

April 12, 2023

The Honorable Joseph R. Biden
President of the United States
The White House
1600 Pennsylvania Avenue
NW Washington, D.C. 20500

Dear President Biden,

We, the undersigned providers, researchers, and educators urge you to take immediate action where possible to protect access to life-saving medications used in medication abortion care: mifepristone and misoprostol. Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, states across the country moved to immediately ban abortion care, compounding an already complex legal landscape and worsening the already existing abortion access crisis. Currently, 17 states either severely restrict access to abortion care or ban abortion care entirely. Now, less than a year after the Supreme Court's decision, a rogue anti-abortion judge appears set on upending civil and human rights to fulfill his own political agenda and is attempting to remove mifepristone from the market. Abortion care, including medication abortion care, is extremely safe and no one should have their health care options limited by political actors.

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 hormones from going to the pregnancy. The second medication, misoprostol, causes cramping and bleeding, which causes the pregnancy to pass and expel. Both of these essential medications are safe and effective and have undergone extensive scientific and medical research. Under no circumstances should political ideology be controlling the availability of either of these life-saving medications.

Mifepristone was approved for use by the Food and Drug Administration (FDA) in 2000 following a rigorous 54-month review period. In contrast, the average review for all other new molecular entities was 15.6 months that same year. Nothing about its approval was accelerated. The FDA's analysis included the review of three complete phases of clinical trials that involved thousands of participants and whose data showed that the drug was safe and effective. Since mifepristone's initial approval in the U.S., it has been used by millions of people to end their pregnancies. In fact, in 2021 over half of abortions in the U.S. were medication abortions using the mifepristone/misoprostol regimen. This real-world experience coupled by more than 100 research publications in peer-reviewed journals supports mifepristone's well-documented safety record. In addition, 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 Family Physicians, have continued to recognize the safety and efficacy of mifepristone and recommend its use in obstetric and abortion care.

Not only is the use of mifepristone in medication abortion care highly safe and effective, misoprostol can also safely and effectively be used to end a pregnancy. Studies of self-managed

use of misoprostol-alone regimens have found high levels of effectiveness, with 93-99% of participants reporting complete abortions without the need for procedural intervention. Misoprostol alone is likely the most common method of medication abortion used worldwide due to its availability in many places over the counter without a prescription and at low cost. Access to misoprostol is essential for the full range of pregnancy related care as it has been used widely to support abortion, childbirth, labor, miscarriage management, and treat serious postpartum bleeding.

As providers, researchers, and educators we can affirm the safety and efficacy of mifepristone and misoprostol and its importance to the people we care for. The decision about whether, when, and how to become a parent are some of the most important and consequential decisions to the health and well-being of individuals, families, and communities. No one should have their health care options, including their method of abortion care, limited by politically motivated actors. Disruptions and delays in abortion care are unacceptable and ultimately force many people to remain pregnant. Abortion bans and unnecessary restrictions on care, like the ones this case attempts to impose, are an extension of our nation's history of reproductive coercion and disproportionately harm Black, Indigenous, people of color, women, people working to make ends meet, people who are immigrants, young people, LGBTQ+ people, people with disabilities, people living in geographically isolated areas, and people who live at the intersections of many of these identities because of our nation's systems that are designed to control and oppress individuals and communities.

Given the current reality surrounding abortion access in the United States and the large body of scientific and medical evidence supporting the safety and efficacy of mifepristone and misoprostol, we urge you to take every available action to ensure continued access to this critical care including by: sharing medically and scientifically accurate information about the options available for medication abortion care; sharing information about the safety and efficacy of mifepristone and misoprostol; centering communities most impacted by abortion bans and restrictions; and taking any other immediate action to protect access to medication abortion and support those providing and seeking abortion care as the legal landscape continues to shift.

We urge you to take bold action to ensure each and every one of us has the freedom to make decisions that are best for our lives, families, and futures.

Sincerely,

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