STATE OF MICHIGAN
IN THE COURT OF CLAIMS

DR. VIKTORIA KOSKENOJA, SAMUEL HOLCOMB, JAMIE AIRD, NICOLE SAPIRO VINCKIER, MARK VINCKIER, MADALYN KNUTSON, DR. LAURA LOZIER, DR. JEROME WINEGARDEN, and DR. LISA HARRIS,

Plaintiffs,

v

GRETCHEN WHITMER, in her official capacity as Governor of the State of Michigan; DANA NESSEL, in her official capacity as the Attorney General of the State of Michigan; JOCELYN BENSON, in her official capacity as Secretary of State of the State of Michigan; ELIZABETH HERTEL, in her official capacity as Director of the Michigan Department of Health and Human Services; and MARLON BROWN, in his official capacity as Director of the Michigan Department of Licensing and Regulatory Affairs,

Defendants.
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Court of Claims No. 25-000165-MM

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2/27/26 JOINT STATEMENT OF FACTS

The parties stipulate to the following facts:

1. Plaintiffs Dr. Viktoria Koskenoja, Samuel Holcomb, Jamie Aird, Nicole Sapiro Vinckier, Mark Vinckier, Madalyn Knutson, Dr. Laura Lozier, Dr. Jerome Winegarden, and Dr. Lisa Harris together challenge the constitutionality of a subsection of Michigan's Estate and Protected Individual Code ("EPIC"), specifically MCL 700.5507(5)(3), 700.5509(1)(d),

700.5512(1) (collectively "the Pregnancy Exclusion"), that restricts enforcement of otherwise legally-recognized advance decisions about end-of-life care for pregnant individuals, but no others.

2. EPIC establishes the right of an individual (the "patient") to designate another individual as their "patient advocate." Once designated, EPIC empowers a patient advocate to "exercise powers concerning care, custody, and medical or mental health treatment decisions" in the event the designating individual is incapacitated. MCL 700.5506(1).

3. Despite its purpose of empowering patients to maintain control of their personal, end-of-life decisions through their designated patient advocate, EPIC's Pregnancy Exclusion prohibits a patient advocate from honoring a patient's decision to withhold or withdraw life-sustaining treatment if they are pregnant. MCL 700.5507(5)(3) ("This patient advocate designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death."); 700.5509(1)(d) ("The designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death."); and 700.5512(1) ("A patient advocate cannot make a medical treatment decision under the authority of or under the process created by this section and sections 5506 to 5511 to withhold or withdraw treatment from a pregnant patient that would result in the pregnant patient's death.").

4. EPIC further requires that all advance directives include the following statement: the "patient advocate designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death." MCL 700.5507(5)(3) (the "Pregnancy Addendum").

5. EPIC nevertheless creates an exception to the Pregnancy Exclusion for those who object to treatment on religious grounds, stating that "nothing in sections 5506 or 5515 shall be considered to authorize or compel care, custody, or medical or mental health treatment decisions for a patient who objects on religious grounds." MCL 700.5512(6).

6. The Pregnancy Exclusion operates categorically and applies regardless of the patient's own documented decisions or any individualized medical considerations. It conditions the advance directives of all patients capable of pregnancy on whether they are pregnant in the moment the directive needs to be carried out, denying them the certainty EPIC was intended to provide to patients and their loved ones.

7. As a result of the Pregnancy Exclusion, Michigan law overrides the decision of a pregnant patient who has executed a valid patient advocate designation expressing their decision to refuse life-sustaining treatment.

a. Further, Michigan's Pregnancy Exclusion renders ineffective all refusals of life-sustaining treatment, other than those based on religious grounds, in the directives of all pregnant, incapacitated individuals; it prevents their patient advocates from communicating such refusals; and it prevents their health care providers from honoring such refusals.

b. The Pregnancy Exclusion also creates an exception to the well-settled rule that health care providers cannot provide treatment to a patient without informed consent, and it subjects pregnant, incapacitated individuals to a lower standard of medical care than that available to similarly situated individuals, i.e., incapacitated individuals with advance directives that are not pregnant.

c. Finally, the Pregnancy Exclusion creates untenable uncertainty for Michigan health care providers, patients and patient advocates.

d. As a further result of the Pregnancy Exclusion, health care providers must either abide by the Pregnancy Exclusion and disregard their patients' clearly expressed decisions and right to informed consent, or honor their patients' advance directives and risk potential legal liability.

e. As a further result of the Pregnancy Exclusion, patient advocates, who are bound to follow "the desires, instructions, or guidelines given by the patient," MCL 700.5509(1)(b), must either affirmatively consent to the Pregnancy Addendum that they will disregard a patient's decisions if pregnant, or risk invalidation of the patient's designation and decisions documented therein.

f. As a further result of the Pregnancy Exclusion, patients are unable to plan for their end-of-life care in the same manner as all others. They have potentially ineffective advance directives, and they face uncertainty as to whether their deeply personal end-of-life and pregnancy-related care decisions will be honored.

8. In 2022, Michigan voters amended the Michigan Constitution to expressly guarantee "the right to make and effectuate decisions about all matters relating to pregnancy." MICH. CONST., art 1, § 28. This constitutional right also protects individuals from adverse action for "aiding or assisting a pregnant individual in the exercising their right to reproductive freedom with their voluntary consent." *Id.*

9. Defendant Gretchen Whitmer is the Governor of Michigan. Under the Michigan Constitution, the executive power is vested in Governor Whitmer.

10. Defendant Dana Nessel is the Michigan Attorney General and Michigan's chief law enforcement officer.

11. Defendant Jocelyn Benson is the Michigan Secretary of State.

12. Defendant Elizabeth Hertel is the Director of the Michigan Department of Health and Human Services.

13. Defendant Marlon Brown is the Director of the Michigan Department of Licensing and Regulatory Affairs.

Plaintiffs further assert the following facts that are not disputed by Defendants in this case only and for purposes of the Court's consideration of the legality of the MCL 700.5507(5)(3), 700.5509(1)(d), and 700.5512(1) under Article 1, Section 28 of the Michigan Constitution:

14. Physician Plaintiffs are all physicians licensed to practice medicine in the State of Michigan. Complaint ¶ 48. All regularly treat patients who are pregnant or capable of becoming pregnant, including patients who experience emergency or life-threatening health conditions. *Id.* All are required by law and professional ethics to treat their patients in accordance with their medical expertise and with each patient's informed consent. *Id.* Given their medical specialties, all physicians either have provided, or are likely to provide, end-of-life treatment or clinical consultation and treatment to a pregnant, incapacitated patient. *Id.*

15. Physician Plaintiffs' pregnant and pregnancy-capable patients are Michiganders who either are or could become pregnant, who have an advance directive or would have an advance directive but for the Pregnancy Exclusion. Complaint ¶ 49.

16. Patient Advocate Plaintiffs are the designated spokespersons for their Patient Plaintiff loved ones. They are spouses and co-parents with their loved ones, and they are knowledgeable about their loved ones' decisions for pregnancy, family formation and end-of-life care. Complaint ¶ 50. Patient Advocate Plaintiffs reasonably wish to be able to freely speak for their loved ones and effectuate their responsibilities as patient advocates based on their loved ones' expressed decisions and best interests. *Id.*

17. Dr. Viktoria Koskenoja is both a Patient Plaintiff and a Physician Plaintiff. Complaint ¶ 32. Dr. Koskenoja is a woman of childbearing age and an emergency medicine physician who regularly provides end-of-life treatment to incapacitated patients as part of her

medical practice. *Id.* Dr. Koskenoja resides in Skandia, Michigan. *Id.* Dr. Koskenoja has two children—aged four and six—and drafted her advance directive in 2020 after giving birth to her first child because, as a physician, she has personally witnessed how individuals can unexpectedly suffer life-threatening conditions. Complaint ¶ 51. Dr. Koskenoja did not include pregnancy-related instructions in her original advance directive, even though she wanted to do so, because an attorney advised her that those pregnancy-related instructions would not be effective. *Id.* Dr. Koskenoja updated her directive in 2025 to include additional instructions related to pregnancy, despite them being ineffective under current law, because of how strongly she feels about having her pregnancy-related end-of-life decisions honored. Dr. Koskenoja designated her husband—Samuel Holcomb—as her patient advocate. *Id.* Dr. Koskenoja's advance directive makes clear that she would not consent to life-extending care if she has no chance of recovery or any quality of life. *Id.* As a result of the Pregnancy Exclusion, Dr. Koskenoja reasonably fears that her end-of-life decisions will not be honored—causing her to receive unnecessary and invasive medical treatment, while prolonging the suffering and compounding the grief of her husband and young children. *Id.*

18. Dr. Koskenoja is an emergency medicine physician at a hospital in L'Anse, Michigan, and the Assistant Medical Director at an urgent care clinic in Marquette, Michigan. Complaint ¶ 52. In those practices, she routinely treats patients—including pregnant patients—who are in emergency, life-threatening situations. *Id.* She reasonably fears that, because of the Pregnancy Exclusion, she will be forced to substitute the Pregnancy Exclusion's one-size-fits-all standard for her own medical expertise, act in violation of her patients' informed consent, and provide potentially invasive and unnecessary treatment against her professional judgment. Dr. Koskenoja often counsels patients' families through the end of a patient's life and has witnessed

the suffering that uncertainty about end-of-life care adds to their grief. As a result, she reasonably fears that the Pregnancy Exclusion's requirement that she provide unwanted life-extending care will only extend a grieving family's suffering. *Id.* Both outcomes—providing unwanted care to her patients and worsening their families' grief—are directly at odds with Dr. Koskenoja's medical judgment and the reasons she became a doctor. *Id.*

19. Mr. Samuel Holcomb is a Patient Advocate Plaintiff. Mr. Holcomb is Plaintiff Koskenoja's husband and designated patient advocate. Complaint ¶ 33. He resides in Skandia, Michigan. *Id.* Mr. Holcomb and Dr. Koskenoja have been partners since they were teenagers and have had many conversations about their values and end-of-life plans. Complaint ¶ 53. Mr. Holcomb is very familiar with the decisions in Dr. Koskenoja's advance directive, and he understands the values, desires and experiences motivating her decisions. *Id.* He understands Dr. Koskenoja's decision to forego life-sustaining treatment in a situation where there is no possibility of recovery or quality of life, and, as her patient advocate and life partner, he understandably wants to honor her decisions and be able to freely speak on her behalf. *Id.* Mr. Holcomb reasonably fears that the Pregnancy Exclusion will not allow him to speak on his wife's behalf and voice her end-of-life decisions if she is pregnant. *Id.* He reasonably fears that this will lead to invasive, unnecessary, and unwanted life-extending care that would only extend Mr. Holcomb's and his family's grief and impede his ability to help his children process the loss of their mother. *Id.*

20. Dr. Koskenoja's patient advocate designation of Mr. Holcomb does not include the Pregnancy Addendum because he fundamentally disagrees with the government-mandated script requiring him to affirm that he will ignore any of his wife's end-of-life decisions if she is pregnant. *Id.* Both Mr. Holcomb and Dr. Koskenoja reasonably believe that the Pregnancy

Exclusion infringes on Dr. Koskenoja's rights and are appalled that Mr. Holcomb's advance directive has more force than Dr. Koskenoja's solely because he is not capable of becoming pregnant. *Id.* They are aware that failing to include the Pregnancy Addendum in the patient designation acceptance invalidates Mr. Holcomb's designation. *Id.* Understanding this, Mr. Holcomb fears that he will not be able to act as Dr. Koskenoja's patient advocate and voice her treatment decisions if needed. *Id.*

21. Ms. Jamie Aird is a Patient Plaintiff. Ms. Aird is a woman of childbearing age who resides in Rochester, Michigan. Complaint ¶ 34. She has appointed her neighbor and close friend to be her patient advocate. Complaint ¶ 54. Ms. Aird's advance directive is clear that she does not wish to receive life-extending care in the event she has no chance of recovery or quality of life. *Id.* Ms. Aird has spoken at length with her designated patient advocate about her decisions and values, and she is confident that her patient advocate will honor her decisions and act accordingly on her behalf if lawfully permitted to do so. However, the Pregnancy Exclusion does not allow her patient advocate to fully speak on her behalf or honor all of her decisions. *Id.* Ms. Aird's decisions, memorialized in her advance directive, are driven by her values, including her belief in bodily autonomy, and her strong desire to reduce her family's pain and suffering in the event she is incapacitated and near death. *Id.* Ms. Aird's understanding of what end-of-life autonomy looks like, and the peace it provides a loved one's family to know that their decisions are respected, comes from observing both her grandfather and grandmother refuse life-extending care at the end of their lives when she was a teenager. Watching them pass on their own terms motivated her to think about what she would want at the end of life and to memorialize those decisions in her advance directive. *Id.* Absent the State's compulsion through the Pregnancy Exclusion, Ms. Aird would not have included a Pregnancy Addendum. *Id.*

22. Ms. Aird is a survivor of sexual assault and had to seek emergency abortion care as a result of that assault. After these events, it took Ms. Aird many years to regain her sense of bodily autonomy. Complaint ¶ 55. The Pregnancy Exclusion undermines Ms. Aird's hard-fought battle to reclaim her autonomy. *Id.* She feels re-violated knowing she has less force under the law to dictate her pregnancy-related and end-of-life treatment and that she may be forced to undergo unnecessary, invasive and unwanted treatment if she is pregnant. *Id.* Ms. Aird reasonably fears that her end-of-life decisions will not be honored if she is pregnant, worsening her family's suffering, and undermining the very autonomy she has fought so hard to reclaim. *Id.*

23. Ms. Nicole Sapiro Vinckier is a Patient Plaintiff. Ms. Sapiro Vinckier is a woman of childbearing age who resides in Birmingham, Michigan. Complaint ¶ 35. Ms. Sapiro Vinckier is a trained OB-GYN physician assistant, and her professional experience motivated her to enact an advance directive to plan for her pregnancy-related and end-of-life treatment. Complaint ¶ 56. Ms. Sapiro Vinckier has three children—aged seven, five, and three—and enacted her advance directive during her first pregnancy due to concerns regarding complications during pregnancy. *Id.* She selected her husband—Mark Vinckier—to be her patient advocate. The two have had extensive conversations regarding Ms. Sapiro Vinckier's decision to forego life-extending care if there is no chance of recovery or quality of life, and her advance directive instructs Mr. Vinckier to withhold or withdraw medical treatment in those circumstances. *Id.* Yet, Michigan law compelled Ms. Sapiro Vinckier to include a Pregnancy Addendum in her advance directive. *Id.* Ms. Sapiro Vinckier is deeply distressed that her advance directive has less force and that she has less autonomy over her decisions than others in Michigan because she is capable of pregnancy. *Id.* She reasonably fears that her decisions will not be honored because of the Pregnancy

Exclusion, which would undermine her bodily autonomy, cause her to undergo unnecessary procedures, and extend her family's pain and suffering. *Id.*

24. Mr. Mark Vinckier is a Patient Advocate Plaintiff. Mr. Vinckier is Plaintiff Sapiro Vinckier's husband and designated patient advocate. Complaint ¶ 36. He resides in Birmingham, Michigan. *Id.* Mr. Vinckier is well aware of his wife's values and decisions regarding her end-of-life and pregnancy-related care. Complaint ¶ 57. Mr. Vinckier was compelled to include the Pregnancy Addendum and agree to the Pregnancy Exclusion to ensure his wife's advance directive was valid, even though it neither reflects Ms. Sapiro Vinckier's carefully considered decisions and values, nor his own. *Id.* Mr. Vinckier fundamentally disagrees with the Pregnancy Addendum he was forced to include and understandably wants to honor and effectuate his wife's decisions regardless of her pregnancy status. *Id.* Mr. Vinckier reasonably fears that the Pregnancy Exclusion will impede his ability to speak on his wife's behalf in the event she is incapacitated—causing her to receive unnecessary and invasive treatment and making the situation more challenging and painful for him and their children. *Id.*

25. Ms. Madalyn Knutson is a Patient Plaintiff. Ms. Knutson is a woman of childbearing age who resides in Traverse City, Michigan. Complaint ¶ 37. Ms. Knutson enacted her advance directive in 2023 and chose her husband—Justin Pippel—as her patient advocate. Complaint ¶ 58. The two have had extensive conversations about Ms. Knutson's values and decisions regarding life-extending care. *Id.* Consistent with those values, her advance directive instructs that, while she wants her health care providers to prolong her life for a period of time, if the treatments are not improving her conditions or are causing pain and suffering, she would choose to cease the treatments. *Id.* Yet Ms. Knutson felt compelled by Michigan law to include a Pregnancy Addendum in her advance directive that she would not otherwise have included. Ms.

Knutson's biggest concern in enacting her advance directive was that prolonging her dying process with life-sustaining care would merely extend her family's suffering. *Id.* Ms. Knutson feels violated because she has less autonomy than other Michiganders to memorialize, and have honored, her end-of-life decisions, and she fears that the Pregnancy Exclusion will result in forced treatment in violation of her expressed decisions, undermine her bodily autonomy, cause her to suffer unnecessary and invasive procedures, and extend her family's suffering. *Id.*

26. Dr. Laura Lozier is a Physician Plaintiff. Dr. Lozier is a trauma surgeon who regularly provides end-of-life treatment to incapacitated patients as part of her medical practice. Complaint ¶ 38. Dr. Lozier resides in Marquette, Michigan. *Id.* Dr. Lozier practices medicine as a member of the Surgical Associates of Marquette. Complaint ¶ 59. Dr. Lozier regularly treats trauma patients and has significant experience treating patients with advance directives. *Id.* Dr. Lozier treats all patients who come through the emergency room needing surgery, which includes pregnant patients. *Id.* Based on Dr. Lozier's medical and medical ethics training and experience, she believes that a patient's decisions, including those in their advance directives, must be followed and that forcing a pregnant patient to receive unwanted, life-extending care runs counter to medical best practice and harms the patient and their loved ones. *Id.* Dr. Lozier reasonably fears she will have to subject pregnant patients who have declined life-sustaining treatment to unnecessary, unwanted, and invasive care solely because of the Pregnancy Exclusion's threat of liability and sanctions. *Id.* Dr. Lozier also reasonably fears that the Pregnancy Exclusion risks straining finite resources, as it can result in intensive care resources and medical attention being diverted to patients who do not want or need such care while depriving other critical patients of potentially life-saving treatment. *Id.*

27. Dr. Jerome Winegarden is a Physician Plaintiff. Dr. Winegarden is a Michigan-licensed hematologist/oncologist who regularly provides end-of-life treatment to incapacitated patients as part of his medical practice. Complaint ¶ 39. Dr. Winegarden resides in Ann Arbor, Michigan. *Id.* In addition to practicing medicine, Dr. Winegarden oversees a hematology and oncology fellowship at a community hospital. Complaint ¶ 61. Dr. Winegarden regularly treats patients in end-of-life situations, including pregnant patients diagnosed with cancer or other life-threatening illnesses. He reasonably believes that the Pregnancy Exclusion undermines his ability to exercise his best medical judgment, since best practice requires careful, individualized evaluation of a patient's conditions and personal desires, and the Pregnancy Exclusion diminishes his ability to properly weigh these considerations. *Id.* He reasonably fears that the threat of liability for following a pregnant patient's expressed decision to decline life-sustaining treatment may force him to unnecessarily prolong care and inflict significant pain on the patient and their family. *Id.* As a doctor at a community hospital with limited capacity, one of Dr. Winegarden's primary responsibilities is triaging resources as efficiently as possible. *Id.* He reasonably fears that the Pregnancy Exclusion risks requiring him to provide unwanted treatment in contravention of a patient's expressed decisions and informed consent, consuming valuable hospital resources that could be allocated toward treating patients in critical need. *Id.* Even if Dr. Winegarden were to decide that he should discontinue treatment, the ambiguous threat of liability would force him to consult the ethics board at his hospital to confirm that he is in compliance with state law. *Id.* This deliberation would unnecessarily delay the decision-making process, potentially prolong unwanted treatment, and prevent other patients from receiving the care they need. *Id.*

28. Dr. Lisa Harris is a Physician Plaintiff. Dr. Harris is an obstetrician and gynecologist who provides emergency gynecological care as part of her medical practice. Complaint ¶ 40. Dr. Harris resides in Ann Arbor, Michigan. *Id.* Dr. Harris is regularly called in to treat emergencies in pregnancy, including miscarriage. Complaint ¶ 60. Dr. Harris also treats pregnant patients who face terminal or life-threatening conditions. *Id.* Dr. Harris reasonably fears that the Pregnancy Exclusion, and its threat of liability or professional sanction, would supersede her best judgment as a doctor and force her to violate her duty of informed consent to administer unnecessary, unwanted, and invasive life-extending care to her pregnant patients. *Id.* Dr. Harris further reasonably fears that her patients facing terminal or life-threatening conditions will feel compelled to have an abortion they otherwise would not want in order to have their end-of-life decisions carried out. *Id.* Dr. Harris believes that this outcome would not only subject her patients to unnecessary treatment and violate their rights, but it would also force their families to face the pain of both the demise of a pregnancy and the death of a loved one, rather than having the opportunity to say goodbye to both together, as the pregnant individual would have wanted. Such an outcome runs counter to Dr. Harris's best medical judgment. *Id.*

29. Defendant Gretchen Whitmer is the person ultimately responsible for enforcement of Michigan law. Complaint ¶ 62. Governor Whitmer, further, has the authority to appoint and oversee the heads of the various agencies that enforce the Pregnancy Exclusion. *Id.* Exercising that authority, Governor Whitmer issued Executive Directive 2022-13, which directed all Michigan departments and agencies to review, align, and update their policies and practices to fully protect and uphold Michigan's newly enshrined constitutional right to reproductive freedom. *Id.*; *Executive Directive 2022-13: Constitutional Right to Reproductive Freedom*

<https://www.michigan.gov/whitmer/news/state-orders-and-directives/2022/12/14/executive-directive-2022-13> (accessed February 26, 2026).

30. AG Nessel is responsible for defending Michigan law against constitutional challenges and prosecuting any civil or criminal actions in which the state is a party or has an interest. *Id.* Attorney General Nessel, therefore, has the power to bring both criminal and civil actions against any physicians or patient advocates who are suspected of having violated EPIC. *Id.*

31. Alongside the Michigan Department of Health and Human Services, Secretary Benson is responsible for maintaining the Peace of Mind Registry—a statewide registry where individuals can store and access their advance directives. MCL 333.10301. Complaint ¶ 64.

32. Director Hertel is responsible for health policy, regulation, and provider compliance, including overseeing advance directive regulations and enforcement in hospitals and long-term care settings. MCL 333.2226. Director Hertel also jointly oversees the Peace of Mind Registry. MCL 333.10301; Complaint ¶ 65.

33. Director Brown's agency is responsible for both licensing and disciplinary actions against physicians in Michigan. Complaint ¶ 66. The Michigan Department of Licensing and Regulatory Affairs also publishes a list of disciplined physicians in Michigan. Complaint ¶ 66; Michigan Public Health Code PA 368.

34. The Michigan Department of Licensing and Regulatory Affairs is authorized to bring disciplinary action against physicians who are accused of having acted contrary to the law, including violating the rules of informed consent. Complaint ¶ 67. If found to have committed the charged offenses, discipline for such licensees can result in significant penalties, including the suspension or loss of licensure. *Id.* The Department publishes the Disciplinary Action

Report—a list of disciplinary actions taken against health and occupational licensees. *Id.* Any disciplinary action taken against a physician for failure to comply with EPIC's vague prescription of using "sound medical" judgment with incapacitated patients who are diagnosed as pregnant would result in publication on this list. *Id.* Such publication undermines the provider's professional reputation and may hinder their ability to attract new patients or obtain gainful employment. *Id.*

35. The Pregnancy Exclusion is incompatible with prevailing standards of medical ethics.

a. The American College of Obstetricians and Gynecologists (ACOG) opposes Pregnancy Exclusions and has stated that "[p]regnancy is not an exception to the principle that a decisionally-capable patient has the right to refuse treatment, even treatment needed to maintain life." American College of Obstetricians and Gynecologists, *Position Statement on Life-Sustaining Care and Advance Directives for Pregnant Patients* <https://www.acog.org/clinical-information/policy-and-position-statements/position-statements/2025/life-sustaining-care-and-advance-directives-for-pregnant-patients> (accessed February 26, 2026). ACOG affirms that "[t]he standard of medical care when a patient loses the capacity to make medical decisions is to rely on advance directives and proxy decision-makers to guide clinical care. *Id.* Deviation from this standard for pregnant patients is not ethically justified." *Id.* ACOG has called for the repeal of all laws, such as pregnancy exclusions, that interfere with the autonomous decision-making of pregnant people. *Id.*

b. The American Medical Association (AMA) has stated that physicians should not face liability for honoring a pregnant patient's informed decision to refuse medical treatment, including treatment to sustain a pregnancy. *American Medical Association, Pregnancy and Childbirth, Legal Interventions During Pregnancy H-420.969* <https://policysearch.ama-assn.org/policyfinder/detail/women?uri=%2FAMADoc%2FHOD.xml-0-3712.xml> (accessed February 26, 2026).

36. Since 2023, the Uniform Health Care Decisions Act has not contained a Pregnancy Exclusion. Uniform Law Commission, *Health-Care Decisions Act* <https://www.uniformlaws.org/committees/community-home?communitykey=3df274d6-776b-4780-8e4e-018a850ef44e> (accessed February 26, 2026).

a. States that have adopted the Uniform Health Care Directive Act are eliminating the Pregnancy Exclusion, and states such as Washington and Colorado—recognizing the discriminatory burden pregnancy exclusions place on pregnant people's right to autonomy and medical decision-making—have passed legislation to remove pregnancy exclusions from their advance-directive laws. *See* Compassion & Choices, *Pregnancy Exclusions* <https://compassionandchoices.org/resource/pregnancy-exclusions/> (accessed February 26, 2026); *see also* Farah Diaz-Tello, *If When How: Lawyering for Reproductive Justice, Pregnancy Exclusion Laws Deny Pregnant People End-of-Life Decision-Making* (July 14, 2025)<https://ifwhenhow.org/resources/pregnancy-exclusion-laws-deny-pregnant-people-end-of-life-decision-making/> (accessed February 26, 2026).

37. Pregnancy exclusion laws have forced unwanted and invasive life-sustaining treatment on pregnant people, including those without advance directives.

a. In 2014, Marlise Muñoz—who was 14 weeks pregnant when she was declared brain-dead—was kept on life support for months in a Texas hospital against her previously expressed wishes because of a pregnancy exclusion in Texas's advance-directive law, even though she had no advance directive and was legally dead. Manny Fernandez and Erik Eckholm, *Pregnant, and Forced to Stay on Life Support*, N.Y. Times <https://www.nytimes.com/2014/01/08/us/pregnant-and-forced-to-stay-on-life-support.html> (accessed February 26, 2026).

b. Similarly, in 2025, Adriana Smith was kept on life support for months in a Georgia hospital without her family's consent and after she was declared brain dead when she was about 9 weeks pregnant. The hospital cited Georgia law, which includes restrictive abortion provisions and a pregnancy exclusion in its advance directive law, as requiring the forced treatment—despite the fact that Ms. Smith did not have an advance directive and was legally dead. Praveena Somasundaram, *Brain-Dead Pregnant Woman's Case Spurs Questions about Medical Consent* <https://www.washingtonpost.com/nation/2025/05/19/georgia-mother-pregnant-brain-dead/> (accessed February 26, 2026).

38. The Pregnancy Exclusion disparately impacts people of color, economically disadvantaged people, and people living in rural areas. The United States has the highest rate of maternal mortality among high-income countries. Latoya Hill et al., *Racial Disparities in*

Maternal and Infant Health: Current Status and Key Issues <https://www.kff.org/racial-equity-and-health-policy/racial-disparities-in-maternal-and-infant-health-current-status-and-key-issues/> (accessed Feb. 26, 2026).

a. This rate is much higher for people of color, with Black pregnant people more than three times as likely to experience a pregnancy-related death than their white counterparts, *id.*, and Native American pregnant people four times as likely. Ctrs. for Disease Control & Prevention, *Data from the Pregnancy Mortality Surveillance System: Pregnancy-Related Deaths by Race-Ethnicity* <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html?cove-tab=1> (accessed February 26, 2026).

b. The risks of mortality and severe morbidity pregnant people face are not only related to conditions stemming from the pregnancy: pregnancy can increase the risk associated with other conditions. For instance, seasonal illnesses, such as COVID-19 and flu, can be especially dangerous to pregnant people, who are at a higher risk of developing life-threatening complications. *See* Noah Fromson, *Pregnant Women Hospitalized for COVID-19, and Their Newborns, Have Higher Complication Risk*, Michigan Medicine (Dec. 30, 2025) <https://www.michiganmedicine.org/health-lab/pregnant-women-hospitalized-covid-19-and-their-newborns-have-higher-complication-risk> (accessed February 26, 2026); *see also* Osezua Osheghale et al., *Influenza Virus Infection during Pregnancy as a Trigger of Acute and Chronic Complications*<https://pmc.ncbi.nlm.nih.gov/articles/PMC9786233/> (accessed February 26, 2026).

c. Having a chronic health condition before pregnancy also increases the likelihood of pregnancy complications. March of Dimes, *Where You Live Matters: Maternity Care Access in Michigan* 4 <https://www.marchofdimes.org/peristats/reports/michigan/maternity-care-deserts> (accessed February 26, 2026). 42.6% of pregnancy-capable individuals in Michigan have chronic health conditions, a rate higher than the national average of 37.8%. *Id.*

d. In addition, limited access to maternity care increases the risk of both negative health outcomes and health disparities. *Id.* at 1. 21.7% of Michigan counties are classified as maternity care deserts (areas without birthing facilities or prenatal care providers), with an almost 3% decrease in the number of birthing hospitals between 2019 and 2020. *Id.*

e. People of color are more likely to live in places where various factors in the environment, including lack of access to transportation, create barriers to access to prenatal care. *Id.* at 3. Lack of access to prenatal care increases the risk of adverse pregnancy outcomes. *Id.* In Michigan, 13% of all women receive inadequate prenatal care. *Id.*

f. Taken together, these factors mean that pregnant people are at a greater risk of a condition that may suddenly render them terminally ill and unable to communicate, forcing them to rely on an advance directive to make their decisions for end-of-life care.

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