JAMES UTHMEIER
ATTORNEY GENERAL
STATE OF FLORIDA

OFFICE OF THE ATTORNEY GENERAL
Office of Public Records

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August 17, 2026

VIA E-MAIL

Danny Martinez
American Oversight
(records@americanoversight.org)

Dear Mr. Martinez:

Attached please find the document responsive to your public records request for the following:

> **"All email communications (including emails, email attachments, complete email chains, calendar invitations, and calendar invitation attachments) between (a) any of the officials listed below, and (b) any of the external entities listed below, and (c) containing any of the key terms listed below, from September 1, 2025, through December 31, 2025.**
>
> **Office of the Attorney General Officials:**
> **a. James Uthmeier, Attorney General**
> **b. Ryan Newman, Chief Deputy Attorney General**
> **c. David Dewhirst, Solicitor General**
> **d. Jason Muehlhoff, Chief Deputy Solicitor General**
> **e. Samuel Elliott, Deputy Solicitor General**
> **f. Jeffrey DeSousa, former Acting Solicitor General**
> **g. Jeremy Redfern, Deputy Chief of Staff**
> **h. Cynthia McLaughlin, Communications Director**
> **i. Michaela Laczynski (Stiles), Director of External Affairs**
>
> **External Entities:**
> **a. The Food and Drug Administration ("@fda.hhs.gov")**
> **b. The Department of Health and Human Services ("@hhs.gov")**
> **c. The White House ("who.eop.gov" or "whitehouse.gov")**

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<u>Key Terms</u>:
i. "Alliance Defending Freedom"
ii. "Alliance for Hippocratic Medicine"
iii. "American College of Obstetricians and Gynecologists"
iv. "Association of Pro-Life Obstetricians and Gynecologists"
v. "Charlotte Lozier Institute"
vi. "Ethics and Public Policy Center"
vii. "GenBioPro"
viii. "Heartbeat International"
ix. "Society of Family Planning"
x. "WeCount"
xi. "#WeCount"
xii. "Whole Woman's Health"
xiii. "Whole Women's Health"
xiv. AAPLOG
xv. ACOG
xvi. ADF
xvii. AHM
xviii. Chelius
xix. Danco
xx. EPPC
xxi. Evita
xxii. Purcell

Please note that American Oversight does not seek, and that this request specifically excludes, the initial mailing of news clips or other mass-distribution emails. However, subsequent communications responding to or forwarding such emails are responsive to this request. For example, if a specific individual received a mass-distribution news clip email containing the term "Danco" from a listed external email entity, that initial email would not be responsive to this request. However, if that specific individual forwarded that email to another individual with commentary, that subsequent message would be responsive to this request and should be produced."

This office has compiled the responsive non-exempt public records material, as of the date of the request, and has attached the record to this email for production.

This office will not be imposing any costs for time spent in compiling this document for this request. The attached document will serve to complete your public records request to this office.

Sincerely,

s/ Darya Massoudi

Darya Massoudi

Attachments: Record

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From: Kotwicki, Christopher (OS/IEA)
To: Kotwicki, Christopher (OS/IEA)
Subject: HHS and FDA Response to Attorneys General Letter from 7.31.2025
Date: Friday, September 19, 2025 1:30:54 PM
Attachments: 9.19.25 Response Letter to State AGs re Mifepristone final.pdf

This Message Is From an External Sender
This message came from outside your organization.

Hello,

Please find attached the response letter from HHS and FDA to your letter from July 31, 2025.

Best,

Chris

Chris Kotwicki
Chief of Staff
Office of the Secretary | Office of Intergovernmental and External Affairs (IEA)
U.S. Department of Health and Human Services

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Pre-Decisional, Deliberative, Draft

Disclaimer: This message may contain information that is PRE-DECISIONAL, PROTECTED, PRIVILEGED, and/or CONFIDENTIAL and should not be disseminated to unauthorized persons.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

September 19, 2025

Dear Attorneys General:

Thank you for your letter of July 31, 2025, regarding the review of mifepristone by the Food and Drug Administration (FDA), an agency of the U.S. Department of Health and Human Services (HHS). We write to provide an update on this review.

As you noted, the FDA first approved Mifeprex (mifepristone) in September 2000 for medical termination of pregnancy (abortion) through seven weeks gestation. In 2016, the FDA extended this window to ten weeks gestation, and relaxed certain other requirements under the drug's Risk Evaluation and Mitigation Strategy (REMS). Most recently, in 2023, the FDA modified the REMS program again by removing the in-person dispensing requirement.

Since its original approval, the FDA has received reports of serious adverse events in patients who took mifepristone. As with all approved drugs, when the FDA receives new information regarding adverse events, the agency reviews the new information and, as appropriate, takes necessary action. The FDA continuously reviews reports of adverse events to determine, among other things, whether they are known risks or whether they are signals of emerging safety concerns.

Under the Food and Drug Administration Amendments Act, the Secretary is authorized to require a REMS when "necessary to ensure that the benefits of the drug outweigh the risks of the drug." 21 U.S.C. § 355-1(a). For drugs that are "inherent[ly] toxic[] or potential[ly] harmful[]," the Secretary "may require that the [REMS] include such elements as are necessary to assure safe use of the drug." *Id.* § 355-1(f)(1). The Secretary is also authorized to require modifications to an existing REMS when he, among other things, "determines that 1 or more goals or elements should be added, modified, or removed from the [current REMS] to … ensure the benefits of the drug outweigh the risks of the drug." *Id.* § 355-1(g)(4)(B).

HHS is committed to studying the adverse consequences reported in relation to mifepristone to ensure the REMS are sufficient to protect women from unstated risks. Therefore, through the FDA, HHS will conduct a study of the safety of the current REMS, in order to determine whether modifications are necessary. HHS's decision to do so is informed by the lack of adequate consideration underlying the prior REMS approvals, and by recent studies raising concerns about the safety of mifepristone as currently administered.

To that end, HHS—through the FDA—is conducting its own review of the evidence, including real-world outcomes and evidence, relating to the safety and efficacy of the drug. Given the 2016 FDA decision to eliminate the REMS requirement for certified prescribers to report non-fatal serious adverse events to the mifepristone sponsors, this review will contribute to the understanding of the drug's safety profile.

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Recent studies—such as the study by the Ethics and Public Policy Center (EPPC), which you highlighted in your letter—indicate potential dangers that may attend offering mifepristone without sufficient medical support or supervision. FDA's own data collected between 2000 to 2012 indicated 2,740 adverse events, including 416 events involving blood loss requiring transfusions. Since then, safeguards for women regarding the administration of mifepristone have been significantly reduced.

The concerns you have raised in your letter merit close examination. This Administration will ensure that women's health is properly protected by thoroughly investigating the circumstances under which mifepristone can be safely dispensed.

* * *

HHS and FDA remain committed to protecting the health and safety of pregnant women. This review will help ensure that the FDA's decisions are grounded in Gold Standard Science and rigorous, transparent, and objective evidence.

Thank you again for your continued engagement in this matter. We will keep you informed as the FDA's review of mifepristone progresses.

Sincerely,

/s/

Robert F. Kennedy, Jr.
Secretary

/s/

Martin A. Makary, MD, MPH
Commissioner of Food and Drugs

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