

July 26, 2022

The Honorable President and Members of the Baltimore City Council
City Hall, Room 400
100 N. Holliday Street
Baltimore, MD 21202

Dear Honorable City Councilmembers:

The case of *Dobbs v. Jackson Women's Health Organization* signals a profound shift in laws governing access to abortion and has set in motion significant and variable ramifications in states across the nation. As a major employer in Maryland with a presence in the National Capital Region and in Florida, and as a leading provider of clinical care, including health and well-being services to our community, we take seriously our obligation to the many populations we serve.

We have been closely monitoring the outcome of this decision, its implications for the provision of reproductive health care, and its impact on other areas in which we operate. Johns Hopkins has stood up a taskforce that is led by Dr. DeWeese, interim Dean of Medical Faculty and CEO of Johns Hopkins Medicine, and includes experts with backgrounds in healthcare, education, nursing, legal, diversity, human resources, and other branches of our institution to assess the decision's potential impact and our response.

Although our analysis is ongoing, we would like to offer the following insight into the implications of the *Dobbs* decision on our employees, students, and patients with the hope that it will be useful to the Council as it contemplates its impact upon Baltimore.

Increased Demand

It is possible that Johns Hopkins and our peer institutions will see an increase in patients seeking abortion-related care due to the *Dobbs* decision. In Baltimore, the majority of abortion procedures, which most commonly occur during the first trimester, are performed at independent centers, such as Planned Parenthood and several other freestanding abortion clinics. However, we at Hopkins are called on to perform consultations and procedures for highly complex cases, such as those involving fetal anomalies, maternal medical conditions, and high-risk obstetric conditions. Although these conditions are somewhat rare, few of such centers are well equipped to manage these conditions in Maryland. It may be a challenge to meet increased demand for such services if we were to experience an influx of patients of this nature.

Access to Care

Johns Hopkins is greatly concerned that the *Dobbs* decision will disproportionately impact the underinsured, minority, immigrant, and incarcerated communities, thereby perpetuating disparities in maternal morbidity and mortality. A decrease in the ability to access abortion care could also cause an influx of self-managed abortions, which, in certain instances, could result in severe complications and lead to a rise in individuals seeking care in emergency departments. Additionally, some individuals who were unable to access abortions will be forced to continue unwanted and sometimes high-risk pregnancies. This may create additional strain on our obstetric services and a potential increase in patients requiring high-risk deliveries and potential Newborn Intensive Care Unit (NICU) admissions.

Morale and Provider Safety

Since the Supreme Court signaled its intent to overturn *Roe v. Wade* in May 2022, abortion providers, such as Planned Parenthood, have seen an uptick in incidents of violence and disruption against their facilities and staff.¹ There is a risk that Johns Hopkins and our similarly situated healthcare partners could become the target of such actions. Not only does this fact hurt the morale of our healthcare workers, it could also have a chilling effect on the willingness of individuals to seek abortion-related care.

Privacy and Liability

One of the many impacts of the *Dobbs* decision is the confusion and uncertainty it has created. Healthcare systems throughout the country are seeking clarity regarding the potential legal and privacy risks the *Dobbs* decision has set in motion, and if and how it could impact the care they are able to provide.

For example, it is unclear whether clinicians in Maryland could be held liable for arranging or providing abortion-related care for an individual that is from an abortion restrictive state. This is especially relevant as it relates to insurance reporting requirements, telehealth, and privacy for out of state patients. Additionally, the fact that doctors have a legal and ethical obligation to stabilize and treat patients, including those experiencing a medical emergency, such as an ectopic pregnancy, further complicates the issue². It is concerning to think that it may be possible for a healthcare provider to be sued for providing lifesaving care in such a scenario.

¹ Please see June 7 National Terrorism Advisory System Bulletin – June 7, 2022.

² The Emergency Medical Treatment and Active Labor Act is an act of Congress passed in 1986 that requires hospital emergency departments that accept payments from Medicare to provide an appropriate medical screening examination to anyone seeking treatment for a medical condition, regardless of citizenship, legal status, or ability to pay. Participating hospitals may not transfer or discharge patients needing emergency treatment except with the informed consent or stabilization of the patient or when their condition requires transfer to a hospital better equipped to administer the treatment. (42 U.S.C. section 1395dd)

The topics mentioned above are just a few examples of the potential challenges that *Dobbs* creates. There are numerous other issues and concerns that the decision has caused that may have implications for areas involving clinical research sites, pharmacies, fetal therapy centers, genetic counseling, social work, and assisted reproductive technologies.

To the fullest extent allowed under the law, our institution will continue to be guided by the evidence-based best practices established by medical and public health faculty, experts, and practitioners, which make clear that access to safe, legal abortion is critical for the health of individuals, families, and communities.

We care deeply about our community and would be happy to provide any guidance or assist in answering any questions that the Council may have regarding this topic to the best of our ability.

Sincerely,

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