

New Amicus Brief & Mifepristone Hub



Shielding Providers: State Shield Laws are put to the Test

As litigation over medication abortion continues, access to accurate, evidence-based information remains essential. The Center has filed a new amicus brief in *Louisiana v. FDA*, prepared with colleagues at ANSIRH and O'Melveny & Myers LLP on behalf of 322 reproductive health researchers. The brief summarizes decades of scientific research demonstrating that medication abortion with mifepristone is safe and effective, including when provided through telehealth.

We're also pleased to launch our new Medication Abortion Access Resource Hub—a centralized collection of CRHLP's work tracking and analyzing the legal landscape surrounding medication abortion and advocating for increased access to medication abortion, grounded in gold standard science. This hub is designed to help researchers, attorneys, journalists, policymakers, advocates, and anyone interested in the issue stay informed.

Read the brief [here](#) and explore the hub at [this link](#).

In the News



REPRODUCTIVE RIGHTS

VOTING RIGHTS AND ELECTIONS

How Are Advocates Using State Reproductive Freedom Amendments?

CRHLP Staff Attorney Cathren Cohen published a new article in Brennan Center for Justice's State Court Report examining how voter-approved reproductive freedom amendments are transforming abortion litigation in the years after Dobbs.

As Cathren writes, Missouri's recent trial court ruling striking down most of the state's abortion restrictions demonstrates the growing impact of these constitutional amendments. While courts are beginning to define the scope of these protections—and opponents continue to challenge them—the emerging case law is shaping the future of reproductive rights at the state level. Read the full article [here](#).

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Medication abortion access increasingly depends on shield laws. As states continue to test the limits of

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protect providers offering telehealth medication abortion across state lines—and why the cases still moving through the courts could shape the future of access nationwide.

To stay up-to-date on the latest developments, visit our [Mifepristone Litigation and Federal Action Tracker](#) and our [State Shield Law Guide](#).

Policy News



Lynsey Weatherspoon for The Marshall Project

A [new analysis](#) by The Marshall Project found that Black newborns are significantly more likely than white newborns to be referred to law enforcement over allegations of prenatal substance exposure, despite evidence that many of these cases do not result in findings of child abuse or neglect. Drawing on seven years of child welfare data from eight states, researchers estimated that Black families were referred to law enforcement between 1.4 and 3.6 times more often than white families, with more than 14,000 referrals involving Black newborns occurring even after child welfare agencies determined there was no abuse or neglect. Reported causes include longstanding racial disparities in hospital drug testing and child welfare reporting, as well as the use of unreliable drug screening methods that can produce false positive results. The analysis warns that these practices contribute to family separation, discourage pregnant people from seeking prenatal care, and exacerbate existing racial inequities in maternal and infant health.

Legal News



Mayday Health

A federal district court has [temporarily blocked](#) South Dakota from enforcing a recently enacted law prohibiting the advertisement of abortion services against a health education nonprofit that provides free information about accessing abortion pills. The suit challenges the law on First Amendment grounds, arguing that it unlawfully restricts protected speech by preventing organizations from sharing information about legal abortion options available outside the state. In granting a preliminary injunction, the court found that the state had not demonstrated the law was narrowly tailored to serve a compelling government interest, making it likely that the plaintiffs will succeed on the merits of their constitutional challenge. The ruling applies only to enforcement against the plaintiffs and does not invalidate the law.



Getty Images

A federal district court in Virginia [has ruled](#) that the FDA failed to adequately justify several restrictions it imposed in 2023 on mifepristone and ordered the agency to reconsider those requirements. The lawsuit, brought by abortion providers in Kansas, Montana, and Virginia, challenges the FDA's Risk Evaluation and Mitigation Strategy (REMS), including certification requirements for prescribers and pharmacies and mandatory patient agreement forms. The decision adds to a growing number of lawsuits seeking reconsideration of restrictions on mifepristone access. While some cases, like this one, argue the FDA's restrictions are medically unnecessary and should be lifted, others—including pending litigation in the Fifth Circuit and federal district courts in Missouri and Texas—seek to reinstate broader restrictions or revoke the drug's approval altogether. To learn more about efforts to protect or restrict access to mifepristone, use our [Mifepristone Litigation and Federal Action Tracker](#).

Food for Thought



With so much going on in the world of reproductive health, law, and policy, every week we'll share articles, books, and media you might have missed.

[The Pro-teen-pregnancy Movement Has Taken Over The Trump Administration](#)

[Why Attacks On Immigrant Communities Are Reproductive Justice Issues](#)

[Louisiana's Abortion Drug Access Law Heightens Hemorrhage Risk For Pregnant Patients](#)

[As Maternity Wards Close, Community Outrage Rises In Key Battleground States](#)



Reimagining the future of reproductive health, law, and policy.

UCLA Center on Reproductive Health, Law, and Policy is a think tank and research center created to develop long-term, lasting solutions that advance all aspects of reproductive justice, and address the current national crisis of abortion access.

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