



Comment to: The U.S. Environmental Protection Agency Science Advisory Board

Re: Recommendation to include mifepristone and its active monodemethylated, didemethylated, and hydroxylated metabolites on the final Sixth Contaminant Candidate List (CCL 6) and the final Sixth Unregulated Contaminant Monitoring Rule (UCMR 6)

October 2026

To the members of the Science Advisory Board Committee,

Thank you for your service to the United States Environmental Protection Agency and for your personal and professional commitment to safeguard our nation's most precious resources: land, air, and water.

As it pertains to water and in response to the announcement of a public meeting of the Science Advisory Board, as outlined in the Federal Register published on September 30, 2026,¹ Liberty Counsel Action (LCA) submits the following comment respectfully requesting the SAB recommend that the U.S. EPA explicitly identify mifepristone and its active metabolites on the CCL 6 and UCMR 6.

Executive Summary

This comment directly addresses the SAB's third charge question: whether additional contaminants should be considered for inclusion on the draft CCL 6.² In short, LCA continues to urge inclusion of mifepristone and its active monodemethylated,

¹ U.S. Environmental Protection Agency, "Public Meeting of the Science Advisory Board," Federal Register Vol. 91, No. 188, P. 61846, September 30, 2026, <https://www.federalregister.gov/documents/2026/09/30/2026-20057/public-meeting-of-the-science-advisory-board>.

² U.S. Environmental Protection Agency, "Charge to the Science Advisory Board Review of the Draft Sixth Contaminant Candidate List (CCL 6) for Unregulated Contaminants in Drinking Water," accessed October 19, 2026, https://sab.epa.gov/ords/sab/r/sab_apex/sab/0?ac_id=2664&request=APPLICATION_PROCESS%3DAGENCY_CHARGE; available at https://sab.epa.gov/ords/sab/f?p=114:19:11527077758481::NO:19:P19_ID:1032.



didemethylated, and hydroxylated metabolites expressly on the Sixth Contaminant Candidate List (CCL 6) and the Sixth Unregulated Contaminant Monitoring Rule (UCMR 6). LCA has consistently requested that the relevant federal agencies obtain the occurrence data needed to evaluate these biologically active compounds rather than allow existing information gaps to postpone their investigation, particularly as those very gaps can be addressed by inclusion on both CCL 6 and UCMR 6.

Moreover, as these lists are only developed every five years, failure to include these substances now will delay urgently needed data collection on the levels of mifepristone present in American drinking water.

For reference, previously submitted material includes the following:

1. LCA's comment to the EPA recommending inclusion of mifepristone and its active metabolites on the final CCL 6: [LCAComment to the EPA re: the Draft CCL6 EPA-HQ-OW-2022-0946-May2026.pdf](#).
2. LCA's written and oral comment to the SAB's Drinking Water Committee on the CCL 6, recommending the same: [LCAComment to the Science Advisory Board Augmented Drinking Water Committee re: the Draft CCL 6-June2026.pdf](#) (oral comments available in Appendix 1).
3. LCA's comment to the EPA recommending inclusion of mifepristone and its active metabolites on the final UCMR 6: [LCAComment to the EPA re: the Draft UCMR6.pdf](#) (LCA also provided a ten-minute oral presentation to the EPA on this subject).

Further information is also available at Liberty Counsel Action's webpage on this topic,³ which includes a 98-page special report⁴ outlining the FDA's historic failure to adhere to environmental law during its original approval of mifepristone over two decades ago, and in every major action subsequently taken on it.

The federal government has ignored environmental law to the detriment of Americans for too long. Recommending addition of mifepristone and its active metabolites to the CCL 6 and UCMR 6 is a vital step toward needed research on the effects of ingesting trace amounts of these dangerous substances over long periods of time. As aptly stated by one of the authors of a peer-reviewed study that detected mifepristone and mifepristone equivalents in American tap water, *"The public's exposure to an endocrine disruptor in our*

³ Resources and research available at: <https://abortioninourwater.org/>.

⁴ Liberty Counsel Action, "Abortion in Our Water," 2025, available at https://lcaction.org/LCA-PDFs/AbortionInOurWater_Final01.pdf.



drinking water deserves consideration. The study might be considered controversial by association with abortion, which makes finding common ground difficult to achieve. I want people to consider the facts we observed and not limit our focus to abortion.”⁵

LCA urges the same, and to that end, we have compiled key facts from LCA’s previous comments for the Board’s consideration below. Additional information the Board may wish to consider is included as well in response to recent developments.

I. Inclusion of Mifepristone and Its Active Metabolites on CCL 6 and UCMR 6 Qualifies Under the Safe Drinking Water Act

The Safe Drinking Water Act’s (SDWA) candidate-list criterion for the CCL includes⁶:

1. Contaminants not subject to national primary drinking-water regulations,
2. Contaminants known or anticipated to occur in public water systems, and
3. Contaminants potentially requiring regulation.

Mifepristone and its active metabolites meet all three criteria.

Similarly, under the EPA’s own selection criteria, mifepristone and its active metabolites should be on the UCMR 6, as⁷:

1. They have not been “monitored under prior UCMR cycles,” they “may occur in drinking water,” and it is feasible to obtain a “validated drinking water method” in time for implementation.
2. Available “health-effects information” demonstrates a risk of harm to human health; there is clear “public interest” as numerous individuals submitted comments to the EPA requesting mifepristone inclusion on CCL 6; “active use” is increasing, and a recently published peer-reviewed study reporting the presence of

⁵ Elise Rose, “We Found Abortion Drugs in Your Water. You Could Be Microdosing Them Every Day,” Washington Examiner, October 10, 2026, <https://www.washingtonexaminer.com/op-eds/4754407/mifepristone-drinking-water-contamination/>.

⁶ U.S.C. §300g–1, “National drinking water regulations,” <https://uscode.house.gov/view.xhtml?req=%28title%3A42+section%3A300g-1+edition%3Aprelim%29;> United States Environmental Protection Agency, “Basic Information on the CCL and Regulatory Determination,” January 9, 2026, <https://www.epa.gov/ccl/basic-information-ccl-and-regulatory-determination>. See also: United States Environmental Protection Agency, “SDWA Evaluation and Rulemaking Process,” June 17, 2025, <https://www.epa.gov/sdwa/sdwa-evaluation-and-rulemaking-process>.

⁷ U.S. Environmental Protection Agency, “Learn About the Unregulated Contaminant Monitoring Rule,” June 18, 2026, <https://www.epa.gov/dwucmr/learn-about-unregulated-contaminant-monitoring-rule>.



mifepristone equivalents in the drinking water of two American cities provides a starting point for “occurrence data.”⁸

3. High-profile “stakeholder input” has come from 19 Members of Congress,⁹ 14 Attorneys General,¹⁰ and multiple public policy organizations urging inclusion of mifepristone on the CCL 6; regarding being “cost-effective” (while subjective), that should not preclude action; ultimately, LCA proposes the EPA works with Congress to implement a “polluter pays” model.¹¹

II. The Increasing & Concerning Nature of Mifepristone Water Contamination

Mifepristone and its active metabolites contaminate our water systems both with chemical compounds and with the biological materials they generate. In any other circumstance, including abortions performed in a clinic or hospital, such biological biohazardous waste is properly disposed of according to standard medical waste protocols (and, depending on the state, relevant human fetal remains protocols¹²). As highlighted in LCA’s 3-minute oral comments, such protocols are overlooked when it comes to mifepristone home use, which leads to the following types of contamination:

1. Chemical contamination from the pills.
 - Mifepristone, the first of the two abortion drugs in a chemical abortion, forms 3 major active metabolites in the body that retain the therapeutic effect of blocking progesterone,¹³ a vital fertility hormone, rendering them endocrine disruptors.

⁸ Elise Rose and Michael Varveris, “Anti-Progesterone in Environmental Water,” *Issues in Law and Medicine* | A Journal of the Alliance for Hippocratic Medicine, Vol. 41, No. 1, July 20, 2026, <https://issuesinlawandmedicine.com/articles/anti-progesterone-in-environmental-water>.

⁹ Senator James Lankford, Representative Josh Brecheen, Representative Chris Smith et al., letter to the Honorable Lee Zeldin, Administrator, U.S. Environmental Protection Agency, June 5, 2026, https://chrissmith.house.gov/uploadedfiles/comment_letter_-_epa_draft_list_of_contaminants.pdf.

¹⁰ Catherine L. Hanaway et al., letter to the U.S. Environmental Protection Agency, “Re: Draft Sixth Contaminant Candidate List,” June 5, 2026, <https://www.alabamaag.gov/wp-content/uploads/2026/06/Missouri-Coalition-Letter-ISO-Adding-Mifepristone-to-CCL.pdf>.

¹¹ See page 20 of LCA’s comment to the EPA on the UCMR 6, available at [LCA_Comment_EPA_re_UCMR-July2026.pdf](https://www.lcaweb.org/LCA_Comment_EPA_re_UCMR-July2026.pdf).

¹² “Information on Miscarriage and Stillbirth by State,” Heaven’s Gain Ministries, June 1, 2023, <https://heavensgain.org/state-laws/>; “Parental rights after a miscarriage or stillbirth,” Heritage Defense, October 23, 2024, <https://heritagedefense.org/parental-rights-after-a-miscarriage-or-stillbirth/>.

¹³ N. N. Sarkar, “Mifepristone: bioavailability, pharmacokinetics and use-effectiveness,” *European Journal of Obstetrics, Gynecology, and Reproductive Biology*, Vol. 101, No. 2, March 10, 2002, [https://www.ejog.org/article/S0301-2115\(01\)00522-X/fulltext](https://www.ejog.org/article/S0301-2115(01)00522-X/fulltext).



- Active mifepristone compounds then enter our wastewater systems via excretion and the improper, unsanitary disposal (flushing) of aborted human fetal remains and medical waste (placenta, umbilical cords, blood, etc.).
2. Biological contamination from aborted human fetal remains and related medical waste generated by the pills.
- Annually, approximately 700,000 women dispose of aborted human fetal remains down the toilet.¹⁴
 - An estimated 30-60 tons of aborted human fetal remains and related medical waste, tainted with the above chemical waste, enter our wastewater systems annually as a result.

The reality of this pollution problem is exacerbated when one realizes the FDA failed to adhere to environmental law when it approved the abortion pill in 2000 and, though the use of the drug has increased, **this historic oversight has never been corrected** (see *appendix 2*). In other words: the evidence supporting mifepristone's original approval is limited, legally flawed, and outdated. The only environmental assessment (EA) on mifepristone was conducted 30 years ago (1996), ignores the medical waste generated by the pill, and relies on an *expected* introduction concentration of less than one part per billion.

Expanding on the latter point, it cannot be over-emphasized that the FDA merely estimated the concentration of mifepristone that would be present in U.S. waters if the drug were approved. Officials do not know the actual concentration of mifepristone contaminants in water, nor at what concentrations harm may occur. Likewise, the officials who originally approved the drug failed to consider expanded use over time (if they did, they failed to address it). Indeed, when use of mifepristone was minimal (*approximately 6 percent of all abortions were mifepristone induced in 2001*¹⁵) and far more regulated (*requiring three doctors' visits, among other things*), one could argue the above-mentioned EA was sufficient though problematic, as federal agencies should certainly adhere to federal law. While LCA would argue it was not sufficient, *even if it was* — it certainly is not now. Not only do we know that water contaminants may have negative impacts on human health if

¹⁴ More information available at <https://abortioninourwater.org/>.

¹⁵ Isaac Maddow-Zimet, Rachel K. Jones and Emma Stoskopf-Ehrlich, "Abortion in the United States," Guttmacher Institute, March 2026, <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>.



present and measured in parts per *trillion* (ppt),¹⁶ we also know mifepristone use has increased substantially, such that now most known (clinician-provided) abortions are chemical abortions: the most recent data shows 64% of the over 1 million abortions in 2023 were mifepristone abortions.¹⁷ Given women’s access to mifepristone from online providers outside the U.S., the lack of reporting requirements related to chemical abortion, and the upward trend in usage, this percent is likely much higher.¹⁸

As the use of mifepristone has expanded substantially, current exposure should be investigated rather than ignored based on historical estimates that are no longer relevant, particularly as peer-reviewed research outlines that exposure to endocrine-disrupting chemicals (EDCs) like mifepristone and its active metabolites “is identified as a significant risk factor for decreased fertility in wildlife and humans.” The same study notes, “there is great need to better monitor human exposure levels to EDCs and establish how this contributes to the increasing incidences of disorders of the reproductive tract and declining fertility rate in both women and men.”¹⁹ (For more on human health harms see section IV below.)

III. Evidence Mifepristone is in Environmental and Drinking Water

A recently published peer-reviewed study detected mifepristone equivalents in the environmental and drinking water of three U.S. cities. These findings are corroborated by other peer-reviewed studies, including a 2010 scientific study outlining that mifepristone has been detected in both hospital wastewaters and wastewater treatment plant effluent in China²⁰ and a 2014 scientific study that detected mifepristone in Swiss wastewaters,

¹⁶ “EPA’s Per- and Polyfluoroalkyl Substances (PFAS) Action Plan,” United States Environmental Protection Agency, February 2019, <https://downloads.regulations.gov/EPA-HQ-OW-2023-0469-0121/content.pdf>.

¹⁷ Isaac Maddow-Zimet, Rachel K. Jones and Emma Stoskopf-Ehrlich, “Abortion in the United States,” Guttmacher Institute, March 2026, <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>. Note: non-U.S. clinician abortions are not included.

¹⁸ See also: “U.S. chemical abortions as a result of telehealth rise by 25%, report finds,” U.S. Senator Cindy Hyde-Smith, March 27, 2026, <https://www.hydesmith.senate.gov/us-chemical-abortions-result-telehealth-rise-25-report-finds>.

¹⁹ V.L. Marlatt et al., “Impacts of endocrine disrupting chemicals on reproduction in wildlife and humans,” *Environmental Research*, Vol. 208, May 15, 2022, <https://www.sciencedirect.com/science/article/pii/S0013935121018855>.

²⁰ Xianjun Liu et al., “Analysis of hormone antagonists in clinical and municipal wastewater by isotopic dilution liquid chromatography tandem mass spectrometry,” *Analytical and Bioanalytical Chemistry*, Vol. 396, No. 8, March 1, 2010, <https://research.ebsco.com/c/r3w5i4/viewer/pdf/gmrego5wyz?route=details>. This study states, mifepristone “was found in 17 samples [of hospital effluent] with a maximum value of 195 ng/L.” This same study further notes mifepristone was found in “all the influent sewage samples” and was likewise “identified in the effluent” (at .70 and .75 n/L).



with the highest detection being 17 ng/L in hospital wastewaters.²¹ Moreover, a 2024 scientific study on analytical methods used to detect mifepristone in water summarizes other research on the same and succinctly presents the threat of mifepristone:

“Mifepristone residues in the aquatic environment have recently grown to be one of the most alarming public health concerns. Mifepristone has the potential to be hazardous to [aquatic] life and humans, and it has been linked to the fast growth of endocrine disruptors in the environment . . . Mifepristone is widely distributed in the environment, and several studies that have been published using various analytical techniques demonstrate the ongoing interest in and intense level of research effort on this compound’s presence in the environment.”²²

Consider as well (outlined in more detail in [LCACComment to the EPA re: the draft UCMR6.pdf](#)):

- Most conventional wastewater treatment plants are not designed to fully remove pharmaceutical contaminants (like mifepristone and its active metabolites).²³ Likewise, neither are most drinking water treatment facilities equipped to fully remove them.²⁴

²¹ Adrian A. Ammann, et al., “LC-MS/MS determination of potential endocrine disruptors of cortico signalling in rivers and wastewaters,” *Analytical and Bioanalytical Chemistry*, Vol. 406, October 7, 2014, <https://link.springer.com/article/10.1007/s00216-014-8206-9#Tab5>, Table 4 (<https://link.springer.com/article/10.1007/s00216-014-8206-9/tables/4>).

²² Tlou A. Makwakwa, Dineo E. Moema, and Titus A. M. Msagati, “Multi-criteria decision analysis: technique for order of preference by similarity to ideal solution for selecting greener analytical method in the determination of mifepristone in environmental water samples,” *Environmental Science and Pollution Research*, Vol. 31, April 5, 2024, <https://link.springer.com/article/10.1007/s11356-024-32961-3>; also available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC11058867/>.

²³ “How Pharmaceuticals Enter the Environment,” United States Environmental Protection Agency, Last modified January 22, 2026, <https://www.epa.gov/household-medication-disposal/how-pharmaceuticals-enter-environment>.

²⁴ Multiple sources confirm pharmaceuticals have been detected in U.S. drinking water; for examples, see: Saleh Taghvaeian, “Pharmaceuticals in Drinking Water,” OKState.edu, March 2017, <https://extension.okstate.edu/fact-sheets/pharmaceuticals-in-drinking-water.html>; Susan T. Glassmeyer et. al., “Nationwide reconnaissance of contaminants of emerging concern in source and treated drinking waters of the United States,” *Science of the Total Environment*, December 2016, <https://www.sciencedirect.com/science/article/pii/S0048969716326894>. This article outlines that while the amount of pharmaceuticals present is typically reduced after treatment, some nevertheless remain present at low levels, including an antibiotic, hormone, and antidepressant.



- Mifepristone and its active metabolites have relatively long half-lives, which are “directly correlated with a higher potential for bioaccumulation and, consequently, a greater risk of biomagnification.”²⁵
- Mifepristone is slow to biodegrade and “pseudo-persistent.” While it may eventually biodegrade, like a similar substance harming our environment (the synthetic estrogen EE2), mifepristone may create ongoing exposure by repeated introduction. Indeed, a 2024 peer-reviewed study in *Water Research X* states “Continuous addition” of parent pharmaceuticals and their metabolites “in small notable amounts, has led to their being considered as ‘pseudo-persistent’ . . . their presence in treated drinking water may pose a significant threat to the drinking water quality.”²⁶
- Mifepristone is a synthetic compound and may bioaccumulate. Per a 2019 scientific study, “**There is a growing and global concern about synthetic organic chemicals detected in waters . . . Several of these . . . exhibit bioaccumulation and endocrine disrupting activity, with a consequent alteration of the reproductive capacity of many aquatic species.**”²⁷
- Similar to the above point, Elise Rose, Ph.D., one of the authors of “Anti-Progesterone in Environmental Water,” outlines that the manufacturer of mifepristone “claims that 92% of the dose is eliminated from the woman’s body within a few days. That leaves 8% unaccounted for, possibly, or even likely, staying in the fatty tissues. Because it is fat-soluble rather than water-soluble, mifepristone, like other steroid hormones, could be retained in the tissues, especially fatty tissues. **The anti-progesterone activity found in drinking water could lead to bioaccumulation, that is buildup of mifepristone in the woman’s tissues over**

²⁵ Oskari Heikinheimo, “Clinical Pharmacokinetics of Mifepristone,” *Clinical Pharmacokinetics*, Vol. 33, July 1997, <https://link.springer.com/article/10.2165/00003088-199733010-00002>, which states “The pharmacokinetics of mifepristone are characterised by rapid absorption, a long half-life of 25 to 30 hours and micromolar serum concentrations following ingestion of doses currently in clinical use.” See also: “PRODUCT INFORMATION - MS-2 Step,” May 22, 2014, <https://www.tga.gov.au/sites/default/files/auspar-mifepristone-misoprostol-141013-pi.pdf>, which states “The half-life of mifepristone is 36.5 to 38.3 hours.” Finally, see “How Does the Half-Life of a Chemical in an Organism Relate to Its Potential for Bioaccumulation?,” *Sustainability Directory*, November 26, 2025, <https://pollution.sustainability-directory.com/learn/how-does-the-half-life-of-a-chemical-in-an-organism-relate-to-its-potential-for-bioaccumulation>.

²⁶ Kimberly Etombi Muambo et al., “Pharmaceuticals in raw and treated water from drinking water treatment plants nationwide: Insights into their sources and exposure risk assessment,” *Water Research X*, Vol. 24, September 1, 2024, <https://www.sciencedirect.com/science/article/pii/S258991472400046X>.

²⁷ <https://onlinelibrary.wiley.com/doi/full/10.1002/mrd.23112>.



time. Previous studies of mifepristone metabolism have only studied serum levels of mifepristone.”²⁸

In short, the above evidence makes it inescapable: mifepristone and its active metabolites are entering our lakes, streams, and other water bodies, more than likely entering our drinking water, and may be harming us (more on this in section IV below). Given this, the questions that the government should be asking (and answering) are:

1. At what levels are these chemicals present in tap water?
2. Are Americans likely to be ingesting endocrine-disrupting mifepristone contaminants at levels capable of causing harm over long periods of time?

Including mifepristone and its active metabolites on the CCL 6 and particularly the UCMR 6 would help answer these questions. *(Alternatively, as LCA shared with the EPA during its ten-minute oral comment on the UCMR 6, the EPA may use its authority outside of the UCMR under Section 1445(a)(1)(A) of the Safe Drinking Water Act (SDWA), which states, “the Administrator may reasonably require”²⁹ monitoring by regulation, to monitor mifepristone and its active metabolites, as it did “for total chromium in conjunction with UCMR 3.”³⁰ Likewise, the EPA could shift certain proposed UCMR 6 contaminants to have them monitored instead under Section 1445(a)(1)(A) of the SDWA and place mifepristone and its active metabolites on UCMR 6.)*

IV. Mifepristone’s Nature, Distinct Among All FDA-Approved Pharmaceuticals, Warrants Increased Scrutiny Given its Potential Harm to Human Health

Mifepristone was designed to end pregnancies, rendering it the only FDA-approved drug that is both lethal in purpose and intended to generate human fetal remains and medical waste. Moreover, the environmental impact information on mifepristone from a Swedish drug information service states mifepristone is “*classified as potentially toxic for reproduction*,”³¹ and, similarly, the “Serious Warnings and Precautions” section of a

²⁸ Elise Rose, “We Found Abortion Drugs in Your Water. You Could Be Microdosing Them Every Day,” Washington Examiner, October 10, 2026, <https://www.washingtonexaminer.com/op-eds/4754407/mifepristone-drinking-water-contamination/>.

²⁹ Safe Drinking Water Act, 42 U.S.C. §§ 300f–300j-27, [USCODE-2020-title42-chap6A-subchapXII.pdf](https://www.ecfr.gov/current/title-42-chapter-6A-subchapter-XII).

³⁰ U.S. Environmental Protection Agency, “Third Unregulated Contaminant Monitoring Rule,” archived January 19, 2021, https://19january2021snapshot.epa.gov/dwucmr/third-unregulated-contaminant-monitoring-rule_.html.

³¹ “Nordic Drugs AB | Mifegyne, Tablet 200 mg,” FASS, accessed February 20, 2026, <https://fass.se/health/product/19920904000068>. (Under the heading “Environmental impact,” one must



product information document on the drug states, “. . . *mifepristone and misoprostol are embryotoxic and have been associated with fetal abnormalities.*”³² It is, therefore, reasonable to be concerned that ingesting trace amounts of this embryotoxic substance while pregnant may pose a risk of harm to developing fetuses.

Corroborating the above, the EPA has outlined that possible adverse effects of EDCs (recall mifepristone is an EDC) include: “developmental malformations; interference with reproduction; increased cancer risk; and disturbances in the immune and nervous system function.”³³ As the progesterone receptor is already “sensitive to disruption by environmental chemicals” and mifepristone works by binding to this receptor to block progesterone, if mifepristone contaminants are ingested—even in the small amounts that are present in our water—over time, human health may suffer.³⁴

Finally, consider the following:

- 1 in 5 married women of childbearing age (15 to 49) “with no prior births are unable to get pregnant after 1 year of trying.” Among this group, 1 in 4 “have difficulty getting pregnant or carrying a pregnancy to term.”³⁵
- Women often require progesterone supplementation to conceive and remain pregnant.³⁶
- Progesterone is vital for men as well. In 2024 alone, over 1.6 million Americans were prescribed progesterone for various therapeutic uses, including fertility support.³⁷ (This likely represents only a fraction of those who could benefit from it.)

click “see detailed environmental information.” Google Translate was utilized to translate the text from Swedish to English.)

³² “PRODUCT MONOGRAPH INCLUDING PATIENT MEDICATION INFORMATION | MIFEGYMISO | Mifepristone tablet 200 mg | Progesterone receptor modulator and Misoprostol tablets 200 mcg | Prostaglandin,” Revised October 21, 2016, https://pdf.hres.ca/dpd_pm/00036826.PDF.

³³ U.S. Environmental Protection Agency, “Overview of Endocrine Disruption,” last updated December 2, 2025, <https://www.epa.gov/endocrine-disruption/overview-endocrine-disruption>.

³⁴ V.L. Marlatt et al, “Impacts of endocrine disrupting chemicals on reproduction in wildlife and humans,” *Environmental Research*, Vol. 208, May 15, 2022, <https://www.sciencedirect.com/science/article/pii/S0013935121018855>.

³⁵ U.S. Centers for Disease Control and Prevention, “Infertility: Frequently Asked Questions,” May 15, 2024, https://www.cdc.gov/reproductive-health/infertility-faq/index.html#cdc_generic_section_2-is-infertility-a-common-problem.

³⁶ Lauren Kim, “Do Women Take Progesterone to Get Pregnant?,” *Advance Study*, accessed October 19, 2026, <https://advancestudy.org/do-women-take-progesterone-to-get-pregnant/>.

³⁷ ClinCalc, “Progesterone | Drug Usage Statistics, United States, 2014 – 2024,” updated April 15, 2025, <https://clincalc.com/drugstats/Drugs/Progesterone>.



- One of the authors of the peer-reviewed study “Anti-Progesterone in Environmental Water,” recently published an article outlining that her co-author, Dr. Varveris, treats women with progesterone by testing *“their tissue levels for both natural progesterone and remaining artificial steroids. (He gives only bioidentical hormones.)* **He indicates that it takes nine months to purge the woman’s body of the synthetics** [recall from above mifepristone is synthetic] **after she has stopped taking them. . . It has been reported anecdotally that doctors have had to prescribe higher doses of progesterone for both young women seeking to maintain pregnancy and older women undergoing hormone replacement therapy. This is a possible effect of mifepristone in the water.**”³⁸ She also makes clear, “Moreover, if mifepristone or its metabolites are present in the water, women could be continually microdosing themselves for years. Even if she never wants to get pregnant again, the drug would be a progesterone antagonist, causing all kinds of health problems.”³⁹

With so many unable to get pregnant and so many needing progesterone, we need to ask if our drinking water is laced with progesterone-blocking mifepristone contaminants. This alone suggests it warrants inclusion in the final UCMR 6.

V. A Validated Drinking Water Testing Method is Possible

As it pertains to the UCMR 6 and a validated drinking water method, LCA has previously outlined information from peer-reviewed studies on various methodologies for testing water for mifepristone and pharmaceutical metabolites. Some are similar to the EPA’s testing method, “Determination of Pharmaceuticals and Personal Care Products in Drinking Water by Solid Phase Extraction and Liquid Chromatography Electrospray Ionization Tandem Mass Spectrometry (LC/ESI-MS/MS).” LCA again recommends the EPA utilize the information in the compiled studies (outlined in more detail in [LCAComment to the EPA re: the draft UCMR6.pdf](#)), including by contacting the authors of said studies, to determine the best way(s) to monitor mifepristone and its active metabolites.

³⁸ Elise Rose, “We Found Abortion Drugs in Your Water. You Could Be Microdosing Them Every Day,” Washington Examiner, October 10, 2026, <https://www.washingtonexaminer.com/op-eds/4754407/mifepristone-drinking-water-contamination/>.

³⁹ Ibid.



In short, LCA agrees with the “scientists who specialize in chemical detection” who told senior officials at the EPA that while “there are currently no E.P.A.-approved methods for identifying mifepristone in wastewater,” “new methods could be developed.”⁴⁰

VI. New Information for Consideration: The EPA’s New Groundbreaking Study

The EPA recently announced it will undertake a new study to test America’s drinking water for the presence of pharmaceuticals,⁴¹ including mifepristone, misoprostol, and their major active metabolites. LCA is grateful for this breakthrough and does not seek to minimize its importance. Indeed, the EPA appears to be taking steps to address the glaring omission of mifepristone and pharmaceutical metabolites from other EPA materials, including the Human Health Benchmark for Pharmaceuticals (HHB Rx).

At the same time, mifepristone and its active metabolites still warrant inclusion on CCL 6 and UCMR 6 as the aforementioned study will only test for the occurrence of listed pharmaceutical contaminants – it will not test for their exact levels. Such testing is desperately needed to assist in both research and, ultimately, establishing a national primary drinking water regulation.

Related, we believe it prudent to provide a response to some concerning statements on the EPA’s announcement of this study: The Senate Democrat Caucus recently urged the EPA to remove mifepristone and misoprostol from the list of contaminants to be tested for, stating “there is no scientific evidence that would support mifepristone and misoprostol as candidates for surveillance by the EPA,” and “no credible evidence shows mifepristone is a threat to America’s drinking water.”⁴²

As demonstrated above, both statements are categorically false.⁴³ The information LCA has already provided, linked and summarized above, proves the inaccuracy of these

⁴⁰ Caroline Kitchener and Coral Davenport, “The E.P.A. Followed Up on an Unusual Request About Abortion Pills,” The New York Times, October 10, 2025, <https://www.nytimes.com/2025/10/10/us/politics/epa-abortion-wastewater.html>.

⁴¹ U.S. Environmental Protection Agency, “EPA Launches Cutting-Edge Scientific Study to Strengthen Nation’s Understanding of Potential Pollutants in Drinking Water,” September 9, 2026, <https://www.epa.gov/newsreleases/epa-launches-cutting-edge-scientific-study-strengthen-nations-understanding-potential>.

⁴² Patty Murray et al., letter to Lee Zeldin, Administrator, U.S. Environmental Protection Agency, October 14, 2026, https://www.cortezmasto.senate.gov/wp-content/uploads/2026/10/26.10.14_Letter-to-EPA-on-Drinking-Water-Study.pdf.

⁴³ Other statements are likewise inaccurate and misleading; for example, the claim that mifepristone has “been used safely by more than 7.5 million people in the United States,” ignores the reality that more than 1



claims. Furthermore, one could just as easily state the opposite: there is no scientific evidence that would support EXCLUSION of mifepristone and misoprostol as candidates for monitoring by the EPA, particularly alongside a list of over 250 pharmaceuticals and personal care products. If anything, these mifepristone contaminants should take priority among said pharmaceuticals: Among other things, mifepristone is (as noted above) uniquely harmful, being the only FDA-approved drug intentionally designed to end a human life and (in doing so) to generate human remains and medical waste.

The letter by the Senate Democrats to the EPA also outlines that, *“In 1996, the FDA conducted an Environmental Assessment under the National Environmental Policy Act (NEPA) to assess the potential impacts of mifepristone on the environment. This NEPA assessment resulted in a Finding of No Significant Impact and ‘concluded that the product can be manufactured, used, and disposed of without any expected adverse environmental effects.’”* As noted above, the Clinton-era FDA did in fact conclude, based on a legally non-compliant EA (see appendix 2), that there would be no adverse environmental impacts. This EA, in addition to being based on estimates of the drug's concentration in water, clearly overlooked (if not ignored) the reality that his novel drug regimen would generate medical waste and therefore require protocols to ensure said medical waste was disposed of properly. Its failure to do so both in 1996 and in every year major actions were taken on the drug — 2011, 2016, 2019, 2021, 2023 and 2025 — have resulted in the public health crisis we face today: 30-60 tons of aborted human fetal remains and medical waste chemically tainted with mifepristone are entering our nation’s wastewater systems annually.⁴⁴

To reassure the Board and reiterate our previous comments, the research not only supports including these contaminants alongside all others, but it also supports their inclusion on the CCL 6 and UCMR 6.

Conclusion

in 10 women experience a severe adverse event. See: Ryan T. Anderson and Jamie Bryan Hall, “The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experiences a Serious Adverse Event,” Ethics and Public Policy Center, April 28, 2025, <https://eppc.org/publication/insurance-data-reveals-one-in-ten-patients-experiences-a-serious-adverse-event/>.

⁴⁴ For more on this, see section 1: “Relevant Laws: The Clean Water Act, National Environmental Protection Act, and State Laws on Clean Water & Fetal Disposal” of Liberty Counsel Action’s white paper, “Abortion in Our Water: A Special Report,” available at https://lcaction.org/LCA-PDFs/AbortionInOurWater_Final01.pdf.



As the evidence in the above linked material from LCA highlights, mifepristone water contamination poses a risk to the health and fertility of Americans. LCA therefore respectfully requests that the Science Advisory Board recommend to the EPA that it:

1. Explicitly adds mifepristone and its three principal active metabolites to the final CCL 6 and UCMR 6, to both require monitoring and encourage research.
2. Evaluate available analytical methods for inclusion of these substances on the final UCMR 6.

These recommendations would connect CCL 6 prioritization to the data collection necessary for a defensible regulatory decision.

Americans deserve to know whether they are drinking water infused with mifepristone contaminants. Current exposure levels should be investigated through systematic monitoring so that risk can be accurately characterized and addressed.

APPENDIX 1: Liberty Counsel Action's 3-minute Oral Comment to the Science Advisory Board's Drinking Water Committee: The Case for Adding Mifepristone to CCL 6

The following statement was presented orally to the SAB Drinking Water Committee in June 2026.

Good afternoon, and thank you for the opportunity to speak.

*I am here to urge the committee to recommend that the EPA **include mifepristone and its active metabolites on the final Contaminant Candidate List 6 by name** rather than simply as part of an overly broad pharmaceuticals category.*

*While pharmaceuticals in water have been a concern for years, significant gaps remain—particularly with drugs that are **increasing rapidly in use** and that pose **unique environmental risks**.*

Mifepristone is one such drug.

*It is not only **widely used**, as about 700,000 women are ingesting this drug annually, but after excretion into our water systems it and its active metabolites retain the ability to block progesterone, a **hormone vital for men, women, and wildlife**, particularly when it comes to **reproduction**.*



As conventional wastewater and drinking water treatment plants are not designed to remove these contaminants - which is particularly concerning in **urban and semi-arid regions** where **water reuse is prevalent**, an area I know many of you have expertise in - **Americans are more than likely ingesting trace amounts of a substance designed to end pregnancies** - a **vital concern** in the midst of our nation's **fertility crisis**.

Furthermore, mifepristone is the only FDA-approved drug that was designed to be **lethal in nature and generate medical waste**, distinguishing it from **all other pharmaceuticals** and therefore **deserving of heightened scrutiny**.

As our written comment outlines, mifepristone has been found in rivers and wastewater effluents. A **2024 scientific study summarizes the matter well, noting it is widely distributed in the environment** and among the **most alarming public health concerns**.

Despite these realities, mifepristone has continually been **overlooked** by federal agencies, and as **inclusion in a group does not guarantee evaluation of individual substances**, there is nothing to suggest **the same won't happen again** if mifepristone is not listed by name on the CCL 6.

While the EPA may point to the **Human Health Benchmarks for Pharmaceuticals in Drinking Water** as a means to prioritize which drugs to evaluate, **that list does not include mifepristone**.

Interestingly, the list **does include misoprostol**, the second drug in the abortion pill regimen, **even though it has a very short half-life**—about 30 minutes—and is excreted as **inactive metabolites**.

Notably, its abortifacient properties are not mentioned, rather it is listed as having the ability to reduce the risk of NSAID-induced gastric ulcers.

By contrast, mifepristone has **a long half-life exceeding 30 hours** and produces **active metabolites**, making it **far more likely to persist in the environment** and ultimately be ingested in **drinking water**.

This inconsistency aligns with a **pattern** that has become even more apparent in recent years: the **unwillingness of politically neutral, objective entities to even question let alone criticize anything having to do with abortion**.

And while the EPA may claim they did not have enough data on mifepristone to include it among the Human Health Benchmarks —**that is precisely the reason for inclusion on the**



Contaminant Candidate List, as we need to encourage more research and monitoring of this harmful substance.

Finally, as the CCL is only developed every 5 years, **if mifepristone is not included by name now**, critical monitoring and research **could be delayed for years**, while environmental **exposure continues to increase**.

Adding mifepristone and its active metabolites to CCL 6 is a **science-based step aligning with the EPA's mission**.

Thank you for your time and consideration.

APPENDIX 2: Legal Requirements & Violations of the Clean Water Act (CWA) & National Environmental Policy Act (NEPA): 2000, 2011, 2016, 2019, 2021, 2023, 2025⁴⁵

Law / Regulation	Requirement	How violated	Years violated
(CWA) 33 U.S.C. §1323 and §1362	Compliance with Federal, State and local laws (requirements) on water pollution . Based on the definition of “pollutant,” this includes chemical wastes and biological material; active abortion pill metabolites and fetal remains qualify for both.	There was never any consideration of state and local laws on medical waste or water quality.	All.
(NEPA) 42 U.S.C. §4332 (see 1995 and current versions)	Each “recommendation or report on proposals for legislation and other major Federal actions significantly affecting the quality of the human environment ” requires a “detailed	The only environmental assessment on the abortion drug (1996) failed to consider that without protocols to ensure otherwise, the mifepristone-tainted	All (wording slightly updated in 2023).

⁴⁵ In 2025 the Council on Environmental Quality “rescinded its NEPA implementing regulations at 40 C.F.R. parts 1500–1508,” made final in [2026](#). Guidance [states](#) that “agencies should consider voluntarily relying on those regulations in completing ongoing NEPA reviews or defending against challenges to reviews completed while those regulations were in effect. . . While these revisions are ongoing, agencies should continue to follow their existing practices and procedures for implementing NEPA consistent with the text of NEPA . . .” For more, see lcaction.org/LCA-PDFs/AbortionInOurWater_Final01.pdf.



	statement” on environmental impact/effects, including “any adverse environmental effects which cannot be avoided should the proposal be implemented.”	human remains and medical waste from use of mifepristone would enter our water systems and, subsequently, the active components of the progesterone-blocking drug would infiltrate environmental waters (and tap water , as we now know).	
(NEPA) 21 CFR §25.21 (see current); related 1998 Agency Guidance/Process	In any case where an action may qualify for an exclusion to the environmental assessment requirement, an EA will still be required if “ extraordinary circumstances ” are present.	The generation of human fetal remains and medical waste is an “extraordinary circumstance” resulting from use of mifepristone. This was ignored during every year major actions were taken on the abortion pill protocol, so while new EAs should have been performed to determine sanitary disposal pathways, none were.	1998-onward.
(NEPA) 42 U.S.C. §4332 (see 1995 and current versions)	Decision-making is to appropriately consider unquantifiable environmental values and amenities ; e.g., consider an environment free of chemical abortion pill residues and aborted fetal remains.	Chemical abortion pill contamination in our environment, including the human fetal remains entering our wastewater systems, was never given consideration (let alone the appropriate amount).	All.
(NEPA) 42 U.S.C. §4332 (see 1995 and current versions)	Agencies are to ensure environmental statements are objective , a requirement made more explicit in 2023 after NEPA was amended to state agencies shall “ensure the professional integrity,	The FDA essentially accepted an EA prepared by the Population Council. As a pro-abortion entity with ties to both the eugenics movement and the entities that stood to	All (wording slightly updated in 2023).



	including scientific integrity, of the discussion and analysis in an environmental document.”	profit from the drug approval, objectivity was lacking.	
(NEPA) CFR 40, §1508.14 (1995- 2020); CFR 40, §1508.1 (2021-2024)	“ Human environment ” as used in NEPA is to include “the relationship of people to that environment.”	The FDA did not consider that people's relationship to the environment may be damaged by knowledge of abortion pill waste in our waters.	All (though wording varied slightly).
(NEPA) CFR 40, §1508.27 (1995- 2020)	“ Significant ” as used in NEPA includes considering: “The degree to which the effects on the quality of the human environment are likely to be highly controversial .”	The controversy surrounding this issue was not adequately addressed.	2000, 2011, 2016, 2019 (removed in 2020); similar provision in 2024.
(NEPA) CFR 40, §1508.27 (1995-2020); CFR 40, §1501.3 (2021-2024)	“ Significant ” as used in NEPA includes considering: “Whether the action threatens a violation of Federal, State, or local law or requirements imposed for the protection of the environment.”	Again, state and local laws on water quality and medical waste disposal were not properly considered.	All (though wording varied slightly).
(NEPA) CFR 40, §1508.27 (1995-2020); CFR 40, §1508.1 (2022-2024)	An EA should have considered: “Whether the action is related to other actions with individually insignificant but cumulatively significant impacts.”	Cumulative impact of active abortion pill waste was not properly considered (especially relevant in later years as use of the pills increased dramatically).	1995-2020, 2022-2024.