

No. 20-1791

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IN THE UNITED STATES COURT OF APPEALS  
FOR THE EIGHTH CIRCUIT

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IN RE LESLIE RUTLEDGE, in her official capacity as  
Attorney General of the State of Arkansas, et al.,

*Petitioners.*

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On Petition for a Writ of Mandamus to the United States  
District Court for the Eastern District of Arkansas,  
No. 4:19-CV-00449-KGB, Hon. Kristine G. Baker

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**BRIEF OF AMERICAN COLLEGE OF OBSTETRICIANS  
AND GYNECOLOGISTS AND OTHER NATIONWIDE  
ORGANIZATIONS OF MEDICAL PROFESSIONALS AS  
*AMICI CURIAE* IN OPPOSITION TO PETITION FOR A  
WRIT OF MANDAMUS AND MOTION TO STAY**

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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 18, 2020

/s/ Nicole A. Saharsky

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## INTEREST OF THE *AMICI CURIAE*

*Amici* are nationwide, non-partisan organizations of leading medical professionals and experts in the United States. They 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 state orders at issue 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 orders 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

Arkansas has attempted to broadly restrict abortion during the COVID-19 pandemic. *Amici* are leading societies of medical professionals, whose policies represent the considered judgment of

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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).

many health care professionals in this country. In *amici's* judgment, the orders lack a valid medical justification. If allowed to take effect, they will render abortion largely inaccessible in the state and will severely harm women and medical professionals.

On April 3, 2020, the Arkansas Department of Health (ADH) issued an order banning medical procedures that “can be safely postponed shall be rescheduled to an appropriate future date.”<sup>2</sup> ADH has interpreted the order to cover abortion and has ordered plaintiff Little Rock Family Planning Services (LRFP) to “immediately cease and desist the performance of surgical abortions, except where immediately necessary to protect the life or health of the patient.”<sup>3</sup> ADH’s orders appear to allow medication abortions, which are available through the tenth week of a pregnancy.<sup>4</sup>

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<sup>2</sup> Plaintiffs’ Mot. for Ex Parte Temporary Restraining Order, D. Ct. Dkt. No. 134, Ex. 7 (E.D. Ark. Apr. 13, 2020) (TRO Mot.).

<sup>3</sup> *Id.* Ex. 1.

<sup>4</sup> See Ark. Code Ann. § 20-16-1504(a); Temporary Restraining Order 4, D. Ct. Dkt. No. 141 (E.D. Ark. Apr. 14, 2020) (TRO).

Doctors and other medical professionals who violate the orders can be criminally prosecuted and can lose their professional licenses.<sup>5</sup> ADH has threatened “immediate suspension of [LRFP’s] license” as a penalty for any violation of the orders.<sup>6</sup> ADH’s orders do not specify any expiration date.

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. Banning abortion will actually increase use of those resources and contribute to

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<sup>5</sup> See Ark. Code § 20-7-101; Gov. Asa Hutchinson, EO 20-13, *Executive Order to Amend Executive Order 20-03 Regarding the Public Health Emergency Concerning COVID-19 for the Purpose of Imposing Further Restrictions to Prevent the Spread of COVID-19* §§ 2(a), 13 (Apr. 4, 2020), <https://perma.cc/7S9G-D2GR>.

<sup>6</sup> TRO Mot. Ex. 1.

<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>.

spread of the virus. The Court should deny both the motion to stay the temporary restraining order and the petition for a writ of mandamus.

## 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 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>

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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) (stating the view of the editors, along with several key organizations in obstetrics, gynecology, and maternal-fetal medicine, including the American Board of Obstetrics and Gynecology); see *ACOG Joint Statement; American College of Surgeons Statement; AMA Statement*.

Abortion also is a common medical procedure. In 2017, medical professionals performed over 860,000 abortions nationwide,<sup>10</sup> including approximately 3,200 in Arkansas.<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 (95%) of abortions are performed in clinics or doctor's offices, not in hospitals.<sup>13</sup> Complication rates from abortion are extremely low – even lower than other common medical

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<sup>10</sup> Rachel K. Jones et al., *Abortion Incidence and Service Availability in the United States, 2017*, at 7 (2019) (*Abortion Incidence 2017*).

<sup>11</sup> Guttmacher Inst., *State Facts About Abortion: Arkansas* (2020), <https://perma.cc/W7UL-T6CS>.

<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).

<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, & Medicine, *The Safety and Quality of Abortion Care in the United States* 10 (2018) (*Safety and Quality of Abortion Care*).

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> In Arkansas, 17% of abortions are medication abortions,<sup>17</sup> where patients typically take the medication to complete the procedure at home.<sup>18</sup> Procedural abortions (the other 83% of abortions in Arkansas) commonly are performed in clinics or doctor's offices, as

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<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); *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.

<sup>17</sup> Tara C. Jatlaoui et al., *Abortion Surveillance – United States, 2016*, 68 *Morbidity & Mortality Weekly Rep.* 1 (2019) (*Abortion Surveillance 2016*).

<sup>18</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*).

opposed to hospitals.<sup>19</sup> For plaintiff LRFPP, a clinic, all procedural abortions take place there, rather than in a hospital.

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. ADH'S ORDERS WILL MAKE SAFE, LEGAL ABORTION LARGELY INACCESSIBLE IN ARKANSAS**

ADH's orders will lead to abortion care being delayed or denied. As of 2017, there were only three abortion clinics in Arkansas, serving some 600,000 women of reproductive age.<sup>20</sup> If Arkansas doctors and medical professionals must forgo all non-emergency procedural abortions – more than 80% of abortions in Arkansas – many patients will not be able to obtain appropriate abortion care.

ADH's orders allow medication abortion but ban all procedural abortions unless the patient's life or health is immediately at risk.

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<sup>19</sup> *Abortion Incidence 2017*.

<sup>20</sup> See Jonathan Bearak et al., *COVID-19 Abortion Bans Would Greatly Increase Driving Distances for Those Seeking Care*, Guttmacher Inst. (Apr. 2, 2020), <https://perma.cc/2MEF-HA9V>.

Women who are ineligible for medication abortions – either because they are not a good candidates for it under accepted clinical guidance,<sup>21</sup> or because they are more than ten weeks pregnant<sup>22</sup> – generally will not be able to obtain abortion care.<sup>23</sup> The effect of ADH’s orders is to ban more than 80% of the abortions that occur in Arkansas.<sup>24</sup>

The state characterizes the ADH’s orders as merely delaying abortion care because the ban will be lifted once the COVID-19 pandemic has subsided.<sup>25</sup> But in the meantime, many women will pass

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<sup>21</sup> Contraindications for medication abortion include confirmed or suspected ectopic pregnancy, intrauterine device (IUD) in place, current long-term systemic corticosteroid therapy, chronic adrenal failure, known coagulopathy or anticoagulant therapy, and intolerance or allergy to mifepristone. Most clinical trials also have excluded women with severe liver, renal, or respiratory disease or uncontrolled hypertension or cardiovascular disease (angina, valvular disease, arrhythmia, or cardiac failure). Women also are not good candidates for medical abortion if they are unable or unwilling to adhere to care instructions, desire quick completion of the abortion process, are not available for follow-up contact or evaluation, or cannot understand the instructions because of language or comprehension barriers. ACOG & Soc’y of Family Planning, *Practice Bulletin No. 143: Medical Management of First-Trimester Abortion* 6 (Mar. 2014), <https://perma.cc/5B6K-2HY3>.

<sup>22</sup> Ark. Code Ann. § 20-16-1504(a); *see* TRO 4.

<sup>23</sup> *See* TRO Mot. Exs. 1, 7.

<sup>24</sup> *See Abortion Surveillance 2016*.

<sup>25</sup> Pet. for Writ of Mandamus 24, 26, 27 (8th Cir. Apr. 15, 2020).

the 20-week mark at which Arkansas law prohibits most abortions.<sup>26</sup>

Care delayed will mean care denied.

Delays in receiving care 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>27</sup> The chance of a major complication is higher in the second trimester than in the first trimester.<sup>28</sup>

As a result of the order, some women will travel out of state to attempt to obtain abortion care. That travel imposes a serious burden on women seeking abortion care. As plaintiffs in this case explain, the nearest clinic currently providing procedural abortions up to 20 weeks outside Arkansas is in Granite City, Illinois – a round trip of more than 700 miles from Little Rock.<sup>29</sup> Many women will not have the means to travel out of state, particularly as COVID-19 has created “economic

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<sup>26</sup> See Ark. Code Ann. § 20-16-1405(a)(1).

<sup>27</sup> *Safety and Quality of Abortion Care 75*; see *ACOG Abortion Policy*.

<sup>28</sup> Upadhyay 181.

<sup>29</sup> See Plaintiffs' Opp. to Emergency Mot. to Stay 10 (8th Cir. April 16, 2020).

uncertainty from lost wages and need to care for children who are at home.”<sup>30</sup>

ADH’s orders will also likely 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>31</sup> If women do not have the resources to travel out of state, that increases the likelihood that they will attempt to self-induce abortion or seek an illegal abortion.<sup>32</sup> Methods of self-induction may rely on harmful tactics such as herbal or homeopathic remedies, getting punched in the abdomen, using alcohol or illicit drugs, or taking hormonal pills.<sup>33</sup>

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<sup>30</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 3 (2020).

<sup>31</sup> See, e.g., Lisa H. Harris & Daniel Grossman, *Complications of Unsafe and Self-Managed Abortion*, 382 *New Eng. J. Med.* 1029, 1029 (2020).

<sup>32</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>33</sup> Daniel Grossman et al., *Knowledge, Opinion and Experience Related to Abortion Self-Induction in Texas*, Tex. Policy Evaluation Project, Research Brief 3 (2015).

### **III. THERE IS NO MEDICAL JUSTIFICATION FOR ADH'S ORDERS, AND THEY WILL SEVERELY HARM WOMEN AND MEDICAL PROFESSIONALS**

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

Arkansas claims that the ADH's orders will reduce demands on hospital resources and preserve PPE.<sup>34</sup> The orders will not further those goals; instead, they will make the problem worse.<sup>35</sup>

Permitting procedural abortions will not substantially increase the burdens hospitals face as a result of the COVID-19 pandemic. The vast majority of procedural abortions – including 100% of abortions performed by LRFP – are performed in outpatient settings.<sup>36</sup> Procedural abortions typically only use minimal PPE (gloves, a surgical mask, reusable eyewear, and disposable and/or washable outerwear).<sup>37</sup> Absent unusual circumstances (such as a patient suspected of having contracted COVID-19), procedural abortion does not require use of the

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<sup>34</sup> See TRO Mot. Ex. 7.

<sup>35</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>36</sup> Jatlaoui 33 tbl. 11; Joyce 1467; see *Abortion Incidence 2014*, at 24 tbl. 5; *Abortion Incidence 2008*, at 42.

<sup>37</sup> See Williams Decl. ¶ 18, D. Ct. Dkt. No. 134-2 (E.D. Ark. Apr. 13, 2020).

PPE most needed to fight the COVID-19 pandemic, such as N95 face masks.<sup>38</sup> Very, very few abortions result in complications that require hospitalization.<sup>39</sup>

ADH's orders will make hospital and PPE shortages worse. Pregnant women remain in the health care system. They often visit hospitals (including emergency rooms) for evaluation, using hospital bed space and resources. Most women give birth in hospitals, and some births require surgery. As one 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.”<sup>40</sup>

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<sup>38</sup> See, e.g., *Planned Parenthood Center for Choice v. Abbott*, No. A-20-CV-323-LY, 2020 WL 1815587, at \*4 (W.D. Tex. Apr. 9, 2020) (“Abortion providers generally do not use N95 masks”).

<sup>39</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>40</sup> *Planned Parenthood*, 2020 WL 1815587, at \*4; see Bayefsky (pregnancy “could lead to much more contact with clinicians and greater need for PPE, thereby increasing risks to both patients and staff”).

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>41</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.

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

The orders will increase the likelihood that women will delay abortion care or will not be able to obtain it at all. Women may travel outside the state to obtain abortions, attempt to self-induce abortions, or be unable to obtain abortions at all, forcing them to carry unwanted pregnancies to term.<sup>42</sup> Each outcome increases the likelihood of

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<sup>41</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*, 2020 WL 1815587, at \*5 (“long-distance travel” to obtain abortion “increases an individual’s risk of contracting COVID-19”).

<sup>42</sup> See, e.g., *Abortion Incidence 2017*, at 3, 8.

negative consequences to a woman's physical and psychological health that could be avoided if abortion services were available.<sup>43</sup>

The orders also seriously threaten physicians and medical professionals. 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 orders. Under the orders, doctors, nurses, and other medical professionals who perform abortion care that is constitutionally protected and medically necessary could lose 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.

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<sup>43</sup> See, e.g., *ACOG Opinion 613*.

## CONCLUSION

The motion to stay the temporary restraining order and the petition for a writ of mandamus should be denied.

Respectfully submitted,

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## CERTIFICATE OF SERVICE

I hereby certify that on April 18, 2020, I electronically filed the foregoing brief with the Clerk of the Court using the 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 18, 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 Rule 29(a)(5) because it contains 2,767 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.

(iii) has been scanned for viruses and is virus-free.

Dated: April 18, 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 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.

3. 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.

4. 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.

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

6. **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.

7. **The American Society for 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.

8. **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 multidisciplinary 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.

9. 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 health care for women and opposes unnecessary restrictions on access that serve to delay or prevent care.

10. 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.

11. 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.

12. 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.