

## Healthcare/Environment Committee Report – July 2024

*Jean Marsch, Chair*

There will be no Healthcare/Environment committee meeting for the month of July. Our next meeting will be August 14 at 9:30 am. Watch for details in the August newsletter. Meanwhile, we have some excellent resources to share with you:

### How the election season might affect top health issues

In this special episode of KFF Health News, “What the Health?” taped at the Aspen Ideas Health Festival in Aspen, Colorado, Margot Sanger-Katz of *The New York Times* and Sandhya Raman of CQ Roll Call join Julie Rovner, KFF *Health News* chief Washington correspondent, to discuss what the election season portends for top health issues. [Listen to the podcast here.](#)

### Urgent Care vs. Emergency Room – What’s the difference?

Ever wonder about that? It can be difficult to discern. [This recent article describes one person’s experience.](#)

### States now set their own policies on abortion rights –

- many sources for you on this topic!

On June 24, 2022, the Supreme Court’s [ruling in \*Dobbs v. Jackson Women’s Health Organization\*](#) overturned the constitutional right to abortion as well as the federal standards of abortion access established by prior decisions in the cases *Roe v. Wade* and *Planned Parenthood v. Casey*. Prior to the *Dobbs* ruling, the federal standard was that abortions were permitted up to fetal viability in all states. That federal standard has now been eliminated, allowing states to set policies regarding the legality of abortions and to establish limits.

- ***An issue brief:*** KFF is tracking and updating the [status of abortion](#) access and availability, finding some states banning almost all abortions and some states protecting abortion access. [This issue brief answers some key questions](#) about abortion in the United States and presents prior data and new data that has been published since the overturn of *Roe v. Wade*. For example: 79% of abortions occur before ten weeks; in 2021, a medication abortion cost roughly \$568, and a procedural abortion \$625, making abortion costs beyond the means of low-income people;
- ***The Abortion in the United States Dashboard*** is an ongoing research project tracking state abortion policies and litigation following the overturning of *Roe v. Wade*. Be sure to click on the buttons or scroll down to see all the content. It will be updated as new information is available.
- ***Key Findings*** on the legal challenges to FDA approval of Medicaid abortion pills. Note that more than 5.6 million people have safely used mifepristone since it was approved by the FDA in 2000. This issue brief details the Alliance of Hippocratic Medicine challenge to the FDA’s approval of the abortion pill, mifepristone. It provides context for the challenge, as well as what some of the possible rulings in the case could mean for access to medication abortion.

### Some full-length articles on the abortion issue:

***Press Gazette June 16, 2024***

Abortion access remains a key issue. Ruling doesn’t protect drug from future threats  
N’dea Yancey-Bragg USA TODAY

Like many advocates across the country, Julia Kaye was watching closely to see if Thursday morning would be the day the Supreme Court would curb access to the abortion drug mifepristone.

Kaye, a senior staff attorney with the American Civil Liberties Union's reproductive freedom project, was relieved when she learned the high court had decided unanimously to toss the challenge brought by anti-abortion doctors and maintain the status quo for medication abortion. But, Kaye warned, 'the battle is far from over' because the court dismissed the case on procedural grounds, rather than addressing whether the Food and Drug Administration had overstepped its bounds when it loosened restrictions on the drug.

'These extremist attorneys general told the Supreme Court earlier this year that even if these plaintiffs lose, the states will either try to continue this case in Texas, or else bring copycat lawsuits in other jurisdictions,' Kaye said.

Anti-abortion advocates, including Mark Harrington, president of Created Equal, agreed the debate over access to abortion pills would continue.

'They did not rule on the merits of the abortion pill or the FDA administration of the pill,' Harrington said. The high court ruled only that the plaintiffs didn't have standing to sue.

### **Preparing for a ban**

Mifepristone, which was approved by the FDA nearly 25 years ago, was used in nearly two-thirds of U.S. abortions last year. The case had broad implications, and its scope potentially reached farther than the 2022 Dobbs ruling in terms of the states impacted: access to mifepristone could have been stripped from people in states where abortion remains legal, Kaye said.

Kaye said the court could also have restricted access to the drug through the mail following a telehealth appointment, a format that has become a pillar of abortion care.

'That would have been devastating, particularly for people of color, low-income patients, people living in rural areas and women in abusive households,' Kaye said. 'For these populations, having to pay for and arrange transportation and child care as well as time off work in order to travel long distances to obtain mifepristone would simply be impossible.'

Some abortion advocates had prepared for the contingency that the court would restrict access. Amy Hagstrom Miller, president and CEO of Whole Woman's Health, said she had planned to continue offering medication abortion at her clinics using a different drug regimen. She was relieved that wouldn't be necessary.

'Now we feel like not only can we continue to provide that care without disruption, but we could look at expanding our pills-by-mail program into more states so that we can give access to the abortion-seekers,' she said.

Though the decision was good news for Kelly Baden, vice president of public policy at the Guttmacher Institute, she said it's hard to celebrate given the ongoing threats to abortion access nationwide. She noted that the Supreme Court has yet to rule in another case that will determine if doctors can provide emergency abortions in states that banned the procedure after the court overturned *Roe v. Wade*.

The decision is 'welcome within the context that we're operating in, which is that abortion is totally abandoned in 14 states, restricted in others,' she said. 'But keeping things status quo is not enough to make me celebrate.'

Mifepristone is among 'the most studied medications' prescribed in the United States, and evidence supporting the drug's safety and efficacy is 'overwhelming,' according to an amicus brief filed in support of the FDA by the American Medical Association, the American College of Obstetricians and Gynecologists, American Academy of Family Physicians and several other organizations. Experts have said mifepristone is safer than common drugs, including Tylenol and Viagra.

But anti-abortion advocate Andrea Trudden, vice president of communications at Heartbeat International, said that just because the case was 'decided on a technicality,' it does not mean the drug is safe. She said that 1 in 25 women will visit an emergency room after taking mifepristone.

The FDA's label says between 2.9-4.6% of women visited the ER after taking the medication during clinical studies. Studies show major adverse reactions are 'exceedingly rare,' occurring in about 0.3% of cases, according to the American Medical Association.

'While the decision may not have gone the way that we were looking for, it doesn't take away the fact that mifepristone does harm women,' Trudden said.

Ingrid Skop, an OB-GYN who serves as vice president and director of medical affairs at Charlotte Lozier Institute, an anti-abortion nonprofit, called the decision 'deeply disappointing.'

'As a practicing OB-GYN with over 30 years' experience, I have seen firsthand that mail-order abortion drugs harm my patients, both mothers and their unborn children,' Skop said in a statement. 'Abortion advocates and corporate media ignore their stories as they shamelessly promote mail-order distribution of dangerous drugs without a single in-person doctor visit.'

### **What's next for abortion access?**

Kaye, from the ACLU, warned that the threats to mifepristone and abortion access overall are not likely to end with Thursday's ruling. She said the ACLU will monitor new state laws restricting mifepristone, such as one in Louisiana that reclassifies mifepristone and misoprostol as controlled substances.

Abortion access may hinge on the outcome of the 2024 election, she said, because a new administration could decide to use the 1873 Comstock Act 'to not only strip away access to medication abortion through telemedicine, but in fact, to ban all abortion nationwide with the stroke of a pen, without even needing any Congressional action.'

Drexel University law professor David Cohen agreed, calling the Comstock Act 'the No. 1 issue facing abortion in this country right now.' He said that though Thursday's decision 'is a huge win' for abortion access, it's likely that more legal challenges will follow.

## ***Out-of-state abortion trips more than double***

Thao Nguyen  
USA TODAY

More than 171,000 patients traveled out of state to receive abortion care in 2023, according to new data from the Guttmacher Institute that underscores the impact of recent state abortion bans.

Out-of-state travel for abortion care has more than doubled since 2019, when 73,100 patients traveled across state lines for abortions, according to the Guttmacher Institute's Monthly Abortion Provision Study project. The project estimated the number of abortions in each state without a total ban.

The project found that over 1 million clinician-provided abortions took place in 2023. Of that figure, 171,300 were performed on people who traveled out of state to get them. And often not to a neighboring state, either.

'What's striking about this new data is how often people are traveling across multiple state lines to access abortion care,' Isaac Maddow-Zimet, Guttmacher data scientist and project lead, said in a statement. 'Traveling for abortion care requires individuals to overcome huge financial and logistical barriers, and our findings show just how far people will travel to obtain the care they want and deserve.'

The institute supports abortion rights.

The number of patients that travel out of state for abortion care has 'always been particularly high' in states with restrictions, according to the institute, even before the Supreme Court overturned *Roe v. Wade* in 2022.

'Historically, however, many of the people traveling from restrictive states went to states that now have total abortion bans,' Guttmacher said in a news release. 'For instance, in 2020, more than 800 Louisiana residents traveled to Texas for abortion care.' That is no longer possible, as Texas bans abortions in nearly all cases. Instead, the institute said, 'in 2023, more than 3,500 Louisianans traveled across multiple states to get care in places like Florida, Illinois, and Georgia.'

Data showed that most patients in states with strict policies traveled to the nearest or neighboring state that allowed abortions. But patients in Southern states, which have the most restrictive laws compared to the rest of the country, had to travel across multiple state lines to receive care.

The state that had the most patients leave for abortion care was Texas, according to the data. A majority of those patients – more than 14,000 – traveled to New Mexico, but thousands of others crossed several state lines for the procedure.

The state that received the most patients traveling for abortion care was Illinois, with about 37,300 patients from 16 states, according to the data.

Kelly Baden, vice president for public policy at the Guttmacher Institute, noted that Florida had a significant role last year in 'maintaining some level of abortion access in the Southeast.' More than 85,000 abortions occurred in the state in 2023.

But that figure is expected to drop because of a state law that prohibits virtually all abortions after six weeks, which took effect in May. Currently, the closest state that provides abortion care after six weeks of pregnancy is North Carolina, the institute says.