

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK**

THE PEOPLE OF THE STATE OF NEW YORK,
by LETITIA JAMES, Attorney General of the
State of New York,

Plaintiff,

-against-

HEARTBEAT INTERNATIONAL, INC.;
ADIRONDACK PREGNANCY CENTER, INC.
d/b/a AscentCare; CRISIS PREGNANCY
SERVICES, INC. d/b/a CompassCare Pregnancy
Services; THE CARE CENTER INC. d/b/a
Soundview Pregnancy Services; NEW HOPE
FAMILY SERVICES INC.; PREGNANCY
CENTER OF PENN YAN, INC. d/b/a Care Net
Penn Yan; STUDY THE OPTIONS PLEASE INC
d/b/a Care Net of Wayne County; PREGNANCY
CENTER OF CENTRAL NEW YORK d/b/a
Willow Network; CRISIS PREGNANCY
CENTER, INC. d/b/a Care Net Pregnancy Center
of the Hudson Valley; 1ST WAY LIFE CENTER
INC.; CARING CHOICES PREGNANCY HELP
CENTER INC.; THE BRIDGE TO LIFE INC.
d/b/a Bridge Women’s Support Center,

Defendants.

SUMMONS

Index No. _____

IAS Part _____

TO THE ABOVE NAMED DEFENDANTS:

YOU ARE HERBY SUMMONED to answer the attached complaint in this action and to serve a copy of your answer or notice of appearance on attorneys for plaintiff.

If this summons and complaint was personally served upon you in the State of New York, you must serve your answer within twenty (20) days after such service, excluding the day of service. If this summons and complaint was not personally served upon you in the State of New York, you must serve your answer within thirty (30) days after the service of the summons is

complete, as provided by law. In case of your failure to answer or appear in this action, judgment may be entered against you, by default, for the relief demanded in the complaint.

Plaintiff designates New York County as the venue for this action, pursuant to CPLR 503 and 505, because plaintiff resides here and this action was initiated out of plaintiff's office located in New York County at 28 Liberty Street, New York, NY.

Dated: New York, New York
May 6, 2024

Respectfully submitted,

LETITIA JAMES
Attorney General of the State of New York
Attorney for Plaintiff

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d/b/a Bridge Women’s Support Center,
Defendants.

COMPLAINT

Index No. _____

IAS Part _____

Assigned to Justice

The People of the State of New York, by their attorney, Letitia James, Attorney General of
the State of New York, respectfully allege, upon information and belief:

INTRODUCTION

1. Medication abortion is a safe and effective method for early termination of
pregnancy approved by the U.S. Food and Drug Administration (“FDA”). The FDA-approved

method for medication abortion is a two-drug regimen: first, the patient takes mifepristone, and second, between 24 to 48 hours after taking mifepristone, the patient takes misoprostol.

2. Since medication abortion first came on the market nearly a quarter of a century ago, nearly 5 million individuals across the United States have used it to terminate pregnancy. It is now used in the majority of abortions performed in the United States.

3. Medication abortion is an essential component of reproductive health care and has been an important tool in expanding abortion access in New York, particularly in rural and underserved communities where procedural abortion may be unavailable or more difficult to obtain.

4. In light of the increased use of medication abortion over the last two decades and its increasing importance in the reproductive health landscape, this safe and effective regimen for terminating early pregnancies has become a primary target for opponents of abortion, who not only seek to deter pregnant people from choosing to have a medication abortion in the first place, but also increasingly seek to deter pregnant individuals who have begun the process of a medication abortion from completing that process.

5. Defendants are an international organization, Heartbeat International, Inc. (“HBI”), and various not-for-profit organizations incorporated and located in New York (“New York Defendants”) that are part of HBI’s worldwide network of what it calls “pro-life pregnancy help organizations” (“PHOs”) and share a central mission to deter people from having abortions. In furtherance of that goal, they advertise and widely promote an unproven protocol they refer to as “Abortion Pill Reversal” or “APR,” a process through which they claim to be able to “reverse” a medication abortion or the effects of what they refer to as the “abortion pill.”

6. As will be explained, the terms “abortion pill reversal” or “abortion reversal” are misleading. Nonetheless, Defendants routinely employ these misleading terms in their advertising statements. Accordingly, to avoid unnecessary confusion, the terms “Abortion Pill Reversal” and “APR” are used herein in reference to the advertising and business practices challenged in this Complaint.

7. Defendant HBI is the architect of a strategic and coordinated marketing campaign through which local PHOs, including New York Defendants, promote APR in their communities using advertising schemes and materials, including those created by HBI. Defendants carry out this campaign by unlawfully advertising APR to consumers through misleading and/or false statements and omissions on their public websites and marketing materials, on various social media platforms, and through targeted advertising campaigns.

8. The APR protocol involves advising a pregnant person who has taken mifepristone not to take the second drug in the FDA-approved medication abortion regimen, misoprostol, thus disrupting that FDA-approved process before it is complete. In place of misoprostol, the APR protocol entails administering repeated doses of the hormone progesterone—although methods of administration and duration of treatment may vary. According to claims on Defendants’ websites and in other promotional materials, this treatment can “reverse” the “abortion pill,” and increase the chances of the pregnancy continuing without harmful effects.

9. In their websites and other promotional materials, Defendants have made repeated and persistent misleading and/or false claims and omissions about APR’s efficacy and safety.¹

¹ Defendants’ websites and social media pages were last visited on May 4, 2024, and the allegations that they contain specific statements or images are accurate as of that date, unless otherwise indicated.

Those claims and omissions stand in stark contrast to Defendants' numerous dire warnings about the purported dangers of medication abortion and about abortion in general.

10. The overall impression created by Defendants' websites and other promotional materials is likely to mislead consumers into believing:

- a. that an abortion, "the abortion pill," or the "effects" of the abortion pill or mifepristone can be "reversed;"
- b. that APR has been proven to be safe;
- c. that APR has been proven to be effective, and specifically, that it has been proven to increase the chances of safely continuing a pregnancy after taking mifepristone; and
- d. that APR is an accepted and uncontroversial medical treatment.

In fact, none of these things is true.

11. There is no competent and reliable scientific evidence to substantiate Defendants' claims about APR's efficacy and safety, including the central promise that APR can "reverse" the "abortion pill." The process has never been FDA approved, and researchers and major medical professional associations in the United States and abroad, including the American College of Obstetricians and Gynecologists ("ACOG"), have warned that it is unproven and unscientific.

12. No valid clinical trials have demonstrated the efficacy or safety of APR. The sole clinical trial to undertake such an evaluation had to be abruptly halted due to safety concerns after three participants experienced severe bleeding and sought emergency treatment, leading the trial's authors to warn that patients in early pregnancy who take only mifepristone, but not misoprostol, "may be at high risk of significant hemorrhage." The physicians who conducted this study warned that due to "the void in high-quality research addressing" APR's efficacy and safety, APR should

be considered “experimental and should be offered only in institutional review board-approved human clinical trials to ensure proper oversight.” Defendants do not mention this halted clinical trial in any of their advertising.

13. Instead, to the extent any Defendants point to any specific support for claims about APR, they rely almost exclusively on two “studies” that have been criticized in numerous scientific publications and by several preeminent medical organizations as so scientifically and ethically flawed as to be meaningless.

14. Defendants direct these misleading and/or false advertising statements about APR toward New York consumers who may be in the midst of a medication abortion, with the purpose of disrupting that process by inducing those consumers to undergo APR treatment in New York, either through their own facilities or with one of the local medical providers approved by HBI for membership in its “Abortion Pill Rescue Network” (“APRN”).

15. Defendants are free to use lawful means to attempt to persuade pregnant individuals to continue their pregnancies rather than have an abortion, in furtherance of their mission and their beliefs. But in advertising APR to consumers for the purpose of inducing them to obtain this “treatment,” Defendants must be held to the same standard as anyone else advertising health care services in the state—they cannot use misleading and/or false statements, including those that misrepresent the nature and strength of the scientific evidence substantiating the efficacy and safety of those services.

16. It is extremely difficult for the average consumer to verify the accuracy of claims concerning efficacy and safety made in health care marketing. False or misleading statements about the efficacy and safety of health care services interfere with consumers’ ability to make

informed decisions directly impacting their bodily integrity, wellbeing, and, as may be the case, pregnancy.

17. Obtaining accurate information can be especially difficult in the context of reproductive health care, where opponents of abortion intentionally distort and obfuscate facts to convince, scare, shame, or guilt people facing unintended pregnancy into deciding not to obtain or complete abortions at a moment when they are particularly vulnerable.

18. In the case of APR, Defendants' consumer-oriented statements distort the evidence and mislead New Yorkers to undergo this experimental "treatment," believing that it has been proven safe and effective, when it has not.

19. Therefore, the People of the State of New York, by Attorney General Letitia James (the "NYAG"), bring this action for an injunction to stop Defendants' misleading advertising; equitable relief to redress Defendants' fraudulent and unlawful conduct; and the imposition of civil penalties and costs.

PARTIES

20. Plaintiff is the People of the State of New York, by their attorney, Letitia James, Attorney General of the State of New York.

Heartbeat International, Inc.

21. **Defendant Heartbeat International, Inc.** ("HBI") is a 501(c)(3) charitable organization incorporated in 1973 under Ohio law with its principal place of business located at 8405 Pulsar Place, Columbus, Ohio 43240. HBI is registered as a charity in New York and as doing business in the state under the name "Heartbeat International of Ohio." HBI operates an extensive network of "pro-life pregnancy help organizations" ("PHOs"), some of which pay an

annual fee of \$300 to be a Heartbeat International Affiliate (“HBI Affiliate” or “Affiliate”). HBI owns and maintains a searchable directory of its network, Worldwide Directory of Pregnancy Help (“Worldwide Directory”), on its website, heartbeatinternational.org/worldwide-directory. HBI also owns and operates the Abortion Pill Rescue Network (“APRN”), as well as the Abortion Pill Reversal website, abortionpillreversal.com, which advertises APR treatment to consumers, and the Abortion Pill Reversal hotline (“APR Hotline”), which connects those consumers to medical providers and PHOs in the APRN that provide that treatment.

New York Defendants

22. **Defendant Adirondack Pregnancy Center, Inc. d/b/a AscentCare** (“AscentCare”) is a 501(c)(3) charitable organization that is incorporated in New York and is located at 20 Academy Street, Saranac Lake, New York 12983. AscentCare has been operating since at least 2020. AscentCare is listed in HBI’s Worldwide Directory.

23. **Defendant Crisis Pregnancy Services, Inc. d/b/a CompassCare Pregnancy Services** (“CompassCare”) is a 501(c)(3) charitable organization that is incorporated in New York and has its principal place of business in Rochester, New York. CompassCare has been operating since at least 1980. CompassCare operates four locations in New York: Rochester, Buffalo, Albany, and Brooklyn. CompassCare is listed in HBI’s Worldwide Directory and is an HBI Affiliate.

24. **Defendant The Care Center Inc. d/b/a Soundview Pregnancy Services** (“Soundview”) is a 501(c)(3) charitable organization that is incorporated in New York and has its principal place of business in Centereach, New York. Soundview has been operating since at least 1991. Soundview operates three locations in New York: Centereach, East Meadow, and Riverhead. Soundview is listed in HBI’s Worldwide Directory and is an HBI Affiliate.

25. **Defendant New Hope Family Services Inc.** (“New Hope”) is a 501(c)(3) charitable organization that is incorporated in New York and is located at 3519 James Street, Syracuse, New York 13206. New Hope has been operating since at least 1973. New Hope is listed in HBI’s Worldwide Directory and is an HBI Affiliate.

26. **Defendant Pregnancy Center of Penn Yan, Inc. d/b/a Care Net Penn Yan** (“Care Net Penn Yan”) is a 501(c)(3) charitable organization that is incorporated in New York and is located at 162 Main Street, Penn Yan, New York 14527. Care Net Penn Yan has been operating since at least 2014. Care Net Penn Yan is listed in HBI’s Worldwide Directory and is an HBI Affiliate.

27. **Defendant Study the Options Please Inc. d/b/a Care Net of Wayne County** (“Care Net of Wayne County”) is a 501(c)(3) charitable organization that is incorporated in New York and is located at 1141 E. Union Street, Newark, New York 14513. Care Net of Wayne County has been operating since at least 1992. Care Net of Wayne County is listed in HBI’s Worldwide Directory and is an HBI Affiliate.

28. **Defendant Care Net Pregnancy Center of Central New York d/b/a Willow Network** (“Willow Network”) is a 501(c)(3) charitable organization that is incorporated in New York and has its principal place of business in Utica, New York. Willow Network has been operating since at least 1988. Willow Network operates eight locations in New York: Boonville, Camden, Ilion, Liverpool, Morrisville, Oneida, Rome, and Utica. Willow Network is listed in HBI’s Worldwide Directory and is an HBI Affiliate.

29. **Defendant Alternative Crisis Pregnancy Center, Inc. d/b/a Care Net Pregnancy Center of the Hudson Valley** (“Care Net Pregnancy Center of the Hudson Valley”) is a 501(c)(3) charitable organization that is incorporated in New York and is located at 226 Church

Street, Poughkeepsie, New York 12601. Care Net Pregnancy Center of the Hudson Valley has been operating since at least 1987. Care Net Pregnancy Center of the Hudson Valley is listed in HBI's Worldwide Directory and is an HBI Affiliate.

30. **Defendant 1st Way Life Center Inc.** ("1st Way Life Center") is a 501(c)(3) charitable organization that is incorporated in New York and is located at 481 Broadway #3, Monticello, New York 12701. 1st Way Life Center has been operating since at least 2010. 1st Way Life Center is listed in HBI's Worldwide Directory.

31. **Defendant Caring Choices Pregnancy Help Center Inc.**, which appears to do business as Caring Choices Pregnancy Help Community ("Caring Choices") is a 501(c)(3) charitable organization that is incorporated in New York and has its principal place of business in Rochester, New York. Caring Choices has been operating since at least 2020. Caring Choices operates two locations in New York: Rochester and Webster. Caring Choices is listed in HBI's Worldwide Directory and is an HBI Affiliate.

32. **Defendant The Bridge to Life Inc. d/b/a Bridge Women's Support Center** ("Bridge Women's Support Center") is a 501(c)(3) charitable organization that is incorporated in New York and is located at 14-02 124th Street, College Point, New York 11356. Bridge Women's Support Center has been operating since at least 1993. Bridge Women's Support Center is listed in HBI's Worldwide Directory and is an HBI Affiliate.

33. All Defendants other than HBI are herein collectively referred to as "New York Defendants."

Heartbeat International, Inc.'s Contacts with New York

34. Since January 13, 2003, HBI has been registered as a charity in New York.

35. Since July 5, 2023, HBI has been registered with the New York State Department of State as doing business in New York under the name “Heartbeat International of Ohio.”

36. In its March 17, 2023, application to do business in the state, HBI stated that its purpose in New York is to, in part, “REACH people and organizations to empower them through services, products and education that provides true reproductive healthcare and ministry,” and that its activities in New York will include staffing a hotline with health care professionals and providing services directly to Affiliate organizations. HBI also stated that its New York-based office would be located in Albany County.

37. On its website, heartbeatinternational.org, HBI’s Worldwide Directory includes 196 PHO locations across New York, heartbeatinternational.org/index.php?option=com_civicrm&task=civicrm/profile&reset=1&force=1&gid=11&state_province-9=1031.

38. All New York Defendants are listed in HBI’s Worldwide Directory.

39. HBI sells various services and products to PHOs through another of its websites, heartbeatservices.org. For example, HBI offers (1) on-site trainings and consultations (typically \$1,200.00/day); (2) a subscription (ranging from \$30.00 to \$150.00, monthly, to \$324.00 to \$1,600.00, annually) to a proprietary client management software program, HBI’s Next Level™, which allows PHOs to, among other things, manage client intake, appointment, and medical information; and (3) services from HBI’s Extend Web Services team, “experts at making sure” a PHO’s “marketing plan is attracting the abortion-minded client,” which include website development, design, and operation (ranging from \$300/year to \$1,620/year, plus one-time set up fee), management of social media content and Google advertising campaigns, graphic design for

promotional materials, local search marketing, custom blog content, video commercials, and targeted display ads.

40. HBI also sells products and training resources related to APR on heartbeatservices.org/resources/store/abortion-pill-rescue, such as *Abortion Pill Rescue Network Training* (\$119.95), *Abortion Pill Reversal: The Science, The Strategy, & The Opposition* (\$19.95), *Introduction to Abortion Pill Reversal* training (\$19.95), and *The Latest Updates on Abortion Pill Reversal* webinar (\$19.95).

41. Of the 196 New York PHO locations listed in HBI's Worldwide Directory, approximately 80 are designated as HBI Affiliates. This designation means that, for an annual fee of \$300.00, these Affiliates receive HBI's "Comprehensive Support." Nine of the New York Defendants are HBI Affiliates.

42. HBI supports and "nurtures all aspects of" its Affiliates, offering assistance by phone, through on-site visits, and via "personalized training and consultations." In addition, Affiliates receive back-up support from HBI's 24/7 pregnancy helpline and website, Option Line, which fields forwarded calls from Affiliates during afterhours and schedules appointments with callers on behalf of Affiliates.

43. HBI Affiliates have access to exclusive benefits, such as: discounts on on-site consultations, Extend Web Services, and most HBI training, manuals, and webinars; the option to participate in HBI's 403(b) retirement plan or IRA program; and the opportunity to receive HBI grants to fund everything from on-site operations to specialized training programs.

44. In addition to doing business with and purposefully cultivating contacts with New York-based PHOs and Affiliates, HBI also advertises APR treatment to New York consumers through its website, abortionpillreversal.com.

45. On one of its website pages, heartbeatinternational.org/advertising-abortion-pill-reversal-in-your-community, HBI asks PHOs, Affiliate or otherwise, to “include our website (abortionpillreversal.com) and [hotline] number (877.558.0333) in advertising so the women know where to immediately reach out anytime, day or night.” HBI explains that if PHOs direct consumers to abortionpillreversal.com and the APR Hotline, then HBI’s “medical staff” will “answer[] questions,” “explain[] reversal,” “assess health concerns,” and “quickly connect women with an [APRN] provider and to your center for support as quickly as possible.”

46. New York Defendants all direct consumers to abortionpillreversal.com, via a direct hyperlink, and/or to the APR Hotline, to obtain APR treatment.

47. Some New York Defendants also provide or facilitate APR treatment onsite.

48. HBI maintains a non-public directory of medical providers and PHOs that it has vetted, trained, and approved for membership in the APRN; this non-public directory includes medical providers and PHOs located in New York. Through abortionpillreversal.com and the APR Hotline, HBI directs consumers located in or near New York to those New York-based medical providers and PHOs to receive APR treatment and related medical services.

JURISDICTION AND VENUE

49. Plaintiff brings this action pursuant to New York Executive Law § 63(12) and General Business Law (“GBL”) Article 22-A, §§ 349 and 350. Executive Law § 63(12) empowers the NYAG to seek injunctive relief, restitution, disgorgement, damages, and costs when any person or entity has engaged in or otherwise demonstrated repeated or persistent fraudulent or illegal acts in the transaction of business. GBL Article 22-A, §§ 349 and 350, authorize the NYAG to seek injunctive relief, restitution and civil penalties for deceptive acts or practices and false advertising.

50. This Court may exercise personal jurisdiction over HBI because HBI regularly conducts business in New York with New York consumers, has purposefully established contacts with New York, has availed itself of the New York market, and the exercise of jurisdiction does not offend traditional norms of fair play and substantial justice.

51. This Court may exercise personal jurisdiction over all other Defendants because they are each incorporated in New York, have their principal places of business in New York, and therefore reside in the state.

52. Venue is properly laid in New York County because the NYAG resides here, and because this action was initiated by the NYAG's Executive Office, Civil Rights Bureau, and Health Care Bureau, which are located in New York County at 28 Liberty Street, New York, NY.

53. The NYAG has provided pre-litigation notice pursuant to GBL Article 22-A, §§ 349(c) and 350-c.

FACTS

Background on Medication Abortion

54. Abortion is basic and necessary health care and has been legal in New York since 1970. It is the policy of the state that “[e]very individual who becomes pregnant has the fundamental right to choose to carry the pregnancy to term, to give birth to a child, or to have an abortion.” N.Y. Pub. Health Law § 2599-aa (McKinney).

55. There are two principal methods available for abortion—procedural abortion and medication abortion, also known as “the abortion pill.”

56. Procedural abortion is a medical procedure whereby suction and/or surgical instruments are used to empty the contents of the uterus. Procedural abortion is conducted in a clinical setting, such as an outpatient clinic.

57. Medication abortion is accomplished by the patient taking an oral medication to terminate the pregnancy, typically using a combination of the drug mifepristone, sold under the brand name Mifeprex, followed by the drug misoprostol 24 to 48 hours later.

58. The term “the abortion pill” generally refers to the regimen involving these two drugs.

59. The mifepristone-misoprostol combination has been approved by the Food and Drug Administration (FDA) since 2000 as a safe and effective way to end a pregnancy through 10 weeks gestation (70 days or less since the first day of the last menstrual period).

60. The FDA maintains a website with information about medication abortion, Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation, U.S. FDA, Sept. 1, 2023, [fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation](https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation).

61. A pregnant person undergoing a medication abortion first takes mifepristone. Mifepristone works by blocking the body’s progesterone receptors.

62. Progesterone is a hormone produced by the body that is essential to maintaining the endometrium (uterine lining) for a fertilized egg to implant and grow. The body increases progesterone production during pregnancy, and progesterone levels generally remain high to maintain a pregnancy. By blocking the progesterone receptors, mifepristone inhibits the biological effects of progesterone and prevents the pregnancy from continuing.

63. Then, between 24 and 48 hours after taking mifepristone, the pregnant person will take the second medicine in the medication abortion regimen, misoprostol. Misoprostol induces

the uterus to contract (experienced as cramping) which causes the contents of the uterus to be expelled.

Background on APR

64. In light of the increase in medication abortions in the United States, Defendants, along with other organizations and individuals opposed to abortion, engaged in a coordinated effort to stigmatize medication abortion and deter people from using it, or to disrupt the process once it is already underway.

65. On their websites and in their promotional materials, Defendants attempt to reach pregnant people who have taken mifepristone, but not misoprostol, to convince them not to complete the second step in the medication abortion regimen. Their tactics include multiple statements suggesting that it is common for pregnant people to experience regret or change their minds after taking mifepristone and emphasizing purported safety risks of medication abortion, alongside heavy marketing of “Abortion Pill Reversal.”

66. APR involves advising pregnant individuals not to take misoprostol following mifepristone and instead to undergo additional medical treatment intended to support the continuation of the pregnancy.

67. According to abortionpillreversal.com, the APR “treatment” involves performing an ultrasound “to confirm heart rate, placement, and dating of the pregnancy.” A medical provider “will prescribe progesterone, given as a pill to be taken orally or vaginally or possibly by intramuscular injection,” and the “treatment will usually continue through the first trimester of pregnancy.”

68. The APR “treatment” or “protocol,” as HBI refers to it, was developed in or around 2008 by Dr. George Delgado, a family physician based in California.

69. In 2012, Delgado created a network of medical providers willing to perform the APR protocol, which he called the “Abortion Pill Reversal Network,” as well as a helpline (877-558-0333) that operated 24 hours a day, 7 days a week, and website, abortionpillreversal.com, that would field questions about APR and connect pregnant people with network providers to receive APR treatment.

70. Delgado also co-authored, with Dr. Mary Davenport and others, several “studies,” purporting to evaluate APR’s efficacy and safety.

71. The first, a case series published in 2012 (“2012 Case Series”), looked at six pregnant women who were administered progesterone after taking mifepristone; found that four of them carried their pregnancies to full-term, reportedly with no birth defects; and concluded that “[t]he experience of these patients suggests that medical abortion can be arrested by progesterone injection after mifepristone ingestions prior to misoprostol.”² Delgado and his co-authors suggested a specific protocol for administering progesterone after mifepristone, and “welcome[d] further clinical trials utilizing this protocol or others, in order to have an evidence basis for the best protocol.”

72. The second of these studies, published in 2018 (“2018 Case Series”), is an “an observational case series of 754 patients” who were administered the APR protocol following calls

² George Delgado & Mary L. Davenport, *Progesterone Use to Reverse the Effects of Mifepristone*, 46 *Annals of Pharmacotherapy* e36 (2012), available at <https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=406aec089e809942f4b58b6b16f0b0b4f038256b>.

to the hotline.³ After excluding 207 (27%) of these patients for various reasons, including due to loss of contact before 20 weeks gestation and the decision to complete the abortion, the 2018 Case Series analyzed 547 patient outcomes and determined that the “overall rate of reversal of mifepristone was 48%.” Despite acknowledging that the “study is limited in that it is not a randomized placebo-controlled trial,” among other limitations, the authors concluded that “[t]he reversal of the effects of mifepristone using progesterone is safe and effective.” They proposed further research “employing randomized controlled trials” to determine the most efficacious and least burdensome progesterone doses and routes of administration.

APR is Not Backed by Competent and Reliable Scientific Evidence

73. There is no competent and reliable scientific evidence proving that the APR protocol is safe or that it is effective in increasing the chances of the pregnancy continuing. The only clinical trial to evaluate APR’s safety and efficacy had to be halted due to safety concerns.

74. HBI and other proponents of APR typically point to the 2012 and 2018 Case Series as support for statements about APR’s efficacy. However, these studies have been criticized as scientifically and ethically flawed in several scientific publications and by several medical associations.

75. For example, a 2015 systematic literature review published in the peer-reviewed medical journal *Contraception* criticized the 2012 Case Series as presenting data from “anecdotal experiences of physicians who performed experimental treatment on pregnant women, without the

³ George Delgado et al., *A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone*, 33 Issues in Law & Medicine 1 (2018), available at https://www.heartbeatservices.org/images/pdf/Delgado_et_al_Revisions_-_FINAL_0919.pdf.

usual safeguards.”⁴ The review characterized the 2012 Case Series as “of poor quality with few details,” making it impossible to compare its results to the rates of continuing pregnancy after taking mifepristone alone, “which was as high as 46% in one of the clinical trials.” The authors therefore concluded that the “evidence is insufficient to determine whether treatment with progesterone after mifepristone,” i.e., following the APR protocol, “results in a higher proportion of continuing pregnancies compared to expectant treatment,” i.e., doing nothing but monitoring the patient. In other words, there was not sufficient evidence to demonstrate that patients remained pregnant because they underwent APR. A 2018 commentary published in the *American Journal of Obstetrics & Gynecology* also described the “many limitations” of the 2012 Case Series, including “small sample size, lack of long-term follow-up, as well as no review or oversight by an institutional review board or ethics committee.”⁵

76. A different 2018 commentary, published in the *New England Journal of Medicine*, criticized the 2018 Case Series on several bases including its failure to account for confounding variables such as gestational age, minimal safety data, and lack of clarity as to whether institutional review board approval was obtained prior to administering the “experimental treatment protocol” to patients.⁶ The authors found that, even when the results of the 2018 Case Series were adjusted to account for significant methodological flaws, there was no statistically significant difference in outcomes between treatment with progesterone following mifepristone and doing nothing.

⁴ Daniel Grossman et al., *Continuing pregnancy after mifepristone and “reversal” of first-trimester medical abortion: a systematic review*, 92 *Contraception* 206-11 (2015).

⁵ Khadijah Z. Bhatti et al., *Medical abortion reversal: science and politics meet*, *Am. J. of Obstetrics & Gynecology* at 317 (March 2018).

⁶ Daniel Grossman and Kari White, *Abortion “Reversal”—Legislating without Evidence*, 379 *New England J. of Med.* 1491 (2018).

77. Original research published in January 2020 in *Obstetrics & Gynecology* also criticized these case series as having “significant limitations,” including “using investigational treatment (high-dose progesterone) after mifepristone ingestion without consenting patients for this experiment; incomplete reporting of outcomes; use of varying progesterone doses, routes and durations; and lack of control [i.e., comparison] groups to understand true efficacy.”⁷ The authors accordingly cautioned that those series are “not evidence of efficacy and do not address safety,” and “[t]his level of evidence is inadequate to support or refute the benefits and risks of any treatment.”

78. To date, the *only* double-blind, placebo-controlled, randomized clinical trial aimed at estimating the efficacy and safety of the APR protocol had to be halted after 3 of the 12 enrolled patients experienced “[s]evere hemorrhage requiring ambulance transport to the hospital.”⁸ The abrupt end of this clinical trial due to safety concerns foreclosed any estimate of the efficacy of progesterone at countering the effects of mifepristone. One of the few conclusions reached was that “patients in early pregnancy who use only mifepristone,” as required by the APR protocol, “may be at high risk of significant hemorrhage.” And so, the physicians who conducted this clinical trial cautioned: “Because of the potential dangers for patients who opt not to use misoprostol after mifepristone ingestion, any mifepristone antagonization treatment must be considered experimental.”

Major Medical Associations Denounce APR

⁷ Mitchell D. Creinin et al., *Mifepristone Antagonization with Progesterone to Prevent Medical Abortion: A Randomized Controlled Trial*, 135 *Obst. & Gynecology* 158, 159 (2020) [Herein “Mifepristone Antagonization with Progesterone Controlled Trial”].

⁸ Creinin et al., *Mifepristone Antagonization with Progesterone Controlled Trial*, *supra*.

79. The poor quality of the Case Series and absence of science substantiating APR have led major medical associations in the United States and abroad to denounce APR and to issue warnings against its use.

80. The American College of Obstetricians and Gynecologists (“ACOG”), the premier professional membership organization for obstetrician–gynecologists, criticized the limitations of the 2012 and 2018 Case Series in an opinion piece titled: “Facts Are Important: Medication Abortion ‘Reversal’ Is Not Supported by Science,” noting that they had “no ethics approval, no control group, under-reporting of data, and no reported safety outcomes,” and explaining further that “[c]ase series with no control groups are among the weakest forms of medical evidence.”⁹ ACOG accordingly warned that “[c]laims regarding abortion ‘reversal’ treatment are not based on science and do not meet clinical standards,” and stated unequivocally that ACOG “does not support prescribing progesterone to stop a medication abortion.”

81. Internationally, other major medical associations, including The Society of Obstetricians and Gynaecologists of Canada, The Royal College of Obstetricians and Gynaecologists, the Faculty of Sexual and Reproductive Healthcare, the Royal College of Midwives, and the British Society of Abortion Care Providers have similarly denounced APR as unproven and lacking any valid scientific basis.¹⁰

⁹ ACOG, *Facts Are Important: Medication Abortion “Reversal” Is Not Supported by Science*, <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science> (last visited May 2, 2024).

¹⁰ SOGC, *SOGC Statement on Abortion Medication “Reversal,”* Mar. 19, 2021; The Royal College of Obstetricians and Gynaecologists (RCOG), The Faculty of Sexual and Reproductive Healthcare (FSRH), the Royal College of Midwives (RCM) and the British Society of Abortion Care Providers (BSACP), *Joint statement on ‘Abortion reversal’*, July 6, 2022, available at <https://www.rcog-fsrh-abortion-reversal-position-statement.pdf>.

82. The latter three groups in the United Kingdom released a joint statement in July 2022 that stated: “There are **no reputable national or international clinical guidelines that recommend the use of progesterone to reverse the effect of mifepristone**, and no evidence that it increases the likelihood of continuing pregnancy, compared to expectant management alone.” (emphasis in original.)¹¹

HBI Provides APR Through its Abortion Pill Rescue Network

83. In April 2018, just after the 2018 Case Series was published, HBI assumed ownership and operation of the Abortion Pill Rescue Network (then called Abortion Pill Reversal Network) (“APRN”) from Delgado, as well as the website and hotline, with the goal of expanding its reach and making APR available to many more pregnant people.

84. Since HBI’s takeover of the APRN, Delgado continues in a leadership role as one of the APRN’s several medical advisors.

85. Delgado also founded and serves as the president of the board of directors of an organization called the Steno Institute. According to its website, stenoinstitute.org, the institute’s purpose is “to serve as the platform for broader pro-life research, including abortion pill reversal.”

86. The APRN consists of medical providers and PHOs. According to a 2022 “Impact Report,” *available at heartbeatinternational.org/images/ImpactReports/APRN_Impact_Report_2022.pdf*, HBI claims that the APRN consists of 1,300 providers, clinics, and hospitals worldwide, and that the APRN has assisted women in all 50 states and in 86 countries.

¹¹ The Royal College of Obstetricians and Gynaecologists (RCOG) et al., *supra*.

87. According to the APRN website, aprnworldwide.com/about/medical-network, medical providers and PHOs join the APRN by submitting an enrollment form, successfully completing a vetting process, reviewing HBI's "approved Abortion Pill Rescue Network Provider Kit," and making themselves available to assist with providing the APR protocol to women having regret after starting chemical abortion" in their geographic area.

88. When HBI took over the APRN, it integrated the APR Hotline with its existing helpline called Option Line. According to the HBI website, heartbeatinternational.org, Option Line is "the only fully staffed, bilingual pro-life contact center in the U.S." and "offers compassionate, personalized guidance for all who reach out" via phone call, live chat, text, or email. Option Line is staffed by consultants who connect callers to local PHOs by scheduling appointments in real time and providing "consultation on abortion, adoption, and parenting."

89. If a caller expresses interest in APR, the Option Line consultant sends the caller to one of the APRN's "trained nurses," who serves as an APR Hotline "consultant." The nurse provides information about APR and connects the caller with a medical provider to perform the protocol.

90. According to the APRN website, aprnworldwide.com/abortion-pill-reversal, over the phone, the APRN "trained nurse" will review the patient's medical and pregnancy history, as well as the circumstances of their "attempted chemical abortion," and determine whether the patient is considered "an appropriate candidate for attempting reversal." If deemed appropriate, the patient's contact information will be given to an APRN provider in their geographic area who will contact them and confirm their information.

91. If the patient remains interested in "attempt[ing] reversal," the APRN provider will prescribe an "oral protocol of progesterone," which the provider will either call directly into a

pharmacy of the patient's choosing or which will be "dispensed through a pregnancy help organization, clinic, or hospital." The patient will receive assistance locating a facility or provider who can see them for follow-up care. An ultrasound may or may not be performed before the patient begins taking progesterone.

92. The "trained nurses" who work as APR Hotline consultants are not volunteers. They work as contractors for HBI and are paid by HBI.

93. Although the hotline consultation is free, APR is not.

94. According to abortionpillreversal.com, the "[c]osts of the treatment varies depending on the progesterone used." Private insurance and Medicaid may cover these costs. However, HBI directs consumers of APR treatment who do not have insurance or financial means to pay, to "discuss this with their medical provider." For women facing "financial hardship," HBI states it will help "find ways to reduce the cost of the treatment."

HBI Promotes and Advertises APR to Consumers Through Coordinated and Strategic Marketing Involving Local PHOs

95. HBI has developed and employs a coordinated and strategic multi-media marketing scheme to advertise APR to potential consumers.

96. This scheme includes HBI's own advertising through its website, abortionpillreversal.com, and other promotional materials, as well as advertising by local PHOs that carry out HBI's marketing strategy using HBI's tips, templates, and ready-to-go materials to advertise APR in their own local communities.

97. These tips, published on HBI's website, heartbeatinternational.org/advertising-abortion-pill-reversal-in-your-community, include recommendations that PHOs "reach the masses through social media" posts and paid ads; purchase HBI's Extend Web Services to help with

geofencing (i.e., location-based targeted advertising); launch APR billboard campaigns using HBI sample designs that direct consumers to abortionpillreversal.com; use a flyer with HBI's messaging, including a QR Code that hyperlinks directly to abortionpillreversal.com, for distribution at events and as bathroom advertisements; and add an "Abortion Pill Reversal™ page" to their website as it "increases your chance of appearing high in organic search results for searches related to the abortion pill."

98. HBI also asks PHOs to include its website, abortionpillreversal.com, and the APR Hotline number in their advertising so that consumers can be connected with an APRN medical provider who provides the APR protocol "as quickly as possible."

99. All New York Defendants include a direct hyperlink to abortionpillreversal.com and/or the APR Hotline on their own websites advertising APR treatment, as HBI requests.

100. In doing this, New York Defendants carry out HBI's coordinated marketing strategy for advertising APR in New York, and adopt and spread the content of abortionpillreversal.com, including all misleading and/or false statements and omissions.

101. [Abortionpillreversal.com](http://abortionpillreversal.com) is the centerpiece of HBI's marketing scheme for APR because it is the hub to which local PHOs direct consumers to access APR treatment.

102. [Abortionpillreversal.com](http://abortionpillreversal.com) uses a generic design. It does not have any HBI or APRN branding on it, allowing it to function as an extension of the website of any PHO that links to it.

103. None of the New York Defendants that include a direct hyperlink to abortionpillreversal.com on their website clearly alerts consumers that they are being directed to a different organization's website or specifically disclaims the content and statements made on that website.

104. The statements made on abortionpillreversal.com, and the strategic design through which they are presented, are aimed at inducing consumers who have taken mifepristone into not taking misoprostol, and instead, obtaining APR treatment through the APRN.

105. The landing page of abortionpillreversal.com (see Figure 1) pitches APR directly to consumers, asking, “Have you taken the first dose of the abortion pill? Do you regret your decision and wish you could reverse the effects of the abortion pill? *We’re here for you!*” An image of the complete landing page of abortionpillreversal.com is attached hereto as Exhibit A.

FIGURE 1



CALL OUR 24/7 HELPLINE: 1-877-558-0333

We know that an unplanned pregnancy can be scary and many women make decisions to abort when they are terrified and stressed. We know that after some time, many women change their minds about a chemical abortion.

IT MAY NOT BE TOO LATE TO SAVE YOUR PREGNANCY.

There is an effective process called Abortion Pill Reversal that gives your unborn child a second chance at life.*

We are eager to connect with you and available any time, day or night! We can offer help, but most importantly, **hope**.

Our helpline will connect you with one of our medical professionals nearby who can guide you towards reversing the effects of the abortion pill. We will help you every step of the way. Time is precious, and so is your baby — call us today.

106. Just as it suggests to its network of PHOs, HBI includes an “Abortion Pill Reversal™ page” on abortionpillreversal.com, to increase its visibility in internet searches for the abortion pill.

107. HBI also maximizes the advertising impact of abortionpillreversal.com by incorporating several of the design recommendations it makes to PHOs in connection with billboard campaigns on its website, heartbeatservices.org/billboard-campaigns. For example, the text “is printed in clean, bold font to ensure the best readability;” the website landing page uses both “bright colors,” pink and blue, and a “bold image,” of a woman, to “effortlessly attract eyes;” the website also includes “[c]ontrasting colors within the design,” such as the blue button that states “I want to Reverse my Abortion*” and the pink text directing consumers to call the APR Hotline and promising “an effective process called Abortion Pill Reversal* that gives your unborn child a second chance at life,” to “create an even bigger impact” to “help improve the retention” of the message.

108. Through abortionpillreversal.com, HBI advertises APR treatment directly to pregnant people who may be deciding whether to continue their pregnancy after taking mifepristone, with the aim of convincing them that their quandary is common or that they should feel regret; disrupting their medication abortion; and connecting them with an APRN medical provider to perform the protocol as soon as possible.

**HBI Makes Misleading and/or False Statements about APR on Abortionpillreversal.com
and on the APR Facebook Page**

109. On abortionpillreversal.com and in other promotional materials, HBI makes numerous statements about APR and its efficacy and safety that are misleading and/or false and are not substantiated by competent and reliable scientific evidence.

110. These statements about APR and its efficacy and safety are targeted at and are likely to mislead a consumer into believing that APR is widely-accepted, safe, effective, and uncontroversial and that it will increase their chances of continuing their pregnancy and delivering a healthy baby.

Misleading Claims that Abortion, the Abortion Pill, and its Effects can be “Reversed”

111. The name Abortion Pill *Reversal* is itself misleading and inaccurate, as are statements claiming that abortion and the effects of “the abortion pill” can be “reversed.” Such statements are made repeatedly on abortionpillreversal.com, on HBI’s “Abortion Pill Reversal” Facebook page, and in other promotional materials.

112. For example, as depicted in Figure 1 above, upon arriving at the landing page of abortionpillreversal.com (emphasis added), a potential consumer of APR treatment is immediately asked “Have you taken the first dose of the abortion pill? Do you regret your decision and wish you could reverse the effects of the abortion pill?” and presented the option to click a prominent blue button that reads “I want to **Reverse my Abortion***” (emphasis in original). (See Figure 1 and Exhibit A.)

113. This button directs the consumer to a separate page on abortionpillreversal.com that states: “**Can the abortion pill be reversed?** The simple answer is yes! If done in time.” Then HBI elaborates: “There is an effective process called abortion pill reversal* that can reverse the effects of the abortion pill and allow you to continue your pregnancy, but time is of the essence.”

114. HBI makes similar statements on a flyer it promotes and makes available for use by PHOs advertising APR in their local communities. The flyer states: “**Have you taken the first dose of the abortion pill?** Do you regret your decision and wish you could reverse the effects of the abortion pill? *We’re here for you!*” (emphasis in original.)

115. HBI further includes numerous posts and graphics on the APR Facebook page referencing APR and claiming abortion can be “reversed” or “undone.” For example:

- a. A post from March 2, 2024, an image of which is attached hereto as Exhibit B, presents a dramatized text exchange between “Me” asking: “Can I undo my abortion? I’ve already taken the first pill,” and “APR Hotline” answering: “It is possible. We can connect you with the help you need.” Consumers are then directed to “Get in touch for free consultation with a nurse and a connection to start reversal” by contacting the APR Hotline or visiting abortionpillreversal.com.
- b. A post from February 16, 2024, an image of which is attached hereto as Exhibit C, states: “Abortion Pill Reversal is Possible,” and directs consumers who are “Having regret[.]” to visit abortionpillreversal.com or call the APR Hotline.
- c. A post from January 27, 2024, an image of which is attached hereto as Exhibit D, includes the statement, “Regrets? Want to undo the abortion? Call for info...” and directs consumers to the APR Hotline and abortionpillreversal.com.
- d. A post from August 22, 2023, an image of which is attached hereto as Exhibit E, posits the question, “Can you undo the abortion after the first pill?,” and directs consumers to the APR Hotline and abortionpillreversal.com.
- e. An APR “promotional video,” an image of which is attached hereto as Exhibit F, was posted September 10, 2015, with the caption: “IT IS POSSIBLE to reverse the abortion pill!” The video opens with the question: “Have you ever made a choice or decision that you wish you could reverse? What if I told you

there is an option” (0:06-0:16) and later claims that as of 2015 “nearly 100 babies have been born to women who have successfully reversed the effects of mifepristone using progesterone.” (2:40-2:49)

116. Statements like these, which use “reverse” and “reversal” to describe APR are misleading and inaccurate for several reasons.

117. First, statements claiming that an “abortion” can be reversed are misleading and inaccurate because they imply the impossible—that fetal tissue that has been expelled from the uterus due to a completed abortion can be returned to the uterus. It cannot.

118. Second, APR involves disrupting the approved medication abortion regimen *before the second step* in that regimen, misoprostol, has been taken, in order to *prevent* an abortion from occurring. In other words, a person whose pregnancy continues after taking mifepristone—i.e., i.e., a person HBI would consider eligible for APR—has not had an abortion, so there is no “abortion” to be “reversed.”

119. The way that HBI uses the words “reverse” and “reversal” in naming and advertising APR conveys information about APR and its effectiveness that is not accurate or backed by competent and reliable scientific evidence, and is likely to mislead a consumer into believing that APR will undo what has been done and save their pregnancy.

Misleading Claims about APR’s Efficacy

120. HBI makes several different statements on abortionpillreversal.com and other promotional materials about APR’s efficacy that are misleading and/or false. These statements, taken individually and together, are likely to mislead a consumer into believing that APR has been proven effective at continuing a pregnancy, even 72 hours after use of mifepristone, when it has not been so proven.

Misleading Claims that APR is “Effective” and “Increases the Chances” of Pregnancy
Continuation

121. HBI makes repeated statements on abortionpillreversal.com that APR is “effective” and “increases the chances” of a pregnancy continuing. For example, on the website landing page, HBI advertises APR as an “effective process” that “gives your unborn child a second chance at life.” (See Exhibit A.)

122. In an overview of APR treatment, HBI claims that it “can reverse the effects of the abortion pill and allow you to continue your pregnancy.”

123. HBI similarly claims in its “FAQs,” abortionpillreversal.com/abortion-pill-reversal/faq, that although “your pregnancy may continue even without APR if you decide not to take the second abortion drug . . . APR has been shown to increase the chances of allowing the pregnancy to continue.”

124. Such statements are misleading because they create the misimpression that a pregnant person who has taken mifepristone, but wants to continue their pregnancy, is *better off* obtaining APR treatment by submitting to supplemental progesterone doses than merely monitoring for miscarriage.

125. These statements are likely to mislead a consumer considering APR treatment because they address an issue that is at the heart of that consumer’s decision-making—will APR increase the likelihood that my pregnancy will continue? HBI’s website statements in the affirmative are not supported by any competent and reliable scientific evidence.

Misleading Claims that APR has a 64-68% Success Rate

126. HBI also specifically advertises APR’s purported success rate on abortionpillreversal.com, claiming that “Using the natural hormone progesterone, medical

professionals have been able to save 64-68% of pregnancies through abortion pill reversal” and “Initial studies of APR have shown it has a 64-68% success rate.” No sources are cited to support these claims.

127. An APR “promotional video” that was posted to the APR Facebook page on September 10, 2015, similarly claims, without reference to any source, that the “APR success rate has been about 60%.” (3:01–3:05) (*See* Exhibit F.)

128. No competent and reliable scientific evidence exists to substantiate these claimed success rates. To the extent these rates rely upon the 2018 Case Series, and even assuming the validity of that study, they significantly overstate and oversimplify the results, which actually reported a broader range of success rates based on several factors.

129. But more fundamentally, as discussed above, the 2018 Case Series is not competent and reliable evidence of APR’s efficacy in light of significant flaws in the methodology used to evaluate outcomes. The 2018 case series, therefore, does not demonstrate that APR is effective at all, much less substantiate the claimed success rates.

130. Statements about specific success rates are likely to mislead consumers trying to determine just *how* effective APR treatment will be at saving a pregnancy. The purported 64-68% success rate is very compelling, and also very misleading.

Misleading Claims that APR may be Effective even 72 Hours After Mifepristone

131. On abortionpillreversal.com, HBI misleadingly implies that APR may be effective in reversing the effects of the abortion pill *more than* 72 hours after a pregnant person has taken mifepristone.

132. In response to the “FAQ” “Is it too late to reverse the abortion pill?” HBI explains that “[e]ven if 72 hours have passed [since taking mifepristone], call our hotline 877.558.0333. We are here to help. It may not be too late.”

133. There is no evidence, credible or otherwise, to support the use of APR more than 72 hours after a pregnant person has taken mifepristone.

134. Neither the 2012 nor 2018 Case Series examined the use of progesterone in these circumstances.

135. Therefore, HBI’s statements are likely to mislead a consumer who is wondering if it is “too late” into thinking that APR treatment may be effective in increasing the chances of a pregnancy continuing, even after the 72-hour window has closed. There is no competent and reliable scientific evidence to substantiate this claim.

Misleading Statements and Omissions Regarding Health and Safety Risks

136. The information HBI provides on abortionpillreversal.com about potential side effects and risks of APR is incomplete, inaccurate, and taken out of context. This creates a misimpression that the APR protocol has been proven safe and essentially risk-free. It has not.

137. On abortionpillreversal.com, HBI addresses the possible side effect of “cramping or spotting,” explaining in one “FAQ” that, “Spotting or bleeding is common during the reversal treatment,” but that it is “important and safe to continue the progesterone” despite these symptoms “unless directed otherwise.” In another “FAQ,” HBI explains that, “Many women have experienced cramping or spotting and still go on to have successful reversals,” but to “[b]e sure to let your doctor or medical provider know you are experiencing these symptoms.” In both “FAQs,” HBI warns, in bold letters, that in the event of “heavy bleeding, fainting, severe abdominal pain, or fever,” consumers of APR medical services should “seek emergency medical attention

immediately” as these symptoms “could be an *effect of the first abortion pill* [mifepristone] and would require immediate care.” (emphasis added.)

138. HBI’s warning is incomplete, and therefore misleading, because it attributes these risks as possible effects of “the first abortion pill,” mifepristone. It does not explain that these serious, life-threatening complications could, in fact, be the result of complying with the APR protocol’s direction to take only mifepristone—and not misoprostol.

139. HBI’s reference to “heavy bleeding” is also incomplete, and therefore misleading, because HBI does not mention that the sole clinical trial that attempted to evaluate the safety and efficacy of the APR protocol had to be terminated due to three instances of severe hemorrhage, leading to the conclusion that “[p]atients in early pregnancy who use only mifepristone may be at high risk of significant hemorrhage.” HBI does not include any information on the risk of significant hemorrhage.

140. In addition, in its “FAQs,” HBI provides some information about “possible side effects of progesterone,” such as sleepiness or dizziness, and warns consumers with peanut allergies that progesterone may contain peanut oil. However, HBI’s statements about progesterone create the overall misimpression that its use in the context of the APR protocol is conclusively benign.

141. HBI states in one “FAQ” that progesterone is “the natural hormone in a woman’s body that is necessary to nurture and sustain a pregnancy.” And in answering another “FAQ” about possible birth defects, HBI states, without citation, that “[p]rogesterone, used in the reversal process, has been safely used in pregnancy for over 50 years.” A reasonable reading of this statement would leave a consumer with the misimpression that progesterone as it is “used in the reversal process” is safe. In fact, established uses of progesterone during pregnancy for particular

purposes are not directly applicable to the use of progesterone in the APR protocol and do not establish its safety in this context.

142. Birth defect rates are addressed on both abortionpillreversal.com and the APR Facebook page. On abortionpillreversal.com, HBI relies, at least in part on the flawed 2018 Case Series, to support its claim that APR treatment is safe, stating: “Initial studies have found that the birth defect rate in babies born after the APR is less or equal to the rate in the general population” (and hyperlinking to the 2018 Case Series).

143. The APR “promotional video” posted to Facebook on September 10, 2015, states that by 2015, nearly 100 babies born to women who successfully underwent APR treatment “have been healthy with no major birth defects,” (2:50-2:53), and that for the 75 women who successfully underwent the APR in 2015 “all of those pregnancies appear[] to be healthy.” (2:54-3:02) (*See* Exhibit F.) These health conclusions appear to be based solely on anecdote and self-reporting.

144. HBI’s failure to directly address the side effects and risks of APR are all the more misleading when compared to its treatment of the side effects and risks associated with medication abortion.

145. HBI’s webpage for “The Abortion Pill,” abortionpillreversal.com/the-abortion-pill, contains grave warnings regarding the side effects and risks of medication abortion, stating that “[a]ll women considering the abortion pill deserve to know about the side effects and risks.” HBI asks: “What are the side effects of the abortion pill?” It explains, in response, that “[t]he abortion pill includes very strong drugs, and with each, you may experience side effects after taking them,” that “[s]ide effects vary from person to person and no two women’s experiences are alike,” and hyperlinks to the Mayo Clinic’s website containing “a list of potential side effects” of medication abortion.

146. No comparable statements directly address the side effects and risks of APR. As described above, any such statements relate only to the side effects and risks of mifepristone and progesterone, but not their use together, and, critically, in the absence of misoprostol. The contrast in HBI's discussion of side effects and risks associated with medication abortion versus APR furthers the misimpression that APR is without risk.

147. By misleadingly discussing the side effects of mifepristone and progesterone; omitting any reference to the clinical trial that was terminated for safety reasons; presenting anecdotes about healthy babies and pregnancies as conclusive evidence of safety; citing the flawed 2018 Case Series; and presenting a direct and grave discussion of the risks and side effects of medication abortion, HBI creates the misimpression that APR is a proven and safe treatment with minimal risks. However, no competent or reliable science has established this as a fact.

148. Further, information regarding APR's safety risks is not reasonably obtainable by a consumer who is making a decision about their reproductive health care in a landscape full of misinformation, and under the time crunch and stress of deciding whether to complete a medication abortion or obtain APR treatment.

149. Taken together, the various safety-related statements and omissions are likely to mislead consumers considering APR into believing APR has been proven safe when it has not.

Misleading Statements Implying FDA and ACOG Endorsement of APR

150. HBI incorporates misleading references to statements and actions by ACOG, the country's foremost professional membership organization for obstetricians and gynecologists, and by the FDA, the federal agency universally known for protecting public health by regulating the safety and efficacy of drugs, in a manner that misleadingly implies their endorsement or approval of APR.

151. HBI explains in response to an “FAQ” about birth defects: “The American Academy [sic] of Obstetricians and Gynecologists stated in its Practice Bulletin Number 225 (reaffirmed 2023): ‘No evidence exists to date of a teratogenic effect of mifepristone.’ In other words, it does not appear that the abortion pill causes birth defects.” HBI has embedded a hyperlink in this text directing the reader to the cited practice bulletin on ACOG’s website.

152. Although this ACOG practice bulletin includes the quoted language, HBI’s subsequent characterization of that language and of ACOG’s position is incorrect and misleading. First, the quoted language pertains to the to the lack of teratogenic effect from mifepristone *alone*. It does not address or purport to evaluate any teratogenic effects of 1) mifepristone *followed by* the administration of multiple doses of progesterone, as required under the APR protocol, or of 2) “the abortion pill,” which includes mifepristone *and* misoprostol. In fact, the ACOG practice bulletin states that “misoprostol can result in congenital anomalies.” HBI’s statement misleadingly creates the impression that ACOG has represented that the APR protocol will not cause birth defects, when it has made no such statement.

153. Second, HBI’s invocation of ACOG’s practice bulletin implies that ACOG approves of the use of APR. In fact, ACOG has warned that “so-called abortion ‘reversal’ procedures” are “unproven and unethical.” HBI omits any mention of this unequivocal criticism, instead relying on ACOG’s legitimacy to bolster its misleading statements.

154. In the same “FAQ” about birth defects associated with APR, HBI similarly invokes the FDA, stating: “A 1999 FDA review revealed no increased risk of birth defects in pregnant women taking progesterone.” The embedded hyperlink currently leads to a “Page Not Found” on the FDA’s website. It previously led to a 53-page highly technical FDA Briefing Document regarding a brand-name injectable form of progesterone called Makena—a drug whose approval

the FDA subsequently *withdrew* in April 2023 because it was not shown to be effective at reducing the risk of preterm birth and there were known risks associated with the drug.

155. HBI’s invocation of the FDA is false and misleading for several reasons. First, the APR protocol directly conflicts with the FDA’s approved use of mifepristone, which the FDA has approved *together with* misoprostol to end a pregnancy. Instead, the APR protocol requires a patient who has taken mifepristone *to not take misoprostol*. HBI fails to disclose this conflict with the FDA’s conditions for use and labeling for mifepristone.

156. Second, HBI’s vague reference to an “FDA review” involving “pregnant women taking progesterone” creates the misimpression that the FDA has reviewed and approved the APR protocol, which also involves pregnant women taking progesterone. It has not. To the extent the FDA has evaluated and approved the use of progesterone for certain indications, that approval does not mean that the FDA has approved the use of progesterone in the context of APR.

157. HBI’s misleading incorporation of statements by ACOG on the safety of mifepristone (outside the context of APR), and by the FDA on the safety of progesterone (outside the context of APR), are likely to mislead consumers into believing that these entities have granted their imprimatur on APR as safe, effective, and uncontroversial, when they have not.

New York Defendants Amplify Misleading and/or False Claims on Their Websites

158. Each New York Defendant operates its own consumer-oriented website.¹² All of these websites direct consumers to abortionpillreversal.com—without clearly notifying consumers

¹² As alleged in Paragraph 239, the website for NY Defendant 1st Way Life Center is currently unavailable but was available through at least March 2024. As alleged in Paragraph 184, the

that they are being directed to an external website or specifically disclaiming the content and statements made on that website—and/or to the APR Hotline to obtain APR treatment. In doing this, New York Defendants carry out HBI's strategic marketing scheme for advertising APR treatment in New York and adopt and spread the content of abortionpillreversal.com, including all misleading and/or false claims and omissions contained therein, to an even wider audience of New York consumers.

159. New York Defendants' websites also advertise APR through many of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com, none of which are substantiated by competent and reliable scientific evidence. New York Defendants each make these claims and omissions in order to direct consumers to medical services, specifically, the APR protocol, which is provided through Defendants' own facilities or through the APRN's medical providers.

160. These claims and omissions by New York Defendants are false and/or misleading for the same reasons discussed in paragraphs 54-157 above and are likely to mislead consumers to believe that APR reverses an abortion, the abortion pill, or the effects of the abortion pill or mifepristone, that it has been proven effective, and that it has been proven to pose little or no safety risk.

AscentCare

APR webpage for NY Defendant Soundview Pregnancy Services is currently unavailable but was available through at least April 15, 2024. The allegations in this complaint are based on the most recently available versions of this website and webpage.

161. AscentCare advertises several pregnancy-related services, including APR treatment, through its website, [ascentcare.org](https://www.ascentcare.org). AscentCare provides APR treatment to consumers directly on-site and makes misleading and/or false claims and omissions about APR.

162. AscentCare advertises its on-site APR treatment through its website, including through its webpage titled “Abortion Pill Reversal,” [ascentcare.org/services/abortion-pill-reversal](https://www.ascentcare.org/services/abortion-pill-reversal).

163. AscentCare’s website describes these services and the process through which consumers can obtain APR treatment directly from AscentCare. AscentCare states, “To connect with a healthcare professional for abortion pill reversal treatment, call [the APR Hotline] as soon as possible,” and explains, “The [APR] hotline representative will contact AscentCare, *even if it’s after hours or on the weekend*. AscentCare will then contact you to arrange your care. We work quickly to get you the necessary medication, a limited obstetric ultrasound, and the emotional support you need.” (emphasis in original.) Elsewhere AscentCare urges consumers, “If you have taken RU486 (mifepristone), call the Abortion Pill Reversal Hotline now,” and provides an embedded hyperlink to [abortionpillreversal.com](https://www.abortionpillreversal.com), so that AscentCare can be looped in to “arrange your care.”

164. AscentCare’s website includes some of the same misleading and/or false claims and omissions that HBI makes on [abortionpillreversal.com](https://www.abortionpillreversal.com), and AscentCare adopts and spreads HBI’s misleading and/or false claims and omissions by directing consumers to [abortionpillreversal.com](https://www.abortionpillreversal.com).

165. AscentCare’s website claims that APR will “reverse” a medication abortion and repeatedly uses the term “reverse.” For example, the website states, “Is it possible to reverse medication abortion? Yes, it is possible!”

166. AscentCare’s website contains an additional informational page on APR, [ascentcare.org/what-you-need-to-know-about-abortion-pill-reversal](https://www.ascentcare.org/what-you-need-to-know-about-abortion-pill-reversal), that includes claims about APR’s efficacy. The website states, “In one study, [APR] was successful up to 64-68% of the time.” AscentCare cites and embeds a hyperlink to the abstract for the flawed 2018 Case Series as the basis for this claim about APR’s success rate. AscentCare also states that this “study” “concluded” that progesterone is “effective in reversing mifepristone.”

167. AscentCare’s website does not include any information about potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen. In contrast, AscentCare’s webpage on abortion, [ascentcare.org/options/abortion](https://www.ascentcare.org/options/abortion), includes information about potential risks and side effects of medication abortion.

168. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and likely to mislead consumers to believe that APR reverses an abortion, has been proven effective, and poses little or no safety risks.

CompassCare

169. CompassCare advertises several pregnancy-related services, including APR treatment, through its website, [compasscare.info](https://www.compasscare.info), and its Facebook page. CompassCare provides APR treatment to consumers directly on-site and makes misleading and/or false claims and omissions about APR.

170. CompassCare advertises its on-site APR treatment through its webpage titled “Abortion Pill Reversal,” [compasscare.info/medical-services/abortion-pill-reversal](https://www.compasscare.info/medical-services/abortion-pill-reversal).

171. CompassCare’s website describes APR and the process through which consumers can obtain this treatment directly from CompassCare: **“If you have taken mifepristone in the last 72 hours, have NOT taken misoprostol and want to continue with a healthy pregnancy, it**

may be possible to reverse the effects of a medical abortion. Call CompassCare immediately. We will perform an ultrasound to confirm that your baby is alive. If your baby is viable, your medical abortion reversal will involve natural progesterone treatments for about two and a half weeks.” (emphasis in original.)

172. CompassCare’s website directs consumers who are “Not from Western NY” to “call the [APR hotline] or visit abortionpillreversal.com.”

173. CompassCare’s website includes some of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com, and CompassCare adopts and spreads HBI’s misleading and/or false claims and omissions by directing consumers to abortionpillreversal.com.

174. CompassCare’s website claims that APR will “reverse” an abortion. For example, the website reads, “Can the abortion pill process be reversed? Yes, it is possible to reverse a medical abortion.”

175. CompassCare’s website includes an embedded video, apparently created by CompassCare, in which a CompassCare healthcare provider asks: “Can the abortion pill process be reversed?” and answers: “Yes, it can” (0:13-0:16).

176. CompassCare makes claims about APR’s efficacy. For example, CompassCare’s website claims, “If progesterone therapy is administered within 72 hours of taking mifepristone and before taking misoprostol, it is possible to reverse the effects of the abortion.”

177. In support of this claim, CompassCare cites and embeds a hyperlink to a one-page document by Delgado titled, “The Reversal of Mifepristone with Progesterone.” This document appears to be the first page of a 2015 summary article describing Delgado’s APR protocol.

178. CompassCare also states that through the APR protocol, “[b]y increasing the amount of progesterone present after taking mifepristone (the progesterone blocker), the baby can still receive pregnancy-sustaining progesterone and has a greater chance of continuing to develop.” No citation is provided to support this claim.

179. CompassCare’s website does not include any information about the potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen. Rather, in the embedded video discussed above, CompassCare claims that “progesterone therapy has been used to prevent spontaneous abortion, also known as miscarriage, since the 1950s. Now, progesterone therapy is also being used to prevent the completion of induced abortion.” (0:22-0:35)

180. In contrast, CompassCare’s website includes a separate webpage titled “Abortion Risks and Side Effects,” compasscare.info/health-information/abortion/abortion-risks-and-side-effects, that includes extensive statements about the potential side effects, complications, and “future health risks” of abortion, including sepsis, infertility, and death. While these risks exist, they are exceedingly small, and abortion has been proven to be safe.

181. CompassCare’s Facebook page also makes claims that APR will “reverse” an abortion. For example:

- a. A post from November 27, 2017, an image of which is attached hereto as Exhibit G, includes the statement “So far, of the women that have come into CompassCare having started a medical abortion, it’s been 100% successful in reversing the abortion and saving the baby.”

- b. A post from May 3, 2013, an image of which is attached hereto as Exhibit H, includes the statement “CompassCare can now ‘Reverse Abortion!’ Truly ground breaking.”

182. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and likely to mislead consumers to believe that APR reverses an abortion, has been proven effective, and poses little or no safety risks.

Soundview Pregnancy Services

183. Soundview Pregnancy Services has advertised several pregnancy-related services, including APR treatment, through its website, soundviewpregnancy.com. Soundview Pregnancy Services has provided APR treatment to consumers and has made misleading and/or false claims and omissions about APR.

184. Soundview Pregnancy Services has advertised the APR treatment it has provided through its affiliated medical providers on its webpage titled “Abortion Pill Reversal”, soundviewpregnancy.com/abortion-pill-reversal. Although unavailable at the time of this filing, this APR-dedicated webpage was publicly accessible until at least April 15, 2024. An image of this complete webpage is attached hereto as Exhibit I.

185. Soundview Pregnancy Services’ APR webpage has directed consumers to “[c]all the Abortion Pill Reversal Network Now at 1-877-558-0333. The Network Nurse will connect you with one of Soundview’s affiliated Medical Providers . . . The medical provider will work quickly with you to arrange your care including the Progesterone Protocol, Diagnostic Ultrasound, and the emotional support and care you need and deserve.”

186. Soundview Pregnancy Services’ APR webpage has included some of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com.

187. Soundview Pregnancy Services' APR webpage has included claims that APR treatment will "reverse" an abortion. For example, the webpage asked, "CAN A MEDICAL ABORTION PROCESS BE REVERSED?" and answered, "Yes, a Progesterone protocol can help reverse the effects of a medical abortion."

188. Soundview Pregnancy Services' APR webpage has included claims about the efficacy of APR treatment. The webpage claimed, "IT MAY NOT BE TOO LATE TO SAVE YOUR PREGNANCY!" and that progesterone "can help reverse the effects of a medical abortion."

189. Soundview Pregnancy Services' website did not include any information about potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen. On its APR webpage, Soundview Pregnancy Services has described progesterone as the means for "reversing the effects of a medication abortion" and that progesterone is "a critical hormone for supporting pregnancy," thereby implying that the use of progesterone in APR is safe.

190. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and likely to mislead consumers to believe that APR reverses an abortion, has been proven effective, and poses little or no safety risks.

New Hope

191. New Hope advertises several pregnancy-related services, including APR treatment, through its website, newhopefamilyservices.com. New Hope directs consumers to APR treatment through abortionpillreversal.com and the APR Hotline and makes misleading and/or false claims and omissions about APR.

192. On its webpage titled “Abortion Pill Reversal,” newhopefamilyservices.com/abortion-pill-reversal, New Hope directs consumers “who took the abortion pill and need help” to “[c]ontact us or the Abortion Pill Reversal Network (APR) Immediately,” and embeds a hyperlink to abortionpillreversal.com.

193. New Hope’s website includes some of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com, and New Hope adopts and spreads HBI’s misleading and/or false claims and omissions by directing consumers to abortionpillreversal.com.

194. New Hope’s website also cites to abortionpillreversal.com as a reference for its own statements about APR.

195. New Hope’s website states that APR will “reverse” medication abortion. For example, the website states, “Is abortion pill reversal possible? **Yes, reversal of the abortion pill is possible.**” (emphasis in original.)

196. New Hope makes several claims about APR’s efficacy. New Hope’s website states that “[t]here is an effective process called Abortion Pill Reversal (Or Rescue) that can reverse the effects of the first drug given during a medication abortion,” and embeds a hyperlink to abortionpillreversal.com in this text.

197. New Hope’s website implies that the FDA approves of APR, by referencing the FDA’s 1998 approval of progesterone. However, that approval was for its use in post-menopausal, i.e., *non-pregnant*, women.

198. New Hope’s website does not include any information about potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen. New Hope also claims, “Is abortion pill reversal safe? Yes,” and goes on to imply that the use of progesterone as part of APR “has an extensive safety record.”

199. In a February 6, 2024, blog post on its website titled “Is Abortion Pill Regret Real,” newhopefamilyservices.com/post/is-abortion-pill-regret-real, New Hope directs consumers to APR medical services through abortionpillreversal.com, stating, “For immediate assistance, click here,” and embeds a hyperlink to abortionpillreversal.com.

200. This blog post describes “successful reversals,” and includes several other misleading statements about APR’s efficacy. For example, it claims that the use of progesterone in APR provides “a renewed opportunity to continue the pregnancy.” New Hope also claims that “[w]hile the optimal window for Abortion Pill Reversal is within 72 hours of taking the first abortion pill, successful reversals have been achieved outside this timeframe.” The blog post references the flawed 2018 Case Series as a source for its statements about APR and APR’s efficacy. This blog post also references anecdotal claims that other individuals successfully followed the APR protocol when they regretted their decision to begin a medication abortion: “this [regret] led them to explore a possible second chance, and through Abortion Pill Reversal, they received just that!” The reference to “Abortion Pill Reversal” embeds a hyperlink to abortionpillreversal.com.

201. This blog post also includes misleading statements and omissions about the risks of APR. The blog purports to tell consumers considering APR what they “Need to Know,” including that progesterone “can induce side effects like sleepiness, fatigue, dizziness, gastrointestinal discomfort, and headaches,” but assures consumers that “the potential second chance [APR] represents is priceless.” The blog post does not include any other information about the health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen, thereby implying that the only risks are those enumerated.

202. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and are likely to mislead consumers to believe that APR reverses an abortion, has been proven effective, and poses little or no safety risks.

Care Net Penn Yan

203. Care Net Penn Yan advertises several pregnancy-related services, including APR treatment, through its website, carenety.com. Care Net Penn Yan directs consumers to APR treatment through abortionpillreversal.com and the APR Hotline and makes misleading and/or false claims and omissions about APR.

204. On its webpage titled “Abortion Pill Reversal,” carenety.com/be-informed/abortion-pill-reversal, Care Net Penn Yan repeatedly directs consumers to obtain APR treatment through the APRN by calling the APR Hotline or visiting abortionpillreversal.com. For example, Care Net Penn Yan’s website directs consumers seeking “help” after starting the medication abortion process to “talk with someone about reversal,” by calling 877-558-0333 or visiting “the Abortion Pill Reversal website” and embeds a hyperlink in that text to abortionpillreversal.com.

205. Care Net Penn Yan’s website poses the question, “Where do I start the APR protocol?” and provides the following answer:

“The APR Network is an international network with many medical professionals who are trained and ready to assist you with reversal. The hotline is staffed 24/7 and there is always a nurse ready to talk with you and provide the help you need. You can call the APR hotline at 877-558-0333 to speak with a nurse who will discuss the reversal process, answer your questions, and complete a medical intake with you. The nurse will then connect you with a medical professional in your area who is able to begin the reversal protocol.”

206. Care Net Penn Yan's website includes some of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com, and Care Net Penn Yan adopts and spreads HBI's misleading and/or false claims and omissions by directing consumers to abortionpillreversal.com.

207. Care Net Penn Yan's website also cites abortionpillreversal.com as a reference for its own statements about APR.

208. Care Net Penn Yan's website claims that APR will "reverse" a medication abortion. For example, the website states, "Even if you have started the chemical abortion process, reversal may still be a choice for you."

209. Care Net Penn Yan's website makes several claims about APR's efficacy. Care Net Penn Yan claims that the progesterone prescribed as part of APR will "restabilize the pregnancy" and that APR "increases the likelihood of continuing the pregnancy." Care Net Penn Yan also claims that "[i]nitial studies of APR have shown it is successful about 68% of the time."

210. Care Net Penn Yan's website implies that APR has been proven safe by claiming that "[n]either mifepristone nor progesterone is associated with birth defects" and referencing the ACOG Practice Bulletin discussed above (Paras. 150-157), as well as unidentified "initial studies" that it claims "have found that the birth defect rate in babies born after APR is less than or equal to the rate in the general population."

211. By citing to the ACOG Practice Bulletin, Care Net Penn Yan's website implies that ACOG approves of APR. It does not. To the extent the "initial studies" referenced by Care Net Penn Yan are the 2012 and 2018 Case Series, both are flawed for the reasons stated above (Paras. 54-157).

212. Care Net Penn Yan's website does not include any information about potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen. In contrast, Care Net Penn Yan's webpage on abortion, carenety.com/be-informed/abortion-information, lists several potential health risks for medication abortion and instructs consumers to seek medical attention if they experience these symptoms.

213. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and likely to mislead consumers to believe that APR reverses an abortion, has been proven effective, and poses little or no safety risks.

Care Net of Wayne County

214. Care Net of Wayne County advertises several pregnancy-related services, including APR treatment, through its website, carenetofwaynecounty.com. Care Net of Wayne County directs consumers to APR treatment through abortionpillreversal.com and the APR Hotline and makes misleading and/or false claims and omissions about APR.

215. On its webpage titled "Abortion Pill Information," carenetofwaynecounty.com/newark-ny-abortion-pill-info, Care Net of Wayne County directs consumers to obtain APR treatment through the APRN by visiting abortionpillreversal.com. Care Net of Wayne County's website states, "If you have recently taken the first pill [mifepristone] and decided not to take the second [misoprostol], please contact Abortion Pill Reversal," and embeds a hyperlink to abortionpillreversal.com.

216. Care Net of Wayne County's website includes some of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com, and Care Net of Wayne County adopts and spreads HBI's misleading and/or false claims and omissions by directing consumers to abortionpillreversal.com.

217. Care Net of Wayne County’s website also cites abortionpillreversal.com as a reference for its own statement about APR.

218. Care Net of Wayne County’s website claims that APR will “reverse” mifepristone and that APR is effective. The website states, “Reversal is possible if action is taken after the first dose.”

219. Care Net of Wayne County’s website does not include any information about potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen. In contrast, Care Net of Wayne County’s website states that “certain health conditions” limit the use of medication abortion and invites consumers to learn more about the side effects of abortion.

220. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and likely to mislead consumers to believe that APR reverses mifepristone, has been proven effective, and poses little or no safety risks.

Willow Network

221. Willow Network advertises several pregnancy-related services, including APR treatment, on its website, willownetwork.org. Willow Network directs consumers to APR treatment through abortionpillreversal.com and the APR Hotline and makes misleading and/or false claims and omissions about APR.

222. On its webpage titled “The Abortion Pill Info,” willownetwork.org/abortion-pill-info, Willow Network directs consumers to APR treatment through abortionpillreversal.com and the APR Hotline. The webpage states, “It may be possible to continue your pregnancy if only the first dose of the abortion pill has been taken. If you regret taking the abortion pill, contact the

Abortion Pill Reversal hotline at 1-877-558-0333 immediately,” and embeds a hyperlink to abortionpillreversal.com in that text.

223. Willow Network’s website includes some of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com, and Willow Network adopts and spreads HBI’s misleading and/or false claims and omissions by directing consumers to abortionpillreversal.com.

224. Willow Network also cites abortionpillreversal.com as a reference for the statements included on its own website regarding APR.

225. Willow Network’s website claims that APR will “reverse” medication abortion.

226. For example, in a January 15, 2024, blog post on its website titled “Is Abortion Pill Regret Real,” willownetwork.org/post/is-abortion-pill-regret-real, Willow Network describes “successful reversals,” directs consumers to APR services through abortionpillreversal.com by stating, “For immediate assistance, click here,” and embeds a hyperlink to abortionpillreversal.com.

227. This blog post also includes several statements about APR’s efficacy. For example, it claims that the use of progesterone in APR provides “a renewed opportunity to continue the pregnancy.” Willow Network also claims that “[w]hile the optimal window for Abortion Pill Reversal is within 72 hours of taking the first abortion pill, successful reversals have been achieved outside this timeframe.” The blog post references the flawed 2018 Case Series as a source for its statements about APR and APR’s efficacy. This blog post also references anecdotal claims that other individuals successfully followed the APR protocol when they regretted their decision to begin a medication abortion: “this [regret] led them to explore a possible second chance, and

through Abortion Pill Reversal, they received just that!” The reference to “Abortion Pill Reversal” embeds a hyperlink to abortionpillreversal.com.

228. This blog post also includes misleading statements and omissions about the risks of APR. The blog post purports to tell consumers considering APR what they “Need to Know,” including that progesterone “can induce side effects like sleepiness, fatigue, dizziness, gastrointestinal discomfort, and headaches,” but assures consumers that “the potential second chance [APR] represents is priceless.” The blog post does not include any other information about the health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen, thereby implying that the only risks are those enumerated.

229. Willow Network’s website does not otherwise include any information about potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen.

230. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and likely to mislead consumers to believe that APR reverses an abortion, has been proven effective, and poses little or no safety risks.

Care Net Pregnancy Center of the Hudson Valley

231. Care Net Pregnancy Center of the Hudson Valley advertises several pregnancy-related services, including APR treatment, on its website, carenetpregnancycenter.com, and its Facebook page. Care Net Pregnancy Center of the Hudson Valley directs consumers to APR treatment through abortionpillreversal.com and the APR Hotline and makes misleading and/or false claims and omissions about APR.

232. On its webpage titled “Abortion Pill Reversal,” carenetpregnancycenter.com/index.php/abortion-pill-reversal, Care Net Pregnancy Center of the

Hudson Valley repeatedly directs consumers to obtain APR treatment through the APRN by calling the APR Hotline or visiting abortionpillreversal.com.

233. For example, Care Net Pregnancy Center of the Hudson Valley's website states, "CALL the 24/7 HOTLINE: (877) 558-0333" and lists "AbortionPillReversal.com" with a hyperlink to abortionpillreversal.com embedded in that text. The website further states, "Call right now, so they can talk with you and offer you help," and "**Please . . . talk with one of the nurses who can guide you towards reversing the effects of the abortion pill. They will help you every step of the way. Call now.**" (emphasis in original.)

234. Care Net Pregnancy Center of the Hudson Valley's website includes some of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com, and Care Net Pregnancy Center of the Hudson Valley adopts and spreads HBI's misleading and/or false claims and omissions by directing consumers to abortionpillreversal.com.

235. Care Net Pregnancy Center of the Hudson Valley's website claims that APR will "reverse" medication abortion and the effects of medication abortion. For example, Care Net Pregnancy Center of the Hudson Valley describes "reversing the abortion pill" and directs consumers to "**[p]lease . . . talk with one of the nurses who can guide you towards reversing the effects of the abortion pill. They will help you every step of the way. Call now.**" (emphasis in original.)

236. Care Net Pregnancy Center of the Hudson Valley makes claims about APR's efficacy. For example, Care Net Pregnancy Center of the Hudson Valley's website states, "[t]here is an effective process for reversing the abortion pill, called ABORTION PILL REVERSAL, so call today!"

237. Care Net Pregnancy Center of the Hudson Valley’s website does not include any information about potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen. In contrast, Care Net Pregnancy Center of the Hudson Valley dedicates a webpage to possible risks of “abortion procedures,” including organ damage, heavy bleeding, and embolism.

238. Care Net Pregnancy Center of the Hudson Valley’s Facebook page makes similar misleading and/or false claims and directs consumers to use the APR Hotline for APR treatment. A post from November 12, 2020, attached hereto as Exhibit J, includes an image with the words “abortion pill” and “reverse,” and the following text: “If you have taken the first dose of the abortion pill and regret your decision, time is of the essence. Call this hotline as soon as possible, and they will help you reverse your first pill: 877-558-0333.”

239. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and likely to mislead consumers to believe that APR reverses “the abortion pill,” has been proven effective, and poses little or no safety risks.

1st Way Life Center

240. 1st Way Life Center has advertised pregnancy-related services, including APR treatment, on its website, 1stwaylifecenter.org. Although unavailable at the time of this filing, this website was publicly accessible until at least March 2024. 1st Way Life Center has directed consumers to APR treatment through abortionpillreversal.com and the APR Hotline and has made misleading and/or false claims and omissions about APR.

241. 1st Way Life Center’s website has directed consumers to access APR treatment through a hyperlink to abortionpillreversal.com. 1st Way Life Center’s website has included an image comprised of several APR-related statements (Figure 2, below), such as “REVERSE YOUR

ABORTION” and “IF YOU THINK YOU’VE MADE A MISTAKE THERE IS A WAY OUT!! PRESS HERE IMMEDIATELY!!” The image was embedded with a hyperlink to abortionpillreversal.com.

FIGURE 2



242. 1st Way Life Center’s website has included some of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com, and 1st Way Life Center has adopted and spread HBI’s misleading and/or false claims and omissions by directing consumers to abortionpillreversal.com.

243. 1st Way Life Center’s website has included the claim that APR will “reverse” abortion. The website has stated “REVERSE YOUR ABORTION” and has included an embedded hyperlink to abortionpillreversal.com.

244. 1st Way Life Center’s website has not include any information about potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen.

245. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and likely to mislead consumers to believe that APR reverses an abortion, has been proven effective, and poses little or no safety risks.

Caring Choices

246. Caring Choices advertises several pregnancy-related services, including APR treatment, on its website, caringchoicesphc.com. Caring Choices directs consumers to APR treatment through abortionpillreversal.com and the APR Hotline and makes misleading and/or false claims and omissions about APR.

247. On its website caringchoicesphc.com/abortion-pill-webster-rochester-ny, Caring Choices directs consumers to obtain APR treatment by visiting abortionpillreversal.com. Caring Choices' website states, "If you have recently taken the first pill and decided not to take the second, please contact Abortion Pill Reversal," and embeds a hyperlink to abortionpillreversal.com in this text.

248. Caring Choices' website includes some of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com, and Caring Choices adopts and spreads HBI's misleading and/or false claims and omissions by directing consumers to abortionpillreversal.com. Caring Choices' website also cites abortionpillreversal.com as a reference for its own statements about APR.

249. Caring Choices' website claims that APR will "reverse" an abortion. Caring Choices' website asks: "Is reversal possible?" It states in response: "Reversal may be possible if action is taken after the first dose."

250. Caring Choices' website does not include any information about potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen. In contrast, the website mentions that "health conditions" and "medical conditions" may limit the use of medication abortion.

251. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and likely to mislead consumers to believe that APR reverses an abortion, has been proven effective, and poses little or no safety risks.

Bridge Women's Support Center

252. Bridge Women's Support Center advertises several pregnancy-related services, including APR treatment, on its website, bwscny.org. Bridge Women's Support Center directs consumers to APR treatment through abortionpillreversal.com and the APR Hotline and makes misleading and/or false claims and omissions about APR.

253. On its webpage titled "Taking Care of Yourself After Your Abortion," bwscny.org/post/taking-care-of-yourself-after-an-abortion, Bridge Women's Support Center instructs consumers to obtain APR treatment through the APRN by visiting abortionpillreversal.com. Bridge Women's Support Center's website states: "If you've recently taken the first dose of the abortion pill and change your mind about your decision, contact Abortion Pill Reversal today. It may be possible to continue a healthy pregnancy." It embeds a hyperlink to abortionpillreversal.com in this text.

254. On a different webpage, bwscny.org/post/at-home-abortion-info-flushing-ny, Bridge Women's Support Center states: "If you regret taking the pill, contact the Abortion Pill Reversal network immediately. They will discreetly connect you with a network of doctors and health professionals that can start the reversal process." It embeds a hyperlink to abortionpillreversal.com in this text.

255. Bridge Women's Support Center's website includes some of the same misleading and/or false claims and omissions that HBI makes on abortionpillreversal.com, and Bridge

Women's Support Center adopts and spreads HBI's misleading and/or false claims and omissions by directing consumers to abortionpillreversal.com.

256. Bridge Women's Support Center's website claims that APR will "reverse" the abortion process. Bridge Women's Support Center website states, "The abortion process can often be reversed if you have only taken the first dose."

257. Bridge Women's Support Center's website does not include any information about potential health and safety risks associated with APR or failing to complete the two-drug medication abortion regimen. In contrast, the website includes warnings about the purported risks of medication abortion: "The abortion pill comes with a black box label, which is the highest level of caution assigned by the FDA. Taking the abortion pill without seeing a doctor or having an ultrasound is never recommended. The side effects range from unpleasant (cramping, bleeding, nausea, headache, fever) to life-threatening (sepsis, rupturing of the uterus, undiagnosed ectopic pregnancy, and more)."

258. These claims and omissions are misleading and/or false for the reasons stated above (Paras. 54-157) and likely to mislead reasonable consumers to believe that APR reverses an abortion, has been proven effective, and poses little or no safety risks.

FIRST CAUSE OF ACTION
VIOLATION OF GBL § 349

259. The NYAG repeats and re-alleges paragraphs 1 through 258 as if fully set forth herein.

260. GBL § 349 prohibits deceptive acts or practices in the conduct of any business, trade, or commerce, or in the furnishing of any service, in the state of New York, including in the advertising of health care services to the public.

261. GBL § 349(b) authorizes the NYAG to bring an action to enjoin deceptive acts or practices in the conduct of any business, trade, or commerce, or in the furnishing of any service, in the state of New York, including in the advertising of health care services to the public.

262. At all relevant times, Defendants have been engaged in business, trade, or commerce, or in the furnishing of any service in New York within the meaning of GBL § 349.

263. Defendants have engaged in deceptive acts and practices in the conduct of their business, trade, or commerce or in the furnishing of any service by advertising APR services on their websites and other promotional materials, including but not limited to the following:

- a. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that abortion, the abortion pill, and/or the abortion pill's effects can be "reversed;"
- b. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been proven safe and risk-free;
- c. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been proven effective and increases the chances of pregnancy continuation;
- d. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has a 64-68% success rate;

- e. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR may be effective even 72 hours after mifepristone has been taken;
- f. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been endorsed by ACOG and by the FDA as safe and effective.

264. These misrepresentations and omissions are targeted at convincing consumers not to complete their medication abortion and instead undergo APR treatment. Because these misrepresentations and omissions directly relate to the efficacy and safety of a medical treatment, they are likely to mislead a reasonable consumer deciding whether to obtain this treatment and are therefore material.

265. By their actions, Defendants have violated GBL § 349.

SECOND CAUSE OF ACTION
VIOLATION OF GBL § 350

266. The NYAG repeats and re-alleges paragraphs 1 through 258 as if fully set forth herein.

267. GBL § 350 prohibits false advertising in the conduct of any business, trade, or commerce, or in the furnishing of any service, in the State of New York.

268. At all relevant times, Defendants have been engaged in business, trade, or commerce or in the furnishing of any service in New York within the meaning of GBL § 350.

269. Defendants have engaged in false advertising in the conduct of their business, trade, or commerce or in the furnishing of any service by advertising APR services on their websites and

other promotional materials through statements about APR that are materially misleading, including but not limited to the following:

- a. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that abortion, the abortion pill, and/or the abortion pill's effects can be "reversed;"
- b. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been proven safe and risk-free;
- c. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been proven effective and increases the chances of pregnancy continuation;
- d. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has a 64-68% success rate;
- e. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply APR may be effective even 72 hours after mifepristone has been taken;
- f. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been endorsed by ACOG and by the FDA as safe and effective.

270. These misrepresentations and omissions are targeted at convincing consumers not to complete their medication abortion and instead undergo APR treatment. Because these misrepresentations and omissions directly relate to the efficacy and safety of a medical treatment, they are likely to mislead a reasonable consumer deciding whether to obtain this treatment and are therefore material.

271. By their actions, Defendants have violated GBL § 350.

THIRD CAUSE OF ACTION
PURSUANT TO EXECUTIVE LAW § 63(12)
VIOLATION OF GBL § 349

272. The NYAG repeats and re-alleges paragraphs 1 through 258 as if fully set forth herein.

273. Executive Law § 63(12) authorizes the NYAG to bring an action when any person or entity engages in repeated or persistent illegal acts in the carrying on, conducting, or transaction of a business.

274. GBL § 349 prohibits deceptive acts or practices in the conduct of any business, trade, or commerce, or in the furnishing of any service, in the state of New York, including in the advertising of health care services to the public.

275. At all relevant times, Defendants have engaged in the carrying on, conducting, or transaction of business in New York within the meaning of Executive Law § 63(12).

276. Defendants have engaged in repeated or persistent deceptive acts and practices in carrying on, conducting, or the transaction of their business, trade, or commerce, or in the furnishing of any service through the advertising of APR services on their websites and other promotional materials, including but not limited to the following:

- a. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that abortion, the abortion pill, and/or the abortion pill's effects can be "reversed;"
- b. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been proven safe and risk-free;
- c. Defendants have made misrepresentations and/or omissions and in the course of advertising APR services to the public that state or otherwise imply that APR has been proven effective and increases the chances of pregnancy continuation;
- d. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has a 64-68% success rate;
- e. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR may be effective even 72 hours after mifepristone has been taken;
- f. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been endorsed by ACOG and by the FDA as safe and effective.

277. These misrepresentations and omissions are targeted at convincing consumers not to complete their medication abortion and instead undergo APR treatment. Because these misrepresentations and omissions directly relate to the efficacy and safety of a medical treatment, they are likely to mislead a reasonable consumer deciding whether to obtain this treatment and are therefore material.

278. By engaging in the acts and practices alleged above, in violation of GBL § 349, Defendants have engaged in repeated or persistent illegal conduct in violation of Executive Law § 63(12).

FOURTH CAUSE OF ACTION
PURSUANT TO EXECUTIVE LAW § 63(12)
VIOLATION OF GBL § 350

279. The NYAG repeats and re-alleges paragraphs 1 through 258 as if fully set forth herein.

280. Executive Law § 63(12) authorizes the NYAG to bring an action when any person or entity engages in repeated or persistent illegal acts in the carrying on, conducting, or transaction of business.

281. GBL § 350 prohibits false advertising in the conduct of any business, trade, or commerce, or in the furnishing of any service, in the State of New York.

282. At all relevant times, Defendants have engaged in the carrying on, conducting, or transaction of business in New York within the meaning of Executive Law § 63(12).

283. Defendants have engaged in repeated or persistent false advertising in the carrying on, conducting, or the transaction of their business, trade, or commerce, or in the furnishing of any service through the advertising of APR services on their websites and other promotional materials through statements about APR that are materially misleading, including but not limited to the following:

- a. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply

that abortion, the abortion pill, and/or the abortion pill's effects can be "reversed;"

- b. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been proven safe and risk-free;
- c. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been proven effective and increases the chances of pregnancy continuation;
- d. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has a 64-68% success rate;
- e. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR may be effective even 72 hours after mifepristone has been taken;
- f. Defendants have made material misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been endorsed by ACOG and by the FDA as safe and effective.

284. These misrepresentations and omissions are targeted at convincing consumers not to complete their medication abortion and instead undergo APR treatment. Because these misrepresentations and omissions directly relate to the efficacy and safety of a medical treatment, they are likely to mislead a reasonable consumer deciding whether to obtain this treatment and are therefore material.

285. By engaging in the acts and practices alleged above, in violation of GBL § 350, Defendants have engaged in repeated or persistent illegal conduct in violation of Executive Law § 63(12).

FIFTH CAUSE OF ACTION
VIOLATION OF EXECUTIVE LAW § 63(12)

FRAUD

286. The NYAG repeats and re-alleges paragraphs 1 through 258 as if fully set forth herein.

287. Executive Law § 63(12) authorizes the NYAG to bring an action when any person or entity engages in repeated or persistent fraudulent acts in the carrying on, conducting, or transaction of business.

288. Executive Law § 63(12) broadly defines “fraud” or “fraudulent” to include “any device, scheme or artifice to defraud and any deception, misrepresentation, concealment, suppression, false pretense, false promise or unconscionable contractual provision.”

289. At all relevant times, Defendants have engaged in carrying on, conducting, or transaction of business in New York within the meaning of Executive Law § 63(12).

290. Defendants have engaged in repeated or persistent fraudulent acts and practices in carrying on, conducting, or the transaction of their business through the advertising of APR services on their websites and other promotional materials, including but not limited to the following:

- a. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that abortion, the abortion pill, and/or the abortion pill’s effects can be “reversed;”

- b. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been proven safe and risk-free;
- c. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been proven effective and increases the chances of pregnancy continuation;
- d. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has a 64-68% success rate;
- e. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR may be effective even 72 hours after mifepristone has been taken;
- f. Defendants have made misrepresentations and/or omissions in the course of advertising APR services to the public that state or otherwise imply that APR has been endorsed by ACOG and by the FDA as safe and effective.

291. By engaging in the acts and practices alleged above, Defendants have engaged in repeated or persistent fraudulent conduct in violation of Executive Law § 63(12).

PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully requests an order and judgment:

- a. Declaring that Defendants' statements described in the Complaint violate New York Executive Law § 63(12) and General Business Law Article 22-A, §§ 349 and 350;

- b. Directing Defendants to remove from their websites, social media accounts, and other promotional materials, statements that violate New York Executive Law § 63(12) and General Business Law Article 22-A, §§ 349 and 350;
- c. Permanently enjoining Defendants from violating New York Executive Law § 63(12) and General Business Law Article 22-A, §§ 349 and 350, and from engaging in the fraudulent, deceptive, and illegal acts or practices alleged in the Complaint;
- d. Granting the State civil penalties of \$5,000 per violation of General Business Law Article 22-A, pursuant to General Business Law § 350-d(a);
- e. Awarding the State additional costs of \$2,000.00 against each Defendant pursuant to CPLR § 8303(a)(6);
- f. Ordering Defendants to pay the State's costs and reasonable attorney's fees;
- g. Granting such other and further relief as the Court deems just and proper.

Dated: New York, New York
May 6, 2024

Respectfully submitted,

LETITIA JAMES
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