Americans United for Life

**Written Testimony of Emily Hoegler, J.D.**
**Policy Counsel, Americans United for Life**
**In Support of House Bill No. 1333**
**Submitted to the House Judiciary Committee**
**January 14, 2026**

*Dear Chair Bob Lynn and Members of the Committee:*

*My Name is Emily Hoegler, and I serve as Policy Counsel at Americans United for Life ("AUL"). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,[1] tracks state bioethics legislation,[2] and regularly testifies on pro-life legislation in Congress and the States. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.*

*Thank you for the opportunity to provide written testimony in support of House Bill No. 133 ("H.B. 1333" or "bill"). This bill protects women against coerced abortion and provides justice for women who have been forced to receive a chemical abortion against their will. Accordingly, I encourage you to vote in favor of H.B. 1333.*

## I. The Bill Provides Necessary Safeguards for the Women and Adolescent Girls of Massachusetts Against Coerced Abortion.

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[1] *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, https://aul.org/law-and-policy/ (last visited Mar. 5, 2025). AUL is the original drafter of many of the hundreds of pro-life bills enacted in the States in recent years. *See* Olga Khazan, *Planning the End of Abortion*, ATLANTIC (July 16, 2020), www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/ ("State legislatures have enacted a slew of abortion restrictions in recent years. Americans United for Life wrote most of them."); *see also* Anne Ryman & Matt Wynn, *For Anti-Abortion Activists, Success of 'Heartbeat' Bills was 10 Years in the Making*, CTR. FOR PUB. INTEGRITY (Jun. 20, 2019), https://publicintegrity.org/politics/state-politics/copy-paste-legislate/for-anti-abortion-activists-success-of-heartbeat-bills-was-10-years-in-the-making/("The USA TODAY/Arizona Republic analysis found Americans United for Life was behind the bulk of the more than 400 copycat [anti-]abortion bills introduced in 41 states.").

[2] *State Spotlight*, AMS. UNITED FOR LIFE, https://aul.org/law-and-policy/state-spotlight/ (last visited Dec. 1, 2025).

*H.B. 1333 establishes necessary protections for women and adolescent girls who are being drugged with the abortion pill. Specifically, this bill requires a person who has drugged a woman with the abortion pill without her knowledge or consent to be charged with first-degree murder. This will provide vital protections to both pregnant women and unborn children against the dangers of chemical abortion.*

*There have been numerous reported cases of men secretly administering mifepristone to their partners without their knowledge or consent. For example, in 2024, a married Texas man was charged with murder for slipping an abortion cocktail containing mifepristone into his girlfriend's drink in an attempt to cover up his infidelity, causing his girlfriend to suffer an abortion after she had expressed a strong desire to raise her child.[3] In 2025, an Illinois man allegedly drugged his girlfriend with mifepristone against her will after failing to convince her to procure an abortion.[4] H.B. 1333 would provide justice to women like the ones in these stories, who were drugged with the abortion pill without their knowledge or consent despite their desire to keep their child.*

*Although there are no statistics about the rate of abortion druggings in America, there is research outlining the high rates of involuntary and coerced abortions, which is a closely related issue. Many women are coerced into having an abortion due to intimate partner violence ("IPV") or reproductive control from an intimate partner, family member, employer, or sex-trafficker.[5] In fact, in a 2017 study on women's*

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[3] Rachel Snyder et al., *North Texas Man Charged with Capital Murder for Allegedly Giving Pregnant Girlfriend Abortion-Inducing Drug in Secret, Officials Say,* WFAA (June 11, 2025), https://www.wfaa.com/article/news/local/tarrant-county/north-texas-man-arrested-murder-accused-secretly-giving-pregnant-girlfriend-abortion-inducing-drug/287-78e3ff6d-826c-41ff-925b-b558b8f69d03; Yang Tian, *Man Charged Over Abortion Drug in Partner's Drink*, BBC (June 9, 2025), https://www.bbc.com/news/articles/c0r1enk0x0eo.

[4] Lauren Warnecke & Eric Stock, *Mclean County Judge Holds Man in Custody in Homicide of Unborn Child Case*, IPM NEWS (Aug. 25, 2025), https://ipmnewsroom.org/mclean-county-judge-holds-man-in-custody-in-homicide-of-unborn-child-case/; Ryan Denham, *Man Faces Homicide Charge After Allegedly Slipping Pregnant Girlfriend the Abortion Pill*, WGL (Aug. 23, 2025), https://www.wglt.org/local-news/2025-08-23/man-faces-homicide-charge-after-allegedly-slipping-pregnant-girlfriend-the-abortion-pill; *ANOTHER Man Arrested for Drugging His Partner and Causing an Abortion*, TTWN https://abortionworker.com/another-man-arrested-for-drugging-his-partner-and-causing-an-abortion/ (last visited Dec. 1, 2025).

[5] *See* Sam Rowlands & Susan Walker, *Reproductive Control by Others: Means, Perpetrators and Effects*, 45 BMJ SEXUAL & REPROD. HEALTH 65 (2019) (stating that individuals who assert reproductive control over pregnant women include intimate partners, family members, and sex traffickers); *see, e.g., Testimony Directory,* SILENT NO MORE AWARENESS, http://www.silentnomoreawareness.org/testimonies/ (last visited Mar. 5, 2025) (testimonies from women who were coerced into having an abortion and the devasting effects it had on them); Adrienne P. Samuels, *Police Say Maine Couple Kidnapped Daughter, Intent on Forcing Abortion*, BOSTON.COM (Sept. 18, 2006), http://archive.boston.com/news/local/articles/2006/09/18/police_say_maine_couple_kidnapped_daughter_intent_on_forcing_abortion/; Welch Suggs, *Former Coach at Berkeley is Accused of Pressuring Assistant to Have an Abortion*, CHRONICLE HIGHER EDUC. (Sept. 17, 2002), https://www.chronicle.com/article/coach-is-accused-of-urging-assistant-to-have-an-abortion/; Jessica Hopp et al., *Mystics Coach was Cited in Pregnancy Suit*, WASH. POST (September 16, 2002),

*abortion experiences, 73.8% of women said that they "disagreed that their decision to abort was entirely free from even subtle pressure from others to abort," and 28.4% of women said that they "aborted out of fear of losing their partner if they did not abort."*[6] *Additionally, in a 2023 national study published in Cureus medical journal, researchers found that over 60% of women who had abortions reported experiencing high levels of pressure to abort from one or more sources.*[7].[8]

*The findings of these studies are not surprising given that women who experience IPV may be subject to physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner.*[9] *There are "[h]igh rates of physical, sexual, and emotional IPV . . . among women seeking a[n] abortion."*[10] *For example, the prevalence of IPV for women seeking an abortion is nearly three times greater than a woman continuing a pregnancy.*[11] *IPV victims who do obtain abortions also have "significant association" with "psychosocial problems including depression, suicidal ideation, stress, and disturbing thoughts."*[12]

*Similarly, "[a]s many as one-quarter of women of reproductive age attending for sexual and reproductive health services give a history of ever having suffered [reproductive control]."*[13] *Reproductive control occurs over "decisions around whether or*

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*https://www.washingtonpost.com/archive/politics/2002/09/16/mystics-coach-was-cited-in-pregnancy-suit/75f3fd03-184c-4292-9264-3ba074460c4c/; Damon Sims, Cleveland Man Accused of beating 16-year-old Pregnant Daughter,* CLEVELAND.COM: COVERING NORTHEAST OHIO *(July 8, 2008), http://blog.cleveland.com/metro/2008/07/cleveland_man_accused_of_beati.html; Associated Press, Girl, 16, Forced to Drink Turpentine to Induce Abortion,* N.Y. SUN *(Sept. 27, 2006), https://www.nysun.com/article/national-girl-16-forced-to-drink-turpentine-to-induce; Forced Abortion in America,* THE ELLIOT INST., *3 (Oct. 2007), http://www.theunchoice.com/pdf/FactSheets/ForcedAbortions.pdf.*

[6] *Kaitlyn Boswell et al., Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experience, 22 J. AM. PHYSICIANS & SURGEONS 113, 115 (2017); see also Moria Gaul, Protecting Women from Coerced Abortions: The Important Role of Pregnancy Help Centers,* CHARLOTTE LOZIER INST., *Mar. 2022, at 2, https://lozierinstitute.org/wp-content/uploads/2022/03/On-Point-78_Protecting-Women-from-Coerced-Abortion_2022.pdf (finding that "[o]ne provider of post-abortive counseling reported . . . that, in any given year, 75-85% of women who received post-abortive counseling reported that 'they felt they were misled by the abortion clinics and that their decisions were uninformed and, in many ways, coerced.'").*

[7] *David C. Reardon & Tessa Longbons, Effects of Pressure to Abort on Women's Emotional Responses and Mental Health,* CUREUS *(Jan. 31, 2023).*

[8] *See also Priscilla K. Coleman et al., Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experiences, 22 J. AM. PHYSICIANS & SURGEONS 113, 113, 115 (2017) (finding that, of a given group of women who received abortions, fifty-eight percent reported having their abortions just to make others happy; twenty-eight percent reported that they thought they would lose their partner unless they received an abortion; seventy-four percent reported experiencing at least some pressure to abort; and sixty-eight percent reported that the decision to get an abortion was one of the hardest decisions of their lives).*

[9] *Megan Hall et al., Associations Between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis, 11* PLOS MED. *1, 15 (Jan. 2014).*

[10] *Id.*

[11] COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN, *Reproductive and Sexual Coercion, Comm. Op. No. 554, at 2 (reaffirmed 2022) (internal citation omitted).*

[12] *Hall, supra note 9.*

[13] *Rowlands, supra note 4, at 62.*

*not to start, continue or terminate a pregnancy, including deployment of contraception, and may be exercised at various times in relation to intercourse, conception gestation, and delivery."*[14]

*Victims of sex trafficking are among the number of women who experience reproductive control. A 2014 study on the health consequences for sex trafficking victims found that 66 sex-trafficking victims had a total of 114 abortions, "[w]ithout accounting for possible underreporting."*[15] *"The [sex-trafficking] survivors in this study [] reported that they often did not freely choose the abortions they had while being trafficked."*[16] *A majority of the 66 sex-trafficking victims "indicated that one or more of their abortions was at least partly forced upon them."*[17]

*In addition to reports that women's male partners often pressure them to receive abortions,*[18] *clinic staff also coerce women into receiving abortions because of their financial incentive in selling abortions.*[19] *Some women have reported being coerced into an abortion by a parent who threatened to withhold housing or financial support needed to raise a child.*[20]

*These high rates of involuntary and coerced abortion demonstrate the need for protections against abortion druggings. By enacting H.B. 1333, New Hampshire will work to protect women and girls from being forced into abortion by partners, family members, employers, or sex traffickers.*

## II. Chemical Abortion Poses Heightened and Unique Risks to Women's Health and Safety.

*H.B. 1333 addresses the unique dangers of chemical abortion drugs. A chemical abortion consists of a regimen of two drugs, mifepristone and misoprostol.*[21] *The abortion pill has substantial – and sometimes deadly – consequences for women, including women who are drugged with the abortion pill without their knowledge or consent.*[22]

*Medical evidence demonstrates that chemical abortions can pose significant risks to women. The largest-known study of the abortion pill found that, out of 865,727*

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[14] *Id.*
[15] *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, 73 (2014).*
[16] *Id.*
[17] *Id.*
[18] *BRIAN MCQUARRIE, GUARD, CLINIC AT ODDS AT ABORTION HEARING (1999).*
[19] *PAMELA ZEKMAN & PAMELA WARWICK, THE ABORTION PROFITEERS 2–3, 33 (1978).*
[20] *FREDERICA MATHEWES-GREEN, REAL CHOICES (1997).*
[21] *See Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation, U.S. FOOD & DRUG ADMIN. (Jan. 4, 2023), https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation.*
[22] *Mifepristone U.S. Post-Marketing Adverse Events Summary Through 06/30/2022, U.S. FOOD & DRUG ADMIN. 1, 1–2 (June 30, 2022), https://www.fda.gov/media/164331/download.*

*prescribed mifepristone, 94,605 women suffered serious adverse events.[23] Nearly 11% of women taking mifepristone experience sepsis, infection, hemorrhage, or another serious adverse event within 45 days of taking the drug.[24] The risk of serious complications from the abortion pill is 22 times higher than the FDA*

*warning label on the abortion pill bottle suggests, meaning that women who take the abortion pill are not properly informed of its risk.[25]*

*Alarmingly, chemical abortion may be even more dangerous than the data indicate, as there is no way to ensure that all adverse reactions are reported. Since 2016, the FDA has only required adverse events reporting for deaths resulting from chemical abortion drugs; reporting is otherwise voluntary. As one study concludes, "FAERS [the FDA Adverse Event Reporting System] is inadequate to evaluate the safety of mifepristone" due to reporting discrepancies, and the fact that the FDA no longer mandates reporting of non-lethal adverse events.[26] Even so, the FDA has received FAERS Mifeprex reports through June 30, 2022, documenting 28 deaths, 4,213 adverse events, 1,048 hospitalizations (excluding deaths), 604 blood loss incidents requiring transfusions, 414 infections, and 71 severe infections.[27] Importantly, the manufacturer of Mifeprex admits that "[n]early all of the women who receive Mifeprex [RU-486] and misoprostol will report adverse reactions, and many can be expected to report more than one such reaction."[28]*

*Chemical abortions are inherently dangerous, but an unknown chemical abortion from an abortion drugging can be even more dangerous. A woman may not seek the same medical care that she would have if she had known she had received the abortion pill and would be at risk of these potentially fatal side effects.*

*Additionally, abortion druggings will bypass essential in-person medical screenings. Without a physical exam, a doctor will not be able to identify life-threatening ectopic pregnancies, accurately calculate gestational age, or diagnose Rh blood type incompatibility—oversights that can lead to severe medical complications (and even death) for the woman.*

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[23] *See* Jamie Hall & Ryan Anderson, *The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experience a Serious Adverse Event*, EPPC (Apr. 28, 2025), https://eppc.org/publication/stop-harming-women/; FFROA, *New Research Reveals Undisclosed Dangers of Chemical Abortion,* (Apr. 25, 2025), https://www.ffroa.com/wp-content/uploads/2025/04/FFROA-Chemical-Abortion-Data-Review.pdf.

[24] *Id.*

[25] Hall & Anderson, *supra* note 23.

[26] Christina A. Circucci et al., *Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act*, Health Servs. Rsch. & Managerial Epidemiology, Dec. 21, 2021, at 1, 4.

[27] *Mifepristone U.S. Post-Marketing Adverse Events Summary Through 06/30/2022*, U.S. Food & Drug Admin. 1, 1–2 (June 30, 2022), https://www.fda.gov/media/164331/download.

[28] *See* Mifeprex Final Printed Labeling, available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2004/020687s010-lbl.pdf.

*According to most current protocols, for either an in-clinic or telemedicine chemical abortion, a woman must consult with a doctor in person. Medical institutions are in agreement about this; according to the world-renowned University of California-San Francisco Health Center, "a medical abortion involves at least two visits to a doctor's office or clinic."[29] Before the abortion, a healthcare provider must first confirm she is a medically appropriate candidate for chemical abortion. Even the "TelAbortion Study" sponsored by Gynuity Health Projects requires at least two in-person appointments, one before and one after the abortion.[30]*

*A number of medical conditions make a woman ineligible to take the chemical abortion pill, including having a potentially dangerous ectopic pregnancy (a pregnancy outside of the uterus).[31] An in-person meeting with a doctor is necessary to rule out ectopic pregnancy prior to performing a chemical abortion.[32] Chemical abortion cannot terminate an ectopic pregnancy,[33] and rupture of the tissue containing the fetus (most often the Fallopian tube) is most common between 6 and 16 weeks.[34] If a woman is not assessed for ectopic pregnancy prior to taking abortion-inducing drugs, she will unknowingly enter the timeframe for rupture. Rupture requires emergency surgery, and the blood loss can be fatal if not treated in time.[35] A person who wrongfully drugs a woman with the abortion pill puts her at risk of these potentially fatal consequences, since the woman will not be able to consult a doctor to confirm that she does not have an ectopic pregnancy before receiving the abortion pill.*

*An in-person physician meeting is also necessary to determine gestational age of the baby.[36] Chemical abortion pills cannot be taken after 70 days (10 weeks) of pregnancy due to heightened risks to the mother's health and increasing failure rates.[37] At-home abortion means that the gestational age is simply the woman's best guess and the timeline extends as she waits for the pills to arrive by mail. This is especially important, as the rate of chemical abortions that require surgical follow-up increases as the gestational age of the child increases.[38] Without being able to meet with a doctor to*

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[29] *Medical Abortion*, UCSF HEALTH, www.ucsfhealth.org/treatments/medical-abortion (last visited Dec. 9, 2025).
[30] *FAQs*, THE TELABORTION PROJECT, (2020), https://telabortion.org/faqs.
[31] *Ectopic Pregnancy*, MAYO CLINIC (Feb. 28, 2020), www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/diagnosis-treatment/drc-20372093.
[32] *Id.*
[33] Antonette T. Dulay, *Ectopic Pregnancy*, MERCK MANUAL CONSUMER VERSION (Aug. 2019), https://www.merckmanuals.com/home/women-s-health-issues/complications-of-pregnancy/ectopic-pregnancy.
[34] *Id.*
[35] *Ectopic Pregnancy*, *supra* note 31.
[36] *Methods for Estimating the Due Date*, AM. COLL. OF OBSTETRICIANS & GYNECOLogists (May 2017), https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/05/methods-for-estimating-the-due-date.
[37] *Information about Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation*, U.S. FOOD & DRUG ADMIN., (Jan. 17, 2025), http://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information.
[38] *Id.*

*confirm the unborn child's gestational age before receiving the abortion pill, a woman who is drugged with the abortion pill may be at a higher risk of needing a surgical follow-up for the abortion she did not know she was having.*

*Rh negative blood type and its impact on future pregnancies is another factor that cannot be assessed or treated by telemedicine. If a pregnant woman has an Rh negative blood type, her doctor should ensure that she receives a RhoGAM shot to prevent her body from developing antibodies that complicate, and may even prevent, future pregnancies.*[39] *Blood typing and administering RhoGAM is common practice for obstetricians, but not all abortion doctors see this as an ethical obligation, placing the burden on the woman to independently obtain this treatment from another doctor.*[40] *No matter how early in pregnancy an abortion occurs, an Rh-negative woman still needs RhoGAM.*[41] *A woman who is drugged with the abortion pill will not be able to need with a physician to receive this necessary examination and treatment, which may have devastating consequences for subsequent pregnancies.*

*Given the high rates of serious and adverse reactions, women must be protected against abortion druggings. H.B. 1333 protects women from the dangerous and potentially deadly consequences of abortion druggings.*

## III. Forced Abortions are Dangerous to Women's Health.

*Women who are forced to receive unwanted abortions are in danger of suffering serious mental health ramifications. Women who experienced pressure to abort (sixty-one percent in this study)*[42] *experienced significantly more negative emotions; greater disruptions to their daily lives, work, and relationships; more frequent posttraumatic stress symptoms, grief, and sadness about the abortion; more conflict about the abortion; and an overall decline in mental health that they attributed to the abortion.*[43] *Specifically, this study found that*

> *[w]omen frequently choose abortion due to perceived pressures from other people, financial concerns, or other circumstantial pressures. These pressures, individually and/or together, are strongly associated with more negative emotions about their abortion; more disruptions of their daily life, work, or relationships; more frequent dreams, flashbacks, or intrusive thoughts about their abortions; more frequent feelings of loss, grief, or sadness about their abortions; more moral and maternal conflict over their abortion decisions; a perceived decline in their overall mental health that they attribute to their*

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[39] *Frequently Asked Questions*, RHOGAM ULTRA-FILTERED PLUS, (Apr. 2019), http://www.rhogam.com/faq/.
[40] *FAQs*, THE TELABORTION PROJECT, *supra* note 30.
[41] *Frequently Asked Questions*, RHOGAM ULTRA-FILTERED PLUS, *supra* note 39.
[42] Reardon & Longbons, *supra* note 7, at 8.
[43] *Id. at 3.*

*abortions; and a higher degree of desire or need for help to cope with negative feelings about their abortions.*[44]

*Because of the frequency of coerced abortion, and the negative mental health risks associated with it, the study suggested that "[a]bortion providers should screen for perceived pressures to abort and should counsel women accordingly."*[45]

*Similarly, another study found that women who aborted wanted pregnancies experienced a forty-three percent higher risk of mental health issues compared to those who aborted unwanted pregnancies.*[46] *This includes an increased risk of both depression and suicidality.*[47] *The study noted, "[c]ompared to corresponding births, abortions of wanted pregnancies are associated with a greater risk of negative psychological affect, particularly depression and suicide ideation, but not greater risk of substance abuse, than are abortions of unwanted pregnancies."*[48]

*The heightened mental health consequences resulting from unwanted abortions likely occur because women often want to have the child that they feel pressured to abort. For example, one study found that only forty-two percent of women who receive abortions describe their pregnancies as unwanted.*[49] *The study found that thirty-two percent wanted their child, while nineteen percent were unsure whether they wanted their pregnancy or not.*[50] *Additionally, sixty-four percent reported some worry about "ending a potential life," seventy percent reported that the decision to have an abortion was difficult, and sixty-eight percent reported at least some "difficulty thinking I have to end this pregnancy."*[51] *Another study found that in at least twenty percent of abortion cases, the woman desired to have her child.*[52]

*In sum, this bill would provide women and adolescent girls with a necessary safeguard against the dangers of forced abortion. This bill responds to the rising need for legal protections for women and adolescent girls who are forced into having an abortion against their will.*

## IV. The State Cannot Rely on the FDA to Protect Women from the Dangers of Chemical Abortion.

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[44] *Id. at 9.*
[45] *Id.*
[46] Donald Paul Sullins, *Affective and Substance Abuse Disorders Following Abortion by Pregnancy Intention in the United States: A Longitudinal Cohort Study,* 55 MEDICINA 741, 754–68 (2019).
[47] *Id.*
[48] *Id.*
[49] Antonia M. Biggs et al., *Developing and Validating the Psychosocial Burden Among People Seeking Abortion Scale (PBSAS),* 15 PLOS ONE 1, 6 (2020).
[50] *Id.*
[51] *Id.*
[52] Sullins, *supra* note 46, at 754–68.

*The FDA cannot be relied upon to establish chemical abortion regulations that promote the health and safety of women. The FDA's fundamental mandate is to serve as a rigorous watchdog for public health, yet its recent handling of chemical abortion drugs suggests a troubling shift from clinical caution to regulatory negligence. While the agency initially established a robust framework of safeguards in 2000 to manage the inherent risks of these high-risk drugs, it has spent the last decade systematically dismantling those protections. By stripping away physician oversight, extending gestational limits despite rising complication rates, and eliminating in-person diagnostic requirements, the FDA has prioritized ease of access over the physical well-being of women. This progressive erosion of medical standards indicates that the agency can no longer be trusted to prioritize patient safety above political or administrative convenience.*

*The "FDA approved the new drug application in September 2000."[53] At the time, the "FDA imposed several safeguards" to address the many risks associated with chemical abortion.[54] These safeguards were as follows:*

- *Only women whose pregnancies have a gestational age of forty-nine days or less are eligible;*
- *Only physicians can prescribe Mifeprex;*
- *All prescribing physicians must be able to assess gestational age, diagnose ectopic pregnancies, and "provide surgical intervention in cases of incomplete abortion or severe bleeding" or have arranged for another physician to provide such care;*
- *Prescription must occur in person; and*
- *Prescribers must report any "hospitalization, transfusion, or other serious event[ ] to the sponsor."[55]*

*Additionally, the FDA required three doctor's visits throughout the chemical abortion: "The patient first takes mifepristone at the doctor's office. Three days later, she returns to the office to take misoprostol. Finally, the patient visits the doctor for a follow-up appointment, to determine whether the drug has successfully terminated the pregnancy and to screen for any adverse effects."[56]*

*In 2007, "Congress amended the Food, Drug, and Cosmetic Act," authorizing "the FDA to require a 'risk evaluation and mitigation strategy' (REMS) if it determines that such a strategy is 'necessary to ensure that the benefits of the drug outweigh the*

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[53] *All. for Hippocratic Med. v. U.S. Food & Drug Admin.*, 78 F.4th 210, 224 (5th Cir. 2023), *rev'd and remanded sub nom. Food & Drug Admin. v. All. for Hippocratic Med.*, 602 U.S. 367 (2024).
[54] *Id.*
[55] *Id.* (citations omitted).
[56] *Id.* at 225.

*risks of the drug.'"*[57] *"[I]n 2011, **FDA** approved a REMS for mifepristone, imposing essentially the same restrictions as those **FDA** required when it approved Mifeprex in 2000."*[58]

*However, in 2016, the FDA began to arbitrarily remove this safety measures by doing the following:*

- *Increasing the maximum gestational age from forty-nine days to seventy days;*
- *Allowing non-physicians to prescribe mifepristone;*
- *Removing the requirement that the administration of misoprostol and the subsequent follow-up appointment be conducted in person;*
- *Eliminating prescribers' obligation to report non-fatal adverse events;*
- *Switching the method of administration for misoprostol from oral to buccal; and*
- *Changing the dose of mifepristone (600 mg to 200 mg) and misoprostol (400 mcg to 800 mcg).*[59]

*These changes presented significant safety issues for women taking the abortion pill. First, the "FDA did not consider the cumulative effect of the 2016 Amendments" and even "admit[ted] that none of the studies it relied on examined the effect of implementing all of those changes together. It studied the amendments individually."*[60] *Safety concerns arose when the physician-only requirement was eliminated, as non-physicians typically lack the specialized training needed to manage medical emergencies. Furthermore, extending the window for use from seven to ten weeks increased risks because "[t]he rate of complication increases 38 percent for each additional week of gestation beyond eight weeks."*[61] *Finally, the 2016 regulatory shifts hindered the FDA's ability to track patient safety, as reporting was narrowed strictly to fatal outcomes.*

*In 2021, because of the COVID-19 pandemic, the FDA decided not to enforce the in-person dispensing requirement. "Effectively, this allowed mifepristone to be prescribed remotely and sent via mail."*[62] *Eliminating the face-to-face consultations compromised informed consent by limiting a practitioner's ability to detect intimate partner violence.*

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[57] *Id. (first citing Food and Drug Administration Amendments Act of 2007, Pub. L. No. 110-85, tit. IX, § 901, 121 Stat. 823, 922–43; and then citing 21 U.S.C. § 355-1(a)(1)).*
[58] *Id.*
[59] *Id. at 225-26.*
[60] *Id. at 246.*
[61] *Abortion After the First Trimester,* PLANNED PARENTHOOD, *https://www.plannedparenthood.org/uploads/filer_public/99/41/9941f2a9-7738-4a8b-95f6-5680e59a45ac/pp_abortion_after_the_first_trimester.pdf (last visited Jan. 14, 2026).*
[62] *FDA, 78 F.4th at 226.*

*Significant safety risks also arose, as ultrasounds—necessary for determining gestational age and excluding ectopic pregnancies—could not be performed remotely. Moreover, the mail-order model lacked a mechanism for assessing blood type or providing Rh immune globulin to Rh-negative individuals. Additionally, the negative health consequences experienced by women because of the 2016 and 2021 deregulations could not be accurately assessed after the FDA removed the requirements for doctors to report non-fatal consequences, regardless of their severity. Despite all of these safety risks to women, the FDA formalized the removal of the in-person dispensing requirement in 2023.*[63]

*Ultimately, the FDA's decision to formalize the removal of in-person dispensing in 2023 represents the final abandonment of the "safety first" principle. By allowing mail-order abortions, the agency has created a dangerous diagnostic vacuum where life-threatening ectopic pregnancies go undetected, intimate partner violence goes unscreened, and critical Rh-negative complications go untreated. Most egregiously, by simultaneously narrowing adverse-event reporting to only include fatal outcomes, the FDA has effectively blinded itself to the true scope of the damage caused by its own deregulation. A regulatory body that intentionally ignores cumulative risks and suppresses data on non-fatal injuries has forfeited its claim to being a guardian of women's health. This is why states like New Hampshire must establish their own safety regulations to protect women from the harms of chemical abortion.*

## V. Conclusion

*Today, I strongly encourage this Committee to support women and issue a favorable report on H.B. 1333. It protects women and girls from the dangers of abortion druggings. This would uphold New Hampshire's duty to protect the health and safety of its pregnant women and girls. Thank you.*

*Respectfully Submitted,*

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[63] *Id. at 254.*