

DDDDDDIN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION

STATE OF LOUISIANA, et al.,

Plaintiffs,

vs.

U.S. FOOD AND DRUG
ADMINISTRATION, et al.,

Defendants.

Civil Action No. 6:25-cv-01491-DCJ-DJA

Judge David C. Joseph

Magistrate Judge David J. Ayo

**BRIEF FOR IGH PLLC d/b/a ABORTION ON DEMAND,
HEY JANE, AND THE REPRODUCTIVE HEALTH
INITIATIVE FOR TELEHEALTH EQUITY & SOLUTIONS
(RHITES) AS *AMICI CURIAE* SUPPORTING
DEFENDANTS AND PROPOSED INTERVENORS**

TABLE OF CONTENTS

	Page(s)
Table of Authorities	<i>ii.</i>
Interest of Amici Curiae	1
Summary of Argument	1
Argument	2
 I. Telehealth is an Increasingly Essential Mode of Healthcare Delivery, Particularly for Abortion Care	 2
 II. <i>Amici's</i> Patients Report Confidence in the Services and Information Provided, Recognizing the Professionalism and Quality of Care Received Via Telehealth	 5
 III. <i>Amici's</i> Patients Experienced that Telehealth Makes Care Timely and Accessible ...	 7
 IV. <i>Amici's</i> Patients Experienced that Telehealth Enables Individuals to Receive Care in a Private and Comfortable Environment	 13
 V. <i>Amici's</i> Patients Experienced that Telehealth Reduces the Financial Burden of Abortion Care	 16
 VI. <i>Amici's</i> Patients Experienced that Telehealth Abortion Care Reduces Harm Associated with Restricted Access to Abortion Care, Enhancing Overall Patient Well- Being	 19
 VII. Louisiana is Seeking Nationwide Restrictions on a Safe and Effective Medication that has Been Used by Over 7.5 Million People, Thereby Obstructing Access to Essential Care and Endangering Patients' Health and Well-Being	 24
 Conclusion	 25

TABLE OF AUTHORITIES

	Page(s)
CASES	
<i>June Medical Services L.L.C v. Russo</i> , 591 U.S. 299 (2020)	17
<i>Whole Woman’s Health v. Hellerstedt</i> , 579 U.S. 582 (2016)	17
STATUTES	
21 U.S.C. § 355-1(f)(2)(C)(ii)	24
OTHER AUTHORITIES	
A. Dennis & K. Blanchard, <i>A Mystery Caller Evaluation of Medicaid Staff Responses About State Coverage of Abortion Care</i> (2012)	18
American College of Obstetricians & Gynecologists, <i>Racial Bias: Statement of Policy</i> (2020)	4
American Hospital Association, <i>Telehealth</i> (2025)	11
American Medical Association, <i>Code of Medical Ethics: Patient Privacy & Confidentiality</i>	13
Amwell, <i>Survey Finds Majority of Parents Willing to Engage in Telehealth Post-COVID</i> (2021)	11
Anna Bernstein & Kelly M. Jones, <i>The Economic Effects of Abortion Access: A Review of the Evidence</i> (2019)	16
Anuradha Kumar et al., <i>Conceptualizing Abortion Stigma</i> (2009)	21
Collaborative for Reproductive Equity, University of Wisconsin-Madison, <i>Wait Time and Cost Strongly Influence Abortion Care Decision-Making</i>	7, 8
Corinne H. Rocca et al., <i>Emotions and Decision Rightness Over Five Years Following an Abortion: An Examination of Decision Difficulty and Abortion Stigma</i> (2020)	20
David C. Radley et al., <i>Advancing Racial Equity in U.S. Health Care: The Commonwealth Fund 2024 State Health Disparities Report</i> (2024)	10

Dhaval M. Dave et al., <i>Abortion Restrictions and Intimate Partner Violence in the Dobbs Era</i> (2025)	14
Diana Greene Foster et al., <i>Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States</i> (2022)	21
Emily Harris, <i>Telehealth Abortions as Safe and Effective as In-Person Ones</i> (2024)	4
Fiona de Londras et al., <i>The Impact of Mandatory Waiting Periods on Abortion-Related Outcomes: A Synthesis of Legal and Health Evidence</i> (2022)	8
Frank C. Worrell, <i>Denying Abortions Endangers Women’s Mental and Physical Health</i> (2023)	20, 21
G. Edwards et al., <i>The Influence of Rurality on Women’s Decision Making and Pregnancy Choices Following an Unintended Pregnancy: A Systematic Review</i> (2025)	9
Guttmacher Institute, <i>Monthly Abortion Provision Study</i> (2025)	3
Heidi Stöckl et al., <i>Human trafficking and violence: Findings from the largest global dataset of trafficking survivors</i>	15
Jenna Jerman & Rachel K. Jones, <i>Secondary Measures of Access to Abortion Services in the United States, 2011 and 2012: Gestational Age Limits, Cost, and Harassment</i> (2014)	8
Kate Cockrill et al., <i>The Stigma of Having an Abortion: Development of a Scale and Characteristics of Women Experiencing Abortion Stigma</i> (2013)	20
KFF, <i>Women’s Health Insurance Coverage</i> (2024)	17
Kirsty Morrison et al., <i>Understanding the Use of Telehealth in the Context of the Family Nurse Partnership and Other Early Years Home Visiting Programmes: A Rapid Review</i> (2022)	11
K.M. Shellenberg, <i>Abortion Stigma in the United States: Quantitative and Qualitative Perspectives from Women Seeking an Abortion</i> (2010)	20
Kurt Hager et al., <i>Employer-Sponsored Health Insurance Premium Cost Growth and Its Association with Earnings Inequality Among US Families</i> (2023)	10
Latoya Hill et al., <i>Health Coverage by Race and Ethnicity, 2010-2023</i> (2025)	10

Lauren J. Ralph et al., <i>Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services: A Cohort Study</i> (2019)	7, 21
Liza Fuentes, <i>Inequity in U.S. Abortion Rights and Access: The End of Roe Is Deepening Existing Divides</i> (2023)	4
L.R. Koenig et al., <i>Patient Acceptability of Telehealth Medication Abortion Care in the U.S.</i> (2024)	13
Lydia O'Donnell et al., <i>Intimate Partner Violence Among Economically Disadvantaged Young Adult Women: Associations with Adolescent Risk-Taking and Pregnancy Experiences</i> (2009)	14
Mahip Acharya et al., <i>Trends in Telehealth Visits During Pregnancy, 2018 to 2021</i> (2023)	16
M. Antonia Biggs et al., <i>Unwanted Abortion Disclosure and Social Support in the Abortion Decision and Mental Health Symptoms: A Cross-Sectional Survey</i> (2022)	20
M. Antonia Biggs et al., <i>Women's Mental Health and Well-Being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study</i> (2017)	20
Megan K. Wolfe, et. al, <i>Transportation Barriers to Health Care in the United States: Findings from the National Health Interview Survey</i> (2020)	9
O. Wasser, L.J. Ralph, S. Kaller & M.A. Biggs, <i>Experiences of Delay-Causing Obstacles and Mental Health at the Time of Abortion Seeking</i> (2024)	8
Planned Parenthood Advocacy Fund of Massachusetts, Inc., <i>Abortion Stigma</i>	23
Pooja Chandrashekar, <i>The Health Care System Is Shortchanging Non-English Speakers</i> (2021)	4
Rachel K. Jones & Jenna Jerman, <i>Time to Appointment and Delays in Accessing Care Among U.S. Abortion Patients</i> (2016)	7
Reproductive Freedom for All, <i>Under Attack: 10 Things to Know About Mifepristone on the 25th Anniversary of Its FDA Approval</i> (2023)	24
Samantha Artiga & Nambi Ndugga, <i>Health Policy 101: Race, Inequality, and Health</i> (2023)	10

Sarah C.M. Roberts et al., <i>Out-of-Pocket Costs and Insurance Coverage for Abortion in the United States</i> (2014)	17
Sarah C.M. Roberts et al., <i>Risk of Violence from the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion</i> (2014)	15
Society of Family Planning, <i>#WeCount Abortion Data Report</i> (2023)	4
United States Bureau of Labor Statistics, <i>Usual Weekly Earnings of Wage and Salary Workers, Third Quarter</i> (2020)	10
United States Senate Committee on Finance, <i>Across the Country, Health Insurance Premiums Set to Spike Thanks to Trumpcare</i> (2025)	10
Usha Ranji et al., <i>Key Facts on Abortion in the United States</i> (2025)	10
Ushma D. Upadhyay et al., <i>Outcomes and Safety of History-Based Screening for Medication Abortion: A Retrospective Multicenter Cohort Study</i> (2023)	3
Ushma D. Upadhyay et al., <i>Effectiveness and safety of telehealth medication abortion in the USA</i> (2024)	3
V.C. Ezeamii et al., <i>Revolutionizing Healthcare: How Telemedicine Is Improving Patient Outcomes and Expanding Access to Care</i>	3, 16
Victoria Colliver, <i>Large National Study Finds That Telehealth “Safe Visit” Clinic Abortion Pills Are Safe and Effective</i> (2024)	4
Wilaiporn Samankasikorn et al., <i>Relationships of Reproductive Coercion and Intimate Partner Violence to Unintended Pregnancy</i> (2019)	14

INTEREST OF *AMICI CURIAE*

Amici Curiae are two reproductive healthcare providers that offer telehealth abortion services¹ and one allied organization² that supports evidence-based access to the abortion medication, mifepristone, and the use of telehealth to expand access to reproductive healthcare.³ *Amici* have a strong interest in ensuring that all patients can access safe and timely abortion care. This brief offers a perspective grounded in the lived experiences of patients who have used the telehealth provider *Amici*'s services to access mifepristone (referred to herein as “*Amici*’s patients”). The patient stories featured throughout this brief are taken from written statements submitted to the *Amici* from patients who received care from these *Amici*’s licensed medical providers.⁴ The patient narratives and quotes below illustrate how telehealth removes barriers, promotes autonomy and accessibility, and improves health outcomes. *Amici* submit this brief to assist the Court’s understanding of the real-world impact of access to telehealth and mifepristone, and to underscore the significant consequences that may result from disrupting that access.⁵

SUMMARY OF ARGUMENT

Telehealth is an increasingly critical component of modern healthcare delivery, especially for communities facing barriers to in-person services. As demonstrated by the experiences of the

¹ *Amici* healthcare providers are IGH PLLC *d/b/a* Abortion on Demand and Hey Jane. “Hey Jane” is a registered trademark owned by Possible Health, Inc., an entity which operates a telehealth platform at www.heyjane.com, through which various professional corporations provide medical services to patients in different states using the Hey Jane brand.

² Allied organization *Amici* is The Reproductive Health Initiative for Telehealth Equity & Solutions (RHITES), a fiscally sponsored project of the Hopewell Fund.

³ No counsel for a party authored this brief in whole or in part, and no counsel or party made a monetary contribution to the preparation or submission of this brief.

⁴ The telehealth provider *Amici* provide abortion services for patients in 25 states that support access to such care. The testimonies provided throughout this brief are formally verified patient stories which may be found on the telehealth provider *Amici*’s websites and online reviews. The testimonies have not been altered except to anonymize the identities of healthcare providers and organizations, or to include minimally necessary clarifications that enhance the clarity of the quotations. All modifications are denoted by the use of brackets within the quoted material.

⁵ *Amici* are grateful to Boston University School of Law student, Georgia Aguilar, for her research and writing contributions to this amicus brief through the BU Program on Reproductive Justice.

Amici's patients, telehealth is often the only feasible way for individuals to access timely, safe, and effective abortion care. The advent of technology has increased the cadence at which people turn to telehealth, making care more accessible than ever before. Telehealth has also become a critical tool for people in moments of urgency and need, readily connecting patients to care when they need it most. In every context, telehealth promotes access to dignified, high-quality healthcare that meets patients where they are.

Telehealth alleviates barriers that could otherwise delay or entirely prevent access to care. These systemic barriers shape who can access care, when they can do so, and under what conditions. Patients describe the healthcare provider Amici's provision of telehealth abortion services as compassionate, professional, and empowering. Restricting such telehealth abortion services would disproportionately harm those already facing systemic inequalities in healthcare access. Louisiana's proposed nationwide restrictions would obstruct access to safe and effective medication while directly conflicting with FDA's obligation to ensure essential medications are available without imposing undue burdens on patients. Accordingly, maintaining access to telehealth abortion services is critical to ensuring continuity of care, advancing health equity, and upholding safe, evidence-based medical practice.

ARGUMENT

I. Telehealth is an Increasingly Essential Mode of Healthcare Delivery, Particularly for Abortion Care.

Telehealth has emerged as an effective and critical mechanism for connecting patients with the healthcare they need. Research has shown that telehealth interventions produce health

outcomes comparable to in-person care while also offering potential cost savings.⁶ For these reasons and others, telehealth use has significantly increased over the last decade. Approximately 76% of U.S. hospitals now use telehealth, up from a rate of 35% nearly a decade ago.⁷

Telehealth also plays a critical role in expanding access to essential reproductive healthcare, including abortion services. Patients may choose telehealth abortion for a variety of reasons, and it can be delivered through various modes of care. For example, patients may consult with providers via video, phone, or secure messaging platforms, and receive medications through options such as pharmacy pick-up or mail delivery. Regardless of the format, patients receive counseling and clinical care from a qualified healthcare provider, even as the specific method of communication or delivery may vary.

Today, an increasing number of abortions are conducted using medication. The most common method is a two-drug regimen consisting of mifepristone, followed by misoprostol. This regimen has consistently proven to be safe and effective⁸ and now accounts for approximately 63% of all abortions in the United States.⁹ In more than two decades of FDA-approved use and over 7.5 million uses, serious adverse events have proven to be exceedingly rare.¹⁰

⁶ See V.C. Ezeamii et al., *Revolutionizing Healthcare: How Telemedicine Is Improving Patient Outcomes and Expanding Access to Care*, 16 Cureus e63881 (2024); see also Ushma D. Upadhyay et al., *Outcomes and Safety of History-Based Screening for Medication Abortion: A Retrospective Multicenter Cohort Study*, 6 JAMA Network Open e2334087 (2023).

⁷ *Telehealth: The Advantages and Disadvantages*, Harvard Health Publ., <https://www.health.harvard.edu/staying-healthy/telehealth-the-advantages-and-disadvantages>.

⁸ Ushma D. Upadhyay et al., *Effectiveness and safety of telehealth medication abortion in the USA*, 30 NATURE MED. 1191, 1191 (FEB. 15, 2024).

⁹ GUTTMACHER INST., *Monthly Abortion Provision Study*, <https://www.guttmacher.org/monthly-abortion-provision-study> (updated Sept. 30, 2025).

¹⁰ Upadhyay et al., *supra* note 8.

Further, it is estimated that more than one in four abortions in the United States are obtained via telehealth services in which mifepristone is prescribed remotely following a telehealth interaction with a healthcare provider and then mailed directly to the patient.¹¹ Research shows that medication abortion using mifepristone remains as safe and effective when provided through telehealth delivery models as it is when provided through in-person care.¹²

Access to abortion care is already unevenly distributed across dimensions of race, class, citizenship status, geography, and other axes of identity and experience.¹³ Data indicates that the heightened barriers which women¹⁴ of color and other marginalized populations face in accessing reproductive healthcare and achieving equitable outcomes are often shaped by broader social and structural conditions. These include limited availability of local health services and provider-level issues such as racial bias, stereotyping, and language differences.¹⁵ Having telehealth care available as an option can mitigate many of these inequities by overcoming geographic barriers and increasing access for patients in medically underserved and rural areas. Through access to virtual interpreters, telehealth platforms also offer expansive access to language-concordant care and interpretation services.

¹¹ SOCIETY OF FAMILY PLANNING, #WECOUNT REPORT, APRIL 2022 TO DECEMBER 2024, 1 (June 23, 2025).

¹² See Emily Harris, *Telehealth Abortions as Safe and Effective as In-Person Ones*, 331 JAMA 908 (2024); see also Victoria Colliver, *Large National Study Finds That Telehealth “Safe Visit” Clinic Abortion Pills Are Safe and Effective*, UCSF News (Feb. 12, 2024).

¹³ Liza Fuentes, *Inequity in U.S. Abortion Rights and Access: The End of Roe Is Deepening Existing Divides*, GUTTMACHER INST. (Jan. 2023).

¹⁴ Portions of this brief use the terms “woman” or “women” to reflect the language used in cited research, legal precedent, and other public health data. However, *Amici* recognize that the ability to become pregnant is not limited to those who identify as women. Thus, the experiences described in this brief are intended to encompass all people who can become pregnant, regardless of their gender identity. *Amici* further recognize that language can carry weight, particularly in contexts involving stigma, vulnerability, and autonomy, and include this clarification to ensure that all individuals affected by abortion access are acknowledged with dignity and respect.

¹⁵ See Am. Coll. of Obstetricians & Gynecologists, *Racial Bias: Statement of Policy* (Oct. 15, 2020); see also Ctr. for Reprod. Rts., *Addressing Disparities in Reproductive and Sexual Health Care in the U.S.* (Oct. 14, 2020); see also Danielle de Moissac & Sarah Bowen, *Impact of Language Barriers on Quality of Care and Patient Safety for Official Language Minority Francophones in Canada*, 6 J. PATIENT EXPERIENCE 24 (Apr. 18, 2018); see also Pooja Chandrashekar, *The Health Care System Is Shortchanging Non-English Speakers*, SCIENTIFIC AMERICAN (July 2, 2021) <https://www.scientificamerican.com/article/the-health-care-system-is-shortchanging-non-english-speakers/>.

For some patients who face barriers to accessing in-person care, access to telehealth may mean the difference between obtaining the care they need or not. Others may choose telehealth care over in-clinic care because it fits their individual needs best. Preserving access to both telehealth and in-person models of care is essential to meeting diverse patient needs and ensuring meaningful access to care for all patients.

II. *Amici's* Patients Report Confidence in the Services and Information Provided, Recognizing the Professionalism and Quality of Care Received Via Telehealth.

Beginning with the initial consultation, continuing through real-time support during the process, and extending into comprehensive follow-up care, many patients describe their telehealth abortion experiences as high-quality, trustworthy, and affirming. Patients shared:

"During a very personal and challenging time, [Telehealth Provider] provided not only expert care but genuine compassion and support. From the first patient intake to the final follow-up, everyone made me feel seen, heard, and safe. The level of professionalism and attention to detail was unmatched. I'm incredibly grateful for their care and would recommend them without hesitation to anyone in need of top-tier medical support. They are so private & easy to work with! I loved it."

"From starting the process of getting care through [Telehealth Provider] to ending, I have no complaints. Everyone I spoke with was friendly, professional and knew how to help me. The follow up aftercare is also a plus to me."

"They follow up to make sure everything went smoothly. It's obvious [Telehealth Provider] just really cares."

Other patients emphasized that the experience of telehealth abortion care helped to reshape their expectations of what remote healthcare could be like:

"I'm so grateful for the level of sensitivity that was provided with this service. The instructions were clear as day. I was told exactly what to expect, and I was given resources for emotional support."

“Choosing to terminate [is] a really personal and difficult decision and this made it much less difficult. The actual medical process was much more gentle than I expected. I hope to never need to use [Telehealth Provider] again but if I did... I would feel much less anxious.”

Patients described the care they received as attentive and individualized. Across hundreds of narratives, patients praised the professionalism of their providers, the accessibility of information, and the clarity of communication. Patients reported that the telehealth providers, through their digital platforms, provided them with transparent, thorough information and educational resources that helped them feel empowered and prepared. Some patients shared:

“I wish all doctors and nurses had the same care and reliability like the [Telehealth Provider] staff. They are amazing!”

“The [Telehealth Provider] was kind, helpful, and explained everything in good detail.”

The narratives shared by these patients reflect recurring themes of clear communication, informed and supportive guidance, responsiveness, and individualized follow-up. This underscores elements of clinical best practices, applicable in both in-person and remote care settings. Patients also reported a high level of trust in the information provided to them, appreciation for the respect they were shown, and reassurance that the process was neither rushed nor impersonal.

“[Telehealth Provider] is very wonderful, I connected with any follow up questions to the staff online as they were always available and got back to me right away. My medication shipped and arrived quickly. [Telehealth Provider] is convenient, affordable and definitely worth it.”

“I had a wonderful experience with [Telehealth Provider] from my pre-screening appointment to receiving my medications and the instructions that come with them. I couldn't have asked for a better experience.”

“[Telehealth Provider] offered care that felt personal, compassionate, and judgment-free. In a vulnerable moment, they made me feel safe, seen, and supported. Grateful beyond words.”

Moreover, Amici’s patients report that telehealth delivers care equal in both accessibility and quality to that provided in person. Its importance as a mode of medical care is reflected not only in clinical outcomes, which are comparable to in-person care, but also in the trust, confidence, and satisfaction expressed by those who have relied on it. Telehealth offers a patient-centered model that adheres to professional standards while easing structural barriers to care. The overwhelmingly positive feedback from patients confirms that telehealth is an essential method for providing safe, effective, evidence-based abortion care.

III. Amici’s Patients Experienced that Telehealth Makes Care Timely and Accessible.

Abortion is an inherently time-sensitive medical procedure.¹⁶ Delay in access to services can significantly impact a patient’s options, as well as their physical and mental health, financial well-being, and legal ability to access care. For patients seeking access to medication abortion, timeliness is especially critical, as delays can push patients past the gestational point when medication abortion is available.

Timely access to abortion care is essential for all patients.¹⁷ While abortion is generally very safe and carries significantly less risk than pregnancy, risk to physical health increases as gestation progresses.¹⁸ Additionally, delays in abortion access can significantly impact

¹⁶ See COLLABORATIVE FOR REPRODUCTIVE EQUITY, UNIV. OF WIS.-MADISON, *Study: Wait Time and Cost Strongly Influence Abortion Care Decision-Making* (Dec. 15, 2023), <https://core.wisc.edu/2023/12/15/study-wait-time- and-cost-strongly-influence-abortion-care-decision-making> (last visited Dec. 11, 2025).

¹⁷ Rachel K. Jones & Jenna Jerman, *Time to Appointment and Delays in Accessing Care Among U.S. Abortion Patients*, GUTTMACHER INST. (Aug. 2016).

¹⁸ See Lauren J. Ralph et al., *Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services: A Cohort Study*, 171 ANNALS OF INTERNAL MED. 238, 238 (June 11, 2019) (discussing that employing the

psychological well-being, contributing to heightened anxiety, stress, and depressive disorders.¹⁹

As further discussed below, ensuring timely access can also improve the financial burden associated with abortion care. Abortions performed in the first trimester are generally more affordable than those in the second trimester, often costing several hundred dollars less.²⁰

Access to prompt services is one of the most important factors that potential patients consider as part of their decision-making process.²¹ However, state level bans and other restrictions have forced many abortion clinics to close, increasing demand for services at remaining clinics. While wait times for in-clinic appointments can vary depending on location and need, data indicates that the average appointment wait time is approximately 7.6 days but can be much longer.²² For some patients, that delay may push them into the second trimester, thereby limiting care options. Further restrictions on access to abortion via telehealth would exacerbate this issue and compound challenges for clinics already working hard to meet increasing demand. Amici's patients report that being able to access care via telehealth allows them to obtain care without such delay.

"I chose to use [Telehealth Provider] because I wasn't able to get an appointment until 2-3 weeks after I found out I was pregnant. The thought of having to go in [to an] office made me anxious and the length of the process made it more challenging. [Telehealth Provider] was the quickest option and the most discrete."

"I originally was looking at going to a clinic near me but appointments were only available 2-3 weeks out, where as [Telehealth

regimen of mifepristone followed by misoprostol to end pregnancy is 14 times safer than carrying a pregnancy to full term); see generally Fiona de Londras et al., *The Impact of Mandatory Waiting Periods on Abortion-Related Outcomes: A Synthesis of Legal and Health Evidence*, 22 BMC Pub. Health 1232 (2022) (explaining that delays in access can increase risk of physical harm, including increased risk of maternal mortality or morbidity).

¹⁹ O. Wasser, L.J. Ralph, S. Kaller & M.A. Biggs, *Experiences of Delay-Causing Obstacles and Mental Health at the Time of Abortion Seeking*, 6 Contraception: X 100105 (2024).

²⁰ Jenna Jerman & Rachel K. Jones, *Secondary Measures of Access to Abortion Services in the United States, 2011 and 2012: Gestational Age Limits, Cost, and Harassment*, 24 Women's Health Issues 19–24 (2014).

²¹ See COLLABORATIVE FOR REPRODUCTIVE EQUITY, UNIV. OF WIS.-MADISON, *supra* note 16.

²² Rachel K. Jones & Jenna Jerman, *supra* note 17.

Provider] had all the stuff I needed delivered to my door within 3 days!”

“[Telehealth Provider] made my medical process as smooth as possible. My medications were reviewed, approved, and shipped within 1 day. The team was respons[iv]e when I needed insight or had questions. There was no judgement. I truly appreciate that I was able to get private care from home.”

“[I’m] very appreciative of the accessibility and timeliness of the care!”

“For my abortion [Telehealth Provider], [was] very quick and responsive. I got my treatment the day after I paid for the services. The care team ensured to check-in on me periodically throughout the process.”

“The consultations [were] fast, shipping arrived in 3 days, and the continuous follow ups are so caring and personal.”

Timeliness concerns are particularly profound for patients living in rural or medically underserved areas. In the absence of access to telehealth, these patients may face increased delays. Geographic isolation, provider shortages, and limited public transportation options often mean that even a single clinic visit may require substantial time off work, long-distance travel, and significant financial outlay.²³ These barriers can delay access to care and may increase the possibility that patients find themselves facing more complex and more costly procedures, or, for some, being unable to obtain abortion care altogether.

“Timing is one of the most important factors when considering an abortion, particularly for those of us that live in rural areas. [Telehealth Provider] made it super easy to receive my medications quickly and hassle free so that I was able to undergo the uncomfortable process in the comfort of my home. The instructions and education materials were informative and easy to understand, I highly recommend their services.”

²³ See generally Megan K. Wolfe, Natalie C. McDonald & George M. Holmes, *Transportation Barriers to Health Care in the United States: Findings from the National Health Interview Survey, 1997–2017*, 110 AM. J. PUB. HEALTH 815, 815–22 (2020); see also G. Edwards, L. Hooker & K. Edvardsson, *The Influence of Rurality on Women’s Decision Making and Pregnancy Choices Following an Unintended Pregnancy: A Systematic Review*, 21 Women’s Health 17455057251348986 (2025).

“Unfortunately the nearest in person clinic was more than 200 miles away. I’m not sure what I would have done without [Telehealth Provider].”

Timely and efficient access to abortion care is also especially important for individuals from historically marginalized communities, who make up a disproportionate portion of low-wage and part-time workers and often lack access to economic resources, paid leave, and comprehensive health coverage.²⁴ In 2025, Black women’s weekly earnings were more than 16% less than white women’s, while Latine women’s weekly earnings were more than 20% less than white women’s.²⁵ Similarly, as of 2023, Black, Hispanic, American Indian/Alaskan Natives, and Native Hawaiians/Pacific Islanders were all more likely to lack health insurance when compared to their white counterparts.²⁶ These differences in resources can ultimately impact the ability of individuals to afford reproductive care, including abortion services.

Similarly, timely access to care is important for people who already have children. Studies estimate that approximately 59% of people seeking abortions already have children.²⁷ Delays in care may jeopardize their ability to provide for both their existing families and

²⁴ Kurt Hager, Ezekiel Emanuel & Dariush Mozaffarian, *Employer-Sponsored Health Insurance Premium Cost Growth and Its Association with Earnings Inequality Among US Families*, 7 JAMA NETWORK OPEN, 9 (JAN. 16, 2023); U.S. SENATE COMM. OF FIN., *Across the Country, Health Insurance Premiums Set to Spike Thanks to Trumpcare* (July 23, 2025); Latoya Hill et al., *Health Coverage by Race and Ethnicity, 2010-2023*, KFF (Feb. 13, 2025), <https://www.kff.org/racial-equity-and-health-policy/health-coverage-by-race-and-ethnicity/>; David C. Radley et al., *Advancing Racial Equity in U.S. Health Care: The Commonwealth Fund 2024 State Health Disparities Report* (Apr. 18, 2024), <https://www.commonwealthfund.org/publications/fund-reports/2024/apr/advancing-racial-equity-us-health-care>; see generally Samantha Artiga & Nambi Ndugga, *Health Policy 101: Race, Inequality, and Health*, KFF (Nov. 17, 2023) (examining disparities in health coverage and outcomes among communities historically marginalized by the U.S. health system, including Black, Latino, Indigenous, immigrant, disabled, and low-income populations, who have been systematically underserved due to entrenched structural inequities such as segregation, wage and employment discrimination, exclusion from employer-sponsored insurance, language barriers, and inadequate access to culturally responsive care. These intersecting barriers not only limit access to general health services, but also amplify the burdens of abortion restrictions, potentially making it more difficult for individuals in these communities to obtain time-sensitive care, absorb out-of-pocket costs, or travel across state lines. Centering these populations is critical to understanding the impact of policy and to ensuring that legal and regulatory frameworks do not further entrench such inequities).

²⁵ See U.S. Bureau of Lab. Stats., *Usual Weekly Earnings of Wage and Salary Workers, Third Quarter 2020*, at 6 (Oct. 20, 2020).

²⁶ See Latoya Hill et al., *supra* note 24.

²⁷ Usha Ranji et al., *Key Facts on Abortion in the United States*, KFF (Jul. 15, 2025), www.kff.org/womens-health-policy/key-facts-on-abortion-in-the-united-states/?entry=table-of-contents-who-gets-abortions (last visited Dec. 13, 2025).

themselves.²⁸ With the pressures of work schedules, childcare, household responsibilities, and children's school activities, parents may find it challenging to arrange for in-person healthcare visits. Telehealth provides a way to connect with providers without the need to rearrange already complicated schedules or travel long distances, often making it an essential mode of access for both individuals and families.²⁹

One patient, a single mother, described how telehealth allowed her to obtain care without the compounded burdens of securing childcare, time off work, and appointment availability:

“This experience helped me so much. I am a single working mother in a small town to have to get time off from work and child care to go to an appointment let alone finding help close by would have been extremely different.”

Another patient, a full-time working mother of two young children, described the urgency and relief that telehealth made possible:

“I am a full time working mom of two small children who are still in daycare. Despite our best efforts, our birth control unfortunately failed. After a quick google search, I was able to find [Telehealth Provider] and access very fast and very discrete medical abortion care. I had a very fast telehealth appointment and immediately after had everything I needed (including follow up pregnancy tests) shipped straight to my house within a couple of days. I was even able to use my insurance. I can't say enough good things about this site. Women should not have to face shame when accidents happen. Thank you!”

²⁸ See Kirsty Morrison et al., *Understanding the Use of Telehealth in the Context of the Family Nurse Partnership and Other Early Years Home Visiting Programmes: A Rapid Review*, 8 DIGITAL HEALTH 1 (2022); see also The Kids Research Inst. Austl., *Telehealth Can Support Families with Their Goals*, CliniKids Blog, <https://clinkids.thekids.org.au/information-hub/blog/telehealth-blog/> (last visited Jan. 21, 2026); see also AM. HOSP. ASS'N, *Telehealth* (Feb. 7, 2025) (discussing that telehealth adoption has grown largely due to expanded delivery options, fewer regulatory restrictions, and broad patient and clinician satisfaction with remote care, increasing convenience and access for families who otherwise may face logistical barriers).

²⁹ See generally *How TeleHealth Expands Access to Quality Care for Busy Families and Rural Communities*, New Freedom Family Medicine (Dec. 9, 2025), <https://www.newfreedomfamilymed.com/blogs/how-telehealth-expands-access-to-quality-care-for-busy-families-and-rural-communities> (last visited Feb. 6, 2026); Amwell, *Survey Finds Majority of Parents Willing to Engage in Telehealth Post-COVID* (Mar. 9, 2021) (discussing how, as a general matter, studies show that a growing number of parents (upwards of 61%) report being more willing to utilize telehealth than before the COVID-19 pandemic, marking an uptick in the recognition and acceptance of telehealth as a practical and accessible mode of care delivery).

Others have echoed how essential the flexibility and timeliness telehealth offers were in the face of daily demands:

“Was super simple and easy, I never had time to go to the clinic, life was too busy. But [Telehealth Provider] is a life saver.”

These accounts illustrate that without timely access, abortion care may be out of reach for many, and especially for those already navigating complicated demands of work, caregiving, and economic precarity. Telehealth addresses these constraints directly, allowing patients to obtain care quickly, safely, and privately, without sacrificing employment, income, or responsibilities to the families they already support.

Further, some patients describe weighing their own health and safety against responsibilities to the children they are already raising. For these patients, seeking abortion care is largely about preserving their ability to remain present, healthy, and dependable for the children who rely on them every day. Telehealth can help these patients access care in a way that allows them to prioritize their families.

“This was the hardest decision of my life, and as much as I want more kids I had a really rough first pregnancy almost resulting in my death and the death of my daughter. I couldn’t go through that again, and possibly leave my daughter without her mother. [Telehealth Provider] made everything incredibly easy, and helped ease the stress I was facing. Every step was outlined perfectly and made everything easy to follow. And allowing me to be able to do this at home [versus] going out somewhere was even better. Thank you so much for giving me this option so I can be here for my baby girl.”

“[Telehealth Provider] gave me the opportunity to make my own decision. How I chose to govern my own body was my choice, and [Telehealth Provider] gave me the opportunity to do so. I have two daughters to take care of, I am not as young as I used to be, and I am currently unemployed. I made the conscious decision to end my pregnancy, and not spread myself any thinner than I needed to be.

And I am forever grateful to [Telehealth Provider] for the opportunity to do so.”

Simply put, telehealth is responsive to the real-world challenges patients face. Indeed, as patients increasingly face barriers to timely in-person services, the reliability of telehealth is essential to preserving meaningful and efficient access to this critical form of reproductive healthcare.

IV. *Amici’s* Patients Experienced that Telehealth Enables Individuals to Receive Care in a Private and Comfortable Environment.

Privacy is a core component of healthcare, particularly in the context of reproductive healthcare.³⁰ Research shows that patients place high value on the privacy that telehealth provides in accessing medication abortion.³¹ For many, the opportunity to manage a deeply personal medical decision in the privacy of their own home is not only preferable, but often essential to their ability to seek care at all.

Telehealth can help protect the intimate nature of the decision by allowing patients to obtain abortion care in settings that support their privacy and family needs while minimizing logistical and employment-related strain. Telehealth offers patients a safe and effective option for receiving comprehensive medical care through a model that, for many, best preserves their emotional safety, logistical control, or personal dignity.

³⁰ See generally AM. MED. ASS’N, *Code of Medical Ethics: Patient Privacy & Confidentiality*, <https://code-medical-ethics.ama-assn.org/chapters/patient-privacy-and-confidentiality> (last visited Dec. 11, 2025).

³¹ L.R. Koenig et al., *Patient Acceptability of Telehealth Medication Abortion Care in the United States, 2021–2022: A Cohort Study*, 114 AM. J. PUB. HEALTH 241 (2024).

Many of *Amici*'s patients describe the importance of preserving privacy, which abortion care via telehealth afforded them:

"[Telehealth Provider] provided the secure, private, accessible medical and emotional care I needed, when I needed it most. They protected my physical and emotional health as well as my privacy."

"I'm so glad that this was an option to help keep the experience as private as possible."

"[Telehealth Provider] offers private and efficient care. It allows you to have a private procedure from the comfort of your home while supporting you every step of the way."

The ability to obtain abortion care via telehealth, from the privacy of one's own home, can be especially critical for individuals in unsafe circumstances who may be unable to safely leave their home to seek in-person care. For certain groups, including survivors of gender-based violence, sexual violence, and human trafficking, who are at greater risk of reproductive coercion and surveillance, the ability to access care via telehealth can enable patients to obtain healthcare without discovery by the individual(s) responsible for their abuse. Studies have shown a strong association between interpersonal violence and unintended pregnancy, as well as a heightened risk of coercion, surveillance, and physical harm when a patient attempts to access reproductive care.³² Recent research has emphasized that abortion restrictions significantly increase the rate and likelihood of exposure to interpersonal violence (IPV).³³ More specifically, abortion

³² See Elizabeth Miller et al., *Pregnancy Coercion, Intimate Partner Violence and Unintended Pregnancy*, 81 CONTRACEPTION 316, 320-21 (Apr. 2010); Elizabeth Miller et al., *Recent reproductive coercion and unintended pregnancy among female family planning clients*, 89 CONTRACEPTION 122, 126-27 (Feb. 2014); Wilaiporn Samankasikorn et al., *Relationships of Reproductive Coercion and Intimate Partner Violence to Unintended Pregnancy*, 48 J. OBSTETRIC, GYNECOLOGICAL & NEONATAL NURSING 50, 50 (Jan. 2019); Lydia O'Donnell et al., *Intimate Partner Violence Among Economically Disadvantaged Young Adult Women: Associations With Adolescent Risk-Taking and Pregnancy Experiences*, 41 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH 84, 84 (June 2009); see generally Laura J. Lederer & Christopher A. Wetzel, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*, 23 ANNALS HEALTH L. 61 (2014).

³³ Dhaval M. Dave et al., *Abortion Restrictions and Intimate Partner Violence in the Dobbs Era*, Nat'l Bureau of Econ. Rsch., Working Paper No. 33916 (June 2025, rev. Oct. 2025).

restrictions have been linked to a 7–10% increase in IPV rates among women of reproductive age in geographic regions affected by increased travel distances or near-total bans, resulting in at least 9,000 additional IPV incidents and an estimated \$1.24 billion in added social costs.³⁴ Non-Hispanic Black women experience the highest increase in IPV incidents under these circumstances.³⁵ Evidence demonstrates that greater access to abortion can reduce the risk of intimate partner violence, as individuals who receive care are significantly less likely to experience IPV than those who are unable to access an abortion.³⁶

Survivors of human trafficking also experience similar vulnerabilities around unintended pregnancies. Trafficking victims experience high rates of sexual violence, frequently resulting in unintended pregnancy, with some surveys indicating that nearly 70% of human trafficking survivors experience pregnancy as a result of their trafficking.³⁷ In such contexts, the ability to seek abortion discreetly can be highly important, and even lifesaving. Access to abortion by telehealth may be instrumental in meeting these patients' unique needs.

Privacy, confidentiality, and autonomy emerge from these patient stories not as mere perks of telehealth, but as several of the pillars that make it indispensable. Preserving access to abortion care via telehealth protects patients' ability to receive care on their own terms, in their own space, and with dignity and peace of mind.

³⁴ *Id.*

³⁵ *Id.* at 12.

³⁶ Sarah C.M. Roberts et al., *Risk of Violence from the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion*, 12 BMC Med. 1 (2014).

³⁷ See Heidi Stöckl et al., *Human trafficking and violence: Findings from the largest global dataset of trafficking survivors*, 4 J. MIGRATION AND HEALTH 1 (Nov. 16, 2021); POLARIS PROJECT, *Sexual Assault Awareness Month: How Does Human Trafficking Fit In?* (Apr. 3, 2023), <https://polarisproject.org/blog/2023/04/sexual-assault-awareness-month-how-does-human-trafficking-fit-in/>; see also Laura J. Lederer & Christopher A. Wetzel, *supra* note 32.

V. *Amici’s* Patients Experienced that Telehealth Reduces the Financial Burden of Abortion Care.

Research shows that access to abortion is closely linked to factors such as financial stability, employment status, health insurance coverage, and educational attainment.³⁸ This correlation means that low-income and uninsured individuals are often left without access to reproductive healthcare at disproportionate rates.

In recent years, telehealth has emerged as a structural intervention in the advancement of public health, mitigating disparities and promoting equitable access to high-quality care for low-income and uninsured populations.³⁹ Telehealth expands the range of available care options, allowing individuals to select the form of care that best aligns with their medical needs and personal circumstances. The financial burden associated with abortion care extends beyond the advertised price of the medical service. For many patients, the total cost of care can include lost wages from taking time off work, childcare arrangements, and transportation to an in-person appointment. For those who live far from the closest clinic offering abortion care, these costs are compounded by heightened travel and lodging expenses, as well as other potential logistical or emotional challenges.⁴⁰

By minimizing financial burdens, eliminating travel costs, and allowing patients to obtain care without forfeiting wages or needing to secure additional childcare, telehealth can mitigate or eliminate these costs and their snowball effect, which could otherwise make care largely

³⁸ Anna Bernstein & Kelly M. Jones, CTR. ON THE ECON. OF REPROD. HEALTH, *The Economic Effects of Abortion Access: A Review of the Evidence* 2–5 (2019).

³⁹ V.C. Ezeamii et al., *supra* note 6; *see also* Mahip Acharya et al., *Trends in Telehealth Visits During Pregnancy, 2018 to 2021*, 6 JAMA NETWORK OPEN (APR. 4, 2023).

⁴⁰ *See* Rachel K. Jones et al., *At What Cost? Payment for Abortion Care by U.S. Women*, 23 WOMEN’S HEALTH ISSUES 238 (2013).

inaccessible for those already living on a limited income or navigating multiple structural barriers. Any limitation on the telehealth provision of abortion care will exacerbate preexisting access challenges in a healthcare system that suffers from significant structural inequalities.⁴¹ This will place an unequal, disproportionate burden on low-income, uninsured, and underinsured populations who already face substantial challenges related to healthcare access and economic stability.

Many of Amici's patients describe telehealth as making the difference between affordability and exclusion. For more than half of abortion recipients, out-of-pocket costs are equivalent to over one-third of their personal monthly income.⁴²

These financial burdens can be especially profound for low-income patients and those without comprehensive insurance. Approximately one in ten women in the United States lacks health insurance, and among those who are insured, many face policies that exclude abortion coverage or whose premiums, fees, and billing logistics make accessing care difficult.⁴³ Limiting access to mifepristone, specifically via telehealth, exacerbates burdens on low-income populations, further perpetuating cycles of instability and poverty.

"I was so worried when I found out I was pregnant. I didn't want more kids, and I am not financially stable or insured. I have [a] very low income, but because of this service I was able to pay for my abortion, and I love the support I got throughout the process."

"There are so many women who need this service who can't financially afford it, but they provide so many resources for help. I

⁴¹ See generally *Whole Woman's Health v. Hellerstedt*, 579 U.S. 582, 594, 614-615 (2016) (recognizing that abortion restrictions impose substantial obstacles that disproportionately and unduly burden low-income populations); see also *June Medical Services L.L.C v. Russo*, 591 U.S. 299, 324-26 (2020) (noting that burdens associated with increased travel distances, clinic closures, and delays would fall disproportionately on poor women).

⁴² Sarah C.M. Roberts et al., *Out-of-Pocket Costs and Insurance Coverage for Abortion in the United States*, 24 WOMEN'S HEALTH ISSUES e211, e215 (Apr. 2014).

⁴³ KFF, *Women's Health Insurance Coverage* (Dec. 12, 2024), <https://www.kff.org/womens-health-policy/womens-health-insurance-coverage/>.

am grateful for this private service and the safe reassurance and guidance. Heartfelt gratitude.”

Given these costs, the telehealth provider Amici—like in-clinic abortion providers—operate within a broader ecosystem of care, coordinating with nonprofit organizations and philanthropic partners to offer financial assistance and advance equitable access to abortion care, regardless of income. One patient explained that access to telehealth and accompanying financial assistance made care possible when it otherwise would not have been:

“I would recommend [this service] because everything felt super confidential. I love that they also had resources for financial assistance on their website, and by using those I was able to afford my abortion, paying only \$40 out of pocket.”

Other patients characterized telehealth as being indispensable during an already challenging period, highlighting its affordability and the critical support it provided them:

“[Telehealth Provider] was my saving grace when I decided to have an abortion done. The pricing was better than most any service I looked into. While it was an incredibly difficult experience, I greatly appreciated the guidance along the way.”

“I appreciate that cost is adjusted for income, and there was a lot of information available to me for what to expect. It helped alleviate my concerns.”

Amici’s patients emphasized how the telehealth provider Amici offered clear and consistent communication throughout the process, helping them to navigate logistical and financial questions. Patients found that this clarity helped them to make informed decisions without the fear and anxiety that can often accompany unplanned healthcare costs.⁴⁴ Patients also describe how the care and financial information they received from the telehealth provider Amici

⁴⁴ See generally L. Pluff, K. Waligora & L. Hasselbacher, *Coverage of Contraception and Abortion in Illinois’ Qualified Health Plans*, EverThrive Ill. & Univ. of Chi. (2015); A. Dennis & K. Blanchard, *A Mystery Caller Evaluation of Medicaid Staff Responses About State Coverage of Abortion Care*, 22 *Women’s Health Issues* e143 (2012) (discussing how some research and literature have indicated that patients seeking abortion care are sometimes met with confusing, inaccurate, or contradicting information from insurance agents and staff around insurance coverage for abortion care).

supported their broader, long-term decision making about their lives and their families. The following accounts illustrate how transparent, affordable care enables individuals to align reproductive choices with their personal and economic readiness to become pregnant.

“[Telehealth Provider] was the exact service I was looking for when my partner and I found out we were pregnant. We want kids but aren’t ready and it gave us the opportunity to decide to delay pregnancy until we can afford it.”

“[Telehealth Provider] helped me to feel better about taking control over when I decide to step into parenthood.”

By expanding patients’ available options and reducing economic obstacles, telehealth helps to ensure that access to abortion is not contingent upon an individual’s income level, insurance coverage, or ability to bear unexpected, substantial expenses. Restricting access to this mode of care would disproportionately impact individuals with restricted financial means.

VI. *Amici’s* Patients Experienced that Telehealth Abortion Care Reduces Harm Associated with Restricted Access to Abortion Care, Enhancing Overall Patient Well-Being.

Telehealth has become a critical tool for expanding access to healthcare, particularly in the face of persistent barriers that prevent many patients from obtaining timely, in-person services. By offering care that is private, prompt, and accessible, telehealth helps patients navigate and, in many cases, largely avoid the compounding effects of these barriers, particularly for abortion services. Patients who are delayed in accessing abortion care or who are unable to access it entirely can face serious health consequences, heightened emotional distress, and the reinforcement of stigma that surrounds abortion, further discouraging individuals from accessing

the care they need.⁴⁵ Amici's patients described the telehealth services they received as "lifesaving" care that provided meaningful intervention and support during moments when they felt scared or vulnerable.

"I would have died if this pregnancy went through. My 3 other kids would be without a mother. Thank you for being there and not judging me."

"You saved my life. I was scared and alone and I didn't know what to do and I'm grateful to have these services. Without care I'm not sure what would have happened."

Despite a clear record that abortion is common, with approximately 25% of women having an abortion in their lifetime, abortion stigma remains a pervasive barrier to care.⁴⁶ Abortion stigma operates across multiple levels of society, manifesting through policy frameworks, institutional practices, media discourse, community attitudes, and individual internalization.⁴⁷ Research indicates that approximately two thirds of women who obtain abortions anticipate facing stigma if others were to learn about their decision.⁴⁸ That stigma has measurable consequences. Fear of stigma can delay pregnancy recognition, suppress information-seeking, and prevent individuals from asking family members, employers, or

⁴⁵ M. Antonia Biggs et al., *Women's Mental Health and Well-Being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study*, 74 JAMA PSYCHIATRY 169 (2017); Frank C. Worrell, *Denying Abortions Endangers Women's Mental and Physical Health*, 113 AM. J. PUB. HEALTH 382 (2023); Corinne H. Rocca et al., *Emotions and Decision Rightness Over Five Years Following an Abortion: An Examination of Decision Difficulty and Abortion Stigma*, 248 Soc. Sci. & Med. 112704 (2020).

⁴⁶ See Rachel K. Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014*, 107 AM. J. PUB. HEALTH 1904 (2017).

⁴⁷ Kate Cockrill et al., *The Stigma of Having an Abortion: Development of a Scale and Characteristics of Women Experiencing Abortion Stigma*, 45 PERSP. ON SEXUAL & REPROD. HEALTH 79, 79–88 (June 2013).

⁴⁸ K.M. Shellenberg, *Abortion Stigma in the United States: Quantitative and Qualitative Perspectives from Women Seeking an Abortion* (Ph.D. dissertation, Johns Hopkins Univ. 2010).

partners for needed support.⁴⁹ For many, telehealth facilitates access to abortion care with greater comfort and agency, helping to counter the pressures that often make seeking care more difficult.

Inability to access abortion may also manifest in other forms of harm, including psychological, physical, and financial. Women who are unable to access abortion services experience higher rates of psychological distress compared to those who are able to obtain them.⁵⁰ Studies also indicate that women who are unable to obtain desired abortions develop more physical health problems than those who receive the care they seek.⁵¹ Similarly, individuals who are unable to access desired abortion care experience significantly greater economic instability than those who are successful in accessing care.⁵² This is demonstrated through elevated rates of financial distress, declining credit scores, more frequent bankruptcies and evictions, and a higher likelihood of living in poverty.⁵³

Telehealth helps mitigate many of these harms by readily offering patients access to a private, nonjudgmental, and affirming path to care. *Amici*’s telehealth patients, quoted here, have reported that they were met with dignity, reassurance, and clarity, often in ways that exceeded their expectations and helped to counteract many of the negative impacts of abortion inaccessibility.

“I felt seen, heard, and helped. There was no judgement, just well wishes and information. I would 100% recommend to anyone in a similar position, and wish you the best.”

⁴⁹ See M. Antonia Biggs et al., *Unwanted Abortion Disclosure and Social Support in the Abortion Decision and Mental Health Symptoms: A Cross-Sectional Survey*, CONTRACEPTION (Oct. 2022), <https://doi.org/10.1016/j.contraception.2022.10.007>; see also Anuradha Kumar, Leila Hessini & Ellen M.H. Mitchell, *Conceptualizing Abortion stigma*, 11 CULTURE, HEALTH & SEXUALITY 625–639 (2009).

⁵⁰ Frank C. Worrell, *supra* note 45.

⁵¹ Lauren J. Ralph et al., *supra* note 18.

⁵² Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States*, 112 AM. J. PUB. HEALTH 1290 (Sept. 2022).

⁵³ *Id.*

“[Telehealth Provider] pleasantly surprised me with how amazing it is. From communication to caring for the people. Since I called the first time, the [Telehealth Provider] was top tier. She was so kind and explained everything to me and answered questions.”

“Thank you for helping me go through a process I was terrified of. I felt cared for [and] supported at all times.”

“Knowing that they’re always there to answer any of my questions made me feel like I’m not alone.”

“Kind and safe. [I] was glad to have access and with no pressure either way on what I needed to take care of myself.”

“I was able to get IMMEDIATE care with zero judgment. I was able to do what was right for myself and my partner in the comfort of our home. It was genuinely the best experience (in retrospect) I could’ve had, during this uncomfortable time.”

Others emphasized feeling supported and reassured throughout their care. While experienced abortion providers are trained to normalize abortion and reduce stigma in clinical interactions, several patients suggested that being in their own homes further diminished feelings of shame or fear. Receiving care in a familiar, private setting helps patients to feel as though their care is normalized, rather than stigmatized.

“Every person that contributed to my care made this stressful and emotional situation feel immensely less isolating and intimidating.”

“It was immediate. I had answers right away, it was comfortable and private in my own home, and it didn’t feel like a full on medical procedure. I cannot recommend this service enough. Everyone I spoke to was incredible and kind and reassuring and made the whole process feel so normal. I am so appreciative! Thank you!”

“The [Telehealth Provider’s] energy during the call was very supportive and comforting. I read an article about her service after our call and I felt so grateful to have a doctor who cares so much about women and reproductive rights throughout her career. She made the process seem easy and relaxed and like it’s really not a big deal. I loved that.”

“Everything about my provider made this experience feel normal. She was knowledgeable, caring, and concise in a way I’ve never experienced with a provider before.”

“The [Telehealth Provider] was really professional and addressed all of my questions and concerns. A convenient way to get the care you need in a safe and non-judgemental environment.”

Many patients described confidence in their decision following their experience with the telehealth provider Amici’s staff:

“[Telehealth Provider] made the experience of having a medication abortion so extremely comfortable and safe and completely stigma-free. I felt even more sure and affirmed in my choice to not carry my pregnancy at this time than I already was, so that when I do decide to have a kiddo I know I’ll be giving them the best life possible.”

“[Telehealth Provider] took a lot of the fear and stigma out of the medication abortion process. The information and instructions were very thorough. They answered my questions quickly and helped me feel at ease. I would recommend [Telehealth Provider] to anyone needing this procedure and wants privacy.”

These patient accounts illustrate how experiences with the telehealth provider Amici’s services both expands access to care and provides critical emotional support throughout the abortion process. Stigma surrounding abortion can foster a climate of discomfort and silence, which in turn perpetuates misinformation and widespread gaps in public knowledge about abortion care.⁵⁴ The compassionate care provided via telehealth helps make abortion accessible and deeply supportive, upholding dignity in a process too often marked by shame, fear, and isolation. By providing an additional safe and accessible path to care, it can help counter stigma and empower patients to make informed decisions with confidence.

⁵⁴ PLANNED PARENTHOOD ADVOCACY FUND OF MASS., INC., *Abortion Stigma*, <https://www.plannedparenthoodaction.org/planned-parenthood-advocacy-fund-massachusetts-inc/abortion-stigma> (last visited Dec. 10, 2025).

VII. Louisiana is Seeking Nationwide Restrictions on a Safe and Effective Medication that has Been Used by Over 7.5 Million People, Thereby Obstructing Access to Essential Care and Endangering Patients' Health and Wellbeing.

Congress has recognized the importance of patient access to essential medications by requiring that any FDA restrictions may not be unduly burdensome on patient access, particularly for patients in rural and medically underserved areas.⁵⁵ Yet, in direct conflict with this requirement, Louisiana seeks to restrict access nationwide to this safe and effective medication on which millions of people have relied. Such restrictions threaten to undermine patients' ability to obtain timely, necessary care, placing their health and well-being in serious jeopardy.⁵⁶

As the patient testimonials in this brief demonstrate, telehealth is a highly important mode of securing timely, safe, and effective healthcare. Limiting access to this medication would jeopardize individual health outcomes and take away an important avenue that patients across the country rely on to receive equitable, safe, and compassionate care. Barriers that delay or deny access force many patients to navigate medically unnecessary in-person appointments, travel long distances, and incur financial and logistical burdens that fall the hardest on historically marginalized communities. The effect of such restrictions is not to enhance patient safety, but to impose measurable and foreseeable risks, including delayed access to care, increased likelihood

⁵⁵ See 21 U.S.C. § 355-1(f)(2)(C)(ii).

⁵⁶ Reproductive Freedom for All, *Under Attack: 10 Things to Know About Mifepristone on the 25th Anniversary of Its FDA Approval* (Sept. 28, 2023).

of more complex medical procedures, heightened psychological and emotional harm, and, for some patients, the effective denial of medically necessary treatment.

CONCLUSION

The compelling testimonials of these telehealth abortion patients make clear that access to telehealth abortion care is essential to ensuring safe, timely, and compassionate medical treatment. These narratives echo emerging evidence: that telehealth may mitigate certain financial, geographic, and emotional barriers that can otherwise limit access to healthcare, particularly for those who are uninsured, living with low incomes, or from historically marginalized communities. Louisiana is seeking to impose unnecessary nationwide restrictions on a safe and widely used medication that would undermine patient health by creating barriers to essential reproductive services. To deny this form of care is to impose harm under the guise of regulation.

Respectfully Submitted,

/s/ Meghan Kinney Matt

Meghan Matt (Bar No. 39975)

MURELL LAW FIRM

4005 St. Claude Ave.

New Orleans, LA 70117

(504) 300-9292

meghan@murell.law

February 20, 2026

/s/ Sapna Khatri

Sapna Khatri*

BOSTON UNIVERSITY

SCHOOL OF LAW

Program on Reproductive Justice

765 Commonwealth Ave.

9th Floor

Boston, MA 02215

(617) 353-3310

sapnak@bu.edu

**Pro hac vice admission pending*

CERTIFICATE OF SERVICE

I hereby certify that on February 20, 2026, I presented the foregoing to the Clerk of Court by filing and uploading to the CM/ECF system, which will send notification of such filing to all parties.

Meghan Matt (Bar No. 39975)

MURELL LAW FIRM

4005 St. Claude Ave.

New Orleans, LA 70117

(504) 300-9292

meghan@murell.law