AAPLOG

Comment on Environmental Protection Agency Drinking Water Contaminant Candidate List 6-Draft
(EPA-HQ-OW-2022-0946)
June 5, 2026

The American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) is a medical professional organization that represents approximately 8,000 women's healthcare professionals across the country. We are passionate about providing excellent, evidence-based healthcare to ALL our patients. We were founded to represent the vast majority of OB/GYNs who do not perform induced abortion, which intends the death of our fetal patients. We recognize based on the medical evidence that this practice is not healthcare, and we are passionate about providing excellent, evidence-based healthcare to ALL our patients.

AAPLOG respectfully urges the Environmental Protection Agency to add mifepristone to the list of pharmaceuticals under testing consideration as part of the Contaminants of Concern review process under the Safe Drinking Water Act.

We are concerned about the potential environmental and public health implications of pharmaceutical contaminants that may interfere with endocrine signaling, pregnancy maintenance, fetal development, or fertility.

Mifepristone is a potent progesterone receptor antagonist specifically designed to end the life of a preborn human being early in gestational development. Unlike many pharmaceuticals that become biologically inactive after excretion, concerns have been raised that mifepristone may persist in wastewater streams and enter downstream water systems without meaningful environmental review or monitoring. Despite the staggering growth in usage of the abortion drug mifepristone in the United States over the past two decades, no comprehensive Safe Drinking Water Act assessment, Clean Water Act assessment, or National Environmental Policy Act review has been conducted. This is especially concerning in connection with the major actions taken over the past decade to remove safety requirements under the Risk Evaluation and Mitigation Strategies (REMS), particularly the removal of the requirement for in-person dispensing of mifepristone.

The scale of potential environmental exposure warrants serious federal evaluation. In 2023, 63% of total abortions in the United States were drug-induced.[i] This results in substantial quantities of chemically exposed blood, placental tissue, and human remains entering wastewater systems each year. At the same time, EPA officials have acknowledged that mifepristone is not currently tested for in public water systems because no testing requirement presently exists. Consequently, claims that "no evidence"

of contamination exists are scientifically incomplete, as the absence of testing cannot be interpreted as evidence of absence.

AAPLOG believes this issue falls squarely within the EPA's stated priorities regarding emerging pharmaceutical contaminants and contaminants of concern. The EPA has already recognized the need to evaluate pharmaceuticals and other biologically active compounds that may pose risks to human health through chronic low-level exposure. Mifepristone, as a synthetic progesterone blocker with direct reproductive effects, clearly warrants inclusion in this review process.

Of particular concern is the potential effect of chronic low-dose exposure to progesterone antagonists on our patients. Progesterone is an essential hormone, particularly in early pregnancy, for implantation, placental support, and pregnancy continuation. Insufficient progesterone support in early pregnancy has been shown to increase the risk of miscarriage[ii], and chronically low progesterone levels decreases the likelihood of conception.[iii] A pharmaceutical specifically designed to block progesterone activity should be carefully evaluated before its possible presence in drinking water is dismissed without investigation.

As physicians who routinely care for women experiencing infertility, recurrent pregnancy loss, threatened miscarriage, and other reproductive complications, we believe mifepristone presence should be investigated to determine the public health implications of long-term environmental exposure to endocrine-active compounds. The possibility of cumulative low-level exposure through drinking water — including in municipalities utilizing recycled wastewater systems — raises important unanswered questions regarding reproductive safety, toxicity thresholds, endocrine disruption, and pregnancy outcomes.

Importantly, requesting testing and evaluation of mifepristone contamination is not equivalent to advocating for prohibition of the drug itself. Rather, this request reflects a straightforward environmental and public health principle: pharmaceuticals capable of biologic activity should be evaluated when there is a plausible pathway into public water systems and a reasonable concern regarding human exposure. The EPA already applies this framework to other contaminants of emerging concern.

Given the biological potency of mifepristone, the scale of use nationwide, the absence of meaningful environmental review to date, and the lack of current testing protocols, inclusion of mifepristone in the EPA's pharmaceutical contaminants review process is both prudent and necessary.

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AAPLOG respectfully urges the EPA to take meaningful steps toward evaluating the potential public health implications of mifepristone in America's water systems.

Respectfully submitted,

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[i] https://lozierinstitute.org/an-overview-of-online-abortion-drug-access-in-post-dobbs-america/

[ii] Bataa M, Abdelmessih E, Hanna F. Exploring Progesterone Deficiency in First-Trimester Miscarriage and the Impact of Hormone Therapy on Foetal Development: A Scoping Review. Children (Basel). 2024 Apr 2;11(4):422. doi: 10.3390/children11040422. PMID: 38671639; PMCID: PMC11049201.

[iii] Ranisavljevic N, Huberlant S, Montagut M, Alonzo PM, Darné B, Languille S, Anahory T, Cédrin-Durnerin I. Low Luteal Serum Progesterone Levels Are Associated With Lower Ongoing Pregnancy and Live Birth Rates in ART: Systematic Review and Meta-Analyses. Front Endocrinol (Lausanne). 2022 Jun 10;13:892753. doi: 10.3389/fendo.2022.892753. PMID: 35757393; PMCID: PMC9229589.