NO. 25A1207 & NO. 25A1208

In The

Supreme Court of the United States

DANCO LABORATORIES, L.L.C., GENBIOPRO, INC.,
Applicants,

v.

THE STATE OF LOUISIANA, ET AL.,
Respondents.

BRIEF OF REPRODUCTIVE HEALTH INITIATIVE FOR TELEHEALTH EQUITY & SOLUTIONS (RHITES), HEY JANE, AND IGH PLLC D/B/A ABORTION ON DEMAND, AS AMICI CURIAE IN SUPPORT OF APPLICATIONS BY DANCO AND GENBIOPRO TO STAY OR VACATE THE FIFTH CIRCUIT'S STAY PENDING APPEAL.

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INTEREST OF *AMICI CURIAE*[1]

Amici Curiae, an organization[2] supporting evidence-based access to telehealth reproductive healthcare, and two reproductive healthcare providers,[3] are committed to ensuring access to safe and timely abortion care. This brief offers a perspective grounded in the lived experiences of Amici's telehealth abortion patients (referred to herein as "Amici's patients"). The testimonials are taken from written statements submitted by Amici's patients,[4] and illustrate how telehealth removes barriers, promotes autonomy and accessibility, and improves health outcomes. Pursuant to Supreme Court Rule 37, Amici respectfully submit this brief to inform the Court's understanding of the real-world impact of access to mifepristone via telehealth, and to underscore the significant consequences of disrupting that access.

SUMMARY OF ARGUMENT

Telehealth is a critical and increasingly essential component of modern healthcare delivery. For many, it is often the only feasible path to timely, safe, and effective abortion care. The advent of technology has increased the cadence at which

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[1] Pursuant to Rule 37.6, Amicus Curiae affirms that no counsel for any party authored this brief in whole or in part, and no counsel or party made a monetary contribution intended to fund the preparation or submission of this brief.

[2] The allied organization Amicus is The Reproductive Health Initiative for Telehealth Equity & Solutions (RHITES), a fiscally sponsored project of the Hopewell Fund.

[3] 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.

[4] Telehealth provider Amici provide abortion services for patients in 25 states supporting access. Testimonials in this brief are formally verified patient stories from Amici's websites and online reviews. They have not been altered except to anonymize provider identities and minimal necessary clarifications denoted with brackets within the quotes.

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 high-quality care when they need it most.

Telehealth alleviates barriers that delay or prevent access to care. Restricting telehealth abortion care would disproportionately harm those already facing pervasive barriers to healthcare. The restrictions at issue would obstruct access to a safe and effective medication while directly conflicting with FDA's obligation to ensure essential medications are available without imposing undue burdens on patient access. Maintaining access to telehealth abortion care is critical to health equity, patient safety, and evidence-based medical practice. Amici respectfully urge this Court to grant the Applications and to stay or vacate the Fifth Circuit's order.

ARGUMENT

I. Telehealth Offers an Essential Mode of Providing High-Quality, Patient-Centered Abortion Care.

Telehealth is an effective mechanism for connecting patients with care, producing health outcomes comparable to in-person care while offering potential cost- savings.[5] Approximately 76% of U.S. hospitals now use telehealth, up from 35% nearly a decade ago.[6] Telehealth plays a particularly critical role in expanding

[5] *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).
[6] *Telehealth: The Advantages and Disadvantages*, Harvard Health Publ., https://www.health.harvard.edu/staying-healthy/telehealth-the-advantages-and-disadvantages.

abortion access, allowing patients to consult with providers via video, phone, or secure messaging platforms, and receive medications through pharmacies or mail delivery.

Today, medication abortion – primarily the mifepristone regimen – accounts for approximately 63% of all abortions in the U.S.[7] More than one in four abortions in the U.S. are obtained via telehealth.[8] In more than two decades of FDA-approved use and over 7.5 million uses, serious adverse events have proven to be exceedingly rare.[9] Research confirms the safety and effectiveness of telehealth abortion is equivalent to in-person care.[10]

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 and affirming.

> *"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."*

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[7] GUTTMACHER INST., *Monthly Abortion Provision Study*, https://www.guttmacher.org/monthly-abortion-provision-study (updated Sept. 30, 2025).
[8] SOCIETY OF FAMILY PLANNING, #WECOUNT REPORT, APRIL 2022 TO DECEMBER 2024, 1 (June 23, 2025).
[9] Ushma D. Upadhyay et al., *Effectiveness and safety of telehealth medication abortion in the USA*, 30 NATURE MED. 1191, 1191 (FEB. 15, 2024).
[10] *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).

> *"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 helped reshape their expectations of remote healthcare:

> *"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."*

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 offered transparent, thorough information and educational resources that helped them feel empowered and prepared.

> *"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."*

Amici's patients' narratives reflect recurring themes of clear communication, informed and supportive guidance, responsiveness, and follow-up, in accordance

with clinical best practices applicable in both in-person and remote care settings. Patients also reported a high level of trust in the information they received, 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."*

Abortion access is already unevenly distributed across dimensions of race, class, citizenship status, geography, and other axes.[11] Data indicates that women[12] of color and other marginalized populations face heightened barriers in accessing reproductive healthcare and achieving equitable outcomes, such as limited availability of local health services, language differences, limited access to childcare

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

[12] 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* recognizes 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 recognizes 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.

or transportation, and more.[13] Telehealth can help overcome geographic and other barriers and increase access for patients, including in medically underserved and rural areas. Through access to virtual interpreters, telehealth platforms also offer expansive access to language-concordant care and interpretation services.[14]

The importance of telehealth as a mode of medical care is reflected not only in clinical outcomes, but also in the trust, confidence, and satisfaction expressed by those who have relied on it. For many patients, telehealth means the difference between obtaining care or not. For others, telehealth care may fit their needs better than in-person care. Preserving access to both models is essential to meeting diverse patient needs and ensuring access for all.

II. Amici's Patients Find Telehealth Makes Care Timely and Accessible.

Abortion is inherently time sensitive.[15] Delay in care can significantly impact a patient's options, as well as their physical and mental health, financial well-being, and legal ability to access abortion.[16] 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.

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[13] *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).

[14] *See* 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/.

[15] 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).

[16] *Id.*

Timely access to abortion care is essential for all patients.[17] Abortion carries significantly less risk than continuing a pregnancy. Pregnancy itself comes with significant health risks, and these risks increase with gestation.[18] Delays in abortion access can significantly impact psychological well-being, contributing to heightened anxiety, stress, and depressive disorders.[19] Ensuring timely access can lessen the financial burden associated with abortion.[20]

State level bans and other restrictions have forced many abortion clinics to close, increasing demand at those that remain. 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.[21] For some, that delay may push them into the second trimester, limiting care options. Imposing telehealth restrictions would exacerbate this issue, compounding challenges for clinics already stretched thin.

> *"I chose to use [Telehealth Provider] because I wasn't able to get an appointment until 2-3 weeks after I found out I*

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[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) (the 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) (delays in access can increase risk of physical harm, including maternal mortality or morbidity).

[19] O. Wasser et al., *supra* note 15.

[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) (Abortions performed in the first trimester are generally more affordable than those in the second).

[21] *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).

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 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. 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.[22]

[22] *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).

These barriers can delay access, leading to more complex and costly procedures, or for some, deny abortion care entirely.

> *"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."*

> *"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 is also important for individuals from historically marginalized communities, who disproportionately lack access to economic resources, paid leave, and comprehensive health coverage.[23] 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.[24] Similarly, as of 2023, Black, Hispanic, American Indian/Alaskan Natives, and Native Hawaiians/Pacific Islanders were more likely to lack health

[23] 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); 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).

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

insurance when compared to their white counterparts.[25] These resource differences can impact the ability of individuals to afford and therefore access abortion care.

Similarly, timely abortion access matters for the approximately 59% of abortion patients who are parents.[26] Balancing work, childcare, household responsibilities, and school activities, makes in-person healthcare visits difficult to arrange and delays can jeopardize their ability to provide for their families.[27] Telehealth removes those barriers, making it an essential option for parents with complicated schedules or travel long distances.[28]

> *"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."*
>
> *"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 discre[et] 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*

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[25] *See* 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/.

[26] 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).

[27] *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* AM. HOSP. ASS'N, *Telehealth* (Feb. 7, 2025) (telehealth has grown largely due to expanded delivery options, fewer regulatory restrictions, and broad clinician and patient satisfaction, increasing access for families).

[28] *See generally* Amwell, *Survey Finds Majority of Parents Willing to Engage in Telehealth Post-COVID* (Mar. 9, 2021).

> *things about this site. Women should not have to face shame when accidents happen. Thank you!"*
>
> *"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."*

Telehealth allows parents to obtain care quickly, safely, and privately, without sacrificing employment or caregiving.[29] 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."*
>
> *"[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."*

[29] *See* Kathleen 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).

Telehealth is responsive to the real-world challenges patients face when seeking abortion care. Indeed, as patients increasingly face barriers to timely in-person services, the reliability of telehealth is essential to preserving meaningful access.

III. Amici's Patients Access Care in a Private and Comfortable Environment through Telehealth.

Privacy is fundamental to healthcare, particularly abortion.[30] Research shows that patients place high value on the privacy that telehealth offers for medication abortion care,[31] and Amici's patients experiences affirm this:

> *"[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."*

For some patients, that privacy is not a preference, but a safety requirement. Survivors of gender-based violence, sexual violence, and human trafficking face greater risks of reproductive coercion and surveillance and may be unable to seek in-person care.[32] Abortion restrictions are associated with a 7-10% increase in intimate partner violence (IPV) among women of reproductive age, resulting in at

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[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).

[32] *See* 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).

least 9,000 additional IPV incidents and an estimated $1.24 billion in added social costs.[33] Evidence further demonstrates that individuals who obtain abortion care are significantly less likely to experience IPV.[34] Human trafficking survivors face particularly acute vulnerabilities, with many experiencing unintended pregnancy.[35] By enabling survivors to access care without detection, telehealth abortion is not just important, but lifesaving.

> *"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."*

Privacy, confidentiality, and autonomy are several of the pillars that make telehealth abortion care indispensable. Preserving such access protects patients' ability to receive care on their own terms, in their own space, and with dignity and peace of mind.

IV. Amici's Patients Experience Reduced Financial Burden through Telehealth Abortion Care

[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).
[34] 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).
[35] *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); *see also* 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).

Research links abortion access to financial stability, employment status, and educational attainment.[36] This correlation means low-income and uninsured individuals are often left without reproductive healthcare at disproportionate rates. Telehealth has emerged as a meaningful structural intervention, advancing public health, mitigating disparities, and promoting equitable access to care for low-income and uninsured populations.[37] For most abortion patients, out-of-pocket costs exceed one-third of their monthly income.[38]

The financial burden associated with abortion care extends beyond the advertised price of the medical service. For many patients, the total cost of care also includes paying for childcare arrangements and transportation to an in-person appointment, as well as lost wages from taking time off work. 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 logistical challenges.[39]

These financial burdens can be especially profound for low-income patients and those without comprehensive insurance. Approximately one in ten women in the U.S. lacks health insurance, and many who are insured face policies that

[36] 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).
[37] V.C. Ezeamii et al., *supra* note 5; *see also* Mahip Acharya et al., *Trends in Telehealth Visits During Pregnancy, 2018 to 2021*, 6 JAMA NETWORK OPEN (APR. 4, 2023).
[38] 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).
[39] *See* Janet Turan and Henna Budhwani, *Restrictive Abortion Laws Exacerbate Stigma,* 111 Am. J. Pub. Health 37 (Jan. 2021) https://pmc.ncbi.nlm.nih.gov/articles/PMC7750605/.

exclude abortion coverage or impose premiums, fees, and billing logistics that effectively foreclose access.[40]

Telehealth expands care options and can mitigate or eliminate these costs and their snowball effect, which could otherwise make care inaccessible for those already living on a limited income or navigating multiple structural barriers. Restricting access to mifepristone via telehealth will exacerbate the disproportionate burdens on low-income, uninsured, and underinsured populations.[41] Amici's patients describe telehealth as the difference between affordability and exclusion.

> *"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 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.

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

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

> *"I would recommend [this service] because everything felt super confidential. I love that they also had resources for financial assistance on their website [...]"*
>
> *"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 also emphasized the value of clear and consistent communication in navigating logistical and financial questions.[42] Patients found this clarity helped them make informed long-term decisions without the fear and anxiety that often accompany unplanned healthcare costs.

> *"[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."*

Telehealth reduces economic obstacles thus helping to ensure that access to abortion is not determined by income, insurance status, or the ability to bear unexpected costs.

V. Amici's Patients Experience Reduced Harm and Enhanced Well-Being through Telehealth

[42] *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) (patients seeking abortion care are sometimes met with confusing, inaccurate, or contradicting information from insurance agents and staff around coverage for abortion care).

By offering care that is private, prompt, and accessible, telehealth helps patients navigate and avoid compounding effects of barriers. Patients who are delayed in or unable to access abortion care can face serious health consequences, heightened emotional distress, and reinforced stigma surrounding abortion.[43] Amici's patients described their telehealth care as lifesaving.

> *"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."*

Even though approximately 25% of women have an abortion in their lifetime, abortion stigma remains a pervasive barrier.[44] It operates across multiple levels of society.[45] Approximately two thirds of women who obtain abortions anticipate facing stigma if others learned about their decision.[46] That stigma has measurable consequences, delaying pregnancy recognition, suppressing information-seeking, and preventing individuals from asking others for needed support.[47]

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[43] 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).
[44] 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).
[45] 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).
[46] 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).
[47] 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.

Women who cannot obtain desired abortions experience higher rates of psychological distress,[48] and develop more physical health problems.[49] Individuals who are unable to access the abortion care they seek also experience significantly greater economic instability, reflected in elevated rates of financial distress, declining credit scores, more frequent bankruptcies and evictions, and a higher likelihood of living in poverty.[50]

Telehealth helps mitigate many of these harms by readily offering patients access to private, nonjudgmental, and affirming care.

> *"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."*
>
> *"[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*

[48] See Frank C. Worrell, Denying Abortions Endangers Women's Mental and Physical Health, 113 AM. J. PUB. HEALTH 382 (2023).
[49] Lauren J. Ralph et al., supra note 18.
[50] 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).

in the comfort of our home. It was genuinely the best experience (in retrospect) I could've had, during this uncomfortable time."

Receiving care in a familiar, private setting also helps patients feel confident and that 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."

"[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."

Abortion stigma can create a climate of discomfort and silence, perpetuating misinformation and widespread gaps in knowledge.[51] The compassionate care provided via telehealth helps make abortion accessible and supportive in a process often marked by shame, isolation, and fear.

VI. The Restrictions at Issue Here Would Obstruct Access to a Safe and Effective Medication Used by Over 7.5 Million People, Causing Foreseeable Patient Harm.

Congress requires that FDA restrictions not be unduly burdensome on patient access, particularly for patients in rural and medically underserved areas.[52] Imposing nationwide restrictions on a safe and effective medication on which millions of people have relied is in direct conflict with FDA's obligation not to unduly burden patient access. Such restrictions would impose foreseeable harms that threaten to undermine patients' ability to obtain timely, necessary care, placing their health in serious jeopardy.[53]

As the patient testimonials demonstrate, for many, telehealth offers the only viable path to care. Limiting such access would jeopardize individual health

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[51] PLANNED PARENTHOOD ADVOCACY FUND OF MASS., INC., *Abortion Stigma*, https://www.plannedparenthood action.org/planned-parenthood-advocacy-fund-massachusetts-inc/abortion-stigma (last visited Dec. 10, 2025).
[52] *See* 21 U.S.C. § 355-1(f)(2)(C)(ii).
[53] Reproductive Freedom for All, Under Attack: 10 Things to Know About Mifepristone on the 25th Anniversary of Its FDA Approval (Sept. 28, 2023).

outcomes and take away healthcare relied upon by patients across the country. Forcing patients to navigate medically unnecessary in-person appointments, travel long distances, and incur financial and logistical burdens does not enhance patient safety, but instead imposes measurable and foreseeable risks, including increased likelihood of more complex medical procedures, heightened physical, psychological and emotional harm, and, for some, the denial of care altogether–with burdens falling the hardest on patients already facing barriers to care.

CONCLUSION

Amici respectfully urge the Court to grant the Applications.

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Respectfully Submitted,

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