



United States
Conference of
Catholic Bishops

3211 Fourth Street, NE 202.541.3000
Washington, DC usccb.org
20017

The Honorable Todd Blanche
Acting Attorney General
U.S. Department of Justice
950 Pennsylvania Ave. NW
Washington, D.C. 20530

The Honorable Martin A. Makary, MD
Commissioner
U.S. Food and Drug Administration
10903 New Hampshire Ave.
Silver Spring, MD 20993

May 4, 2026

Dear Acting Attorney General Blanche and Commissioner Makary:

Last July, in the course of its review of the safety of the abortion drug, mifepristone, we submitted to the Food and Drug Administration (FDA) a paper of the Catholic Medical Association on that drug's dangers in the context of telemedicine.¹ As you know, the Department of Justice (DOJ) has since moved to stay or dismiss three different lawsuits filed by states to challenge the status of the drug, citing in part the FDA's ongoing safety review.² In turn, however, there also have been reports alleging a deliberate delay in the completion of that review.³ On behalf of the U.S. Conference of Catholic Bishops' Committee on Pro-Life Activities, I write today in follow-up to these interrelated developments for both of your respective agencies.

We remain grateful for the FDA's undertaking the needed study of mifepristone. We also value the desire to ensure that the review is done well to ward against the political and legal attacks that may follow any resulting action. Without sacrificing scientific rigor and accuracy, we nonetheless urgently encourage the FDA to proceed as expeditiously as possible with its safety review and to, at the very least, restore the Risk Evaluation and Mitigation Strategies (REMS), if not revisit the legally dubious approval of the drug altogether.⁴ The former REMS' requirement for in-person doctor's office visits, in particular, would help to determine gestational age accurately, whether a pregnancy is ectopic, and to screen for abuse and human trafficking – all of which are critical for the health and safety of women. Follow-up appointments would help detect other complications.

¹ Letter of Catholic Medical Association et al., "Urgent Call for Improved Safety Protocols and Health Protections Concerning Telemedicine Chemical Abortions," July 7, 2025, [https://www.usccb.org/resources/Joint%20Letter%20and%20CMA%20Paper%20to%20FDA%20\(2025\).pdf](https://www.usccb.org/resources/Joint%20Letter%20and%20CMA%20Paper%20to%20FDA%20(2025).pdf) (including enclosure of report, "Telemedicine Chemical Abortion: A Catholic Medical Association Policy with Recommendations," June 2025).

² Defendants' Motion to Stay or, Alternatively, to Dismiss, *State of Florida v. U.S. Food & Drug Administration*, No. 7:25-cv-00126-O (N.D. Tex. Mar. 13, 2026); Federal Defendants' Motion to Stay or, Alternatively, Dismiss, *State of Missouri v. U.S. Food & Drug Administration*, No. 4:25-cv-01580-CMS (E.D. Mo. Mar. 6, 2026); Defendants' Motion to Stay the Case, *State of Louisiana v. U.S. Food & Drug Administration*, No. 6:25-cv-01491-DCJ-DJA (W.D. La. Jan. 27, 2026). At the time of publication of this letter, we recognize that there have been recent and ongoing changes in the status of *State of Louisiana v. FDA*. We respectfully maintain the requests articulated in this letter, including with respect to FDA's underlying policies.

³ Charles Gorrivan, Riley Griffin, and Rachel Cohrs Zhang, "FDA Slow Walking a Long-Awaited Abortion Pill Safety Study," Bloomberg, Dec. 8, 2025, <https://www.bloomberg.com/news/articles/2025-12-08/fda-slow-walking-a-long-awaited-abortion-pill-safety-study>.

⁴ FDA approval of mifepristone for abortion in 2000 used "Subpart H," an accelerated process intended for "certain new drugs that . . . treat[] serious or life-threatening illnesses and that provide meaningful therapeutic benefit to patients over existing treatments" (21 C.F.R. § 314.500 *et seq.*), which was inappropriate both because pregnancy is not a serious illness and because chemical abortion has higher rates of complications than surgical abortions.



As the FDA weighs the literature, there are a number of challenges that we trust will be fully considered. First, at times, the reported safety of mifepristone has been ascertained using protocols that were later eliminated, partly as a result of those same findings. This would be like pointing to the relative safety of riding a motorcycle with a helmet, and then using that to help justify repealing the laws that require helmets. Second, as you know, mandatory reporting of non-fatal adverse events was one of the protocols eliminated in 2016. Third, some abortionists and their proponents counsel women not to tell emergency room doctors that they had taken the abortion drug when they come in with a complication, leading to misreporting and coding as a miscarriage. A leading website connecting women to abortion pills, “Plan C,” for example, tells women that they may “get into trouble” if “they [get] follow-up medical care and the provider report[s] them (many people say they are having a miscarriage to avoid this risk, which is medically what is happening in the body).”⁵ Another website called, “I Need an A,” advises that “[i]f you’re having a medical emergency like very heavy bleeding, go to the emergency room closest to you. You don’t need to say anything about taking abortion pills or why you think you might be bleeding.”⁶ The difficulties posed by these combined factors can be tragic for women, ought not be underestimated, and must be addressed fully by decisionmakers.

With respect to DOJ, regardless of the FDA’s safety review, we strongly urge you to rescind the Office of Legal Counsel memorandum of December 2022, “Application of the Comstock Act to the Mailing of Prescription Drugs That Can Be Used for Abortions,” and to enforce the Comstock Act (namely 18 U.S.C. §§ 1461, 1462) against entities that send mifepristone by mail or common carrier shipping. The language of the statute against the mailing and shipment of abortion drugs is plain and clear. It makes these activities unlawful in and of themselves, without any requirement of intent for the end-use to be unlawful. To the extent there is precedent to the contrary that renders the law effectively null, it ought to be reevaluated in light of jurisprudential developments, including *Dobbs v. Jackson Women’s Health Organization*. This is all the more true given the aforementioned tenuous legality of mifepristone’s approval in the first place.⁷ While it may be fashionable to object that the Comstock Act is old, the age of a statute has no bearing on its continued validity.

Whether or not an intent for unlawful end-use is required, DOJ should pursue such cases against senders where mifepristone for abortion is shipped into a state that prohibits abortion. The December 2022 memorandum’s insistence that a sender in such cases cannot know the intent of a recipient abdicates the investigative and prosecutorial process. Relatedly, we therefore encourage you to pursue all available means to undo the so-called “shield laws” which some states use to protect abortionists who deliver their deadly services to other states that are instead seeking to protect the lives of mothers and children. One study in May 2025 estimated that in the course of one year over 97,000 abortion pill regimens, representing nearly 10% of abortions, were sent from states with pro-abortion shield laws into states with either a telehealth restriction or pro-life law.⁸ Later data indicates nearly double that rate.⁹

All direct, intended abortions extinguish an innocent human life, and therefore are a grave evil. In the case of mifepristone, we seek to prevent tragedy for both the baby and the mother. The risks are not theoretical. In addition to untold numbers of complications, mifepristone was associated with the deaths

⁵ See <https://www.plancpills.org/> (accessed March 24, 2026).

⁶ See <https://www.ineedana.com/blog/what-if-i-go-to-the-er-after-an-abortion-or-a-miscarriage> (accessed March 25, 2026).

⁷ See note 4, *supra*.

⁸ Mia Steupert, “How Many Abortions Are Occurring in America Post-Dobbs?,” Charlotte Lozier Institute, May 22, 2025, at <https://lozierinstitute.org/how-many-abortions-are-occurring-in-america-post-dobbs/>.

⁹ “#WeCount report, April 2022 to June 2025,” Society of Family Planning, Dec. 9, 2025, <https://societyfp.org/research/wecount/wecount-june-2025-data/>.



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of 36 mothers as of late 2024.¹⁰ This may be an underestimate, considering the aforementioned problems with misreporting. We hope you will agree that vulnerable mothers in need do not deserve the isolation and danger of telemedicine chemical abortion. Instead, we must do better to meet mothers with compassionate, meaningful, and authentic support that enables them and their families to welcome their new children into the world.

Thank you for your attention and consideration.

Sincerely,

A handwritten signature in blue ink that reads "Daniel E. Thomas".

Most Reverend Daniel E. Thomas
Bishop of Toledo
Chairman, Committee on Pro-Life Activities

¹⁰ "Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation," U.S. Food and Drug Administration, Feb. 2, 2026 (update), <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation>.