IN THE

United States Court of Appeals

FOR THE FIFTH CIRCUIT

Case No. 26-30203

STATE OF LOUISIANA, *ET AL.,*
Plaintiffs-Appellants/Cross-Appellees,

v.

U.S. FOOD & DRUG ADMINISTRATION, *ET AL.*,
Defendants-Appellees,

v.

GENBIOPRO, INC.,
Intervenors-Appellee/Cross-Appellant,

v.

DANCO LABORATORIES, L.L.C.;
Intervenors-Appellee/Cross-Appellant.

On Appeal from the United States District Court
for the Western District of Louisiana
Case No. 6:25-cv-1491, Hon. David C. Joseph

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 DEFENDANTS – APPELLEES

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STATEMENT OF CONSENT

Consent to file this brief was sought from counsel for the parties and no parties opposed this request.

SUPPLEMENTAL CERTIFICATE OF INTERESTED PERSONS

State of Louisiana v. FDA, No. 26-30203:

The undersigned counsel of record certifies that the following listed persons and entities as described in the fourth sentence of Rule 28.2.1, in addition to those listed in the briefs of the parties, have an interest in the outcome of this case. These representations are made in order that the judges of this Court may evaluate possible disqualification or recusal.

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- IGH PLLC d/b/a Abortion on Demand,
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INTEREST OF *AMICI CURIAE* [1]

Amici Curiae, an organization[2] supporting evidence-based access to the abortion medication mifepristone and the use of telehealth to expand access to reproductive healthcare, and two reproductive healthcare providers who offer telehealth abortion care,[3] are committed to ensuring all patients can access safe and timely healthcare. This brief offers a perspective grounded in the lived experiences of patients who have used the telehealth provider Amici's services to access mifepristone (referred to herein as "Amici's patients"). The patient stories throughout this brief are taken from written statements submitted to Amici from patients who received care from these Amici's licensed medical providers.[4] These patient narratives illustrate how telehealth with mail and pharmacy dispensing removes barriers, promotes autonomy and accessibility, and improves health outcomes. Amici submit this brief to broaden the Court's understanding of the real-world impact of access to mifepristone via telehealth, and to underscore the significant consequences that may result from disrupting that access.[5]

SUMMARY OF ARGUMENT

Telehealth is a critical and increasingly essential component of modern healthcare. For many, a telehealth visit with a provider, followed by mail or pharmacy dispensing of medication (herein "telehealth"), is the only feasible path to timely, safe, and effective abortion care. Amici's

[1] No counsel for a party authored this brief in whole or part or made a monetary contribution to the preparation or submission of this brief.
[2] Amicus The Reproductive Health Initiative for Telehealth Equity & Solutions (RHITES) is 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 operating 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. The testimonials throughout 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. Modifications are denoted with brackets.
[5] Amici are grateful to Boston University School of Law student, Georgia Aguilar, for her contributions to this brief through the BU Program on Reproductive Justice.

patients' testimonials demonstrate how telehealth removes barriers delaying or preventing abortion access, especially for historically marginalized communities. Louisiana's proposed nationwide restrictions on mifepristone would obstruct access to a safe and widely used medication, directly conflicting with the Food & Drug Administration's ("FDA") statutory obligation not to impose undue burdens on patient access. Maintaining access to telehealth abortion care is critical to health equity, patient safety, and evidence-based medical practice.

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 services.[6] Approximately 76% of U.S. hospitals use telehealth, up from 35% a decade ago.[7] Telehealth plays a particularly critical role in expanding abortion access, allowing patients to consult providers via video, phone, or secure messaging, and receive medications through pharmacies or mail delivery.

Today, medication abortion – primarily the combined mifepristone plus misoprostol regimen[8] – accounts for approximately 63% of abortions in the U.S.[9] More than one in four abortions in the U.S. are obtained via telehealth, where mifepristone is prescribed remotely by a

[6] *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).
[7] *Telehealth: The Advantages and Disadvantages*, Harvard Health Publ., https://www.health.harvard.edu/staying-healthy/telehealth-the-advantages-and-disadvantages.
[8] Ushma D. Upadhyay et al., *Effectiveness and safety of telehealth medication abortion in the USA*, 30 NATURE MED. 1191, 1191 (FEB. 15, 2024).
[9] GUTTMACHER INST., *Monthly Abortion Provision Study*, https://www.guttmacher.org /monthly-abortion-provision-study (updated Sept. 30, 2025).

telehealth provider and mailed to the patient.[10] Research confirms that telehealth abortion is equivalent to in-person care in safety and effectiveness.[11]

Across hundreds of narratives, patients praised the professionalism and attentiveness of telehealth care.

> *"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 [Telehealth Provider] was kind, helpful, and explained everything in good detail."*

These patient narratives reflect themes of clear communication, responsiveness, and individualized follow-up, consistent with clinical best practices for in-person and remote care settings. Patients also reported that they trusted the information they received and felt reassured.

> *"[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."*

[10] SOCIETY OF FAMILY PLANNING, #WECOUNT REPORT, APRIL 2022 TO DECEMBER 2025 (June 10, 2026).
[11] 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).

While abortion access is unevenly distributed across dimensions of race, class, citizenship status, geography, and other axes,[12] telehealth provides a helpful avenue for patients. Amici's patients' trust, confidence, and satisfaction in telehealth confirm it as a patient-centered, evidence-based model meeting professional standards while easing structural barriers that otherwise inhibit access. For many patients, telehealth means the difference between obtaining care or not. For others, it fits their needs better than in-person care. Preserving both models is essential.

II. Telehealth Fosters Timely and Accessible Care, Especially for Rural, Low-Income, and Caregiving Patients.

Abortion is inherently time sensitive.[13] Abortion is many times safer than continuing a pregnancy as pregnancy itself comes with significant health risks, and these risks increase with gestation.[14] Additionally, delays in abortion access can impact psychological well-being, contributing to anxiety, stress, and depressive disorders.[15] Ensuring timely access can also mitigate the financial burden associated with abortion because abortions performed in the first trimester are generally more affordable than those in the second trimester.[16]

Access to prompt care is among the most important factors patients consider in their decision-making.[17] However, state-level bans and restrictions have forced many abortion clinics to close, increasing demand at clinics that remain. While wait times for in-clinic appointments can

[12] Liza Fuentes, *Inequity in U.S. Abortion Rights and Access: The End of Roe Is Deepening Existing Divides*, GUTTMACHER INST. (Jan. 2023).
[13] Rachel K. Jones & Jenna Jerman, *Time to Appointment and Delays in Accessing Care Among U.S. Abortion Patients,* GUTTMACHER INST. (Aug. 2016).
[14] *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 (June 11, 2019) (medication abortion is 14 times safer than carrying pregnancy to term); 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).
[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] 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).
[17] *See* Jane W. Seymour, Jenny A. Higgins & Sarah C.M. Roberts, *What attributes of abortion care effect people's decision-making? Results from a discrete choice experiment*, 131 Contraception 110327 (2024).

vary, data indicates the average wait is 7.6 days but can be much longer.[18] For some patients, that delay may push them into the second trimester. Additional telehealth restrictions would exacerbate this issue, compounding challenges for clinics already stretched thin. Amici's patients report that telehealth allows them to obtain care without such delay.

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

Timeliness concerns are particularly profound for patients living in rural or medically underserved areas. Geographic isolation, provider shortages, and limited public transportation often mean that even a single clinic visit may require substantial time off work, long-distance travel, and significant financial outlay.[19] These barriers can delay care, potentially forcing patients into more complex and costly procedures, or, for some, out of options altogether.

> *"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*

[18] Rachel K. Jones & Jenna Jerman, *supra* note 13.
[19] *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 et al., *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).

> *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 abortion access is especially important for historically marginalized communities who disproportionately lack economic resources, paid leave, and comprehensive health coverage.[20] 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.[21] Similarly, as of 2023, Black, Hispanic, American Indian/Alaskan Natives, and Native Hawaiians/Pacific Islanders were more likely to lack health insurance when compared to their white counterparts.[22] These resource differences can impact the ability of individuals to afford care.

Similarly, timely access matters for the 59% of abortion patients who are parents.[23] Balancing work, childcare, household responsibilities, and school activities makes in-person visits

[20] 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); U.S. SENATE COMM. OF FIN., Across the Country, Health Insurance Premiums Set to Spike Thanks to Trumpcare (July 23, 2025); 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/; 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) (examining disparities in health coverage and outcomes among communities historically marginalized by the U.S. health system, including Black, Latino, Indigenous, immigrant, disabled, and low-income populations, who have been systematically underserved due to entrenched structural inequities such as segregation, wage and employment discrimination, exclusion from employer-sponsored insurance, language barriers, and inadequate access to culturally responsive care. These intersecting barriers amplify the burdens of abortion restrictions, potentially making it more difficult for individuals in these communities to obtain time-sensitive care, absorb out-of-pocket costs, or travel across state lines).

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

[22] *See* Latoya Hill et al., *supra* note 20.

[23] 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.

difficult, and delays can jeopardize parents' ability to support their families.[24] Telehealth removes those barriers making it an essential option for parents with complicated schedules or limited ability to travel.[25]

> *"This experience helped me so much. I am a single working mother in a small town, [so] 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 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."*

Some patients describe weighing their own health and safety against responsibilities to the children they are already raising. For these patients, abortion care is largely about preserving their ability to remain present, healthy, and dependable for the children who rely on them. Telehealth can help these patients access care while prioritizing their families.

> *"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*

[24] *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); *see also* AM. HOSP. ASS'N, *Telehealth* (Feb. 7, 2025) (discussing telehealth growth due to expanded delivery options, fewer regulatory restrictions, and broad patient and clinician satisfaction with remote care, increasing convenience and access for families).

[25] *See generally* Amwell, *Survey Finds Majority of Parents Willing to Engage in Telehealth Post-COVID* (Mar. 9, 2021) (discussing how studies show that upwards of 61% of parents report being more willing to utilize telehealth than before the COVID-19 pandemic, marking an uptick in acceptance of telehealth as a practical and accessible care model).

> *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."*

Timeliness is also important for patients facing other barriers when accessing reproductive healthcare, including racial bias, stereotyping, and language differences.[26] These disparities directly shape access to timely healthcare, and telehealth is responsive to these real-world demands patients face.

III. Telehealth Enables Individuals to Receive Care Safely in a Private and Comfortable Environment.

Privacy is fundamental to healthcare, particularly abortion.[27] Research shows that patients place high value on the privacy telehealth offers.[28] For many, the opportunity to manage a deeply personal medical decision from home is not only preferable, but essential. Telehealth protects that privacy and sense of personal dignity while minimizing the logistical, employment, and family pressures that in-person care may impose.

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[26] *See* ACOG, *Racial Bias: Statement of Policy* (Oct. 15, 2020); 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/.

[27] *See* AM. MED. ASS'N*, Code of Medical Ethics: Patient Privacy & Confidentiality*, https://code-medical-ethics.ama-assn.org/chapters/patient-privacy-and- confidentiality.

[28] 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).

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

Moreover, survivors of gender-based violence, sexual violence, and human trafficking face greater risks of reproductive coercion and surveillance and may be unable to leave home to seek in-person care. [29] Telehealth enables these patients to access care without detection by those responsible for their abuse.

Studies have shown a strong association between intimate partner violence (IPV) and unintended pregnancy, along with increased risks of coercion, surveillance and harm when patients seek reproductive care.[30] Research emphasized that abortion restrictions significantly increase the likelihood of exposure to IPV, with a recent study finding a 7–10% increase in IPV rates among women of reproductive age in geographic regions affected by increased travel distances or near-total bans, resulting in at least 9,000 additional IPV incidents and an estimated $1.24 billion in added social costs.[31] Non-Hispanic Black women experience the highest increase in IPV incidents under these circumstances.[32] Evidence further demonstrates that individuals who obtain abortion care are significantly less likely to experience IPV than those who cannot.[33]

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[29] *See* Elizabeth Miller et al., *Recent reproductive coercion and unintended pregnancy among female family planning clients*, 89 CONTRACEPTION 122, 126-27 (Feb. 2014); Cathy Vaughan et al., *Measuring technology-facilitated gender-based violence,* U. of Melbourne, Discussion Paper (Feb. 2023).
[30] *Id.*
[31] 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 (Oct. 2025).
[32] *Id.* at 12.
[33] 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).

Human trafficking survivors face particularly acute vulnerabilities. Nearly 70% of survivors experience pregnancy as a result of their trafficking, and the high rates of sexual violence and coercion they endure make discreet access to care not just important, but lifesaving.[34] Telehealth abortion may be instrumental in meeting these patients' unique needs.

IV. Telehealth Reduces the Financial Burden and Harm Associated with Restricted Access to Abortion Care.

By offering care that is private, prompt, and accessible, telehealth helps patients navigate and avoid the compounding effects of persistent barriers. Research links abortion access to financial stability, employment, insurance coverage, and educational attainment.[35] This correlation means low-income and uninsured individuals are left without reproductive healthcare at a disproportionate rate, as well as women of color who systematically face barriers to care.[36]

For most abortion recipients, out-of-pocket costs exceed one-third of their monthly income.[37] 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.[38]

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[34] *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); 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).
[35] 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).
[36] Latoya Hill et al., *supra* note 20.
[37] 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(Apr. 2014).
[38] *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/.

Additional barriers fall hardest on those least able to absorb further logistical, financial, and emotional strain.[39] Approximately one in ten U.S. women lack health insurance, and many policies exclude abortion.[40] Further restriction will exacerbate the disproportionate burdens on low-income, uninsured, and underinsured populations.[41]

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.[42] Many of 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 to advance access. For many patients, telehealth was indispensable to their ability to access care.

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[39] *See* Rachel K. Jones et al., *At What Cost? Payment for Abortion Care by U.S. Women*, 23 WOMEN'S HEALTH ISSUES 238 (2013).
[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 disproportionately burdening low-income populations); *June Medical Services L.L.C v. Russo*, 591 U.S. 299, 324-26 (2020) (increased travel, clinic closures, and delays burden poor women disproportionately).
[42] Mahip Acharya et al., *Trends in Telehealth Visits During Pregnancy, 2018 to 2021*, 6 JAMA NETWORK OPEN (APR. 4, 2023).

> *"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, consistent communication around logistical and financial questions. Patients found this clarity helped them make informed, long-term decisions about their lives and families without the fear and anxiety that can often accompany unplanned healthcare costs.[43]

> *"[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."*

V. Telehealth Abortion Care Reduces Harm Associated with Restricted Access to Abortion Care, While Enhancing Overall Patient Well-Being.

Telehealth has become a critical tool for expanding access to healthcare, particularly in the face of persistent barriers that prevent many patients from obtaining timely, in-person services. By reducing economic obstacles, telehealth helps ensure that access to abortion is not determined by income, insurance status, or the ability to bear unexpected costs, all of which are critical to overall patient well-being. Indeed, decreased access to abortion can lead to serious health consequences,

[43] *See generally* Lindsay Pluff, Kathy Waligora & Lee Hasselbacher, *Coverage of Contraception and Abortion in Illinois' Qualified Health Plans*, EverThrive Ill. & Univ. of Chi. (2015); Amanda Dennis & Kelly Blanchard, A Mystery Caller Evaluation of Medicaid Staff Responses About State Coverage of Abortion Care, 22 Women's Health Issues e143 (2012) (discussing how some research has indicated that patients seeking abortion care are sometimes met with confusing, inaccurate, or contradicting information about insurance coverage for abortion care).

emotional distress, and stigma.[44] Amici's patients described telehealth services as "lifesaving" during moments of fear and vulnerability.

> *"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 25% of women have an abortion in their lifetime, abortion stigma remains a pervasive barrier.[45] It operates across multiple levels of society, manifesting through policy, institutional practices, media, community attitudes, and individual internalization.[46] Approximately two thirds of women who obtain abortions anticipate facing stigma if others discover their decision.[47] That stigma has measurable consequences, delaying pregnancy recognition, suppressing information-seeking, and preventing individuals from asking family, employers, or partners for support.[48]

Inability to access abortion may also manifest in psychological, physical, and financial harm. Studies show that women who cannot obtain desired abortions experience higher rates of psychological distress and develop more health problems.[49] They also face greater economic

[44] *See* Frank C. Worrell, *Denying Abortions Endangers Women's Mental and Physical Health*, 113 AM. J. PUB. HEALTH 382 (2023).
[45] *See* Janet Turan and Henna Budhwani, *supra* note 38.
[46] 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).
[47] 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).
[48] *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.
[49] Frank C. Worrell, *supra* note 44; Lauren J. Ralph et al., *supra* note 14.

instability, reflected in elevated rates of financial distress, declining credit scores, more frequent bankruptcies and evictions, and a higher likelihood of poverty.[50]

Telehealth mitigates many of these harms, while increasing patient agency and countering stigmatizing dynamics. Amici's patients described being met with dignity, reassurance, and clarity, often exceeding their expectations.

> *"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 in the comfort of our home."*

Although experienced abortion providers are trained to normalize abortion and reduce stigma in clinical interactions, several patients noted that receiving care at home, in a familiar private setting, further reduced feelings of shame or fear, making the experience feel normalized, rather than stigmatized.

[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).

> *"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."*

Many patients described feeling affirmed and confident in their decision.

> *"[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, which can perpetuate misinformation and widespread gaps in public knowledge about abortion.[51] The compassionate

[51] PLANNED PARENTHOOD ADVOCACY FUND OF MASS., INC., *Abortion Stigma*, https://www.plannedparenthoodaction.org/planned-parenthood-advocacy-fund-massachusetts-inc/abortion-stigma (last visited Dec. 10, 2025).

care provided via telehealth helps make abortion accessible and supportive, upholding dignity in a process too often marked by shame, fear, and isolation.

VI. Louisiana's Proposed Nationwide Restrictions Would Obstruct Access to Safe and Widely Used Medication, 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] Yet Louisiana seeks to reinstate the medically unnecessary in-person dispensing requirement for mifepristone nationwide. This would impose foreseeable harms, including delayed care; more complex and costly procedures; emotional distress and psychological harm; and for some, denial of care altogether—with burdens falling hardest on patients already facing systemic barriers. Undermining timely access to necessary care in this way places the health and well-being of millions in serious jeopardy.[53]

As the patient testimonials demonstrate, for many, telehealth offers the only viable path to care. Restricting access to mifepristone by reinstating the in-person dispensing requirement would force many patients to navigate medically unnecessary in-person visits, travel long distances, and incur financial and logistical burdens that fall the hardest on marginalized communities. Rather than improving safety, it imposes harm, including delayed care, more complex procedures, greater emotional distress, and for some, denial of medically necessary healthcare.

CONCLUSION

Amici respectfully urge the Court affirm the district court's denial of Louisiana's motion.

[52] 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).

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July 22, 2026

CERTIFICATE OF COMPLIANCE

Pursuant to Rule 32 of the Federal Rules of Appellate Procedure, Meghan Matt, an attorney with Murell Law Firm, hereby certifies that according to the word count feature of the word processing program used to prepare this document, the document contains 5385 words and complies with the typeface requirements and length limits of Rule 32(a)(5)-(6) and applicable local rules.

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CERTIFICATE OF SERVICE

I hereby certify that on July 21, 2026, I presented the foregoing to the Clerk of Court by filing and uploading to the CM/ECF system, which will send notification of such filing to all parties.

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