

# **Understanding Louisiana's Act 246: Legal, Public Health, and Advocacy Response**

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**September 18, 2025**

## Overview of Act 246

### Original Bill

Created the crime of "coerced criminal abortion"

- Use of abortion inducing drug on a pregnant woman without her consent
- Penalties of 5-10 years imprisonment and \$10K-75K fine

WVLA Baton Rouge

**After state senator's sister was poisoned with an abortion inducing drug, he wants stronger protections**

### Amendment

Added mifepristone and misoprostol to Louisiana's Schedule IV controlled substances list

- Penalties of up to \$5,000, 1-5 years in prison, or both for possession of the substances without an Rx
- Exception for a pregnant women to possess for her own consumption

## Act 246 Legislative Process

- Amendment added late in process without notice
- Only one pro-life physician was present in committee to speak
- Nearly 300 clinicians quickly mobilized and signed a letter to bill author expressing concerns about amendment

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### **LOUISIANA LAWMAKERS MOVE TO CRIMINALIZE POSSESSION OF ABORTION PILLS**

“This was not on anyone’s radar at all — it feels very sneaky,” says  
one OB-GYN

By LORENA O'NEIL

MAY 1, 2024

## **Criteria for Scheduling Controlled Dangerous Substances**

Under Louisiana and federal law, scheduled drugs are evaluated for:

- Potential for abuse
- Accepted medical uses
- Potential to lead to physical or psychological dependence

### **Examples of Schedule IV Drugs**

- Tramadol (Narcotic)
- Xanax (Depressant)
- Klonopin (Depressant)
- Variety of Stimulants and Appetite Suppressants

## **Mifepristone and Misoprostol are Safe, Effective, Evidence-Based**

- Misoprostol FDA approved for 36 years; mifepristone for 24 years
- Mifepristone approved by FDA for use by telemedicine, delivery by mail, without need for in-person appointment
- Misoprostol designated as an "essential medicine" by the WHO for role treating miscarriage and post-partum hemorrhage
- FDA data: mifepristone and misoprostol used in combination for abortion results in serious adverse events in less than .5% of cases.
  - Based on 10 clinical studies of 30,000+ patients

# What are Mifepristone and Misoprostol used for?

## Pregnancy-Related

- Medication abortion
- Induction of labor
- Management of postpartum hemorrhage
- Management of miscarriage/early pregnancy loss

## Non Pregnancy-Related

- Gastric ulcers
- Cervical dilation for:
  - IUD insertion or removal
  - Colposcopy
  - Hysteroscopy
  - Endometrial biopsy
- Hyperglycemia
- Cushing Syndrome
- Uterine fibroids
- Dermatitis
- Osteoarthritis & rheumatoid arthritis

## Why is Act 246 problematic?

- Neither drug meets criteria for high potential for dependence or abuse, required for controlled substances
- Establishes precedent for politically motivated drug scheduling
- Risks patient safety, delays critical care especially in areas with maternity care deserts
- Creates confusion and fear among pharmacists and physicians

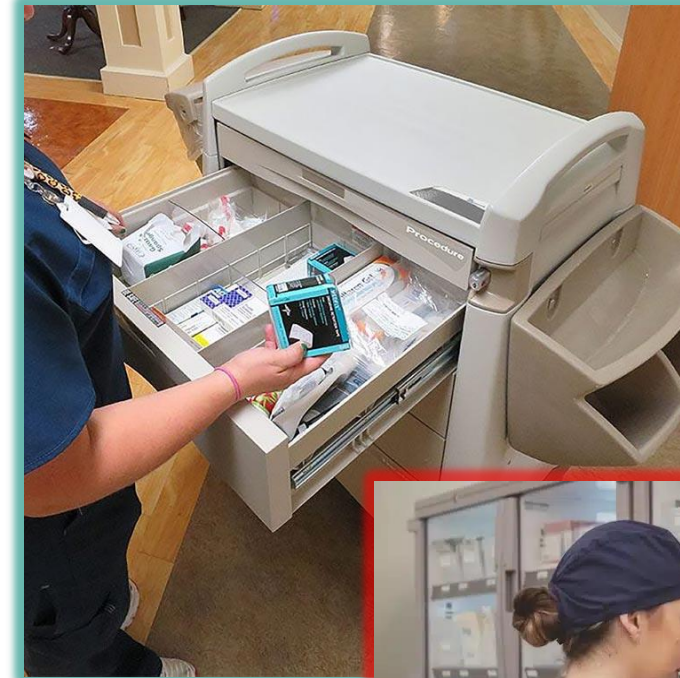
HEALTH • LOUISIANA

Emergency Doctor Worries Louisiana's New Classification for Abortion Meds Could Be Life-Threatening



## Inpatient Implications

- Controlled substances must be stored in a "locked cabinet"
- Hospitals transitioned from quick, easy misoprostol access on a rolling "hemorrhage" cart, to secure storage in a locked Pyxis machine





## Outpatient & Pharmacy Implications

- Providers are required to include a diagnosis or diagnosis code on the Rx
- Pharmacists see "missed abortion" "incomplete abortion" or "spontaneous abortion" and call physicians to confirm that it is not an elective abortion
- Fear, stigma, and confusion have led to pharmacies and pharmacists not wanting to carry miso/mife

# Advocacy Response in Louisiana and Proposed Legislation in Other States

## Advocacy and Communications Response

### During Legislative Process

- Letter of concern from 300 medical providers
- National media coverage
- Grassroots outreach to lawmakers

### Surrounding October 1st Effective Date

- Physician media outreach
- New Orleans Health Department engagement
- Lawsuit by diverse group of medical professionals

### **Louisiana Doctors Are Fighting GOP Bill That Would Criminalize Possession of Abortion Pills**

“It’s going to set a dangerous precedent for other drugs ... what else is coming next? IUDs, birth control pills?” a local OB-GYN told Jezebel.

## Local and National Headlines

### **Doctors grapple with how to save women's lives amid 'confusion and angst' over new Louisiana law**

A lifesaving drug used to stop postpartum hemorrhaging will be pulled off emergency response carts once it becomes a 'controlled dangerous substance.'

BY: LORENA O'NEIL - SEPTEMBER 3, 2024 5:00 AM



### **A new Louisiana law requires abortion meds to be locked in a cabinet, even if needed for emergency care**

00 AM EDT, Tue October 1, 2024

### **OB-GYN questions Louisiana's 'dangerous' classification of abortion, miscarriage drugs**

BY: JULIE O'DONOGHUE - JULY 22, 2024 7:51 PM

### **Louisiana's new law on abortion drugs establishes risky treatment delays, lawsuit claims**

### **New lawsuit challenges Louisiana's classification of abortion pills as 'controlled substances'**

The lawsuit, brought by a group of health care workers and advocates, alleges that the law could delay care in life-threatening scenarios.



State	Bill Number (2025)	Outcome
Texas	<a href="#">HB 818</a> , <a href="#">HB 1339</a> , <a href="#">HB 1636</a>	Did not receive first committee hearing in Public Health
Mississippi	<a href="#">SB 2224</a>	Died in Drug Policy Committee without a hearing
Iowa	<a href="#">SF 400</a> (Schedule III; also Methotrexate)	Did not receive a first hearing in Judiciary Committee
Idaho	<a href="#">HB 137</a>	Did not receive committee hearing in Health & Welfare
Indiana	<a href="#">SB 245</a> (Coerced Abortion by Abortion Drug; Prohibition on Sending to IN)	Did not receive a first hearing in Health and Provider Services Committee
Oklahoma	<a href="#">HB 1724</a> (Coerced Abortion by Means of Fraud)	No hearing in Criminal Judiciary Committee or Judiciary & Public Safety Oversight (Dual Referred)
Kentucky	<a href="#">SB 106</a> (Schedules vague category of "abortifacients;" Prohibition on Sending to KY; Civil Liability)	Did not receive a hearing in Judiciary Committee
Missouri	<a href="#">HB 1367</a> (Mifepristone only; Coerced Abortion by Means of Fraud)	Did not receive a first hearing in Emerging Issues Committee



# Access Problems on the Horizon & Legal and Public Health Implications

## The Larger Push to Limit Access to Misoprostol & Mifepristone

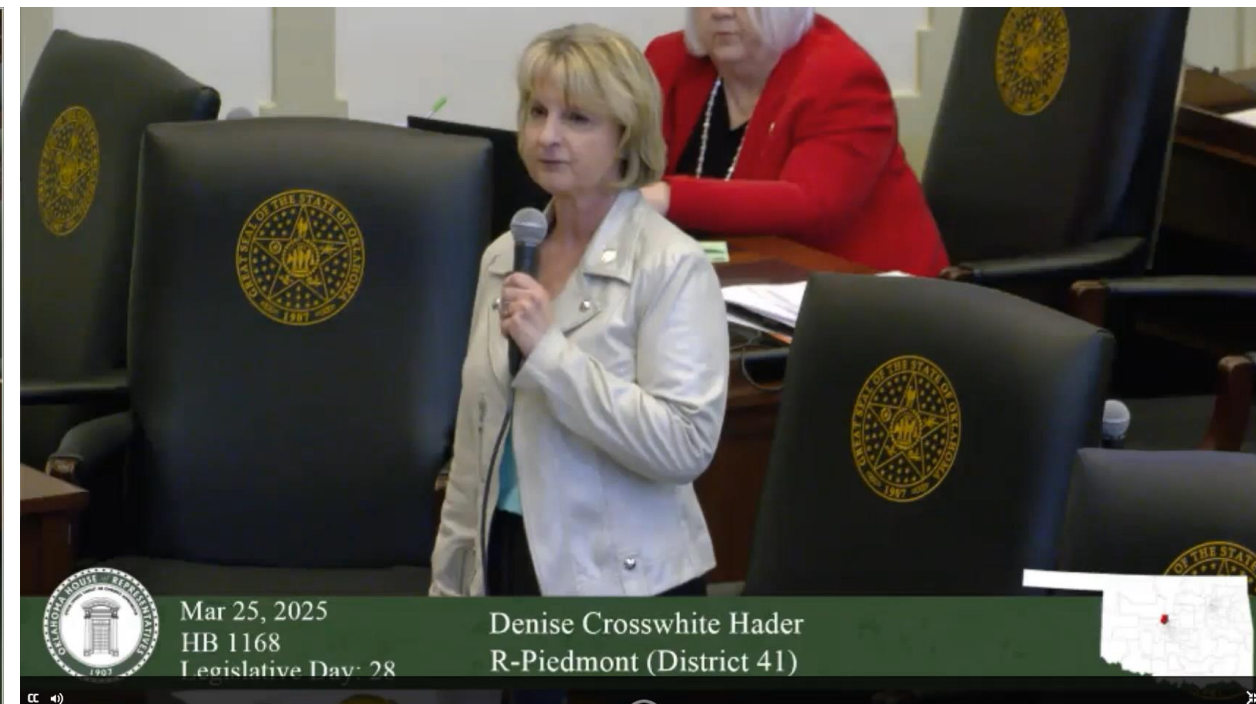
- **Justifications Used for Scheduling as Controlled Dangerous Substances**
  - Employed strategy to redefine concept of "abuse" and "risk to public health"
  - "The abortion pills should be controlled because they are being abused and are a risk to public health. The story of what happened to Sen. Pressly's sister is only one example of the abuse."
- **Rhetoric and Misinformation that Drugs are Illegal, Dangerous, and Causing Harm**
  - Proliferation of coerced abortion by means of fraud bills, and bills to impose civil liability, criminalize distribution, and explicitly target manufacturers
- **Competing Narratives: War on Drugs vs. Lifesaving Medications**

## What do lawmakers and proponents of these bills say?

### Louisiana HB 575 (2025 Session)



### Oklahoma HB 1168 (2025 Session)



## Emerging Threats and Potential Outcomes

- **Civil Liability, Criminal Bans on Distribution, and Attempts to Target Manufacturers Threaten Access to Mifepristone and Misoprostol for All Purposes**
  - Key Problem: the Drugs are Legal/Illegal Depending on Purpose for which Ultimately Used
- **Manufacturers and Distributors Stop Shipping the Drugs to Hospitals and Pharmacies in States Where Legality at Issue**
  - Exacerbating Factor: Civil Liability Based on Strict Liability Concepts
- **Abortion Shield Laws and Fights on the Horizon with the Courts**
  - Rhetoric of these Bills is Aimed at Bolstering Conflicts of Law Arguments

# Legal Response to Bad Policy: Act 246 Litigation



## Act 246 Lawsuit

"The harmful impacts of the statute's hasty enactment will be felt primarily by people carrying pregnancies to term, people experiencing miscarriages, and people with a wide range of medical conditions unrelated to pregnancy who rely on these safe and effective medications to treat their conditions. This lawsuit seeks to remedy those harms."

- Plaintiffs are Doulas, Family Medicine Physician, Pharmacist, Five OB/Gyns, Midwife, Reproductive Health Advocates, and a Pregnant Person
- Claims asserted on behalf of themselves and their patients
- Challenges Act 246 on three Louisiana Constitutional grounds
- "This lawsuit challenges Louisiana Act 246, a law that delays access to lifesaving treatment for people experiencing obstetrical emergencies and makes it significantly harder for people with a wide range of physical conditions to obtain proven, effective remedies necessary for their treatment and care."

**Louisiana health care providers sue state,  
claiming misoprostol law violates constitution**

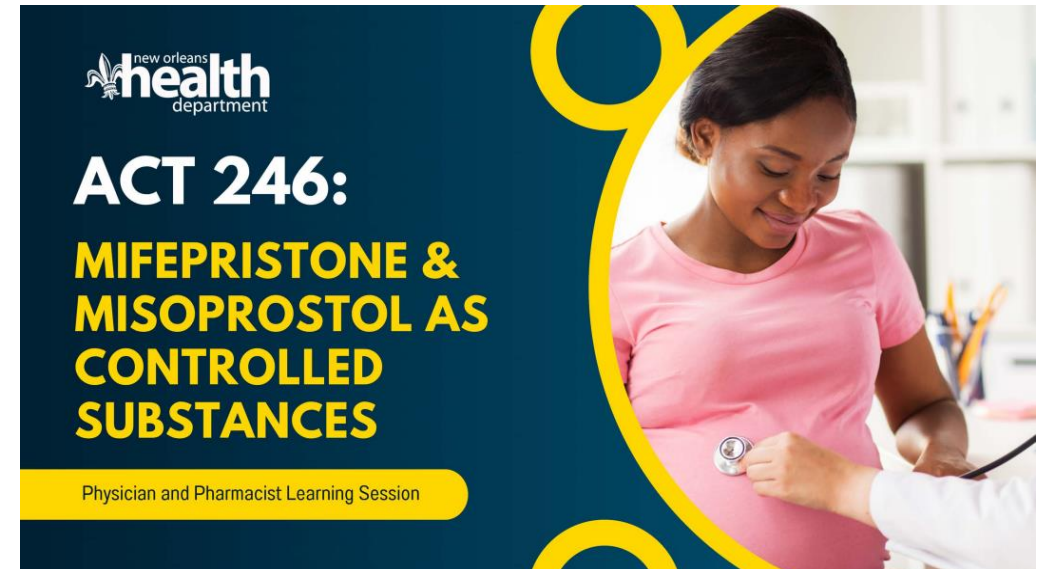
‘Patients cannot go to court to challenge a law while hemorrhaging,’ lawsuit says

- **Law violates right to Equal Protection and Individual Dignity by discriminating on the basis of physical condition**
  - Treats patients and providers differently than patients with physical conditions treated by other drugs, and the discriminatory impact does not substantially further legitimate state purpose
- **Law passed in violation of the Single Object Rule**
- **Passage of the law violated the Germane Amendment Rule**

# Public Health Response to Bad Policy

## New Orleans Health Department (NOHD) Response

- Prior Act 246 passing, NOHD actively worked to counter the bill, through direct provider engagement and letters of concern.
- NOHD urged the Louisiana Department of Health to issue statewide guidance on Act 246.
- On September 18, 2024, NOHD received a unanimous City Council directive to evaluate public health impact of Act 246.
- In September 2024, NOHD co-hosted a continuing education webinar for providers and pharmacists.



- **October 1, 2024:**  
Released HIPAA compliant, anonymous mifepristone and misoprostol access form publicly available through NOHD.
- **October 2024 - August 2025:**  
13 responses from providers, patients and community members.

### Misoprostol and Mifepristone Access - Patient and Provider Reporting Form

The intent of this form is to allow the New Orleans Health Department ("NOHD") to understand the impacts of [ACT 246](#) throughout the City of New Orleans. Such impacts would include identifying challenges to legal and medically necessary access to mifepristone and misoprostol through a health care provider and/or pharmacist.

New Orleans City Council passed a unanimous motion on September 18, 2024 to task the Health Department to investigate and study any delay of care issues that result from Act 246, which classifies mifepristone and misoprostol as scheduled drugs effective October 1, 2024.

Any information provided on this form will be kept strictly confidential. **Please do not include protected health information (i.e. medical records, diagnosis, treatment), unless you are the patient and are willing to self-disclose to the New Orleans Health Department ("NOHD") for the purpose of follow up.**

Thank you for your time.

*Disclaimer: NOHD is a HIPAA covered entity and is subject to privacy and security regulations.*

1. What is your zip code of residence? \*

2. Please select the option that best describes you: \*

- ☐ Medical Provider  
☐ Pharmacist  
☐ Community Member  
☒ Other

If you selected Other, please describe:

3. When did the issue occur?

4. Please describe the issue in as much detail as possible: \*

5. Where did the issue occur? Please list the location or workplace address:

6. Any other concerns raised by this incident?

7. Would you like us to follow-up with you?

Follow-up is completely optional at your discretion. If yes, please share your name and preferred contact method.

Submit



## Initial Feedback

### Medical Providers (n=7)

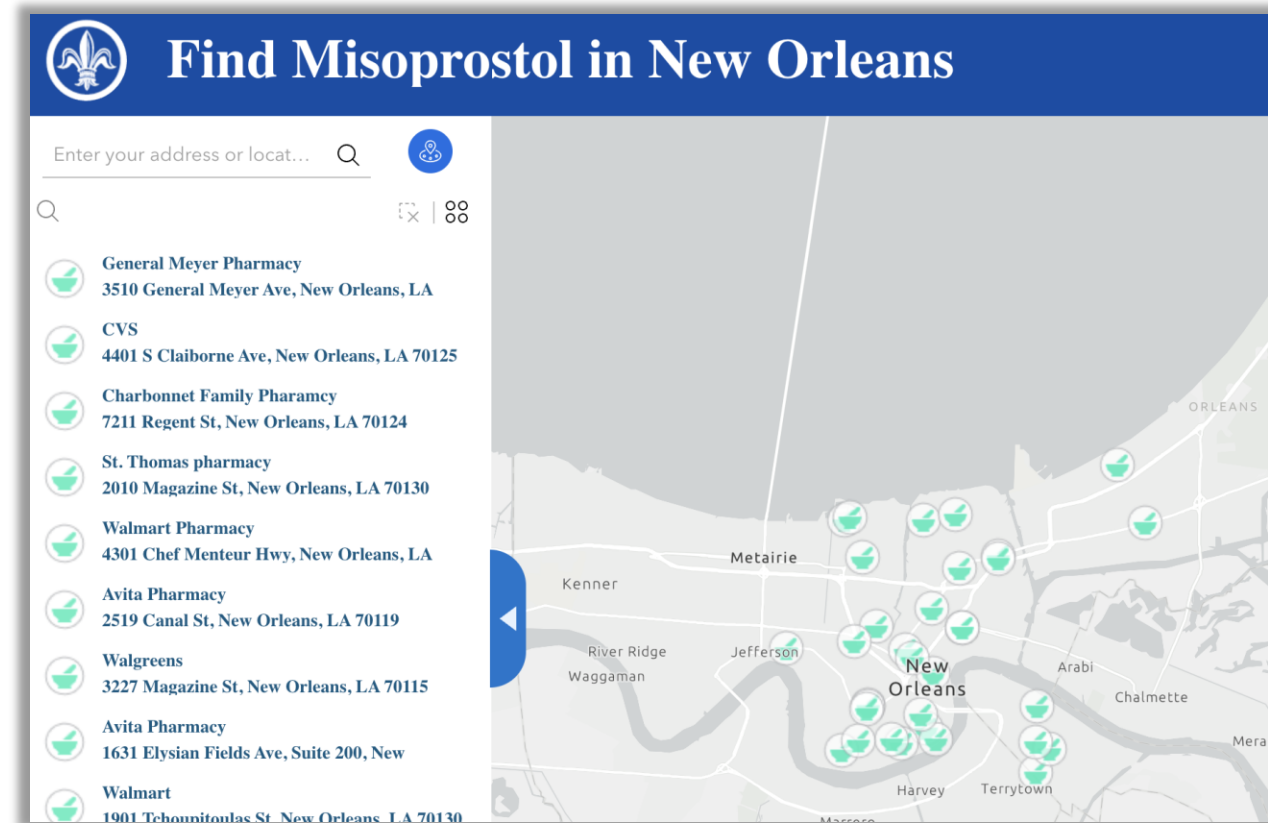
- "Misoprostol is essential in my practice and now ordering it is much more complex, and slower in emergencies.
- "Cytotec was sent for patient to take prior to IUD insertion. **Instructions on the prescription were clearly delineated.** This is verified through electronic means. Dual authorization was used for controlled substance. **The pharmacist refused to fill the prescription and told the patient that he thought she was going to use it for an abortion.**"

### Community Members (n=5)

- "During an emergency c-section, my doctor ask for cytotec (misoprostol). She had pre-ordered it, but it had not arrived. A few minutes later, my doctor asked for it again and it was still was not there. It eventually came, but there was a delay even when my doctor planned ahead. I learned later that she needed it because my uterus was not contracting and I was losing blood. **Knowing that a critical drug was not available during an already scary situation was stressful for me.**"

# Pharmacy Outreach & Availability Mapping

- Developed cross-sectional phone survey for pharmacies on misoprostol; calls conducted by medical students
- All Orleans and Jefferson Parish pharmacies (n=128) called in 2025
- January 2026: Creation of public-facing map indicating pharmacies actively stocking and dispensing misoprostol with prescriptions



## Early Findings from Pharmacy Outreach

- **High Cost, Low Demand**
- **Controlled Substance Protocols:** The reclassification of misoprostol as a controlled substance has led to additional verification requirements that might delay dispensing.
- **Corporate Policies and Decisions:** Several pharmacies made internal decisions following the reclassification to stop carrying misoprostol.
- **Opposition to Abortion-Related Medications:** A few pharmacies indicated a clear stance against stocking medications like misoprostol due to its association with abortion.
- **Guidance to Patients:** Pharmacies that no longer stock or fill misoprostol prescriptions generally direct patients to other pharmacies, often recommending larger chains such as CVS or Walgreens.



# Outreach at Louisiana Pharmacist Association



## Evaluating the Impact of Misoprostol Reclassification on Outpatient Access in Southeast Louisiana

Aiden Jacobs<sup>1</sup>, Haley Beavers Khoury<sup>1</sup>, Ryann Martinek<sup>2</sup>, Tiera Gulum<sup>1</sup>, Rebecca Christie<sup>1</sup>, Kiera McNeary<sup>1</sup>, Jacques du Passage<sup>1</sup>, Camille Gelis<sup>1</sup>, Joseph Saia<sup>1</sup>, Hann Bridges-Curry<sup>1</sup>, Katherine Taylor<sup>1</sup>, Heeya Munir<sup>1</sup>, Dr. Jen Avegno<sup>1,2</sup>, Dr. Nicole Freehill<sup>1</sup>  
LSU-HSC School of Medicine<sup>1</sup>, New Orleans Health Department<sup>2</sup>



### INTRODUCTION

In Louisiana, 26.6% of parishes are considered maternity care deserts, creating barriers to access for reproductive care<sup>1</sup>. Misoprostol is a critical medication, commonly used in both obstetric emergencies such as post-partum hemorrhage and everyday gynecologic care. Louisiana Senate Bill 246, effective October 1, 2024, reclassified misoprostol and mifepristone as Schedule IV controlled substances, potentially limiting access to these essential drugs. This study evaluates the impact of SB 246 on patient care and pharmacy availability in Louisiana.

### UNDERSTANDING SB 246

Ahead of SB 246's implementation, the New Orleans Health Department (NOHD) partnered with pharmacists and providers to host a webinar outlining new state guidance from the Louisiana Board of Pharmacy and Department of Health. The session focused on best practices to ensure continued access to mifepristone and misoprostol for medically necessary and legal use.

On September 18, 2024, the New Orleans City Council unanimously directed NOHD to investigate potential care delays related to SB 246, with a full report due in October 2025. As part of this effort, NOHD conducted pharmacy outreach and launched a HIPAA-compliant form for providers and patients to report access issues. The form, available via QR code, allows for anonymous submissions or requests for follow-up.

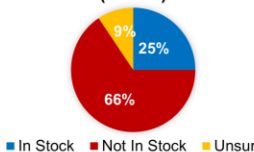


### METHODS

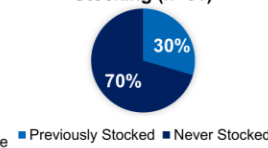
A cross-sectional phone survey was conducted in early 2025 to assess misoprostol availability in retail pharmacies. Using the Louisiana Pharmacy directory and support from the New Orleans Health Department (NOHD), medical students contacted all pharmacies in Orleans and Jefferson Parishes with a standardized script. Pharmacists or pharmacy managers were asked whether misoprostol was in stock and available, if they had experienced issues filling prescriptions since Louisiana's law change on October 1st, 2024, and whether any group or company policy changes had occurred. This project was reviewed by the LSUHSC-NO Institutional Review Board and determined not to constitute human subjects research (Protocol #: 8340). Data collection is ongoing and will expand to include parishes across Louisiana, with emphasis on major metropolitan areas and maternity care deserts.

### RESULTS FOR ORLEANS AND JEFFERSON PARISHES

#### Misoprostol Availability (N=128)



#### History of Misoprostol Stocking (n=61)



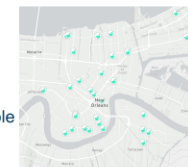
#### Explanation for Current Unavailability (n=44)

**Orleans and Jefferson Parish Survey Results Summary**  
Misoprostol access declined due to low demand, expiration, and new regulations. Many pharmacies only order it upon request, with delays from verification steps. Some cite corporate policies or ethical concerns; others refer patients to larger chains or offer to order with proper documentation.



### NOHD TOOL DEVELOPMENT

To support access, an online map was developed by NOHD for patients and physicians to identify pharmacies where misoprostol is available with valid prescriptions in Orleans and Jefferson Parishes.



### CONCLUSIONS

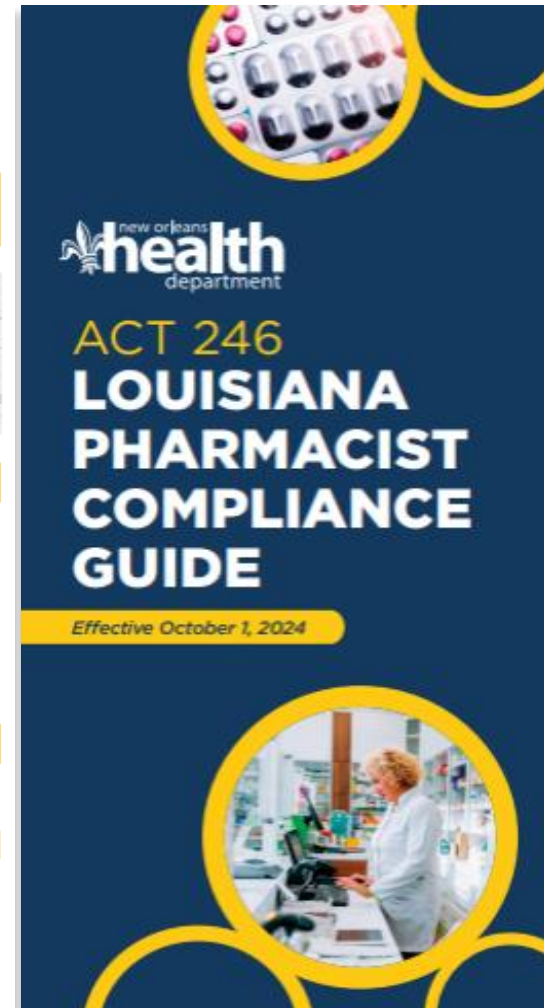
SB 246 has impacted misoprostol access in the greater New Orleans area. As the study expands statewide, the full impact of this legislation, especially in underserved areas like maternity care deserts, will become clearer. It is recommended that pharmacists remain aware of current legislation regarding controlled substances to ensure that patients can access legal and medically necessary medications through a prescription.

### REFERENCES

Fontenot, J. Lucas, R. Stoneburner, A. Brigance, C. Hubbard, K. Jones, E. Mishkin, K. Where You Live Matters: Maternity Care Deserts and the Crisis of Access and Equity in Louisiana. March of Dimes. 2023.

### ACKNOWLEDGEMENTS AND CONTACT

We sincerely thank the Louisiana pharmacists who took the time to participate in this survey. Your willingness to share insights into your practices has been invaluable in helping us better understand medication access in our state, particularly in a time of ongoing legislative change. Your openness and engagement have made this work possible. If you have any questions about the survey, or if you would like to confirm or clarify the data reported for your pharmacy location, please do not hesitate to contact us (Aiden Jacobs [ajaco7@lsuhsc.edu]).



## Key Takeaways

- Act 246 weaponizes Controlled Dangerous Substance laws
- Classification of drug leads to delays in care and confusion among patient & providers
- Public health leaders must evaluate and document impact of laws that attempt to limit access to misoprostol and mifepristone
- States should prepare for replication of this law and larger suite of proposals that threaten access to miso/mife regardless of medical condition

## Strategies

- Closely monitor legislation for surprise amendments
- Engage with media early and often
- Educate and organize clinicians from around the state
- Connect directly with legislators
- Educate stakeholders and evaluate laws upon passage
- Explore legal strategy



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Please take this survey to evaluate conference sessions.



THANK YOU