

Ensuring Patient-Centered Care in a Post-Roe World

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"All the News
That's Fit to Print"

The New York Times

Late Edition

Teddy mostly sunny, a warm after-noon, light breeze; high 88. Tonight, clear skies, low 71. Tomorrow, mostly sunny skies, very warm, humid; high 89. Weather map, Page C6.

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ROE OVERTURNED

A 6-to-3 Ruling Ends 50 Years of Federal Abortion Rights



ANTI-ABORTION VICTORY Outside the Supreme Court on Friday. The ripple was felt across the country, with state laws taking effect.

'We therefore hold that the Constitution does not confer a right to abortion. Roe and Casey must be overruled, and the authority to regulate abortion must be returned to the people and their elected representatives.'

Justice Samuel A. Alito Jr., in the majority opinion

By ADAM LIPMAN

WASHINGTON — The Supreme Court on Friday overturned Roe v. Wade, eliminating the constitutional right to abortion after almost 50 years in a decision that will transform American life, reshape the national politics and lead to all but total bans on the procedure in about half of the states.

"Roe was egregiously wrong from the start," Justice Samuel A. Alito Jr. wrote for the majority in the 6-to-3 decision, one of the most momentous from the court in decades.

Half or at least eight states swiftly took effect after they enacted laws meant to be enforced immediately after the fall. More states are expected to follow in the coming days, reflecting the mass holding in the decision, that states are free to end the practice if they choose to do so.

The decision, which clearly

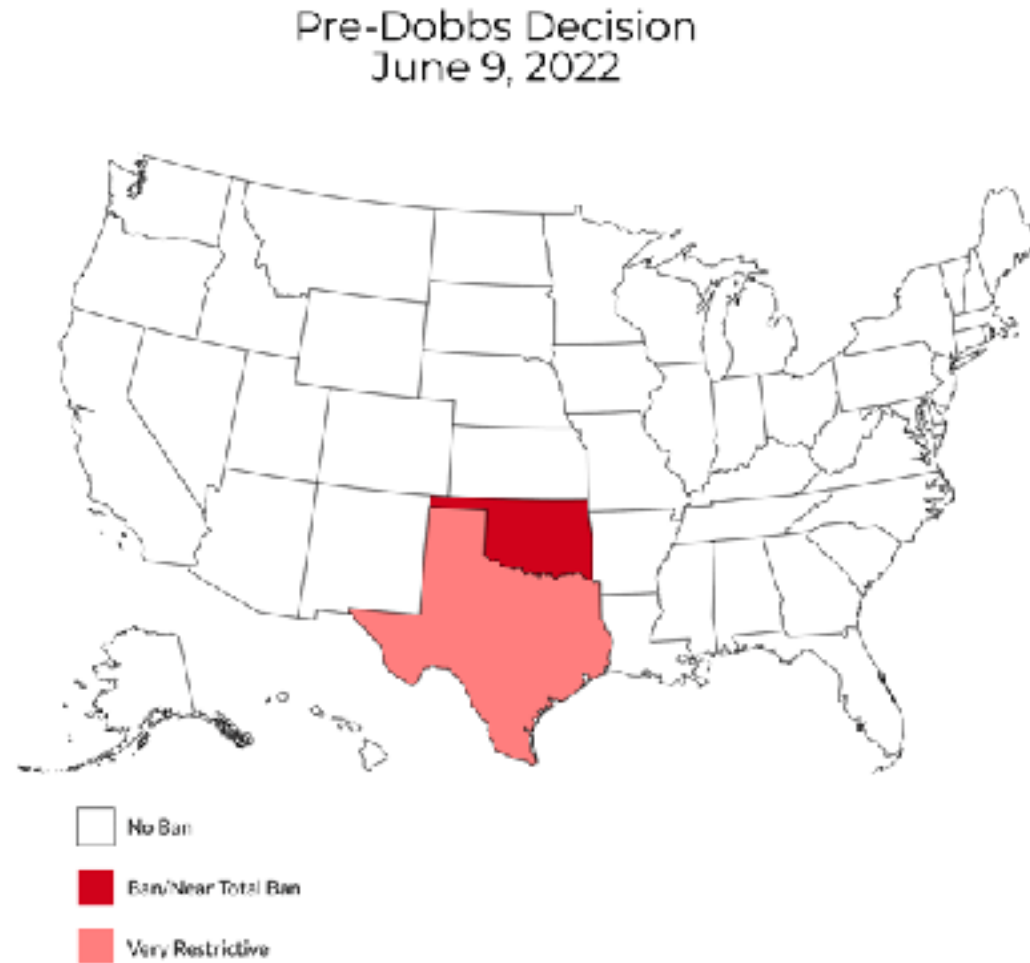
country on Friday evening. Outside the Supreme Court, thousands of abortion rights supporters demonstrated alongside small groups of celebrating anti-abortion activists who blew whistles. Throngs spilled into the streets in large cities like Los Angeles, Chicago and Philadelphia, and smaller crowds gathered in places like Louisville, Ky., and Tallahassee, Fla.

Speakers at some rallies exhorted abortion rights supporters to take their anger to the polls during the midterm elections in November, a point echoed by President Biden, who said the court's decision would jeopardize the health of millions of women.

"It is the realization of extreme ideology and a tragic error by the Supreme Court," Mr. Biden said. The ruling will test the legitimacy of the court and vindicate a decades-long Republican project to restrict constitutional protection



Rapidly fluctuating state laws



'I'm Carrying This Baby Just to Bury It': The Struggle to Decode Abortion Laws

At a Louisiana hospital, concerns about complying with new abortion bans in post-Roe America left a pregnant woman with a devastating diagnosis, but not an abortion.

TEXAS ABORTION RESTRICTIONS

Because of Texas abortion law, her wanted pregnancy became a medical nightmare

The state's abortion law brings a new layer of obstacles for Texas women with complicated pregnancies.

BY CARRIE FEIBEL, [NPR](#) AUG. 3, 2022

Abortion bans complicate access to drugs for cancer, arthritis, even ulcers

Some chronically ill women face questions about critical medications that could be used to end a pregnancy.

By [Katie Shepherd](#) and [Frances Stead Sellers](#)

Updated August 8, 2022 at 11:10 a.m. EDT | Published August 8, 2022 at 8:00 a.m. EDT

Outline

- Review of abortion care
- Public health impact of diminished abortion care access
- Implications for other arenas of health care
- Legal landscape
- Q and A discussion

More Than 75 Health Care Organizations Release Joint Statement in Opposition to Legislative Interference

“Our patients need to be able to access—and our clinicians need to be able to provide—the evidence-based care that is right for them, including abortion, without arbitrary limitations, without threats, and without harm... **Abortion care is safe and essential reproductive health care.**”



"..basic [human] right of all couples and individuals to decide freely...the number, spacing and timing of their children and to have the information and means to do so."

-1994 Cairo ICPD



Image from *The Repeal Hyde Project*

Abortion methods

Types

Procedural

Medication

**First
trimester
(<14w)**

Dilation and
curettage (D&C)

Medication
abortion

**Second
trimester
(>14w)**

Dilation and
evacuation (D&E)

Induction of labor
(IOL)

Health effects of abortion

“Clinical evidence clearly shows that legal abortions in the United States...are safe and effective. Serious complications are rare.”

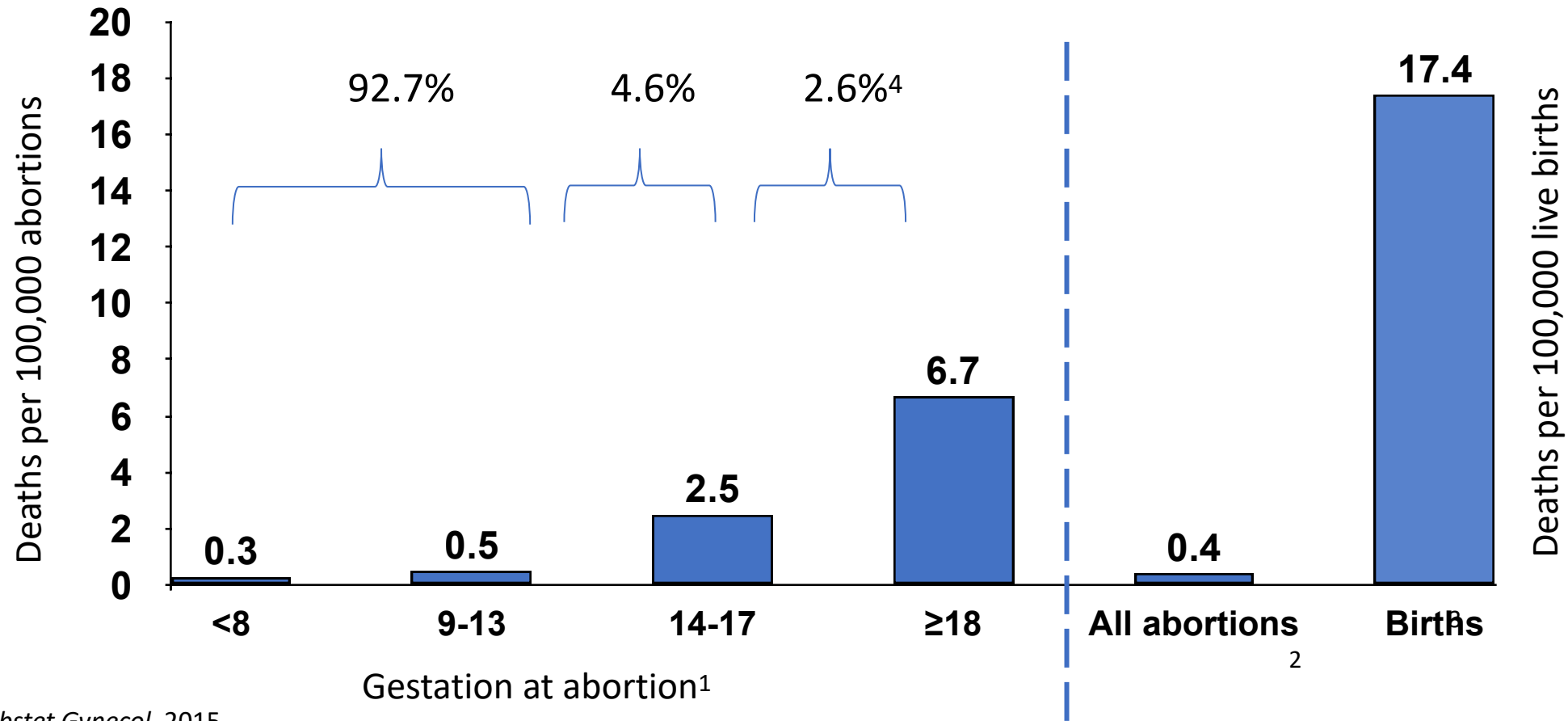
Procedure (Study Period)	Mortality Rate (number of deaths per 100,000 procedures)
Abortion (legal) (1988–2010)	0.7
Childbirth (1988–2005)	8.8
Colonoscopy (2001–2015)	2.9
Dental procedures (1999–2005)	0.0 to 1.7
Plastic surgery (2000–2012)	0.8 to 1.7
Tonsillectomy (1968–1972)	2.9 to 6.3



No evidence that abortion increases the risk of future infertility, preterm birth, hypertensive disorders, or breast cancer



Abortion is safer the earlier in pregnancy it is performed



Zane, S. et al.: *Obstet Gynecol*, 2015.

Kortsmitt K, et al. 2021. *MMWR Surveill Summ*.

Hoyert DL. 2020. *NCHS Health E-stats*.

CDC *MMWR Abortion Surveillance — United States, 2019*.

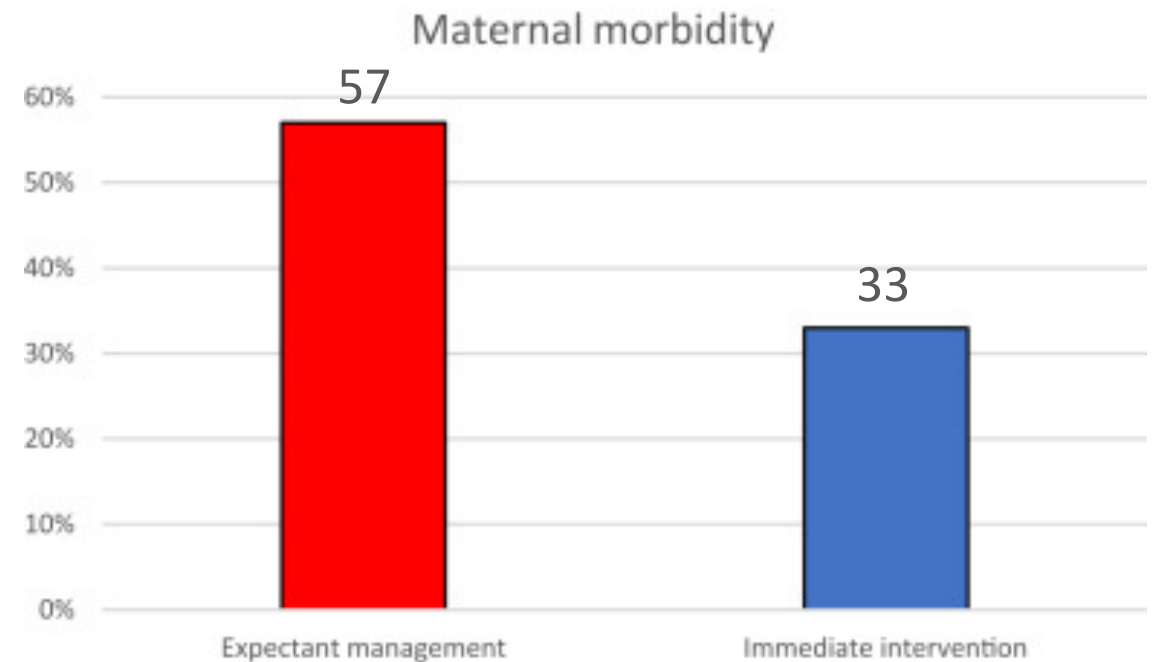
How will active management of clinical situations change?

- Ectopic pregnancy
- Previabile preterm rupture of membranes

PPROM in Texas

Sep 21, 2021: enactment of SB 8 and 4

- Prior: expectant vs IOL
- After: expectant only
- 9/21 – 5/20/22: 26 of 28 patients with PPRM (medically indicated deliveries)
 - Chorioamnionitis: 10/28 (36%)
 - ICU admission: 1/28 (4%)
 - Blood transfusion: 5/28 (18%)
 - D&C: 7/28 (25%)
 - Composite morbidity: 16/28 (57%)



As States Impose Abortion Bans, Young Doctors Struggle — And Travel Far — To Learn the Procedure

By Sarah Varney
MARCH 23, 2022

[REPUBLISH THIS STORY](#)

...a born and bred Texan and third-year medical student in her home state, will leave Texas when the time comes for residency training.

“How does legislation inform my approach to preparing for residency applications? It informs every decision I’ve made in the last year,”

“I am going to go where I can get the training I need...”

Why do people seek abortion care?

Among those seeking abortion care:

- 40%-70% cite financial inability to care for a (an additional) child
- >30% desire to be pregnant at a different time
- 12% have health health concerns about carrying pregnancy to term
- 14% have health concerns about the fetus
- 20% identify a bad, unsupportive, or abusive relationship
 - 1% explicitly disclose rape

Evidence from the Turnaway Study

Outcome	At 5 year f/up, being denied a wanted abortion relative to receiving an abortion was associated with:
Physical health status	23% increased odds of having fair/poor health (95% CI: 1%,51%)
Chronic pain	29% increased odds of headache/migraine (95% CI: 1%,65%) No difference in joint and other pain
Obesity	No difference (30% in both groups)
Suicidal ideation	No difference (<1% in both groups)
Post-traumatic stress disorder	No difference (<10% in both groups)
Depression and anxiety	No difference (<10% in both groups)
Inability to pay for children's basic needs	5-fold increased odds (95% CI: 234%,1140%)

Ralph. et al., *Ann Intern Med*, 2019.

Biggs. et al., *Am J Psychiatry*, 2018; *BMJ Open*, 2016; *JAMA Psychiatry*, 2017.

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State abortion access restrictions associated with maternal, neonatal morbidity and mortality

- State-level abortion restrictions pre-*Dobbs* were associated with an estimated 2% to 12% increase in maternal mortality
- States that opted to use state-only funds to cover medically necessary abortion in Medicaid had:
 - 16% decreased rate of severe maternal morbidity
 - Decreased Black-White disparities in infant mortality due to congenital anomalies
- State-level abortion bans are projected to exacerbate racial inequities in maternal mortality:
 - 33% increase among Black people
 - 21% overall

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Abortion has had a largely invisible role in health care of patients with chronic diseases

- Abortion is used among **pregnant** patients with chronic diseases:
 - Who are too medically unstable to continue a pregnancy safely
 - Includes people who desired the pregnancy
 - e.g., pulmonary hypertension
 - To provide life-sustaining treatments that may cause fetal harm
 - e.g., cancer, systemic lupus erythematosus (SLE)
- While rarely discussed, abortion access has played an essential role in the provision of teratogenic medications to **non-pregnant** patients with chronic diseases

Case Example: Methotrexate

- **Low-dose methotrexate** is an anti-metabolite drug used widely in rheumatology
 - “Gold standard” for rheumatoid arthritis care
 - Also used for psoriatic arthritis, lupus, Sjogren’s Syndrome, systemic sclerosis, myositis, vasculitis, inflammatory bowel disease
- Methotrexate can be used as an abortifacient at high doses
 - Also used to treat ectopic pregnancy
- Methotrexate is associated with congenital anomalies
 - Growth deficiency, facial dysmorphism and skull, limb, cardiac, and neural defects

Table 1: Medications with established teratogenicity

albendazole	isotretinoin	irinotecan	methotrexate	temozolomide
alprazolam	itraconazole	leflunomide	misoprostol	tetracyclines
amiodarone	diazepam	letrozole	mycophenolate	thalidomide
atenolol	divalproex	lisinopril	paroxetine	thioguanine
bosentan	efavirenz	lithium	penicillamine	topiramate
captopril	enalapril	lomustine	phenytoin	topotecan
carbamazepine	etoposide	lorazepam	ribavirin	valproic acid
clonazepam	fluconazole	losartan	sirolimus	voriconazole
cyclophosphamide	griseofulvin	megestrol	spironolactone	warfarin
dasatinib	imatinib	mercaptopurine	statins	
		methimazole	tazotene	

Case 1

- “Lupus patient Becky Schwarz got an unexpected message from her **rheumatologist**:
 - ‘This is a notice to let you know that we are pausing all prescriptions and subsequent refills of methotrexate,’ the message read. “This decision has been made in response to the reversal of **Roe vs. Wade.**”



“Post-Roe, many autoimmune patients lose access to gold standard drug.” Los Angeles Times. July 11, 2022.

Case 2



“Women with chronic conditions struggle to find medications after abortion laws limit access.” CNN. July 22, 2022.

- “Malone-King has Crohn’s disease... She was taking methotrexate, an inexpensive drug that has been used to help with chronic inflammation and pain.”
- “Not 24 hours after the US Supreme Court overturned Roe v. Wade last month, ending the right to an abortion in the United States, Myisha Malone-King got a call from her **insurance company**: The medication she takes for a condition totally unrelated to abortion would no longer be available to her.”

Case 3

- Becky Hubbard, 46 YO, Rheumatoid Arthritis
- “Soon after the Supreme Court struck down *Roe v. Wade*, the Tennessee woman said she got an ultimatum from her **rheumatologist**. If she wanted to stay on the treatment of choice for her condition, a drug called methotrexate, she was told she had to go on birth control despite her age and history of infertility.”
- She has “decided to get sterilized so that she can go back on the only medication that has relieved her disabling pain from rheumatoid arthritis for the last eight years.”



“Abortion bans complicate access to drugs for cancer, arthritis, even ulcers.” Washington Post. August 8, 2022.

Abortion restriction may undermine care of patients with chronic medical illnesses

- Abortion availability may have made some clinicians feel more comfortable prescribing teratogens to people with childbearing potential
 - Abortion has shielded patients, clinicians, and society from the impact of inadvertent fetal exposures to teratogens
- Anecdotal data suggest that some patients are losing access to evidence-based treatments because of their reproductive potential
 - *e.g.*, non-pregnant patients who may never become pregnant
- Patients may lose their autonomy to make reproductive decisions in order to access medications that maintain their physical well-being

Pennsylvania Abortion Law

- *Dobbs* did not impact abortion law in PA (at least for now)
- PA abortion law requires (among other things)
 - State mandated counseling 24-hours before the abortion
 - State mandated reporting about abortion care
 - Abortions can only occur at registered facilities
 - Parental consent or judicial bypass for minors seeking an abortion
 - Only physicians can provide abortions
- The FDA has also instituted a REMS for mifepristone, limiting how the drug is dispensed

Federal Protections for Abortion Care

- Current positions of the Biden Administration
 - **EMTALA**: Requires most hospitals to provide stabilizing treatment (including abortion care) to patients experiencing medical emergencies.
 - **HIPAA**: Prohibits covered healthcare workers from disclosing protected health information to law enforcement (e.g., to report an abortion crime) unless pursuant to a warrant.
 - **Section 1557 of the ACA**: Prohibits sex discrimination in healthcare, including refusing to dispense medically necessary medications to pregnant or female patients.
- Potential protections for the future
 - **FDA Law**: Prohibits states from banning FDA-approved drugs like medication abortion
 - **New Federal Statute**: Congress could pass a law protecting abortion rights

State Abortion Law Conflicts

- Officials are considering criminalizing out-of-state doctors who provide abortions for their citizens, even when that care was lawfully provided in the doctor's state.
 - Where did the abortion occur if one of the drugs in a medication abortion regimen was taken in the patient's home state?
 - If the fetus is a person under a state's law, did the out-of-state doctor conspire to murder one of their citizens by performing an abortion?
- This is a quickly evolving area of law that is already impacting patient care
 - Pittsburgh has a high number of out-of-state abortion patients from Ohio and WV
 - Pittsburgh's city shield law and PA's executive order offer some protections

Our State Abortion Rights are Precarious

- Our abortion laws could change quickly depending on
 - The PA governor's race
 - The PA Supreme Court's impending decision in *Allegheny Repro v. PA Dept of Human Services*
 - A future, state-wide constitutional amendment vote
- If PA bans abortion, doctors could face prison time for providing an abortion, unless they prove it was necessary to save the person's life
 - Many states are removing health exceptions

Action steps



Scan for more information

- *Research*: Submitting your stories about compromised medical care (SFP, ACR, AMA have data repositories)
- *Clinical*: Sign up to provide teleconsultation for abortion care
- *Education*: Raising awareness in the community about the adverse public health consequences of state laws that restrict abortion access
- *Institutional*: Encouraging leaders to create a task force to help with guidelines/protocols to protect and support clinicians, trainees, students, and employees



Q and A Discussion
