



The Honorable Kathy Hochul
Governor of New York State
NYS State Capitol Building
Albany, NY 12224

On behalf of the thousands of members of AAPLOG, we write to share our concerns about the risks posed to patients by New York's recently enacted legislation granting anonymity to physicians prescribing mifepristone.

As physicians, when we prescribe a medication, our job goes beyond simply writing the order for that medication. Patients deserve a doctor who can assess their individual risks for a drug - for mifepristone this assessment necessitates an in-person consultation - accompany them through their entire course of care, and ensure their successful and complete treatment.

Concealing doctors' identity recklessly endangers the patients we're meant to serve. It compounds the risks of telehealth prescription of mifepristone without in-person consultations, and the barriers it creates to identifying prescribing physicians could mean the difference between life and death for patients.

Contact with the prescribing physician is an essential component of any follow-up care, which is so common and necessary with mifepristone that it was required as part of the original FDA approval. Many irresponsibly understate the risks of drug-induced abortions, but the dangers for women who take it are all too real. The 2023 label for mifepristone notes it can cause "serious and sometimes fatal infections or bleeding."¹ Women taking the drug may require transfusion, develop sepsis, or need surgery to complete their abortion. The rate of complication for drug-induced abortion is four times higher than for surgical abortions. In fact, 2.9-4.6 percent of patients taking the drug will need to be seen in the emergency room, as happened in the case of the Louisiana patient reported days before New York enacted its legislation.²

A Louisiana minor, who wanted to carry her child, was allegedly coerced into abortion by her mother who acquired the pills from a New York doctor. The drug was dispensed after the minor's mother filled out an online questionnaire, and news reports say the doctor had no interaction with the pregnant minor.³ Prescribing mifepristone without first seeing a patient

¹ https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s026lbl.pdf

² <https://apnews.com/article/abortion-pills-new-york-hochul-12dc697d30967808aed9c3e4db2b1ff2>

³ https://www.theadvocate.com/baton_rouge/news/port-allen-grand-jury-indicts-new-york-doctor-prescribed-abortion-pill-minor/article_98ad9ab2-dff0-11ef-ab4f-fbdfc5247733.html

in-person presents a host of risks, including missing an ectopic pregnancy, which is life-threatening to the mother. After taking the pills, the minor had such severe complications she called 911 and was taken to the emergency room. Thankfully the minor patient was treated and stabilized. However, her story could have ended much differently.

Sadly, Amber Thurman's, a Georgia mother who tragically lost her life after taking mifepristone, story did. If she'd had the benefit of follow-up care, she could have been treated for the complications she suffered, including retained tissue, sepsis, and hemorrhage. Instead these complications took her life.

Heartbreaking cases of women harmed by mifepristone are mounting.

Candi Miller, another Georgia mother, died after taking mifepristone ordered online and without a physician's care. The death of Alyona Dixon, a Nevada mother who developed complications ranging from respiratory failure to acute renal failure after taking mifepristone, further highlights the dangers of drug-induced abortion.⁴

As medical professionals, we are concerned that New York's law obscuring prescribing physicians will contribute to more tragic cases, and we appeal to you to reconsider the detrimental impact this will have on patients.

This new law makes doctors less accessible to the patients they're serving, erects hurdles for patients with follow-up questions, and adds time-consuming and potentially fatal roadblocks to medical consultations that could be necessary in the event of complications.

Patients need transparency and accountability from their physicians, not obfuscation and barriers. We urge you to reassess this law and not to sign legislation requiring pharmacists to adhere to doctors' requests for anonymity.⁵ Patients' lives depend on it.

⁴ <https://www.washingtontimes.com/news/2023/sep/28/nevada-womans-death-after-taking-abortion-pills-sp/>

⁵ <https://apnews.com/article/abortion-pills-new-york-hochul-12dc697d30967808aed9c3e4db2b1ff2>