



**Post-Roe Abortion Bans Threaten Women's Lives:  
Health Care Providers Speak Out on the Devastating Harm  
Posed by Abortion Bans and Restrictions**



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October 2022



# Contents

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<b>I. Executive Summary.....</b>	<b>3</b>
<b>Key Information: State Abortion Bans Already Endangering Women’s Lives .....</b>	<b>6</b>
<b>III. Introduction.....</b>	<b>8</b>
<b>IV. Key Findings.....</b>	<b>9</b>
<b>A. State-imposed Restrictions on Abortion Care Affect All Women Seeking Reproductive Health Care, Even in States Where Abortion Remains Legal... ..</b>	<b>9</b>
<b>B. State Abortion Bans have Created Mortal Threats to Women Suffering from Miscarriages, Ectopic Pregnancies, and Other Complications.....</b>	<b>10</b>
<b>C. State-Imposed Restrictions on Abortion Care Threaten Health Care Providers and Interfere with the Doctor-Patient Relationship.....</b>	<b>11</b>
<b>D. State-Imposed Restrictions on Abortion Care Disproportionately Impact Communities of Color, Rural Communities, and Low-Income Communities.. ..</b>	<b>13</b>
<b>E. State-Imposed Restrictions on Abortion Care Result in Broader Restrictions on Medical Care and Medical Education... ..</b>	<b>14</b>
<b>F. Republicans’ Proposed National Abortion Ban Would Have a Devastating Impact on Women’s Health and the Entire Health Care System.....</b>	<b>15</b>
<b>V. Conclusions.....</b>	<b>18</b>
<b>Endnotes .....</b>	<b>19</b>

## Executive Summary

On June 24, 2022, the Supreme Court overturned *Roe v. Wade*, immediately stripping women of their constitutional right to abortion. The impacts of this decision on women's health was nearly immediate. Republican legislatures across the country enacted new and highly restrictive abortion bans or allowed bans that existed before *Roe* to remain in place: as of the date of this publication, thirteen states have banned abortion outright, one state has prohibited abortions after six weeks, and several other states have abortion bans in place that are temporarily blocked by judges.<sup>1</sup> Virtually none of these extreme bans have exceptions for pregnancies resulting from rape or incest.<sup>2</sup> And in September 2022, Senate Republicans introduced legislation to impose a national ban on abortion, stripping women in all 50 states of their reproductive freedom.<sup>3</sup>

Amidst these attacks on women's rights, Senator Warren opened an investigation into how state abortion bans have affected women's access to urgent and critical pregnancy care, reproductive health care, and even non-reproductive health care.<sup>4</sup> The Senator's investigation comes on the heels of reports from across the country highlighting shocking stories from women and physicians in states that have enacted radical abortion bans and criminalized reproductive health care. This report contains the results of that investigation. It finds that:

- **State-imposed restrictions on abortion care affect all women seeking reproductive health care, even in states where abortion remains legal.** Abortion bans will have far-reaching implications for all women seeking reproductive health care, dramatically affecting their health, and resulting in severe – and fatal – risks. The American Medical Association (AMA), provided a broad overview of the impact of state abortion bans, writing that, **“State-imposed restrictions on abortion care have certainly resulted in diminished access to pregnancy care, reproductive care, and other health care, as well as delays in such care.”**<sup>5</sup> And

the National Nurses Union (NNU) highlighted the immediate consequences of these state-level bans, describing how “state-imposed restrictions on abortion care are already diminishing access to pregnancy care, reproductive care, and at times, other forms of health care.”<sup>6</sup>

The NNU also described how state-level abortion bans are causing delays and problems for all women seeking reproductive health care, even in states that have protected women's right to choose. According to NNU, “In states where abortion is legal and protected, nurses are beginning to see increased patient loads because of patients traveling to these states to receive the reproductive health care they need. This will put additional strain on nurses who are already chronically understaffed at hospitals across the country.”<sup>7</sup>

- **State abortion bans have created mortal threats to women suffering from miscarriages, ectopic-pregnancies, and other complications.** Put simply, state abortion bans will be deadly for pregnant women. The United States is already in the midst of a maternal mortality crisis, with the highest maternal mortality rate among wealthy countries,<sup>8</sup> and with more than 80 percent of pregnancy-related deaths already being preventable.<sup>9</sup> Abortion bans will make this crisis even worse, resulting in even more preventable pregnant women's deaths. According to Physicians for Reproductive Health (PRH), **“Efforts to ban abortion entirely will continue to exacerbate this country's maternal health crises. Data shows that efforts to ban abortion would lead to a 24 percent increase in maternal mortality overall.”**<sup>10</sup>

PRH also stated, “Restrictions on abortion care have far reaching consequences and limit access to the full scope of sexual and reproductive health care, including miscarriage care, ectopic pregnancy care, and more. .... Consequences of such severe abortion restrictions [include] ... providers refusing to treat ectopic pregnancy; and providers being forced to wait to intervene until their patient's condition worsens because of uncertainty around what is “sick enough” to qualify for an exception under the state's abortion ban.”<sup>11</sup>

In states where abortion bans have already gone into effect, the impacts have been immediate: affidavits filed in Ohio have described cases in which minors who were raped, women at risk of suicide, women with cancer, women facing impossible pregnancies due to severe abnormalities or other conditions, and women facing other debilitating medical conditions have been unable to receive care.<sup>12</sup>

- **State-Imposed Restrictions on Abortion Care Threaten Health Care Providers and Interfere with the Doctor-Patient Relationship.** The five major organizations representing health care providers described how conflicting, vague, and restrictive state laws place providers in impossible situations of trying to meet their ethical duties to put patient health and well-being first while attempting to comply with complex state laws that interfere in the practice of medicine and jeopardize the health of patients.<sup>13</sup>

The AMA summarized how, as a result of state abortion bans, **“Physicians have been placed in an impossible situation—trying to meet their ethical duties to place patient health and well-being first, while attempting to comply with vague, restrictive, complex, and conflicting state laws that interfere in the practice of medicine and jeopardize the health of patients.”**<sup>14</sup> The NNU echoed those concerns, writing that, “In states with abortion restrictions, nurses are being forced to deny care that patients want or need. They are also being forced to decide between upholding their responsibilities as a nurse and putting themselves at risk of criminalization for aiding or abetting in an abortion.”<sup>15</sup>

- **State-Imposed Restrictions on Abortion Care Disproportionately Impact Communities of Color, Rural Communities, and Low-Income Communities.** All five organizations described their fears that abortion bans will exacerbate existing health inequities.<sup>16</sup> CDC data already show that Black and Indigenous women are two to three times more likely to die from pregnancy-related causes than white women,

and state-level abortion bans will make these disparities even worse.<sup>17</sup> The American College of Obstetricians and Gynecologists (ACOG) summarized that, “The compounding harms of the maternal mortality crisis, bans on abortion care, and the disproportionate impact on historically marginalized people cannot be understated.”<sup>18</sup>

Similarly, more than a quarter of Asian American and Pacific Islander (AAPI) women of childbearing age live in states that have or are likely to enact abortion bans,<sup>19</sup> and “language barriers, cultural stigma, and low rates of insurance coverage,” also pose significant barriers to AAPI communities in accessing abortion.<sup>20</sup>

According to the AMA, **“restrictions on access to abortion and related care will worsen existing gaps in health disparities and outcomes, compounding the harm that under-resourced communities already experience...** In those states that have already banned or severely restricted abortions and in other states that are expected to do so, access to legal reproductive care will be limited to those who have sufficient resources, circumstances, and financial means, thereby exacerbating health inequities by placing the heaviest burden on patients from Black, Hispanic, Indigenous, low-income, rural, and other historically disadvantaged communities that already face numerous structural and systemic barriers to accessing health care and experience increased rates of maternal mortality and morbidity.”<sup>21</sup>

- **State-Imposed Restrictions on Abortion Care Result in Broader Restrictions on Medical Care and Medical Education.** The consequences of the Supreme Court’s decision to overturn *Roe* extend beyond reproductive health care and are already impacting patients with autoimmune diseases, patients living in chronic pain, and many others, putting additional burdens on already stressed health care systems. Health care providers described a number of different unintended consequences that state abortion bans have on patients that were not seeking abortions,

were not pregnant, and in many cases, were not even seeking reproductive health care. PRH described several other types of medical care that will be disrupted by abortion bans, writing that “[A]bortion bans have a chilling effect on providers seeking to provide care that should not be implicated by an abortion ban because they fear liability and criminalization under the state’s abortion restrictions. In some cases, this fear of criminalization has made it difficult for people to obtain care for conditions unrelated to pregnancy, such as treatment for autoimmune disorders or cancers out of concern that medications could impact pregnancy and ultimately result in pregnancy loss or the need to access abortion care.”<sup>22</sup>

In addition, state abortion bans are preventing medical students from obtaining a comprehensive medical education, dissuading students from pursuing a career in obstetrics and gynecology entirely or leaving them with an insufficient education – posing threats to women’s health for generations to come.<sup>23</sup>

- **Republicans’ Proposed National Abortion Ban Would Have Devastating Impact on Women’s Health and the Entire Health Care System. On September 13, 2022, Senator Lindsey Graham (R-SC) introduced legislation to ban abortion nationwide after 15 weeks, with only limited**

**exceptions**, stripping women of the right to make decisions about their own bodies and criminalizing providers of crucial reproductive health care – while allowing states to impose even more stringent and cruel abolitions.<sup>24</sup> Providers wrote that, “The effects of this type of federal abortion ban would be devastating to the health and well-being of individuals and families across the country,” and that it would “have grave consequences for patients and physicians,”<sup>25</sup> resulting in “severe symptoms, illness, and even death.”<sup>26</sup> According to PRH:

**“Efforts to ban abortion across the nation will continue to cause devastating harm to people and continue to exacerbate this country’s maternal health crises.** Data shows that current efforts to ban abortion would lead to a 24 percent increase in maternal mortality overall. The consequences would be even more dire for Black women. It is projected that abortion bans are estimated to lead to a 39 percent increase in maternal mortality for Black women and birthing people. **Under a federal ban the outcomes for pregnant people and people giving birth would be far worse.**”<sup>27</sup>

When women are unable to receive the care they need, the consequences will be disastrous for health providers, pregnant women, other patients, and our entire health care system.

## State Abortion Bans Already Endangering Women’s Lives

As of the date of publication, thirteen states have banned abortion outright, one state has prohibited abortions after six weeks, and several other states have abortion bans in place that are only temporarily blocked by judges.<sup>28</sup> The effects of these bans have already been documented, resulting in grave threats to women’s health and lives: “A sexual assault survivor chooses sterilization so that if she is ever attacked again, she won’t be forced to give birth to a rapist’s baby. An obstetrician delays inducing a miscarriage until a woman with severe pregnancy complications seems ‘sick enough.’ A lupus patient must stop taking medication that controls her illness because it can also cause miscarriages.”<sup>29</sup> The examples below illustrate the impacts of these state abortion bans:

- ✦ **Amanda Zurawski, a Texas woman having a miscarriage, was denied care due to the state’s abortion ban.**<sup>30</sup> Without the care she needed, she developed sepsis, threatening her life.<sup>31</sup> It was not until she was deemed “sick enough” – so ill that “friends and family were rushing to her bedside, fearing she would die” – that the hospital ethics board determined she could be treated for her miscarriage.<sup>32</sup> Due to the delay in treatment, the scar tissues in her uterus would have to be surgically removed, and according to Ms. Zurawski, “We don’t know the extent of that damage. We don’t know if I’m permanently damaged to the point that I can’t carry children.”<sup>33</sup>
- ✦ **In Missouri, Mylisa Farmer, who was already at increased risk of pregnancy-related complications, suffered “a preterm premature rupture of membranes – her water broke before labor, followed by vaginal bleeding, abdominal pressure and cramping.”**<sup>34</sup> Even though she was told her pregnancy was not viable and was a threat to her life, she could not find the lifesaving care she needed in Missouri.<sup>35</sup> And when she called a state senator for help, he directed her to an anti-abortion crisis pregnancy center.<sup>36</sup> Ultimately, after a horrific process seeking care, she went into labor while en route to receive an abortion in a different state, and concluded that, because of the state abortion ban, she had “lost trust (doctors) will be allowed to make the medical decisions they need to make.”<sup>37</sup>
- ✦ **In Tennessee, a pregnant woman “facing a serious health emergency” and believed to be “at risk of a severe form of preeclampsia that can cause seizures and ultimately death” was forced to travel roughly six hours in an ambulance to receive abortion care because her doctor was unable to provide without fear of criminalization.**<sup>38</sup> By the time she arrived at a North Carolina hospital, she was showing signs of kidney failure and her blood pressure had already risen dangerously high.<sup>39</sup>
- ✦ **Madison Underwood, a Tennessee woman, recalled thinking, “They’re just going to let me die?”** when she was denied abortion care – after doctors told her that carrying the fetus, which had a rare defect that would not allow it to survive outside of the womb, to term could cause her to become critically ill or die.<sup>40</sup>
- ✦ **In Alabama, Alyssa Gonzalez, was told her pregnancy was not viable but denied abortion care.**<sup>41</sup> Instead of accessing care, the hospital suggested to “simply carry the fetus to term and watch it die a slow, painful death before burying it in a child-sized coffin.”<sup>42</sup> Ultimately, after weeks, she was forced to travel eleven hours to finally receive care.<sup>43</sup>
- ✦ **Elizabeth Weller was denied medical care for days after her water broke in the 18th week of her pregnancy (well before the threshold for fetal viability), despite her vomiting, passing clots of blood, and having yellow discharge because they “weren’t the *right* symptoms, yet.”**<sup>44</sup> The chance of survival for her fetus was “as close to zero as you’ll ever get in medicine.”<sup>45</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... [e]nough to make her retch.”<sup>46</sup>

- ✦ **In Ohio, a child who was only ten years old became pregnant after she was raped, was unable to receive abortion care in the state, and was forced to travel to Indiana for the care she needed.**<sup>47</sup> And “At least two more minors made pregnant by sexual assault were forced to leave Ohio to avoid having their rapists’ babies,”<sup>48</sup> and dozens of other women – “crying, distraught, desperate” – were forced to leave the state to have abortions.<sup>49</sup>
- ✦ **Pharmacists in Texas – and in other states**<sup>50</sup> - have denied methotrexate prescriptions to children. In Texas, an eight-year-old girl with

juvenile arthritis was denied her prescription because “[f]emales of possible child bearing potential have to have [a] diagnosis on hard copy with state abortion laws.”<sup>51</sup> Without this drug, “many ... arthritis patients could no longer hold a pencil or type on a computer. Others face irreversible damage to organs and joints.”<sup>52</sup>

- ✦ **A Texas doctor described watching a woman “get sicker and sicker and sicker” until the fetal heartbeat stopped, “and then we could intervene.”** He explained that, “all because we were essentially 24 hours behind,” the woman’s condition deteriorated rapidly, ultimately leading her to require surgery and to be put on a breathing machine.<sup>53</sup>

## Introduction:

In the aftermath of the Supreme Court's decision to overturn *Roe v. Wade* in *Dobbs v. Jackson Women's Health Organization*,<sup>54</sup> Republican legislatures across the country have enacted new and highly restrictive abortion bans or allowed bans that existed before *Roe* to remain in place: thirteen states have banned abortion outright, one state has prohibited abortions after six weeks, and several other states have abortion bans in place that are temporarily blocked by judges.<sup>55</sup> Virtually none of these extreme bans have exceptions for pregnancies resulting from rape or incest.<sup>56</sup> **Already, one in three women have lost access to abortion in their home states,<sup>57</sup> and by the middle of next year, 26 states are expected to have banned abortion.<sup>58</sup>**

In the wake of the Supreme Court's decision to strip women of their reproductive rights, Senator Warren opened an investigation into how state abortion bans have affected women's access to urgent and critical pregnancy care, reproductive health care, and even non-reproductive health

care.<sup>59</sup> The Senator's investigation comes on the heels of reports from across the country highlighting shocking stories from women and physicians in states that have enacted radical abortion bans and criminalized reproductive health care. The Senator wrote to five leading organizations representing physicians, nurses, pharmacists, and other health care providers to gather information: AMA, Physicians for Reproductive Health (PRH), National Nurses United (NNU), the American Pharmacists Association (APhA), and the American Hospital Association (AHA).<sup>60</sup> In the letters, the Senator asked these organization a series of questions about how state-imposed abortion bans impact patients and health care providers. After Republicans in the Senate introduced legislation to impose a nationwide abortion ban, the Senator also sent an additional request for information to the organizations regarding the effects such a ban would have on access to care.<sup>61</sup> All five of these organizations responded to the requests, and this report contains a summary of the findings from these responses.

## Key Findings:

### A. State-imposed Restrictions on Abortion Care Affect All Women Seeking Reproductive Health Care, Even in States Where Abortion Remains Legal.

The responses from health care providers make it clear that abortion bans will have far-reaching implications for all women seeking reproductive health care, dramatically affecting their health, and resulting in severe – and fatal – risks. A 2020 study published by the American Journal of Preventive Medicine found that in states with laws to restrict abortions based on gestational age, maternal mortality rates increased by 38%.<sup>62</sup> Health care providers' responses to Sen. Warren indicated that medical experts' concerns about an overall decline in quality and availability of essential care are valid.

AMA, in their response to Sen. Warren, provided a broad overview of the impact of state abortion bans, writing that, "State-imposed restrictions on abortion care have certainly resulted in diminished access to pregnancy care, reproductive care, and other health care, as well as delays in such care."<sup>63</sup> The AMA continued, writing that:

**Unfortunately, patient care is being compromised now, patients are suffering from lack of access to necessary care, and some are at risk of dying due to delayed care in the context of termination of ectopic pregnancies or patients experiencing intrauterine infections, pre-eclampsia, malignancies, or hemorrhage during pregnancy.**<sup>64</sup>

The NNU, in their letter to Sen. Warren, explained the reasons for these threats to women's health:

State-imposed restrictions on abortion care are already diminishing access to pregnancy care, reproductive care, and at times, other forms of health care. ... These delays are occurring for multiple reasons. First, state laws restricting abortion care are condemning

patients to delays in abortion care, because they cannot receive an abortion in their state. As a result, patients must find ways to travel to other states in which they can receive the care they need. It's important to recognize that many women are financially unable to travel to other states and are then forced to continue their pregnancy against their will. Others will seek out illegal and unsafe abortions and could suffer serious medical consequences without access to qualified medical professionals.

Second, state laws restricting abortion care are leaving health care workers in the difficult position of trying to understand legal questions pertaining to the new laws, instead of immediately implementing the health care that patients need. Often, this care is not for abortion care, but for other critical reproductive health services. For example, in some states, health care workers have delayed giving much needed care to pregnant people experiencing miscarriages, because surgical procedures and medications for miscarriages are identical to those for abortion. **Health care workers are being forced to prioritize legal questions and concerns, instead of prioritizing the quality patient care that we know our patients require.**<sup>65</sup>

NNU also described how state-level abortion bans are causing delays and problems for *all* women seeking reproductive health care, even in states that have protected women's right to choose. According to NNU, "In states where abortion is legal and protected, nurses are beginning to see increased patient loads because of patients traveling to these states to receive the reproductive health care they need. This will put additional strain on nurses who are already chronically understaffed at hospitals across the country."<sup>66</sup>

APhA raised similar concerns, writing that, "Additionally, state-imposed restrictions have increased administrative burden on pharmacists and other health care professionals. Due to the obscurities and conflicts in state and federal law,

pharmacists must take additional steps to ensure they are not violating any laws when providing care to their patients. This increase in administrative burden has the potential to delay care for multiple patients as it interrupts the workflow of the pharmacist.”<sup>67</sup>

PRH described a similar domino effect impeding care for all women seeking reproductive health care, even in states where abortion remains legal.

The uptick in the number of patients travelling to less restrictive states for abortion care is increasing wait times at clinics, straining the already thin resources available, and pushing people further and further away from their homes. For example, in New Mexico where seven clinics are still operating, the wait times for abortion at five of these clinics are a minimum of three weeks because of the influx of patients travelling from the South. Other clinics in New Mexico are so full they have had to periodically stop booking new appointments. ... Across the country, clinics are trying to manage a large influx of people needing care... **The impact of abortion bans is not limited to the pregnant people in those states. As more people travel outside of their communities to access care in less restrictive states, pregnant people in those states are also feeling the impact of longer wait times for appointments.**<sup>68</sup>

Prior to the Supreme Court’s decision to overturn *Roe v. Wade*, Planned Parenthood of Illinois reported scheduling an average of 100 abortions for out-of-state patients each month.<sup>69</sup> Just one week after the Supreme Court’s decision to overturn *Roe v. Wade*, the number increased to nearly 750.<sup>70</sup> The effects on wait times are most severe in clinics neighboring states with abortion bans or other restrictive laws. The average wait time for an abortion in most of the country was five days.<sup>71</sup> Post-*Roe*, in clinics like those in Southern Illinois, wait times have increased from three or four days to three weeks or more.<sup>72</sup>

## B. State Abortion Bans have Created Mortal Threats to Women Suffering from Miscarriages, Ectopic Pregnancies, and Other Complications.

The United State is already in the midst of a maternal mortality crisis, with the highest maternal mortality rate among wealthy countries,<sup>73</sup> and with more than 80 percent of pregnancy-related deaths already being preventable.<sup>74</sup> Abortion bans will make this crisis even worse, resulting in preventable pregnant women’s deaths.<sup>75</sup> According to PRH:

Efforts to ban abortion entirely will continue to exacerbate this country’s maternal health crises. **Data shows that efforts to ban abortion would lead to a 24 percent increase in maternal mortality overall.**<sup>76</sup>

The AMA echoed these concerns, noting that “Unfortunately, patient care is being compromised now, patients are suffering from lack of access to necessary care, and some are at risk of dying due to delayed care in the context of termination of ectopic pregnancies or patients experiencing intrauterine infections, pre-eclampsia, malignancies, or hemorrhage during pregnancy.”<sup>77</sup>

Ectopic pregnancies are the leading cause of maternal mortality in the first trimester<sup>78</sup> – and state-level abortion bans are specifically affecting doctors’ ability to treat these risky pregnancies. According to the AMA, “Ectopic pregnancies are the leading cause of maternal mortality in the first trimester, and miscarriages with complications and ectopic pregnancies are not rare. **Every day, physicians are making intense, time-sensitive decisions where delays threaten lives. New state laws restricting or banning abortion are making these situations dangerous for patients, and potentially deadly.**”<sup>79</sup>

According to PRH, “Restrictions on abortion care have far reaching consequences and limit access to the full scope of sexual and reproductive health care, including miscarriage care, ectopic pregnancy

care, and more. ... Consequences of such severe abortion restrictions [include] ... providers refusing to treat ectopic pregnancy; and providers being forced to wait to intervene until their patient's condition worsens because of uncertainty around what is "sick enough" to qualify for an exception under the state's abortion ban."<sup>80</sup>

The organization described their specific concerns:

**While ectopic pregnancy care should never be impacted by an abortion ban, the confusion and uncertainty created by abortion restrictions has ensured this is the case.** Health care institutions and providers across the country are worried about being held criminally responsible just for providing the emergency care patients need. **There are numerous accounts of providers refusing to provide ectopic pregnancy care due to the immense legal uncertainty and severe penalties the current patchwork of abortion bans has created.**<sup>81</sup>

The AMA also described specific concerns about women with ectopic pregnancies, noting that, "Ectopic pregnancies can be terminated with an injection of the drug methotrexate, which stops the cells from growing, or through surgery,"<sup>82</sup> but that, "Given its potential classification as an abortifacient, patients in several states, particularly those living where abortion is now illegal and in those where abortion laws are unclear or changing, are facing access challenges to methotrexate. The AMA is hearing that some pharmacies are refusing to stock the drug and some pharmacists are refusing to dispense it."<sup>83</sup>

The AMA also raised concerns about the impact of state abortion bans on the availability of treatments for miscarriages. According to the association,

Another concern that we are hearing from physicians is ensuring continued access to mifepristone. ... used safely to terminate pregnancies and for medical management of miscarriages. ... mifepristone is also a

critical tool in the medical management of miscarriage. State restrictions on access to this essential drug mean physicians lose the preferred treatment to help patients who have lost a pregnancy involuntarily. Limiting access to mifepristone has serious consequences for treatment of these conditions and is impacting both patients and physicians' ability to practice evidence-based medicine.<sup>84</sup>

State abortion bans and other new restrictions are already putting women at risk. Immediately following the *Dobbs* decision, an Ohio "trigger" law went into effect that made it a felony to terminate a pregnancy after a fetal heartbeat is detected, which the state argues is around six weeks.<sup>85</sup> This new law meant that most patients admitted to the Cleveland Clinic Emergency Department while miscarrying would need to wait for 24 hours before receiving treatment because any treatment received sooner could be considered an illegal abortion.<sup>86</sup> These types of delays in care have been associated with a near-doubling of maternal morbidity.<sup>87</sup> **Affidavits filed in Ohio also detail cases in which minors who were raped, women at risk of suicide, women with cancer, women facing impossible pregnancies due to severe abnormalities or other conditions, and women facing other debilitating medical conditions have been unable to receive the care they need.**<sup>88</sup>

### **C. State-Imposed Restrictions on Abortion Care Threaten Health Care Providers and Interfere with the Doctor-Patient Relationship.**

All five organizations reported that conflicting, vague, and restrictive state laws place providers in impossible situations of trying to meet their ethical duties to put patient health and well-being first while attempting to comply with complex state laws that interfere in the practice of medicine and jeopardize the health of patients.<sup>89</sup> This is particularly apparent in Idaho, where a "trigger" law took effect following the overturning of *Roe v. Wade* to make it a crime for health care providers to choose to terminate a pregnancy—no matter the

circumstances.<sup>90</sup> While the statute does provide a narrow affirmative defense if a provider can prove both that the abortion was “necessary to prevent the death of the pregnant woman” and that the provider’s medical judgments “provided the best opportunity for the unborn child to survive,” the statute provides no such legal defense for treatment necessary to prevent serious and irreversible harm to the woman’s organs, bodily functions, or mental health.<sup>91</sup>

The Idaho abortion law directly conflicts with the Emergency Medical Treatment & Active Labor Act (EMTALA), which requires that physicians be allowed to exercise medical judgment in providing stabilizing care to those experiencing an emergency medical condition, including in situations where the health or safety of “a pregnant woman” or “her unborn child” is in “serious jeopardy.”<sup>92</sup> Unfortunately, the AHA explained that the threat of criminalization significantly impedes physicians’ ability to provide this emergency care. AHA wrote that the **“threat of criminal sanctions will interfere with the exercise of healthcare providers’ expert judgment in the provision of medically necessary care.** And this sort of chilling effect is particularly troubling in the emergency room context, where providers must make life-or-death decisions in the heat of the moment—and where delay or restraint can make all the difference.”<sup>93</sup> **According to the AHA, the Idaho ban “generate[s] exactly the kind of uncertainty that is antithetical to the practice of sound emergency medicine.”**<sup>94</sup>

Other health care providers also described how abortion bans affect medical providers’ ability to make medical decisions and eliminate the sanctity of the doctor-patient relationship.

The AMA described how, as a result of state abortion bans, “Physicians have been placed in an impossible situation—trying to meet their ethical duties to place patient health and well-being first, while attempting to comply with vague, restrictive, complex, and conflicting state laws that interfere in

the practice of medicine and jeopardize the health of patients,”<sup>95</sup> and described the chilling effect that bans have on doctors’ ability to provide care:

Physicians must be the ones determining at what point a patient presenting to the hospital faces an emergency situation that requires medical intervention. These determinations often must be made under intense, very time-sensitive conditions very time-sensitive conditions where a delay of even a few minutes can become a life-threatening situation. **Conflicting, vague, and restrictive state laws, combined with second-guessing of physicians’ clinical judgment leaves physicians fearful of prosecution for felonies for doing their job and caring for their patients, facing jail time and loss of their licenses.** This is definitely happening now: physicians seeing ectopic pregnancies or patients with sepsis or hemorrhage during pregnancy may need to call hospital attorneys who, in some cases, tell them to wait until there is a higher chance of death before intervening. Patients with new, life-threatening cancers are being forced to travel to other states and wait to terminate pregnancies and begin their chemotherapy.<sup>96</sup>

The NNU described a similar set of concerns:

Health care workers are being forced to prioritize legal questions and concerns, instead of prioritizing the quality patient care that we know our patients require. These restrictions impede an RN’s ability to exercise her professional judgment on providing the necessary care she is trained to provide.

In some states, health care workers must postpone necessary care until a patient’s symptoms are so bad that their life may be in danger in order for abortion care to qualify as “life-saving care”. But even once a patient can clearly qualify for an abortion under an exemption for life-saving care, some health care workers are still hesitant to assist on these

procedures because they fear legal repercussions for “aiding and abetting” an abortion.

**Any and all delays in reproductive health care can have disastrous impacts on patients that may result in severe symptoms, illness, and even death.**<sup>97</sup>

NNU also explained:

In states with abortion restrictions, nurses are being forced to deny care that patients want or need. They are also being forced to decide between upholding their responsibilities as a nurse and putting themselves at risk of criminalization for aiding or abetting in an abortion.<sup>98</sup>

APhA agreed, noting the “[l]ack of clarity in state laws and rules...[l]ack of clarity in federal laws, rules, and guidances, and ... conflicts between state and federal law. These obscurities and conflicts have resulted in an environment, post-Dobbs, in which many health care professionals, including, but not limited to pharmacists, are unsure of their professional, financial, and legal liability when providing necessary care to their patients.”<sup>99</sup>

PRH also described these challenges, concluding that, “[a]bortion restrictions put providers at odds with their oath, their training, and with their obligations to care for their communities,” and that “abortion restrictions directly interfere with the patient-provider relationship and limit a provider’s ability to exercise their best medical judgment to care for the patient in front of them. Arbitrary bans on abortion interfere with a provider’s ability to provide evidence-based, patient centered care, and improperly insert politics into the patient-provider relationship.”<sup>100</sup>

#### **D. State-Imposed Restrictions on Abortion Care Disproportionately Impact Communities of Color, Rural Communities, and Low-Income Communities.**

All five organizations described fears that abortion bans will exacerbate existing health inequities. Structural conditions, including institutionalized racism and discrimination, income inequality, inadequate workplace supports such as a lack of paid parental leave, lack of affordable child care, and barriers to accessing health care all contribute to the disproportionate impact of abortion restrictions.<sup>101</sup> **CDC data already show that Black and Indigenous women are two to three times more likely to die from pregnancy-related causes than white women.**<sup>102</sup> Black, Indigenous, and Hispanic women are also much more likely to be uninsured compared to their white counterparts, resulting in lower access to health care.<sup>103</sup> According to the Economic Policy Institute, the disproportionate lack of health care, in addition to heightened rates of many diseases associated with pregnancy-related deaths, leads to women of color having higher maternal mortality rates – even before these new abortion restrictions.<sup>104</sup>

The adverse impact of abortion bans on communities of color, rural communities, and low-income communities is a significant concern of health care providers. According to the AMA,

The AMA is very concerned that restrictions on access to abortion and related care will worsen existing gaps in health disparities and outcomes, compounding the harm that under-resourced communities already experience... In those states that have already banned or severely restricted abortions and in other states that are expected to do so, access to legal reproductive care will be limited to those who have sufficient resources, circumstances, and financial means, thereby exacerbating health inequities by placing the heaviest burden on patients from Black, Hispanic, Indigenous, low-income, rural, and other historically

disadvantaged communities that already face numerous structural and systemic barriers to accessing health care and experience increased rates of maternal mortality and morbidity.<sup>105</sup>

PRH wrote:

**It is undeniable that state-imposed restrictions on abortion impact everyone. Nevertheless, Black, Indigenous, people of color, immigrant communities, young people, LGBTQ+ people, people with disabilities, as well as those living in geographically isolated areas, will be impacted the most.** It is critical to understand that restrictions and bans on abortion do not exist in a vacuum. They are shaped by systemic and structural conditions. Factors including entrenched institutional racism and discrimination, barriers to health care and coverage for that care, systemic and intentional income inequality, and inadequate workplace supports including lack of paid leave from work, all contribute to the disproportionate impact of abortion restrictions on people who experience oppression across numerous domains of their identities.<sup>106</sup>

In addition, state abortion restrictions have disproportionate impacts on Asian American and Pacific Islander communities.<sup>107</sup> A recent analysis found that more than a quarter of AAPI women of childbearing age live in states that have or are likely to enact abortion bans.<sup>108</sup> Meanwhile, the National Asian Pacific American Women's Forum has already noted that "language barriers, cultural stigma, and low rates of insurance coverage," also pose significant barriers to AAPI communities in accessing abortion.<sup>109</sup>

The ACOG has also concluded that, "abortion bans have the potential to significantly increase pregnancy-related deaths, particularly among Black individuals. **The compounding harms of the maternal mortality crisis, bans on abortion care, and the disproportionate impact on historically marginalized people cannot be understated.**"<sup>110</sup>

## **E. State-Imposed Restrictions on Abortion Care Result in Broader Restrictions on Medical Care and Medical Education.**

The consequences of the Supreme Court's decision to overturn *Roe* extend beyond reproductive health care and are already impacting patients with autoimmune diseases, patients living in chronic pain, and many others, putting additional burdens on already stressed health care systems. Health care providers described a number of unintended consequences that state abortion bans have on patients that were not seeking abortions, were not pregnant, and in many cases, were not even seeking reproductive health care.

ACOG has described the immediate aftermath of the *Roe* decision:

**In the short time since the Dobbs decision, those seeking abortion care have been faced with confusion and uncertainty, leading to delays and denials of care.** These instances include cases of adolescent survivors of sexual assault unable to receive needed abortion care in their states, and uncertainty over the legality of needed medical intervention during obstetric emergencies resulting in delayed access to lifesaving care, for example in cases of preterm premature rupture of membranes occurring after 15 weeks. **In addition, the pervasive attacks on reproductive health have created justifiable cause for patient anxiety and alarm about future access to critical fertility treatments including in vitro fertilization.**

As bans continue to take effect in states across the country, we are increasingly hearing from our members about the heartbreaking realities of closing clinics and turning patients away from needed care, and of delays in care due to lack of clarity in laws.<sup>111</sup> APhA described how "Indirectly, state-imposed restrictions on abortion care have impacted pregnancy care, reproductive care, and other forms of health care. Many of these issues have been the result of vaguely worded state

policies that could be interpreted as being more broadly applied to patients even if they are not receiving care related to an abortion.”<sup>112</sup> APhA highlighted particular concerns about access to Methotrexate, a drug that can be used to induce abortions but that is also used by patients with rheumatoid arthritis:

For example, take a patient that has been taking methotrexate... for an extended period of time for their rheumatoid arthritis (RA). Although methotrexate is commonly used for RA, it is also used off-label for the termination of intrauterine pregnancy. In many states, such as Alabama, Arkansas, Kansas, Kentucky, Louisiana, Montana, Oklahoma, South Carolina, Tennessee, Texas, and Virginia, methotrexate is specifically mentioned in state laws and regulations related to abortion care services. Due to the lack of guidance in interpreting laws in many states, pharmacists are unsure of the liability they would face in dispensing methotrexate, despite it being used for RA.<sup>113</sup>

On September 23, 2022, an Arizona judge reinstated an 1864 law, passed before Arizona was even a state, to ban all abortions in the state with no exceptions for rape or incest.<sup>114</sup> **Just two days later, a 14-year old patient was denied access to methotrexate used to treat her rheumatoid arthritis because she was considered to be of childbearing age.**<sup>115</sup>

PRH described several other types of medical care that will be disrupted by abortion bans, writing:

[A]bortion bans have a chilling effect on providers seeking to provide care that should not be implicated by an abortion ban because they fear liability and criminalization under the state’s abortion restrictions. In some cases, this fear of criminalization has made it difficult for people to obtain care for conditions unrelated to pregnancy, such as treatment for autoimmune disorders or cancers out of concern that medications could impact

pregnancy and ultimately result in pregnancy loss or the need to access abortion care.<sup>116</sup>

The organization detailed types of care that could be restricted:

**Contraceptive Care.** Abortion bans have the potential to be intentionally misconstrued and may impact access to contraceptive care, specifically emergency contraception and intrauterine devices (IUDs). Although abortion bans should not affect contraceptive care, there is confusing and misleading language in some states’ abortion restrictions that may limit or prevent access to this care. ... additional misinformation and disinformation about the mechanisms of action for various other contraceptives has the potential to disrupt and prevent access to the full spectrum of contraceptive care.

**Miscarriage Care.** Abortion bans impact access to miscarriage care since treatments used to help manage a miscarriage are the same used to provide an induced abortion. Many miscarriages can be managed using the same medications that are used during a medication abortion, mifepristone and misoprostol. Miscarriages can also be treated using a procedure to remove the pregnancy tissue. This procedure uses the same tools and techniques used during an in-clinic or procedural abortion.

...

**Auto-Immune Disorder(s).** Patients have reported having trouble accessing essential medications that are considered “abortion inducing” in states that have banned abortion. A primary example is methotrexate, which is used to treat rheumatoid arthritis, lupus, and some cancers.<sup>117</sup>

**In the two and a half months after Ohio imposed a 6-week abortion ban, at least two patients with cancer were prevented from accessing chemotherapy in Ohio due to the ban.**<sup>118</sup> Prior

to receiving treatment, the patients were required to terminate their pregnancies, but the state's 6-week abortion ban prevented them from doing so in their home state. This challenge affects physicians nationwide who are facing the threat of criminalization for offering or recommending abortion care to patients who need them before beginning chemotherapy. **One physician stated, "I don't know anybody that would feel comfortable treating a pregnant patient with cancer because I don't feel like they're nearly dead enough."**<sup>119</sup>

In addition, state abortion bans are preventing medical students from obtaining a comprehensive medical education, dissuading students from pursuing a career in obstetrics and gynecology entirely or leaving them with an insufficient education – posing threats to women's health for generations to come.<sup>120</sup> Already, medical students are restricting their residency searches to schools in states that have not banned abortion.<sup>121</sup>

#### **F. Republicans' Proposed National Abortion Ban Would Have a Devastating Impact on Women's Health and the Entire Health Care System.**

**On September 13, 2022, Senator Lindsey Graham (R-SC) introduced legislation to ban abortion nationwide.** The bill, Senate Republicans' most aggressive effort yet to impose national abortion restrictions,<sup>122</sup> would ban all abortions after 15 weeks with only limited exceptions, stripping women of the right to make decisions about their own bodies and criminalizing providers of crucial reproductive health care – while allowing states to impose even more stringent and cruel abolitions.<sup>123</sup> **The effects of this "proposed ban on abortions would end access to basic health services for patients,"<sup>124</sup> and "would be devastating to the health and well-being of individuals and families across the country."<sup>125</sup>** This type of ban would "have grave consequences for patients and physicians,"<sup>126</sup> resulting in "severe symptoms, illness, and even death"<sup>127</sup> of women nationwide. According to PRH,

**Efforts to ban abortion across the nation will continue to cause devastating harm to people and continue to exacerbate this country's maternal health crises. Data shows that current efforts to ban abortion would lead to a 24 percent increase in maternal mortality overall.** The consequences would be even more dire for Black women. It is projected that abortion bans are estimated to lead to a 39 percent increase in maternal mortality for Black women and birthing people. Under a federal ban the outcomes for pregnant people and people giving birth would be far worse.<sup>128</sup>

PRH also stated:

[T]he consequences of a nationwide abortion ban would not be limited to abortion care. Restrictions on abortion care impact access to the full range of pregnancy related care, including miscarriage management, treatment for medical conditions that arise later in pregnancy, fertility care, and so much more. In addition, abortion bans have a deleterious effect on access to care that should not be impacted by an abortion ban because providers fear liability and criminalization. In some cases, this fear of criminalization has made it difficult for people to obtain care for conditions unrelated to pregnancy, such as treatment for autoimmune disorders or cancers out of concern that medications could impact pregnancy and ultimately result in pregnancy loss or the need to access abortion care.<sup>129</sup>

APhA stated that, "Pharmacists and other health care professionals should be free to continue to meet the health care needs of [their] patients without fear of professional sanction or liability."<sup>130</sup> **Yet, "a national abortion ban would force nurses to violate the nursing ethics [they] have pledged to uphold in [their] profession. Further, a national abortion ban could force [them] to knowingly put [their] patients at risk of medical complications, and even death."<sup>131</sup>** Abortion bans "put providers in the tenuous position of having

to choose between providing nonjudgmental, comprehensive, evidence-based care and risking criminal or civil repercussions... Should a nationwide abortion ban be passed into law the ripple effects would continue to compound... Under a federal abortion ban, care would be delayed even more and pushed even further out of reach.”<sup>132</sup>

Women across the country are already “being pushed further and further away from their homes as they grapple with increased travel distances, cost, and other systemic barriers to care. These consequences would be made far worse should people be forced to travel outside the country for care under a national abortion ban.”<sup>133</sup>

**PRH also explained that “History has shown us that regardless of any efforts to ban abortion, people will continue needing care.”**<sup>134</sup> But, as the AHA has already stated, the “threat of criminal sanctions will interfere with the exercise of healthcare providers’ expert judgment in the provision of medically necessary care. And this sort of chilling effect is particularly troubling in the emergency room context, where providers must make life-or-death decisions in the heat of the moment – and where delay or restraint can make all the difference.”<sup>135</sup>

Finally, a national abortion ban would exacerbate the effects of state-level bans and restrictions that are already threatening to prevent medical students from obtaining a comprehensive medical education. **ACOG stated, “If a national ban were implemented, physicians would not have the type of training that would ensure the highest level of confidence and skill level.”**<sup>136</sup> NNU also explained:

Nurses are also concerned about how a nationwide abortion ban could impact medical training and education. Abortion care is a very common procedure and training in this care also prepares health care practitioners to address other reproductive health emergency situations. If health care providers are unable to access this vital training, they are at risk of not having the complete medical knowledge and competence that is necessary for addressing crisis situations.<sup>137</sup>

PRH further explained:

Many of the providers in our network have also voiced concern about the impact of the Supreme Court’s decision on medical education and training, specifically as it relates to pregnancy loss and abortion care. These concerns would only be compounded by a national abortion ban as it would almost certainly make it difficult, if not impossible, for many providers to learn to perform abortions, provide miscarriage management, and other types of pregnancy related care. **Without this training, reproductive health care providers will be providing care that is not based in science or medical evidence and goes against well-established protocols for standards of care.**<sup>138</sup>

When women are unable to receive the care they need, the consequences will be disastrous for health care providers, pregnant women, other patients, and our entire health care system.

## Conclusion:

The Supreme Court's decision to overturn *Roe v. Wade* unleashed over a dozen state-level abortion bans. This review of information from the nation's medical providers reveals that these bans not only impose significant risks to the health of women all across the country, but also to health care providers that have to do their jobs under the constant threat of criminal prosecution. Many health care providers will be forced to withhold care, and women will die from preventable causes such as infections, preeclampsia, or hemorrhage, as they are forced to carry pregnancies against their will. These laws directly interfere with the doctor-patient relationship, and have a disproportionate impact in communities of color and underserved communities. Further, they have, and will continue to have, unintended consequences that affect access to health care for patients who are not pregnant and not planning to be pregnant. And if the national ban on abortion proposed by Republican legislators is put into place, it will pose an even more direct and immediate threat to women in all 50 states.

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