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11 *People of the State of California*

12 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
13 COUNTY OF ALAMEDA  
14

15  
16 **THE PEOPLE OF THE STATE OF CALIFORNIA,**

17  
18 Plaintiff,

19 v.

20 **HEARTBEAT INTERNATIONAL, INC.,**  
21 **REALOPTIONS, DOES 1-100, INCLUSIVE,**

22 Defendants.  
23

Case No.

**COMPLAINT FOR PERMANENT INJUNCTION, CIVIL PENALTIES, AND OTHER EQUITABLE RELIEF**

(Bus. & Prof. Code §§ 17200, et seq., 17500, et seq.)

**[VERIFIED ANSWER REQUIRED PURSUANT TO CODE CIV. PROC. § 446]**

1  
2 Plaintiff, the People of the State of California, by and through Attorney General Rob  
3 Bonta (“Plaintiff” or “the People”), alleges the following, on information and belief:

4 **INTRODUCTION**

5 1. For the vast majority of pregnant people who choose to undergo an abortion, their  
6 most common emotion is relief.<sup>1</sup> For a significant percentage of those people, medication  
7 abortion is their preferred method of exercising their reproductive choice. The standard  
8 medication abortion regime, consisting of two medications, mifepristone and misoprostol, has  
9 been proven to be incredibly safe—safer than Penicillin, Viagra, and even some over-the-counter  
10 drugs like Tylenol.<sup>2</sup> It is also incredibly effective, with more than 95% of individuals who take  
11 the standard two-dose regime completing their abortion without need for any further  
12 intervention.<sup>3</sup>

13 2. A vast majority, however, is not everyone. A small percentage of pregnant  
14 people—0.004%—may reconsider their decision while in the midst of a medication abortion.<sup>4</sup> As

15 \_\_\_\_\_  
16 <sup>1</sup> (Corinne H. Rocca et al., *Emotions & Decision Rightness over Five Years Following an*  
17 *Abortion: An Examination of Decision Difficulty & Abortion Stigma* (2020) 248 Soc. Sci. & Med.  
18 112704, <https://www.sciencedirect.com/science/article/pii/S0277953619306999?via%3Dihub>;  
19 *see also* Lauren Ralph et al., *Measuring decisional certainty among women seeking abortion*  
20 (2017) 95 *Contraception* 269-78; Diana Greene Foster, *The Turnaway Study: Ten Years, A*  
21 *Thousand Women, and the Consequences of Having—or Being Denied—an Abortion* (2021) pp.  
22 124 [describing the seminal study regarding emotions and decision rightness following abortion,  
23 which provides that “at every interview over the five years after their abortion, 95% of women  
24 reported that having the abortion was the right decision for them.”].)

25 <sup>2</sup> (Annette Choi & Will Muller, *How Safe Is the Abortion Pill Compared with Other*  
26 *Common Drugs*, CNN (Apr. 21, 2023), [https://www.cnn.com/2023/03/15/health/abortion-pill-](https://www.cnn.com/2023/03/15/health/abortion-pill-safety-dg/index.html)  
27 [safety-dg/index.html](https://www.cnn.com/2023/03/15/health/abortion-pill-safety-dg/index.html); Amy Schoenfeld Walker et al., *Are Abortion Pills Safe? Here’s the*  
28 *Evidence*, N.Y. Times (Apr. 7, 2023),  
<https://www.nytimes.com/interactive/2023/04/01/health/abortion-pill-safety.html>.)

<sup>3</sup> (FDA, Full Prescribing Info.: Mifeprex, p. 12,  
[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2023/020687Orig1s026lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s026lbl.pdf) [as of Aug.  
16, 2023].)

<sup>4</sup> (See Daniel Grossman et al., *Continuing pregnancy after mifepristone and “reversal” of*  
*first-trimester medical abortion: a systematic review* (2015) 92 *Contraception* 206-11  
[“According to data obtained from Danco Laboratories, the U.S. manufacturer of mifepristone,  
less than 0.004% of patients who took mifepristone between 2000 and 2012 ended up deciding to

1 part of that change of heart, these people likely face emotional turmoil—anxious and unsure  
2 about what choices remain open to them. In such a vulnerable state, they need and deserve  
3 accurate, scientifically sound information about their options, including the risks involved with  
4 those options.

5 3. Instead of offering vulnerable pregnant people accurate information, Defendants  
6 Heartbeat International, Inc. (“HBI”) and RealOptions provide them with false and misleading  
7 statements. They claim that there is a way to “reverse” the effects of mifepristone, which they  
8 call “abortion pill reversal” or “APR.” They further claim—falsely—that through APR  
9 “thousands of lives” have been “saved.”<sup>5</sup> But, there is no evidence showing that mifepristone can  
10 be “reversed” or that the APR “protocol” contributes to the continuation of a pregnancy.

11 4. Defendants know this. Nevertheless, they regularly continue to advertise and  
12 promote APR, and they cite flawed and misleading reports to support their claims.

13 5. Defendants further misrepresent that APR can be safe and effective if initiated  
14 after a pregnant person has taken misoprostol (i.e., the second abortion drug in the two-drug  
15 abortion regime), or after taking a different medication abortion drug, methotrexate, or when  
16 initiated longer than 72 hours after taking the mifepristone dose. There are **no studies** suggesting  
17 APR is effective or safe in those situations.

18 6. Defendants falsely imply to patients that APR is safe, even though the only  
19 credible study on APR suggests potentially significant health risks. Defendants fail to disclose  
20 these potential risks, which can arise from stopping a medication abortion midway. They also fail  
21 to disclose the potential for unknown risks, which, given the absence of long-term data, may not  
22 be evident for many years. This information is crucial for pregnant individuals and their families  
23 as they decide their next steps in this time-sensitive situation.

24 7. In essence, Defendants use emotionally vulnerable individuals who come to them  
25 in the midst of a gut-wrenching life choice as subjects in experiments to determine whether APR  
26 \_\_\_\_\_  
27 continue their pregnancies.”].)

28 <sup>5</sup> (Heartbeat International, *Abortion Pill Rescue Network*,  
<https://www.heartbeatinternational.org/our-work/apr> [as of Aug. 21, 2023].)

1 is safe and effective. Defendants attract these individuals through multiple misrepresentations  
2 and pressure them by claiming they must start treatment as quickly as possible, further exploiting  
3 these individuals' heightened emotional state.

4 8. The People of the State of California bring this suit to end this misconduct.

5 **PARTIES**

6 9. Plaintiff is the People of the State of California. The People bring this action by  
7 and through Rob Bonta, Attorney General of the State of California ("Attorney General"). The  
8 Attorney General is the chief law officer of the State and has authority to file civil actions to  
9 protect public rights and interests. (Const., art. V, § 13; Bus. & Prof. Code, § 321.)<sup>6</sup> The  
10 Attorney General is authorized by Business and Professions Code sections 17204 and 17535 to  
11 obtain injunctive relief to halt violations of, and enforce compliance with, Business and  
12 Professions Code section 17200 et seq., and Business and Professions Code section 17500 et seq.,  
13 respectively. The Attorney General is authorized by Business and Professions Code sections  
14 17206 and 17536 to obtain civil penalties of up to \$2,500 for each violation of sections 17200 et  
15 seq. and 17500 et seq., respectively. The Attorney General brings this challenge pursuant to his  
16 independent constitutional, statutory, and common law authority to represent the public interest.

17 10. Defendant Heartbeat International, Inc. ("HBI") is a 501(c)(3) charitable  
18 organization that operates the "most expansive network" of "pro-life pregnancy resource centers"  
19 and has "over 3,000 affiliated pregnancy help locations," including over 2,000 locations  
20 throughout the United States.<sup>7</sup> HBI is incorporated and has its principal place of business in  
21 Columbus, Ohio. HBI owns and operates the Abortion Pill Rescue Network ("APRN") as well as  
22 the Abortion Pill Reversal ("APR") hotline.

23 11. Defendant RealOptions ("RealOptions") is a 501(c)(3) non-profit organization that  
24 is incorporated in California, has a principal place of business in San Jose, and operates five  
25 clinics in California. RealOptions operates the clinics under the name "RealOptions Obria

26  
27 <sup>6</sup> All further statutory references are to California statutes.

28 <sup>7</sup> (Heartbeat International, *Our Mission & Vision*,  
<https://www.heartbeatinternational.org/about/our-passion> [as of Aug. 21, 2023].)

1 Medical Clinics.” Two of RealOptions’ clinics are located in San Jose; one clinic is located in  
2 Union City; one clinic is located in Oakland; and one clinic is located in Redwood City.  
3 RealOptions advertises APR as a service available at all five of its clinics.

4 12. The true names and capacities of Defendants sued herein as DOES 1 through 100,  
5 inclusive, are unknown to the People, who therefore sue said Defendants by such fictitious names.  
6 When the true names and capacities of said Defendants have been ascertained, the People will ask  
7 leave of the court to amend this Complaint to insert in lieu of such fictitious names the true names  
8 and capacities of said fictitiously named Defendants.

9 13. At all relevant times, Defendants have controlled, directed, formulated, known,  
10 and/or approved of, and/or agreed to the various acts and practices of each of the Defendants.

11 14. Whenever reference is made in this Complaint to any act of any Defendant or  
12 Defendants, such allegation means that such Defendant or Defendants did the acts alleged in this  
13 Complaint either personally or through the Defendant’s officers, directors, employees, agents,  
14 and/or representatives acting within the actual or ostensible scope of their authority.

15 15. Defendants have engaged in a conspiracy, common enterprise, and common  
16 course of conduct, the purpose of which is and was to engage in the violations of law alleged in  
17 this Complaint. The conspiracy, common enterprise, and common course of conduct continue to  
18 the present.

### 19 **JURISDICTION AND VENUE**

20 16. This Court has jurisdiction over the People’s claims pursuant to article VI, section  
21 10 of the California Constitution and Business and Professions Code sections 17204, 17206,  
22 17535, and 17536.

23 17. This Court has personal jurisdiction over Defendants because each Defendant  
24 intentionally avails itself of the California market so as to render the exercise of jurisdiction by  
25 California courts consistent with traditional notions of fair play and substantial justice. Defendant  
26 RealOptions additionally is incorporated in and has a principal place of business in California and  
27 therefore resides in the state. Since 2008, defendant HBI has been registered with the California  
28 Secretary of State as doing business in the state. HBI has multiple affiliated clinics in California,

1 and a number of those affiliates, including RealOptions, offer APR as a medical service. On  
2 information and belief, HBI refers pregnant individuals who contact its APR hotline or livechat to  
3 its California-based affiliates that offer APR services.

4 18. The violations of law alleged in this Complaint occurred in the Counties of San  
5 Mateo, San Jose, Alameda, and throughout California.

6 19. Venue is proper in Alameda County pursuant to Code of Civil Procedure section  
7 393, subdivision (a) because Defendant RealOptions operates a medical clinic offering APR  
8 within this county, in Oakland, and HBI advertises APR to the public and Abortion Pill Rescue  
9 Network Training to potential affiliates within the county. Accordingly, at least some part of the  
10 cause of action arose within this county. (See Code Civ. Proc., § 393, subd. (a).)

## 11 **FACTUAL ALLEGATIONS**

### 12 **I. “ABORTION PILL REVERSAL”**

13 20. Abortion pill reversal (“APR”) is an experimental protocol that Defendants claim  
14 is “safe” and “effective” for “reversing” a medication abortion when a pregnant person has taken  
15 the first drug, mifepristone, but before having taken the second drug, misoprostol, in the standard  
16 two-drug medication abortion regime. Mifepristone blocks the effects of progesterone and  
17 thereby inhibits the continuation of the pregnancy. Misoprostol, which is taken 24-48 hours after  
18 the mifepristone, causes the uterus to contract and expel the remaining pregnancy tissue,  
19 completing the abortion.

20 21. As HBI explains the process, the APR “protocol” directs a patient to take high  
21 doses of progesterone within 72 hours of taking mifepristone to try to “reverse” the effects of the  
22 mifepristone. Although HBI uses the term “reverse” and “reversal,” the theory underlying APR  
23 is more akin to a “competition” between progesterone and mifepristone. Even APR’s proponents  
24 acknowledge that APR cannot truly “reverse” mifepristone, such as by acting as an antidote.

25 22. As of the date of this filing, not a single credibly designed medical study has  
26 verified HBI’s claims.

27 23. According to HBI, the APR “protocol” requires the pregnant person who has taken  
28 mifepristone to be administered a high dose of progesterone in one of three ways: orally,

1 vaginally, or through intramuscular injection. The pregnant person is also advised not to take the  
2 second drug in the medication abortion regimen, misoprostol. The “protocol” calls for treatment  
3 with progesterone to be tapered after the first three days, and then to continue until the end of the  
4 first trimester. Under this “protocol,” the dosage and frequency of progesterone differs depending  
5 on the route of administration.

6 24. HBI offers similar “protocols” of high-dose progesterone administration for  
7 pregnant individuals who have taken both drugs in the standard medication abortion regime  
8 (mifepristone and misoprostol). As of the date of this filing, no medical study has verified this  
9 protocol.

10 25. HBI also offers similar “protocols” of high-dose progesterone administration for  
11 those pregnant individuals who have taken methotrexate, a separate drug that can be used to  
12 induce an abortion. Unlike mifepristone, however, methotrexate inhibits folic acid rather than  
13 progesterone. For the “attempted reversal of methotrexate” “protocol,” HBI advises providers to  
14 also administer leucovorin and folic acid to counteract the effects of the methotrexate—another  
15 “protocol” which has never been studied.

## 16 **II. 2012 CASE SERIES AND 2018 REPORT**

17 26. The original APR “protocol” for pregnant people who have completed only the  
18 first step in a medication abortion (i.e., taken only mifepristone) was conceptualized by two  
19 providers, Dr. George Delgado and Dr. Matthew Harrison. Harrison purportedly first used  
20 progesterone in 2006 on a pregnant patient who had taken mifepristone but did not want to  
21 continue with a medication abortion. In 2008, Delgado, a California-based family physician and  
22 HBI’s medical advisor, devised the APR “protocol” described above.

23 27. To support the APR “protocol,” in 2012, Delgado and Dr. Mary Davenport, a  
24 California-licensed physician and the current medical director of RealOptions’ Redwood City and  
25 Oakland locations, published a case series review (“2012 Case Series”).<sup>8</sup> In the 2012 Case Series,  
26 they described the administration of progesterone to seven pregnant women who had taken

27 \_\_\_\_\_  
28 <sup>8</sup> (George Delgado & Mary Davenport, *Progesterone Use to Reverse the Effects of Mifepristone* (2012) 46 *Pharmacotherapy* 1723.)

1 mifepristone, six of whom were included in the case series' analysis and four of whom carried  
2 their pregnancies to full-term, reportedly with no birth defects. The progesterone route of  
3 administration and dosage varied among the women included in the case series, and there was no  
4 control group.

5 28. Despite the small sample size, the presence of confounding variables, and the lack  
6 of control group, Delgado nevertheless concluded that “[t]he experience of these patients suggests  
7 that medical abortion can be arrested by progesterone injection after mifepristone ingestion prior  
8 to misoprostol” and that further research was necessary only “to have an evidence basis for the  
9 best protocol.”<sup>9</sup> The 2012 Case Series, however, was insufficient evidence for these conclusions.

10 29. In May 2012, Delgado created the Abortion Pill Reversal Network, consisting of  
11 an APR website ([www.abortionpillreversal.com](http://www.abortionpillreversal.com)) and a telephone hotline (1-800-712-HELP),  
12 through which he promoted APR and sought to connect pregnant people who have initiated a  
13 medication abortion with providers willing to administer the APR protocol. He collected data on  
14 individuals who contacted the hotline, especially those individuals who opted to pursue APR.

15 30. Using this hotline patient data, in 2018, Delgado, Davenport, and others wrote an  
16 article (“2018 Report”), labeling it “an observational case series of 754 patients.”<sup>10</sup> According to  
17 the 2018 Report, 1,668 calls were received by the hotline from June 24, 2012 to June 21, 2016.  
18 Of these 1,668 callers, 754 pregnant individuals initiated the experimental progesterone  
19 treatment. The 2018 Report claimed to have tracked the pregnancy outcomes to ultimately  
20 conclude, “[t]he reversal effects of Mifepristone using progesterone is safe and effective.”<sup>11</sup>

21 31. As an AMA Journal of Ethics article explained, case series like the 2012 Case  
22 Series and the 2018 Report (which claimed to be a case series), “describe characteristics of  
23 patients with certain diseases and may help identify questions for future research” but “are ranked  
24 lower than other [study] designs because of associated bias, lack of random sampling, the absence

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25 <sup>9</sup> (*Ibid.*)

26 <sup>10</sup> (George Delgado et al., *A case series detailing the successful reversal of the effects of*  
27 *mifepristone using progesterone* (2018) 33 Issues L. Med. 21-31.)

28 <sup>11</sup> (*Ibid.*)

1 of controls or a comparison group, and heterogeneity of subjects.”<sup>12</sup> Because case series provide  
2 only weak scientific evidence, they are not commonly used to make changes in how medications  
3 are used. Instead, they are used to inform further studies with more rigorous methodologies.

4 32. As Delgado and Davenport have acknowledged, the 2018 Report has serious  
5 design flaws that undermine classifying it even as a “case series,” further underscoring that the  
6 report is not credible scientific evidence to support a conclusion that APR is either safe or  
7 effective as a treatment for the continuation of a pregnancy after administration of mifepristone.

8 These design flaws include, but are not limited to, the following:

- 9 a. The 2018 Report did not report outcomes on all participants. This is a key  
10 failing. The Report purported to observe “754 patients,” but only included  
11 547 patients in the analysis. The Report explains that three groups were  
12 excluded: (1) those who had taken misoprostol prior to taking  
13 progesterone or who had taken mifepristone more than 72 hours prior to  
14 initiating progesterone; (2) those with whom Delgado lost contact; and (3)  
15 those who ultimately chose to complete the medication abortion or opt for  
16 surgical abortion. The Report did not observe or study the outcomes of  
17 these excluded groups (i.e. 207 patients). That constitutes nearly *a third of*  
18 the total pregnant people observed.
- 19 b. The Report used flawed data. To show that APR was effective, the Report  
20 needed to show a more successful embryo survival rate with the use of  
21 progesterone than without the use of progesterone. But, the Report used  
22 flawed data that made the rate of embryo survival without progesterone  
23 look artificially low, which in turn made the embryo survival rate with  
24 progesterone look misleadingly high.

25  
26  
27 <sup>12</sup> (Opeyemi Daramola & John Rhee, *Rating Evidence in Medical Literature* (Jan. 2011)  
28 AMA J. Ethics, <https://journalofethics.ama-assn.org/article/rating-evidence-medical-literature/2011-01>.)

1 c. The Report says nothing about whether APR had negative health effects on  
2 the pregnant person. Nothing in the Report suggests that Delgado tracked  
3 patients to see if they had such adverse effects. Without that tracking, the  
4 Report says nothing about—and therefore cannot be used to tout—the  
5 safety of the APR “protocol.”

6 d. The Report has misleading results. The Report differentiated the APR  
7 “success rates” based on the dosage of progesterone and how the drug was  
8 administered. The “success rates” range from an overall rate of 48% to  
9 68% for oral progesterone to 64% for progesterone injections.<sup>13</sup> None of  
10 those rates account for different gestational ages of the pregnancies (i.e.,  
11 pregnancy length determined by the number of weeks following the  
12 pregnant person’s last menstrual period).<sup>14</sup> Mifepristone becomes less  
13 effective the longer an individual is pregnant, meaning that for further-  
14 along pregnancies, progesterone may not have made a difference to the  
15 embryo surviving. In short, it is misleading to lump into one “success rate”  
16 pregnancies that were at different stages.

17 33. Due to its flaws and weaknesses, the 2018 Report does not establish causation  
18 between the APR protocol and the continuation of pregnancies for the women tracked in the  
19 Report. In other words, the study does not show whether their pregnancies were just as likely to  
20 have continued without the APR protocol as with it.

21 34. In addition, Delgado and Davenport appear not to have timely secured the  
22 necessary institutional oversight to conduct their research on human subjects. Delgado and  
23 Davenport appear to have obtained institutional review board (“IRB”) approval only *after* they

24 \_\_\_\_\_  
25 <sup>13</sup> The 68% statistic is from the highest dosage of oral progesterone, which only 31  
26 individuals received out of the total 119 who received oral progesterone. The 64% statistic is  
27 from progesterone injections and was calculated by combining all individuals who received  
28 intramuscular injections into one category, regardless of the dosage received.

<sup>14</sup> The 2018 Report did track embryo survival rates by gestational age, but it did not factor  
gestational age into the survival rates attributed to each method of administering progesterone.

1 conducted their research, meaning there was no institutional oversight during the course of their  
2 experiment.<sup>15</sup> Such oversight is important to secure *before* beginning medical experiments on  
3 human subjects because an IRB helps ensure ethical treatment of and reduction of risks to those  
4 human subjects.<sup>16</sup>

5 35. The 2018 Report failed to adequately disclose Delgado’s potential conflicts of  
6 interest. The sources of the data in the 2018 Report were patient contacts to Delgado’s Abortion  
7 Pill Reversal Network hotline and live chat, but the 2018 Report does not disclose that fact.  
8 Instead, it states only that “[s]ubjects called an informational hotline linked to an informational  
9 website and staffed by nurses and a physician assistant,” with no disclosure of Delgado’s  
10 connection.<sup>17</sup>

11 36. Delgado and Davenport knew about the flaws and weaknesses in the 2018 Report.  
12 Even after Davenport and Delgado had collected the data from incoming calls to Delgado’s  
13 hotline, Davenport acknowledged that a rat study provided stronger evidence than the hotline  
14 data. That Davenport made this assessment after completing the data collection demonstrates that  
15 even the Report’s authors understood that their data was not sufficient to make the claims in the  
16 Report.

17 37. As a reflection of these flaws, three journals—the Annals of Emergency Medicine,  
18 the Journal of the American Board of Family Medicine, and the Annals of Pharmacotherapy—  
19 rejected the 2018 Report for publication. The medical journal that ultimately published the 2018  
20 Report—Issues in Law & Medicine—is a publication sponsored by two anti-abortion  
21 organizations and, as Delgado has admitted, is “not particularly well-known in the medical field.”  
22

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23 <sup>15</sup> (Daniel Grossman & Kari White, *Abortion “Reversal” — Legislating without Evidence*  
24 (Oct. 18, 2018) 379 N. Eng. J. Med. 1491-93.)

25 <sup>16</sup> (See Off. for Human Res. Protections, U.S. Dept. of Health & Human Servs. (June 28,  
26 2021) Human Research Protection Training, Lesson 3: What Are IRBs?,  
27 <https://www.hhs.gov/ohrp/education-and-outreach/online-education/human-research-protection-training/lesson-3-what-are-irbs/index.html#:~:text=Membership%20%3E%20Quiz%20Questions-,Purpose%20of%20IRBs,and%20adequately%20protect%20research%20participants.>)

28 <sup>17</sup> (George Delgado et al., *A case series detailing the successful reversal of the effects of mifepristone using progesterone* (2018) 33 Issues L. Med. 21-31.)

1 (*Planned Parenthood of Tenn. & N. Mississ. v. Slatery* (M.D. Tenn. 2021) 523 F.Supp.3d 985,  
2 994.)

3 38. Despite these acknowledged flaws and its failure to establish causation between  
4 the APR protocol and pregnancy continuation, the 2018 Report is the seminal “study” cited in  
5 support of the safety and efficacy of APR by Defendants HBI and RealOptions.

6 39. Given its substantial deficiencies, the 2018 Report cannot be considered a study by  
7 any stretch. It is certainly not a rigorous scientific study of the effectiveness and safety of APR.  
8 As described more fully below, the only rigorous study on APR suggested potentially significant  
9 health risks arising from stopping a medication abortion after taking mifepristone, an essential  
10 step in the APR “protocol.”

### 11 **III. SAFETY CONCERNS, CONTRARY EVIDENCE, AND CRITICISMS OF ABORTION PILL** 12 **REVERSAL PROTOCOL**

13 40. Further underscoring the lack of credibility of Delgado and Davenport’s 2012 Case  
14 Series and 2018 Report are multiple articles using rigorous scientific methodology, which call  
15 into question the conclusions that the 2012 Case Series and 2018 Report reached about the safety  
16 and effectiveness of APR.

17 41. For example, a 2015 systematic literature review (“2015 Literature Review”)   
18 published in *Contraception*, a peer-reviewed medical journal, found that there was a lack of  
19 evidence that pregnancy continuation after administration of mifepristone was more likely after  
20 treatment with progesterone as compared with expectant management (i.e., not administering  
21 misoprostol and monitoring the pregnancy). The 2015 Literature Review further found that in  
22 published studies the percentage of pregnancies that continued after only mifepristone  
23 administration (but no progesterone) ranged from 8-46%.<sup>18</sup> This review, authored by experts in  
24 obstetrics, gynecology, and public health at the University of California, San Francisco,  
25 University of Alabama at Birmingham, University of Michigan, Johns Hopkins, Stanford  
26 University, and the University of North Carolina, concluded that “[i]n the rare case that a woman

27 <sup>18</sup> (Daniel Grossman et al., *Continuing pregnancy after mifepristone and “reversal” of*  
28 *first-trimester medical abortion: a systematic review* (2015) 92 *Contraception* 206-11.)

1 changes her mind after starting medical abortion, evidence is insufficient to determine whether  
2 treatment with progesterone after mifepristone results in a higher proportion of continuing  
3 pregnancies compared to expectant treatment [i.e., waiting for spontaneous miscarriage].”

4 42. The 2015 Literature Review also included analysis of the 2012 Case Series,  
5 finding that the 2012 Case Series “was of poor quality and lacked clear information on patient  
6 selection.”<sup>19</sup>

7 43. A 2018 article published in the New England Journal of Medicine analyzed the  
8 2018 Report in detail in the context of commenting on state laws requiring physicians to discuss  
9 APR with patients. That article described APR as an “unmonitored research experiment” and  
10 observed: “It is difficult to compare the results from [the 2018 Report] with data on mifepristone  
11 alone for several reasons,” including the exclusions of patients by some of the providers because  
12 the embryo had died following the pregnant patient taking mifepristone and exclusions of patients  
13 who were lost to follow up before 20 weeks, both of which “probably exaggerated the treatment’s  
14 reported success.”<sup>20</sup>

15 44. A 2019 comment published in *Contraception*, a peer-reviewed medical journal, by  
16 Dr. Mitchell Creinin, identified numerous flaws in the 2018 Report: “lack of control groups, no  
17 confirmation of mifepristone ingestion, failure to establish viability prior to progesterone  
18 treatment, and providing experimental treatment without patient consent or institutional review  
19 board oversight.”<sup>21</sup>

20 45. In light of the lack of credible evidence on its safety and effectiveness, medical  
21 associations have highlighted concerns about APR:

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24 <sup>19</sup> (*Ibid.*)

25 <sup>20</sup> (Daniel Grossman & Kari White, *Abortion “Reversal” — Legislating without Evidence*  
(Oct. 18, 2018) 379 N. Eng. J. Med. 1491-93.)

26 <sup>21</sup> (Mitchell D. Creinin & Melissa J. Chen, *Mifepristone antagonization requires real*  
27 *studies to evaluate safety and efficacy* (Nov. 14, 2019) 100 *Contraception* 427-29,  
28 [https://www.contraceptionjournal.org/article/S0010-7824\(19\)30450-0/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(19)30450-0/fulltext).)

- 1 a. The American College of Obstetricians and Gynecologists (“ACOG”) stated: “Claims regarding abortion ‘reversal’ treatment are not based on  
2 science and do not meet clinical standards. The American College of  
3 Obstetricians and Gynecologists (ACOG) ranks its recommendations on  
4 the strength of the evidence, and does not support prescribing progesterone  
5 to stop a medical abortion.”<sup>22</sup>
- 7 b. In a challenge to North Dakota’s law requiring physicians to tell patients  
8 that medication abortion may be “reversible,” the American Medical  
9 Association (“AMA”) stated that “[t]he Compelled Reversal Mandate  
10 forces physicians to tell their patients that medication abortions may be  
11 reversible, a claim wholly unsupported by the best, most reliable scientific  
12 evidence, contravening their ethical and legal obligations as medical  
13 providers.”<sup>23</sup>
- 14 c. The Society of Obstetricians and Gynaecologists of Canada has stated that  
15 it “does not support prescribing progesterone to stop a medical abortion”  
16 and that “[t]he claims regarding so-called abortion ‘reversal’ treatments are  
17 not based on scientific evidence.”<sup>24</sup>
- 18 d. The Royal College of Obstetricians and Gynaecologists, the Faculty of  
19 Sexual and Reproductive Healthcare, the Royal College of Midwives, and  
20 the British Society of Abortion Care Providers have stated that “[t]here are  
21 **no reputable national or international clinical guidelines that**

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22 <sup>22</sup> (ACOG, Facts are Important: Medication Abortion “Reversal” Is Not Supported by  
23 Science, <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science> [as of Jan. 31, 2022, 2:29 PM].)

24 <sup>23</sup> (*Am. Med. Ass’n v. Stenehjem* (June 25, 2019, No. 1:19-cv-125) [412 F. Supp. 3d 1134]  
25 [complaint at 2], <https://www.ama-assn.org/system/files/2019-06/ND-mife-reversal-complaint.pdf>.)

26 <sup>24</sup> (Soc. Obstetricians and Gynaecologists of Canada, SOGC Statement on Abortion  
27 Medication “Reversal” (Mar. 19, 2021), [https://sogc.org/en/content/featured-news/SOGC\\_Statement\\_on\\_Abortion\\_Medication\\_Reversal.aspx](https://sogc.org/en/content/featured-news/SOGC_Statement_on_Abortion_Medication_Reversal.aspx).)

1 **recommend the use of progesterone to reverse the effect of**  
2 **mifepristone**, and no evidence that it increases the likelihood of continuing  
3 pregnancy, compared to expectant management alone.”<sup>25</sup>

4 46. The first (and only) randomized clinical study to attempt to test the safety and  
5 efficacy of APR was initiated at the University of California, Davis in 2019 but had to be halted  
6 due to serious “safety concerns” after 3 of the 12 enrolled study participants “experienced severe  
7 bleeding, requiring ambulance transport to an emergency department.”<sup>26</sup> Because the study was  
8 cut short, the researchers were unable to “quantify the full extent of the hemorrhage risk.”<sup>27</sup> The  
9 lead researcher, however, has cautioned that “[w]omen who use mifepristone for a medical  
10 abortion should be advised that not following up with misoprostol could result in severe  
11 hemorrhage, even with progesterone treatment.”<sup>28</sup>

12 47. In addition to the medical community’s criticisms, three federal district courts,  
13 having evaluated expert evidence from APR proponents and critics, have found that the 2018  
14 Report does not establish causation between the APR protocol and pregnancy continuation. (*See*  
15 *All-Options, Inc. v. Atty. Gen. of Ind.* (D. Ind. 2021) 546 F.Supp.3d 754, 766; *Planned*  
16 *Parenthood of Tenn. & N. Mississ.*, 523 F.Supp.3d at 1003-04; *Am. Med. Ass’n v. Stenehjem*  
17 (D.N.D. 2019) 412 F.Supp.3d 1134, 1150.)

18 \_\_\_\_\_  
19 <sup>25</sup> (Royal College of Obstetricians & Gynaecologists, et al., Joint Statement on “Abortion  
20 Reversal” (July 7, 2022), <https://www.rcog.org.uk/media/nbahkgvo/rcog-fsrh-abortion-reversal-position-statement.pdf>.)

21 <sup>26</sup> (UC Davis Health, Can the abortion pill be reversed? A novel search for answers (Dec.  
22 4, 2019), <https://providervideos.ucdavis.edu/news/can-the-abortion-pill-be-reversed-a-novel-search-for-answers>;  
23 see also Jessica Washington, *Study of “Abortion Reversal” Pill Halted Because It’s Too Dangerous*, Mother Jones (Dec. 6, 2019),  
24 <https://www.motherjones.com/politics/2019/12/study-of-abortion-reversal-pill-halted-because-its-too-dangerous/>;  
25 Kayla Epstein, *Some lawmakers push ‘abortion reversal’ treatments. A study shows how dangerous they are*, Wash. Post (Dec. 24, 2019),  
<https://www.washingtonpost.com/health/2019/12/24/some-lawmakers-push-abortion-reversal-treatments-new-study-shows-how-dangerous-they-are/>.)

26 <sup>27</sup> (UC Davis Health, Can the abortion pill be reversed? A novel search for answers (Dec.  
27 4, 2019), <https://providervideos.ucdavis.edu/news/can-the-abortion-pill-be-reversed-a-novel-search-for-answers>.)

28 <sup>28</sup> (*Ibid.*)

1           48.     The 2012 Case Series’ and 2018 Report’s failure to establish the efficacy of APR  
2 is even more problematic in light of the potential—albeit small—risks from the administration of  
3 supplemental progesterone. As an expert in *American Medical Association v. Stenehjem*  
4 explained, supplemental progesterone is associated with maternal depression, cholestatic  
5 jaundice, and hypertension. That expert also noted that certain studies have raised concerns  
6 (though not conclusively) about possible associations between certain progesterone preparations  
7 and second trimester miscarriages and stillbirths. With no credible evidence showing that APR is  
8 effective, the treatment essentially exposes pregnant individuals to the risks of supplemental  
9 progesterone without any benefits.

#### 10     **IV.     HBI’S MISLEADING REPRESENTATIONS**

11           49.     In April 2018, HBI acquired Delgado’s Abortion Pill Reversal Network, including  
12 the [www.abortionpillreversal.com](http://www.abortionpillreversal.com) website and the APR hotline. Since then, HBI has operated  
13 both as part of its Abortion Pill Rescue Network (“APRN”). Delgado currently is a member of  
14 HBI’s medical advisory team.

15           50.     HBI continues to operate the website and the hotline and to advertise and promote  
16 APR, despite long having knowledge of the unreliable scientific evidence supporting Delgado’s  
17 “protocol.” In its April 2018 press release announcing its acquisition of the Abortion Pill  
18 Reversal Network, HBI acknowledged the existence of (and voiced its opposition to) criticisms of  
19 APR as being unproven and not backed by credible science. And, in August 2019, HBI  
20 intervened in a federal lawsuit challenging a law mandating that abortion providers make  
21 disclosures about APR, where it received notice of the September 2019 preliminary injunction  
22 order outlining the flaws in the 2018 Report.

23           51.     HBI also has knowledge of the more recent studies and statements about the  
24 unreliability and potential risks of stopping a medication abortion halfway, an essential step in  
25 APR. In September 2021, HBI issued a press release about a Center for Countering Digital Hate  
26 report that included excerpts from the American College of Obstetricians and Gynecologist’s  
27 statement about APR; information about the 2018 New England Journal of Medicine article  
28 criticizing the 2018 Report; and information about the 2019 U.C. Davis study that was halted.

1 Also, in September 2021, APRN’s medical director, Brent Boles, posted an entry on the HBI  
2 website about Google’s restrictions of advertisements about APR because the claims were  
3 “unreliable.” In short, for years now, HBI has been fully aware of APR’s lack of credible  
4 scientific support as well as its risks.

5 **A. Website Representations**

6 52. In addition to [www.abortionpillreversal.com](http://www.abortionpillreversal.com) (“APR Website”), HBI also operates  
7 the website [www.heartbeatinternational.org/our-work/apr](http://www.heartbeatinternational.org/our-work/apr) (“HBI Webpage”). On both websites,  
8 HBI uses misleading statements as it seeks to persuade pregnant people who have started the  
9 medication abortion process to undergo APR.

10 *Abortionpillreversal.com*

11 53. The purpose of the APR Website is to advertise APR to pregnant people, stating:  
12 “Have you taken the first dose of the abortion pill? Do you regret your decision and wish you  
13 could reverse the effects of the abortion pill? *We’re here for you!*” (emphasis in original). HBI  
14 encourages potential patients to call its hotline and/or message through its live chat and explains  
15 that its hotline and live chat will connect potential patients with medical professionals who will  
16 “guide [the patient] towards reversing the effects of the abortion pill.”

17 54. Throughout its website, HBI misleadingly uses the terms “reverse” and “reversal.”  
18 The use of these terms is false and misleading because there is no credible scientific evidence  
19 showing that APR “reverses” medication abortions. The terms are also false and misleading  
20 because “reverse” and “reversal” do not accurately convey even the theory underlying APR.

21 55. Amidst its advertisements and attempts to persuade potential patients to undergo  
22 APR, HBI makes additional misleading statements. For example, on multiple pages, HBI states  
23 that APR is an “effective process” because “APR has been shown to increase the chances of  
24 allowing the pregnancy to continue.” HBI touts on multiple webpages that “initial studies have  
25 shown” that the success rate for APR is 64-68%. In its drop-down Frequently Asked Questions  
26 page (“FAQs”), HBI also touts that “initial studies have found that the birth defect rate in babies  
27 born after the APR is less or equal to the rate in the general population.”  
28

1           56.     These statements are misleading because, as described above, there is no credible  
2 support for them.

3           57.     HBI also misleadingly presents information about the risks from APR. HBI does  
4 not provide an FAQ about the possible side effects from APR, such as the risk of severe bleeding.  
5 Instead, HBI provides a response to a question about the “possible side effects of progesterone”  
6 and lists only mild effects, such as “sleepiness, lack of energy, lightheadedness, dizziness,  
7 gastrointestinal discomfort and headaches.” The only location where HBI provides any warning  
8 about the potential risks of severe bleeding from stopping a medication abortion halfway—an  
9 essential step in APR—is in response to two FAQs about “cramping and spotting.”

10          58.     This information is presented misleadingly because it does not adequately warn  
11 individuals of the risks from APR.

12          59.     As detailed above, HBI has known or should have known that these statements and  
13 presentation of information were misleading.

14          60.     HBI further advertises that potential patients should contact the hotline or live chat  
15 even if more than 72 hours have passed since they took mifepristone, stating “We are here to  
16 help. It may not be too late.” This statement is likely to create the impression among potential  
17 patients that APR is effective and safe beyond the 72-hour window.

18          61.     This statement is misleading because there is no evidence to support it. To the  
19 extent HBI relies on the 2012 Case Series and the 2018 Report, those publications looked only at  
20 the use of progesterone within a 72-hour window following administration of mifepristone,  
21 specifically excluding pregnant individuals who had taken progesterone more than 72 hours after  
22 taking mifepristone.

23                 [Heartbeatinternational.org/our-work/apr](https://www.heartbeatinternational.org/our-work/apr)

24          62.     HBI also advertises APR on the Abortion Pill Rescue Network page on HBI’s  
25 [www.heartbeatinternational.org](https://www.heartbeatinternational.org) website (“HBI Webpage”). HBI encourages viewers to call its  
26 hotline and visit [www.abortionpillreversal.com](https://www.abortionpillreversal.com) to obtain more information about APR. HBI  
27 further touts “women can reach out to the Abortion Pill Rescue Network and be connected with a  
28 local medical provider who starts” APR.

1           63. Throughout its website, HBI misleadingly uses the terms “reverse” and “reversal.”  
2 The use of these terms is false and misleading because there is no credible scientific evidence  
3 showing that APR “reverses” medication abortions. The terms are also false and misleading  
4 because “reverse” and “reversal” do not accurately convey even the theory underlying APR.

5           64. HBI includes additional misleading statements within these advertisements. For  
6 example, similar to its misleading statements on its APR Website, HBI touts that a “2018 peer-  
7 reviewed study showed positive results” and then repeats the 64-68% success rate statistic and  
8 that there was “no increase in birth defects.” HBI also claims that the referenced study showed  
9 “lower preterm delivery rate than the general population.”

10          65. Once again, HBI’s statements are misleading because there is no evidence to  
11 support them.

12          66. As detailed above, HBI has known or should have known that there was no  
13 credible support for its statements and that the statements were therefore misleading.

14          67. HBI makes an additional misrepresentation that “thousands of lives have been  
15 saved” through the use of APR. This statement is based primarily on two numbers. First, HBI  
16 includes the number of pregnant people who undertook APR and that HBI can confirm remained  
17 pregnant at 13 weeks. For those individuals that started APR but HBI cannot confirm remained  
18 pregnant at 13 weeks, HBI multiplies the number of those individuals by a 64% success rate,  
19 which it obtained from the 2018 Report, and which, as detailed above, is not a reliable statistic.<sup>29</sup>  
20 In other words, HBI’s statement is speculation, not evidence. As a result, HBI’s statements are  
21 misleading.

22           **B. Hotline and Live Chat**

23          68. HBI has a “policies and procedures manual” that it provides to volunteers and  
24 employees that staff its APR hotline and live chat, through which HBI also advertises APR. The  
25 manual includes outlines of information that hotline staff must provide to people who have called,  
26

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27           <sup>29</sup> The 64% statistic is unreliable for the additional fact that it relies on providers using  
28 oral or intramuscular administration of progesterone. Many providers appear to use vaginal  
administration, which even the 2018 Report shows has a lower chance of a pregnancy continuing.

1 such as explanations of APR and potential side effects, information about misoprostol, the risk of  
2 birth defects, and APR success rates.

3 69. In this manual, HBI instructs APR hotline staff to make several misleading  
4 statements when talking with hotline callers. For example, HBI instructs hotline staff to use the  
5 term “reverse” or “reversal” to describe APR. HBI further instructs hotline staff to state that  
6 “[i]nitial studies have shown that APR may have a 64-68% success rate.” HBI also instructs  
7 hotline staff to state that “APR has been shown to increase the chances of allowing the pregnancy  
8 to continue.” HBI further instructs hotline staff to state that “[i]nitial studies have found that the  
9 birth defect rate in babies born after the APR is less than or equal to the rate in the general  
10 population.” As explained above, however, there is no credible support for any of these  
11 statements, and as a result, these statements are misleading.

12 70. HBI also instructs its hotline staff to recommend APR for callers who have already  
13 taken both mifepristone and misoprostol or who have taken methotrexate. HBI includes this  
14 instruction even though no study has even considered the use of APR for pregnant individuals  
15 who had already taken misoprostol or methotrexate. As a result, these statements advertising the  
16 use of APR for pregnant people who have taken methotrexate or misoprostol are misleading.

### 17 **C. Training Kits**

18 71. HBI sells to its affiliates an “APR Healthcare Professional Kit” that will allow  
19 those affiliates to advertise and administer APR. The kit consists of an overview of the APR  
20 procedure; the progesterone protocols used in APR; frequently asked questions and answers about  
21 APR for healthcare professionals and patients; and form templates, including consent forms and  
22 outcome report forms. HBI includes several misleading representations within this kit that it  
23 encourages its affiliates to use in their advertisements about and administration of APR.

#### 24 Protocols

25 72. HBI provides a “protocol” to attempt reversing a methotrexate medication  
26 abortion. In that “protocol,” HBI represents that “for women who have taken methotrexate,  
27 prescribed progesterone may also be beneficial to support the pregnancy even though it is not an  
28 antidote to methotrexate.” HBI includes this statement and encourages its affiliates to advertise

1 and administer APR in these circumstances even though no evidence supports the use of APR for  
2 pregnant individuals who have taken methotrexate. HBI includes this protocol even as it  
3 acknowledges that the APR “is designed to serve women who have taken mifepristone  
4 (Mifeprex),” which shows that HBI knows that APR was not developed for pregnant people who  
5 have taken methotrexate.

6 73. HBI also provides a “protocol” to attempt reversing a medication abortion after a  
7 pregnant person has taken both mifepristone and misoprostol. In that protocol, HBI states that  
8 “progesterone may be beneficial to support the pregnancy even though it is not an antidote to  
9 misoprostol.” HBI includes this statement and encourages its affiliates to advertise and  
10 administer APR in these circumstances even though no evidence supports the use of APR for  
11 pregnant individuals who have taken misoprostol. HBI includes this protocol even as it  
12 acknowledges that APR “is designed to serve women who have taken mifepristone (Mifeprex),”  
13 which shows that HBI knows that APR was not contemplated for pregnant people who have taken  
14 misoprostol.

#### 15 Patient FAQs

16 74. In the kit, HBI also provides “APR Patient FAQs,” with answers from Delgado,  
17 which are nearly identical to the “Reversal FAQs” appearing on HBI’s website. Like the  
18 “Reversal FAQs” on HBI’s website, the “APR Patient FAQs” include several misleading  
19 statements.

20 75. Similar to the APR Webpage, the APR Patient FAQs use the term “reverse” and  
21 “reversal” to describe APR. The APR Patient FAQs also state that “[i]nitial studies of APR have  
22 shown that APR has a 64-68% success rate” and that “APR has been shown to increase the  
23 chances of allowing the pregnancy to continue.” The APR Patient FAQs also represent that  
24 “[i]nitial studies have found that the birth defect rate in babies born after the APR is less than or  
25 equal to the rate in the general population.” As explained above, these statements are misleading  
26 because there is no credible evidence to support them.

27 76. Like the APR Website, the APR Patient FAQs state in response to the question  
28 “[i]s it too late to reverse the abortion pill,” that “[t]here have been many successful reversals

1 when treatment was started within 72 hours of taking the first abortion pill. **Even if 72 hours**  
2 **have passed, it may not be too late.**” (emphasis added). This statement implies that APR is  
3 effective and safe after a 72-hour window following mifepristone administration. This statement  
4 is misleading because no evidence supports the use of APR for pregnant individuals after 72  
5 hours have passed.

6 77. Like the APR Website, the APR Patient FAQs misleadingly present the risks  
7 associated with APR. These FAQs do not provide an FAQ about the side effects of APR, instead  
8 only providing the potential (minor) side effects from progesterone. The FAQs misleadingly  
9 present the risk of severe bleeding only under a question about cramping and spotting.

10 “Informed” Consent Templates

11 78. As part of its training kit, HBI provides template forms for use in securing consent  
12 from patients. HBI also provides consent forms based on these templates to pregnant individuals  
13 who contact HBI and decide to pursue APR. These consent forms include several misleading  
14 statements.

15 79. For example, the “Consent for Patients who took Mifepristone Only” form uses the  
16 misleading terms “reverse” and “reversal” and includes the misleading statements that “[i]nitial  
17 studies have found that the birth defect rate in babies born after the APR is less than or equal to  
18 the rate in the general population”; that “[i]nitial studies of APR have shown that APR has a 64-  
19 68% success rate”; and that “APR has been shown to increase the chances of allowing the  
20 pregnancy to continue.” These statements are misleading because there is no credible evidence  
21 supporting any of these statements.

22 80. The “Consent for Patients who took both Mifepristone and Misoprostol” form uses  
23 the misleading terms “reverse” and “reversal” and includes the misleading statement that “**for**  
24 **women who have taken the first and second drugs of the medical abortion regimen,**  
25 **mifepristone on day one and misoprostol (Cytotec) 12-48 hours later, progesterone may be**  
26 **beneficial to support the pregnancy even though it is not an antidote to misoprostol.**”  
27 (emphasis in original). These statements are misleading because no evidence supports the use of  
28 APR for pregnant individuals who have already taken misoprostol.

1           81.     The “Consent for Patients who took Methotrexate” form uses the misleading terms  
2 “reverse” and “reversal” and includes the misleading statement that **“for women who have taken  
3 methotrexate, prescribing progesterone may also be beneficial to support the pregnancy  
4 even though it is not an antidote to methotrexate.”** (emphasis in original). These statements  
5 are misleading because no evidence supports the use of APR for pregnant individuals who have  
6 taken methotrexate.

7           **D.     Media Appearances**

8           82.     HBI executives have made multiple media appearances within the course of their  
9 employment in which the executives advertised and made misleading statements about APR.

10          83.     For example, on or around May 28, 2020, during the course of their employment,  
11 HBI’s Director of Medical Impact, Christa Brown, and HBI’s Director of Communications and  
12 Marketing, Andrea Truddee, appeared on an episode of the Ohio Right to Life: The Push for the  
13 Abortion Pill. During their appearance, Brown and Truddee regularly used the terms “reverse” and  
14 “reversal” and touted APR and encouraged pregnant people to visit the APR Website to  
15 “connect” them to providers. Brown stated that APR is a “cutting edge application of a time-  
16 tested FDA-approved treatment that’s been used for decades to help women who are at risk for  
17 preterm delivery or miscarriage.” HBI’s statement—made through Brown in the course of her  
18 employment—misleadingly implies that APR is an FDA-approved treatment, which it is not, and  
19 which Brown knew it was not.

20          84.     For her part, Truddee stated that APR has resulted in over 1,000 lives “saved.” As  
21 explained above, however, representations about the number of lives “saved” are inherently  
22 misleading given the method HBI uses to reach that number. In short, HBI’s statements are based  
23 on speculation, not evidence. As a result, HBI’s statements—made through Truddee in the course  
24 of her employment—are misleading.

25          85.     In another example, on or around September 21, 2021, during the course of his  
26 employment, HBI President Jor-El Godsey appeared on an episode of the Help Her Be Brave  
27 podcast. Multiple times during his appearance, Godsey advertised APR by encouraging listeners  
28 to visit the APR Website and to call HBI’s hotline to speak with “a number of nurses” and

1 “hopefully connect [the pregnant person] to a local pregnancy center.” As he was advertising  
2 APR, Godsey repeatedly used the terms “reverse” and “reversal,” and cited the 2018 Report and  
3 repeated the claim that APR has a 64-68% success rate, going so far as to say “so almost 70, 7 out  
4 of 10 women that seek [APR] and get that progesterone in a timely fashion are able to reverse the  
5 effects of the abortion pill.” As explained above, however, these statements are misleading  
6 because there is no credible evidence to support these statements.

7 86. Godsey also made the misleading statement that “over 2,000 babies [] have been  
8 saved” via APR. As explained above, however, representations about the number of lives  
9 “saved” are based on speculation, not evidence. As a result, HBI’s statements—made through  
10 Godsey in the course of his employment—are misleading.

## 11 **V. REALOPTIONS’ MISLEADING REPRESENTATIONS**

12 87. RealOptions advertises and administers APR. RealOptions uses HBI-created  
13 materials for its APR advertisements.

14 88. Whereas HBI engages in widespread promotion of APR and equips its affiliates  
15 and providers with training and materials to administer it, RealOptions is an on-the-ground  
16 provider. Through its five clinics, RealOptions is advertising that it will provide APR to pregnant  
17 people.

18 89. In the course of those advertisements and during its administration of APR,  
19 RealOptions has made and continues to make misleading statements.

### 20 **A. Website Representations**

21 90. RealOptions operates the website [www.realoptions.net](http://www.realoptions.net), on which it advertises  
22 APR. Through its website, RealOptions seeks to persuade pregnant people who have started the  
23 medication abortion process to undergo APR, and in so doing, it makes multiple misleading  
24 statements.

25 91. Like HBI does on its websites, RealOptions advertises on its website that APR can  
26 “reverse” a medication abortion, that “[i]nitial studies of APR have shown it has a 64-68%  
27 success rate,” and that “APR has been shown to increase the chances of allowing the pregnancy to  
28

1 continue.” As explained above, however, these statements are misleading because no credible  
2 evidence supports these statements.

3 92. RealOptions similarly implies that APR is effective for continuing a pregnancy  
4 after a 72-hour window following mifepristone administration. In response to two different  
5 FAQs about timing for APR, RealOptions states that potential patients should nevertheless call  
6 because “[i]t may not be too late,” misleadingly implying that APR is effective past the 72-hour  
7 period. This statement is misleading because there is no evidence supporting this statement.

8 93. RealOptions licenses all five of its clinics with the California Department of  
9 Health. Dr. Mary Davenport, who is the medical director for two of RealOptions’ clinics, was  
10 Delgado’s co-author for both the 2012 Case Series and the 2018 Report. Davenport  
11 acknowledged that the data collected for the 2018 Report was insufficient for its ultimate  
12 conclusions.

### 13 **B. Consent Forms**

14 94. In its form to obtain consent for what it calls “pregnancy sustaining progesterone  
15 therapy,” RealOptions misleadingly omits that APR patients may experience severe bleeding as a  
16 result of undergoing the process, even though the 2019 U.C. Davis study found that there was a  
17 risk of that outcome. RealOptions instead states that patients may experience “side effects such  
18 as pain or swelling at the injection site, an increase in pregnancy/hormone symptoms (breast  
19 tenderness, nausea, and/or increased body or facial hair), weight loss, weight gain, acne, loss of  
20 scalp hair, drowsiness and/or dizziness.” The failure to include the possibility of severe bleeding  
21 makes this statement materially misleading, in that patients are likely to believe that the side  
22 effects from APR are minor, when in fact they could be life threatening.

23 95. In a June 2020 podcast, Davenport and Delgado spoke about APR, including  
24 discussing the 2019 U.C. Davis study, thereby demonstrating Davenport’s knowledge of that  
25 study and the potentially life-threatening severe bleeding that resulted.<sup>30</sup> Given her role as a  
26 RealOptions’ medical director, it is appropriate to impute her knowledge to RealOptions.

27 <sup>30</sup> (Mises Inst., *Mary Davenport and George Delgado on Reversing Medical Abortion*  
28 (June 18, 2020), <https://mises.org/library/mary-davenport-and-george-delgado-reversing-medical-abortion>.)

1 **CAUSES OF ACTION**

2 **FIRST CAUSE OF ACTION**

3 **(False or Misleading Statements)**

4 **(Bus. & Prof. Code, § 17500 et seq.)**

5 96. The People reallege all paragraphs set forth above and incorporate them by  
6 reference as though they were fully set forth in this cause of action.

7 97. From a date unknown to the People and continuing to the present, Defendants have  
8 engaged in and continue to engage in, aided and abetted and continue to aid and abet, and  
9 conspired to and continue to conspire to engage in acts or practices that constitute violations of  
10 Business and Professions Code section 17500 et seq., by making or causing to be made untrue or  
11 misleading statements with the intent to induce members of the public to undergo APR.  
12 Defendants' untrue and misleading representations include, but are not limited to, the following:

- 13 a. that APR can “reverse” a medication abortion, as well as an “effective”  
14 process that “has been shown to increase the chances of allowing the  
15 pregnancy to continue,” and that APR has a 64-68% success rate, even  
16 though no credible scientific evidence supports these claims;
- 17 b. that APR may be effective after a 72-hour window following  
18 administration of mifepristone by encouraging pregnant people to contact  
19 them “even if more than 72 hours have passed,” even though no credible  
20 scientific evidence supports this claim;
- 21 c. that the rate of birth defects following APR “is less or equal to the rate in  
22 the general population,” even though no credible scientific evidence  
23 supports these claims;
- 24 d. that “thousands of lives” have been saved via APR, even though no  
25 credible evidence supports this claim;
- 26 e. that APR may be effective following administration of misoprostol and  
27 methotrexate, even though no credible scientific evidence supports this  
28 claim; and

1 f. that APR can cause only non-life-threatening side effects, when in fact  
2 APR can cause severe, life-threatening bleeding.

3 98. Defendants knew or should have known that these statements were misleading.

4 **SECOND CAUSE OF ACTION**

5 **(Unlawful, Unfair, and Fraudulent Business Practices)**

6 **(Bus. & Prof. Code, § 17200 et seq.)**

7 99. The People reallege all paragraphs set forth above and incorporate them by  
8 reference as though they were fully set forth in this cause of action.

9 100. From a date unknown to the People and continuing to the present, Defendants have  
10 engaged in and continue to engage in, aided and abetted and continue to aid and abet, and  
11 conspired to and continue to conspire to engage in unlawful, unfair, and/or fraudulent acts or  
12 practices, which constitute unfair competition within the meaning of section 17200 of the  
13 Business and Professions Code. Defendants' acts or practices include, but are not limited to, the  
14 following:

15 a. Violating Business and Professions Code section 17500 et seq., as alleged  
16 in the First Cause of Action;

17 b. Fraudulently representing the following:

18 i. Via HBI and RealOptions, that APR can "reverse" medication  
19 abortions, is an "effective" process that "has been shown to increase  
20 the chances of allowing the pregnancy to continue," and that APR  
21 has a 64-68% success rate, even though no credible scientific  
22 evidence supports these claims;

23 ii. Via HBI and RealOptions, that APR may be effective after a 72-  
24 hour window following administration of mifepristone by  
25 encouraging pregnant people to contact them "even if more than 72  
26 hours have passed," even though no credible scientific evidence  
27 supports this claim;

28 iii. Via HBI, that the rate of birth defects following APR "is less or

- 1 equal to the rate in the general population,” even though no credible  
2 scientific evidence supports this claim;
- 3 iv. Via HBI, that “thousands of lives” have been saved via APR, even  
4 though no credible evidence supports that statement;
- 5 v. Via HBI, that APR may be effective following administration of  
6 misoprostol or methotrexate, even though no evidence supports this  
7 claim; and
- 8 vi. Via RealOptions, that APR can cause only non-life-threatening side  
9 effects and omitting that APR can cause severe, life-threatening  
10 bleeding.

11 101. Each and every separate act, including, but not limited to: each call to the APR  
12 hotline and each chat initiated on the live chat, each training kit sold to affiliates, and each  
13 consent form provided to pregnant individuals, constitutes an unlawful, unfair, and/or fraudulent  
14 business practice. Each time that the Defendants engaged in each separate unlawful, unfair,  
15 and/or fraudulent act, omission, or practice is a separate and distinct violation of Business and  
16 Professions Code section 17200.

17 **PRAYER FOR RELIEF**

18 WHEREFORE, the People respectfully request that the Court enter judgment in favor of the  
19 People and against Defendants, jointly and severally, as follows:

- 20 1. That Defendants, their successors, agents, representatives, employees, assigns, and  
21 all persons who act in concert with Defendants be permanently or preliminarily enjoined from  
22 making any untrue or misleading statements in violation of Business and Professions Code  
23 section 17500, including, but not limited to, the untrue or misleading statements alleged in this  
24 Complaint, under the authority of Business and Professions Code section 17535;
- 25 2. That Defendants, their successors, agents, representatives, employees, assigns, and  
26 all persons who act in concert with Defendants be permanently or preliminarily enjoined from  
27 engaging in unfair competition as defined in Business and Professions Code section 17200,  
28 including, but not limited to, the acts and practices alleged in this Complaint, under the authority

1 of Business and Professions Code section 17203;

2 3. That the Court make such orders or judgments as may be necessary, including  
3 preliminary injunctive and ancillary relief, to prevent the use or employment by any Defendant of  
4 any practice which violates Business and Professions Code section 17500, or which may be  
5 necessary to restore to any person in interest any money or property, real or personal, which may  
6 have been acquired by means of any such practice, under the authority of Business and  
7 Professions Code section 17535;

8 4. That the Court make such orders or judgments as may be necessary, including  
9 preliminary injunctive and ancillary relief, to prevent the use or employment by any Defendant of  
10 any practice which constitutes unfair competition or as may be necessary to restore to any person  
11 in interest any money or property, real or personal, which may have been acquired by means of  
12 such unfair competition, under the authority of Business and Professions Code section 17203;

13 5. That the Court assess a civil penalty of up to \$2,500 against each Defendant for  
14 each violation of Business and Professions Code section 17500, in an amount according to proof,  
15 under the authority of Business and Professions Code section 17536;

16 6. That the Court assess a civil penalty of up to \$2,500 against each Defendant for  
17 each violation of Business and Professions Code section 17200, in an amount according to proof,  
18 under the authority of Business and Professions Code section 17206;

19 7. That the People recover their costs of suit;

20 8. That the People receive all other relief to which they are legally entitled; and  
21 That the Court award such other relief that it deems just, proper, and equitable.

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Dated: September 21, 2023

Respectfully submitted,  
  
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