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IN THE SUPREME COURT OF THE STATE OF OKLAHOMA

OKLAHOMA CALL FOR REPRODUCTIVE JUSTICE, on behalf of itself and its members; **TULSA WOMEN'S REPRODUCTIVE CLINIC, LLC**, on behalf of itself, its physicians, its staff, and its patients; **ALAN BRAID, M.D.**, on behalf of himself and his patients; **COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD GREAT PLAINS, INC.**, on behalf of itself, its physicians, its staff, and its patients; and **PLANNED PARENTHOOD OF ARKANSAS & EASTERN OKLAHOMA**, on behalf of itself, its physicians, its staff and its patients,

Petitioners,

v.

JOHN O'CONNOR, in his official capacity as Attorney General for the State of Oklahoma; **DAVID PRATER**, in his official capacity as District Attorney for Oklahoma County; **STEVE KUNZWEILER**, in his official capacity as District Attorney for Tulsa County; **LYLE KELSEY**, in his official capacity as Executive Director of the Oklahoma State Board of Medical Licensure and Supervision; **KATIE TEMPLETON**, in her official capacity as President of the Oklahoma State Board of Osteopathic Examiners; and **KEITH REED**, in his official capacity as the Commissioner of the Oklahoma State Board of Health,

Respondents.

Case No: PR-120543

BRIEF OF *AMICI CURIAE* AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, AMERICAN MEDICAL ASSOCIATION, OKLAHOMA STATE MEDICAL ASSOCIATION, AND SOCIETY FOR MATERNAL-FETAL MEDICINE IN SUPPORT OF PETITIONERS' PETITION FOR DECLARATORY AND INJUNCTIVE RELIEF AND/OR A WRIT OF PROHIBITION

IN THE SUPREME COURT OF THE STATE OF OKLAHOMA

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Amici Curiae the American College of Obstetricians and Gynecologists ("ACOG"), the American Medical Association ("AMA"), the Oklahoma State Medical Association ("OSMA"), and the Society for Maternal-Fetal Medicine ("SMFM") respectfully submit this Brief of *Amici Curiae* in Support of Petitioners' Petition for Declaratory and Injunctive Relief and/or a Writ of Prohibition. The Court granted *Amici Curiae* leave to file this brief on August 15, 2022.

INTEREST OF *AMICI CURIAE*

Amici Curiae are leading medical societies representing physicians, nurses, and other clinicians who serve patients in Oklahoma and nationwide, and whose policies represent the education, training, and experience of the vast majority of clinicians in this country.

ACOG is the nation's leading group of physicians providing health care for women. With over 60,000 members, ACOG advocates for quality health care for women, and is committed to ensuring access to the full spectrum of evidence-based quality reproductive health care, including abortion care. ACOG's briefs and medical practice guidelines have been cited by numerous authorities, including the U.S. Supreme Court, as a leading provider of authoritative scientific data regarding childbirth and abortion.[1]

The 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

[1] *See, e.g.*, *June Med. Servs. LLC v. Russo*, 140 S. Ct. 2103 (2020); *Whole Woman's Health v. Hellerstedt*, 579 U.S. 582 (2016); *Stenberg v. Carhart*, 530 U.S. 914, 932-936 (2000) (quoting ACOG brief extensively and referring to ACOG as among the "significant medical authority" supporting the comparative safety of the abortion procedure at issue).

process. The objectives of the AMA are to promote the art and science of medicine and the betterment of public health. AMA members practice in all fields of medical specialization and in every state.

The Oklahoma State Medical Association (OSMA) is a professional society representing nearly 4,000 physicians and medical students across the state. The mission of the OSMA is simply "Better Health for Oklahoma." The AMA and the OSMA each join this brief on their own behalf and as representatives of the Litigation Center of the American Medical Association and the State Medical Societies.

SMFM, founded in 1977, is the medical professional society for maternal-fetal medicine subspecialists, who are obstetricians with additional training in high-risk pregnancies. SMFM represents more than 5,500 members who care for high-risk pregnant people. SMFM and its members are dedicated to ensuring that all medically appropriate treatment options are available for individuals experiencing a high-risk pregnancy.

INTRODUCTION AND SUMMARY OF ARGUMENT

Amici's position is that state laws that criminalize and effectively ban abortion impermissibly interfere with individuals' fundamental right to bodily autonomy and integrity, which includes the right to make decisions about their own health care. A core principle of medical practice and professional ethics is patient autonomy—the respect for patients' ultimate control over their bodies and right to a meaningful choice when making medical decisions. Laws that criminalize and effectively ban abortion deprive pregnant patients of their right to access a safe and essential component of reproductive health care without any medical or scientific justification.

Approximately 75 health care organizations, including ACOG, AMA, and SMFM, agree that "[a]bortion care is safe and essential reproductive health care. Keeping the patient-clinician relationship safe and private is essential not only to quality individualized care but also to the fabric of our communities and the integrity of our health care infrastructure."[2]

Abortion is an essential part of comprehensive health care and when abortion is legal, it is safe.[3] Despite these facts, in the wake of *Dobbs v. Jackson Women's Health Org.*, 597 U.S. ___ (2022), Oklahoma now intends to enforce various provisions that effectively prohibit abortion except in certain very limited circumstances where necessary to preserve the life of the pregnant individual.[4] Providers who violate either of these bans face significant prison time, fines, and/or loss of their medical licenses, in addition to other civil penalties.

Amici agree with Petitioners' position that these criminal abortion bans violate the Oklahoma Constitution's protection of each individual's "inherent right to life, liberty, the pursuit of happiness, and the enjoyment of the gains of their own industry," Okla. Const. art. II, § 2, by interfering with an essential component of individuals' fundamental right to

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[2] ACOG, *Press Release: More Than 75 Health Care Organizations Release Joint Statement in Opposition to Legislative Interference* (July 7, 2022), https://www.acog.org/news/news-releases/2022/07/more-than-75-health-care-organizations-release-joint-statement-in-opposition-to-legislative-interference.

[3] Editors of the *New England Journal of Medicine*, the American Board of Obstetrics and Gynecology, et al., *The Dangerous Threat to* Roe v. Wade, 381 New Eng. J. Med. 979 (2019) (stating the view of the Editors of the New England Journal of Medicine along with several key organizations in obstetrics, gynecology, and maternal-fetal medicine that "[a]ccess to legal and safe pregnancy termination ... is essential to the public health of women everywhere"); ACOG, *Abortion Policy* (revised and approved May 2022); Soc'y for Maternal-Fetal Med., *Access to Abortion Services* (2020).

[4] Okla. Stat. tit. 21, § 861; S.B. 1555; S.B. 612.

liberty—the right to bodily autonomy and integrity. Accordingly, this Court should grant Petitioners' request.

ARGUMENT

I. Statutes Banning Abortion Force Clinicians To Make an Impossible Choice Between Upholding Their Ethical Obligations and Following the Law, Which Interferes with Patients' Right to Bodily Autonomy and Self-Determination

Statutes banning abortion violate long-established and widely accepted principles of medical ethics by: (1) substituting legislators' opinions for a physician's individualized patient-centered counseling and creating an inherent conflict of interest between patients and medical professionals; (2) asking medical professionals to violate the age-old principles of beneficence and non-maleficence; and (3) requiring medical professionals to ignore the ethical principle of respect for patient autonomy.

A. *Statutes Banning Abortion Undermine the Patient-Physician Relationship by Substituting Flawed Legislative Judgment for a Physician's Individualized Patient-Centered Counseling and by Creating Conflicts of Interest Between Physicians and their Patients*

The patient-physician relationship is critical for the provision of safe and quality medical care.[5] At the core of this relationship is the ability to counsel frankly and confidentially about important issues and concerns based on patients' best medical interests with the best available scientific evidence. ACOG's Code of Professional Ethics states that "the welfare of the patient must form the basis of all medical judgments," and that obstetrician-gynecologists should "exercise all reasonable means to ensure that the most appropriate care is provided to the patient."[6] Likewise, the AMA Code of Medical Ethics

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[5] ACOG, Statement of Policy, *Legislative Interference with Patient Care, Medical Decisions, and the Patient-Physician Relationship* (May 2013, reaff'd and amended Aug. 2021) ("*Legis. Policy Statement*").

[6] ACOG, *Code of Professional Ethics* 2 (Dec. 2018).

places on physicians the "ethical responsibility to place patients' welfare above the physician's own self-interest or obligations to others."[7] Statutes banning abortion force physicians to supplant their own medical judgments—and their patients' judgments—regarding what is in the patients' best interests with the legislature's non-expert decision regarding whether and when physicians may provide abortions.

Abortions are safe,[8] routine,[9] and, for many patients, the best medical choice for their specific health circumstances. There is no rational or legitimate basis for interfering with a physician's ability to provide an abortion where both the physician and patient conclude that is the medically appropriate course. Laws that have the effect of banning abortion in nearly

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[7] AMA, *Patient-Physician Relationships, Code of Medical Ethics Opinion 1.1.1.*

[8] *See, e.g.*, 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*") ("The clinical evidence clearly shows that legal abortions in the United States—whether by medication, aspiration, D&E, or induction— are safe and effective. Serious complications are rare."); Kortsmit et al., U.S. Dep't of Health & Human Services, Centers for Disease Control and Prevention, *Abortion Surveillance—United States, 2019*, 70 Morbidity & Mortality Weekly Rep. 1, 29 tbl. 15 (2021); Raymond & Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 Obstetrics & Gynecology 215, 216 (2012); Biggs et al., *Women's Mental Health and Well-Being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study*, 74 JAMA Psychiatry 169, 177 (2017).

[9] In 2020, over 930,000 abortions were performed nationwide. Jones et al., Guttmacher Inst., *Long-Term Decline in US Abortions Reverses, Showing Rising Need for Abortion as Supreme Court is Poised to Overturn* Roe v. Wade (June 15, 2022). More than 3,600 abortions were performed in Oklahoma in 2021. Oklahoma Dep't of Health, *Abortion Surveillance in Oklahoma: 2002-2021 Summary Report*, at 9 (revised Aug. 5, 2022), https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/data-and-statistics/center-for-health-statistics/induces-termination-of-pregnancy/2021%20AbortionReportRevised.pdf. Approximately one quarter of American women have an abortion before the age of 45. Jones & Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014*, 107 Am. J. Pub. Health 1904, 1908 (2017).

all circumstances are out of touch with the reality of contemporary medical practice and have no grounding in science or medicine.

Statutes banning abortion also create inherent conflicts of interest for physicians. Physicians need to be able to offer appropriate treatment options based on patients' individualized interests without regard for the physicians' own self-interest.[10] Statutes that prohibit physicians from performing abortions profoundly intrude upon the patient-physician relationship.[11] For example, a physician and patient together may conclude that an abortion is in the patient's best medical interests even though the abortion ban prohibits abortion under the patient's particular circumstances. The Oklahoma bans thus force physicians to choose between the ethical practice of medicine—counseling and acting in their patients' best interest—and obeying the law.[12]

B. *Statutes Banning Abortion Violate the Principles of Beneficence and Non-Maleficence*

Beneficence, the obligation to promote the wellbeing of others, and non-maleficence, the obligation to do no harm and cause no injury, have been the cornerstones of the medical profession since the Hippocratic traditions nearly 2,500 years ago.[13] Both of these principles

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[10] *See* ACOG, *Legis. Policy Statement*, *supra* note 5.

[11] ACOG, *Press Release: More Than 75 Health Care Organizations Release Joint Statement in Opposition to Legislative Interference*, *supra* note 2.

[12] *Cf.* AMA, *Patient Rights, Code of Medical Ethics Opinion 1.1.3* ("Patients should be able to expect that their physicians will provide guidance about what they consider the optimal course of action for the patient based on the physician's objective professional judgment.").

[13] AMA, *Principles of Medical Ethics* (rev. June 2001); ACOG, Committee Opinion No. 390, *Ethical Decision Making in Obstetrics and Gynecology* 1, 3 (Dec. 2007, reaff'd 2016).

arise from the foundation of medical ethics which requires that the welfare of the patient forms the basis of all medical decision-making.[14]

Obstetricians, gynecologists, and other clinicians providing abortion care respect these ethical duties by engaging in patient-centered counseling, providing patients with information about risks, benefits, and pregnancy options, and ultimately empowering patients to make a decision informed by both medical science and their individual lived experiences.[15] If a clinician concludes that an abortion is medically advisable, the principles of beneficence and non-maleficence require them to recommend that course of treatment. And if a patient decides that an abortion is the best course of action, those principles require the physician to provide, or refer the patient for, that care. But abortion bans prohibit physicians from providing that treatment and may expose physicians to significant penalties if they do so. This dilemma challenges the very core of the Hippocratic Oath: "Do no harm."

C. *Statutes Banning Abortion Violate the Ethical Principle of Respect for Patient Autonomy*

Finally, a core principle of medical practice is patient autonomy—the respect for patients' ultimate control over their bodies and right to a meaningful choice when making medical decisions.[16] Patient autonomy revolves around self-determination, which, in turn, is safeguarded by the ethical concept of informed consent and its rigorous application to a patient's medical decisions.[17] Statutes banning abortion would deny patients the right to

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[14] *See supra* notes 5-7 and accompanying text.

[15] ACOG, Practice Bulletin No. 162: *Prenatal Diagnostic Testing for Genetic Disorders*, 127 Obstetrics & Gynecology e108 (May 2016).

[16] ACOG, *Code of Professional Ethics*, *supra* note 6, at 1 ("respect for the right of individual patients to make their own choices about their health care (autonomy) is fundamental").

[17] ACOG, Committee Opinion No. 819, *Informed Consent and Shared Decision Making in*

make their own choices about health care if they decide they need to seek an abortion. And this interference with patients' right to bodily autonomy and self-determination implicates the Oklahoma Constitution's protection of individual liberty.

II. Oklahoma's Criminal Abortion Bans Will Cause Substantial Harm to Pregnant Patients—Particularly Rural, Minority, and Poor Patients—Who Would Seek Safe Abortion Care

Statutes that ban abortions through criminal and/or civil penalties—even those with narrow health-related exceptions like the Oklahoma abortion bans—will cause severe and detrimental physical and psychological health consequences for pregnant patients who seek to obtain an abortion. First, while abortion is overall a safe medical procedure, the risk of complications and associated costs are lower the earlier the abortion is performed—and restrictive abortion statutes will likely cause delays in obtaining an abortion, as well as increased travel and procedure costs.[18] Second, pregnant individuals may be more likely to attempt self-managed abortions using harmful or unsafe methods—that is, self-managed methods other than procuring appropriate medications through licensed providers.[19] Third, continuing a pregnancy to term presents higher risk to the health and mortality of the

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Obstetrics and Gynecology (Feb. 2021); AMA, *Code of Medical Ethics Opinion 2.1.1.*

[18] *See, e.g.*, Udapdhyay et al., *Denial of Abortion Because of Provider Gestational Age Limits in the United States*, 104 Am. J. Pub. Health 1687, 1689 (Sept. 2014).

[19] *See, e.g.*, Jones et al., Guttmacher Inst., *Abortion Incidence and Service Availability in the United States, 2017*, at 3, 8 (2019) (noting a rise in patients who had attempted to self-manage an abortion, with highest proportions in the South and Midwest); Grossman et al., Tex. Pol'y Eval. Proj. Res., *Knowledge, Opinion and Experience Related to Abortion Self-Induction in Texas* 3 (2015). The safety of medication abortion is well established. *See* Raymond et al., *First-Trimester Medical Abortion with Mifepristone 200 mg and Misoprostol: A Systematic Review*, 87 Contraception 26, 30 (2013); Jones et al., Guttmacher Inst., *Medication Abortion Now Accounts for More than Half of All US Abortions* (Mar. 2, 2022).

pregnant patient than obtaining a safe, legal abortion.[20] Each of these outcomes increases the likelihood of negative consequences to the patient's physical and psychological health that could be avoided if abortion were available.[21]

These harms will disproportionately impact people of color, those living in rural areas, and those with limited economic resources. *Amici* are opposed to abortion policies that increase the inequities that already plague the health care system in this country.[22] In 2019, two-thirds of patients who obtained abortions in the United States identified as other than white.[23] Non-Hispanic Black women and Hispanic women obtained abortions at higher rates (i.e., more abortions per 100,000 women) than white women, as tracked by the CDC.[24] In Oklahoma, approximately 22.5% of patients who obtained abortions in 2021 were Black and approximately 7.4% were American Indian.[25] In addition, 75% of abortion patients

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[20] *E.g.*, Raymond & Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, *supra* note 8, at 216 (finding that the U.S. mortality rate associated with live births from 1998 to 2005 was 14 times higher than that associated with abortions performed during that same period, with 8.8 deaths per 100,000 live births as compared to 0.6 deaths per 100,000 abortion procedures); MacDorman et al., *Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends from Measurement Issues*, 128 Obstetrics & Gynecology 447 (2016) (finding a 26.6% increase in maternal mortality rates between 2000 and 2014).

[21] *See, e.g.*, ACOG, Committee Opinion No. 815, *Increasing Access to Abortion* (Dec. 2020); Biggs et al., *Women's Mental Health and Well-Being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study*, *supra* note 8, at 172 (finding evidence that pregnant people denied abortions because of gestational age limits are more likely to experience negative psychological health outcomes—such as anxiety, lower self-esteem, and lower life satisfaction—than those who obtained an abortion).

[22] ACOG, *Press Release: More Than 75 Health Care Organizations Release Joint Statement in Opposition to Legislative Interference*, *supra* note 2.

[23] *See* Kortsmit et al., *Abortion Surveillance—United States, 2019*, 70 Morbidity & Mortality Weekly Rep. *supra* note 8, at 20 tbl. 6.

[24] *Id.*

[25] Oklahoma Dep't of Health, *Abortion Surveillance in Oklahoma*, *supra* note 9, at 11.

nationwide are living at or below 200% of the federal poverty level.[26] Patients with limited means and patients living in geographically remote areas will be disproportionately affected by the closure of clinics, which requires them to travel longer distances (and pay higher associated costs) to obtain safe, legal abortions. Moreover, Black patients' pregnancy-related mortality rate nationwide is 3.2 to 3.5 times higher than that of white patients, with significant disparities persisting even in areas with the lowest overall mortality rates and among patients with higher levels of education.[27] In Oklahoma, the pregnancy-related mortality rate for Black patients is still 1.6 times higher than for white patients.[28] Statutes banning abortion thus exacerbate inequities in maternal health and reproductive health care, disproportionately harming the most vulnerable pregnant patients.

CONCLUSION

For the foregoing reasons, this Court should grant Petitioners' request for declaratory and injunctive relief and/or a writ of prohibition.

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[26] Jerman et al., Guttmacher Inst., *Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008* (2016).

[27] CDC, *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths* (Sept. 5, 2019) (3.2 times); MacDorman et al., *Racial and Ethnic Disparities in Maternal Mortality in the United States Using Enhanced Vital Records, 2016-2017*, 11 Am. J. Pub. Health 1673, 1676-1677 (Sept. 22, 2021) (3.55 times).

[28] Oklahoma Dep't of Health, *Oklahoma Maternal Health, Morbidity and Mortality Annual Report 2021*, at 8 (2021), https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/maternal-mortality/maternal-morbidity-mortality-annual-report-2021.pdf.

RESPECTFULLY SUBMITTED this 21st day of September 2022.

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