## Congress of the United States

Washington, DC 20510

April 14, 2020

The Honorable Stephen Hahn, M.D. Commissioner Food and Drug Administration 10903 New Hampshire Avenue Silver Spring, MD 20993

Dear Commissioner Hahn,

In this difficult time our country faces, we are grateful for your tremendous leadership at the Food and Drug Administration (FDA) as you work to defend our nation from the effects of the Coronavirus Disease 2019 (COVID-19), and to ensure Americans have access to life-affirming medications and cures.

Unfortunately, there are some who seek to exploit this time of crisis to push for the weakening or overturning of critical Risk Evaluation and Mitigation Strategy (REMS) associated with medication abortion drugs, which would put women at significant risk. Your predecessor, Acting Commissioner Sharpless, began to address the ongoing problem of the sale of illegal mail-order abortion drugs in the United States. We write to urge you to continue to robustly enforce the REMS for medication abortion and end dangerous runarounds of these protections under the guise of medical research.

Mifeprex, also known as RU-486 or mifepristone, is the only chemical abortion drug approved in the United States, and is used in combination with another FDA-approved drug, misoprostol. The FDA has approved chemical abortion for use up to 10 weeks gestation, but due to the attendant risks to the mother, FDA requires that only a certified prescriber dispense the drugs after confirming the gestational age, ruling out ectopic pregnancy, and that the woman herself sign and retain a copy of the prescribers agreement. The involvement of a physician or other certified prescriber, who knows the state of a woman's pregnancy and health, is critical for patient safety.

As you may know, the *New York Times* editorial board and others have called for making medication abortion more widely accessible with far less oversight – via an overturning of the REMS and an expansion of the stage of pregnancy at which Mifeprex may be prescribed. These demands are both reckless and dangerous. The FDA should stand confidently for the protection of women.

Despite claims that medication abortion is safe and easy, research proves that as many as five to seven percent of women who take abortion drugs will require follow-up surgery, and three percent could end up in the emergency room. Self-managed abortions from home are especially dangerous; in fact, half of abortion providers do not consider them safe, according to a 2019 survey published in the journal Contraception. Further, medication abortion becomes even more dangerous in situations where women cannot access emergency medical care. This is especially concerning during the COVID-19 pandemic as emergency rooms are currently being overwhelmed.

https://www.ncbi.nlm.nih.gov/pubmed/19888037

https://www.ncbi.nlm.nih.gov/pubmed/?term=Mifepristone+in+South+Australia:+The+First+1343+Tablets

<sup>3</sup> https://www.ncbi.nlm.nih.gov/pubmed/31002777

Before medication abortion drugs are administered, under the current protocols, trained and certified healthcare providers must screen for ectopic pregnancy, determine the gestational age of the baby, check for contraindications in the woman's medical history, and monitor the patient for possible adverse events like severe hemorrhaging. If the REMS are lifted and these drugs are made more widely available in pharmacies or via mail-order, women will be put in danger without these critical screenings.

Because Mifeprex does not treat ectopic pregnancies and the effects of the drug can mimic those of a rupturing ectopic pregnancy, many women who have died from medication abortions have died because of missing this diagnosis. Symptoms of a ruptured ectopic pregnancy, such as bleeding and cramping, are the same symptoms women experience after taking medication abortion drugs. Without medical oversight, women may not recognize the rupturing ectopic until she collapses from massive blood loss. In cases where she cannot get immediate medical care, she is at great risk of dying. As of December 31, 2018, at least 97 women with ectopic pregnancies in the United States had been given Mifeprex. Of these women, at least two bled to death from an undiagnosed ectopic pregnancy.<sup>4</sup>

While hospitals are being pushed to their limits because of the growing number of people severely ill as a result of COVID-19, we should minimize, not increase, unrelated pressures on our health care providers.

Additionally, we encourage FDA to conduct oversight into ongoing studies to remotely dispense medication abortion to women, which is a violation of the REMS. Specifically, <a href="Gynuity's TelAbortion">Gynuity's TelAbortion</a> project, which started in 2015 to test direct-to-consumer medication abortion by mail, has been extended continuously and now prescribes medication abortion in a growing list of states. Currently, Gynuity is conducting this study in the following 13 states: Colorado, Georgia, Hawaii, Illinois, Iowa, Maine, Maryland, Minnesota, Montana, New Mexico, New York, Oregon, and Washington, with the expressed desire to keep adding states. This study is transmuting into a national policy, without adequate evaluation or oversight.

We are grateful for all FDA's efforts to uphold the REMS, and we encourage continued vigilance to enforce the commonsense REMS associated with medication abortion. Furthermore, we urge FDA to act promptly to stop illegitimate and dangerous experiments with women's health.

Sincerely,

CINDY HYDE-SMITH United States Senator

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ROBERT E. LATTA Member of Congress

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MITCH MCCONNELL United States Senator KEVIN MCCARTHY Member of Congress

<sup>&</sup>lt;sup>4</sup> Mifepristone U.S. Post-Marketing Adverse Events Summary through 12/31/2018, RCM # 2007-525, NDA 20-687, https://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM 603000.pdf).

<sup>5</sup> https://telabortion.org/get-started/

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