



To: Interested Parties

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The Stakes of the U.S. Supreme Court Case that Will Determine Restrictions on Medication Abortion Nationwide

The U.S. Supreme Court is set to weigh in on a baseless case that could impose restrictions on [mifepristone](#), a medication commonly used for medication abortion care and miscarriage management.

If the Court's conservative supermajority rules in favor of the [anti-abortion extremist group](#) that brought the case, the negative effects would ripple across every state in the country and increase barriers to abortion care—impacting 64.5 million women of reproductive age in the United States according to Reproductive Freedom for All's [analysis](#).

These attempts to further limit medication abortion access run in direct contrast to the [majority of Americans](#) who support abortion pills remaining accessible, including 51% of Republicans.

This baseless lawsuit was initially brought just days after voters across the country made their support for abortion clear in the November 2022 midterm elections.

In 2022, anti-choice organizations filed an unfounded federal lawsuit in a district court in Texas — *Alliance for Hippocratic Medicine v. FDA* — that initially sought to rescind FDA's approval of mifepristone despite the medication's proven safety and effectiveness. On appeal to the Fifth Circuit, the court ruled against totally rescinding FDA approval. Instead, it sided with the anti-abortion plaintiffs' argument that the FDA's 2021 move to lift **medically unnecessary restrictions** on mifepristone—which expanded access to medication abortion in a number of ways, including by allowing it to be mailed directly to patients—was unlawful. The case was then appealed to the Supreme Court, where it heard oral arguments on March 26, 2024.

Anti-abortion extremists have once again put our ability to access abortion care back in the hands of the extremist Supreme Court as part of their campaign to ban abortion in every state.

This case could have incredibly damaging effects on the precarious ecosystem of abortion access, which has already been severely disrupted and curtailed in the wake of the Supreme Court overturning *Roe v. Wade*. As abortion bans proliferated post-*Dobbs*, medication abortion is often the most viable option—or the only option—for some pregnant [people](#).



The impact of this case could cause more confusion and chaos at a time when abortion care is already increasingly more difficult to access, and reliance on this safe and effective method of abortion care is at an all-time high and would curtail access to abortion in **every state**, not only those where abortion is currently banned.

Medication abortions accounted for [63%](#) of all U.S. abortions in 2023, a substantial increase from 53% in 2020.

Right now, 24.5 million women of reproductive age are living in states with abortion bans. If the Supreme Court sides with the anti-abortion extremists who brought the case, 64.5 million¹ women of reproductive age in the U.S. would face increased hurdles to access medication abortion care, an exponential increase in harm.

A decision restricting mifepristone would only exacerbate the abortion access crisis that continues to sweep the country post-*Roe* and takes away a safe and needed option to seek abortion care. The impacts will most harm Black, Latinx and low-income communities that are already disproportionately affected by abortion bans and restrictions.

Here's the truth: With a [safety record](#) of over 99%, medication abortion care is [safer than Tylenol](#). **Attacks on medication abortion care are not based in science—they are politically motivated.**

Attacks on medication abortion care are part of anti-abortion groups' long-standing disinformation campaign meant to further stigmatize abortion and block access to care. **Medication abortion care helps give people the freedom to make their own decisions about their lives and families.** Without it, millions of people will have their reproductive freedom limited and their [health](#) put at [risk](#).

¹ This data is sourced from the U.S. Census Bureau population estimates based on bridged race categories released by the National Center for Health Statistics. These figures don't include people who can get pregnant but do not identify as women—if we factor in that population, the number of people harmed is even higher.