Call With Us: Defend Abortion and Religious Freedom!

Backgrounder and Talking Points

This special session of "*Call With Us!"* is hosted by JFASD's *Jewish Women and Religious Freedom in Pittsburgh Project*, grant funded by the Jewish Women's Foundation of Greater Pittsburgh and our JFASD Florida Initiative, grant funded by the Baugh Foundation.

Background

Medication abortion is the most commonly used method of abortion in the United States. In 2023, approximately 65% of clinician-provided abortions were medication abortions. The standard FDA-approved regimen uses mifepristone followed by misoprostol.

Under current federal rules, mifepristone must be prescribed by a certified health care provider and dispensed either by a certified prescriber or a certified pharmacy. Certified pharmacies may mail the medication to patients where state law permits. The FDA eliminated the in-person dispensing requirement in December 2021 after reviewing the evidence, then formalized that change and added pharmacy certification through a revised REMS* in January 2023.

That access is now being challenged in courts and through the federal regulatory process.

What's Happening Now

In May 2026, a Fifth Circuit panel stayed the FDA's 2023 mifepristone rules, a move that would have **reinstated** an in-person dispensing requirement. On May 14th, the Supreme Court blocked that order, preserving current telehealth and mail access while the litigation continues.

The Fifth Circuit heard oral argument on September 9th. The Justice Department emphasized that FDA's separate review of mifepristone remains ongoing and argued that the agency, rather than the court, should address the underlying scientific and regulatory questions. No new ruling has been issued to date.

Meanwhile, the FDA is conducting its own review of mifepristone's safety requirements but has not, as of now, changed the existing requirements. Its current public guidance continues to state that mifepristone is safe when used as indicated. That review process, however, could be

especially consequential because the FDA itself has authority to revise the current REMS. The agency has not announced what, if any, changes it may make.

The effect of a federal restriction would depend partly on state law, but it could affect abortion access across the country.

That is why this issue is not confined to states with abortion bans. A person may live in a state where abortion is legal and still be affected by federal rules governing how mifepristone can be prescribed, dispensed, and mailed.

Jewish Perspective

- Jewish teachings highlight the sanctity of the life of the mother until the fetus is born and 83% of American Jews support reproductive choice and believe abortion should be legal in most or all cases. Source: Pew Research
- Protecting reproductive and sexual health data is part of defending freedom, justice, and dignity for all.
- If government policy incorporates a religious belief that life or full personhood begins at conception, Jews may be governed by a theological rule that is not our own.
- JFASD's position is that reproductive freedom and religious freedom intersect: public policy should protect the ability of people of different faiths and no faith to make deeply personal medical and moral decisions according to their own beliefs rather than a government-imposed theology.

The ASK

Call your U.S. Representative and your 2 U.S. Senators and ask them to:

- Protect lawful access to medication abortion, including mifepristone.
- Protect telehealth and mail access where those services are otherwise lawful.
- Support legislation that safeguards lawful access to medication abortion.
- Oppose political or religious pressure on FDA drug regulation, and support a regulatory process grounded in scientific and medical evidence.

Sample call language (put in your own words!):

"Hello, my name is [Your Name] from [City/Zip]. I am a constituent. I'm calling about access to mifepristone and medication abortion. I'm asking [Senator/Representative] to protect access to mifepristone, including through telehealth and the mail where it's legal, and to support legislation that keeps medication abortion accessible. I also want decisions about mifepristone at the FDA to be based on science and medical evidence, not politics or religious beliefs.

I'd like to know whether [REPRESENTATIVE / SENATOR] supports preserving lawful telehealth and mail access to mifepristone and keeping FDA decisions about the medication grounded in scientific evidence. Can you tell me the member's position?"

General Legislative and Policy Resources

- JFASD Advocacy Basics Primer - https://jfasd.org/wp-content/uploads/2025/07/Advocacy-Basics-Call-With-Us-June-1.pdf
- The Jewish Women's Foundation of Greater Pittsburgh - https://www.jwfpgh.org/
- Guttmacher - https://www.guttmacher.org/
- Center for Reproductive Rights - https://reproductiverights.org/our-work/u-s-congressional-advocacy/
- PRRI - https://www.prri.org/
- American's United- https://www.au.org/legislative-tracker/
- American Civil Liberties Union (ACLU) – https://www.aclu.org/
- The Brennan Center - https://www.brennancenter.org/
- KFF - Women's Health Policy -https://www.kff.org/topic/womens-health-policy/
- Pew Research - https://www.pewresearch.org/religion/2025/02/26/religion-and-views-on-lgbtq-issues-and-abortion/
- US FDA https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation
- ACOG - https://www.acog.org/

*Note on REMS - It's an FDA-required safety program for certain medications with serious safety concerns. A REMS can include special prescribing, dispensing, monitoring, or certification requirements. For mifepristone, the REMS governs things such as which providers and pharmacies may prescribe or dispense the drug and how it can be distributed.