TO: Interested Parties

FROM: American Civil Liberties Union

DATE: May 8, 2026

SUBJECT: Summary of expert amicus briefs filed in *Louisiana v. FDA* supporting telehealth access to mifepristone

A wide range of experts — from the American Medical Association, to the National Domestic Violence Hotline, to the Pharmaceutical Researchers and Manufacturers of America, to former military officials — are urging the U.S. Supreme Court to block a decision by the Fifth Circuit imposing a nationwide restriction on mail and pharmacy access to mifepristone, a safe and effective medication used in nearly two-thirds of U.S. abortions as well as for miscarriage care. The amicus briefs filed in *Louisiana v. U.S. Food and Drug Administration (FDA)* make apparent the overwhelming medical consensus on mifepristone's safety and the imminent harm to people across the country if the Supreme Court allows the telehealth restriction, ordered by the Fifth Circuit, to take effect, both in terms of their access to reproductive health care and other critical health care generally.

Impact on access to abortion and miscarriage care: A wide range of briefs describe how this lawsuit threatens to upend the way that essential reproductive health care is delivered to patients across the country: more than 1 in 4 people in the U.S. who have an abortion do so using telemedicine and mail and pharmacy dispensing. If the Court does not take action, patients using mifepristone would be forced to travel, sometimes hundreds of miles, to a health center just to pick up a pill, a requirement that leading medical authorities agree has no safety benefit.

Brief from emergency physicians on impact on miscarriage care: A brief from the American Academy of Emergency Medicine describes the serious impact the Fifth Circuit's decision would have on hospitals' ability to treat patients experiencing miscarriages. It also debunks abortion opponents' claims about mifepristone's safety based on ER visits.

Impact on patients beyond reproductive health care: Briefs filed by patient advocacy organizations like Blood Cancer United and the Muscular Dystrophy Association, and from PhRMA, explain how allowing the Fifth Circuit's order to stand would profoundly destabilize the nation's drug regulation system, stifling innovation and research with grave consequences for patients far beyond abortion.

Impact on specific communities: Briefs from advocates for survivors of intimate partner violence (IPV), people with disabilities, and military veterans, as well as a brief recounting the experiences of telehealth abortion patients in their own words, explain

that being able to get their prescription at home is especially critical for the health and safety of people who struggle to access in-person health care. For some patients, telehealth access to mifepristone can mean the difference between getting the care they need and being forced to continue a pregnancy and have a child.

Medical evidence: Briefs from leading medical associations like the American Medical Association and American College of Obstetricians and Gynecologists, and from hundreds of expert researchers describe not only the wealth of peer-reviewed research backing mifepristone's safety, including when prescribed via telehealth, but the crucial role that mail and pharmacy access plays in ensuring people can get this essential medication.

Elected officials on behalf of their local communities: Briefs from more than 250 members of Congress, 22 states and the District of Columbia, and dozens of local governments and officials remind the Court of the stakes this case has for people living in their communities.

Below are excerpts from key amicus briefs urging the Supreme Court to block this unnecessary and harmful restriction on access to mifepristone nationwide.

Expert Medical Associations, including American College of Obstetricians and Gynecologists, American Medical Association, American Academy of Family Physicians, Society for Maternal-Fetal Medicine, Society of Family Planning, and American Academy of Pediatrics:

"Mifepristone—whether dispensed in person or via telehealth—is extremely safe. More than two decades, hundreds of medical studies, and vast amounts of data have confirmed this. The scientific evidence is overwhelming: serious adverse events occur in *less than one-third of 1%* of patients—whether dispensed in person or not—and the risk of death is almost nonexistent."

"The results are clear: mifepristone's compelling safety profile remains strong and stable regardless of where patients fill their prescriptions—and the option of mail and pharmacy dispensing enables practitioners to provide safe, medically appropriate, and effective care to the many patients that face barriers to access basic reproductive health care, including miscarriage management."

Pharmaceutical Researchers and Manufacturers of America (PhRMA):

"Allowing the type of gamesmanship that Louisiana attempts here would disrupt the science-based process through which drug safety profiles and conditions of use are evaluated and calibrated over time, introducing chaos into pharmaceutical regulation and broadly undermining patients' access to medicine."

Blood Cancer United, Muscular Dystrophy Association, and Eight Other Patient & Provider Advocacy Organizations:

"For patients, reliable and consistent access to safe and effective drugs that treat their conditions is a matter of utmost importance. For some, including cancer patients and patients with other life-threatening illnesses whom amici represent, such access may be a matter of life and death. … But if FDA cannot effectively administer REMS modifications with its expert scientific staff, in accordance with the congressionally mandated statutory factors, and without unwarranted judicial interference, beneficial therapies could be removed from the market or approved conditions of use could be narrowed."

Legal Voice, National Domestic Violence Hotline, National Network to End Domestic Violence, Ujima: the National Center for Violence Against Women in the Black Community, Center for Survivor Agency & Justice, and Individual IPV Expert Researchers:

"[The in-person dispensing requirement] needlessly jeopardize[s] the health and safety of IPV survivors by forcing them to travel in person to a health center to access medication, which will be dangerous or impossible for many survivors who must navigate surveillance or the impacts of coercive control by abusive partners."

"The need for telehealth-based abortion care is especially acute for survivors who live in rural areas.... They are more likely to face chronic and severe IPV and have worse psychosocial and physical health outcomes. If rural survivors of IPV cannot access mifepristone by mail, many will have to travel long distances to get the medication they need, increasing the risk that their abuser will find out—with potentially deadly consequences. Indeed, reinstating the in-person dispensing requirement would jeopardize not only their ability to end their pregnancy but also their lives."

Disability Rights Education and Defense Fund and Other Disability Rights Scholars and Advocates:

"Maintaining the stay will exacerbate the substantial barriers disabled people already face—physical inaccessibility, transportation limitations, financial strain, and entrenched medical bias. For many, mail and pharmacy dispensing of mifepristone is not a convenience but a critical safeguard. That is especially true for disabled people who rely on others for daily assistance: that reliance can compromise privacy and autonomy, and disabled people already experience heightened rates of reproductive coercion and intimate partner violence. Eliminating remote access removes a vital layer of safety and control.

"The stakes are grave. Disabled people face elevated risks of severe pregnancy related complications, worsening underlying conditions, and death. For some, being forced to continue a pregnancy is life-threatening. Remote access to mifepristone is not merely important—it is, for some, the difference between life and death."

Former Military Officials, Former Civilian National Security Leaders, and Vet Voice Foundation:

"Servicemembers cannot choose their duty locations, must operate within rigid schedules and command structures, and cannot readily arrange leave or transportation to an in-person appointment. Nationwide abortion restrictions [like the in-person dispensing requirement], layered atop these structural constraints, significantly limit servicemembers' ability to obtain timely care and remain available for duty. Reinstating the in-person dispensing requirement for mifepristone is contrary to the public interest, imposing predictable constraints—travel, delay, absence, attrition—that concretely harm military readiness and, in turn, national security."

Telehealth Abortion Providers, Sharing Stories From Their Patients, In Their Own Words:

"Timeliness concerns are particularly profound for patients living in rural or medically underserved areas. Geographic isolation, provider shortages, and limited public transportation often means that even a single clinic visit may require substantial time off work, long-distance travel, and significant financial outlay. These barriers can delay access, leading to more complex and costly procedures, or for some, deny abortion care entirely….

> *Unfortunately the nearest in person clinic was more than 200 miles away. I'm not sure what I would have done without [Telehealth Provider].*"

"Balancing work, childcare, household responsibilities, and school activities, makes in-person healthcare visits difficult to arrange and delays can jeopardize [patients'] ability to provide for their families. Telehealth removes those barriers, making it an essential option for parents with complicated schedules or travel long distances.

> *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."*

"Telehealth allows parents to obtain care quickly, safely, and privately, without sacrificing employment or caregiving. These patients also describe weighing their health against responsibilities to the children they are already raising. For them, abortion care is about remaining present, healthy, and dependable for the children who rely on them.

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."

259 Members of Congress (47 United States Senators and 212 Members of the House of Representatives):

"FDA's decision to eliminate the in-person dispensing requirement for mifepristone complied with Congress's mandate that any restrictions FDA imposes on access to an approved medication must (a) be rooted in sound scientific evidence and (b) not unduly burden patient access. … Decades after FDA's initial approval of mifepristone and years after the in-person dispensing requirement was eliminated, the Fifth Circuit on an 'emergency' basis ordered FDA to re-impose this onerous nationwide restriction on all Americans. Allowing that decision to remain in place undermines the science-based statutory framework Congress commands and threatens patient access to reproductive health care."

"[T]he timeline demonstrates that FDA did not remove the IPDR to frustrate state abortion prohibitions. The requirement was first suspended by court order in 2020 during the pandemic and then was subject to an April 2021 non-enforcement determination—both occurring well before *Dobbs* was handed down. FDA likewise initiated its 2021 review of mifepristone's REMS, and reached its evidence-based decision to permanently remove the IPDR, well before *Dobbs* was decided. There is simply no evidence supporting Louisiana's claims that the agency's scientific evaluation of the IPDR was motivated by state abortion bans."

FemInEM Foundation and the American Academy of Emergency Medicine:

"In emergency departments, mifepristone is part of the standard and recommended treatment for the management of early pregnancy loss. Because hospitals stock a fixed number of medications onsite—and health centers face particular barriers to stocking mifepristone as a result of the FDA's ongoing REMS requirements—emergency departments frequently prescribe and dispense it through retail pharmacies, as permitted by the 2023 REMS. Limiting mifepristone to in-person dispensing, and prohibiting pharmacy access, would inhibit emergency departments' ability to prescribe

mifepristone as a treatment, resulting in reduced access to important reproductive healthcare and worse patient outcomes."

"Emergency departments are the only healthcare resource that provides healthcare to any person at any time of day regardless of their financial resources or ability to pay. One of the results of this reality is that many individuals use emergency departments for non-urgent care, including reproductive healthcare. … [M]ost of [the patient ER] visits [after mifepristone use] involve patients seeking reassurance or observation without receiving any treatment. In fact, emergency visit data supports the conclusion that mifepristone is a safe and effective medication, whether dispensed in person or by mail or pharmacy."

Over 300 Expert Reproductive Health Researchers:

"[T]he scientific research consistently demonstrates that telehealth provision of mifepristone is extremely safe and extremely effective, with rates comparable to those observed in studies assessing safety and effectiveness of medication abortion care under the in-person dispensing requirement. … The vast body of scientifically sound studies leaves no doubt as to the safety and effectiveness of mifepristone, including when provided by telehealth."

Nine Former Commissioners and Acting Commissioners of the U.S. Food & Drug Administration:

"The record demonstrates that FDA was extremely cautious in approving mifepristone and subsequently modifying its REMS, and that the Agency's adjustments to the drug's postmarketing restrictions in 2021 and 2023 were based on 20 years of adverse event reporting and a thorough review of the literature."

"For virtually all of the 20,000 drugs approved by FDA, physicians' reporting to FAERS remains voluntary. The FDA uses [the] FAERS [system] as the sole source of adverse event reporting for virtually all drugs. … [But] FDA still requires greater monitoring of mifepristone's safety than it requires for most drugs. … The orderly system that Congress and FDA have established would screech to a halt if litigants could weaponize the limitations of FAERS data to support successful challenges to drug approvals."

22 States and the District of Columbia that Protect Access to Abortion Care:

"The burdens [of reinstating the in-person dispensing requirement] are especially notable for amici States, many of whom have experienced a steep rise in demand at clinics from out-of-state patients after *Dobbs*. While providers have endeavored to meet the increased demand, the influx has stretched clinics past their already-strained capacity and has dramatically increased wait times for patients from both within and outside of their States. Restricting access to medication abortion via telemedicine would hinder amici States' efforts to meet this demand."

"The same facilities that provide abortion care often offer other essential services, such as pre- and postnatal care, family planning, cancer screening, testing and treatment for sexually transmitted infections and HIV, and other forms of necessary preventative health care. Increased demand for in-person appointments for medication abortion and an increase in procedural abortions will likely delay access to all forms of care offered at those facilities, inevitably resulting in higher rates of unintended pregnancy and sexually transmitted infections, barriers to early detection and treatment for breast, ovarian, and testicular cancers and chronic diseases, and worsened overall health outcomes."

160+ Reproductive Health, Rights, and Justice Organizations, including the ACLU Foundation:

"Reinstating the in-person dispensing requirement undermines access to abortion and miscarriage care—and patients' health and autonomy—nationwide. If the Court does not step in to block this request by a single state, it will impact people across the country. Indeed, if forced to travel to a healthcare provider to pick up mifepristone, many people in states where abortion remains legally protected will be unable to obtain mifepristone in a timely fashion, and others will be unable to access this essential medication at all."

"Abortion access saves lives, reduces maternal and infant mortality, narrows racial health disparities, and protects survivors of violence. Telehealth is the mechanism through which hundreds of thousands of patients access that care. … [Reinstating the in-person dispensing requirement for mifepristone] will cause the gravest harm to those who can least afford it."

175 Professors, Health Organizations, and Health Care Providers with Telehealth Experience and Expertise:

"[T]elehealth makes it possible for many people to secure care they otherwise would not receive. For many kinds of routine and specialized services, health care provided via telehealth is as safe and good as in-person services—and in some instances, even *better*… The use of telehealth for reproductive health care is no different. A ruling that limits the use of telehealth by requiring patients to come in person to pick up medication that an experienced medical professional has already deemed safe, effective, and clinically appropriate to prescribe following a telehealth consultation would undermine the standing of telehealth services more generally and harm the patients who have come to rely on them."

Additional briefs were submitted on behalf of Food and Drug Law Scholars; National Council of Jewish Women, Religious Community for Reproductive Choice, Catholics for Choice, Hindus for Human Rights, Muslims for Progressive Values, Unitarian Universalist Association, and 46 Other Faith-Based Organizations; dozens of Local

Governments and Local Government Officials; Physicians for Reproductive Health; Medical Students for Choice; Honeybee Health, Inc.; and the Information Society Project at Yale Law School.