

PRH Toolkit for Policymakers and Partners:

In light of the imminent threats to mifepristone, one of the two medications that can be used in medication abortion care, posed by *Alliance for Hippocratic Medicine v. Food and Drug Administration* we urge policymakers, organizational partners, and allies to:

- Reinforce the safety and efficacy of mifepristone supported by over 20 years of rigorous scientific and medical evidence;
- Affirm the availability and efficacy of misoprostol and **DO NOT** undermine the safety and efficacy of a misoprostol only protocol;
- Name this decision is rooted in our nation’s history of white supremacy and the desire to control people’s reproductive autonomy and decision making. Center those who will continue to be most impacted – Black people, Indigenous people, people of color, LGBTQ+ people, people who are immigrants, people with low incomes, and people in geographically isolated areas.
- Affirm, destigmatize, and share accurate information about self-managed abortion.

This toolkit will provide high level dos and don’ts, background, [suggested talking points](#), sample social posts, and additional resources. Please reach out to MiQuel Davies, Assistant Director of Public Policy at Physicians for Reproductive Health (mdavies@prh.org) or Kelsey Rhodes, Interim Director of Voice & Communications (krhodes@prh.org) with any questions.

Dos and Don’ts

DO

Do affirm the safety and efficacy of mifepristone. Mifepristone was first approved by the FDA over 20 years ago and is a safe and effective method of ending an early pregnancy. There is an overwhelming body of scientific and medical evidence that shows mifepristone is safe and effective for virtually anyone in a variety of practice settings (via telehealth, in person, or managing care on their own).

Do affirm the safety and efficacy of a misoprostol only protocol. Misoprostol used alone can safely and effectively end a pregnancy. Misoprostol alone is likely the most common method of medication abortion used worldwide – likely because it is available in many places over the counter without a prescription and at low cost. Misoprostol alone has been used as a method of medication abortion both before and after mifepristone’s approval by the FDA.

Do name the harm of this moment. No one should have their options for abortion care limited by politics. Any delay or disruption in abortion care is unacceptable and leads to people being forced to remain pregnant. This is an extension of our nation’s history of reproductive coercion and control and it is not new. Lawmakers and allies should name explicitly the harm this will continue to have on Black people, Indigenous people, people of color, LGBTQ+ people, people who are immigrants, people with low incomes, and people in geographically isolated areas who already face the most barriers to care because of multiple, ongoing systems that are designed to control and punish people, their families, and their lives.

Do work to actively humanize people who self-manage their care and do name that the real risk of self-managed abortion care is legal, not medical. People have been self-managing abortion care for as long as abortion has existed. Due to an increasingly hostile legal landscape more people may self-manage their care. The real risk to people who are self-managing is legal, not medical. Use gavel imagery or other imagery depicting that criminalization is the real harm that people face.

Do call out the harm of radical Judges hell bent on taking away access to all abortion care. This case should not have moved forward. The decision is not based on facts, medicine, or science, and it is not supported by the law. Judicial actors that are hell bent on upending civil and human rights to fulfill their own political agenda have no place in our judiciary system. In fact, anyone who is not a trained medical expert should have no role in what health care is or isn't available. Health care providers—the medical experts—should be the decision makers around what care is offered in health care settings. People who have abortions should be the ultimate deciders in the care and support they need.

DON'T

Don't say abortions will be unsafe, use coat hanger or knitting needle imagery. Just like the mifepristone and misoprostol protocol, misoprostol alone is a safe and effective way to end a pregnancy. Saying abortions will be unsafe as a result of the decision or using coat hanger or knitting needle imagery does not accurately reflect the reality of abortion today.

Don't say misoprostol is unsafe. The overwhelming body of scientific and medical evidence shows that misoprostol is a very safe and effective way to end a pregnancy.

Don't equate self-managed abortion with illegal or unsafe abortion. That language is stigmatizing and can lead to further targeting and criminalization of people who self-manage their abortions as well as those who experience pregnancy loss.

Background

Alliance for Hippocratic Medicine v. Food and Drug Administration

Following the Supreme Court's decision to overturn *Roe v. Wade* and eliminate the constitutional right to abortion, states across the country moved to further restrict access to abortion care compounding an already complex landscape and creating an abortion access crisis. Currently, seventeen states either severely restrict access to abortion care or ban abortion care entirely. However, this devastating aftermath was only the beginning. Late last year, several anti-abortion groups sued the U.S. Food and Drug Administration (FDA) over its approval of mifepristone one of two drugs that can be used in medication abortion care. This case could result in removal of mifepristone from the market and could mean a **nationwide** ban on one of the two medications used in medication abortion care.

This case is before Judge Matthew Kacsmaryk – the same anti-queer, anti-health care, anti-science, anti-immigrant judge who has been issuing devastating blows for communities in Texas and beyond. Given Judge Kacsmaryk's history we are anticipating the worst. Below is a high level overview of possible outcomes of the case.

Possible Outcomes of the Case:

- Best case: the judge tosses the case. Given Judge Kacsmaryk's history this is unlikely.

- Bad case: provision of mifepristone via telehealth is banned, requiring the medication to be dispensed in person. This is in direct misalignment with what the FDA decided in lifting some of the REMS on mifepristone just this month.
- Worst case: Mifepristone is taken off the market, the decision undermines the FDA's authority and approval of Mifepristone, or the court applies the [Comstock Act](#) calling into question the availability and use of other drugs and devices involved in reproductive health care.

Background on Medication Abortions

- Medication abortion care can be provided using two different medications: mifepristone and misoprostol.
- In a medication abortion that uses both mifepristone and misoprostol: the first medication, mifepristone, stops the hormones from going to the pregnancy. The second medication, misoprostol, causes cramping and bleeding, which causes the pregnancy to pass and expel. As with a heavy period, bleeding is a normal part of the process.
- The use of mifepristone and misoprostol is not the only protocol available for abortion care. In fact, the use of mifepristone is relatively new.
- Misoprostol used alone can safely and effectively end a pregnancy and has been used globally for generations. Additional information about these two medications below.

Background on Mifepristone

- In a medication abortion that uses both mifepristone and misoprostol, mifepristone is the first medication used. Mifepristone stops the hormones from going to the pregnancy.
- The FDA approved the use of mifepristone in 2000 and it has been used by millions of people. It has a well-documented safety record demonstrated by real world experiences and more than 100 research publications in peer-reviewed journals.
- Leading medical and scientific organizations, including the World Health Organization, the American Medical Association, the American College of Obstetricians and Gynecologists, and the American Academy of Physicians, recognize that mifepristone is safe and effective.
- In 2021 over half of abortions in the US were medication abortions using the mifepristone/misoprostol regimen.

Background on Misoprostol

- Misoprostol is the second medication sometimes used in a medication abortion with mifepristone. Misoprostol causes cramping and bleeding, which causes the pregnancy to pass and expel.
- Misoprostol used alone can safely and effectively end a pregnancy. Misoprostol alone is likely the most common method of medication abortion used worldwide – likely because it is available in many places over the counter without a prescription and at low cost.
- More information about the use of misoprostol alone can be found [here](#). Typically, a person would dissolve 4 pills under the tongue for thirty minutes and repeat the regimen twice, taking a total of 12 pills.

- Studies of self-managed use of misoprostol-alone regimes have found [high levels of effectiveness](#), with 93-99% of participants reporting complete abortions without the need for surgical intervention.
- While the use of misoprostol alone is highly effective and safe – in some cases, *as with all medication abortions*, there will be circumstances where a procedural abortion will be necessary to end the pregnancy. Given that some patients will need to seek follow-up care, it is essential that policy makers and supporters are sharing medically accurate information about misoprostol and patients' rights.

Background on Self-Managed Abortion

- Self-Managed abortion is when someone manages all or part of their abortion care outside of the formal medical system.
- People have been self-managing their abortions for as long as abortion has existed.
- There are many valid reasons a person may self-manage their abortions. For some people, it is due to an inability to access clinic-based care, for others it is a choice grounded in agency, autonomy, and self-care.
- Research shows that people are able to self-manage their abortions with pills with accurate information and quality medications.
- The risks to people who self-manage their abortions are legal, not medical. The real threat to people who self-manage their care is the targeting, surveillance, and criminalization by the state.
- This risk is even greater when people seek health care either during or after the process. New research from If/When/How shows that from 2000-2020, there have been sixty-one cases of people being criminally investigated or arrested for allegedly ending their own pregnancy or helping someone else to do so. The data also shows that these cases most often come to the attention of law enforcement via reporting by health care providers.

PRH Talking Points for Policymakers and Partners

Additional Talking Points Linked Above.

- **The goal of anti-abortion extremists has always been to ban all abortion care.**
 - Bans on abortion are never about making care safe or protecting people who need care. They are always attempting to make abortion care impossible to access. This could be their closest to achieving that goal.
- **No matter what ruling the judge issues, this will create confusion and fear for people who need abortions and providers of abortion care. Creating chaos, confusion and fear is the point.**
 - Whenever politicians, lawyers, or judges try to insert themselves in the safe, provision of health care, the only possible outcome is to sow fear and confusion.
- **Medication abortion using mifepristone and misoprostol is exceptionally safe and highly effective.**
 - Thanks to research that has been performed in the over 20 years since the FDA approved mifepristone, we know that medication abortion care – using mifepristone and misoprostol – is a safe and effective method of ending pregnancy.

- Medication abortion care is an increasingly desired option – the method is used in about 53% of abortions in clinics today.
- **Medication abortion using misoprostol only is also a safe and effective way to manage abortion care.**
 - If clinics and providers lose access to mifepristone, there is a protocol for medication abortion using misoprostol only. This protocol has been used around the world well before the FDA approval of mifepristone.
- **People can have a safe medication abortion with the support of medical providers, via telehealth, or by self-managing their medication abortion care.**
 - Self-managed abortion is safe. After the decision, people may still be able to obtain mifepristone and misoprostol via self-sourced methods. When people have the right information, resources, and support, they can safely self-manage their abortion care.
 - While medically safe, of critical concern is the safety of people potentially being surveilled or punished for obtaining their own medications or for helping members of their community get the medication that they need. People deserve to have the abortion they want and need and to help people get the abortions they want and need without fear of surveillance, punishment, or going to jail.

Sample Social

- No matter the outcome of this case, know three things:
 1. Mifepristone is safe.
 2. This decision is rooted in politics, not medicine.
 3. Abortion providers aren't going anywhere.
- Study after study reveals that mifepristone is a safe way to end a pregnancy. Alliance for Hippocratic Oath v. FDA is a desperate, political attempt to ban abortion for all of us. You can fight back by spreading the word about how safe mifepristone is.
- Mifepristone + Misoprostol is the most common method of abortion. It is easy and safe and has helped millions of people. Banning mifepristone makes abortion access harder than it already is. Anti-abortion extremists know this. Cruelty is the point.
- Misoprostol only is a safe way to end a pregnancy. But that doesn't negate that we still need mifepristone. It is unconscionable that politics can interfere with health care, and our communities deserve to choose the abortion method that works best for them.
- Let's get something straight: The only ones qualified to decide if a medication is safe are health care providers, and the only ones who should decide what method of abortion they use is the patient getting the abortion.

Additional Resources

- [If/When/How & PRH Self-Managed Abortion Talking Points and Messaging Guide](#)

- [One Stop Shop Talking Points for Policy Makers Who Want to Talk Accurately and Compassionately About Abortion Care](#)
- [Emergency Contraception vs. Medication Abortion \(prh.org\)](#)