

No. 25-2287

**IN THE UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

NATIONAL INSTITUTE OF FAMILY AND LIFE ADVOCATES, ET AL.

Plaintiffs-Appellants,

V.

ROB BONTA,

Defendant-Appellee.

On Appeal from the United States District Court
for the Central District of California
No. 2:24-CV-08468-HDV-(MARx)
Hon. Hernán D. Vera

**AMICI CURIAE BRIEF OF THE AMERICAN CENTER FOR LAW &
JUSTICE, CHARLOTTE LOZIER INSTITUTE, AND PENNSYLVANIA
PREGNANCY WELLNESS COLLABORATIVE
IN SUPPORT OF PLAINTIFFS-APPELLANTS AND SUPPORTING
REVERSAL**

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CORPORATE DISCLOSURE STATEMENT

Amici, American Center for Law and Justice, Charlotte Lozier Institute, and Pennsylvania Pregnancy Wellness Collaborative, have no parent corporations and issue no stock.

Date: May 12. 2025

/s/ *Walter M. Weber*

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INTEREST OF AMICI¹

The Charlotte Lozier Institute² (“CLI”), Pennsylvania Pregnancy Wellness Collaborative (“PPWC” or the “Collaborative”), and American Center for Law & Justice (“ACLJ”) file this *amici curiae* brief in support of Plaintiffs-Appellees, National Institute of Family and Life Advocates and SCV Pregnancy Center.

Amicus CLI is a nonprofit research and education organization committed to bringing modern science to bear on life-related policy and legal decision-making. CLI believes the legal precedents and principles governing abortion should be informed by the most current medical and scientific knowledge on human development. CLI has documented the popularity and reach of Pregnancy Resource Centers (PRCs), supporting their efforts to communicate the value they offer to the public through low- and no-cost services to some of the nation’s most disadvantaged populations and communities. The success of these vital nonprofits is a core part of CLI’s vision for a better America. CLI has a strong interest in working to ensure that PRCs remain free to pursue their mission and live out the principles that inspire them to serve both mothers and their children.

¹No party’s counsel in this case authored this brief in whole or in part. No party or party’s counsel contributed money intended to fund preparing or submitting this brief. No person, other than amici, their members, or their counsel contributed money that was intended to fund preparing or submitting this brief. All parties have consented to the filing of this amici brief.

² The legal name of the Charlotte Lozier Institute is the Susan B. Anthony List Inc. Education Fund, a 501(c)(3) charitable nonprofit that is separate from the Susan B. Anthony List Inc., a 501(c)(4) social-welfare entity.

Amicus PPWC is composed of thirty (30) faith-based pregnancy medical clinics and resource centers that provide free and low-cost services for Pennsylvania residents. The Collaborative advances the work of these pregnancy help organizations in Pennsylvania by providing a unified voice for pregnancy centers, educating their communities and legislatures, and promoting and protecting pregnancy help statewide. In addition, the Collaborative provides a much-needed shield for local pregnancy resource and medical centers facing important and sometimes threatening shifts in culture and government. Some of the centers in the Collaborative have challenged proposed legislation at the local level that would have targeted them for investigation by state officials.

Amicus ACLJ is an organization dedicated to the defense of the constitutional liberties secured by law, including the defense of the sanctity of human life. The ACLJ regularly represents parties and submits amicus curiae briefs in litigation involving abortion and constitutional law. *See, e.g., Dobbs v. Jackson Women's Health Org.*, 597 U.S. 215 (2022); *June Med. Servs. v. Russo*, 591 U.S. 299 (2020); *Whole Woman's Health v. Hellerstedt*, 579 U.S. 582 (2016); *Gonzales v. Carhart*, 550 U.S. 124 (2007); *Whitmer v. Linderman*, 973 N.W.2d 618 (Mich. 2022); *Oklahoma Call for Reprod. Just. v. Drummond*, 526 P.3d 1123 (Okla. 2023). The ACLJ's important decades-long role in precedential cases involving abortion is perhaps best illustrated by the Court's citation and reliance in *Dobbs* upon two cases argued by the ACLJ at the United States Supreme Court: *Bray v. Alexandria*

Women's Health Clinic, 506 U.S. 263 (1993), and *Hill v. Colorado*, 530 U.S. 703 (2000). The ACLJ submits this brief on behalf of itself and over 220,000 of its supporters who promote the sanctity of life and have an interest in the outcome of this case.

ARGUMENT

Pregnancy Resource Centers (PRCs) are generally faith-based, nonprofit organizations that provide care and resources to assist women with immediate and ongoing needs related to unexpected pregnancy. Moira Gaul, *Fact Sheet: Pregnancy Centers – Serving Women and Saving Lives (2020 Study)*, CHARLOTTE LOZIER INST. (July 19, 2021), <https://tinyurl.com/43mb7fvf>. There are approximately 3,000 PRCs across the country with over 17,000 paid staff and almost 45,000 volunteer staff, including over 10,100 licensed medical professionals (staff and volunteers), who serve on an annual basis. *Hope for a New Generation*, CHARLOTTE LOZIER INST., <https://tinyurl.com/mttx52pj> (Dec. 2024). They focus on alternatives to abortion, also known as life-affirming services to empower women to keep their pregnancies and provide for their children and themselves.

Nationally, PRCs provide a wide range of essential and professional care encompassing support services for free or nominal cost to millions of women, children, and families annually. *Id.* This assistance consists of, but is not limited to, consultation, medical services, and supplying material goods for infants and pregnant women. Care is provided by trained workers and licensed professionals

through a holistic health paradigm considering emotional, social, mental, and spiritual needs as well as physical health. By providing practical assistance and links to needed resources, PRCs improve health outcomes for women and promote health and well-being for women, their children, and their families. In 2022, PRCs nationally reported a 97.4% client satisfaction rate. *Hope for a New Generation*, CHARLOTTE LOZIER INST., <https://tinyurl.com/4776je39> (Dec. 2024). PRCs offer essential information and resources that ensure women understand the key facts and all available options, including parenting and adoption — helping them inform their decisions and providing genuine *choices*. Women who come to PRCs for assistance do so voluntarily and are often seeking emotional support, acquiring financial assistance, or alternatives to abortion, including abortion reversal. Women often are unsure or ambivalent about abortion and sometimes regret or change their minds after taking the first abortion drug. Indeed, if no women ever wanted to back out of the abortion process after starting it, abortion pill reversal (APR) would not even be an issue. But it is, obviously, and research indicates that recourse to APR within a certain timeframe may be beneficial in maintaining pregnancy. Just over one-quarter (26.8%) of all PRCs nationwide offer APR. *Hope for a New Generation*, CHARLOTTE LOZIER INST., <https://tinyurl.com/mttx52pj> (Dec. 2024).

I. Pregnancy Resource Centers are Non-profit Organizations that Provide Helpful Assistance to Women Who Voluntarily Seek Their Services.

PRCs provide free or nominal cost assistance, including medical services, education, and referrals, which are client-tailored and are not revenue producing. In 2022, these services included nearly 975,000 consultations with new clients, hundreds of thousands of free ultrasounds (over 546,600), and nearly 704,000 free pregnancy tests, among other forms of support and testing. *Hope for a New Generation (Report)*, CHARLOTTE LOZIER INST., <https://tinyurl.com/26dxjdy9> (last visited May 7, 2025).

PRCs provide material assistance and support beyond consultation or medical services. Across the country, in 2022, PRCs had over 3 million client sessions and provided free services and materials valued at over \$367 million. *Hope for a New Generation*, CHARLOTTE LOZIER INST., <https://tinyurl.com/mttx52pj> (Dec. 2024). In fact, PRCs provide their communities with millions of dollars each year because of the services they provide at no cost to their clients—largely through the work of volunteers and the support of donors. *Id.*

These PRCs, and the medical professionals and workers who staff them, also provide invaluable information and resources that help ensure that a woman is aware of critical facts and all the options available to her, including parenting and adoption, allowing her to make a *true* choice. Consistent with their moral and religious views that preborn life is sacred and valuable, PRCs provide facts about abortion risks and procedures, including the fact that some drug-induced abortions may be halted if treated with a certain protocol, commonly known as abortion pill reversal (“APR”)

(discussed *infra*). *Hope for a New Generation (Report)*, Charlotte Lozier Inst., <https://tinyurl.com/26dxjdy9> (last visited May 7, 2025).

Women voluntarily seek out assistance from PRCs often because they feel coerced or pressured by others and/or outside circumstances. One survey study by CLI scholars of 226 women with a history of abortion found that “33% identified [the abortion] as wanted, 43% as accepted but inconsistent with their values and preferences, and 24% as unwanted or coerced.” David C. Reardon, *et al.*, *The Effects of Abortion Decision Rightness and Decision Type on Women’s Satisfaction and Mental Health*, CUREUS (May 11, 2023), <https://doi:10.7759/cureus.38882>. Furthermore, 60% indicated they would have preferred to give birth if they had more emotional support or financial security, *id.*, which is primarily what PRCs help to provide women who seek their help, through supplying counseling, no-cost prenatal services, and material assistance (among other services). This parallels a different study conducted by CLI scholars of the same women, which indicated that 61% felt high levels of pressure to abort due to finances, life circumstances, and/or other people in their lives. David C. Reardon, *et al.*, *Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health*, CUREUS (Jan. 31, 2023), <https://doi:10.7759/cureus.34456>.

Because of these pressures, women want alternatives, and PRCs serve as an important source of providing those alternatives via the needed avenues of assistance and support. For example, in New York, during 2022 alone, 84 pregnancy centers

served more than 17,000 women, men, and youth, providing goods and services totaling an estimated \$6.3 million. *New York State Impact Report*, CHARLOTTE LOZIER INST., <https://tinyurl.com/3b7pces8> (last visited May 9, 2025).

A woman’s decision regarding abortion should be fully informed and made only after careful consideration of all the facts. *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 882 (1992) (plurality opinion) (“[E]nsur[ing] that a woman apprehend[s] the full consequences of her decision . . . reduce[s] the risk that a woman may elect an abortion, only to discover later, with devastating psychological consequences, that her decision was not fully informed.”); accord *Planned Parenthood of Cent. Mo. v. Danforth*, 428 U.S. 52, 67 (1976) (“The decision to abort, indeed, is an important, and often a stressful one, and it is desirable and imperative that it be made with full knowledge of its nature and consequences.”). PRCs exist to provide the resources necessary to fully inform women of the critical facts, and to provide any woman seeking assistance with helpful information regarding abortion and alternatives if the woman should decide she does not want to go through with an abortion.

II. The Abortion Pill Reversal Information Provided by PRCs to Women is Substantially True and Backed by Credible Evidence.

There has been a significant rise in drug-induced abortions in this century, coupled with the elimination of safety measures around abortion pills, which has further increased the unsupervised access and use of abortion pills. Mia Steupert,

The State of Abortion Reporting in 2024 America: Still Striving Toward a Better National Standard, CHARLOTTE LOZIER INST. (June 26, 2024), <https://tinyurl.com/BetterRptg>. With this rise, there has also been a growing number of women who change their minds after beginning the chemical abortion process. *Abortion Pill Reversal: A Record of Safety and Efficacy*, CHARLOTTE LOZIER INST. (Sept. 24, 2021) (*APR: Record*), <https://tinyurl.com/APRRecord>. These women, who do not want to continue their abortion, represent the increased interest in the concept of abortion pill reversal as a potential antidote to drug-induced abortion. Many PRCs provide APR and accurately convey to women the safety and efficacy of the treatment.

Drug-induced abortion is a two-drug regimen that the FDA approved for use up to 10 weeks into a pregnancy. *Id.* The first drug a woman takes is mifepristone. Mifepristone inhibits progesterone by binding to progesterone receptors in the ovaries, uterus, and the placenta. *Id.* Progesterone is a naturally occurring hormone in a woman's body that helps facilitate a healthy pregnancy. *Id.* The second drug, usually misoprostol, is taken 24 to 48 hours after mifepristone, *Primer: The Basic Biochemistry of Abortion Pill Reversal*, CHARLOTTE LOZIER INST. (Jun. 27, 2024) (*Primer*), <https://tinyurl.com/APPrimer>, in order "to induce labor, causing the uterus to contract and expel the deceased baby." *APR: Record, supra*.

Sometimes before taking the second drug, a woman changes her mind about continuing the abortion process. That is where APR comes into play. "The [APR]

protocol is started within 72 hours after taking the first abortion drug, mifepristone, and before the second drug, misoprostol, is taken.” *APR: Record, supra* p. 8. To begin the protocol, bioidentical progesterone is prescribed to reverse mifepristone’s effects by outnumbering and outcompeting the mifepristone (discussed below), and an ultrasound is performed as soon as possible to confirm things such as heart rate and the baby’s gestational age. *Id.* The treatment process will usually continue through the first trimester of pregnancy in order to complete the reversal. *Id.* Studies have shown that treatment with progesterone during the 7-8 week period of gestation yields a 62% rate of a continuing pregnancy. Bianca Maria Stifani & Antonella Francheska Lavelanet, *Reversal of Medication Abortion with Progesterone: A Systematic Review*, 50 *BMJ SEXUAL & REPROD. HEALTH* 43 (2024), <https://srh.bmj.com/content/50/1/43#T2>.³

³ Of course, the mifepristone could sometimes fail on its own to cause an abortion. Researchers addressed this possibility and found that outcomes using the APR protocol go well beyond the usual failure rate for mifepristone — i.e., APR significantly increases the chance for a successful pregnancy:

To control for any reversals that may have happened without progesterone usage, Davenport *et al.* conducted a literature review in 2017 of pregnancies that used mifepristone as a single agent (rather than the dual action of mifepristone and misoprostol in a “completed” drug-induced abortion regimen). The results showed that less than 25% of pregnancies continued to term when only mifepristone was taken, indicating a statistically significant difference from the 66% of continuing pregnancies when progesterone treatment was used.

Primer, supra p. 8 (footnote omitted; citing Mary Davenport *et al.*, “Embryo

B. The Biochemistry Behind How Progesterone Counteracts Mifepristone.

As noted previously, progesterone is a naturally occurring hormone that plays a crucial role in the female reproductive system. Progesterone is produced primarily in the woman's ovary, after egg release, and is primarily responsible for the thickening of the uterine lining (the endometrium) which is necessary to sustain an embryo. *Primer, supra* p. 8. If an embryo implants into the endometrium, “progesterone will continue to be produced for the duration of the pregnancy, playing an important role in providing nutrients for the developing embryo and preventing uterine contractions that could cause the developing embryo to be expelled.” *Id.*

Bioidentical progesterone has been used to support female reproductive health since the 1950s with a wide record of safety and efficacy, including treating irregular periods, supporting lactation and thyroid function, and preventing endometriosis. *Id.* Bioidentical progesterone received FDA approval in 1998 and is commonly used today to lower the risk of premature birth and recurring miscarriage. *APR: Record, supra* p. 8. Additionally, progesterone supplementation is a routine part of the management of IVF pregnancies after an embryo has been transferred. *Id.*

The first drug in the abortion drug regimen, mifepristone, is a “competitive inhibitor,” meaning it inhibits the typical pregnancy-supporting action of progesterone by binding to progesterone receptors in the uterus, blocking

Survival after Mifepristone: A Systematic Review of the Literature,” 32 ISSUES IN L. & MED. 3-18 (2017)).

progesterone from binding. *Primer, supra* p. 8. Mifepristone prevents progesterone from binding to its receptor, causing the endometrium to break down in the same way that a drop in progesterone levels following ovulation without an implanted embryo causes the monthly shedding of the uterine lining. Megha Satyanarayana & Mesa Schumacher, *How Medication Abortion with RU-486/Mifepristone Works*, SCIENTIFIC AMERICAN (Sept. 1, 2022), <https://tinyurl.com/mrd7jzt4>.

The basis of abortion pill reversal is the scientific principle of competitive inhibition. As noted previously, mifepristone prevents naturally produced progesterone from binding to its receptors. However, if a significant amount of bioidentical progesterone is added, it can outnumber and outcompete the mifepristone to allow for a healthy pregnancy to be sustained. *Primer, supra* p. 8. This basic principle of overcrowding progesterone receptors with progesterone to counteract mifepristone is analogously exemplified in the treatment of carbon monoxide poisoning (i.e., by flooding the patient with 100% oxygen to out-compete the CO) and opioid overdose (i.e., by dosing the patient with opioid receptor antagonists to out-compete the opioid). Lars Eichhorn, Marcus Thudium, & Björn Jüttner, *The Diagnosis and Treatment of Carbon Monoxide Poisoning*, 51–52 DEUTSCHES ARZTEBLATT INT. 115, 863–70 (Dec. 24, 2018), <https://doi.org/10.3238/arztebl.2018.0863>; Jason J. Rose, *et al.*, *Carbon Monoxide Poisoning: Pathogenesis, Management, and Future Directions of Therapy*, 5 AM. J. OF RESPIRATORY AND CRITICAL CARE MED. 195, 596–606 (Mar. 1, 2017),

doi.org/10.1164/rccm.201606-1275CI; Jonathan Theriot, Sarah Sabir, & Mohammadreza Azadfard, *Opioid Antagonists*, STATPEARLS (2024), <https://tinyurl.com/mr3pct4w>. Hence, the APR protocol simply involves the administration of high-dose progesterone (orally, vaginally, or via intramuscular injection). *Primer, supra* p. 8.

Accordingly, when PRCs make assurances to women of the safety and efficacy of APR, it is well-founded on medical logic and clinical evidence.

C. Women Often Independently Seek Out Abortion Pill Reversal as a Safe Alternative to Drug-Induced Abortion.

Many women who have sought out APR have done so of their own accord in response to their regret of starting the abortion process. As noted previously, women are often pressured into having an abortion for multiple reasons, which negates the full willingness of their choice to have one in the first place. This pressure can come from close family and friends, and the risks of abortion drugs specifically are often downplayed by phrases such as “it’s just a pill,” which further dismisses the valid fears women have regarding abortion. This leads to decisions which sometimes result in regret and the search for solutions to reverse what has already been started. Meanwhile, some women are tricked into taking mifepristone when they do not want it. *E.g.*, Kate Sheridan, *A Man Is Accused of Lacing His Girlfriend’s Tea With an Abortion Pill. How Did He Get It?*, NEWSWEEK (Dec. 15, 2017), <https://tinyurl.com/vx36624p>; *Man accused of killing fetus with “abortion*

pancake”, CBS NEWS (July 14, 2014), <https://tinyurl.com/5n8nhzwh>. Women who were deceived into consuming mifepristone, if they discover it in time, likewise would have a strong interest in seeking out a means of reversing the process.

A study by CLI scholars on a small sample of women who sought out APR shows how some women have pursued APR after seeking resources online soon after their medical abortions began. Two women in particular stated that they “pulled over” on the drive back from being administered mifepristone and began searching for some way to undo the abortion drug. Katherine A. Rafferty & Tessa Longbons, *Medication Abortion and Abortion Pill Reversal: An Exploratory Analysis on the Influence of Others in Women’s Decision-Making*, CUREUS (Dec. 5, 2023), doi.org/10.7759/cureus.49973. They called the APR hotline and began the APR process as soon as possible. *Id.* One of those women said she was now “30 weeks pregnant and thankful for the program and feel[s] so blessed.” *Id.*

A different study on that same sample of women found that their communication with APR providers was significantly better than their communication with abortionists. Katherine Rafferty & Tessa Longbons, *Understanding Women’s Communication with Their Providers During Medication Abortion and Abortion Pill Reversal: An Exploratory Analysis*, THE LINACRE Q. 172-181 (2023), doi.org/10.1177/00243639231153724.

CONCLUSION


PRCs provide numerous helpful resources to women across the country who seek their assistance, including the provision of APR as a safe way to try to undo some chemical abortions.

The district court's order should be reversed and the case remanded for entry of a preliminary injunction.


Date: May 12, 2025

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CERTIFICATE OF SERVICE

I hereby certify that on May 12, 2025, I electronically filed the foregoing brief with the Clerk of the Court for the United States Court of Appeals for the Ninth Circuit using the ACMS system, which will accomplish service on counsel for all parties through the Court's electronic filing system.

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May 12, 2025

CERTIFICATE OF COMPLIANCE**9th Cir. Case Number 25-2287**

I am the attorney.

This brief contains 3,145 words, including 0 manually counted in any visual images, and excluding the items exempted by FRAP 32(f). This brief's type size and typeface comply with FRAP 32(a)(5) and (6).

I certify that this brief is an amicus brief and complies with the word limit of FRAP 29(a)(5), Cir. R. 29-2(c)(2), or Cir. R. 29-2(c)(3).

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