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VIA FEDEX & ELECTRONIC MAIL

December 2, 2025

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Governor of Washington

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Nicholas W. Brown
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RE: Demand to Take Down the Washington Department of Health (“DOH”) Webpage Targeting “Anti-Abortion Facilities” and Modify the Reproductive Rights Complaint Form

Dear Governor Ferguson, Secretary Worsham, and Attorney General Brown:

We represent 40 Days for Life, the largest pro-life organization in the world with over 1,000,000 volunteers praying, fasting, and offering women positive alternatives to the tragedy of abortion. 40 Days for Life conducts prayerful, peaceful, and law-abiding prayer vigils in front of abortion facilities across all 50 U.S. states and in over 60 countries.

In 2025 alone, 40 Days for Life held 14 prayer campaigns across the State of Washington, including in Seattle, Tacoma, and Spokane. Just in the last five years, at least 39 pregnant women from Washington chose life due to 40 Days for Life’s loving outreach.



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Whether you agree with our Mission or not, our viewpoint deserves the same protection under law as any other. Life is also a choice. In fact, pregnant women in Washington choose life for their unborn children far, far more often than abortion. According to the Washington DOH “Pregnancy and Abortion Data” webpage, in 2020, for example, there were 16,050 abortions among Washington residents, but over five times that many pregnancies – 99,613. The abortion rate in Washington has also dropped every year since 2014. Washington State law protects the choice of life and so should your policies and enforcement. But your current policies respect neither life nor choice and we respectfully demand that you take corrective action.

40 Days for Life educates local communities on the devastating consequences of abortion, prays for those impacted by abortion, and offers compassionate alternatives for women who are pregnant. *Since its founding, 40 Days for Life has witnessed over 26,000 babies saved from abortion* due to its peaceful, prayerful, and steadfast presence on sidewalks across the nation and the world. In furtherance of its Mission, 40 Days for Life volunteers frequently refer pregnant women to local pregnancy resource centers (“PRCs”) where they can receive life-affirming medical and material support to maintain healthy pregnancies.

Abortion is a grave human rights violation that takes about 1,000,000 unborn lives each year in the United States. From increasingly popular chemical abortions that starve and then expel growing embryos and fetuses in the womb to dilation and evacuation (“D&E”) abortions that tear live fetuses apart limb-from-limb, abortion – in whatever its form – always takes the life of a small, defenseless, and living human being. Abortion also poses countless health risks to women, ranging from physical complications, such as infection, excessive bleeding, or uterine perforation, to psychological harm, including depression and increased risk of suicide, just to name a few.

WASHINGTON STATE’S AVOID ANTI-ABORTION FACILITIES WEBPAGE AND REPRODUCTIVE RIGHTS COMPLAINT FORM ARE DECEPTIVE, DISCRIMINATORY, AND DEEPLY HARMFUL

The Washington State DOH webpage, advising residents to “**Avoid Anti-Abortion Facilities**” and urging residents to report these facilities on the Washington State Reproductive Rights Complaint Form (“Complaint Form”):

- ***Unlawfully discriminates against our Vigils and PRCs*** in violation of the First Amendment and Article I, Sections V (freedom of speech) and XI (religious freedom) of the Washington State Constitution, Const. Art. I, §§ V and XI; and



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- ***Gravely harms the people of Washington*** by steering them away from the vital health care services offered by PRCs that are protected by a host of federal and state laws.

The Complaint Form itself constitutes further viewpoint discrimination by encouraging reporting of “deception” or “other misconduct” only at PRCs, *not* abortion facilities. This practice deceives women and respects neither choice nor life. The Form also fails to encourage reporting of violence or other unlawful conduct at prayer vigils in front of abortion facilities, which is a significant oversight as pro-abortion extremists frequently target peaceful pro-life vigils and sometimes harass or threaten peaceful participants.

We demand that you immediately remove the *Avoid Anti-Abortion Facilities* advisory.

We further demand that you modify the Complaint Form to encourage reporting of “deception” or “other misconduct” at all reproductive health care facilities, not just PRCs, and to encourage reporting of any violence or illegal conduct at prayer vigils in front of abortion businesses.

WASHINGTON SHOULD RESPECT AND ENCOURAGE A WOMAN'S CHOICE TO CARRY HER PREGNANCY TO TERM AND THE WORK 40 DAYS FOR LIFE PRAYER VIGIL PARTICIPANTS AND PRCs DO TO SUPPORT THOSE CHOOSING LIFE IN WASHINGTON

As a matter of public policy, Washington State should encourage mothers to choose life for their unborn children, including supporting all valid health care options and support for pregnant women who want to carry their children to term. This includes supporting the life-affirming work of 40 Days for Life and other prayer volunteers who counsel women on the sidewalk, discuss alternatives to abortion, refer women to PRCs, and pray and fast for an end to abortion.

While the pro-abortion movement prides itself on supposedly being “pro-choice,” the only “choice” they really promote is abortion.

Regulators should not be deceived: life is a valid, brave, and positive choice that should be equally respected. The overwhelming majority of pregnant women, including in Washington, choose life. Many women – particularly in underprivileged communities – are able to make that choice due to the prayerful presence of sidewalk counselors like those at 40 Days for Life and the assistance offered by PRCs.



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PRCs offer vast support to women and the public in the form of free pregnancy tests, housing referrals, ultrasounds, formula, children's clothing, other material assistance, STI/STD testing and treatment, adoption referrals, counseling, and more. Some of these centers are medical clinics licensed by the Washington DOH and have licensed medical professionals, including nurses and doctors, on staff.

PRCs are a critical component of the community's social and practical support network, serving women whose pregnancy decisions have already been made and who need tangible, long-term assistance. While their mission is life-affirming, most of these centers' day-to-day work involves providing essentials like free formula, diapers, clothing, and cribs, often acting as an immediate, low-barrier source of material relief for low-income families. According to a December 2024 report from a collaboration of PRCs, including Charlotte Lozier Institute, Care Net, and Heartbeat International, in 2022 alone, over 2,750 PRCs nationwide provided approximately \$367,896,513 worth of free goods and services to over 3 million people. Their robust programs—including parenting classes, child development education, and mentorship—are focused entirely on fostering long-term family stability and well-being, services that fill gaps left by public assistance programs. PRCs also present women contemplating abortion alternative choices—parenting and adoption—and prompt them to consider factors that may make these options more feasible, such as referrals for public assistance programs, housing, or childcare.

PUBLIC PRAYER VIGILS AND THE WORK OF PRCs ARE PROTECTED BY STATE AND FEDERAL LAW

Nevertheless, your policies and websites and reporting forms appear to protect only abortion—in flagrant violation of law.

On the federal level, the First Amendment and the Free Access to Clinic Entrances Act of 1994 (“FACE Act”) protect the life-affirming work of sidewalk counselors and PRCs.

The First Amendment broadly protects free speech, free assembly, and the free exercise of religion, including the life-affirming messages and prayers offered by sidewalk counselors, such as those at 40 Days for Life, and the messages and options offered at PRCs. *See, e.g., NIFLA v. Becerra*, 138 S.Ct. 2361, 2376 (2018) (finding that California could not mandate that PRCs disclose state-sponsored abortion information to women).

The FACE Act makes it a federal crime to use force, threat of force, or physical obstruction to prevent someone from obtaining or providing “reproductive health care services,” *including reproductive health care services at a pro-life PRC*. *See* 18 U.S.C. § 248; *see also* *Riely v. Reno*, 860 F. Supp. 693, 702 (D. Ariz. 1994) (noting that the language of the



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FACE Act protects both pro-choice and pro-life speech); Press Release, U.S. Dep’t of Justice, *Three Defendants Plead Guilty to a Civil Rights Conspiracy Targeting Pregnancy Resource Centers* (June 14, 2024), JUSTICE.GOV, <https://www.justice.gov/archives/opa/pr/three-defendants-plead-guilty-civil-rights-conspiracy-targeting-pregnancy-resource-centers>.

PRCs are covered by these laws and continue to provide lawful, valuable, and needed care to women who are seeking or have sought alternatives to abortion or those needing post-abortive care.

Yet, your policies and information appear to protect only abortion and abortion facilities. This is deceptive, discriminatory, and unlawful.

Further, our Vigils and the work of PRCs are protected by the Washington State Constitution, which **defends** free speech and the free exercise of religion. Const. Art. I, §§ V and XI. *See, e.g., Bering v. Share*, 721 P.2d 918, 944 (Wash. 1986) (Andersen, J., dissenting in part) (“[p]aceful picketing is an exercise of the right of free speech” and “abortion opponents have the right to peacefully and publicly declare their opinions on [abortion]”).

Washington’s Shield Law further protects **all** “reproductive health care services,” defined broadly to include: “all services, care, or products of a medical, surgical, psychiatric, therapeutic, mental health, behavioral health, diagnostic, preventative, rehabilitative, supportive, counseling, referral, prescribing, or dispensing nature relating to the human reproductive system including, but not limited to, **all services, care, and products relating to pregnancy**, assisted reproduction, contraception, miscarriage management, or the termination of a pregnancy, including self-managed terminations.” RCW 7.115.010(5).

Washington’s public policy protects the provision of these “protected health care services,” and civil remedies are available for interfering with any such protected health care services, **not just abortions**. RCW 7.115.040.

WASHINGTON’S AVOID ANTI-ABORTION FACILITIES WEBPAGE TARGETING PRCS AND THE RELATED COMPLAINT FORM SUPPRESS LAWFUL, LIFE-AFFIRMING SPEECH AND ACTIVITIES IN VIOLATION OF LAW

The messages contained on the *Avoid Anti-Abortion Facilities* webpage and Complaint Form unlawfully target our Vigils and PRCs. The Complaint Form also deceptively and



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discriminatorily welcomes complaints for “deception” or “misconduct” only against crisis pregnancy centers, not all reproductive health care facilities.

The webpage describes so-called “Crisis Pregnancy Centers (CPCs)” or “pregnancy resource centers” as facilities that “look like medical clinics or health centers offering pregnancy care but do not provide abortions or other sexual and reproductive health services.” It equates these facilities with “fake abortion information,” suggests they are not “run by a trusted source,” and encourages residents to report these facilities as “anti-abortion.” The webpage link to “trusted health care provider(s)” only directs individuals to abortion providers and posts a map to show residents how to avoid CPCs. Lastly, the webpage alleges that “there is no proof or research that shows abortion reversal works and it does not meet clinical standards (medical providers do not offer it).”

You are duty-bound to protect all citizens of Washington and all of our rights, not just the ones that you agree with or like.

Your policies and information are manifestly a targeted, dangerous, and one-sided effort to suppress lawful, pro-life speech and isolate it for disfavored treatment.

Such egregious discrimination against certain speech based on its viewpoint alone is “presumed to be unconstitutional.” *Rosenberger v. Rector & Visitors Univ. Va.*, 515 U.S. 819 (1995) (public university “select[ing] for disfavored treatment those student journalistic efforts with religious editorial viewpoints” unconstitutional).

And you know it, but you are doing it anyway.

While the government-speech doctrine allows governments to express a viewpoint in certain contexts, the webpage and the one-sided nature of the Complaint Form go far beyond this: they seek to suppress and regulate the free speech of pro-life pregnancy centers by suggesting these organizations are reportable simply for espousing their protected, pro-life views. Such efforts aimed at silencing the speech of private actors based on viewpoint is unconstitutional. *Moody v. Netchoice, LLC*, 144 S.Ct. 2383, 2408 (2024) (holding that “the State cannot advance some points of view by burdening the expression of others”); *Shurtleff v. City of Bos.*, 142 S.Ct. 1583, 1595 (2002) (Alito, J., concurring) (the government-speech doctrine may not be used as a ““subterfuge for favoring certain private speakers over others based on viewpoint””). It cuts rights at the heart of the free speech and religious freedom rights of those offering care at PRCs.

All pregnant women in Washington should be protected and free to choose their healthcare, not just the ones that you deem worthy.



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Likewise, PRCs should have the autonomy to decide what services and programs to offer without fear of government reprisal, and 40 Days for Life volunteers should be free to refer pregnant women to those PRCs.

This keeps the people of Washington in the driver's seat in assessing the various arguments on abortion, "choice," and reproductive health care, not the state. The First Amendment broadly protects this "right [of the people] to assess truth" on contentious issues like abortion. *Wilkinson v. The Wash. Med. Comm'n*, 40061-1-III (Wash. App. Sept. 16, 2025) (fearing that the "government's power to protect truthful discourse would cast a chill on the exercise of free speech and thought" and thus finding a doctor's supposedly misleading blog posts relating to Covid-19 and vaccination to be protected speech).

DISCOURAGING PUBLIC ACCESS TO HEALTHCARE OF CHOICE BY SPREADING ONE-SIDED AND FALSE INFORMATION ABOUT PRCs, ABORTION, AND ABORTION PILL REVERSAL ("APR") IS DANGEROUS AND UNLAWFUL

Washington State's actions here are both unconstitutional and directly against express State public policy and interests outlined in RCW 7.115.040. Your conduct is deeply harmful to women and families. It impedes access to vital support for mothers who have chosen or will choose to carry their babies to term, pregnant women who want the choice to explore life-affirming options, and those in need of post-abortive counseling or resources.

The allegation that APR is not scientifically supported and that medical providers do not offer it is also patently false and must be taken down. We have attached 40 Days for Life's recent letter to a host of federal officials, including Attorney General Pam Bondi, defending the Use of Progesterone in APR and Threatened Pregnancies. See Attachment 1. We urge you to review this letter and learn the strong scientific basis for doctors prescribing progesterone – a naturally-occurring hormone – to reverse a chemical abortion and save an unborn child's life.

WE DEMAND YOU REMEDY THE HARM CAUSED BY THE WEBPAGE AND COMPLAINT FORM IMMEDIATELY

Urging residents to report PRCs as "fake," untrusted, or "anti-abortion" represents alarming viewpoint discrimination and government censorship in violation of the First Amendment and the Washington State Constitution. It also poses grave health risks to low-income women and families who need the invaluable day-to-day, life-giving assistance of PRCs and those seeking life-affirming options or post-abortive counseling.



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Removing this webpage and modifying the Complaint Form to encourage complaints of “deception” or “other misconduct” at *all* reproductive health care facilities, not just “crisis pregnancy centers,” and complaints of violence or unlawful conduct at prayer vigils in front of abortion businesses are the only appropriate remedies.

Thank you for your prompt attention to this matter.

Sincerely,



Jennifer Kendrex (Dec 2, 2025 10:02:36 PST)

Jennifer Kendrex [WA Bar No. 55596]
Counsel, Corporate & Compliance
40 Days for Life Institute of Law & Justice



Matt Britton (Dec 2, 2025 09:52:45 MST)

Matt Britton
General Counsel
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ATTACHMENT 1



VIA FEDEX & ELECTRONIC MAIL

June 2, 2025

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¹ *The Defense of the Use of Progesterone in Abortion Pill Reversal & Threatened Pregnancies*



Brian Boynton

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RE: The Defense of the Use of Progesterone in Abortion Pill Reversal & Threatened Pregnancies

Dear Attorney General Bondi, Secretary Kennedy, Commissioner Makary, Director Maltz, General Counsel Croslow and Deputy Boynton:

I write to you today as the co-founder, President and CEO of 40 Days for Life, the world's largest pro-life organization. With over 1,000,000 volunteers committed to protecting the sanctity of human life from conception to natural death – I ask you to *protect the use of progesterone for women's health care and specifically in cases in which women choose Abortion Pill Reversal ("APR")*.

40 Days for Life conducts peaceful, law-abiding vigils in 1,800 cities in all 50 U.S. States and 64 countries. Our prayerful presence in front of thousands of abortion facilities provides unique and deeply concerning insight on the grave harm of abortion on women and the unborn.

As you know, the scope of this issue is vast: Abortion is the leading cause of death, taking the lives of some 1,000,000 unborn Americans each year – with some 60% committed by the Abortion Pill (more than 600,000 unborn babies, annually).

This letter outlines the medical, legal and societal concerns associated with certain radical States' assault on the use of progesterone to aid women who choose Abortion Pill Reversal ("APR").

Every life deserves protection so we must ensure that individuals have access to comprehensive, medically sound options to choose life, including the use of progesterone for threatened pregnancies, including through the use of progesterone and APR.

The increasing efficacy of the use of progesterone to reverse the abortion pill has resulted in concerted legal action by radical pro-abortion states like California, New York and Colorado targeting pro-life organizations and health care providers serving the women seeking APR.

40 Days for Life's position is not mere rhetoric or theory, but stems from our direct engagement with and advocacy for hundreds of thousands of women and families who are most impacted by these policies, settled law and proven science.



Radical, pro-abortion states are actively attempting to block accurate, life-affirming information and medical care. Ironically, they are removing women's "choice" and limiting options to what the government decides is best for women and their babies.

Current lawsuits in California and New York by weaponized attorneys general Bonta and James attempt to limit access to life-affirming interventions and restrict the autonomy of healthcare providers to offer a full spectrum of medically appropriate care. See attached lawsuits.

These weaponized lawsuits are attacks not just on the pregnancy centers and medical care providers but are intentionally aimed at chilling all who adhere to basic science and comprehensive support for pregnant women.

We urge you to implement federal regulation and law that preserve the right of health care professionals to provide progesterone to reverse the effects of the abortion pill, for those women who so choose, without fear or threat of frivolous over-bearing litigation by rogue state and local politicians and lawyers.

Progesterone Is Safe, Effective and Is Good Medicine

The use of progesterone to support pregnancy is ubiquitous, effective and deeply rooted in over a century of extensive scientific inquiry, including:

Randomized Trial of Progesterone in Women with Bleeding in Early Pregnancy,
Coomarasamy, *et al.*, New England Journal of Medicine (2019)

Mifepristone Antagonization with Progesterone to Prevent Medical Abortion, Creinin, *et al.*, Department of Obstetrics and Gynecology, University of California, Davis, Sacramento, CA, (2020)

The Successful Reversal of the Effects of Mifepristone Using Progesterone, Delgado, *et al.*, Issues in Law & Medicine, Volume 33, Number 1, (2018)

Prenatal Administration of Progesterone for Preventing Preterm Birth, Dodd, *et al.*, The Cochrane Collaboration (2015)

Progesterone for Preventing Miscarriage, Haas, *et al.*, The Cochrane Collaboration (2019)

Progesterone is routinely used in medical care, including to support pregnancies. *We cannot locate any time that a government has ever filed suit or threatened a health care provider – until progesterone was used to support pregnancies threatened by the abortion pill. Then the abortion industrial machine jumped to action and suddenly proclaimed: "progesterone doesn't work."*



They are wrong and they know it: *Progesterone is a natural hormone that has been used safely and effectively for over 100 years.*

Pioneering research in the early 20th century established progesterone's crucial role in maintaining a healthy pregnancy by demonstrating its fundamental connection to the uterine lining, influence on uterine activity and necessity for early embryo survival.

By the 1930s, progesterone's structure and diverse roles in the menstrual cycle and pregnancy, including implantation, pregnancy maintenance, and ovulation prevention, were all well established.

The Food and Drug Administration ("FDA") has approved progesterone and progestins for multi-various applications in women's health: Hormone Replacement Therapy ("HRT") for menopause (used in conjunction with estrogen to mitigate endometrial cancer risk); the treatment of amenorrhea and abnormal uterine bleeding; and Assisted Reproductive Technologies ("ART") to support the uterine lining and early pregnancy.

Physicians routinely prescribe progesterone for a myriad of conditions through on and "off-label" uses, dosages and routes of administration. As affirmed in *Buckman Co. v. Plaintiffs' Legal Comm.*, 531 U.S. 341, 350 (2001), the FDA's labeling requirements "inform a physician of the agency's approval of the product for certain uses, but they do not purport to limit the manner in which a physician may use or prescribe an approved drug."

But these weaponized state lawsuits now threaten not only women's autonomy but physicians' rights to practice. Radical state governments want to tell women and physicians what to do.

The safety profile of progesterone itself is well-established. Studies, including Coomarasamy, *et al.* (2019), indicate no inherent danger in progesterone use, with similar adverse events observed in both progesterone and placebo groups in clinical trials. This robust safety record underscores that progesterone, when prescribed by a licensed medical professional, does not pose significant safety risks.

Progesterone is also widely prescribed for Abortion Pill Reversal ("APR"). All indications are that it is safe and effective. See, Delgado, *et al.* (2018) and Creinin, *et al.* (2020).

Progesterone has a long and proven history of safe off-label use in other high-risk pregnancy scenarios. For instance, the study by Haas, *et al.* (2019), explored its use in preventing recurrent miscarriage. See also, Dodd, *et al.* (2013), detailing progesterone's application in preventing preterm birth in specific high-risk populations: Both suggesting benefits and supporting its use.

The concept of "threatened abortion" is central to APR's rationale, and the practice of using progesterone in such situations is acknowledged in medical literature, even if the overall benefit



in live birth rates for general threatened abortion is not always statistically significant. Coomarasamy, *et al.*

In short, progesterone is safe and effective and widely used in many health care applications – including Abortion Pill Reversal.

The State Lawsuits against Progesterone Providers Are Frivolous and Unlawfully Target Pro-Lifers, Women Who Choose Life and Physician Autonomy

The attempts to limit the medical practice of using progesterone represent an alarming overreach into women's choice, physician autonomy and good medicine.

California and New York Attorneys General are attempting to regulate women's choice and medical speech and practice through absurd applications of commercial laws like "false advertising."

California Attorney General Rob Bonta's lawsuit against Heartbeat International, *People of the State of California v. Heartbeat International, Inc.*, Superior Court of California, County of Alameda, Case No. HG23207915 (Filed Sept. 28, 2023), alleges "false and misleading advertising" regarding APR. California ignores what this law actually says, its application, the effectiveness and use of progesterone and the established principle of physician discretion in off-label prescribing. *In short, it is a complete fiction.*

Similarly, New York Attorney General Letitia James launched investigations and lawsuits under broad consumer protection statutes (New York Executive Law § 63(12)), effectively attempting to use commercial law to dictate medical practice. *People of the State of New York v. Heartbeat International, et al.*, (Filed May 6, 2024, in the Supreme Court of New York). These actions disregard the fact that medical professionals are primarily governed by state medical licensing boards, which possess the specialized expertise to regulate medical practice and ensure patient safety. In short, the New York Attorney General is threatening licensed health care providers if they do not "get on board the abortion train."

The bedrock of quality healthcare rests on the principle that patients and physicians must retain their autonomy in medical decision-making. Licensed physicians, with their extensive education, rigorous training, and finely honed clinical judgment, are unequivocally the most qualified to determine appropriate patient care. This fundamental principle is not merely a professional courtesy; it is deeply enshrined in medical practice, allowing doctors to prescribe FDA-approved drugs for off-label uses when they deem it medically appropriate and supported by sound clinical rationale. This has been affirmed by the highest court, as in *Buckman Co. v. Plaintiffs' Legal Comm.*, 531 U.S. 341 (2001), the FDA's labeling requirements "inform a physician of the agency's approval of the product for certain uses, but they do not purport to limit the manner in which a physician may use or prescribe an approved drug."



Medical professionals are primarily governed by state medical licensing boards, bodies specifically designed to ensure physician competence, uphold professional standards, and protect patient safety through expert oversight. Governmental interference in specific medical treatments, like the attempts to ban or criminalize APR-related speech as seen in Colorado's Senate Bill 190, or the highly concerning lawsuits from Attorneys General in California and New York, not only fundamentally undermines this established, expert-driven regulatory system but also leads to compromised patient care, stifles medical innovation, and brazenly politicizes medical practice.

These legal actions frequently target organizations that promote APR, alleging false and misleading advertising, or even aiding and abetting the unlicensed practice of medicine. However, such claims fundamentally disregard the inherent right of free speech, a cornerstone of our democracy. While commercial speech is not absolute, the Supreme Court in *Virginia State Bd. of Pharmacy v. Virginia Citizens Consumer Council, Inc.*, 425 U.S. 748 (1976) recognized that even commercial speech is entitled to a degree of First Amendment protection. The *Central Hudson Gas & Electric Corp. v. Public Service Commission*, 447 U.S. 557 (1980) test for commercial speech regulation allows for restrictions only if the speech is misleading and the governmental interest is substantial, directly advanced, and narrowly tailored. When discussing medical interventions like APR, especially in the context of offering options to vulnerable individuals, the balance shifts to the public's right to information and the ability to discuss potential medical avenues with their chosen healthcare provider.

40 Days for Life does not practice medicine; our role is to empower women with information and choices. This is precisely why we provide APR brochures (ATTACHED) that are designed to inform expectant mothers of the availability of APR and, crucially, to encourage them to discuss this option with a licensed medical provider.

We do not seek to dictate medical decisions but rather to ensure that women are aware of all potential avenues, particularly when they approach us about reversing a chemical abortion. This approach contrasts sharply with the paternalistic stance of governmental officials who, lacking medical training, seek to restrict information and limit access to care based on political agendas rather than medical best practices.

To assert that providing such information constitutes "false advertising" or "aiding and abetting unlicensed practice" is to stretch consumer protection laws beyond their intent, effectively attempting to silence advocacy and deny women a full spectrum of information in highly personal medical decisions.

The legal actions, such as those initiated by California Attorney General Bonta against Heartbeat International and New York Attorney General Letitia James under New York Executive Law § 63(12), are prime examples of this governmental overreach, attempting to use commercial statutes and absurd executive interpretations to suppress speech and limit the choices available to women and their physicians.



We implore you all to uphold the vital role of physician and patient autonomy and to acknowledge the established medical history and safety profile of progesterone.

While discussions around off-label uses like APR warrant careful and transparent communication - which our organization actively promotes through referrals to licensed providers and informative brochures - the core principle remains that complex medical decisions should rest with licensed professionals, guided by their expertise and unwavering commitment to patient well-being, rather than being dictated by governmental officials, however well-intentioned, who lack medical training.

The attempts by state attorneys general to employ commercial law and absurd executive state laws to limit physicians' ability to practice medicine and discuss legitimate options with their patients set a dangerous precedent.

We urge the federal government to stand against such overreach and champion policies that protect both medical freedom and a patient's right to information, ensuring that crucial aspects of healthcare are not unduly restricted by political agendas.

Sincerely,

Shawn Carney
Shawn Carney (May 30, 2025 13:52 MDT)

Shawn Carney
President & CEO
40 Days for Life

Matt Britton
Matt Britton (Jun 2, 2025 08:18 MDT)

Matt Britton
General Counsel
40 Days for Life, Institute of Law & Justice

Donato Borrillo
Donato Borrillo (Jun 2, 2025 09:36 EDT)

Donato Borrillo, JD, MD
Assistant General Counsel & Director of Medicolegal Affairs
40 Days for Life, Institute of Law & Justice

ATTACHMENTS



ATTACHMENTS

Attachments located at: <https://www.40daysforlife.com/en/ILJ-resources>

40 DAYS FOR LIFE APR BROCHURE

CASES:

Buchman Co. v. Plaintiffs' Legal Committee

Virginia State Board of Pharmacy, et al v. Virginia Citizens Consumer Council, Inc. California

v. HBI, et al

New York v. HBI, et al

Central Hudson Gas & Electric v. Public Services Commission of New York

LAWS:

New York Executive Law 63

Colorado Senate Bill 23-190 (2023)

ARTICLES:

Randomized Trial of Progesterone in Women with Bleeding in Early Pregnancy, Coomarasamy, et al., New England Journal of Medicine (2019)

Mifepristone Antagonization with Progesterone to Prevent Medical Abortion, Creinin, et al., Department of Obstetrics and Gynecology, University of California, Davis, Sacramento, CA, (2020)

The Successful Reversal of the Effects of Mifepristone Using Progesterone, Delgado, et al., Issues in Law & Medicine, Volume 33, Number 1, (2018)

Prenatal Administration of Progesterone for Preventing Preterm Birth, Dodd, et al., The Cochrane Collaboration (2015)

Progesterone for Preventing Miscarriage, Haas, et al., The Cochrane Collaboration (2019)