



**NATIONAL NETWORK OF
ABORTION FUNDS**

January 12, 2026

U.S. Senate
Committee on Health, Education, Labor & Pensions
428 Senate Dirksen Office Building
Washington, DC, 20510

Testimony of the National Network of Abortion Funds

Dear Chairman Cassidy, Ranking Member Sanders, Senator Murray, and distinguished Members of the Committee:

The National Network of Abortion Funds (NNAF) submits this testimony in strong opposition to the Committee's hearing on Mifepristone and any efforts to ban access to, or spread misinformation about, medication abortions. NNAF is a national membership organization of nearly 100 independent abortion funds located across the United States. Abortion funds exist because it is challenging, if not impossible, for many people to get the abortions they want and need without financial and logistical support. The comprehensive support abortion funds provide is often the difference between someone getting an abortion or being forced to remain pregnant against their will. Attempts to limit or ban access to Mifepristone will have devastating impacts on the already precarious support networks that so many rely on and will put people's lives and health at risk. We urge anti-abortion Members of this Committee to reacquaint themselves with their obligations to their constituents and communities across the country and focus on expanding access to essential health care rather than prohibiting it.

1. Mifepristone is an extremely safe, highly effective, and essential medication.

The Food and Drug Administration (FDA) approved Mifepristone, one of the drugs that can be used in medication abortions, for use in the United States over twenty-five years ago. Since then, Mifepristone's safety has been studied in over 100 peer-reviewed articles, all of which point to the same conclusion: Mifepristone is extremely safe and highly effective. It can be used safely by almost anyone in a variety of settings to end a pregnancy or manage a miscarriage, whether it's accessed through telehealth, in person, or someone decides to self-manage on their own.

Not only is the safety and efficacy of Mifepristone backed by decades of research, it is also supported by the lived experience of millions of pregnant people across the country. More than five million people in the U.S. have used Mifepristone to end their pregnancy or help them manage a miscarriage. And over half of all abortions in the U.S. continue to be medication abortions. This broad use and lived experience expands across the world. Over 100 countries have approved the use of Mifepristone. And the World Health Organization has continuously included Mifepristone on its list of essential and life-saving medications.

There is no credible evidence that the safety or efficacy of Mifepristone has changed. The Committee is relying on junk science that has not gone through rigorous review, and is dubious at best. And it is especially astounding that anti-abortion Committee members are willfully ignoring the vast amount of credible evidence supporting Mifepristone's use - including the FDA's own findings. Leading medical and scientific organizations, including the American Medical Association, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians, have continued to affirm that medication abortion using Mifepristone is safe and effective. This leads us to believe that not only is this hearing a sham, but that the majority is holding this hearing in order to gain favor with anti-abortion extremists.

2. Limiting or banning access to Mifepristone would have devastating consequences.

Banning or limiting access to Mifepristone in any way would further decimate the abortion access landscape and severely undercut the ability of abortion funds to get people the support and resources they need. Already, abortion funds are expending monumental efforts to get people their abortions. In 2024, abortion funds across the country disbursed more than \$50 million to pay for abortions, including medication abortions, for people who could not afford them. But as abortion has become increasingly restricted and criminalized, and as efforts increase to limit access to life-saving medications like Mifepristone, the growing need far outpaces the resources and capacity of abortion funds. Funds across the country are straining under the weight of this demand. In 2024 alone, thousands of people were not able to get the financial resources they needed to get their abortions, jeopardizing their lives, health, and well-being, and risking their economic security and ability to care for themselves and their families.

If Mifepristone is restricted or rendered entirely unavailable, it would make this already unbearable crisis far worse. Abortion seekers would have increasingly long wait times and delays as abortion providers shift to in-person care or other medications. Many pregnant people would be forced to travel longer distances to get in-person or procedural care with increased costs and additional barriers. And more abortion seekers will be forced away from their homes, families, and support networks to get the care they need, likely at serious risk to themselves as more and more states criminalize abortion. Others will be forced later into pregnancy while they try to pull together necessary resources or wait for their appointments, which also increases costs and adds more barriers to access, and can make already difficult situations nearly impossible to overcome.

And the stark reality is, many will be unable to get an abortion at all and will be forced to remain pregnant against their will. It should go without saying, but given the majority's insistence on holding this hearing we will say it anyway: **It is a cruel violation of human rights and dignity to force another person to stay pregnant when they do not want to be.** Decades of research has shown that being denied a wanted abortion means someone is more likely to experience pregnancy complications, more likely to remain in violent personal relationships, and more likely to experience poverty and struggle to pay basic living expenses like food, housing, and transportation. And just like any abortion restriction or ban, the people that will be most harmed by restrictions on Mifepristone are those most likely to call abortion funds - poor and working class, uninsured or underinsured, Black and brown, queer and trans, and disabled community members.

The evidence is clear. There is no legitimate basis for this hearing. While anti-abortion Members have tried to dress up their actions as concern for people's safety, we see it for what it is - a farce. It is grossly transparent that the ultimate goal of the anti-abortion movement is to ban abortion entirely. Undermining access to, and spreading misinformation about, Mifepristone is a step towards that end goal, and we will not allow anti-abortion Senators to play politics with people's lives. We urge you to focus on what is actually important, ensuring people are able to make decisions about their health and lives that are best for them with dignity and autonomy. If you have questions about this testimony, or would like more information on the impact of undermining access to Mifepristone, please contact MiQuel Davies, Associate General Counsel at legal@abortionfunds.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Poonam', with a large, stylized flourish at the end.

Poonam Dreyfus-Pai
Interim Executive Director
National Network of Abortion Funds