

May 25, 2023

Jack Resneck Jr., MD  
President  
American Medical Association  
AMA Plaza  
330 N. Wabash Ave, Suite 39300  
Chicago, IL 60611

Dear Dr. Resneck:

Since the Supreme Court's devastating decision in *Dobbs v. Jackson Women's Health Organization* to overturn *Roe v. Wade*, Republican politicians across the country have enacted draconian laws banning or severely limiting abortion,<sup>1</sup> with Republicans in Congress even introducing a 15-week national abortion ban.<sup>2</sup> In particular, medication abortion, which accounts for over half of all abortions in the United States,<sup>3</sup> is increasingly under attack. As we approach the first anniversary of the *Dobbs* decision, I'm writing to you to request an update to the responses you shared in September and October 2022<sup>4</sup> to understand how conditions have changed. I am also deeply concerned about the escalating attacks on medication abortion and write to seek the American Medical Association's perspective on the impacts of state laws and court proceedings related to medication abortion on women's health.

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Last year, I asked you to share how state-imposed abortion restrictions<sup>5</sup> and the proposed 15-week nationwide abortion ban have affected and would affect women’s health.<sup>6</sup> I deeply appreciate your response to those requests, which underscored the dangerous consequences of these policies on women’s health. Given the escalating assault on medication abortion, I write today to seek updated information on the impact of these restrictions.

Since the Supreme Court’s decision to overturn *Roe v. Wade*, online misinformation about the safety and efficacy of mifepristone, a drug commonly used in conjunction with misoprostol for medication abortion,<sup>7</sup> has exploded despite extensive evidence demonstrating the drug’s safety.<sup>8</sup> Anti-abortion organizations, including crisis pregnancy centers, have also promoted erroneous claims that medication abortion can be reversed, commonly referred to as “abortion pill reversals,”<sup>9</sup> resulting in confusion and fear. These claims “that exaggerate the harms of medication abortion, that use very shoddy and in many cases, non-rigorous science...do a lot of fear mongering and stigmatizing.”<sup>10</sup> Such tactics can have devastating consequences for women seeking abortion care, including creating unnecessary delays that could jeopardize a woman’s ability to access this care entirely.

A federal district court’s ruling challenging the U.S. Food and Drug Administration’s (FDA) 23-year-old approval of mifepristone<sup>11</sup> has further fueled this surge in misinformation, which has left women across the country unsure whether they can legally access the medication – even in states without restrictions.<sup>12</sup> And while the Supreme Court has temporarily blocked the ruling from Judge Matthew Kacsmaryk to stay the FDA’s approval of mifepristone from going into effect while the litigation proceeds, the district court decision and ensuing legal fights will only add to the widespread confusion about the medication’s legal status and safety.<sup>13</sup>

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Given these alarming events, I am writing to the American Medical Association — and other leading organizations representing physicians, nurses, pharmacists, and other health care providers — to better understand how challenges related to accessing medication abortion, including misinformation, affect patients and providers across the nation, and to better understand the effects of a potential Supreme Court decision staying the FDA’s approval of mifepristone. Accordingly, I request that you answer the following questions by June 8, 2023:

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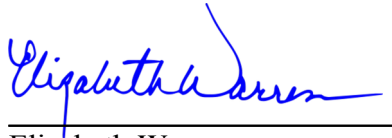
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8. Is there additional information you would like to share regarding women's health care, including access to abortion and medication abortion, the impacts of the Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* and the District Court's ruling in *Alliance for Hippocratic Medicine v. FDA*, and how providers are navigating the criminalization of abortion and increased surveillance in a number of states?

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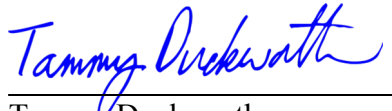
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Tammy Duckworth  
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Richard J. Pollack  
President and CEO  
American Hospital Association  
800 10th St. NW Two CityCenter, Suite 400  
Washington, DC 20001

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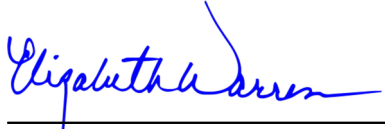
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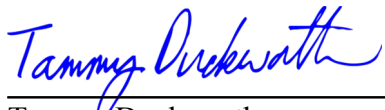
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May 25, 2023

Jamila Perritt, MD, MPH  
President and CEO  
Physicians for Reproductive Health  
PO Box 35  
Hartsdale, NY 10530

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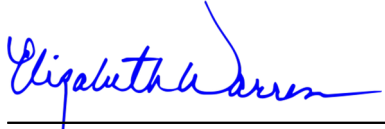
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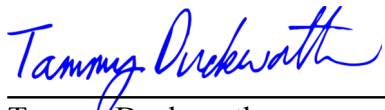
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Elizabeth Warren  
United States Senator



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Mazie K. Hirono  
United States Senator



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Tammy Duckworth  
United States Senator



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Tina Smith  
United States Senator

May 25, 2023

Bonnie Castillo, RN  
Executive Director  
National Nurses United  
155 Grand Ave, Suite 100  
Oakland, CA 94612

Dear Ms. Castillo:

Since the Supreme Court's devastating decision in *Dobbs v. Jackson Women's Health Organization* to overturn *Roe v. Wade*, Republican politicians across the country have enacted draconian laws banning or severely limiting abortion,<sup>1</sup> with Republicans in Congress even introducing a 15-week national abortion ban.<sup>2</sup> In particular, medication abortion, which accounts for over half of all abortions in the United States,<sup>3</sup> is increasingly under attack. As we approach the first anniversary of the *Dobbs* decision, I'm writing to you to request an update to the responses you shared in September and October 2022<sup>4</sup> to understand how conditions have changed. I am also deeply concerned about the escalating attacks on medication abortion and write to seek National Nurses United's perspective on the impacts of state laws and court proceedings related to medication abortion on women's health.

Last year, I asked you to share how state-imposed abortion restrictions<sup>5</sup> and the proposed 15-week nationwide abortion ban have impacted and would impact women's health.<sup>6</sup> I deeply appreciate your response to those requests, which underscored the dangerous consequences of

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<sup>5</sup> Office of Senator Elizabeth Warren, "Warren Opens Investigation into State-Imposed Abortion Restrictions and Their Impacts on Women's Access to Health Care," August 10, 2022, <https://www.warren.senate.gov/newsroom/press-releases/warren-opens-investigation-into-state-imposed-abortion-restrictions-and-theirimpacts-on-womens-access-to-health-care>.

these policies on women’s health. Given the escalating assault on medication abortion, I write today to seek updated information on the impact of these restrictions.

Since the Supreme Court’s decision to overturn *Roe v. Wade*, online misinformation about the safety and efficacy of mifepristone, a drug commonly used in conjunction with misoprostol for medication abortion,<sup>7</sup> has exploded despite extensive evidence demonstrating the drug’s safety.<sup>8</sup> Anti-abortion organizations, including crisis pregnancy centers, have also promoted erroneous claims that medication abortion can be reversed, commonly referred to as “abortion pill reversals,”<sup>9</sup> resulting in confusion and fear. These claims “that exaggerate the harms of medication abortion, that use very shoddy and in many cases, non-rigorous science...do a lot of fear mongering and stigmatizing.”<sup>10</sup> Such tactics can have devastating consequences for women seeking abortion care, including creating unnecessary delays that could jeopardize a woman’s ability to access this care entirely.

A federal district court’s ruling challenging the U.S. Food and Drug Administration’s (FDA) 23-year-old approval of mifepristone<sup>11</sup> has further fueled this surge in misinformation, which has left women across the country unsure whether they can legally access the medication – even in states without restrictions.<sup>12</sup> And while the Supreme Court has temporarily blocked the ruling from Judge Matthew Kacsmaryk to stay the FDA’s approval of mifepristone from going into effect while the litigation proceeds, the district court decision and ensuing legal fights will only add to the widespread confusion about the medication’s legal status and safety.<sup>13</sup>

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Medication abortion accounts for more than half of abortions nationwide.<sup>14</sup> In states that restrict access to mifepristone, women are more likely to seek surgical abortions later in their pregnancies, resulting in higher costs and elevated health risks.<sup>15</sup> But even beyond abortion care, mifepristone is used to treat miscarriages and stillbirths, allowing mothers to safely and effectively manage a painful loss in private.<sup>16</sup> As such, a reckless decision to stay the approval of mifepristone, a drug that has been safely administered for over two decades, would only endanger the health and safety of women across the country.

Given these alarming events, I am writing to National Nurses United — and other leading organizations representing physicians, nurses, pharmacists, and other health care providers — to better understand how challenges related to accessing medication abortion, including misinformation, affect patients and providers across the nation, and to better understand the effects of a potential Supreme Court decision staying the FDA’s approval of mifepristone. Accordingly, I request that you answer the following questions by June 8, 2023:

1. How has access to medication abortion changed since the Supreme Court issued its decision in *Dobbs v. Jackson Women’s Health Organization* and since the District Court’s ruling in *Alliance for Hippocratic Medicine v. FDA*?
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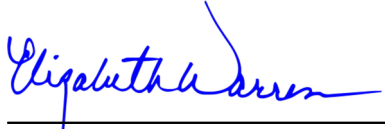
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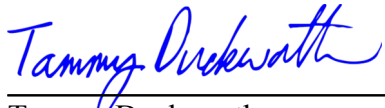
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United States Senator



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Tina Smith  
United States Senator

May 25, 2023

Valerie Prince, PharmD, FAPhA, BCPS  
President  
American Pharmacists Association  
2215 Constitution Avenue NW  
Washington, DC 20037

Dear Dr. Prince:

Since the Supreme Court's devastating decision in *Dobbs v. Jackson Women's Health Organization* to overturn *Roe v. Wade*, Republican politicians across the country have enacted draconian laws banning or severely limiting abortion,<sup>1</sup> with Republicans in Congress even introducing a 15-week national abortion ban.<sup>2</sup> In particular, medication abortion, which accounts for over half of all abortions in the United States,<sup>3</sup> is increasingly under attack. As we approach the first anniversary of the *Dobbs* decision, I'm writing to you to request an update to the responses you shared in September 2022<sup>4</sup> to understand how conditions have changed. I am also deeply concerned about the escalating attacks on medication abortion and write to seek the American Pharmacists Association's perspective on the impacts of state laws and court proceedings related to medication abortion on women's health.

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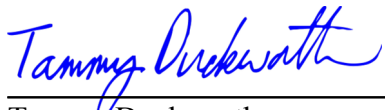
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