September 2025

Evaluating the Impact of Act 246 of the 2024 Louisiana Legislative Session: The Classification of Misoprostol and Mifepristone as Schedule IV Controlled Dangerous Substances

Executive Summary

On September 14, 2024, the New Orleans City Council unanimously passed Resolution M-24-499[1] which called on the New Orleans Health Department (NOHD) to evaluate the impact of the 2024 Louisiana Legislature's Act 246 on New Orleans residents. Specifically, the resolution directed NOHD to investigate whether Act 246 resulted in related to delays of care or decreased access to two prescription medications, misoprostol and mifepristone, for legal, medically necessary purposes. The resolution also requested that NOHD report on actions taken to address issues reported by patients and providers related to accessing misoprostol and mifepristone for legal uses. Finally, the resolution directed NOHD to develop recommendations for local, state, and federal lawmakers to address issues identified through our evaluation. This report is a response to that City Council request.

Findings

NOHD employed several different primary research methods to collect information and determine the impact of Act 246[2], specifically the classification of misoprostol and mifepristone as Schedule IV Controlled Dangerous Substances. Based on data collected on individual patient and physician experiences and a comprehensive survey of local pharmacies, it is clear that the new requirements and restrictions for misoprostol have resulted in documented delays in access to care for women.

Patients experienced delays or were denied access to misoprostol in both inpatient and outpatient settings, related to an array of medically necessary, legal uses of the drug, including: assistance with the insertion of an intrauterine device (IUD); facilitation of fertility treatment, and management of miscarriage. Patients and providers also reported instances of delayed access to misoprostol for patients on the labor and delivery floor for treatment of postpartum hemorrhage.

A phone survey of all pharmacies in Orleans and Jefferson Parish found that pharmacists and pharmacies reacted to the passage of Act 246 in a variety of ways, many of which included limiting, restricting, or completely eliminating misoprostol from their inventory. Overall, 61% of pharmacies in Orleans and 42% of pharmacies in Jefferson Parish reported stocking misoprostol after Act 246 took effect. Several reported that their pharmacy had stopped stocking the drug or had placed additional restrictions on dispending as a result of Act 246.

A theme that emerged across the patient and provider experiences and the pharmacy surveys is confusion about the implementation of Act 246 and what verification is necessary or unnecessary to dispense misoprostol to a patient. Since Act 246 took effect, NOHD staff have conducted outreach and provided educational materials and sessions to providers and pharmacists to improve understanding of the law. Still, the classification of misoprostol as a controlled dangerous substance has created stigma and fear among pharmacists, frustration among physicians, and resulted in unnecessary barriers and delays for patients.

NOHD also monitored and reviewed state legislation filed across the United States that attempted to copy the provisions of Act 246 to classify misoprostol and/or mifepristone as controlled dangerous substances. Notably, legislators filed ten bills filed in eight states that would have replicated Louisiana's law. Not a single one of those bills received a committee hearing in the state houses in which they were filed, and all died without any consideration or debate. As a result, Louisiana continues to be an outlier in making misoprostol and mifepristone difficult to access for routine, legal and medically necessary use.

Recommendations

- The Louisiana Legislature should repeal the provisions of Act 246 that classified misoprostol and mifepristone and allow the drugs to be prescribed and dispensed in the same manner as before October 1, 2024.
- Until the law is repealed, the Louisiana Department of Health and Louisiana Board of Pharmacy should jointly increase outreach and continuing education to pharmacists to ensure they understand Act 246 and are aware of the wide array of medical conditions that misoprostol and mifepristone are legally prescribed for in Louisiana.
- The Louisiana Department of Health should monitor and ensure availability of misoprostol across pharmacies in Louisiana.
- The Louisiana Department of Health should continue to monitor and evaluate the impact of Act 246 in the inpatient setting, including delays in administration of misoprostol in response to postpartum hemorrhage.
- The U.S. Congress should take action to prohibit state's classification of misoprostol and mifepristone as controlled dangerous substances.

Evaluating the Impact of Act 246 of the 2024 Louisiana Legislative Session: The Classification of Misoprostol and Mifepristone as Schedule IV Controlled Dangerous Substances

Background

In 2024 the Louisiana Legislature passed Senate Bill 276, which became Act 246 upon the signature of the Governor, making Louisiana the first and only state to classify misoprostol and mifepristone as Schedule IV Controlled Dangerous Substances. The Act took effect on October 1, 2024, despite vocal concerns from many Louisiana residents, medical providers, maternal health experts, and reproductive health advocates in the state. Act 246 established a precedent of classifying drugs as controlled substances based not on their potential for abuse or addiction, but as a means to decrease access. The Legislature's stated desire to decrease access to those common medications stems from their use in medication abortions, which are already illegal in Louisiana.

Controlled substances are subject to enhanced security and tracking measures, which can make them more difficult to stock, dispense, and prescribe. Decreasing access to misoprostol and mifepristone by making them controlled substances concerned many medical professionals and advocates because the drugs are safe and effectively treat an array of medical issues and during common medical procedures that are not abortions, including: postpartum hemorrhage, induction of labor, miscarriage management, gastric ulcers, uterine fibroids, hyperglycemia, Cushing Syndrome, and others.

History of misoprostol and mifepristone

Misoprostol has had FDA approval[3] since 1988 and mifepristone has had FDA approval[4] since 2000. Prior to Louisiana's Act 246, neither drug has ever been placed on a federal or state controlled substances schedule. Misoprostol is approved by the FDA for use by telemedicine, delivery by mail, and without need for an in person appointment. Misoprostol is designated as an essential medication by the World Health Organization[1] for its role in treating miscarriage and postpartum hemorrhage. Obstetricians and other medical specialties use misoprostol frequently in both inpatient and outpatient settings, and it is widely covered by insurance plans. Mifepristone, though more narrowly used by OB/GYNs, is also an essential medication in reproductive health care.

Act 246 Legislative Process

[1] Web Annex A. World Health Organization Model List of Essential Medicines – 23rd List, 2023. In: The selection and use of essential medicines 2023: Executive summary of the report of the 24th WHO Expert Committee on the Selection and Use of Essential Medicines, 24 – 28 April 2023. Geneva: World Health Organization; 2023 (WHO/MHP/HPS/EML/2023.02)

Senate Bill (SB) 276 by Senator Thomas Pressley began as a bill to criminalize "coerced abortion" or the act of giving an unsuspecting pregnant mother abortion-inducing drugs to cause or attempt to cause an abortion. Sen. Pressley filed this bill after his sister who was pregnant was given abortion-inducing drugs by her then-husband without her knowledge.
The original SB 276[5] was filed on March 1, 2024 and moved through the legislative process without significant opposition. In its original form, the bill was approved unanimously by the Louisiana Senate and then moved to the House for a committee hearing in the Committee on the Administration of Criminal Justice. In that hearing, Sen. Pressley introduced an amendment, which was not filed for review by the public in advance of the hearing.

That amendment included language to add mifepristone and misoprostol to Schedule IV of Louisiana's Controlled Dangerous Substances Act. The penalties for possessing a Schedule IV controlled substance without a prescription include 1 to 5 years in prison, up to $5,000 fine or both. The amendment included an exception for a pregnant woman possessing the drugs for her own consumption. Due to the lack of advance notice, only one medical professional was present at the hearing to weigh in on the amendment and it was added to the bill with little discussion. The amended bill then passed without objection.

Once medical professionals in Louisiana learned about the amendment to classify mifepristone and misoprostol, the first of its kind in the nation, many reacted with great concern and alarm. Despite a letter from nearly 300 Louisiana-based medical professionals expressing the concerns with the potential consequences of the amendment for access to the drugs for legal, medically necessary, and routine medical procedures, Sen. Pressley declined to take the amendment off SB 276. The amended bill ultimately passed the House and Senate in spite of vigorous advocacy efforts, after significant debate on the House and Senate floor. Governor Jeff Landry signed the bill into law on May 24 and it became effective as Act 246 on October 1, 2024.

State Guidance Issued

On July 17, 2024 the Louisiana Board of Pharmacy issued a bulletin[6] to Louisiana pharmacists alerting them to the policy changes in Act 246. On September 6, 2024 the Louisiana Department of Health (LDH) issued guidance[7] for the implementation of Act 246. The guidance documents gave instructions to prescribers, pharmacists, and medical professionals on dispensing misoprostol and mifepristone under the new law, but still left gray areas regarding how medical professionals should proceed, particularly in the inpatient hospital labor and delivery setting, where misoprostol is frequently used to treat postpartum hemorrhage in emergency situations.
The LDH guidance pointed to the need for misoprostol to be stored in locked cabinets in the inpatient setting, rather than on the unlocked rolling carts that many hospitals used to wheel emergency supplies directly into labor and delivery rooms for easy, speedy access in an emergency. Restricting access to misoprostol in the labor and delivery room directly conflicts with the Obstetric Hemorrhage Patient Safety Bundle[8] from the Alliance for Innovation on Maternal Health, which recommends that providers "ensure **immediate** access to first- and second-line hemorrhage medications in a kit."

NOHD Webinar and Continuing Educaton

As a direct response to the passage of Act 246, the New Orleans Health Department (NOHD) convened a group of Louisiana medical providers, pharmacists, and public health professionals to develop and facilitate a webinar on September 19, 2024, prior to Act 246 going into effect. NOHD

distributed the webinar information and registration directly to provider and pharmacy networks and offered continuing education credits as an incentive to webinar participation.

The expert panel included physicians, pharmacists, and NOHD leadership, who provided an overview of Act 246 and detailed information on how the new policy would alter practice in both inpatient and outpatient settings in Louisiana. Session objectives focused on providing guidance on medication storage, prescribing protocols, and compliance expectations for providers and pharmacists.

The webinar drew approximately 70 participants, the majority of whom were based in Orleans Parish. In addition to the session objectives, participants were able to ask questions and receive immediate clarification, helping to build confidence in applying the law in practice. After the webinar, participants received a copy the slides and a reference guide with questions and answers covered in the session. Additionally, NOHD shared the questions with the Louisiana Department of Health to further urge them to issue formal guidance on Act 246.

Collecting Patient and Provider Feedback & Experiences

Act 246 Web-Based Reporting Form

In effort to track changes and potential delays in care caused by Act 246, NOHD created a HIPAA-compliant, anonymous misoprostol access reporting form for patients, providers, and pharmacists in Orleans Parish that went live when the law went into effect on October 1, 2024. The form, found on NOHD's webpage, allows individuals to share experiences or challenges accessing legal and medically necessary misoprostol through a health care provider and/or pharmacist. NOHD is unaware any organizations or entities outside of Orleans Parish actively tracking health and provider/pharmacy practice outcomes of this legislation.

Distribution of the NOHD patient and provider reporting form was intentionally broad to maximize accessibility. The form is prominently linked on the NOHD website and was shared through professional provider networks, with community partners, and through media sources. Outreach was targeted at providers working in labor and delivery settings and emergency rooms where mifepristone and misoprostol access is most critical. While feedback from this form is not representative of the entirety of experiences of New Orleanians or Louisiana residents when it comes to accessing medically necessary misoprostol, our sample provides critical insight to immediate and continued effects of Act 246 within the first year of inception.

NOHD received submissions from medical providers and from patients or community members experiencing challenging to access in Orleans Parish. Providers shared feedback and concerns related to Act 246, ranging from policy implementation, challenges to patient care in hospital settings, and issues with outpatient access to medications through properly coded prescriptions. Patient feedback focused on both inpatient and outpatient challenges to accessing misoprostol, emphasizing fear and concern in already stressful situations.

Patient Feedback: "Is This How I'm Going to Die?"

Patients utilizing the NOHD Act 246 reporting form[9] confirmed being denied misoprostol prescriptions by major chain pharmacies in Orleans Parish across multiple diagnoses. One patient shared this experience when trying to fill their prescription for misoprostol for a "missed abortion," a commonly used medical diagnosis to refer to pregnancy loss or miscarriage where the embryo or fetus has died but has not been expelled and is often asymptomatic. While this diagnosis code is compliant with current state law, the patient cited, *"pharmacist said he couldn't give it to me because of Roe v Wade,"* further indicating an alarming confusion around diagnostic codes and medical terminology among providers and pharmacists.

New Orleans patients also reported general concern and frustration around their obstetric care under Act 246. One pregnant woman mentioned learning about the potential delays of care if she experiences postpartum hemorrhage. Her provider shared that that they would need to access misoprostol from a controlled substances cabinet instead of a readily accessible traditional hemorrhage kit.

Another patient shared their experience of their second childbirth in New Orleans and having to undergo an emergency c-section. While the doctor had pre-ordered misoprostol in effort to plan ahead for the patient, the arrival of the medication was delayed, resulting in the provider having to ask for it multiple times as the patient was continuing to lose blood. "I think my doctor and the nurses did their best (she shared that providers practiced getting the drugs quickly after the restrictions came out), but it made me concerned about the process for getting the drugs to providers. And it made me worried for other people in more serious, life-threatening situations than mine." In a requested follow-up call with this patient, she shared the significant fear and anger she experienced during birth in December 2024, and moments in which she asked her anesthesiologist, *"is this how I'm going to die?"* as her doctor continues to ask about the status of the needed medication, with the nurse responding "it should have been here by now."

Health Care Provider Feedback: "Practicing Good Medicine Creates Risk"

The majority of provider feedback submitted via the NOHD Act 246 reporting form highlighted challenges in accessing prescriptions for misoprostol in outpatient pharmacy settings, for a variety of legal medical diagnoses. NOHD received multiple reports from providers who shared instances of patients being denied misoprostol that was prescribed to support intrauterine device (IUD) insertions by dilating the cervix to helping facilitate the procedure and reduce patient pain. While diagnostic codes clearly indicated that the medicine was for IUD insertion, after Act 246 took effect one provider mentioned that a pharmacist asked for additional authorization, but could not get the medication approved by insurance, "so the patient will be paying out of pocket to get her medication and not delay her IUD insertion."

Other providers reported instances of major pharmacy chains delaying medication for IUD insertion by several days, which ultimately delayed care and, in some cases, the procedure entirely. Of most extreme concern, several providers shared examples of their patients' prescriptions being completely denied, despite having clear indications for use for IUD insertions or medically necessary miscarriages. Furthermore, in one instance a provider shared that *"the pharmacist refused to fill the prescription and told the patient that he thought she was going to use it for an abortion."*

In addition to these diagnoses, providers mentioned attempting to prescribe misoprostol in preparation for infertility treatment. While misoprostol is effective and commonly prescribed for these procedures, the provider sent the prescription to multiple pharmacies, only to find out they had stopped carrying the medication. This provider emphasized that limiting access to misoprostol not only delays fertility care but also makes it so that patients may be unnecessarily exposed to anesthesia, surgery and associated health risks and financial burdens.

Health care providers emphasized the importance of misoprostol in cancer screening and early diagnosis. One provider shared that misoprostol was prescribed for an endometrial biopsy, however *"the pharmacy wouldn't give [the] med[ication] to patient until I verified over the phone not being used for termination, even though Rx was linked to diagnosis of abnormal bleeding and patient had neg[ative] preg[nancy] test. I was unaware of rule and missed call from pharmacy, so patient was unable to get med. Could lead to a delay in diagnosis of cancer."*

Overall, providers shared a general and persistent concern about the effects of Act 246: *"Misoprostol is essential in my practice and now ordering it is much more complex, and slower in emergencies. It is excellent in post-partum uterine atony, pre-induction cervical ripening, and post-op peristalsis stimulation and NSAID associated gastritis prevention, among other [things]." Many also emphasized that limiting misoprostol access created increased likelihood of causing unnecessary pain and health risks to patients as well as delaying critical diagnoses such as reproductive cancers.*

OB/GYN (obstetrician-gynecologist) Survey:

NOHD anonymously surveyed Obstetricians and Gynecologists (OB/GYNs) actively practicing in the New Orleans region to gather feedback on how scheduling of mifepristone and misoprostol as controlled dangerous substances affected their clinical practice.

The majority of OB/GYNs indicated that their workplace provided information on the law, however one provider indicated receiving no information at all from their employer. The amount and delivery of information varied across respondents, with some indicating that they received instruction on documentation and the "steps that were we would need to be able to take to have misoprostol in available in the room and how we would have barriers prescribing it outpatient." Others shared that meetings and information sessions regarding care occurred after Act 246 took effect rather than beforehand; in one instance the only form of clinical workplace guidance was sent via email.

All but one OB/GYN indicated experiencing inpatient and outpatient situations in which a patient's care was delayed as a result of needing misoprostol or mifepristone over the past year. They frequently voiced the numerous changes related to administrative and pharmacy barriers that create delays in care, negatively effecting patients. Several providers shared that during surgeries or hemorrhage, accessing misoprostol to stop patient bleeding took upwards of 10 minutes.

"One patient had an unexpected postpartum hemorrhage and it took literally just under 10 minutes to get the medication in the room. Additionally, having to send a nurse to go get it is another body not in the room to help manage a potentially life-threatening situation. It was very stressful and frustrating as a doctor."

Provider stress and frustration also emerged, with considerable concerns that Act 246 prevents clinical staff from upholding best medical practices. Collectively, the feedback portrays a healthcare environment facing new logistical, ethical, and emotional challenges as it adapts to the reclassification of mifepristone and misoprostol.

One OB/GYN summarized the multiple barriers Act 246 has presented in labor and delivery care by stating, *"I now have to anticipate a postpartum hemorrhage just to have Cytotec [misoprostol] in the room for a delivery ready, if it is an unexpected hemorrhage there is noticeable delay in obtaining the medication. We have to remember to call for it individually for every patient we're worried about, which just adds to the mental burden of everything we're already juggling and managing in running L&D [labor and delivery] and someone's delivery. Additionally, having to navigate pharmacies that will not prescribe it for miscarriages, which has been a waste of time and incredibly frustrating, when our time is already spread thin. To have to take time to advocate for patients to get medications they need from a pharmacy, due to someone having misinformed preconceived notions about Misoprostol/Mifepristone use is incredibly frustrating and contributes to physician and Obstetric burnout."*

OB/GYNs also emphasized the necessity of misoprostol in labor and delivery care and frequency of delays in care. "*Essentially, EVERY patient suffering a first trimester miscarriage has a delay in care. Each and every time, we have to question whether we, as providers, are covering ourselves legally instead of practicing medicine. This is unconscionable. It's happening in every clinic in every corner of the state. Patients miss work, suffer emotional and physical pain, and we all waste resources. This doesn't include the in- hospital use of misoprostol, which creates major burdens for nursing and pharmacy staff."*

In conclusion, the OB/GYN survey revealed continued critical concerns from providers echoing those that were shared in initial letters against the legislation emphasizing medical necessity, efficacy, and ultimately patient centered care. *"There is no other circumstance I am aware of where practicing good medicine creates a risk of criminal prosecution for physicians. The requirements very directly oppose best practices and best care for patients. The people who suffer the most aren't people looking for elective terminations, they are women in dangerous and devastating situations. If for no other reason than the many desired pregnancies that end in miscarriage (1 in 4 or more depending on age group), this law must be repealed. In no other case would we take steps to increase the pain and suffering of a family faced with loss."*

Commonly Identified Themes:

1. **Increased administrative burden**
    - Extra electronic steps and paperwork. "More steps on the computer, more clicks, more red tape."
    - Nurses spending more time tracking and reconciling misoprostol inventory in secure Pyxis machine, rather than being at the patient's bedside.
2. **Pharmacy access barriers**
    - Pharmacies declining to dispense for miscarriage care which has caused providers the need to prescribe to "specific or trustworthy" pharmacies that stock the medications
    - Patients experiencing stigma or questioning when filling prescriptions.
    - Providers having to intervene to secure medications.
3. **Delays in care**
    - Miscarriage management delayed by a week or more, prolonging physical symptoms like bleeding and cramping while contributing to emotional distress.
    - Locked storage of misoprostol causing dangerous wait times in postpartum hemorrhage emergencies.
    - *"We are unable to handle the medication as we used to. I believe our organization has done a great job of creating workarounds to minimize delays, but it still creates work on a nursing, administrative, and pharmacy level."*
4. **Impact on patient experience**
    - Patients left in "limbo" and suffering while waiting for treatment.
    - Especially difficult when pregnancies were desired; several providers shared instances where patients reported feeling scrutinized and questioned about their intentions. *"This is especially painful when the pregnancy was very desired and the patient is grieving the loss. The pharmacists are simply trying to protect themselves, but none of us should ever be put in this position."*
    - *"The worst case I had was of a patient with a missed abortion (there was no heartbeat on ultrasound) who chose misoprostol over a D&C. She was basically already devastated and emotionally fragile after her terrible diagnosis and when she got to the pharmacy she was essentially treated like a criminal and the pharmacist refused to dispense the medication. Trust me- it was bad. She completely broke down and what was already a terrible situation was made that much worse."*
5. **Provider stress and burnout**
    - Additional mental load from anticipating complications, negotiating with pharmacies, and managing liability.
    - Staff anxiety around safety and procedures post-Act 246. "Lots of worry with L&D [labor and delivery] staff right after Act 246 was rolled out regarding their own safety giving this medication."

Family Connects New Orleans

The Family Connects New Orleans (FCNO) program within NOHD provides one to three in-home visits, free of charge, to parents of newborns up to 12 weeks old residing in Orleans Parish who give birth at Ochsner Baptist or Touro Hospital. FCNO nurses document if the patient experienced pre-eclampsia and/or postpartum hemorrhage to provide insight regarding the frequency of these conditions.

Between October 2024 and September 2025, 754 FCNO participants were screened for postpartum hemorrhage and asked about the amount of blood loss in liters. Of those patients, 10% (n=73) confirmed having postpartum hemorrhage (greater than 1L of blood loss or 20% of total volume), with most categorized as experiencing moderate blood loss (1-2L), and 7% having experienced severe blood loss (more than 2L).

This highlights how common hemorrhage is in pregnancy, and the need to have all available treatments rapidly on hand. While these data points provide insight into conditions that may warrant the use of misoprostol through a health care provider, a more detailed analysis of individual patient electronic health records could provide information on the frequency of misoprostol use.

Pharmacy Outreach and Misoprostol Availability Mapping

Given the central role pharmacists play in ensuring patient access to medically necessary prescriptions, pharmacy engagement has been essential to understanding the landscape of outpatient access to misoprostol under Act 246. NOHD partnered with local health professional students to conduct targeted outreach to Orleans and Jefferson Parish pharmacies to better understand availability of prescription-based misoprostol and any noteworthy changes since the implementation of Act 246.

Key NOHD staff worked with students to develop research questions and an accompanying script to conduct pharmacy outreach via phone to all 128 pharmacies in Orleans Parish and Jefferson Parish. Given the proximity of Jefferson Parish, outreach to these pharmacies was included in the New Orleans study to best capture an accurate picture of where New Orleans residents are most likely to fill prescriptions.

During brief phone interviews, pharmacy staff were asked a standardized set of questions to better understand current availability and dispensing practices: whether misoprostol was in stock and available to dispense, whether there had been any issues filling prescriptions since October 1, and—if the medication was not available—whether the pharmacy had previously stocked misoprostol and if the decision was to discontinue stocking it or to stop filling prescriptions altogether. These questions were designed to capture both immediate access issues and potential long-term changes in pharmacy practices.

Pharmacy Findings on Misoprostol Availability Following Act 246

Across Orleans and Jefferson Parishes, only 50% (n=64) percent of the 128 pharmacies who participated in the survey indicated having misoprostol in stock. Orleans Parish had significantly higher misoprostol availability at 61% (n=32 of 52 total pharmacies) pharmacies while only 42% (n=32 of 76 total pharmacies) of Jefferson Parish pharmacies reported having the medication in stock.

While not all pharmacies have a history of ever stocking misoprostol, of the 61 pharmacies across the two parishes that stated misoprostol wasn't currently available during phone surveys, 29% (n=18) indicated having previously stocked the medication. When asked to further clarify, of the pharmacies willing to respond 60% (n=36) indicated not keeping misoprostol in stock, whereas

13% (n=8) pharmacies indicated no longer filling patient prescriptions for misoprostol. Within the phone surveys, medical students were able to collect additional qualitative information from pharmacists resulting in the following findings.

Common Themes in Orleans and Jefferson Parish Pharmacies:

1. **Low Demand and Expired Stock:** Many pharmacies cited historically low prescription volume as a primary reason for not stocking misoprostol, often reporting expired supplies due to lack of use.
2. **Impact of Reclassification:** Both parishes reported that Schedule IV status introduced new requirements, including diagnosis codes, additional documentation, and provider verification. These steps created potential for dispensing delays, particularly when prescriber offices were unavailable.
3. **Corporate and Policy Decisions:** Several pharmacies, especially chains, noted that corporate policies following reclassification limited or eliminated stocking.
4. **Ethical and Political Stances:** A few pharmacies indicated a clear stance against stocking medications like misoprostol due to its association with abortion. One pharmacy mentioned that it was "not their cup of tea" and they preferred to "stay away from any abortion pills." Whereas others shared: "We are a pharmacy for profit, if I get a prescription and its valid, I will fill it. I do not play the politics game".
5. **Referral Practices:** Pharmacies without stock routinely directed patients to large national chains (e.g., CVS, Walgreens), sometimes with acknowledgment that ordering would be possible but delayed. "We would be unlikely to order the prescription and would refer them to a corporate chain to fill this medication."
6. **Neutral or Supportive Approaches:** Some pharmacies reported no significant change in ability to fill prescriptions post-reclassification and expressed willingness to order the medication when requested.

Within the region, Orleans and Jefferson Parish pharmacies cited increased regulatory requirements, corporate restrictions, and historically low demand as drivers of reduced availability, with potential implications for patients seeking timely care, particularly in maternal care deserts. In addition to qualitative findings, the New Orleans Health Department (NOHD) utilized pharmacy data to create a public-facing map[10] that tracks pharmacies stocking misoprostol. This map serves as a tool for patients, providers, and community members to quickly assess where access exists and where it may be limited. Importantly, the map is designed as a living document on NOHD's webpage, with the ability to correct inaccuracies in real time. In particular, the map has allowed NOHD to address discrepancies among chain pharmacies with regional directors, where stocking decisions were varied from location to location despite corporate policies.

To further understand the effects of legislation in outpatient settings, additional research is underway with pharmacies across the state. At this time, all metropolitan parish pharmacies in Louisiana have been contacted with a 90% response rate. In fall 2025, contacting the remaining ~400 pharmacies, primarily in rural regions of the state, will be a priority. Once all pharmacy outreach is complete, statewide findings on misoprostol access will be compared with maternal care desert data, creating a fuller picture of where reproductive health access is most fragile.

NOHD staff shared the pharmacy outreach project's initial findings at the Louisiana Pharmacists Association (LPA) annual meeting in July 2025, which generated significant interest from attendees. NOHD and pharmacist partners also co-created a statewide pharmacy compliance guide for pharmacists to navigate Act 246 in practice. This guide was designed to provide pharmacists with a concise yet comprehensive overview of their legal obligations under the new law, including requirements around dispensing misoprostol, counseling patients, and documenting compliance. During the LPA conference, NOHD engaged leaders in pharmacy, students, and community members in discussions about Act 246, providing the compliance guide as a resource. Notably, the guide was added to the pharmacy binders at Women's Hospital in Baton Rouge, ensuring that one of the state's largest maternal care institutions had immediate access to the resource.

National & Legal Responses to Act 246

Birthmark v. Louisiana Lawsuit

On October 31, 2024, a group of plaintiffs comprised of doulas, a family medicine physician, pharmacist, reproductive health advocates and a pregnant woman filed suit[11] against the State of Louisiana to challenge Act 246. In January, those plaintiffs were joined by five obstetrician-gynecologists and a midwife. Plaintiffs assert claims on behalf of themselves and their patients, and challenge the law on three Louisiana Constitutional grounds: that Act 246 violates the right to Equal Protection and Individual Dignity by discriminating on the basis of physical condition, and violates the Single Object Rule and the Germane Amendment Rule as to how the legislation was passed. As to the Equal Protection claim, the lawsuit contends that Act 246 "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." The lawsuit seeks declaratory and injunctive relief to enjoin enforcement of the law. The suit remains pending and discovery is ongoing.

Congressional Report Issued

In October 2024, the staff of the U.S. House Energy and Commerce Committee released a report on Louisiana's Act 246[12] and underscored many of the concerns highlighted by medical professionals in Louisiana.

Attempts to Replicate Act 246 in Other States are Rejected

In 2025, state lawmakers in eight different states filed 10 bills that were similar or identical to Louisiana's Act 246. None of those bills were scheduled for a committee hearing and all died without being considered in those state's legislative bodies. The outcry from medical professionals, extensive national media coverage, and lawsuit in Louisiana likely served as a clear indication to other state lawmakers that the classification of misoprostol and mifepristone was ill advised and dangerous.

State	Bill Number (2025)	Outcome

Texas	HB 818, HB 1339, HB 1636	Did not receive a first hearing in Public Health Committee
Mississippi	SB 2224	Did not receive a first hearing in Drug Policy Committee
Iowa	SF 400	Did not receive a first hearing in Judiciary Committee
Idaho	HB 137	Did not receive a first hearing in Health & Welfare Committee
Indiana	SB 245	Did not receive a first hearing in Health and Provider Services Committee
Oklahoma	HB 1724	No hearing in Criminal Judiciary Committee or Judiciary & Public Safety Oversight (Dual Referred)
Kentucky	SB 106	Did not receive a first hearing in Judiciary Committee
Missouri	HB 1367	Did not receive a first hearing in Emerging Issues Committee

Conclusion

It is clear from data collected from patients, health care providers, and pharmacies that Act 246 has resulted in barriers and delays to access misoprostol, which in turn affects patient experience, the practice of medicine, and patient safety. These delays occur for legal uses of misoprostol on both the inpatient and outpatient settings. The law also sets a problematic precedent of misusing controlled substances laws as a means to decrease access to a drug. The reaction to Louisiana's Act 246 from the medical community in Louisiana was so strong and clear that no other state in the country brought comparable legislation up for discussion or debate in 2025, let alone passed it into law. As a result, Louisiana has become an outlier even among its peers.

In 2025, a majority of Louisiana legislators indicated their willingness to ignore physicians and jeopardize access to life saving medication for legal, legitimate uses for the ostensible goal of trying to stop medication abortion, which is already illegal in Louisiana. In 2026, many of those same lawmakers will have an opportunity to reverse that law and ensure that women in the state are able to get the care they need without delay.

Recommendations

- The Louisiana Legislature should repeal the provisions of Act 246 that classified misoprostol and mifepristone and allow the drugs to be prescribed and dispensed in the same manner as before October 1, 2024.
- Until Act 246 is repealed, the Louisiana Department of Health and Louisiana Board of Pharmacy should jointly increase outreach and continuing education to pharmacists to ensure they understand Act 246 and are aware of the wide array of medical conditions that misoprostol and mifepristone are legally prescribed for in Louisiana.
- The Louisiana Department of Health should monitor and ensure availability of misoprostol across pharmacies in Louisiana.
- The Louisiana Department of Health should continue to monitor and evaluate the impact of Act 246 in the inpatient setting, including delays in administration of misoprostol in response to postpartum hemorrhage.
- The U.S. Congress should take action to prohibit state's classification of misoprostol and mifepristone as controlled dangerous substances.

References

1. City Council Resolution M24-499. September 19, 2024. https://cityofno.granicus.com/MetaViewer.php?view_id=&event_id=24149&meta_id=703878
2. Act 246 Louisiana Legislature. 2024. https://legis.la.gov/Legis/ViewDocument.aspx?d=1379398
3. Misoprostol FDA Approval. https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=overview.process&ApplNo=019268
4. Mifepristone FDA Approval. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-about-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation
5. Louisiana Senate Bill 246, 2024. https://www.legis.la.gov/legis/ViewDocument.aspx?d=1352550
6. Louisiana Board of Pharmacy Bulletin 24-01: Act 246 of the 2024 Louisiana Legislature. July 17, 2024. https://www.pharmacy.la.gov/assets/docs/Bulletins/Bulletin_24-01_Act246_2024RS.pdf
7. Louisiana Department of Health Memorandum and Guidance: Act 246 of the 2024 Louisiana Legislature. September 6, 2024. https://ldh.la.gov/assets/hss/Hospital/Regs/LDH_Memo_and_Guidancee-Act_246_09_06_24.pdf
8. Alliance for Innovation on Maternal Health: Obstetric Hemorrhage Patient Safety Bundle. American College of Obstetricians and Gynecologists, 2022. https://saferbirth.org/wp-content/uploads/U2-FINAL_AIM_Bundle_ObstetricHemorrhage.pdf
9. New Orleans Health Department Misoprostol and Mifepristone Patient/Provider Access Form. October 1, 2024. https://nola.gov/next/population-health-and-disease-prevention/topics/sexual-and-reproductive-health/misoprostol-and-mifepristone-access-patient-and-provider-reporting-form/
10. New Orleans Health Department: Find Misoprostol in New Orleans Pharmacies map. https://experience.arcgis.com/template/1110606bd9b048438d95cfad91fca4b3/
11. Act 246 Lawsuit: Birthmark Doula Collective LLC v. State of Louisiana. October 31, 2024. https://statecourtreport.org/sites/default/files/2025-05/birthmark_doula_collective-petition.pdf
12. Every Second Counts: Louisiana's New Law will Delay Emergency Care and Imperil Reproductive Health Care. Democratic Staff Report. October 2024. https://statecourtreport.org/sites/default/files/2025-05/birthmark_doula_collective-petition.pdf