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# Two Years Post-*Dobbs*: The Nationwide Impacts of Abortion Bans

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Two years after *Dobbs*:

- Women are being denied emergency care and lifesaving treatments;
- Hardship is being placed on women and families traveling long distances for care; and
- The health care system is being strained.

The former president and current Republican nominee says he is proud of this. **"We brought it back to the states and the country is now coming together on this issue,"** he said during the CNN presidential debate on June 27. **"It's been a great thing."**<sup>1</sup>

Nothing could be further from the truth.

More than 23 million American women of child-bearing age live in states with abortion bans.<sup>2</sup>

As this report highlights, allowing states to ban or restrict abortion is causing an unprecedented flow of pregnant patients across state borders, at times endangering their lives and financial security. It is stressing America's reproductive health care system like never before, including by impacting care in states that maintain access to abortion. It is driving health care providers out of states with abortion bans and creating a care gap that will be difficult to fill since some medical residents are avoiding these states.

This report is based on interviews and discussions with more than 80 health care providers and advocates on the front lines of the day-to-day chaos *Dobbs* has wrought on their patients and communities. It found that a system that bans a medical procedure in some states and allows it in others has dangerous ramifications everywhere.

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*Findings are based on interviews, discussions, and data.*

# I. POST *DOBBS*, WOMEN DENIED EMERGENCY CARE

## Abortion Bans Endanger Women Facing Medical Emergencies

*Women in medical emergencies are being forced to travel and seek care in protective states because providers in states with abortion bans fear legal repercussions for treating them, including in cases of miscarriages and non-viable pregnancies.*

“We've been flying out about a patient a week to Utah or Oregon or Washington, because the fetus is nonviable, or the life of the mother is at risk.”

Dr. Ed McEachern  
Co-Chair, Idaho Physician Well-Being Action Collaborative

“We've been flying out about a patient a week to Utah or Oregon or Washington, because the fetus is nonviable, or the life of the mother is at risk,” says Dr. Ed McEachern, co-chair of the Idaho Physician Well-Being Action Collaborative. Some OB/GYNs in Idaho now recommend to pregnant patients that they buy medical evacuation insurance. **“That helicopter ride can cost over \$70,000 -- that bankrupts families.”**<sup>3</sup>

Stephen Stetson, Alabama State Director at Planned Parenthood Southeast, explains how emergency obstetric care now works under abortion bans: **“Doctors have to watch patients go into sepsis, watch their vital signs get worse and deteriorate, because they are afraid that the person isn't sick enough to qualify for the medical exemption,”** says Stetson. **“They have to wait for them to enter a zone where they feel comfortable enough, talking to their lawyers and their internal risk management people, that this patient now qualifies for the exemption. It's really troubling.”**<sup>4</sup>

A STAT News analysis of abortions in Texas post-*Dobbs* found that the number of people who accessed abortions for medical emergencies in Texas was far below the number who likely needed that care. There were just 34 legal abortions recorded in Texas during a six-month period in 2023, but the researchers estimated that the number of women needing abortions in Texas is at least 400 per year for life emergencies and 2,400 per year for physical health risks.<sup>5</sup>

Dr. Alison Haddock, the President-Elect of the American College of Emergency Physicians, describes the stress and challenge of trying to find a place for abortion patients to receive emergency care in Texas: **“In cases where a patient medically needs an abortion but the doctor doesn't think they can provide it, they have to shop around to find another provider to take them. The patient and their partner are waiting there, and I will know that I have these seven patients in the waiting room who've been waiting hours to be seen that I really need to go see. But instead, I'm on the phone trying to do**

paperwork and talk to lawyers, and the term moral injury comes into place here too, where you just feel like this is not right.”<sup>6</sup>

## Abortion Bans Prevent Safe Miscarriage Care

Emergency care can include treatment for miscarriages. **“People don’t understand that when you ban abortion, you ban miscarriage care as well,”** says Bré Thomas, CEO of Affirm AZ, a reproductive health care provider in Arizona.<sup>7</sup>

The lack of understanding may stem from the fact that many patients don’t realize that miscarriage care and other emergency care is the same procedure as an abortion. OB/GYNs report that terms like "early induction" or "pregnancy termination" are often used with these patients – though both are other words for abortion.

“People don't understand that when you ban abortion, you ban miscarriage care as well.”

Bré Thomas  
CEO of Affirm AZ

Grayson Dempsey, Public Affairs Director at the Lilith Clinic, received treatment for an ectopic pregnancy and did not realize at the time that she received care that abortion bans could make inaccessible. **“I had an ectopic pregnancy when I was in my 20s, and the options were death or to be treated with abortion care. ... I've worked in abortion my whole career, and I never thought of myself as having an abortion, not because I felt like abortion was wrong. But because I felt like abortion was something that involves choice. I never had a choice, because I was in a medical emergency, and I needed treatment.”**<sup>8</sup>

According to Tamarra Wieder at Planned Parenthood Alliance Advocates – Kentucky, the University of Louisville has been forced to turn away patients experiencing miscarriages, ectopic pregnancies, and fetal anomalies that could affect the health of the patient because they were afraid of violating the state’s abortion ban.<sup>9</sup>

Dr. Kate Arnold is the former head of the Oklahoma chapter of the American College of Obstetricians and Gynecologists (ACOG). She has seen patients who did not understand the overlap between miscarriage care and abortion care. She says, **“It’s kind of heartbreaking when they got that service and don’t know that they would potentially later be voting to deny other people that service.”**<sup>10</sup>

## Pregnant Patients With Fetal Anomalies Are Forced to Seek Care in Protective States

Abortion bans also don’t account for fetal anomalies, even though these situations can be dangerous and heartbreaking for those forced to carry these pregnancies to term. Dr. Natasha Schimmoeller, an OB/GYN at Cedars-Sinai Medical Center in California, says that some patients she sees from other states are confused about diagnoses of their fetal anomalies because their doctors are afraid to tell them the full truth of what’s happening in case it leads to a conversation about abortion.<sup>11</sup>

In Texas, a study found that infant mortality increased by 12.9% in the year after the state's six-week abortion ban took effect. The number of babies with serious conditions like congenital defects who died rose by 23%. Researchers believe that the sharp increase in infant mortality was caused by the increase in pregnancies with high risks for infant mortality that were carried to term after the ban was implemented. Infant deaths because of maternal pregnancy complications increased by 18% in Texas between 2021 and 2022, compared to 8% in the rest of the country.<sup>12</sup>

In one example of that trend, Dr. Eve Espey of the University of New Mexico treated one patient who was diagnosed with a lethal fetal anomaly at a Texas hospital and had to drive 16 hours to New Mexico for care.<sup>13</sup>

Dr. Schimmoeller at Cedars-Sinai points out that in the extremely rare situation where a patient needs ongoing care after an abortion for a fetal anomaly or any other reason, they may not be able to access help in states with bans.<sup>14</sup>

## Rape and Incest Survivors Are Being Denied Care in States with Bans

*Many women who are sexually assaulted in states with abortion bans are being forced to carry their pregnancies to term or to travel out of state for abortion care.*

Some state legislators claim that their bans permit abortion in cases of rape or incest. But these laws often require sexual assault survivors to fill out a police report and document their traumatic experiences as a prerequisite to receiving health care. These anti-choice laws are often vague and leave providers unable to determine what is considered enough evidence to allow them to legally provide abortion care or even enable them to communicate with survivors about their options.<sup>15</sup>

Kris Lawler, a board member at the Tampa Bay Abortion Fund, notes, **“Even before the six-week ban went into effect, we had people who should have qualified for rape and incest exceptions going out of state because it was easier to travel than it was to navigate the exceptions. That’s a testament to how unrealistic these exceptions are.”**<sup>16</sup>

“Even before the six-week ban went into effect, we had people who should have qualified for rape and incest exceptions going out of state because it was easier to travel than to navigate the exceptions.”

Kris Lawler  
Board Member, Tampa Bay Abortion Fund

It's unclear whether women in these states are even aware of their options under the exception rules. Clinicians and hospitals may also be unaware of their options, especially because these bans can be extremely difficult to interpret.

**“Communication with patients just went way down, because we all just were so scared,” Dr. Arnold says. “If somebody said something about rape or incest, in the past, I would have asked, ‘Who do you have for support right now? Are you safe at home?’ All these things. But now you’re just so handicapped and not being able to do anything that you just, I just stopped asking questions, because I felt like I couldn’t do anything anyway. It left me with this party line of: ‘I’m really sorry. Because of the law, I can’t give you any help.’”<sup>17</sup>**

## **IDAHO – Reports of Rape Survivors Denied Plan B Care**

According to sexual assault advocates who work near the Washington/Idaho border, some sexual assault nurse examiners in Idaho are refusing to provide emergency contraception to Idahoans who have experienced sexual assault, even when it is specifically requested. This is pushing Idaho patients to seek care in Washington.

According to Emily Stone, Public Policy Director for the Washington State Coalition Against Domestic Violence, one Washington state nonprofit providing services and support to gender-based violence survivors near the Idaho border said that it has seen at least a 20% increase in crisis calls from people in Idaho. Another similar program shared that its Plan B supplies are being immediately used up as soon as they are stocked. These programs did not wish to be identified because of the political climate in their areas.<sup>18</sup>

Nationwide, a recent study showed that all states with restrictive abortion laws saw decreases in prescription fills for emergency contraception. States with the most restrictive abortion bans saw an additional 65% decrease compared to those with more moderate restrictions.<sup>19</sup>

## **II. POST *DOBBS*, WOMEN FACE HARDSHIP TRAVELING LONG DISTANCES FOR CARE**

### **Abortion Bans Create Longer Wait Times in Protective States**

*Across America, providers in protective states report delays in abortion care because of the influx of out-of-state patients.*

#### **Impacts in the Midwest**

- Three-week wait times at Kansas and Illinois clinics
- Wait times in Cincinnati and Cleveland force patients to travel to other cities for care
- Wisconsin patients can get quicker care by traveling to other states
- Wait times in Twin Cities force patients to drive to Duluth for care

“Wait times increase in our nine Ohio clinics every single time an abortion ban goes into effect, no matter how far away the implementing state is from Ohio.”

Rev. Terry Williams  
Faith Organizer at Faith Choice Ohio and the  
Jubilee Fund for Abortion Justice

According to Alison Dreith, Director of Strategic Partnerships at the Midwest Access Fund, patients in **Kansas** and **Illinois** face long waits for reproductive care appointments, as Illinois has shifted from a care epicenter for the Midwest to a place of support for both the Midwest and the South. Dreith says, “**Prior to *Dobbs*, you could get an abortion appointment within 24 hours. And that is still the case in some regions. But now in places like Kansas and Illinois, those clinics are booking three weeks out, and that can really play havoc with people's lives.**”<sup>20</sup>

Rev. Terry Williams, Faith Organizer at Faith Choice Ohio and the Jubilee Fund for Abortion Justice, says that during the period when **Ohio** had a six-week abortion ban in effect (June-September 2022), Ohio patients found it nearly impossible to secure appointments in neighboring states like **Pennsylvania**, **Michigan**, and **Illinois** without a four-to-six-week lead time.

Now that abortion is legal in Ohio again, he says that patients within major Ohio cities like Cincinnati and Cleveland often have to travel to clinics outside of their local cities because so many out-of-state patients are coming to Ohio for care. “**Wait times increase in our nine Ohio clinics every single time an abortion ban goes into effect,**” says Rev. Williams, “**no matter how far away the implementing state is from Ohio.**”<sup>21</sup>

Several of **Wisconsin**'s abortion clinics reopened last September after a judge ruled that a law dating from 1849 does not ban abortions, only feticide. However, the clinics are only providing about half of their pre-*Dobbs* abortion volume. According to Planned Parenthood Wisconsin, “**in many places in Wisconsin, it is easier and quicker to access abortion care in another state which puts a greater strain on those states' abilities to provide care to patients who live in access states, as well as patients from banned states who seek care in access states.**”<sup>22</sup>

In **Minnesota**, the WE Health Clinic in Duluth reports that it is seeing an increase from patients within Minnesota coming to Duluth for more timely care because wait times are so long at Twin Cities metro area clinics.<sup>23</sup> Planned Parenthood of the North Central States reported a 25% increase in abortion appointments in Minnesota in 2022, and an 11% increase in second-trimester abortions post-*Dobbs*.<sup>24</sup>

### Impacts in the Mid-Atlantic, Southeast

- DC patients being sent north to Maryland and Pennsylvania due to capacity
- Two-week wait times reported in South Carolina, North Carolina, and Virginia

In Washington, DC, appointments are now being filled by patients from the South. Alisha Dingus, the DC Abortion Fund's Director of Development, says, “**Now our people in DC are having to go up for their**



**appointments. We're having to send people to other clinics in Maryland, sometimes all the way to Pennsylvania.”<sup>25</sup>**

Planned Parenthood South Atlantic, which serves **South Carolina, North Carolina, and Virginia**, reports that wait times for abortions at some clinics are about two weeks and likely to increase as demand grows since the Florida ban.<sup>26</sup>

### **Impacts in the Southwest**

- Ten-day wait times at Colorado clinics due to out-of-state patients
- Nevada and New Mexico hiring more staff to meet care demands
- Arizona Planned Parenthood triaging patients to ensure people can be seen before 15 weeks

Wait times at **Colorado** clinics increased to up to 28 days immediately post-*Dobbs* due to the surge in out-of-state patients; they have now evened out at ten days, which is still a significantly longer wait than in previous years.<sup>27</sup> In some locations, wait times for non-abortion services like pap smears have increased too. In 2023, 4,200 patients came to Colorado from out of state, including 2,800 patients from Texas.<sup>28</sup>

Some states are managing the strain, but only by taking steps to increase their capacity. **Nevada** Planned Parenthood clinics had wait times of up to 21 days immediately after *Dobbs*, but providers have successfully reduced those wait times to three days by hiring more staff and increasing their telehealth services. About half of the patients coming to Nevada for abortion care are from out of state.<sup>29</sup>

In **New Mexico**, providers are able to handle the influx because they increased their capacity. According to Dr. Espey of the University of New Mexico, New Mexico saw a 369% increase in abortion volume between 2019 and 2024. She says, **“that was most prominent just after SB8, when Texas abortion access shut down on a dime. At that time, our state was ill-equipped to deal with the big surge in patients.”** New Mexico now has a more manageable volume because clinics in Albuquerque have expanded their capacity, several individual providers have relocated to New Mexico, and telehealth abortion care has expanded.<sup>30</sup>

Some states with slightly less restrictive abortion access, like **Arizona**, still lack comprehensive resources and access to care. According to Erika Mach of Planned Parenthood Arizona, providers in Arizona have had to triage patients due to the 15-week ban. **“We've done our best to prioritize scheduling patients who are closer to the 15-week window so they can receive care before the cutoff. For patients we are unable to provide care for due to the 15-week ban, we utilize our patient navigation program to help them organize travel to a state where they can receive care.”<sup>31</sup>**

## Impacts in the Pacific Northwest

- Patients presenting a week later on average for care in Washington state
- Oregon Health and Sciences University (OHSU) seeing a 20% increase in abortion patients from Washington state
- Planned Parenthood Columbia Willamette opened a new clinic to meet Idaho demand
- Lilith Clinic in Seattle seeing patients from California due to 3-4 week wait times there

“OHSU’s abortion volume has doubled over the last two years, and people are far more likely to be in the 2<sup>nd</sup> or 3<sup>rd</sup> trimester due to delays, and a lot sicker.”

Dr. Maria Rodriguez  
Oregon Health and Sciences University

In **Washington** state, University of Washington researchers found that the state has seen a 50% surge in out-of-state patients since the *Dobbs* decision. That surge has corresponded with all patients presenting a week later on average for abortion care.<sup>32</sup>

In **Oregon**, Dr. Maria Rodriguez of OHSU says, “**OHSU’s abortion volume has doubled over the last two years, and people are far more likely to be in the 2nd or 3rd trimester due to delays, and a lot sicker. We are getting a lot of patients from Idaho, and even from states like California and Washington, where there are no bans, but people are struggling to get in to be seen in a timely fashion.**”<sup>33</sup> Data collected by Dr. Rodriguez shows that OHSU has seen a 20% increase in abortion patients from Washington state since the *Dobbs* decision, compared to 2021 data.<sup>34</sup>

Planned Parenthood Columbia Willamette launched a new clinic in Ontario, **Oregon**, near the Idaho border, to keep up with demand from that state. Statewide, they went from serving approximately 50 Idaho patients in 2021 to serving approximately 1,000 in 2023. Overall, Planned Parenthood Columbia Willamette’s abortion volume increased by 29% from 2022 to 2023. Abortion services now make up 13% of their volume, when before *Dobbs* abortion was only 7-8% of their volume.<sup>35</sup>

Grayson Dempsey of the Lilith Clinic, which has clinics in Portland, Seattle, and Las Vegas, says, “**California itself is experiencing such a huge surge from places like Texas and Arizona, their wait times can be three to four weeks. For people who have the resources, it may make more sense to buy an inexpensive plane ticket to Seattle to get the care they need.**”<sup>36</sup>

## **New Data Shows Florida's Ban Is Pushing Southeast Patients North**

*Almost immediately after Florida Republicans voted to ban abortions after six weeks, women living in the Panhandle began to travel as far away as the Pacific Northwest to seek abortion care.*

Planned Parenthood Columbia Willamette, which runs clinics in Oregon and Southwest Washington, said they saw their first Florida patient within a week of the ban.<sup>37</sup>

Several abortion funds, which provide women seeking abortions with financial support and advice, shared data from the first weeks following the ban. The data shows significant increases in patients leaving Florida for care, as well as increases in patients from nearby states who can no longer get the care that they need in Florida.

Data from the Midwest Access Coalition, an abortion fund that supports people traveling to, from, and within the Midwest, shows a significant increase in patients from Florida and several nearby southern states after Florida's abortion ban was implemented.

- Florida (939% increase)
- Alabama (461% increase)
- Georgia (212% increase)
- Louisiana (176% increase)

*Source: Midwest Access Coalition data, average patients/day in 2023 vs. May 1-June 10, 2024 (after implementation of Florida abortion ban)*

The DC Abortion Fund, which served 22 Florida patients from January to March 2024, served 21 Florida patients in the five weeks following the ban. **"We're really the access point for everyone in the Southeast and South,"** says Dingus of the DC Abortion Fund. **"So as soon as *Roe* was overturned, we started seeing an increase in callers coming from Texas, coming from Georgia, coming from Louisiana. And then as bans have continued to fall in the South, those numbers have increased, particularly for us, coming from North Carolina and Florida."**<sup>38</sup>

The Northwest Abortion Access Fund supports abortion patients traveling to, from, and within Washington, Oregon, Idaho, and Alaska. It saw a 9x increase in patients from Florida since the six-week ban went into effect, compared to the same period in 2023. In total, 17% of the fund's callers now come from abortion ban states outside its four-state region, compared to 2% in the year before *Dobbs*.<sup>39</sup>

According to Rev. Williams, of Faith Choice **Ohio** and the Jubilee Fund for Abortion Justice in Ohio, his organization experienced an immediate increase in support requests from Florida patients after that state's six-week ban went into effect.<sup>40</sup>

**Illinois** abortion funds and clinics report similar increases. In May 2024, after the Florida six-week abortion ban went into effect, the Chicago Abortion Fund (CAF) saw a 102% increase in callers based in Florida and surrounding Southern states compared to May 2023, and an almost 330% increase in people based in the state of Florida specifically.

According to data from CAF, Hope Clinic in the Southern Illinois town of Granite City reported a 700% increase in patients from Florida and the Deep South in May. More than 90% of these patients required support from an abortion fund to cover appointment costs and travel needs.

CAF-supplied data also shows that Chicago’s Family Planning Associates (FPA) had a 75% increase in patients from Florida and neighboring Southern states within a month of the ban, with a 120% increase from May 2023 to May 2024.<sup>41</sup>

Bree Wallace, Director of Case Management at the Tampa Bay Abortion Fund, reports that the fund has primarily been sending people to Illinois, DC, and Maryland since the ban took effect. She notes, **“North Carolina's being reported on a bit too much as a realistic access point for Florida patients. It’s the closest, but they have a 72-hour waiting period, so going there isn't always the most logical choice. Virginia isn’t always realistic either because the flights there have layovers or the clinics are in very rural towns.”**<sup>42</sup>

## Midwestern Clinics Are Serving Unprecedented Numbers of Southern Patients

*The Midwest is already seeing an unprecedented influx of patients from across the South, and the Iowa ban could cause more strain.*

**“Before *Dobbs*, nearly all of our patients were Midwesterners,”** says Dreith of the Midwest Access Coalition. **“While we always had supported clients from 30 different states, you would see like one person from Texas, one person from Louisiana, because they were in college or something. Now, we are a majority Southern abortion fund for all intents and purposes.”**<sup>43</sup>

Wedged between Indiana and Missouri, both states with abortion bans, Illinois is an access point for those from neighboring states seeking care. However, the state's abortion providers are also the closest destination for many Southern states.

After the *Dobbs* decision in June 2022, Planned Parenthood of Illinois (PPIL) experienced a 47% increase in overall abortion care patients, and an unprecedented number of out-of-state patients traveling from over 41 different states. Prior to the *Dobbs* decision, 3-5% of PPIL patients were from out of state. Now 25% of their patients are from outside of Illinois.

In the two years since *Dobbs*, the top five states patients traveled from include:

- Indiana (3.5x increase)
- Kentucky (15x increase)
- Tennessee (26x increase)
- Texas (3x increase)
- Wisconsin (7x increase)

The city of Carbondale in Southern Illinois is within a half-day's drive of population centers in states with abortion bans, like Little Rock, Memphis, and Nashville. PPIL opened a center there in December 2023. Since the center opened, 91% of abortion patients have come from out of state, from 16 different states.<sup>44</sup>

## Iowa Ban Will Likely Create More Travel Strain

And now that the Iowa State Supreme Court is allowing a six-week abortion ban to go into effect, protective Midwestern states will see even more patients. Approximately 4,000 Iowans received abortion care in each of the past two years – patients in Iowa will now need to seek care elsewhere.<sup>45</sup>

Dreith expects that her organization, the Midwest Access Coalition, will need to support even more Iowans once the state supreme court's ruling goes into effect, and she believes that the ruling will increase the strain on neighboring Minnesota.<sup>46</sup> Even the Northwest Abortion Access Coalition, in the Pacific Northwest, expects to support more Iowans traveling for care and delaying care to the second trimester due to the ban.<sup>47</sup> Rev. Williams, at Ohio's Jubilee Fund, expects that the fund that will see a 70-90% surge in patient requests from Iowa once the ban goes into effect, with an additional 10-15% ongoing capacity demand.<sup>48</sup>

## **Fear of Inadequate Care Drives Women With Uncomplicated Pregnancies to Protective States Until Delivery**

*Some pregnant women seeking prenatal care are leaving anti-choice states for protective states where they can get the full range of care options if emergencies arise.*

**“There are families with highly desired pregnancies and who have resources and say hey, at 20 weeks of pregnancy, because I can't get the care I need in my own state if I face an emergency, I'm going to go and live somewhere else for a few months so that I may stay safe,”** says Dr. Kennedy at Planned Parenthood Columbia Willamette.<sup>49</sup>

**“I have had patients who have totally typical courses of pregnancy and choose to take up a second residence or live in a hotel post-viability because they are fearful of what might happen if they do have a complication,”** says Jacqueline Blanco, RN, a Seattle-area nurse who serves as a Public Policy Committee member at the Association of Women's Health, Obstetric and Neonatal Nurses.<sup>50</sup>

**“I have had patients who have totally typical courses of pregnancy and choose to take up a second residence or live in a hotel post-viability because they are fearful of what might happen if they do have a complication.”**

Jacqueline Blanco, RN  
Public Policy Committee Member, Association  
of Women's Health, Obstetric and Neonatal  
Nurses

## **Abortion Care Deserts Are So Vast, Patients in States With Bans Are Forced to Fly to Appointments**

*Now that so many states now have abortion bans -- and those states are concentrated in the South -- millions of women can now fly to a protective state faster than they can drive to one.*

In many cases, flying is the only option for patients. If they find out that they are pregnant later on in their term, or are facing health consequences related to delaying care, getting to another state for an abortion may be an urgent matter. Dingus of the DC Abortion Access Fund points out that some people can't easily access pregnancy tests, meaning that they realize they need an abortion later in their pregnancy.<sup>51</sup>

Some cities with numerous direct-flight options from states with abortion bans have seen substantial impacts. Ohio's Jubilee Fund reports that clinics in Cincinnati and Cleveland are easier to access for air travelers, so those appointments are filling up more rapidly – especially since Florida's six-week ban was implemented.<sup>52</sup>

Las Vegas is seeing an out-of-state patient influx despite the fact that Texas, the closest high-population state with an abortion ban, is an 11-hour drive away. In 2023, the Lilith Clinic's Las Vegas location saw 231 Texas patients.<sup>53</sup>

Nicole Barnett, Chief Operating Officer at Planned Parenthood Northern California, notes, **“Our San Francisco health center is the busiest of our 17 health centers in the Planned Parenthood Northern California affiliate. It is also located close to major airports and this may account for some of the increased demand related to individuals that may be traveling to the area for care.”**<sup>54</sup>

## The Nearest Cities Don't Always Provide the Fastest Care

Abortion Ban City	Abortion Access City	Distance (miles)	Time to access care (hours)	Reason
Miami	Charlotte, NC	654	76	Airport/flight travel time + 72-hour waiting period
	Washington, DC	925	5	Airport/flight travel time
	Chicago	1,191	5.5	Airport/flight travel time
Dallas	Chicago	805	4.5	Airport/flight travel time
	Phoenix	884	28.5	Airport/flight travel time + 24-hour waiting period
	Los Angeles	1,238	5	Airport/flight travel time

## Cost of Air Travel Makes Abortion Inaccessible for Low-Income Patients in States With Bans

Nicole Barnett at Planned Parenthood Northern California points out that although some patients are traveling to protective states, others can't make that trip due to financial or logistical barriers. **“Part of this impact that's not talked about enough is the individuals who don't have the resources to make a call, buy a plane ticket, get to a safe state, and potentially pay out-of-pocket for care. We don't talk enough about the ones who are left behind; those desperate individuals who don't have gas money, resources, and the ability to pay in another state to get the services that they need.”**<sup>55</sup>

People of color and low-income individuals are disproportionately likely to be harmed by abortion bans.<sup>56</sup> Having to fly to another state for basic health care is especially financially and emotionally challenging for low-income patients. Dreith of the Midwest Access Coalition says, **“We support many people who have never flown in an airplane before. And so when we have to book flights, that's not only a very expensive option, but it can be really hard and confusing. Sometimes we have to pay lots of money**

**“We don't talk enough about the ones who are left behind; those desperate individuals who don't have gas money, resources, and the ability to pay in another state to get the services that they need.”**

Nicole Barnett  
COO, Planned Parenthood Northern California

**for airfare, just because so many people miss their flights. They're at the airport, and they don't know they need to be there an hour early, and they miss their flight.”**<sup>57</sup>

The Tampa Bay Abortion Fund has had to spend a lot of time explaining flights to people, because the people they support often have never been on a plane or even visited another state. The fund even created a one-pager to help people navigate their travel.<sup>58</sup> The one-pager shows the patient's full itinerary, including flight and hotel deals,

and info about how they are getting to and from their appointment.<sup>59</sup>

### III. POST *DOBBS*, HEALTH CARE WORKERS AVOID STATES WITH BANS

#### OB/GYNs Are Fleeing States With Bans, Leaving Care Gaps

*Obstetricians and gynecologists (OB/GYNs) are increasingly leaving states with abortion bans because they no longer want to endure the emotional toll and legal risks of practicing their professions there.*

Idaho was one of the first states to enact an abortion ban after the *Dobbs* decision. Since then, 22% of Idaho’s OB/GYNs have left.<sup>60</sup> Dr. Amelia Huntsberger is an OB/GYN who left Idaho for Oregon after *Dobbs*. After living in Sandpoint, Idaho, for eleven years, she chose to leave in 2023 because practicing under the abortion ban was untenable. She says, **“I know how to manage the stress of managing a high-stakes medical emergency. I don't know how to manage the stress of legal ambiguity that has massive implications in terms of my medical license, felony charges, the potential for every family member to sue me for a minimum of \$20,000.”**<sup>61</sup>

Four Idaho maternity wards have closed or paused operations since *Dobbs* because they can't recruit staff. That includes Salmon, Idaho, which has paused labor and delivery services since the beginning of 2024, after its longtime doctor retired. Brian Whitlock, President/CEO of the Idaho Hospital Association, explains the burden this puts on patients: **“It’s important to have labor and delivery services in a rural community rather than say to a woman, establish a relationship with a doctor who is a three hour drive away. So when that day comes, you can go there a few days early, get a hotel room, and wait until your delivery date. It’s a terrible way to provide care.”**<sup>62</sup>

The Oklahoma chapter of the American College of Obstetricians and Gynecologists (ACOG) conducted informal polling of their members after *Dobbs*. 76% of respondents said that they had thought about leaving Oklahoma to practice medicine in another state, or actively wanted to leave but found that it wasn’t feasible for them. Those numbers were sparked by Oklahoma’s abortion ban: 79% of respondents said that they could not practice medicine according to best practices or evidence-based medicine, and 75% felt that fear of repercussions was preventing them from doing so.<sup>63</sup>

#### Examples of Services That Can Be Provided by OB/GYNs:

- Pelvic exams
- STI testing
- Pap smears
- Ultrasounds
- Prenatal care
- Labor and delivery services
- Abortion care
- Fertility testing
- Endometriosis treatment
- Menopause treatment



One of the doctors who left is Dr. Arnold. She says, **“Roe v. Wade was overturned, and I started getting all these interview requests because of my role as Chair of Oklahoma ACOG. I asked my employer if I could do the interviews, and they said no. They told me that the reason that I couldn't speak out was because the FBI had already alerted our federally qualified health center that there was chatter about violence against our centers just for providing birth control.”**<sup>64</sup>

She eventually decided to leave Oklahoma with her family and move to DC where abortion remains legal.

**“Nobody’s there to provide those services anymore.”**

Dr. Amelia Huntsberger  
OB/GYN

Dr. Huntsberger, the OB/GYN who left Idaho, believes that doctors are going to continue leaving Idaho, and laments the loss of OB/GYN services in Sandpoint. **“You can't have your baby there, you can't get a hysterectomy, you can't get hormone replacement therapy for hot flashes, you can't get surgery for incontinence, you can't get treatment for abnormal uterine bleeding or fibroids ... nobody's there to provide those services anymore.”**<sup>65</sup>

## **States With Bans Struggle to Recruit Replacement OB/GYNs**

As OB/GYNs leave abortion ban states, recruiting replacements is incredibly challenging.

Idaho’s hospitals struggle to recruit replacements, not only for OB/GYNs, but also for obstetric nurses, anesthesiologists, pediatricians, and other clinicians. Susie Keller, CEO of the Idaho Medical Association, says, **“We've had all of these folks leaving, and our hospitals and clinics are telling us that the number of applications has dropped off dramatically. And it's taking almost twice as long to fill any positions. So we're digging this giant hole with a bulldozer and using a teaspoon to backfill it.”**<sup>66</sup>

Dr. Jessica Kroll, of Idaho’s American College of Emergency Physicians chapter, says that she does recruitment for her medical group. In the two years since *Dobbs*, over half of the people she has interviewed have chosen jobs in Washington state or Oregon due to Idaho’s health care climate. She says that before *Dobbs*, Boise was a desirable location for providers.<sup>67</sup>

According to Tamarra Wieder of Planned Parenthood in Kentucky, **“It’s extremely difficult to retain providers in Kentucky. We already had no practicing OB/GYNs in over half of our counties. Now, most medical students and residents are choosing to leave the state to study and practice elsewhere.”**<sup>68</sup>

Recruitment is challenging even in Wisconsin, where abortion is currently available. Planned Parenthood Wisconsin reports, **“The fear of not being able to care for patients is leading practitioners to move away from states with abortion bans and restrictions, or to stop treating pregnant patients. The chaos and confusion have made recruiting providers more difficult.”**<sup>69</sup>

## Health Care Worker Exodus Isn't Confined to OB/GYNs

*Health care workers across specialties, including emergency room doctors and anesthesiologists, have been negatively impacted by abortion bans.*

OB/GYNs are not the only providers affected by abortion bans. According to a Morning Consult poll, 11% of health care workers have considered leaving the industry due to new state abortion restrictions, with a similar share saying they would consider moving to a state where abortion access is protected.<sup>70</sup>

Dr. Melindia Castro Mann is a certified nurse midwife who grew up in Waco, Texas, and had planned to move back there to open her own clinic after her husband finished his military service. **“The plan was to go back to provide care specifically to low-income Latinas in the area, because I saw that there was a need for access to care amongst that population. My personal experience growing up was that I never saw a Latina provider. And, so, I wanted to change that and give patients the opportunity to have a provider that looks like them.”**

But, because of Texas's abortion ban, Dr. Castro Mann moved to Maryland instead. She says that if she moved back to Texas, **“I would be restricted and prohibited from providing full access care. Also, my husband and I did not feel like it was a safe situation for myself, my daughter, or my granddaughters to move to Texas.”** After Texas's SB8 abortion ban passed, Dr. Castro Mann also gave up her Texas midwifery and nursing licenses because she was afraid of being targeted by Texas law enforcement.<sup>71</sup>

### Emergency Room Doctors Quit Jobs in States With Bans Rather Than Face Dire Legal, Ethical Dilemmas

Emergency doctors are also seeing impacts. Dr. Robyn Hitchcock, an emergency doctor in Colville, WA, who previously practiced in Idaho, explains the dilemma that emergency doctors face. **“A mom can bleed to death from an incomplete miscarriage. In Washington, I can complete that miscarriage and stop her bleeding. But if I am in Idaho and I do that same thing, I worry that I could go to jail for saving that person's life.”** Even after moving to Washington, Dr. Hitchcock used to occasionally take shifts at a small Idaho hospital, but she decided to terminate her privileges because she was too afraid of what would happen if she had a patient who was experiencing a pregnancy-related emergency.<sup>72</sup>

Dr. Haddock, the President-Elect of the American College of Emergency Physicians, is moving from Texas to Washington due to concerns over the impact of criminal penalties on her ability to practice. She points out the burden that abortion bans put on emergency physicians: **“Criminal liability is not covered by malpractice. EMTALA liability is not covered by malpractice. The bounty hunter law that they**

**have in Texas is not covered by malpractice. There are layers and layers of new risks for physicians that are just not worth it. At some point, it’s too much.”**<sup>73</sup>

“A mom can bleed to death from an incomplete miscarriage. In Washington, I can complete that miscarriage and stop her bleeding. But if I am in Idaho and I do that same thing, I worry that I could go to jail for saving that person’s life.”

Dr. Robyn Hitchcock  
*Emergency Doctor in Colville, WA*

Dr. Haddock also reports that in some states, all providers have to worry about data privacy and reporting laws for abortion. Texas has stringent reporting requirements that require providers to report various conditions as potentially related to abortion if a patient ever had an abortion - even if the abortion was decades ago and likely is not relevant. Dr. Haddock explains that these confusing and onerous requirements hinder all physicians – not just OB/GYNs – because **“if you violate Texas's reporting requirements more than a few times, you can get your medical license taken away. And that is - if it gets taken away in one state, you have to report that to other states and that could be the end of your career.”**<sup>74</sup>

## Anesthesiologists Under Stress Due to Frustrating Restrictions

Anesthesiologists and nurse anesthetists can also be part of a team delivering abortion care, particularly in more complicated situations. Dr. Meredith Albrecht, an anesthesiologist in Wisconsin, has **“vivid memories of my frustration of not being able to do the right thing for my patients”** immediately after *Dobbs*, when abortion was restricted in Wisconsin. She specifically recalls a patient who had sepsis and needed an abortion, but could not be treated until she was ill enough to be admitted to the ICU.<sup>75</sup>

Dr. Bridget Bush, an anesthesiologist in Washington state, describes the turmoil anesthesiologists felt when a recent national conference was held in Louisiana: **“There were several pregnant anesthesiologists who worried that if something happened to them while they were at the conference, they wouldn’t be able to get care due to the abortion ban, so they didn’t come. We decide our policy platforms at our conferences – so when women don’t feel safe attending, they don’t have a voice in the association’s policies.”** This year’s conference will be in Pennsylvania - but next year’s will be in San Antonio, Texas, a state with a total abortion ban.<sup>76</sup>

## Medical Students and Residents Avoiding States With Bans

*Abortion bans will affect where the next generation of OB/GYNs choose to study, train, and practice. Students in abortion ban states are missing out on critical training.*

In a 2023 survey of OB/GYN residents, 17.6% of respondents changed their minds about where they planned to practice because of the *Dobbs* decision. Those who had intended to practice in states with abortion restrictions before *Dobbs* were eight times more likely to change their plans than those who were already planning to practice in protected states.<sup>77</sup>

Urooj Nasim is a University of Louisville medical student and Master of Public Health graduate.<sup>1</sup> She and several other students conducted polling of the University of Louisville’s medical students about the abortion ban. 78.4% of respondents said that they would consider receiving medical training in a state other than Kentucky because of its restrictive abortion laws. 88.9% said they were concerned about the impact of abortion bans on patient confidentiality and doctor-patient trust.<sup>78</sup>

Data from the 2023 residency cycle supported Nasim’s research. Applications for OB/GYN residencies were down nationwide, but the decrease in applicants to states with total abortion bans was over twice as large as the decrease to states with no abortion restrictions.<sup>79</sup>

As Stephen Stetson, Alabama Director at Planned Parenthood Southeast, explains, **“Nobody wants to go and have their education be incomplete when UAB and these other medical schools are forbidden from teaching basic medical practices, and so it makes sense that people are wanting to get their education in pro-choice states where they can have a complete, well-rounded experience.”**<sup>80</sup>

A hospital in Texas with a medical education program reports that the state ban is hurting the hospital’s recruitment efforts. It was already tough to recruit faculty to Texas, but now finding people willing to move there is even harder. (The hospital asked to remain anonymous due to Texas’s political climate.) That Texas hospital also had to rush to find ways to educate its residents on abortion, because that training is no longer allowed in Texas post-*Dobbs*. They contacted over 90 OB/GYN residency programs to see if anyone could take their residents. Now, residents at this hospital have to travel to either New York or Oregon during their residency to receive abortion education.<sup>81</sup>

Dr. Rodriguez at OHSU explains the knowledge gap for providers who aren’t fully trained in abortion care. **“The reality is that if you don't know how to provide an abortion, you certainly can't manage a miscarriage in an evidence-based way. What OHSU has seen is that the residents that come here from restricted states also have very limited knowledge about long-acting and reversible contraception.”**<sup>82</sup>

The lack of education also affects medical students who are in school and deciding what they want to focus on in their careers. In a survey of third- and fourth-year medical students, 77% said changes in

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<sup>1</sup> Nasim speaks for herself as an individual and does not represent the official views of any institution that she is affiliated with.

abortion access would influence where they applied for residency, and 54% said the changes would affect which specialty they chose to pursue.<sup>83</sup>

Carmen Abbe is a Washington State University College of Medicine graduate. She considered doing her residency in Idaho, but ultimately decided against it because of the educational barriers caused by the state's restrictive laws. **"Idaho had a residency that I really liked a lot. They told me: We want you to learn abortion care because we think it's medically important. But you can't do that in our state."**

The program instead offers to fly medical residents out of state to learn the care, but can't guarantee the training will be available. **"They told me, the place we're flying you has to have availability to be accepting an out-of-state person, but they may have other in-state people who also want to learn it."** Abbe instead chose to pursue residency in a state where abortion training would not be limited.<sup>84</sup>

## Conclusion

It has been two years since the *Dobbs* decision stripped away the national right to abortion. In 17 states, legislatures have enacted a total or near-total ban on this safe medical procedure.<sup>85</sup>

Women in these states can no longer access abortion care and are being denied the full range of care for miscarriage management and high-risk pregnancies. Health care providers and advocates have worked heroically to support women who seek this care. As this report shows, those women are forced to leave their state for care, losing days off work and driving or buying expensive plane tickets to get a safe medical procedure that could be done in hours in their home state. Women who aren't able to access abortions can end up in terrifying and dangerous situations. In some cases, women are being airlifted out of their state for care.

This is not a "great" outcome. Allowing certain states to outlaw abortion is endangering women's health. Even in protective states, some women are seeing longer wait times for abortion care. In abortion ban states, all reproductive health care is becoming increasingly inaccessible to anyone as OB/GYNs are leaving, replacements are difficult to recruit, and residents are refusing to train there.

This is not how health care should work.

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- <sup>1</sup> <https://www.cnn.com/2024/06/27/politics/read-biden-trump-debate-rush-transcript/index.html>
- <sup>2</sup> <https://www.whitehouse.gov/briefing-room/statements-releases/2023/06/23/fact-sheet-biden-harris-administration-highlights-commitment-to-defending-reproductive-rights-and-actions-to-protect-access-to-reproductive-health-care-one-year-after-overturning-of-roe-v-wade/>
- <sup>3</sup> Interview with Dr. Edward McEachern by Senator Cantwell’s staff on June 21, 2024.
- <sup>4</sup> Interview with Stephen Stetson by Senator Cantwell’s staff on June 17, 2024.
- <sup>5</sup> <https://www.statnews.com/2023/12/15/abortion-kate-cox-texas-health-risks-trisomy-18/>
- <sup>6</sup> Interview with Dr. Alison Haddock by Senator Cantwell’s staff on July 1, 2024.
- <sup>7</sup> Interview with Bré Thomas by Senator Cantwell’s staff on June 19, 2024.
- <sup>8</sup> Interview with Grayson Dempsey by Senator Cantwell’s staff on June 14, 2024.
- <sup>9</sup> Phone conversation with Tamarra Wieder by Senator Cantwell’s staff on June 4, 2024.
- <sup>10</sup> Interview with Dr. Kate Arnold by Senator Cantwell’s staff on June 13, 2024.
- <sup>11</sup> Email exchange between Dr. Natasha Schimmoeller and Senator Cantwell’s staff on June 14, 2024.
- <sup>12</sup> <https://www.nytimes.com/2024/06/26/upshot/texas-abortion-infant-mortality.html>
- <sup>13</sup> Interview with Dr. Eve Espey by Senator Cantwell’s staff on June 21, 2024.
- <sup>14</sup> Email exchange between Dr. Natasha Schimmoeller and Senator Cantwell’s staff on June 14, 2024.
- <sup>15</sup> <https://www.tallahassee.com/story/news/politics/2024/05/23/florida-abortion-law-rape-not-defined-doctors-consequences/73605648007/>, <https://abcnews.go.com/US/rape-exceptions-abortions-bans-complicated-reality/story?id=88237926>
- <sup>16</sup> Interview with Kris Lawler by Senator Cantwell’s staff on June 28, 2024.
- <sup>17</sup> Interview with Dr. Kate Arnold by Senator Cantwell’s staff on June 13, 2024.
- <sup>18</sup> Email exchange between Emily Stone and Senator Cantwell’s staff on June 14, 2024.
- <sup>19</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2820370>
- <sup>20</sup> Interview with Alison Dreith by Senator Cantwell’s staff on June 6, 2024.
- <sup>21</sup> Email exchange between Reverend Terry Williams and Senator Cantwell’s staff on July 3, 2024.
- <sup>22</sup> Email exchange between Planned Parenthood Wisconsin and Senator Cantwell’s staff on June 26, 2024.
- <sup>23</sup> Information received from the WE Health Clinic and sent to Senator Cantwell’s staff via email on June 11, 2024.
- <sup>24</sup> <https://www.startribune.com/a-year-after-roe-v-wade-demise-minnesota-abortion-providers-see-surge-of-patients-from-other-states/600284334/>
- <sup>25</sup> Interview with Alisha Dingus by Senator Cantwell’s staff on June 14, 2024.
- <sup>26</sup> [https://www.politico.com/news/2024/05/02/florida-abortion-access-south-00155560?blm\\_aid=6653945857](https://www.politico.com/news/2024/05/02/florida-abortion-access-south-00155560?blm_aid=6653945857)
- <sup>27</sup> <https://www.kunc.org/news/2023-05-02/as-demand-for-abortions-in-colorado-goes-up-so-do-wait-times-for-in-person-care>
- <sup>28</sup> <https://www.cpr.org/2024/02/06/record-number-out-of-state-abortion-patients-colorado/>
- <sup>29</sup> <https://www.ktnv.com/news/planned-parenthood-clinics-in-nevada-continue-to-see-surge-of-out-of-state-patients>
- <sup>30</sup> Interview with Dr. Eve Espey by Senator Cantwell’s staff on June 21, 2024.
- <sup>31</sup> Interview with Erica Mach by Senator Cantwell’s staff on June 21, 2024.
- <sup>32</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2819135?resultClick=3>
- <sup>33</sup> Email exchange between Dr. Maria Rodriguez and Senator Cantwell’s staff on June 5, 2024.
- <sup>34</sup> Email exchange between Dr. Maria Rodriguez and Senator Cantwell’s staff on June 23, 2024.
- <sup>35</sup> Email exchange between Dr. Sara Kennedy and Senator Cantwell’s staff on July 1, 2024.
- <sup>36</sup> Interview with Grayson Dempsey by Senator Cantwell’s staff on June 14, 2024.
- <sup>37</sup> Interview with Dr. Sara Kennedy by Senator Cantwell’s staff on June 17, 2024.
- <sup>38</sup> Interview with Alisha Dingus by Senator Cantwell’s staff on June 14, 2024.
- <sup>39</sup> Email exchange between the Northwest Abortion Access Fund and Senator Cantwell’s staff on July 1, 2024.
- <sup>40</sup> Email exchange between Reverend Terry Williams and Senator Cantwell’s staff on July 3, 2024.

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- <sup>41</sup> Information received from the Chicago Abortion Fund and sent via email to Senator Cantwell's staff on June 13, 2024.
- <sup>42</sup> Interview with Bree Wallace by Senator Cantwell's staff on June 28, 2024.
- <sup>43</sup> Interview with Alison Dreith by Senator Cantwell's staff on June 6, 2024.
- <sup>44</sup> Information received from Planned Parenthood Illinois and sent via email to Senator Cantwell's staff on June 7, 2024.
- <sup>45</sup> <https://www.washingtonpost.com/nation/2024/06/28/iowa-abortion-ban-court/>
- <sup>46</sup> Email exchange between Alison Dreith and Senator Cantwell's staff on June 28, 2024.
- <sup>47</sup> Email exchange between the Northwest Abortion Access Fund and Senator Cantwell's staff on July 1, 2024.
- <sup>48</sup> Email exchange between Reverend Terry Williams and Senator Cantwell's staff on July 3, 2024.
- <sup>49</sup> Interview with Dr. Sara Kennedy by Senator Cantwell's staff on June 17, 2024.
- <sup>50</sup> Press conference hosted by Senator Cantwell on June 24, 2024.
- <sup>51</sup> Interview with Alisha Dingus by Senator Cantwell's staff on June 14, 2024.
- <sup>52</sup> Email exchange between Reverend Terry Williams and Senator Cantwell's staff on July 3, 2024.
- <sup>53</sup> Email exchange between Grayson Dempsey and Senator Cantwell's staff on June 18, 2024.
- <sup>54</sup> Interview with Nicole Barnett by Senator Cantwell's staff on June 26, 2024.
- <sup>55</sup> Interview with Nicole Barnett by Senator Cantwell's staff on June 26, 2024.
- <sup>56</sup> <https://www.apa.org/monitor/2023/06/abortion-bans-harm-people-of-color>,  
<https://www.gutmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-deepening-existing-divides>
- <sup>57</sup> Interview with Alison Dreith by Senator Cantwell's staff on June 6, 2024.
- <sup>58</sup> Interview with Bree Wallace and Kris Lawler by Senator Cantwell's staff on June 28, 2024.
- <sup>59</sup> One-pager shared by Kris Lawler with Senator Cantwell's staff via email on June 28, 2024.
- <sup>60</sup> <https://www.idahoesh.org/idaho-physician-wellbeing-action-collaborative>
- <sup>61</sup> Interview with Dr. Amelia Huntsberger by Senator Cantwell's staff on June 3, 2024.
- <sup>62</sup> Interview with Brian Whitlock by Senator Cantwell's staff on June 25, 2024.
- <sup>63</sup> Email exchange between the American College of Obstetricians and Gynecologists and Senator Cantwell's staff on June 10, 2024.
- <sup>64</sup> Interview with Dr. Kate Arnold by Senator Cantwell's staff on June 13, 2024.
- <sup>65</sup> Interview with Dr. Amelia Huntsberger by Senator Cantwell's staff on June 3, 2024.
- <sup>66</sup> Interview with Susie Keller by Senator Cantwell's staff on June 18, 2024.
- <sup>67</sup> Email exchange between the American College of Emergency Physicians and Senator Cantwell's staff on June 25, 2024.
- <sup>68</sup> Phone conversation with Tamarra Wieder by Senator Cantwell's staff on June 4, 2024.
- <sup>69</sup> Email exchange between Planned Parenthood Wisconsin and Senator Cantwell's staff on June 26, 2024.
- <sup>70</sup> <https://pro.morningconsult.com/trend-setters/abortion-bans-impact-health-workers>
- <sup>71</sup> Interview with Dr. Melindia Castro Mann by Senator Cantwell's staff on June 14, 2024.
- <sup>72</sup> Interview with Dr. Robyn Hitchcock by Senator Cantwell's staff on June 12, 2024.
- <sup>73</sup> Interview with Dr. Alison Haddock by Senator Cantwell's staff on July 1, 2024.
- <sup>74</sup> Interview with Dr. Alison Haddock by Senator Cantwell's staff on July 1, 2024.
- <sup>75</sup> Email exchange between Dr. Meredith Albrecht and Senator Cantwell's staff on June 28, 2024.
- <sup>76</sup> Interview with Dr. Bridget Bush by Senator Cantwell's staff on June 28, 2024.
- <sup>77</sup> [https://journals.lww.com/greenjournal/fulltext/2023/11000/effects\\_of\\_the\\_dobbs\\_v\\_jackson\\_women\\_s\\_health.15.aspx?\\_gl=1\\*1mqopr\\*\\_ga\\*MTM4NjYxMzY3OC4xNzE4MDMzOTEy\\*\\_ga\\_XGMFVCJ7KJ\\*MTcxODEyMzA1MS4yLjAuMTcxODEyMzA1MS42MC4wLjA](https://journals.lww.com/greenjournal/fulltext/2023/11000/effects_of_the_dobbs_v_jackson_women_s_health.15.aspx?_gl=1*1mqopr*_ga*MTM4NjYxMzY3OC4xNzE4MDMzOTEy*_ga_XGMFVCJ7KJ*MTcxODEyMzA1MS4yLjAuMTcxODEyMzA1MS42MC4wLjA).
- <sup>78</sup> Interview with Urooj Nasim by Senator Cantwell's staff on June 19, 2024; email exchange between Urooj Nasim and Senator Cantwell's staff on June 25, 2024.

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<sup>79</sup> <https://www.aamcresearchinstitute.org/our-work/data-snapshot/training-location-preferences-us-medical-school-graduates-post-dobbs-v-jackson-women-s-health>

<sup>80</sup> Interview with Stephen Stetson by Senator Cantwell's staff on June 17, 2024.

<sup>81</sup> Interview with Texas hospital by Senator Cantwell's staff on June 17, 2024.

<sup>82</sup> Interview with Dr. Maria Rodriguez by Senator Cantwell's staff on June 11, 2024.

<sup>83</sup> <https://www.usnews.com/news/health-news/articles/2023-12-06/state-abortion-bans-have-new-doctors-staying-away>

<sup>84</sup> Interview with Carmen Abbe by Senator Cantwell's staff on June 19, 2024.

<sup>85</sup> According to the Guttmacher Institute, this number will increase to 18 once Iowa's 6-week ban goes into effect.