

## **Alliance for Hippocratic Medicine v. FDA**

Talking Points for General Public

April 8, 2023

### **Background:**

On April 7, 2023, Judge Matthew Kacsmaryk issued a decision in *Alliance for Hippocratic Medicine v FDA*. The decision attempts to stay the FDA's approval of mifepristone. While the immediate impact of the court's decision is delayed for seven days to allow the Biden Administration to file an emergency appeal, the intent is clear: to ban access to mifepristone entirely.

*Alliance for Hippocratic Medicine v FDA* was brought by anti-abortion extremists to Judge Matthew Kacsmaryk because he is a dangerous, anti-queer, anti-health care, anti-science, anti-immigrant judge who has been issuing devastating blows for communities nationwide.

The same evening, a Judge in the Eastern District of Washington issued a decision in a case brought by Washington, Oregon, Arizona, Colorado, Connecticut, Delaware, Illinois, Michigan, Nevada, New Mexico, Rhode Island, Vermont, the District of Columbia, Hawaii, Maine, Maryland, Minnesota, and Pennsylvania challenging the remaining REMS restrictions on medication abortion care. Judge Thomas Rice has followed the science and blocked the FDA from "altering the status quo" regarding mifepristone for those plaintiff states. The FDA is now under two conflicting orders from lower courts likely fast-tracking review by the Supreme Court.

### **Talking Points**

- ***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.
  
- ***This decision and the simultaneous decision that came out of Washington 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.
- **Access to abortion care, no matter the method you need, is essential**
  - No one should have their options for the care they need and want limited by political interference. This includes options for abortion care. The decision to have a medication abortion or a procedural abortion should be up to the person seeking care with the support and the consultation of their health care provider. No one's health care options should be dictated by politicians, judges, or legislators, who are *not* medical experts
- **Any ban on abortion is bad for communities**
  - Should this decision remove access to medication abortion care in the remaining states where it has not already been banned outright or severely restricted, the consequences would be devastating.
  - It would mean people who are forced to travel because they can't get an abortion where they live would have longer wait times. It would mean that abortion providers will not be able to meet the demand of the number of people needing abortions from both their own community and the folks traveling for care. There are simply not enough health care providers trained to do procedural abortions to provide them for everyone who needs one. Moreover, procedural abortions aren't the right or preferred option for many people seeking care.
- **Any delay in abortion care is unnecessary and cruel**
  - If mifepristone is removed from the market it will inevitably push some people later into pregnancy before they can get their abortion care. While later abortion care is safe, it has additional logistical costs, including difficulty locating a trained provider, potentially increase medical risk, and overall costs for care. For some people, it will mean they can't get their needed abortion.
  - This decision and its attempted outcomes would mean patients would have to travel further away from their homes, complicating care unnecessarily. It would mean clinics that are already stretched thin would be overwhelmed and unable to meet the demand. It would mean forcing people with complex medical and social conditions to put their health and well-being at risk. It would mean many more people would be forced to

remain pregnant.

- ***People should be able to get their abortion care in the way that works best for their lives. That includes via telehealth.***
  - The COVID 19 pandemic showed us the ways that expanded health care delivered via telehealth can decrease inequities in access. The same is true for medication abortion via telehealth.
  - Extensive research has proven that medication abortion administered by telehealth is as safe as in person treatment. Both occur in real time, and both ensure that the person seeking care receives all information, support, and options that they might need.
  - Telehealth is a great solution in states or geographic areas where there is a low doctor to state resident ratio. This is especially important in places where there are few or no abortion providing doctors. All patients deserve to have access to care when they need or want it.
  - Decreasing barriers to abortion care helps people seeking care and their families. It ensures that there are no delays in the care that is needed.
  - Health care administered via telehealth also reduces costs associated with childcare and travel. This is especially relevant in abortion care because most people in need of abortion care are already parents and many are living on low incomes and in under-resourced communities.
  
- ***This decision and its attempted outcomes are a clear effort by anti-abortion extremists to do what they meant to do all along: ban all abortions.***
  - Pregnant people across the country are already struggling to get the care they need. Our communities deserve more options to meet their needs, not less.
  
- ***We will not give up. We will not back down. We will continue to do this work.***
  - We are a community committed to the collective safety and wellbeing of where we live and work. We are committed to a future where we can all access the care we need in safe and sustainable communities.