Congress of the United States
Washington, DC 20515

June 18, 2025

The Honorable Lee Zeldin
Administrator
U.S. Environmental Protection Agency
Washington, D.C. 20460

Dear Administrator Zeldin,

We commend this administration's dedication to protecting life and safeguarding public health. In light of these commitments, we write to express our concerns regarding mifepristone and its potential contaminant effects on our nation's waters. In 2023, medication abortions accounted for more than 60% of all clinician-provided abortions that took place within the U.S. health care system—totaling roughly 648,500 medication abortions.[1] These numbers do not reflect the unrecorded number of at-home medication abortions that were performed without the oversight of a clinician. It is imperative that the U.S. Environmental Protection Agency (EPA) considers evaluating the potential contaminant effects of this drug as the agency develops the Unregulated Contaminant Monitoring Rule 6 (UCMR 6).

Mifepristone is the first step in a two-step drug regimen designed to facilitate an abortion. The drug blocks progesterone, a hormone necessary to support pregnancy and development of the child in the womb.[2] A second drug, misoprostol, is taken 24 to 48 hours later to induce uterine contractions and expel the child and other placental tissue.

In 1996, the Center for Drug Evaluation and Research (CDER) issued an environmental assessment for mifepristone stating, "Mifepristone may enter the environment from excretion by patients, from disposal of pharmaceutical waste, or from emissions from manufacturing sites," but declared that the drug could be "used and disposed of without any expected adverse environmental effects."[3] However, this assessment was conducted nearly three decades ago, long before the exponential rise in at-home chemical abortions and widespread use of mifepristone. Despite the CDER's acknowledgement that mifepristone enters the environment, the EPA has yet to review its potential contaminant effects. We request that the EPA study the impact of the "byproducts" of mifepristone, such as the active metabolites that are entering our nation's water system and threatening access to safe drinking water.

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[1] Rachel K. Jones and Jenna Jerman, "Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014," *Perspectives on Sexual and Reproductive Health* 49, no. 4 (December 2017): 207–214, https://doi.org/10.1111/psrh.12294.
[2] American Association of Pro-Life Obstetricians and Gynecologists, *Chemical Abortion: What the Evidence Says* (August 2023), https://aaplog.org/wp-content/uploads/2023/08/20230728-Chem-Ab-One-Pager.pdf.
[3] U.S. Food and Drug Administration, *Mifepristone NDA 20-687: Environmental Assessment* (2000), https://www.accessdata.fda.gov/drugsatfda_docs/nda/2000/20687_Mifepristone_EA.pdf.

Furthermore, mifepristone is a potent progesterone blocker that disrupts hormonal balance in pregnant women to induce abortion. This raises questions about the drug's potential endocrine-disrupting effects when present in drinking water supplies. If residual amounts of the drug and its metabolites persist in wastewater, prolonged exposure could potentially interfere with a person's fertility, regardless of sex. We believe it is reckless to allow a known progesterone blocker to be flushed into America's drinking water without knowing definitively if it impacts fertility rates.

The American people deserve to know what contaminants might be present in their drinking water and their potential impacts on public health. We ask for your response to the following questions no later than August 17, 2025. Please provide a separate response to each question, rather than a narrative response.

- Does the EPA believe mifepristone should be considered for regulation under the Safe Drinking Water Act based on potential health and environmental risks? If not, why?
- Has the EPA considered adding mifepristone to UCMR 6? If the agency has not, why?
    - How does the EPA select which pharmaceuticals are studied under UCMR?
- Has the EPA considered adding mifepristone to CCL 6?
- Has the EPA conducted or reviewed any research on the presence of mifepristone or its metabolites in drinking water supplies? If not, what gaps currently exist that might prevent this kind of assessment?
- A recent study of insurance claims revealed that over 10% of women experience sepsis, infection, hemorrhaging, or another serious adverse event within 45 days of an abortion using mifepristone—at least 22 times higher than is reported on the drug label.[4] Is the EPA aware of this study? If so, would this data have an impact on the agency's consideration of adding mifepristone to CCL 6 or UCMR 6?
- Are there existing EPA-approved methods for detecting mifepristone and its active metabolites in water supplies? If not, what resources are needed to develop these testing methods?
- Has the EPA assessed whether exposure to mifepristone and its active metabolites could contribute to hormonal imbalances or infertility in both men and women? Why or why not? If so, has the EPA collaborated with other agencies to make these assessments?
- How are aquatic species affected by exposure to mifepristone and its active metabolites?

Thank you for your attention to this important matter. We look forward to working with you to ensure the health and safety of the American people.

Sincerely,

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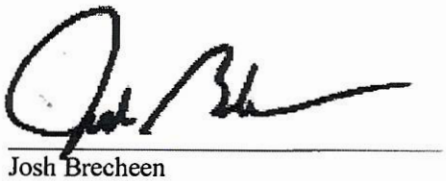
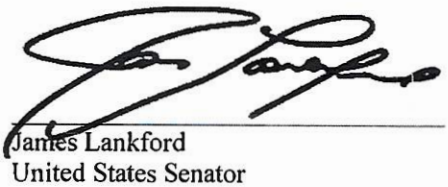
[4] Mary E. Harned, *The Abortion Pill Harms Women* (Washington, D.C.: Ethics and Public Policy Center, April 2025), https://eppc.org/wp-content/uploads/2025/04/25-04-The-Abortion-Pill-Harms-Women.pdf.



Josh Brecheen
Member of Congress



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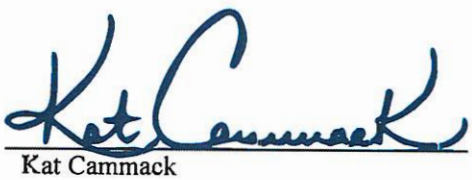

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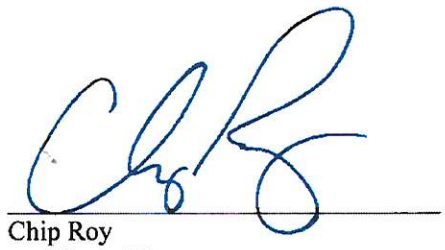

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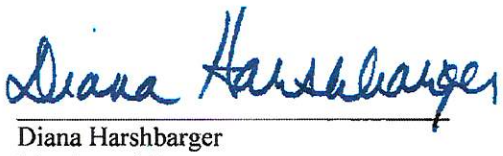

Diana Harshbarger
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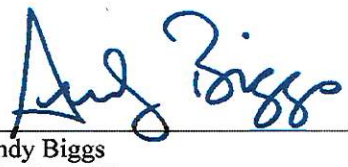
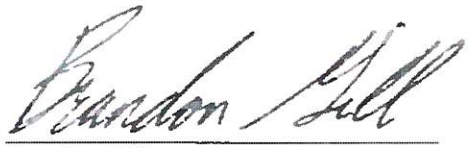


Andy Biggs
Member of Congress



Brandon Gill
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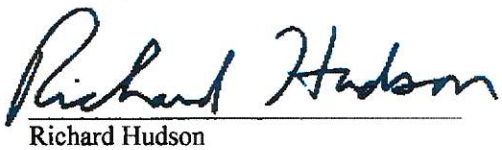

Richard Hudson
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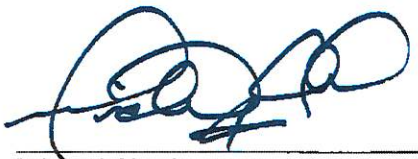

Michael Cloud
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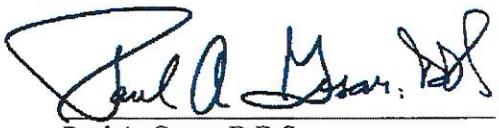

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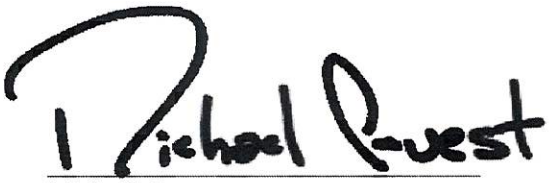

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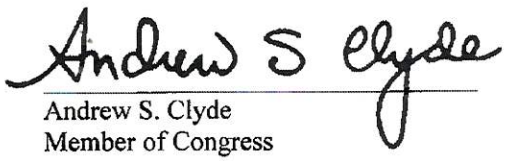

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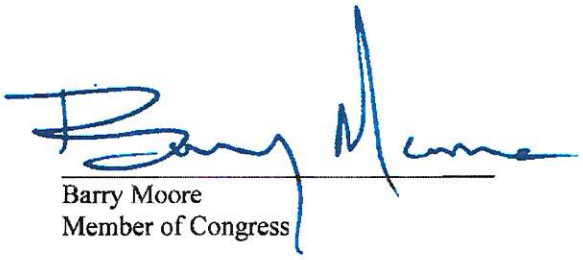
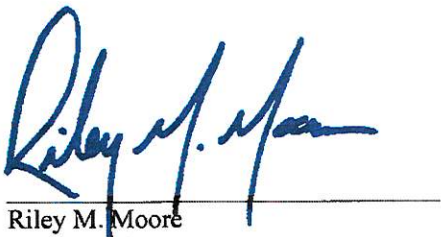


Barry Moore
Member of Congress



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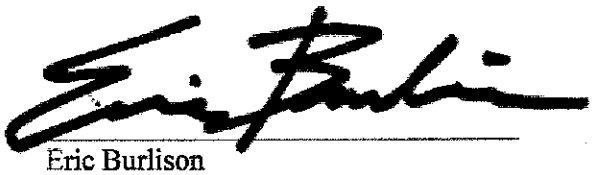

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