnancy centers, which she has disparaged as “fake clinics” that “straight up lie” to women.²⁹ On social media, she has labeled pro-life advocates as “antichoice zealots” and vowed that “we will never let them win” in Massachusetts.³⁰ Her legislative record is marked by measures designed to restrict the speech, outreach, and services of pro-life organizations, including bills targeting pregnancy resource centers and seeking to impose regulatory hurdles to hamper their work.³¹ H.4122 is not an isolated proposal but is part of Rep. Sabadosa’s broader campaign to stifle pro-life speech, limit pro-life medical services like APR, and ensure that only one viewpoint—unrestricted support for abortion—is allowed a voice in Massachusetts policy and law.

IV. H.4122 MIRRORS COLORADO’S SB 23-190 AND WOULD PRODUCE THE SAME CONSTITUTIONAL VIOLATIONS

House Bill No. 4122 (“H.4122”) is not merely similar to Colorado’s SB 23-190—it is, in significant respects, virtually identical in its structure and purpose. Both laws target pro-life medical providers who, motivated by conscience and faith, wish to offer women an alternative if they change their minds about abortion after taking mifepristone. The constitutional defects identified by the plaintiffs in *Bella Health and Wellness v. Weiser* would apply with equal force to H.4122 in Massachusetts.

A comparison of the two laws and their constitutional implications is instructive.

²⁸ See Lindsay Sabadosa (@sabadosama), Instagram (Feb. 1, 2024), https://www.instagram.com/p/C2z_0X2MkFR/.

²⁹ Lindsay Sabadosa, State Representative, 1st Hampshire District, Facebook (Nov. 17, 2022), <https://www.facebook.com/LSabadosaMA/posts/pfbid0MsCmzjxy7jPycDS7gRf8jyR9UNuybdvyFj6FSK6CLn3ZfS6gAtmXQs4B3S6rEYd9l?rdid=Qi7IpOgutujSSsD6>.

³⁰ Lindsay Sabadosa (@sabadosama), Instagram (Sept. 28, 2023), <https://www.instagram.com/p/CxwRcFlvNuC/>.

³¹ Michaela Herbst, Jordan Gerard & Trilce Estrada Olvera, ‘Crisis Pregnancy Centers’ Face New Regulations – But Also Gain Support – After Roe, NEWS21 (Aug. 11, 2023), <https://americaafterroe.news21.com/stories/crisis-pregnancy-centers-regulations-cps-after-roe-v-wade-abortion-laws/>.

1. Free Exercise Clause

In Colorado, Bella Health and its providers are religiously motivated to help women preserve the lives of their unborn children. Colorado’s SB 23-190 singled out APR for prohibition while continuing to allow other off-label uses of progesterone, such as in fertility treatments and gender-affirming care, demonstrating a lack of neutrality and general applicability. The Supreme Court has held that laws burdening religious conduct, when not neutral or generally applicable, are subject to strict scrutiny.³²

H.4122 replicates this defect. Like SB 23-190, it singles out APR for prohibition, while leaving other uses of progesterone untouched. This disproportionate targeting of a religiously motivated medical service subjects H.4122 to the same strict constitutional standards.

2. Free Speech Clause

Colorado’s SB 23-190 restricted speech by forbidding providers from counseling patients about APR or advertising such services, effectively censoring one side of a vital public debate. The Supreme Court has consistently held that such laws violate the First Amendment.³³

H.4122 imposes restrictions, barring medical professionals from “provid[ing], prescribe[ing], administer[ing] or attempt[ing],” APR, all under the label of a bill related to “deceptive trade practices.” Thus, H.4122 similarly interferes with the free speech and expression of pro-life medical providers in Massachusetts.

3. Right to Receive Information

Patients have a constitutional right to receive truthful medical information.³⁴ In Colorado, the record in *Bella Health* established that women often seek APR after taking mifepristone under duress, coercion, or panic, only to regret their decision and desire to continue their pregnancies.³⁵

H.4122, like SB 23-190, would deprive Massachusetts women of vital information about a lawful and potentially life-saving medical option, violating their right to receive information crucial to their healthcare decisions.

³² *Church of Lukumi Babalu Aye v. City of Hialeah*, 508 U.S. 520, 533-34 (1993); *Fulton v. City of Philadelphia*, 593 U.S. 522, 534-35 (2021).

³³ *Reed v. Town of Gilbert*, 576 U.S. 155, 163-64 (2015); *Nat’l Inst. Family & Life Advoc. v. Becerra*, 585 U.S. 755, 766-68 (2018).

³⁴ *Stanley v. Georgia*, 394 U.S. 557, 564 (1969); *Sorrell v. IMS Health*, 564 U.S. 552, 566-67 (2011).

³⁵ *Bella Health*, Doc. 180 at 11–12.

4. Fourteenth Amendment (Bodily Integrity)

The Supreme Court has long recognized a fundamental right to bodily integrity and to refuse or continue medical treatment.³⁶ Plaintiffs in *Bella Health* argue that SB 23-190 could effectively force women to complete unwanted abortions by denying them access to APR, thus violating this fundamental right.

H.4122 creates the same constitutional risk in Massachusetts. It would leave women without the freedom to reverse a decision to abort, effectively compelling them to complete a procedure they no longer consent to undergo.

5. Due Process (Vagueness)

Vague laws violate due process because they fail to give individuals clear notice of what conduct is prohibited and invite arbitrary enforcement.³⁷ In Colorado, SB 23-190 left providers uncertain as to what constituted “attempting” APR or deceptive advertising, creating confusion and inconsistent interpretations.

H.4122 suffers from the same vagueness. Its lack of clear definitions and ambiguous standards would expose Massachusetts medical providers to arbitrary disciplinary actions, chilling lawful medical speech and conduct.

Practical Consequences

The consequences of passing H.4122 would mirror the fallout in Colorado. Like SB 23-190, H.4122 would prompt immediate constitutional litigation, burden the Commonwealth with significant legal costs, and almost certainly result in an injunction preventing its enforcement. Beyond legal costs, the real human toll would fall on women denied critical medical options and the right to change their minds and preserve their pregnancies.

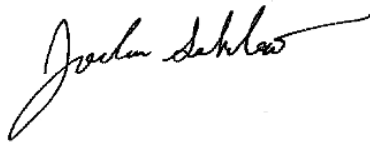
CONCLUSION

In sum, H.4122 is not merely a regulatory proposal. It is a profound constitutional overreach that mirrors SB 23-190 in both purpose and effect. Enacting it would place Massachusetts on the same path as Colorado, facing inevitable court challenges and denying women and medical professionals the freedom to make deeply personal—and often life-saving—decisions.

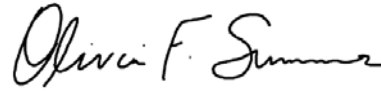
³⁶ *Cruzan v. Dir., Mo. Dep’t of Health*, 497 U.S. 261, 278-79 (1990).

³⁷ *Hynes v. Mayor and Council of Oradell*, 425 U.S. 610, 620 (1976).

For these reasons, the ACLJ respectfully urges this Committee to vote NO on H.4122.



Jordan Sekulow
Executive Director*
American Center for Law & Justice



Olivia F. Summers
Senior Litigation Counsel*
American Center for Law & Justice

*Not licensed in Massachusetts