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Support SB 567 – New Hampshire Must Invest in Reproductive Health Amidst Politically Motivated Attacks on Medication Abortion

Bill Summary: SB 567 directs the department of health and human services to protect and expand access to critical medications for reproductive health that are approved by the Food and Drug Administration, such as medication abortion. The bill also requires the Commissioner of Health and Human services to produce a report identifying ways to expand and protect access to medication abortion, as well as regulatory barriers to reproductive health care. This legislation is an excellent starting place to advance reproductive equity in the Granite State and for the legislature to stand against politically motivated attacks on medication abortion.

It is more critical now than ever before that New Hampshire invest in expanding and protecting reproductive healthcare. In November of 2022, anti-abortion activists filed a lawsuit (*Food and Drug Administration v. Alliance For Hippocratic Medicine*) in Texas under the authority of a federal judge known for his dangerous anti-abortion views, arguing that the Food and Drug Administration (FDA) exceeded its regulatory authority by ignoring safety concerns when approving the drug, mifepristone - one of two medications in a regimen that accounts for more than *half* of all abortions in this country - over two decades ago. The research is clear: mifepristone is a safe and effective medication for the purpose of terminating a pregnancy. Nonetheless, the lawsuit has since worked its way up to the Supreme Court and as soon as this year, an adverse ruling could take mifepristone off the shelves and bar health care professionals from prescribing it in every state in the nation. While this bill cannot override federal court judgements, it can put New Hampshire in a better position to ensure that Granite Staters are getting the best care possible among an increasing number of attempts to ban abortion nationwide.

Mifepristone's availability via telehealth and by mail has made it vital to abortion access in states with significant rural populations like New Hampshire. Mifepristone has been a widely used drug for abortions in the United States since 2000. There are more than one hundred scientific studies, spanning over 30 years. twenty-six countries, and with robust sample sizes that have analyzed the use of the drug and its companion, misoprostol. Moreover, due to its accessibility via telehealth and mail delivery, medication abortion plays a critical role in ensuring safe and timely access to care for people who live far away from the nearest abortion provider, are immunocompromised, or who face long wait-times for an in-person appointment. This is highly relevant to patients in New Hampshire, where just 23% of women in the state live in counties with abortion clinics. The prevalence of medication abortion has only increased in recent years; from 2017 to 2020 the number of medication abortions increased by 45%. Yet, at the same time, the number of clinics providing abortion care in Northeast has declinedvi and after the fall of Roe, even more clinics (66) have closed nationwide. vii Should the legality of the drug change at the national level, additional clinics will be forced to close down. In our neighboring states of Maine and Vermont, the state share of counties with an abortion provider would drop from 88% to 19% and from 29% to 21%, respectively. VIII This would place an even greater strain on clinics here in New Hampshire. As it becomes increasingly difficult for clinics to stay open in a post-Roe world, states dedicated to protecting reproductive liberty should do all they can to research and invest in mechanisms to best support people seeking the care they need; Senate Bill 567 provides New Hampshire with that opportunity.

The fight for reproductive rights would not be complete without investments in expanded access. A bad decision in *Food and Drug Administration v. Alliance for Hippocratic Medicine* would also disproportionately impact young people, those trying to make ends meet, and people of color, as well as exacerbate the growing maternal mortality crisis that has fallen hardest on Black women since long before *Roe* was overturned. Today, states with larger Black populations; Mississippi, Louisiana, Georgia, Alabama, and Tennessee, have all banned abortion, while simultaneously offering the weakest maternal supports in the country. Understanding this, the fight for continued access to medication abortion is integral to broader fights for reproductive justice. Legislators must stand in solidarity with historically marginalized populations and vote 'yes' for this important

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legislation, letting their constituents know that abortion is a right for everyone, regardless of their zip-code or background.

New Hampshire is an outlier among other New England States when it comes to protecting and expanding access to reproductive healthcare. Despite the urgent need to invest in reproductive health care, New Hampshire remains the only state in New England without any affirmative protections for abortion rights. xii New Hampshire also failed to take actions in response to threats to medication abortion like its New England counterparts have. For example, Massachusetts purchased a stockpile of mifepristone to secure access to the two-drug medication abortion regimen should its FDA approval be revoked. Xiii It is long overdue the Granite State take proactive measures to protect and expand access to reproductive healthcare. With a medication as widely relied upon as mifepristone under threat, it is imperative that Legislators support SB 567 alongside other positive legislation that would significantly improve New Hampshire's reproductive healthcare ecosystem.

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vi Ibid.

ⁱ Poppy Noor, *Abortion pill case: where does the lawsuit against the pill currently stand?*, May 2023, The Guardian, available at, <u>Abortion pill case: where does the lawsuit against the pill currently stand? | Abortion | The Guardian</u>

ii Adriel Bettelheim, Supreme Court agrees to hear abortion pill case, Dec 2023, Axios, available at, Supreme Court agrees to hear abortion pill case (axios.com)

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Very Guttmacher Institute, State Facts about Abortion: New Hampshire, Jan. 2022, available at https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-new-hampshire.

^vJones RK, Kirstein M, Philbin J. Abortion incidence and service availability in the United States, 2020. Perspect Sex Reprod Health. 2022;54(4):128-141. doi: 10.1363/psrh.12215 available at <u>Abortion incidence and service availability in the United States, 2020 - PMC (nih.gov)</u>

vii 100 Days Post-Roe: At Least 66 Clinics Across 15 US States Have Stopped Offering Abortion Care, available at https://www.guttmacher.org/2022/10/100-days-post-roe-least-66-clinics-across-15-us-states-have-stopped-offering-abortion-care

Viii Jesse Philbin, Rachel K. Jones, Emma Stoskopf-Ehrlich, Joerg Dreweke, 10 US States Would Be Hit Especially Hard by a Nationwide Ban on Medication Abortion Using Mifepristone, Feb 2023Guttmacher Institute, , available at https://www.guttmacher.org/2023/02/10-us-states-would-be-hit-especially-hard-nationwide-ban-medication-abortion-using

World Population Review, US States by Race 2023, 2023, available at, https://worldpopulationreview.com/states/states-by-race

^{*} Rachel Treisman, States with the toughest abortion laws have the weakest maternal supports, data shows, Aug 2022, NPR, available at https://www.npr.org/2022/08/18/1111344810/abortion-ban-states-social-safety-net-health-outcomes

xi Ibid.

xii Guttmacher Institute, *Interactive Map: US Abortion Policies and Access After Roe, 2022*, available at <u>Interactive Map: US Abortion Policies and Access After Roe | Guttmacher Institute</u>

xiii MassLive, *Medication abortion ruling: Gov. Healey unveils plan to protect mifepristone in Mass.* April, 2023, Available at https://www.masslive.com/politics/2023/04/medication-abortion-ruling-gov-healey-unveils-plan-to-protect-mifepristone-in-mass.html