AAPLOG

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Undercover Review of Online Abortion Provider

Safety and Oversight Concerns Raised

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INVESTIGATIVE REPORT

TITLE:
Undercover Review of Online Abortion Provider AidAccess Raises Safety and Oversight Concerns

DATE:
June 2026

PREPARED BY:
The American Association of Pro-Life OB/GYNs (AAPLOG)

EXECUTIVE SUMMARY

AAPLOG CEO and board-certified OB/GYN Dr. Christina Francis conducted an undercover review of mainly one online abortion pill provider, AidAccess, accessed through the "Plan C" website. She found that, thanks to the removal of the in-person dispensing requirement by the Biden administration, any individual, male or female, of any age can order abortion drugs (combination of mifepristone and misoprostol) online and receive them through the mail without identity verification, confirmed pregnancy, or direct medical consultation and despite medical contraindications to the drugs.

During the investigation, Dr. Francis completed the intake process posing as a 13-year-old girl on blood thinners, with an intrauterine device (IUD) in place, and a history of three prior cesarean sections and ectopic pregnancy – all of which are factors which would significantly increase the risk of severe complications from an abortion due to these drugs. She also found the survey responses could be modified without restriction, displaying the lack of reliability of patient-reported information and the lack of care for the safety of women and girls who misrepresent or lie about their health issues in order to obtain these pills. Additionally, the lack of a requirement for ID allows abusers to easily obtain these pills simply by making up responses, in order to force an abortion on their victims.

Dr. Francis utilized her specialized perspective as a practicing OB/GYN Hospitalist, noting that no real-time telehealth consultation was observed and key medical risks were not adequately addressed at intake, proving that current online distribution pathways lack essential safeguards present with in-person medical care, and completely destroys legitimate informed consent.

Key findings of the investigation:

- **No identity verification was required.** Users were not required to provide any form of government-issued identification to order abortion pills.

- **No confirmation of pregnancy was required.** The process did not require objective verification of pregnancy (e.g., medical documentation or proof of a positive pregnancy test).
- **No proof of ultrasound required.** There was no requirement to confirm gestational age or ensure an intrauterine location of the pregnancy through ultrasound prior to proceeding, even when the user noted she was unsure about how far along she was and reported significant risk factors for ectopic pregnancy.

- **No real-time, or even asynchronous, interaction with a medical professional occurred.** The intake process did not include a live consultation with a medical professional (such as what would happen with a telehealth visit). Even an asynchronous review of the user's health information did not occur as the payment link was emailed less than 2 minutes after request submitted.
- **Survey responses could be easily altered.** Users could go back and change answers in the intake form without restriction, allowing someone who shouldn't qualify to receive the drugs to receive them by simply changing responses to questions.

- **No safeguards existed to prevent misuse by third parties or to screen for abuse.** The system appeared to allow any individual, including someone other than the intended patient, to request abortion pills. No screening was done for abuse, despite Dr. Francis posing as a 13-year-old – something that would be an immediate red flag for potential abuse for any trained medical professional.
- **Limited or unclear communication of medical risks.** The question process did not clearly present or emphasize the severity of risks associated with taking these drugs, especially those pertinent to the individual user. Nor was there any attempt to be sure these risks were fully understood before the drugs were shipped.

- **No meaningful limit on gestational age exists given the current distribution scheme.** Though the site said they would not distribute the drugs to someone who is more than 14 weeks pregnant (which is already 4 weeks beyond the FDA-approved gestational limit), a user can simply use the "back" button built into the system to go back and enter a last menstrual period that

These findings raise significant concerns regarding patient safety, informed consent, and what appears to be a complete lack of medical oversight in the online distribution of abortion pills, shifting the burden of medical decision-making and risk management onto patients, even minors.

FULL INVESTIGATIVE REPORT

BACKGROUND

The abortion drug mifepristone (dispensed in combination with a second drug, misoprostol) in the United States has been regulated by the U.S. Food and Drug Administration (FDA) through a Risk Evaluation and Mitigation Strategy (REMS) that sets conditions for prescribing and dispensing drugs with a high risk of adverse events. However, since 2016 those safeguards have been eroded, leaving women, girls, and preborn children vulnerable to medical malpractice and/or abusers.

During the first Trump administration (2017–2021), mifepristone be dispensed in person at a facility or medical office under a certified provider. During the COVID-19 pandemic in 2020, lawsuits challenged this requirement, and federal courts temporarily blocked enforcement of the in-person rule due to public health concerns.

However, the administration at the time sought to reinstate the requirement, asking courts to allow the FDA to enforce in-person dispensing, given the inherent dangers of abortions induced by these drugs which are heightened with no in-person medical evaluation.

Under the Biden administration (2021–2025), the FDA gutted this policy. In December 2021, the agency announced it would permanently remove the in-person dispensing requirement, and on January 3, 2023, it finalized updated REMS rules. These changes allowed mifepristone to be prescribed online and dispensed by mail, even to states with pro-life laws. The Biden administration described these updates as “evidence-based modifications” intended to reduce “barriers to care” while preserving safety oversight. However, these reckless changes have allowed women, young girls, and even abusers to obtain these drugs with no medical oversight, resulting in a serious health crisis.

The current FDA has allowed this negligent scheme to persist while claiming for more than a year to be conducting a safety review of mifepristone. At the same time, ongoing litigation has challenged the Biden-era policies that allow “telehealth" prescribing and mail distribution. AAPLOG conducted this investigation to discover whether online abortion access had sufficient medical oversight. It examines the process by which abortion pills can be obtained through online platforms like Aid Access without an in-person medical evaluation. Specifically, it evaluates the intake procedures, screening protocols, and safeguards used by websites that facilitate access to abortion pills by mail.

Through an undercover review, Dr. Francis navigates these platforms as a typical user, testing how the system responds to various inputs—including different ages, conflicting medical histories, and high-risk health conditions. The investigation focuses on whether these systems require verification of identity, confirmation of pregnancy, or interaction with a medical professional (especially for someone with high-risk conditions) prior to dispensing abortion drugs.

In addition, the investigation evaluates how the platforms communicate medical risks, assess gestational age, and determine eligibility for the pills, as well as whether safeguards exist to prevent misuse or inappropriate prescribing. Particular attention is given to how the system handles users who report risk factors that would increase the risk of physical complications or death, and whether those responses trigger meaningful clinical evaluation, intervention, or restriction.

Overall, the investigation aims to assess whether the online distribution process reflects standard medical practices for patient evaluation, informed consent, and clinical oversight required for telehealth, or whether key elements of care are absent in the direct-to-consumer model.

METHODOLOGY

This investigation was conducted by:

- Accessing the Plan C clearinghouse website to find sites that dispense abortion pills to people in an abortion restricted state like Indiana.
- Completing Aid Access' intake process and payment for pills, being sure to report several high-risk conditions in an attempt to see at what point consultation with a medical professional would occur.
- Recording the process via video and screen capture.

FINDINGS

1. No identity or age verification -
The system does not verify user identity or age, allowing minors to proceed without safeguards.
Quote:
"They ask my age but do not verify it. No ID is required. A minor can proceed without any safeguards."

2. Abortion pills can be obtained without confirmed pregnancy -
Users can order abortion pills even if they are not currently pregnant.
Quote:
"They even say you can order pills now 'in case you get pregnant in the future.' So they are providing high-risk drugs to women, girls who may not even be pregnant so that they can hold on to them for a future pregnancy."

3. Gestational age can be easily manipulated -
Users can alter answers to appear eligible, even if they may be beyond recommended gestational limits.
Quote:
"I can manipulate the gestational age simply by changing my last period date… What if my period actually… was September 10th? You're 20 weeks… I'm going to go back… and make myself 12 weeks pregnant, even though I could very well be 20 weeks pregnant."

4. Ultrasound confirmation is not required and can be bypassed -
Even when the system warns about uncertainty in gestational age, users can proceed without confirmation. There is also no confirmation that the pregnancy is actually inside the uterus and not an ectopic pregnancy.
Quote:

“This says if you’re not sure how long you’ve been pregnant, you should get an ultrasound… Yet they also say that you can click on ‘I am sure I’m less than 14 weeks’… I can click that and they’ll let me keep moving on.”

5. No real-time medical consultation occurs -
There is no interaction with a physician or healthcare professional during the process.
Quote:
“There’s no immediate interaction with a physician. You’re not on a telehealth visit… anybody can go on to AidAccess.”

6. High-risk medical conditions do not prevent access -
Even when serious risk factors are disclosed, users are allowed to continue and obtain the pills without a medical consultation.
Quote:
“If you are on blood thinners, you have a higher risk of very heavy bleeding… Do they say we can’t get these to you? No… I can say yes, I understand that, and I can still continue to move along.”

7. Users can change answers to bypass safeguards -
The intake system relies on self-reported information that can be altered at any time.
Quote:
“Let’s say I’m a scared young girl… I’m going to hit back. I’m just going to change my answer… it didn’t say ‘you just changed your answer, why did you do that?’ No, it’s letting me continue to go.”

8. No meaningful screening for abuse or coercion -
The system does not adequately identify or address possible abuse situations.
Quote:
“As medical professionals, we are mandatory reporters… Who’s the mandatory reporter in this situation…? No one… What if her abuser is the one… standing right next to her… making her order these pills? There’s no way that these people know this.”

9. Lack of informed consent despite required agreement -
Users must agree that risks were explained, even when no opportunity was given for the user to ask questions and receive answers and with often minimal explanation of any risks or what to expect. This negates informed consent.
Quote:
“My healthcare provider has talked to me about the risks… Nowhere yet did they say anything about the risk of infection… this is making me agree that somebody has talked to me… No one has talked to me yet about that risk.”

10. No continuity of care or identifiable provider -
Users are instructed to seek help for complications but are not connected to a medical professional who is aware of their individual situation.

Quote:
“I will contact the clinic office or provider right away… Again, who is the clinic I’m supposed to contact? Which office? Which provider? There’s no one.”

11. Patients advised to conceal abortion pill use -
The system suggests users can just state they are having a miscarriage if going to the Emergency Room for complications or seeking medical assistance, which can affect medical care.
Quote:
“If you are worried… you can just tell the medical staff that you are having a miscarriage… There is no way for medical staff to tell that you have taken abortion pills.”

12. Rapid approval process with no medical review -
Approval occurred too quickly for any medical review to have occurred.
Quote:
“Within like two minutes of submitting the form… I got an email… all I had to do was confirm… and pay my $150… Doesn’t say that anybody reviewed any of the things that I did.”

13. System accepts extreme and contradictory medical information -
Even unrealistic combinations of medical risk factors are not caught and do not prevent the abortion pills from being shipped.
Quote:
“You’re a 13-year-old who’s had three C-sections with an IUD… and has anemia… and they prescribed you the pills? Yes.”
14. Users are required to assume medical risk without clinician involvement -
The intake process requires users to affirm statements indicating medical risk and informed decision-making, despite no interaction with a medical professional. This shifts responsibility for medical risk entirely onto the user despite a high likelihood of lack of true understanding of the risk.
Quote:
“‘I understand my pregnancy is dangerous to my health.' I am just reading this right now as I’m filming this video. So, this is blowing my mind. They did not talk about any of the risks other than bleeding… and yet they want me to agree to understand that my pregnancy right now is dangerous to my health.”

LIMITATIONS

This investigation reflects a simulated user experience conducted through a limited number of interactions with a selected online abortion pill platform. While the findings provide insight into how these systems function under specific conditions, they may not represent all user experiences across different providers or scenarios.

The investigation relies on observational evidence from a single workflow per platform, and it is not able to independently verify internal review processes that may occur after submission, such as backend clinician evaluation or additional screening not visible to the user. As such, conclusions about medical oversight are based on what was *observable* during the intake process rather than confirmed absence of internal review.

Finally, this investigation does not assess legal frameworks, regulatory compliance, or variations in platform policies across jurisdictions. These findings are therefore limited to observed practices within the specific interaction conducted and should be interpreted within that context.

IMPLICATIONS / NEXT STEPS

The FDA should act to restore common sense and basic safeguards by reinstating the in-person visit requirement for abortion pill distribution as a first step to protect the maternal and fetal patients. Ensuring direct involvement of medical professionals is a critical step toward protecting patient safety, informed consent, and continuity of care.

RESOURCES:

- **AAPLOG Pro-Life Medical Experts.** Doctor Goes Undercover to Buy Abortion Pills. The Reality is Worse Than You Think. YouTube. Published March 11, 2026. Accessed June 4, 2026. https://www.youtube.com/watch?v=4qAG4V-zHD4.
- **Aid Access.** Aid Access website. Accessed June 4, 2026. https://aidaccess.org/en/.
- **Plan C.** Plan C website. Accessed June 4, 2026. https://www.plancpills.org/.