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Lawyering for Reproductive Justice

ISSUE BRIEF

Prescription Labels and the Law Enforcement Encounter:

Preventing Risk-Shifting to Patients

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Purpose

Shield laws are designed to protect providers from out-of-state legal exposure; recent iterations of these protections include removal of identifying information — including patient name — from medication labels. While enacted with good intentions, they strip information that patients need in a very different, and increasingly common, scenario: an encounter with law enforcement (police or other state agents, such as social service of family regulation system workers) in a state that restricts or bans the abortion care. This brief explains why label design needs to account for that scenario, and offers alternatives.

The Problem in Practice

Shield law statutes have understandably focused on protecting the provider, allowing a clinic name, an address, or nothing at all to appear in place of the prescriber's name. That framing assumes the point of legal risk is a subpoena, a licensing complaint, or an interstate investigation aimed at the provider. **But in our cases, we see a different and more immediate risk: a patient in a state that bans abortion, in a direct encounter with law enforcement, with a container of pills.**

That encounter might arise from a traffic stop, a search incident to an unrelated arrest, a welfare check, a family living in a state-run shelter and subject to searches, or law enforcement going through a patient's purse, car, or trash. In that moment, no one is reading statutory text from another state. An officer is looking at a label and asking: *does this look like a legitimate medical prescription?*

A label with no patient name does not answer that question in the patient's favor. It is functionally indistinguishable from contraband. *The more hallmarks of a normal prescription the packaging bears (i.e. not disguised with candy, jewelry, or other trinkets), the better for the recipient.* The more information is stripped from a label in the name of privacy, the less it looks like a lawful prescription and the more it looks like something illicit.

"The pills aren't mine" is not a viable defense when the label doesn't identify anyone else either, and disclaiming possession of medication found on one's own person or in one's own belongings is unhelpful in drug-related encounters with police.

In other words, a shield law's protective theory — that the prescription is lawful because it was issued by an authorized provider in a shield state — only helps the patient if the label lets them prove that connection on the spot. Every field a shield law allows to be removed is a field the patient can no longer point to to protect themself.

Recommendation: Keep the Patient's Name on the Label

Of the fields on a typical prescription label (patient name, prescriber name, dispensing pharmacy/practice name or address, drug name, prescription number, date, and directions for use), the patient's name is the one field that directly ties the medication in hand to the person holding it. It is also the field that least exposes the provider.

We recommend that shield law drafters treat the patient's name as a field that should ***not*** be optional or removable, and instead direct the flexibility these laws offer toward the fields that actually carry provider-identifying risk:

- Prescriber name — replaceable with the health care practice's name (as WA, ME, and NY already allow).
- Practice/pharmacy identity — name only, or name and address, at the patient's or provider's option (NY allows either, redactable in VT).

This reframing does not weaken the provider-facing protection these statutes were built to offer. It simply moves the redaction to the fields that expose the provider, rather than the field that authenticates the patient.

A Note on California's Approach

California's law goes further than any other enacted law, permitting a pharmacist to omit the patient's name, the prescriber's name, and the pharmacy's name and address, so long as a prescription number appears on the label. This theoretically offers protection against records-based investigations, but in a face-to-face encounter it produces the least helpful label of any state's approach: a container that cannot facially be tied to anyone. We encourage California and any state considering similar language to **retain the patient name** paired with a **verification mechanism** (below) so that provider anonymity on paper does not translate into patient vulnerability in practice.

Complementary Tool: A State-Backed Verification Option

For states that want to preserve maximum flexibility to omit *provider-identifying* information, we recommend pairing that flexibility with a verification mechanism that lets a patient — or, more importantly, a state agent — confirm legitimacy without either the provider or pharmacy name on the label. Options include:

- A prescription-number lookup line, published and maintained by the state Attorney General or health department, that confirms (without disclosing clinical detail) that a given prescription number was issued by an authorized provider.
- A standardized label sticker or QR code, issued or approved by the state AG's office, that signals "this is a lawful, verifiable prescription issued under [State] law" and links to the lookup line above.
- A short, plain-language card or insert (physical or digital) that a patient can carry alongside the medication, explaining their rights and directing an officer to the verification resource.

None of these substitutes for the patient's name being on the label. Moreover, absent a live, real-time verification path, an unlabeled or minimally-labeled prescription is asking a patient to rely on a legal theory ("this is protected under the provider's state's shield law") that an officer in the field has no way to test and an average patient may be unable to explain.

Summary

- **The patient's name is critical** — it is the field that connects the person to the medication in a face-to-face encounter.
- **Direct redaction flexibility toward provider/pharmacy fields** — that's where the legal exposure for abortion care provision sits under hostile state laws.
- **If a state wants to allow provider/pharmacy anonymity, pair it with a verification tool** — an AG-run hotline, lookup number, or sticker/QR system, so the absence of information doesn't default to "this looks fake."
- **Threat model the label for a police encounter, not a prescription lookup** — ask what the label needs to communicate to a person with no legal training, looking at it for the first time, deciding in real time whether to escalate.