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118TH CONGRESS
2D SESSION

H. RES. 1285

Condemning the pro-abortion policies of the Biden administration.

IN THE HOUSE OF REPRESENTATIVES

JUNE 7, 2024

Mr. MORAN (for himself, Mr. SMITH of New Jersey, Mr. BIGGS, Mr. BANKS, Mr. DUNCAN, Mr. BABIN, Mr. GUEST, Mr. PALMER, Mr. FLEISCHMANN, Mr. MOONEY, Mrs. BICE, Mrs. MILLER of Illinois, Mr. GOSAR, Mr. WEBER of Texas, Ms. BOEBERT, Mr. PFLUGER, Mr. CRENSHAW, Mr. MOORE of Alabama, Mr. FULCHER, Mr. KUSTOFF, Mr. GOODEN of Texas, Mr. WEBSTER of Florida, Mr. MOOLENAAR, Mrs. LESKO, Mr. ADERHOLT, Mr. SESSIONS, Mr. AUSTIN SCOTT of Georgia, Mr. BILIRAKIS, Mrs. HARSHBARGER, Mr. CARTER of Texas, Mr. BURGESS, Mr. PENCE, Mr. HIGGINS of Louisiana, Mr. CLINE, Mr. CRANE, Mr. OGLES, Mr. SELF, Mr. HERN, Mr. DUNN of Florida, and Ms. FOXX) submitted the following resolution; which was referred to the Committee on Energy and Commerce

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RESOLUTION

Condemning the pro-abortion policies of the Biden administration.

Whereas in this resolution, the term ''induced abortion''—

(1) means a procedure with the intent to deliberately end the life of the unborn child in their mother's womb; and

(2) excludes procedures for the management of intrauterine fetal death, spontaneous miscarriage, ectopic

pregnancy, fetal remains, and that are necessary to preserve the life of a pregnant woman or girl;

Whereas chemically induced abortion in the United States most commonly occurs through a two-drug process where the mother—

(1) first takes mifepristone, a drug that blocks progesterone, a hormone that is necessary for a baby developing in the womb; and

(2) later takes misoprostol, a drug that causes the uterus to contract, evacuating the baby and the other contents;

Whereas when the Commissioner of Food and Drugs initially approved mifepristone in 2000, they exceeded their statutory authority, claimed pregnancy was a life-threatening illness in order to fast-track approval of the drug and jeopardized the health and safety of women and girls;

Whereas the Commissioner of Food and Drugs failed to study the effects of the drug on minors, as required by Federal law, and failed to study the safety of the drug under the labeled conditions of use;

Whereas mifepristone can cause complications, including life-threatening hemorrhaging, infection, incomplete induced abortions that require the need for emergency surgery, and mental health issues;

Whereas, according to the Food and Drug Administration's own label for mifepristone, roughly one in twenty-five women will end up in the emergency room after taking these drugs;

Whereas the Commissioner of Food and Drugs issued a risk evaluation and mitigation strategy (in this preamble referred to as a ''REMS'') under section 505–1 of the Fed-

eral Food, Drug, and Cosmetic Act (21 U.S.C. 355–1) to attempt to mitigate the risks mifepristone poses to the health of women and girls;

Whereas the initial safety requirements issued by the Commissioner of Food and Drugs when administering mifepristone—

(1) limited the indicated use of the drug to seven weeks gestation;

(2) required at least three in-person doctor visits;

(3) ensured in-person dispensing; and

(4) required providers to report the occurrence of adverse events;

Whereas adverse events are defined in section 604–3 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 364) as any health-related event associated with the use of a cosmetic product that is adverse;

Whereas in 2016, the Commissioner of Food and Drugs issued an updated REMS for mifepristone that abandoned many of the initial safety requirements;

Whereas the Commissioner of Food and Drugs also removed the requirement for prescribers to report non-lethal adverse events resulting in incomplete data collection to monitor complications from mifepristone;

Whereas in the 2016 updated REMS, the Commissioner of Food and Drugs—

(1) increased the gestation period where mifepristone may be taken from 7 weeks to 10 weeks;

(2) permitted non-physicians, who have less training in handling complications from mifepristone, to prescribe mifepristone; and

(3) decreased mandatory office visits for patients from three to one, including eliminating the in-person follow-up examination that ensures a woman or girl has not suffered complications or retained fetal remains;

Whereas the Commissioner of Food and Drugs eliminated prior requirements that prescribers report all serious complications from mifepristone;

Whereas the Commissioner of Food and Drugs does not have access to national data for chemically induced abortions or for complications from abortions;

Whereas the decision of the Commissioner of Food and Drugs to no longer require prescribers to report adverse events, other than death, further weakened the accurate data the Food and Drug Administration has access to;

Whereas one study estimates that the Food and Drug Administration may be missing data on up to 95 percent of serious adverse events;

Whereas serious adverse events are defined in section 604–5 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 364) as any adverse event that results in death, a life-threatening experience, inpatient hospitalization, a persistent or significant disability or incapacity, a congenital anomaly or birth defect, an infection, or significant disfigurement (including serious and persistent rashes, second- or third-degree burns, significant hair loss, or persistent or significant alteration of appearance), other than as intended, under conditions of use that are customary or usual or requires, based on reasonable medical judgment, a medical or surgical intervention to prevent such outcomes;

Whereas in 2021, based on incomplete and unreliable data, the Commissioner of Food and Drugs eliminated the last remaining in-person office visit that ensured women and girls do not have ectopic pregnancies or other life-threatening conditions before taking mifepristone;

Whereas the abandonment of these safeguards by the Commissioner of Food and Drugs has allowed for chemically induced abortions by mail and online;

Whereas women and girls can now receive mifepristone without ever seeing a practitioner and without any certainty that follow-up care is available for potentially life-threatening complications;

Whereas women and girls located far from medical care centers will suffer disproportionately because they may need to quickly access a hospital to receive emergency surgery, blood transfusion, or intravenous antibiotics, but are unable to access this care quickly;

Whereas in 2023, the Commissioner of Food and Drugs approved an updated REMS for mifepristone that—

(1) permanently removed the requirement that health care providers personally dispense mifepristone; and

(2) allowed certified pharmacies from both physical locations and online retailers to dispense mifepristone;

Whereas there are no age limits on prescribing mifepristone, nor do the REMS for mifepristone require parental consent or notice, meaning these drugs can be sent through the mail to minors without the knowledge or consent of their parents;

Whereas removing the in-person dispensing requirement has intensified health risks for women and girls by removing

the ability of practitioners to diagnose an ectopic pregnancy through an ultrasound, which is the key method of diagnosis;

Whereas mifepristone has no effect on an embryo implanted outside the uterus, which could cause a woman or girl with an undiagnosed ectopic pregnancy, who has taken mifepristone, to believe she is no longer pregnant because the early symptoms of a ruptured ectopic pregnancy, such as heavy bleeding, mirror those of a chemically induced abortion;

Whereas in reality the woman or girl would be at risk of rupturing a fallopian tube, or another organ, leading to catastrophic hemorrhaging and maternal death;

Whereas ectopic pregnancies occur in 1 out of every 50 pregnancies;

Whereas removing the in-person dispensing requirement prevents providers from determining the gestational age of a baby;

Whereas more than one out of every three women or girls who take mifepristone during their second trimester will require surgery;

Whereas removing the in-person dispensing requirement prevents providers from administering RhoGAM to women or girls with Rh negative blood to prevent potentially fatal complications for a baby in a future pregnancy;

Whereas removing the in-person dispensing requirement prevents providers from screening for coercion, which can cause providers to be uncertain about whether the mifepristone is being taken by the woman or girl to whom it is being dispensed to and whether it is being taken willingly;

Whereas mifepristone has been used by domestic abusers to unknowingly drug pregnant women and girls and to kill unborn babies;

Whereas mifepristone is also used by sex traffickers to coerce their victims into having an induced abortion without seeing a health care provider, which can be a key opportunity for the victims of sex trafficking to be identified and assisted: and

Now, therefore, be it

Resolved, That the House of Representatives—

(1) condemns the Commissioner of Food and Drugs for lessening patient safeguards around a dangerous drug;

(2) finds that the announcement from the Biden administration, on January 3, 2023, that health care providers are no longer required to personally dispense mifepristone, endangers the health of women and girls and enables reproductive coercion by human traffickers and domestic abusers; and

(3) condemns the Biden administration for its pro-abortion policies that prioritize abortion businesses over the health and safety of women and girls.

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