

# **EXPOSÉ: THE VIRTUAL BACK-ALLEY**

## **MAIL-ORDER ABORTION PILLS WITH NO IN-PERSON VISIT: THE HISTORY, THE CONSEQUENCES**

In 2024, the U.S. Supreme Court (SCOTUS) heard arguments in a prominent case against the U.S. Food and Drug Administration (FDA) for its dangerous loosening and abandonment of critical safeguards for women prescribed the chemical abortion drug mifepristone. *Alliance for Hippocratic Medicine (AHM) v. U.S. Food and Drug Administration (FDA)* was originally filed in 2022, six years after the two-step abortion drug regimen (mifepristone and misoprostol) was approved for up to 10 weeks of pregnancy, but only when paired with a required in-person medical consultation.

That safeguard, however, was suspended in 2021, during the COVID-19 pandemic. In January 2023, the FDA made the decision to permanently eliminate a required in-person visit. That same month, the agency changed the label of mifepristone to allow retail pharmacies to distribute the drug.

In August 2023, the Biden administration appealed the 2022 case to SCOTUS after a unanimous panel for the U.S. Court of Appeals for the Fifth Circuit ruled that the FDA must restore crucial safeguards. The safety requirements were removed again pending a decision by the Supreme Court.

In early 2024, Operation Rescue [joined AHM's legal battle](#) appealing the U.S. Court of Appeals for the Fifth Circuit. Oral arguments were heard by SCOTUS on March 26, and on June 13, a disappointing judgment from the High Court indicated the plaintiffs lacked legal standing to challenge the FDA's regulatory actions regarding mifepristone.

While that case has reached its end, the possibility remains of future lawsuits challenging the FDA's decisions related to the abortion-inducing drugs.

President-elect Trump also recently nominated Robert F. Kennedy to lead the Department of Health and Human Services, which oversees the FDA. While Kennedy has no moral qualms with abortion, he has been very outspoken against Big Pharma and drug companies that choose profit over safety. On those grounds, alone, it is very probable Kennedy would be willing to hold abortion pill manufacturers accountable, investigate abortion pill deaths and injuries, or even re-establish previous safeguards, including required in-person visits and a much earlier gestational cut-off.

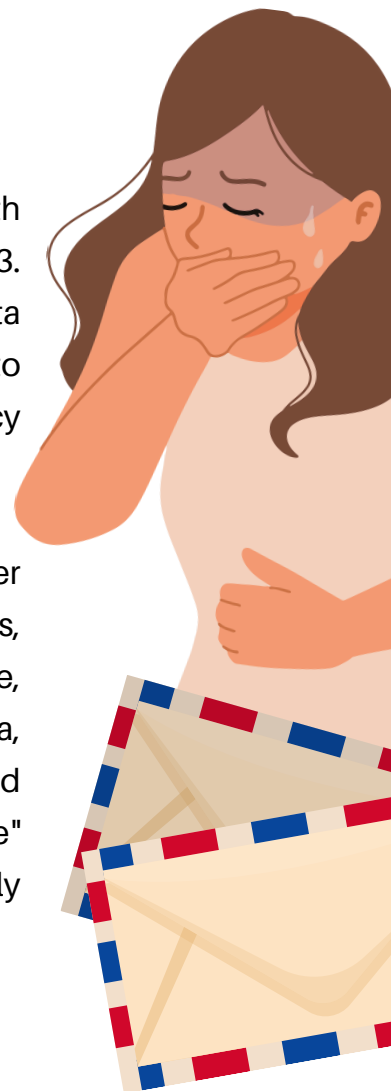
Meanwhile, however, the number of dangerous, virtual back-alley abortion pill suppliers is steadily growing, luring women into attempting dangerous, at-home abortions with low prices and easy access.

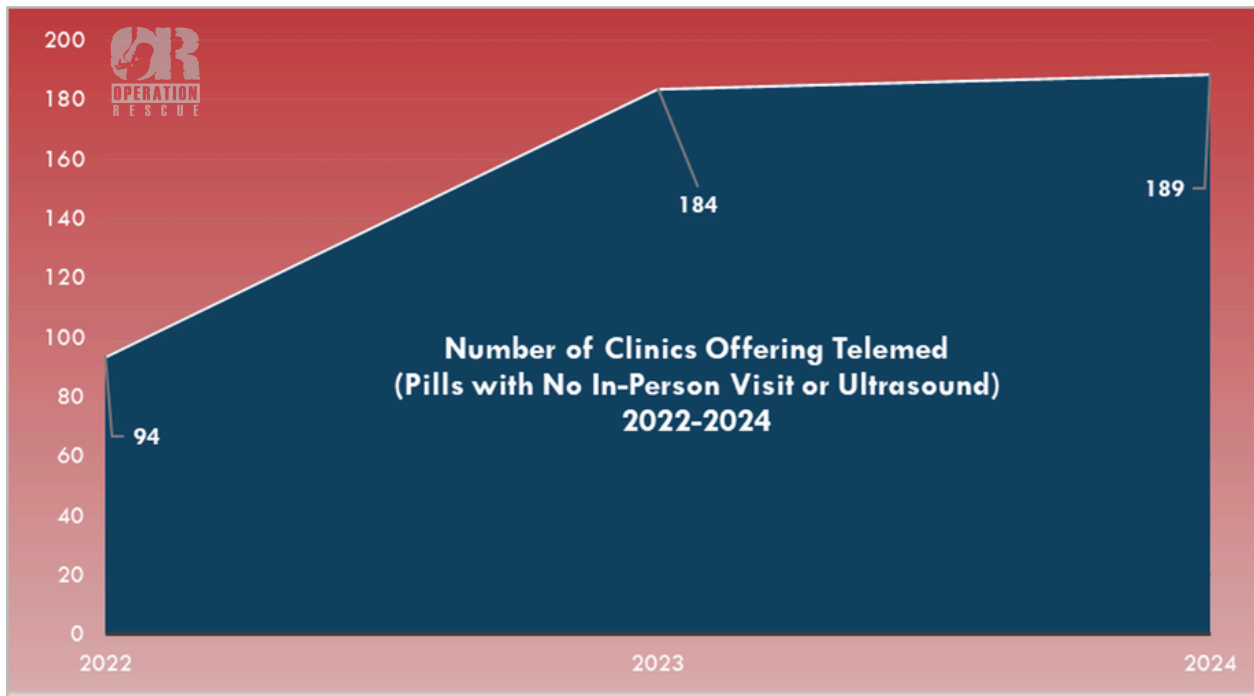
“Concerning abortion pills, it is deeply concerning to consider the appalling lack of oversight and accountability and the disturbing consequences we are already witnessing,” said Newman. “How many life-altering injuries and unnecessary deaths will be needed to establish standing for a lawsuit that ultimately addresses the dangerously under-regulated drugs?”

#### **PILLS NOW MAILED BY ABORTION CLINICS**

Of 674 total clinics in 2024, 189 offered the option of abortion pills with no in-person visit or ultrasound, an increase of 4 clinics since 2023. Since 2022, when Operation Rescue first began tracking this data point, the number has more than doubled. Abortion clinics continue to jump on this dangerous, easy-profit bandwagon, knowing no agency will hold them accountable when women are injured or die.

A total of 19 states house abortion clinics offering telemed/mail-order abortions: California, Colorado, Connecticut, Illinois, Massachusetts, Maryland, Maine, Michigan, Minnesota, Montana, New Hampshire, New Mexico, Nevada, New York, Pennsylvania, Rhode Island, Virginia, Vermont, and one in Wyoming. Planned Parenthood's vast size and extensive reach allow it to easily utilize abortionists for "site-to-site" telemedicine abortions, giving it a significant advantage over privately owned abortion clinics.





In 2024, Operation Rescue added the names of two women to its archive of [abortion-related maternal deaths](#): 28-year-old Amber Nicole Thurman and 41 year-old Candi Miller. Both died in 2022 after taking the mifepristone and misoprostol abortion pill regimen. The grievous facts about these two tragic and preventable deaths were withheld from the public until a Senate committee hearing in September 2024.

These heartbreaking deaths were used during the Senate hearings in attempts to discredit Georgia's heartbeat protection law (HB 481), known as "The Life Act," that had gone into effect prior to their deaths in 2022. On October 1, soon after the Senate committee hearing exploited the deaths of these two women, a Georgia court struck down HB481. However, the Georgia Supreme Court reinstated it one week later.

Newman added, "Again, this is a realm where the upcoming Trump administration and appointee RFK can make a decided difference. We know women are dying from these dangerous abortion pills, especially when taken with little or no medical oversight. If the pro-life movement stands united in holding drug companies and abortion pill suppliers accountable for these egregious deaths, we have the opportunity to win back some ground - which will save preborn lives as well as the lives of their mothers."



## **DANGEROUS EXPANSION OF VIRTUAL BACK-ALLEY ABORTIONS**

Due to the radical, irresponsible deregulation of abortion pills, the number of virtual pill suppliers Operation Rescue annually surveys nearly tripled since last year, increasing from 20 virtual suppliers to a new total of 58. That's a staggering 190% increase in dangerous, back-alley abortion pills by mail. And that increase does not even include the growing number of brick-and-mortar abortion clinics that have added abortion pills by mail to their abortion services.

This and other key data points collected by Operation Rescue during this survey of virtual distributors created a unique overview of virtual trends not previously available anywhere else.

For the purposes of this survey, a "virtual pill supplier" is any abortion business that offers abortion pills through a virtual process with no option to meet with an abortionist in person. Most of these dangerous virtual "clinics" ask women to provide little more than an ID and the answers to a few questions before providing the two-drug regimen for at-home, chemical abortions. Some will even provide the drugs to women who are not pregnant. Of course, these suppliers have no way of verifying whether the drugs will be used for nefarious purposes, like forcing another woman to unknowingly ingest abortion pills.

With the Food and Drug Administration (FDA) rolling back nearly all protections for women daring to self-administer chemical abortions, these virtual suppliers are the fastest growing trend in the abortion industry. Mainly online, these "clinics" are simple-to-implement cash cows for any abortionist with a prescription pad and domain name.

"Of course, since the abortion industry always follows the greediest path," reflected Newman, "brick-and-mortar clinics have also begun doing all they can to cash in on this virtual back-alley abortion method."

## **HYBRID VIRTUALS, A NEW CATEGORY**

This shift towards virtual pills by brick-and-mortars accounts for a large portion of the 190% increase Operation Rescue found in 2024. A growing number of virtual pill suppliers are operating out of physical buildings.

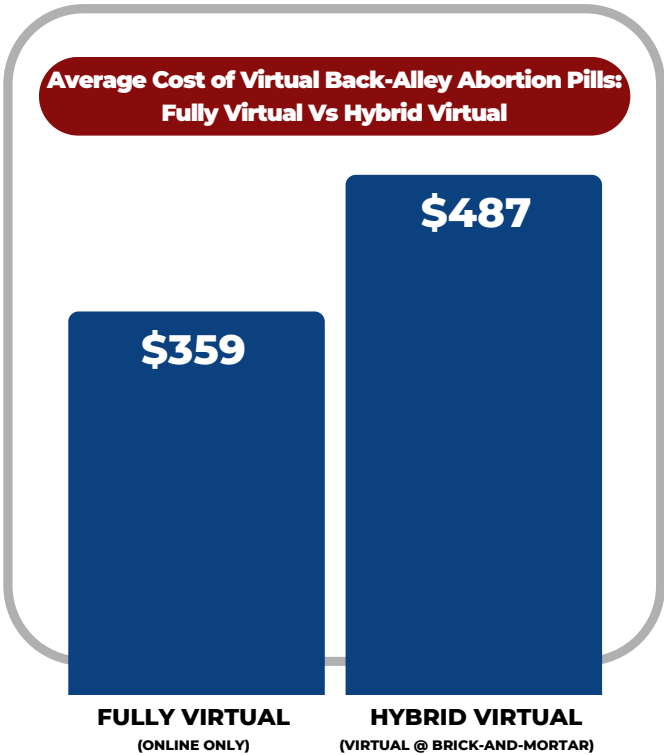
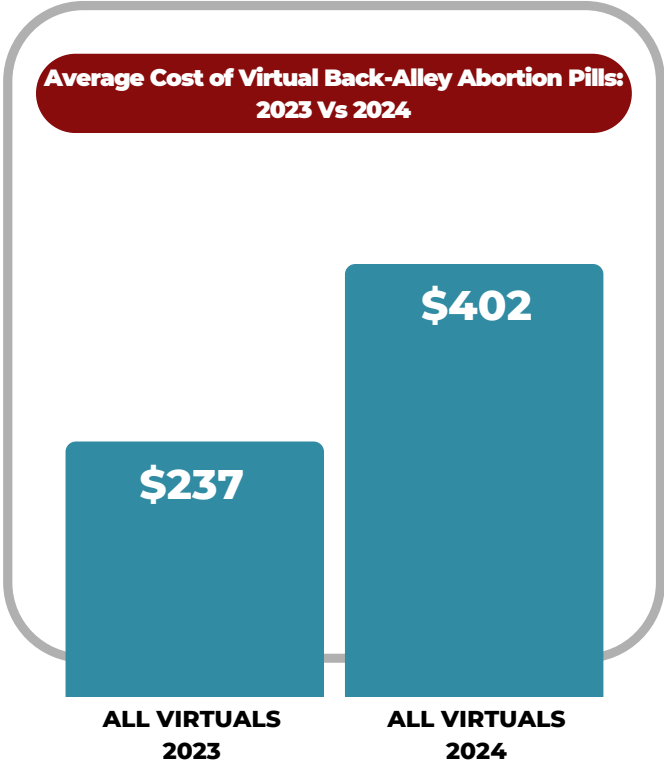


Initially, Operation Rescue created the category of “virtual” to track online abortion pill peddlers that did not offer any option to meet with an abortion provider in person. However, virtual options are changing. To best capture these fast-moving developments in virtual trends, Operation Rescue created two separate categories: “fully virtual” and “hybrid virtual.”

Unlike “fully virtual” suppliers, most “hybrid virtuals” have a brick-and-mortar building. While other types of in-person services may be provided, they still only provide abortion pills through a virtual process, either mailing the pills or allowing them to be picked up without a scheduled in-person visit.

Others are online-only (no building) with a virtual process, but they still require abortion medications to be picked up at a pharmacy or other facility.

This growing number of hybrids – with much higher overheads than fully virtual suppliers – have caused a significant increase in the average cost of virtual pills. In 2023, the average cost for a virtual abortion was \$237. In 2024, that average cost rose to \$402, a 70% increase.



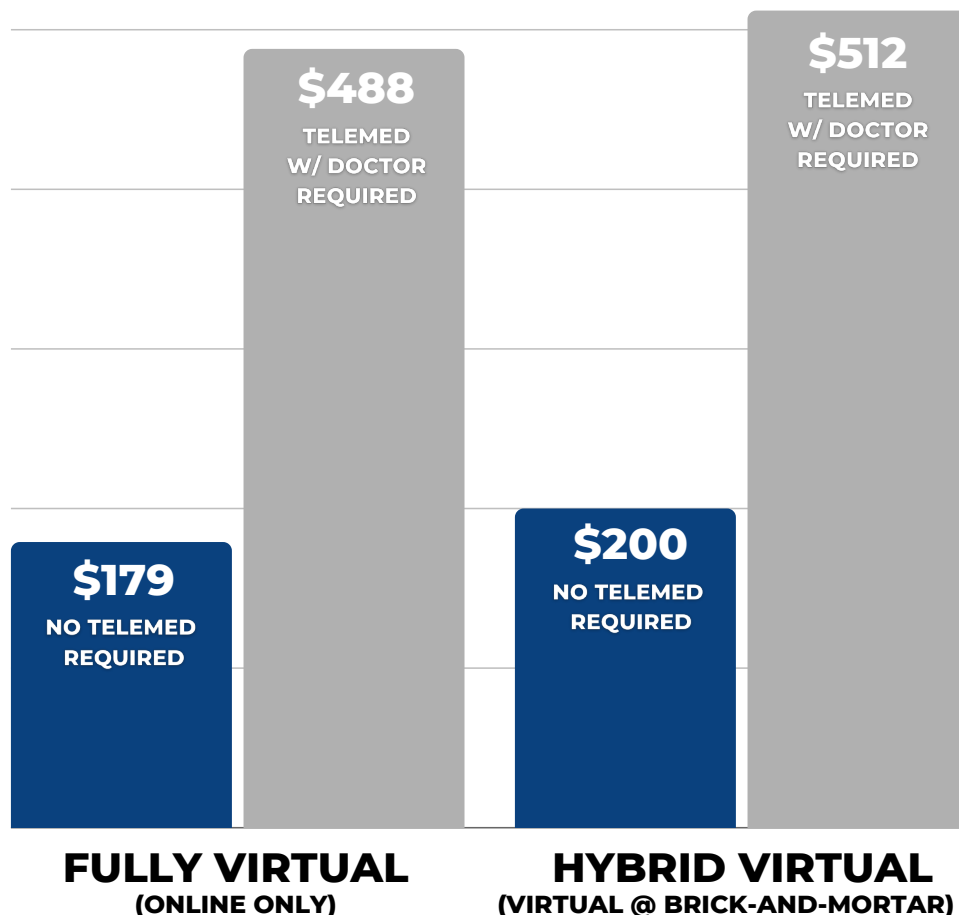
## TELEMED TRENDS BY VIRTUAL SUPPLIERS

Ninety percent of hybrids still require a telemed visit with the abortionist, which often results in pricing like an in-person abortion pill appointment.

The average cost of virtual abortions at these hybrid clinics is \$487. However, when we tease out the telemed component, we see that the average cost for pills with a required telemed visit goes up to \$512; when no telemed visit is required the average cost drops to \$200.

The same is true of fully virtual suppliers. When a telemed visit is required, the average cost of a virtual abortion is \$488. When no telemed visit is required, that cost drops to \$179.

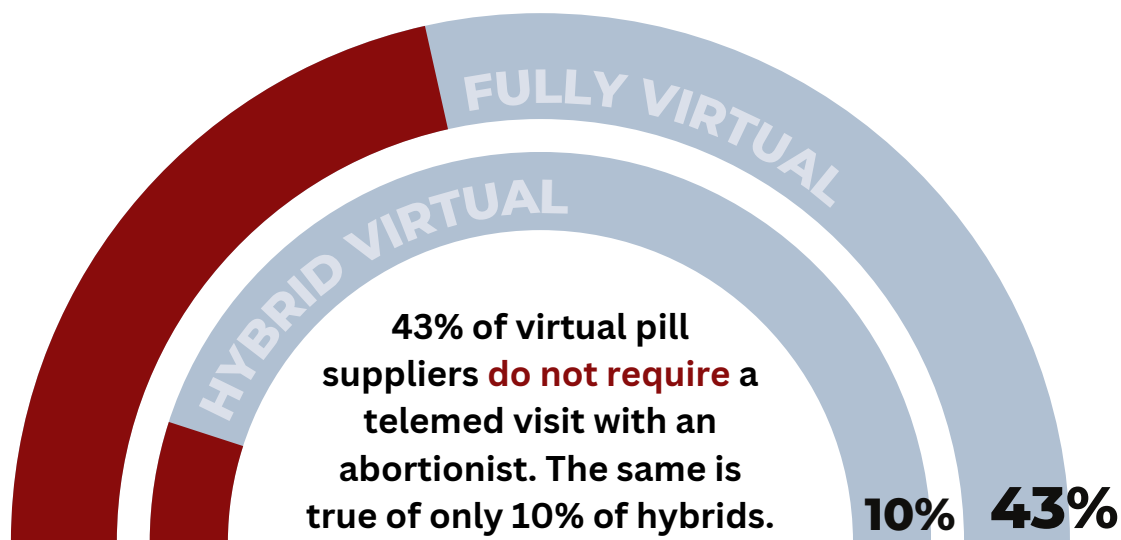
### Average Cost of Virtual Back-Alley Abortion Pills: Telemed with Abortionist Vs No Telemed



While the abortion lobby claims this lack of oversight is because abortion pills are safe and should be normalized as at-home care (the complete opposite of their cries during decades of defending the necessity of *Roe*), this cost difference actually creates an alarming message for women: Unless you're willing to pay more than twice the price, you're on your own.

Currently, only 10% of hybrids offer virtual abortions with no required telemed. This is possibly due to the higher operational costs of a brick-and-mortar business. They likely cannot afford to only offer the much cheaper, non-telemed abortions.

However, a whopping 43% of fully virtual suppliers have no problem foregoing any video or phone consultations with a doctor or nurse practitioner before shipping off dangerous medications to women who may have even marked false answers on a questionnaire.



A woman who might be weeks past the approved gestational limit for chemical abortions need only provide a different LMP (last menstrual period) date to easily obtain abortion pills without any verification that might take place during a telemed or in-person visit.

Furthermore, whether these distinct types of virtual distributors require telemed or not, none of them are able to perform an ultrasound on a woman to rule out complications like ectopic pregnancies, which can be fatal when untreated and impossible to medically confirm through just an email questionnaire.

## **VIRTUAL SUPPLIER WAIT TIMES AND DANGEROUS GESTATIONAL CUT-OFFS**

Though booking a required telemed appointment may cause some variation in individual wait times, on average, abortion pills ship from both “fully virtual” and “hybrid virtual” suppliers in 3 business days. Endless fear mongering from the abortion lobby that abortion access would be greatly curtailed in a post-*Roe* America is blatantly false. Abortion pills are more readily available than ever before.

In addition, despite the FDA only approving the use of abortion pills up to 10 weeks in pregnancy, the average gestational cut-off for virtual suppliers in 2024 is just over 11 weeks. However, when looking at individual cut-off times, it is important to note that 17% of virtual suppliers allow a cut-off date well past 11 weeks. Some go as far as 13 weeks. The later in pregnancy a woman takes the abortion pills, the higher her risk of complications like an incomplete abortion, hemorrhaging, and sepsis.

The previously referenced 41-year-old Candi Miller, a Georgia woman with numerous health complications, died during an at-home abortion. She ordered abortion pills from Aid Access, one of the virtual suppliers that offers the abortion regimen up to 13 weeks.

ProPublica, which broke the story, stated Miller’s family did not know how far along she was in the pregnancy. The “investigative” news agency didn’t seem to make any efforts to dig further on this point, despite having collected many other intimate details of Miller’s death, including reviewing her autopsy and death records. If those records suggested a gestational age based on the “unexpelled fetal tissue” found during the autopsy, ProPublica left that information out of its article.

ProPublica’s reporting also downplayed the fact that, had Miller been seen at any legitimate OB/GYN office, she would have undoubtedly been referred to a specialist due to her health issues and advanced age, whether she chose an abortion or not.

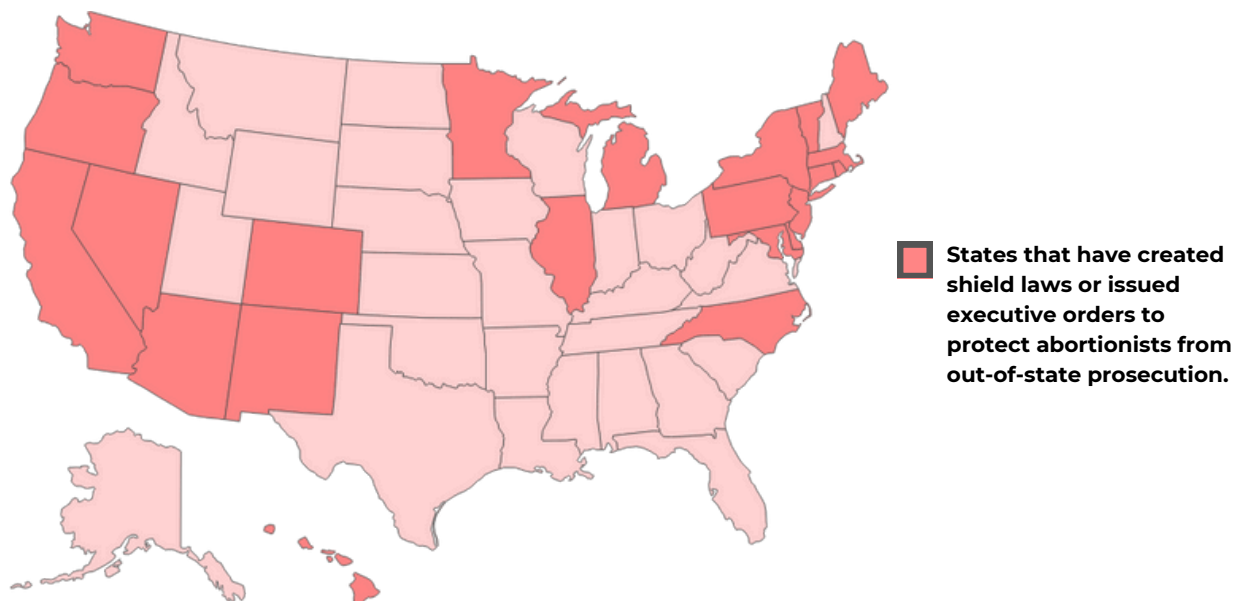
Aid Access does not require a telemed visit, and certainly not with a specialist. In fact, there is no evidence that Miller was required to take any further steps by the virtual supplier to confirm whether her answers to their short online survey reflected her actual health situation. Miller could have even foregone the survey and simply ordered abortion pills for “future use,” a second option on the Aid Access website.

The abortion lobby immediately blamed Miller's death on Georgia's six-week abortion ban, ignoring the most obvious truth: Miller was given unchecked access to dangerous abortion medications, and the complications ended her life. That unchecked access, with substandard medical oversight, is a situation wholly and adamantly created by the abortion cartel, and supported by the U.S. Food and Drug Administration (FDA), not the pro-life movement.

### **VIRTUAL ABORTIONS IN ABORTION-FREE STATES**

At least four virtual suppliers identified during this survey offer abortion pills by mail to all fifty states, regardless of state laws protecting children in the womb. Many wonder how abortion providers get away with this in abortion-free states, but laws are only as strong as the willingness and ability to enforce them.

After the fall of *Roe*, 17 states passed shield laws for abortionists, making it clear that no cooperation would be given to out-of-state attorneys general attempting to prosecute those who provided abortion pills in states where chemical abortions are banned. Another five states issued executive orders stating the same.



Virtual suppliers offering abortion pills by mail to all 50 states are either based in states with shield laws or outside the U.S.

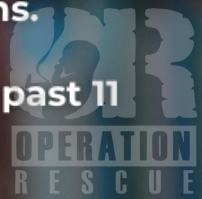
This shield law strategy is not surprising. Abortionists are rarely held accountable for their crimes, as learned by decades of documenting abortion injuries, patient deaths, sexual misconduct by abortionists, and an array of other crimes committed.

Newman stated, "Abortionists continue to exist as a privileged class of 'physicians' who cannot be touched. Their barbaric work of child-killing is too sacred to ever be lessened by disciplinary actions, meanwhile preborn children and their mothers pay the cost. States that have enacted these shield laws are only ensuring more women in more states will be exploited, injured, and possibly even killed by greedy pill peddlers who are now considered above the law."

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### **DANGEROUS EXPANSION OF THE VIRTUAL BACK-ALLEY**

- 💀 Virtual pill suppliers have *tripled* since last year, moving from 20 virtual suppliers to a new total of 58, a staggering 190% increase.
- 💀 43% of fully virtual suppliers do not require a telemed visit with an abortionist.
- 💀 None of these virtual suppliers are able to perform an ultrasound on a woman to rule out complications.
- 💀 17% of virtual suppliers allow a cut-off date well past 11 weeks. Some go as far as 13 weeks.



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