

No. 20-6045

*In the* **United States Court of Appeals**  
*for the Tenth Circuit*

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SOUTH WIND WOMEN'S CENTER, LLC,  
on behalf of itself, its physicians and staff, and its patients,  
d/b/a Trust Women Oklahoma City, et al.,  
*Plaintiffs-Appellees,*

*v.*

J. KEVIN STITT,  
in his official capacity as Governor of Oklahoma, et al.,  
*Defendants-Appellants.*

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On Appeal from the United States District Court  
for the Western District of Oklahoma  
Case No. 20-CV-277, Hon. Charles Goodwin

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**BRIEF OF AMERICAN COLLEGE OF OBSTETRICIANS  
AND GYNECOLOGISTS, AMERICAN MEDICAL ASSOCIA-  
TION, AND OTHER NATIONWIDE ORGANIZATIONS OF  
MEDICAL PROFESSIONALS AS *AMICI CURIAE*  
IN SUPPORT OF PLAINTIFFS-APPELLEES AND  
IN OPPOSITION TO STAY MOTION**

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## CORPORATE DISCLOSURE STATEMENT

*Amici curiae* certify that no *amicus* is a publicly held corporation, that no *amicus* has a parent company, and that no publicly held corporation owns 10% or more of any *amicus*'s stock.

Dated: April 10, 2020

/s/ Nicole A. Saharsky

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## **INTEREST OF *AMICI CURIAE***

*Amici* are nationwide, non-partisan organizations of leading medical professionals and experts in the United States. *Amici* represent the doctors and nurses who are on the front lines caring for patients and fighting the COVID-19 pandemic at great personal cost. *Amici* submit this brief to provide the medical community's perspective on the executive order in this case. It is the consensus of the nation's medical experts that the COVID-19 pandemic does not justify restricting or prohibiting abortion care. In fact, the executive order will increase, rather than decrease, use of hospital resources and personal protective equipment (PPE). A full list of *amici* is provided in the appendix to this brief.<sup>1</sup>

### **INTRODUCTION AND SUMMARY OF ARGUMENT**

The Governor of Oklahoma's executive order effectively bans abortion in the state during the COVID-19 pandemic. *Amici* are leading societies of medical professionals, whose policies represent the considered judgment of many health care professionals in this country. In *amici's*

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<sup>1</sup> No counsel for a party authored this brief in whole or in part, and no entity or person, other than *amici curiae*, their members, and their counsel, made a monetary contribution to the preparation or submission of this brief. *See* Fed. R. App. P. 29(a)(4)(E). The parties have consented to the filing of this brief. *See* Fed. R. App. P. 29(a)(2).



judgment, the Governor's order lacks any valid medical justification. If allowed to go into effect, it will render abortion largely inaccessible in Oklahoma and will severely harm women and medical professionals.

Executive Order 2020-07, as amended, bars all elective surgeries, minor medical procedures, and non-emergency dental procedures.<sup>2</sup> The Governor has interpreted the order to ban all non-emergency abortions.<sup>3</sup> Doctors and other medical professionals who violate the order may be criminally prosecuted<sup>4</sup> and can lose their professional licenses.<sup>5</sup> The order originally was set to expire on April 7, 2020, but the Governor has extended it to April 30, 2020.<sup>6</sup> Additional extensions are expected.

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<sup>2</sup> Fourth Amended Executive Order 2020-07 ¶ 18 (Mar. 24, 2020), <https://perma.cc/MM5P-TMTZ>.

<sup>3</sup> Governor Kevin Stitt, Press Release, *Governor Stitt Clarifies Elective Surgeries And Procedures Suspended Under Executive Order* (Mar. 27, 2020), <https://perma.cc/5895-H2M3>.

<sup>4</sup> Destiny Washington, *AG Hunter Says Violation of Gov. Stitt's Executive Order Can Result in a Misdemeanor*, Fox Oklahoma City (Mar. 27, 2020), <https://perma.cc/Z37V-9RLE>.

<sup>5</sup> See 59 O.S. §§ 503, 509(7)(b).

<sup>6</sup> See Eighth Amended Executive Order 2020-07 ¶ 18 (Apr. 2, 2020), <https://perma.cc/KMN9-SW6R>.

This ban on abortion is contrary to the considered judgment of the country's leading physician organizations.<sup>7</sup> *Amici* understand that the COVID-19 pandemic is a public health crisis that requires the full attention and resources of our health care system. But banning abortion will not help address the pandemic. Most abortions do not require any hospital resources and use only minimal PPE. And banning abortion will actually increase use of those resources and contribute to spread of the virus. The Court should deny the motion to stay the TRO.

## ARGUMENT

### I. ABORTION IS ESSENTIAL, TIME-SENSITIVE, AND SAFE HEALTH CARE

Abortion is an essential component of comprehensive health care. Like all medical matters, decisions regarding abortion should be made by

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<sup>7</sup> ACOG, *Joint Statement on Abortion Access During the COVID-19 Outbreak* (Mar. 18, 2020) (*ACOG Joint Statement*), <https://perma.cc/52S9-LHUA>; Am. Coll. of Surgeons, *COVID-19 Guidelines for Triage of Gynecology Patients* (Mar. 24, 2020) (*American College of Surgeons Statement*), <https://perma.cc/4KXE-24KY>; Am. Med. Ass'n, *AMA Statement on Government Interference in Reproductive Health Care* (Mar. 30, 2020) (*AMA Statement*), <https://perma.cc/2YZR-2UXT>.

patients in consultation with their physicians and health-care professionals and without undue interference from outside parties.<sup>8</sup> The medical community recognizes that “[a]ccess to legal and safe pregnancy termination . . . is essential to the public health of women everywhere.”<sup>9</sup>

Abortion also is a common medical procedure. In 2017, medical professionals performed over 860,000 abortions nationwide,<sup>10</sup> including approximately 4,780 in Oklahoma.<sup>11</sup> Approximately one-quarter of American women will have an abortion before the age of 45.<sup>12</sup>

Abortion is one of the safest medical procedures performed in the United States, and the vast majority of abortions (95%) are performed in

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<sup>8</sup> ACOG, *Statement of Policy, Abortion* (reaffirmed 2017) (*ACOG Abortion Policy*), <https://perma.cc/73RA-RMUK>.

<sup>9</sup> Editors of the *New England Journal of Medicine* et al., *The Dangerous Threat to Roe v. Wade*, 381 *New Eng. J. Med.* 979, 979 (2019); see *ACOG Joint Statement; American College of Surgeons Statement; AMA Statement*.

<sup>10</sup> Rachel K. Jones et al., *Abortion Incidence and Service Availability in the United States, 2017*, at 7, Guttmacher Inst. (2019) (*Abortion Incidence 2017*), <https://perma.cc/2649-HA2F>.

<sup>11</sup> Guttmacher Inst., *State Facts About Abortion: Oklahoma* (2020).

<sup>12</sup> Rachel K. Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014*, 107 *Am. J. Pub. Health* 1904, 1908 (2017).

outpatient non-hospital settings.<sup>13</sup> Complication rates from abortion are extremely low – even lower than other common medical procedures.<sup>14</sup> Most complications are relatively minor and can be easily treated at a clinic and/or with antibiotics.<sup>15</sup>

Medication abortion is a safe and effective option in the first trimester.<sup>16</sup> Nationally, 30% of abortions are medication abortions, where patients typically take the medication to complete the procedure at

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<sup>13</sup> See, e.g., Rachel K. Jones & Kathryn Kooistra, *Abortion Incidence and Access to Services in the United States, 2008*, 43 *Perspectives on Sexual & Reprod. Health* 41, 42 (2011) (*Abortion Incidence 2008*); Theodore Joyce, *The Supply-Side Economics of Abortion*, 365 *New Eng. J. Med.* 1466, 1467 (2011) (Joyce); National Academies of Sciences, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States* 10 (2018) (*Safety and Quality of Abortion Care*).

<sup>14</sup> *Safety and Quality of Abortion Care* 10, 36 (“legal abortions in the United States . . . are safe and effective,” and “[s]erious complications are rare,” affecting fewer than 1% of patients); see *id.* at 51-68.

<sup>15</sup> See Ushma D. Upadhyay et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 *Obstetrics & Gynecology* 175, 181 (2015) (Upadhyay); *Safety and Quality of Abortion Care* 60, 116; ACOG, *Induced Abortion: What Complications Can Occur with an Abortion?* (2015), <https://perma.cc/DFU5-WL5D>.

<sup>16</sup> See *Safety and Quality of Abortion Care* 10, 51-55.

home.<sup>17</sup> Procedural abortion commonly is performed in clinics or doctor's offices, as opposed to hospitals.<sup>18</sup>

While abortion is a safe and common medical procedure, it is also a time-sensitive one for which a delay may increase the risks or potentially make it completely inaccessible. The consequences of being unable to obtain an abortion profoundly impact a person's life, health, and well-being.

## **II. THE EXECUTIVE ORDER WILL MAKE SAFE, LEGAL ABORTION INACCESSIBLE IN OKLAHOMA**

The Governor's order will lead to abortion care being delayed or denied. If Oklahoma's abortion facilities must suspend all non-emergency services, many patients seeking abortion care in early pregnancy will no longer be eligible for medication abortion.<sup>19</sup> Many patients may not be able to obtain care until the second trimester, when abortions "are more

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<sup>17</sup> Tara C. Jatlaoui et al., *Abortion Surveillance – United States 2015*, 67 *Morbidity & Mortality Weekly Rep.* 1, 33 tbl. 11 (2018) (Jatlaoui); Rachel K. Jones & Jenna Jerman, *Abortion Incidence and Service Availability in the United States, 2014*, 49 *Perspectives on Sexual & Reprod. Health* 17, 24 tbl. 5 (2017) (*Abortion Incidence 2014*).

<sup>18</sup> *Abortion Incidence 2017*.

<sup>19</sup> *Safety and Quality of Abortion Care* 10, 51-55.

expensive, and fewer facilities offer the service.”<sup>20</sup> Further, once the executive order expires, existing facilities may not have enough capacity to immediately provide abortion care to patients seeking that care, which will delay the service even further.<sup>21</sup> As of 2017, there were only four abortion clinics in the entire state of Oklahoma, serving some 775,000 women of reproductive age.<sup>22</sup>

Delays in obtaining abortions can compromise patients’ health. Abortion should be performed as early as possible because, although abortion procedures are among the safest medical procedures, the rate of complications increases as the pregnancy progresses.<sup>23</sup> The chance of a major complication is higher in the second trimester than in the first trimester.<sup>24</sup>

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<sup>20</sup> See Kari White et al., *The Potential Impacts of Texas’ Executive Order on Patients’ Access to Abortion Care*, Tex. Policy Evaluation Project, Research Brief, at 1 (2020) (*Potential Impacts*), <https://perma.cc/5V3F-25UK>.

<sup>21</sup> See *id.*

<sup>22</sup> See Jonathan Bearak et al., *COVID-19 Abortion Bans Would Greatly Increase Driving Distances for Those Seeking Care*, Guttmacher Inst. (Apr. 2, 2020) (Bearak), <https://perma.cc/E398-SVJ8>.

<sup>23</sup> *Safety and Quality of Abortion Care 75*; see *ACOG Abortion Policy*.

<sup>24</sup> Upadhyay 181.

As a result of the executive order, some women will travel out of state in order to attempt to obtain abortions. One recent study concluded that if Oklahoma were to shut down legal abortion care (which the executive order effectively does), “[t]he average (median) one-way driving distance to an abortion clinic for a woman of reproductive age in Oklahoma would increase from 14 miles to 155 miles (or 1,007% longer).”<sup>25</sup> While out-of-state travel itself poses an undue burden on women seeking abortion care, many of Oklahoma’s neighboring states require an in-person consultation visit and 24-hour waiting period, which could necessitate multiple visits.<sup>26</sup> Many women will not have the means to travel out of state, particularly as COVID-19 has created “economic uncertainty from lost wages and need to care for children who are at home.”<sup>27</sup>

The Governor’s order likely will cause some women to resort to unsafe methods of care. Studies have found that women are more likely to self-induce abortions when they face barriers to reproductive services.<sup>28</sup>

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<sup>25</sup> Bearak.

<sup>26</sup> See Guttmacher Inst., *Counseling and Waiting Periods for Abortion* (2020), <https://perma.cc/TW5C-ZNBJ>.

<sup>27</sup> See *Potential Impacts* 3.

<sup>28</sup> See, e.g., Lisa H. Harris & Daniel Grossman, *Complications of Unsafe and Self-Managed Abortion*, 382 *New Eng. J. Med.* 1029, 1029 (2020).

Many women will not have the means to travel out of Oklahoma for abortion care, which increases the likelihood that they will attempt to self-induce abortion or seek an illegal abortion.<sup>29</sup> Methods of self-induced abortion may rely on harmful tactics such as herbal remedies, getting punched in the abdomen, using alcohol or illicit drugs, or taking hormonal pills.<sup>30</sup>

### **III. THERE IS NO MEDICAL JUSTIFICATION FOR THE EXECUTIVE ORDER, AND IT WILL SEVERELY HARM WOMEN AND MEDICAL PROFESSIONALS**

#### **A. The COVID-19 Pandemic Does Not Justify Restricting Or Prohibiting Abortion Care In Oklahoma**

The state officials have sought to justify the executive order's near-total ban on abortion by claiming that it will reduce interpersonal contact, reduce demands on hospital resources, and preserve PPE. *See Stay*

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<sup>29</sup> *See* ACOG, Comm. on Health Care for Underserved Women, Opinion Number 613, *Increasing Access to Abortion*, 124 *Obstetrics & Gynecology* 1060, 1061-62 (2014) (*ACOG Opinion 613*); Elizabeth G. Raymond et al., *Mortality of Induced Abortion, Other Outpatient Surgical Procedures and Common Activities in the United States*, 90 *Contraception* 476, 478 (2014).

<sup>30</sup> Daniel Grossman et al., *Knowledge, Opinion and Experience Related to Abortion Self-Induction in Texas*, Tex. Policy Evaluation Project Research Brief, at 3 (2015).



Mot. 5-7. The Governor's order will not further those goals; instead, it will make the problem worse.<sup>31</sup>

Permitting abortion care will not substantially increase the burdens hospitals face as a result of the COVID-19 pandemic. The vast majority of abortions are performed in non-hospital settings.<sup>32</sup> Very, very few abortions result in complications that require hospitalization.<sup>33</sup>

In Oklahoma, 44% of abortions are medication abortions.<sup>34</sup> Medication abortions use no hospital resources and only minimal (if any) PPE. They can be provided safely at home without any physical contact with a

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<sup>31</sup> See, e.g., Michelle J. Bayefsky et al., *Abortion During the Covid-19 Pandemic – Ensuring Access to an Essential Health Service*, New Eng. J. Med (Apr. 9, 2020) (Bayefsky), <https://perma.cc/X88X-UYHG>.

<sup>32</sup> Jatlaoui 33 tbl. 11; Joyce 1467; see *Abortion Incidence 2014*, at 24 tbl. 5; *Abortion Incidence 2008*, at 42.

<sup>33</sup> Ushma D. Upadhyay et al., *Incidence of Post-Abortion Complications and Emergency Department Visits Among Nearly 55,000 Abortions Covered by the California Medi-Cal Program*, slide 28 (Jan. 28, 2014), <https://perma.cc/Y4NJ-WM7Q>

<sup>34</sup> Tara C. Jatlaoui et al., *Abortion Surveillance – United States, 2016*, 68 *Morbidity & Mortality Weekly Rep.* 1 (2019).

medical professional.<sup>35</sup> When provided in a clinical setting, they require little or no PPE (at most a pair of gloves).<sup>36</sup>

Abortions in the second trimester likewise do not use hospital resources and require only minimal PPE. They typically are performed in outpatient settings, and typically only use (reusable) eyewear and gloves.<sup>37</sup> Absent unusual circumstances (such as a patient suspected of having contracted COVID-19), neither type of abortion would require use of the PPE most needed to fight the COVID-19 pandemic, such as N95 face masks.<sup>38</sup>

The Governor's order will make hospital and PPE shortages worse. Pregnant women remain in the health care system. They often visit hospitals (including emergency rooms) for evaluation, thus using hospital bed space and resources. Most women give birth in hospitals, and some

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<sup>35</sup> ACOG, *COVID-19 FAQs for Obstetrician-Gynecologists, Gynecology (ACOG FAQ)*, <https://perma.cc/N2N6-HMVB>.

<sup>36</sup> See *Planned Parenthood Center for Choice v. Abbott*, No. 20-cv-323, ECF 63, at 7-8 (W.D. Tex. Apr. 9, 2020); see also Jen Villavicencio, *I'm An Ob-Gyn; Halting Abortions Won't Help Supply Shortage*, Bridge (Apr. 8, 2020), <https://perma.cc/6T43-VY9S>.

<sup>37</sup> ACOG FAQ.

<sup>38</sup> See, e.g., *Planned Parenthood*, No. 20-cv-323, ECF 63, at 9 (“Abortion providers generally do not use N95 masks”).

births require surgery. As one district court recently explained, “[p]regnant women prevented from accessing abortion will still require medical care,” and “delaying access to abortion will not conserve PPE” or “hospital resources.” *Planned Parenthood Center for Choice v. Abbott*, No. 20-cv-323, ECF 63, at 9-10 (W.D. Tex. Apr. 9, 2020).<sup>39</sup>

Further, women who attempt unsafe, unmanaged abortions may require emergency hospitalization. And women who travel to other states to obtain abortions may contribute to the spread of COVID-19.<sup>40</sup>

*Amici* are on the front lines of the COVID-19 pandemic. Their members are caring for patients every day in trying circumstances and in cases where they have not been provided adequate PPE or testing. *Amici* recognize the importance of conserving scarce resources during this critical time. But banning abortion will not increase the hospital resources and PPE needed to care for people affected by the pandemic.

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<sup>39</sup> See Bayefsky (pregnancy “could lead to much more contact with clinicians and greater need for PPE, thereby increasing risks to both patients and staff”).

<sup>40</sup> Centers for Disease Control & Prevention, *Coronavirus Disease 2019 (COVID-19) – Travel in the US* (last reviewed Apr. 9, 2020), <https://perma.cc/2QA7-TL9M>; see *Planned Parenthood*, No. 20-cv-323, ECF 63, at 10 (“long-distance travel” to obtain abortion “increases an individual’s risk of contracting COVID-19”).

**B. The Order Will Harm Women And Pose A Serious Threat To Medical Professionals In Oklahoma**

The Governor's order will increase the likelihood that women will delay abortion care or will not be able to obtain that care at all. Women may travel outside the state to obtain abortions, attempt to self-induce abortions through potentially harmful methods, or ultimately be unable to obtain abortions at all, forcing them to carry unwanted pregnancies to term.<sup>41</sup> Each of these outcomes increases the likelihood of negative consequences to a woman's physical and psychological health that could be avoided if abortion services were available.<sup>42</sup>

The order also poses serious threats to physicians and medical professionals. Now, in addition to fighting the COVID-19 pandemic, doctors and medical professionals must try to figure out how they can continue providing care without violating the order, and must worry about the state criminally prosecuting them for doing their jobs. Under the order, doctors, nurses, and other medical professionals who perform abortion care that is constitutionally protected and medically necessary could lose

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<sup>41</sup> See, e.g., *Abortion Incidence 2017*, at 3, 8.

<sup>42</sup> See, e.g., *ACOG Opinion 613*.

their licenses and even be subject to criminal penalties. Those are draconian sanctions to place on individuals who are only attempting to offer the best possible care to their patients.

### CONCLUSION

The Court should deny the motion to stay the district court's TRO.

Respectfully submitted,

/s/ Nicole A. Saharsky

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Dated: April 10, 2020

**CERTIFICATE OF SERVICE**

I hereby certify that on April 10, 2020, I electronically filed the foregoing brief with the Clerk of the Court using the appellate CM/ECF system. I further certify that all participants in this case are registered CM/ECF users and that service will be accomplished via CM/ECF.

Dated: April 10, 2020

/s/ Nicole A. Saharsky

## CERTIFICATE OF COMPLIANCE

Pursuant to Federal Rule of Appellate Procedure 32(g), the undersigned counsel for *Amici Curiae* certifies that this brief:

(i) complies with the type-volume limitation of Rules 27 and 29(a)(5) because it contains 2,579 words, including footnotes and excluding the parts of the brief exempted by Rule 32(f); and

(ii) complies with the typeface and type style requirements of Rules 27(d)(1)(E) and 32(a) because it has been prepared using Microsoft Office Word 2016 and is set in Century Schoolbook font in a size equivalent to 14 points or larger.

Dated: April 10, 2020

/s/ Nicole A. Saharsky

## APPENDIX

### LIST OF *AMICI CURIAE*

1. The **American College of Obstetricians and Gynecologists** (ACOG) is the nation's leading group of physicians providing health care for women. With more than 60,000 members – representing more than 90 percent of all obstetricians-gynecologists in the United States – ACOG advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care. ACOG is committed to ensuring access to the full spectrum of evidence-based quality reproductive health care, including abortion care, for all women. ACOG opposes medically unnecessary laws or restrictions that serve to delay or prevent care. ACOG has previously appeared as *amicus curiae* in various courts throughout the country. ACOG's briefs and guidelines have been cited by numerous courts as providing authoritative medical data regarding childbirth and abortion.

2. The **American Medical Association** (AMA) is the largest professional association of physicians, residents, and medical students in



the United States. Additionally, through state and specialty medical societies and other physician groups seated in the AMA's House of Delegates, substantially all U.S. physicians, residents, and medical students are represented in the AMA's policymaking process. The objectives of the AMA are to promote the science and art of medicine and the betterment of public health. AMA members practice in all fields of medical specialization and in every state. The federal courts have cited the AMA's publications and *amicus curiae* briefs in cases implicating a variety of medical questions.

3. **AAGL** is a professional medical association of 7,500 minimally invasive gynecologic surgeons and is the global leader in minimally invasive gynecologic surgery. AAGL's mission is to elevate the quality and safety of health care for women through excellence in clinical practice, education, research, innovation and advocacy. AAGL is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

4. The **American Academy of Family Physicians (AAFP)** is the national medical specialty society representing family physicians. Founded in 1947 as a not-for-profit corporation, its 134,600 members are

physicians and medical students from all 50 states, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, and the Uniformed Services of the United States. AAFP seeks to improve the health of patients, families, and communities by advocating for the health of the public and serving the needs of its members with professionalism and creativity.

5. The **American Academy of Nursing** (Academy) serves the public by advancing health policy through the generation, synthesis, and dissemination of nursing knowledge. Academy Fellows are inducted into the organization for their extraordinary contributions to improve health locally and globally. With more than 2,800 Fellows, the Academy represents nursing's most accomplished leaders in policy, research, administration, practice, and academia.

6. The **American Academy of Pediatrics** (AAP) is a non-profit professional organization founded in 1930 dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults. Its membership is comprised of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists. AAP has become a powerful voice for child and adolescent health through education, research, advocacy, and the provision of expert advice. AAP has

worked with the federal and state governments, health care providers, and parents on behalf of America's families to ensure the availability of safe and effective reproductive health services.

7. The **American College of Osteopathic Obstetricians and Gynecologists** (ACCOG) is a non-profit, non-partisan organization committed to excellence in women's health representing over 2,500 providers. ACCOG educates and supports osteopathic physicians to improve the quality of life for women by promoting programs that are innovative, visionary, inclusive, and socially relevant. ACCOG is likewise committed to the physical, emotional, and spiritual health of women.

8. The **American College of Physicians** (ACP) is the largest medical specialty organization in the U.S. and has members in more than 145 countries worldwide. ACP membership includes 159,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

9. The **American Psychiatric Association** (APA) is a non-profit organization representing over 38,800 physicians who specialize in

the practice of psychiatry. APA members engage in research into and education about diagnosis and treatment of mental health and substance use disorders, and are front-line physicians treating patients who experience mental health and/or substance use disorders.

10. The **American Society of Reproductive Medicine** (ASRM) is a multidisciplinary not-for-profit organization dedicated to the advancement of the science and practice of reproductive medicine. Its members include approximately 8,000 professionals. ASRM accomplishes its mission through the pursuit of excellence in education and research and through advocacy on behalf of patients, physicians, and affiliated health care providers.

11. The **American Urogynecologic Society** (AUGS) is the premier non-profit organization representing professionals dedicated to treating female pelvic floor disorders. Founded in 1979, AUGS represents more than 1,900 members, including practicing physicians, nurse practitioners, physical therapists, nurses and health care professionals, and researchers from many disciplines.

12. The **North American Society for Pediatric and Adolescent Gynecology** (NASPAG) is dedicated to providing multidisciplinary

leadership in education, research, and gynecologic care to improve the reproductive health of youth. NASPAG conducts and encourages multi-disciplinary and inter-professional programs of medical education and research in the field and advocates for the reproductive well-being of children and adolescents and the provision of unrestricted, unbiased, and evidence-based medical practice.

13. The **National Association of Nurse Practitioners in Women's Health** (NPWH) is a national non-profit educational and professional organization that works to ensure the provision of quality primary and specialty health care to women of all ages by women's health and women's health focused nurse practitioners. Its mission includes protecting and promoting a woman's right to make her own choices regarding her health within the context of her personal, religious, cultural, and family beliefs. Since its inception in 1980, NPWH has been a trusted source of information on nurse practitioner education, practice, and women's health issues. In keeping with its mission, NPWH is committed to ensuring the availability of the full spectrum of evidence-based reproductive healthcare for women and opposes unnecessary restrictions on access that serve to delay or prevent care.

14. The **Society for Adolescent Health and Medicine** (SAHM), founded in 1968, is a non-profit multidisciplinary professional society committed to the promotion of health, well-being, and equity for all adolescents and young adults by supporting adolescent health and medicine professionals through the advancement of clinical practice, care delivery, research, advocacy, and professional development. It strives to empower its 1,200 members who are professionals and trainees in medicine, nursing, research, psychology, public health, social work, nutrition, education, and law from a variety of settings. Through education, research, clinical services and advocacy activities, SAHM enhances public and professional awareness of adolescent health issues. SAHM advocates on behalf of adolescents and young adults on federal and state government levels for safe and effective reproductive health services.

15. The **Society for Maternal-Fetal Medicine** (SMFM), founded in 1977, is the medical professional society for obstetricians who have additional training in the area of high-risk, complicated pregnancies. Representing over 4,000 members, SMFM supports the clinical practice of maternal-fetal medicine by providing education, promoting research, and engaging in advocacy to reduce disparities and optimize the

health of high-risk pregnant women and their babies. SMFM and its members are dedicated to ensuring that medically appropriate treatment options are available for high-risk women.

16. The **Society of Family Planning** (SFP) is the source for science on abortion and contraception. SFP represents approximately 800 scholars and academic clinicians united by a shared interest in advancing the science and clinical care of family planning. The pillars of its strategic plan are (1) building and supporting a multidisciplinary community of scholars and partners who have a shared focus on the science and clinical care of family planning; (2) supporting the production of research primed for impact; (3) advancing the delivery of clinical care based on the best available evidence; and (4) driving the uptake of family planning evidence into policy and practice.

17. The mission of the **Society of Gynecologic Surgeons** is to promote excellence in gynecologic surgery through acquisition of knowledge and improvement of skills, advancement of basic and clinical research, and professional and public education.

18. The **Society of OB/GYN Hospitalists** (SOGH) is a rapidly growing group of physicians, midwives, nurses and other individuals in

the health care field who support the OB/GYN Hospitalist model. SOGH is dedicated to improving outcomes for hospitalist women and supporting those who share this mission. SOGH's vision is to shape the future of OB/GYN by establishing the hospitalist model as the care standard and the Society values excellence, collaboration, leadership, quality and community.