REPRODUCTIVE FREEDOM Alliance

January 14, 2026

The Honorable Bill Cassidy
Chair
Senate Health, Education, Labor and Pension Committee

The Honorable Bernie Sanders
Ranking Member
Senate Health, Education, Labor and Pensions Committee

Dear Chair Cassidy and Ranking Member Sanders,

The Reproductive Freedom Alliance[1] submits the following statement for the record in connection with the Senate Health, Education, Labor and Pensions Committee hearing related to medication abortion scheduled for January 14, 2026.

The Reproductive Freedom Alliance (RFA) is a nonpartisan coalition of 23 Governors working together to protect and expand reproductive freedom and health care access across the United States. RFA submits this statement to underscore that decades of careful, rigorous and extensive scientific analysis have repeatedly concluded that mifepristone is safe and effective and to ensure that this Committee understands that Governors in RFA states are working hard to ensure access to safe and effective abortion care.[2] Governors have long played an important role in improving health outcomes for those in their states—indeed, that is one of their most critical obligations in public service.[3] Protecting and ensuring access to safe and effective medications, including those related to abortion and other reproductive health care, is a critical priority for RFA Governors. Rather than hold hearings to discuss the purported "dangers" of medications that have repeatedly been found to be safe and effective, this Committee should instead be considering how to expand and support access to all forms of reproductive health care.

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[1] The following Governors are members of the Reproductive Freedom Alliance: Arizona Governor Katie Hobbs, California Governor Gavin Newsom, Colorado Governor Jared Polis, Connecticut Governor Ned Lamont, Delaware Governor Matt Meyer, Guam Governor Lou Leon Guerrero, Hawai'i Governor Josh Green, Illinois Governor JB Pritzker, Kentucky Governor Andy Beshear, Maine Governor Janet Mills, Maryland Governor Wes Moore, Massachusetts Governor Maura Healey, Michigan Governor Gretchen Whitmer, Minnesota Governor Tim Walz, New Jersey Governor Phil Murphy, New Mexico Governor Michelle Lujan Grisham, New York Governor Kathy Hochul, North Carolina Governor Josh Stein, Oregon Governor Tina Kotek, Pennsylvania Governor Josh Shapiro, Rhode Island Governor Daniel McKee, Washington Governor Bob Ferguson, and Wisconsin Governor Tony Evers.
[2] Advancing New Standards in Reprod. Health, *Analysis of Medication Abortion Risk and the FDA report "Mifepristone US Post-Marketing Adverse Events Summary through 6/30/2021*, at 3 (Nov. 2022).
[3] *See, e.g.,* Minn. Dep't of Health, Government's Responsibility for Public Health, https://www.health.state.mn.us/communities/practice/resources/chsadmin/mnsystem-responsibility.html (last visited Jan. 8, 2026).

The World Health Organization recognizes the medications used for medication abortion as "'core' essential medications for basic healthcare systems, a category comprised of 'the most efficacious, safe, and cost-effective medicines.'"[4] Decades of research have demonstrated the safety and efficacy of mifepristone, both in the US and around the world. In the United States, medication abortion accounts for more than half of all abortions,[5] and a mifepristone-misoprostol regimen is also the gold standard of care for early miscarriage management.[6]

As access to medication abortion has increased over the past decade or so, most patients increasingly prefer medication abortion when they have a choice between that option and procedural abortion.[7] This is well illustrated by data from North Carolina, where medication abortion accounted for just 23.4% of all abortions in 2011 but 59.1% of all abortions by 2020.[8] Medication abortion is also more cost effective than procedural abortion, saving patients, insurers, and states hundreds or even thousands of dollars in per-patient medical costs.[9]

Dobbs v. Jackson Women's Health Organization, 597 U.S. 215 (2022), removed federal constitutional protection for abortion and placed the responsibility for safeguarding reproductive rights and ensuring access to reproductive healthcare in the hands of state governments. Following the *Dobbs* decision, many states used that newfound authority to restrict access to reproductive health care.[10] In addition to making it impossible as a practical matter for many people to access abortion, post-*Dobbs* abortion restrictions have also forced people in many

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[4] WHO Expert Comm. on Selection and Use of Essential Medicines, World Health Org., *The Selection and Use of Essential Medicines* 17, 635 (2019).

[5] *See, e.g.,* Luu Doan Ireland et al., *Medical Compared With Surgical Abortion for Effective Pregnancy Termination in the First Trimester*, 126 Obstetrics & Gynecology 22, 25-27 (2015), https://pubmed.ncbi.nlm.nih.gov/26241252/; Elizabeth G. Raymond et al., *First-Trimester Medical Abortion with Mifepristone 200 Mg and Misoprostol: A Systematic Review*, 87 Contraception 26, 30-32 (2013), https://pubmed.ncbi.nlm.nih.gov/22898359/; U.S. Food & Drug Admin., Mifepristone U.S. Post-Marketing Adverse Events Summary Through 12/31/2022, https://www.fda.gov/media/164331/download.

[6] *See generally* Schreiber, C.A., Creinin, M.D., Atrio, J., Sonalkar, S., Ratcliffe, S.J., Barnhart, K.T., *Mifepristone Pretreatment for the Medical Management of Early Pregnancy Loss*, 378 New Engl. J. Med. 2161–70, Elise W. Boos et al., *Trends in the Use of Mifepristone for Medical Management of Early Pregnancy Loss From 2016 to 2020*, 330 JAMA 766 (2023), AGO-PET00960-962.

[7] Daniel Grossman et al., *Effectiveness and Acceptability of Medical Abortion Provided Through Telemedicine*, 118 Obstetrics & Gynecology 296, 300 (2011), https://pubmed.ncbi.nlm.nih.gov/21775845/ (reporting over 70% of study participants said they strongly preferred medication abortion).

[8] State Ctr. for Health Stats., N.C. Dep't of Health & Human Servs., NC Resident Abortions: Characteristics of Women Receiving Abortions North Carolina Residents, 2011-2020, (2020), *available at* https://schs.dph.ncdhhs.gov/data/vital/pregnancies/2020/abortioncharacteristics.pdf.

[9] Saeed Husseini Barghazan et al., *Economic Evaluation of Medical Versus Surgical Strategies for First Trimester Therapeutic Abortion: A Systematic Review*, 11 J. Educ. & Health Promotion 184, 5 (2022), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9393924/; Rosalyn Schroeder et al., Advancing New Standards in Reprod. Health, Trends in Abortion Care in the United States, 2017-2021 14 (2022), https://www.ansirh.org/sites/default/files/2022-06/Trends%20in%20Abortion%20Care%20in%20the%20United%20States%2C%202017-2021.pdf.

[10] *See e.g.,* Mabel Felix and Laurie Sobel, *A Year After Dobbs: Policies Restricting Access to Abortion in States Even Where It's Not Banned*, June 22, 2023, https://www.kff.org/womens-health-policy/year-after-dobbs-policies-restricting-access-to-abortion/ (last visited Jan. 8, 2026).

states to travel to obtain the reproductive health care they need, often leading them to travel to RFA states.

At the same time, physician shortages, insufficient resources, and rural communities without enough clinics to serve local populations (known as maternal health deserts) have already created enormous challenges for Governors in carrying out one of their most important roles: protecting public health. It is therefore no surprise that the availability of safe, effective, and Food and Drug Administration (FDA)-approved medication abortion is a critical component of the reproductive healthcare system in states in which abortion is legal, including RFA member states. A recent Citizens' Petition filed with the FDA by several state Attorneys General urging the agency to remove some of the existing restrictions on access to mifepristone included data about the uptake of medication abortion across some of the RFA states. In Arizona, California, Colorado, Connecticut, Delaware, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, and Washington, medication abortion makes up more than half of all abortions annually.[11]

Experts at FDA have reviewed mifepristone safety data regularly over more than twenty-five years and consistently found that complications and serious adverse events arising from mifepristone use are rare.[12] Medication abortion only rarely results in complications that require follow-up treatment.[13] Indeed, these FDA-approved medications are safer than many commonly used over-the-counter and prescription medications, such as penicillin, Tylenol, and Viagra.[14] Over time, as a result of extensive, peer-reviewed research, the FDA has modified mifepristone's labeling and removed certain REMS requirements that its experts have concluded were no longer

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[11] Attorneys General of Washington State et al, Citizen Petition to the FDA, August 20, 2025, at 3-4, *available at* https://agportal-s3bucket.s3.us-west-2.amazonaws.com/CitizenPetition_20250820.pdf?VersionId=ykGGuu3F3QVYDYWMEVPCI8hMtKtG7XSx; *see also* KFF, North Carolina Abortion Data, https://www.kff.org/interactive/womens-health-profiles/north-carolina/abortion-statistics/ (last visited Jan. 9, 2026).

[12] U.S. Food and Drug Administration/Center for Drug Evaluation and Research ("FDA/CDER"). (2016, Mar. 29) Application No. 020687Orig1s020 Medical Review(s), at p. 12. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/020687Orig1s020MedR.pdf (concluding medication abortion's "efficacy and safety have become well-established by both research and experience, and serious complications have proven to be extremely rare"); *id.* at p. 47 (serious adverse events "exceedingly rare"): U.S. Food and Drug Administration ("FDA"). (2024). Mifepristone U.S. Post-Marketing Adverse Events Summary Through 12/31/2024, at p. 1. https://www.fda.gov/media/185245/download (discussing rarity of serious adverse events, that there is no established causal relationship between those events and medication abortion and that, rather, the "critical risk factor" is pregnancy itself).

[13] Mary Gatter et al., *Efficacy and Safety of Medical Abortion Using Mifepristone and Buccal Misoprostol Through 63 Days*, 91 Contraception 269, 269, 271-272 (2015), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4373977/; Ushma D. Upadhyay et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 Obstetrics & Gynecology 175, 179 tbl. 3 (2015), https://pubmed.ncbi.nlm.nih.gov/25560122/.

[14] Advancing New Standards in Reprod. Health, A*nalysis of Medication Abortion Risk and the FDA Report "Mifepristone U.S. Post-Marketing Adverse Events Summary through 12/31/2018,"* at 3 (2022), https://www.ansirh.org/sites/default/files/2022-11/mifepristone_safety_11-15-22_Updated_0.pdf.

necessary and were unnecessarily limiting access.[15] All existing peer-reviewed research has concluded that mifepristone is safe and effective, including when provided through telehealth, and that the medication is associated with low rates of serious adverse events.[16] Moreover, several RFA states also collect safety data, including Connecticut, Hawaii, New Mexico, Oregon, Pennsylvania, Rhode Island, and Washington, and this data indicates that the number of severe adverse events related to medication abortion has always been extremely low and, despite the number of medication abortions increasing steadily, has remained rare.[17]

The Reproductive Freedom Alliance calls on this Committee to advance policy to expand access to quality reproductive health care backed by science-based evidence, including by ensuring ongoing access to safe, effective, essential medications like mifepristone.

Sincerely,

Christina Chang

Executive Director

Reproductive Freedom Alliance

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[15] *See* U.S. Food and Drug Administration, Information about Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation**,** https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-about-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation (as the website appeared on October 5, 2025); *see also* U.S. Food and Drug Administration/Center for Drug Evaluation and Research ("FDA/CDER") (2016, Mar. 29) Application No. 020687Orig1s020 Medical Review(s), at p. 12. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/020687Orig1s020MedR.pdf (concluding medication abortion's "efficacy and safety have become well-established by both research and experience, and serious complications have proven to be extremely rare"); id. at p. 47 (serious adverse events "exceedingly rare"); Letter from Janet Woodcock, Acting Commissioner of Food & Drugs, to Maureen Phipps, Chief Executive Official, American College of Obstetricians & Gynecologists, and William Grobman, President, Society for Maternal Fetal Medicine, (Apr. 12, 2021), *available at* https://www.aclu.org/sites/default/files/field_document/fda_acting_commissioner_letter_to_acog_april_12_2021.pdf ; U.S. Food and Drug Administration ("FDA"). (2024). Mifepristone U.S. Post-Marketing Adverse Events Summary Through 12/31/2024, at p. 1. https://www.fda.gov/media/185245/download (discussing rarity of serious adverse events, that there is no established causal relationship between those events and medication abortion and that, rather, the "critical risk factor" is pregnancy itself).

[16] *See supra* notes 6 *and* 7.

[17] Attorneys General of Washington State et al, Citizen Petition to the FDA, August 20, 2025, at 6-10, *available at* https://agportal-s3bucket.s3.us-west-2.amazonaws.com/CitizenPetition_20250820.pdf?VersionId=ykGGuu3F3QVYDYWMEVPCI8hMtKtG7XSx.