

August 9, 2022

Jack Resneck Jr., MD  
President  
American Medical Association  
AMA Plaza  
330 N. Wabash Ave, Suite 39300  
Chicago, IL 60611

Dear Dr. Resneck:

I write to seek the American Medical Association's perspective on state-imposed abortion restrictions and the horrifying reports of women who are being denied urgent and critical pregnancy care, reproductive care, and even non-reproductive health care due to these extreme restrictions.

In the aftermath of the Supreme Court's reckless decision to overturn *Roe v. Wade*, abortion bans—often enacted by rightwing Republican legislatures—have taken effect across the country. As of August 8, 2022, ten states have outright banned abortion.<sup>1</sup> Four states have prohibited abortions after six weeks of pregnancy.<sup>2</sup> Three states will outlaw abortion in a matter of weeks.<sup>3</sup> And five states have abortion bans on the books, only temporarily blocked by judges.<sup>4</sup> Despite over three-fourths of Americans opposing such radical restrictions, virtually none have exceptions for pregnancies resulting from rape or incest.<sup>5</sup>

The consequences of these abortion bans have already been devastating. Approximately 36 million women of reproductive age live in the 26 states that are certain or likely to ban abortion.<sup>6</sup> They will no longer have—or have already lost—the right to make decisions about their own reproductive care, instead forced to carry pregnancies to term by their state governments.

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But as recent reporting has suggested, the effects of abortion restrictions extend far beyond abortion care itself. In the weeks since the Supreme Court eliminated the constitutional right to an abortion, women in states like Texas,<sup>7</sup> Missouri,<sup>8</sup> Ohio,<sup>9</sup> and Tennessee<sup>10</sup> have been denied critical pregnancy care, reproductive care, and non-reproductive health care as a result of vague and draconian state laws criminalizing choice. And providers have been put into impossible situations, potentially facing severe civil and criminal penalties for offering medically necessary care to their patients.

The stories are shocking and horrific.

In Wisconsin, a woman “bled for more than ten days from an incomplete miscarriage after emergency room staff would not remove the fetal tissue.”<sup>11</sup> Hospital staff feared the consequences of violating state laws “amid a confusing legal landscape” set off by the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization*.<sup>12</sup>

A Texas woman was denied medical care for days after her water broke in the 18<sup>th</sup> week of her pregnancy (well before the threshold for fetal viability), despite vomiting, passing clots of blood and yellow discharge, and exhibiting signs of infection.<sup>13</sup> The chance of survival for her fetus was “as close to zero as you’ll ever get in medicine.”<sup>14</sup> But because there was still a fetal heartbeat and Texas’s abortion ban offers no definition for its “medical emergency” exception, the hospital ethics committee did not approve treatment until her discharge was “foul” and “[e]nough to make her retch.”<sup>15</sup>

In Missouri, one of the largest hospital systems in St. Louis stopped providing emergency contraception such as Plan B because of ambiguities in the state’s abortion ban, one that has no exceptions for rape or incest.<sup>16</sup> The hospital system was only able to reverse course when the

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state's attorney general issued guidance stating that contraception was not covered by the abortion ban.<sup>17</sup>

An Ohio clinic received calls from two women with ectopic pregnancies who said that their doctors would not treat them.<sup>18</sup> Ectopic pregnancies, which occur in one out of every 50 pregnancies, definitionally cannot be carried to term and can quickly become life-threatening emergencies.<sup>19</sup>

Methotrexate—a drug used by patients suffering from certain cancers and auto-immune diseases like lupus, rheumatoid arthritis, and Crohn's disease—has become less accessible to women because it can be used to induce abortions.<sup>20</sup> Reports indicate that “some doctors have already stopped prescribing methotrexate rather than risk falling afoul of antiabortion laws.”<sup>21</sup> In one instance, a pharmacist in Texas refused to dispense methotrexate to an eight-year-old girl because “[f]emales of possible child bearing potential have to have [a] diagnosis on hard copy with state abortion laws.”<sup>22</sup>

These initial reports are a harbinger of the threats faced by millions of women under state-imposed abortion bans and by their providers who took an oath to “do no harm.” And as more states restrict abortion access, they will only multiply.

There is no doubt that the blame for such tragedies lays squarely at the feet of extremist Republican state legislators who are willing to risk the lives and safety of women in their pursuit of a rightwing, misogynistic, and out-of-touch agenda. I am writing to the American Medical Association—and other leading organizations representing physicians, nurses, pharmacists, and other health care providers—to better understand the effect of these radical abortion restrictions on health care access in the United States, including pregnancy care (such as care for miscarriages and ectopic pregnancies), reproductive care (such as emergency contraception and fertility services), and any other form of health care. Accordingly, I request that you answer the following questions by September 9, 2022:

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1. How have state-imposed restrictions on abortion care affected patients?
  - a. Have state-imposed restrictions on abortion care resulted in diminished access to pregnancy care, reproductive care, or any other form of health care? If so, please explain.
  - b. Have state-imposed restrictions on abortion care resulted in delays in care for patients? If so, please explain.
2. How have state-imposed restrictions on abortion care affected physicians?
  - a. Have state-imposed restrictions on abortion care affected physicians' ability to independently exercise their medical judgment? If so, please explain.
  - b. Have state-imposed restrictions on abortion care affected physicians' ability to provide the full range of care necessary for their patients? If so, please explain.
3. What guidance have you provided to your members, if any, about how to perform their duties in light of state-imposed restrictions on abortion care? Do you plan to issue any future guidance to your members about how to perform their duties in light of state-imposed restrictions on abortion care?
4. How can the federal government help protect and expand access to pregnancy care, reproductive care, and other forms of health care in response to state-imposed restrictions on abortion care?

Thank you for your attention to this important matter.

Sincerely,



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Elizabeth Warren  
United States Senator

August 9, 2022

Jamila Perritt, MD, MPH  
President and CEO  
Physicians for Reproductive Health  
PO Box 35  
Hartsdale, NY 10530

Dear Dr. Perritt:

I write to seek Physicians for Reproductive Health's perspective on state-imposed abortion restrictions and the horrifying reports of women who are being denied urgent and critical pregnancy care, reproductive care, and even non-reproductive health care due to these extreme restrictions.

In the aftermath of the Supreme Court's reckless decision to overturn *Roe v. Wade*, abortion bans—often enacted by rightwing Republican legislatures—have taken effect across the country. As of August 8, 2022, ten states have outright banned abortion.<sup>1</sup> Four states have prohibited abortions after six weeks of pregnancy.<sup>2</sup> Three states will outlaw abortion in a matter of weeks.<sup>3</sup> And five states have abortion bans on the books, only temporarily blocked by judges.<sup>4</sup> Despite over three-fourths of Americans opposing such radical restrictions, virtually none have exceptions for pregnancies resulting from rape or incest.<sup>5</sup>

The consequences of these abortion bans have already been devastating. Approximately 36 million women of reproductive age live in the 26 states that are certain or likely to ban abortion.<sup>6</sup> They will no longer have—or have already lost—the right to make decisions about their own reproductive care, instead forced to carry pregnancies to term by their state governments.

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Thank you for your attention to this important matter.

Sincerely,



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Elizabeth Warren  
United States Senator



August 9, 2022

Bonnie Castillo, RN  
Executive Director  
National Nurses United  
8455 Colesville Rd., Suite 1100  
Silver Spring, MD 20910

Dear Ms. Castillo:

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There is no doubt that the blame for such tragedies lays squarely at the feet of extremist Republican state legislators who are willing to risk the lives and safety of women in their pursuit of a rightwing, misogynistic, and out-of-touch agenda. I am writing to National Nurses United—and other leading organizations representing physicians, pharmacists, and other health care providers—to better understand the effect of these radical abortion restrictions on health care access in the United States, including pregnancy care (such as care for miscarriages and ectopic pregnancies), reproductive care (such as emergency contraception and fertility services), and any other form of health care. Accordingly, I request that you answer the following questions by September 9, 2022:

1. How have state-imposed restrictions on abortion care affected patients?

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- a. Have state-imposed restrictions on abortion care resulted in diminished access to pregnancy care, reproductive care, or any other form of health care? If so, please explain.
  - b. Have state-imposed restrictions on abortion care resulted in delays in care for patients? If so, please explain.
2. How have state-imposed restrictions on abortion care affected nurses?
  - a. Have state-imposed restrictions on abortion care affected nurses' ability to independently exercise their medical judgment? If so, please explain.
  - b. Have state-imposed restrictions on abortion care affected nurses' ability to provide the full range of care necessary for their patients? If so, please explain.
3. What guidance have you provided to your members, if any, about how to perform their duties in light of state-imposed restrictions on abortion care? Do you plan to issue any future guidance to your members about how to perform their duties in light of state-imposed restrictions on abortion care?
4. How can the federal government help protect and expand access to pregnancy care, reproductive care, and other forms of health care in response to state-imposed restrictions on abortion care?

Thank you for your attention to this important matter.

Sincerely,



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Elizabeth Warren  
United States Senator

August 9, 2022

Theresa Tolle, BPharm, FAPhA  
President  
American Pharmacists Association  
2215 Constitution Avenue NW  
Washington, DC 20037

Dear Ms. Tolle:

I write to seek the American Pharmacists Association's perspective on state-imposed abortion restrictions and the horrifying reports of women who are being denied urgent and critical pregnancy care, reproductive care, and even non-reproductive health care due to these extreme restrictions.

In the aftermath of the Supreme Court's reckless decision to overturn *Roe v. Wade*, abortion bans—often enacted by rightwing Republican legislatures—have taken effect across the country. As of August 8, 2022, ten states have outright banned abortion.<sup>1</sup> Four states have prohibited abortions after six weeks of pregnancy.<sup>2</sup> Three states will outlaw abortion in a matter of weeks.<sup>3</sup> And five states have abortion bans on the books, only temporarily blocked by judges.<sup>4</sup> Despite over three-fourths of Americans opposing such radical restrictions, virtually none have exceptions for pregnancies resulting from rape or incest.<sup>5</sup>

The consequences of these abortion bans have already been devastating. Approximately 36 million women of reproductive age live in the 26 states that are certain or likely to ban abortion.<sup>6</sup> They will no longer have—or have already lost—the right to make decisions about their own reproductive care, instead forced to carry pregnancies to term by their state governments.

But as recent reporting has suggested, the effects of abortion restrictions extend far beyond abortion care itself. In the weeks since the Supreme Court eliminated the constitutional

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The stories are shocking and horrific.

In Wisconsin, a woman “bled for more than ten days from an incomplete miscarriage after emergency room staff would not remove the fetal tissue.”<sup>11</sup> Hospital staff feared the consequences of violating state laws “amid a confusing legal landscape” set off by the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization*.<sup>12</sup>

A Texas woman was denied medical care for days after her water broke in the 18<sup>th</sup> week of her pregnancy (well before the threshold for fetal viability), despite vomiting, passing clots of blood and yellow discharge, and exhibiting signs of infection.<sup>13</sup> The chance of survival for her fetus was “as close to zero as you’ll ever get in medicine.”<sup>14</sup> But because there was still a fetal heartbeat and Texas’s abortion ban offers no definition for its “medical emergency” exception, the hospital ethics committee did not approve treatment until her discharge was “foul” and “[e]nough to make her retch.”<sup>15</sup>

In Missouri, one of the largest hospital systems in St. Louis stopped providing emergency contraception such as Plan B because of ambiguities in the state’s abortion ban, one that has no exceptions for rape or incest.<sup>16</sup> The hospital system was only able to reverse course when the

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These initial reports are a harbinger of the threats faced by millions of women under state-imposed abortion bans and by their providers who took an oath to “do no harm.” And as more states restrict abortion access, they will only multiply.

There is no doubt that the blame for such tragedies lays squarely at the feet of extremist Republican state legislators who are willing to risk the lives and safety of women in their pursuit of a rightwing, misogynistic, and out-of-touch agenda. I am writing to the American Pharmacists Association—and other leading organizations representing physicians, nurses, and other health care providers—to better understand the effect of these radical abortion restrictions on health care access in the United States, including pregnancy care (such as care for miscarriages and ectopic pregnancies), reproductive care (such as emergency contraception and fertility services), and any other form of health care. Accordingly, I request that you answer the following questions by September 9, 2022:

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2. How have state-imposed restrictions on abortion care affected pharmacists?
  - a. Have state-imposed restrictions on abortion care affected pharmacists' ability to independently exercise their medical judgment? If so, please explain.
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3. What guidance have you provided to your members, if any, about how to perform their duties in light of state-imposed restrictions on abortion care? Do you plan to issue any future guidance to your members about how to perform their duties in light of state-imposed restrictions on abortion care?
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Thank you for your attention to this important matter.

Sincerely,



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Elizabeth Warren  
United States Senator



August 9, 2022

Richard J. Pollack  
President and CEO  
American Hospital Association  
800 10th St. NW, Suite 400  
Washington, DC 20001

Dear Mr. Pollack:

I write to seek the American Hospital Association's perspective on state-imposed abortion restrictions and the horrifying reports of women who are being denied urgent and critical pregnancy care, reproductive care, and even non-reproductive health care due to these extreme restrictions.

In the aftermath of the Supreme Court's reckless decision to overturn *Roe v. Wade*, abortion bans—often enacted by rightwing Republican legislatures—have taken effect across the country. As of August 8, 2022, ten states have outright banned abortion.<sup>1</sup> Four states have prohibited abortions after six weeks of pregnancy.<sup>2</sup> Three states will outlaw abortion in a matter of weeks.<sup>3</sup> And five states have abortion bans on the books, only temporarily blocked by judges.<sup>4</sup> Despite over three-fourths of Americans opposing such radical restrictions, virtually none have exceptions for pregnancies resulting from rape or incest.<sup>5</sup>

The consequences of these abortion bans have already been devastating. Approximately 36 million women of reproductive age live in the 26 states that are certain or likely to ban abortion.<sup>6</sup> They will no longer have—or have already lost—the right to make decisions about their own reproductive care, instead forced to carry pregnancies to term by their state governments.

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