

THE NETWORK NEWSLETTER

Together advancing policies and implementing public health initiatives

smfmadvocates.org

A Health Policy and Advocacy Update - July 2024

Thank you for your participation in the Society for Maternal-Fetal Medicine's **State Liaison Network** (SLN). Our quarterly newsletter brings you the latest advocacy, policy, and public health updates, happenings, and actions from the Society.

In this issue, you'll find:

- [New SMFM Get Out the Vote Efforts](#)
- [SCOTUS Updates and Member Briefing](#)
- [CMS Notice of Funding](#)
- [State Liaisons in Action](#)
- [SMFM Actions and Updates](#)
- [State Happenings](#)
- [Action Opportunities](#)
- [SMFM and Partner Resources](#)
- [What We're Reading](#)



[Were you forwarded this email? Sign up for the State Liaison Network today!](#)

GET OUT THE VOTE



The 2024 general election is fast approaching, and [SMFM is focused on helping enhance the civic health of our members and communities](#). As part of those efforts, the Society has developed resources on civic engagement and partnered with [Vot-ER](#) to help you ensure your communities' voices are heard.

[Learn more about how to get involved!](#)

UPDATE ON US SUPREME COURT CASES, PLUS MEMBER BRIEFING

US Food and Drug Administration v. Alliance for Hippocratic Medicine

On June 13, the US Supreme Court issued its ruling in *US Food and Drug Administration v. Alliance for Hippocratic Medicine*. The Court's [decision](#) ensures that mifepristone, a

critical medication for reproductive health and abortion care, remains available to patients and that you can continue to provide evidence-based care without additional undue restrictions. [Read our statement here.](#)

As the case advanced through the courts, SMFM weighed in at every stage, affirming the safety and efficacy of mifepristone and denouncing the case as baseless. Our [website](#) provides additional information about mifepristone, including clinical guidance from SMFM and others and a timeline of SMFM's engagement in this case.

Idaho v. United States; Moyle v. United States

On June 27, the US Supreme Court [issued its opinion](#) in an Idaho case concerning the Emergency Medical Treatment and Labor Act (EMTALA). While the Court did not rule on the merits of the case, this order ensures that — for now — clinicians in Idaho will continue to receive federal protections guaranteeing access to necessary and life-saving care for pregnant people experiencing medical emergencies, regardless of the state's restrictive abortion ban. [Read our statement here.](#)

Signed into law in 1986, EMTALA requires hospitals that receive Medicare funds to treat and stabilize anyone who presents with an emergency medical condition, regardless of their ability to pay and regardless of the type of care required. If the hospital is not equipped to provide treatment, it must arrange a transfer. [EMTALA requires hospitals to offer abortion care](#) to stabilize a pregnant person in an emergent situation and the US Department of Health and Human Services (HHS) has reaffirmed this position and offers several [resources](#) for providers. You can find additional information about the case and EMTALA on our [website](#).

Member Briefing on US Supreme Court Decisions

We encourage you to join our **virtual member briefing on July 16 at 5:00 PM ET**. Reproductive health legal expert Skye Perryman, CEO and President of Democracy Forward, will provide a summary of the Court's decisions, and SMFM Reproductive Health Committee Chair, Dr. Justin Lappen, and member, Dr. Ashish Premkumar, will facilitate a discussion and answer member questions.

REGISTER HERE

CMS NOTICE OF FUNDING OPPORTUNITY

On June 26, the Centers for Medicare and Medicaid Services (CMS) released a [Notice of Funding Opportunity](#) for the new Transforming Maternal Health (TMaH) Model. The opportunity will support up to 15 state Medicaid agencies in developing new payment models for maternity care services, with an emphasis on increased access to birth centers, midwives, and doulas. Letters of Intent are due August 8 and applications from Medicaid programs are due September 20, 2024. Pre-implementation begins January 20, 2025.

SMFM anticipates that many states will apply for the model, and it is important that MFMs are represented as states plan and implement. If you are able to engage with your state Medicaid agency on this matter, please reach out to Samantha Berg (sberg@smfm.org) for support.

STATE LIAISONS IN ACTION

Idaho – Dr. Stacy Seyb filed a [federal lawsuit](#) against Idaho officials tasked with enforcing the state's abortion bans.

Ohio – Dr. Maria Phillis was interviewed and quoted in [Salon](#).

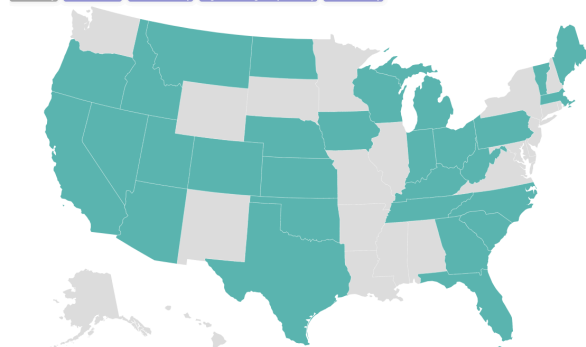
Pennsylvania – Dr. Alisse Hauspurg advocated for a resolution within the Pennsylvania Medical Society to improve access to ambulatory blood pressure monitoring for high-risk pre-, peri-, and post-partum birthing individuals across the State of Pennsylvania.

Have you been advocating for reproductive and perinatal health in your state? Share your work with SMFM by emailing Samantha Berg at sberg@smfm.org.

All Advocacy Activities

Select a state to see how our members and staff have taken action in the last 12 months to advance perinatal and reproductive health.

[All Advocacy](#) [Babot Initiatives](#) [Judicial Advocacy](#) [Legislative & Regulatory Advocacy](#) [Media Advocacy](#)



Source: Society for Maternal-Fetal Medicine - Get the data - Created with Datawrapper

SMFM ACTIONS AND UPDATES



On March 22, SMFM joined partnering organizations in a [statement](#) urging the US Supreme Court to protect access to mifepristone. Four days later, members and staff joined partners at a rally in front of the Supreme Court during oral arguments of the case.

In early April, SMFM submitted a letter to the Pennsylvania Medical Society in support of Resolution 23-302: Improving access to ambulatory blood pressure monitoring for high-risk pre-, peri-, and post-partum birthing individuals across the State of Pennsylvania.

In advance of oral arguments heard by the US Supreme Court on April 24, 2024, SMFM joined partners in a [public statement](#) urging the Supreme Court to maintain EMTALA protections. SMFM members and staff also attended a rally in front of the Supreme Court during oral arguments.

In mid-June, following the SCOTUS decision in AHM vs. FDA, [SMFM joined ACOG and other leading medical organizations](#) in calling for the FDA to permanently remove restrictions on mifepristone.

STATE HAPPENINGS

Perinatal health advancements

Several states enacted legislation the last few months impacting perinatal health:

- [Colorado SB24-169](#) establishes a telehealth remote monitoring grant program to cover remote monitoring and telehealth services for rural counties and areas with designated provider shortages. The fund will cover up to 5 grants each for \$100k.
- [Kentucky SB 74](#) establishes the Kentucky Maternal Psychiatry Access Program, also known as the Kentucky Lifeline for Moms. This program aims to assist healthcare practitioners in addressing the mental health needs of postpartum patients with mental illness or intellectual disabilities.



- [Louisiana SB 143](#), now ACT No. 299, mandates that healthcare providers offering prenatal and postpartum care must screen for hypertension and preeclampsia using a validated tool, following guidelines from the American College of Obstetricians and Gynecologists.
- [Louisiana SB 300](#) requires health insurance coverage of pregnancy-related and postpartum healthcare services – specifically, nutrition counseling services and lactation support services.
- [Maryland SB 1059](#), or the Maryland Maternal Health Act of 2024, establishes new requirements for local health departments, healthcare providers, and facilities to improve maternal health.
- [Oklahoma HB 2152](#) reduces membership of the state’s Maternal Mortality Review Committee from 25 to 11; adds language requiring hospitals or birthing centers to report maternal deaths to Office of Chief Medical Examiner within 72 hours; and specifies that maternal deaths that are reported should include those during pregnancy or within 1 year of termination of pregnancy.
- [Tennessee SB 1832](#) adds four members of community-based organizations to the state’s Maternal Mortality Review Committee. These members will be appointed by the Commissioner of Health.
- [Virginia H 831](#) allows the Department of Public Health to establish a work group to plan for expanding the composition and scope of Maternal Mortality Review Team. One task of the work group will include determining methods for collecting info on maternal morbidity.

Celebrating abortion access wins

In the last three months, several states protected and/or expanded access to abortion care.

- [Arizona](#) officially repealed the state’s 1864 abortion ban. The state is still under a 15-week ban, with minimal exceptions for pregnant people facing death or permanent bodily harm.
- [California SB 233](#) allows Arizona licensed physicians to provide abortion care and related services to Arizona patients in California until Nov. 30 2024, pending [specific conditions](#) are met.
- [Illinois HB 5142](#) requires insurance policies with pregnancy-related benefits to also cover abortion care. These policies cannot impose deductibles, coinsurance, or other cost-sharing limitations, except where it would impact eligibility for health savings accounts.
- [Maine LD 227](#) affirms the legal right to access reproductive healthcare services, including abortion care, as well as gender affirming care.
- A [Michigan](#) Court of Claims judge granted a preliminary injunction blocking the state’s 24-hour waiting period before receiving abortion care, as well as mandatory counseling that includes illustrations of fetuses and information on adoption. The

judge claimed these laws contradict Michigan's constitutional right to abortion care, which was approved by voters in 2022.

- [Rhode Island SB 2262](#) is a shield law that will protect healthcare workers who provide abortion care and/or gender-affirming care.
- A draft order from the [Wisconsin](#) Supreme Court was leaked, indicating the court will hear a lawsuit from Planned Parenthood of Wisconsin claiming that access to abortion care is protected by the state's constitution. Assuming the leaked draft is correct, oral arguments will likely not begin until the fall.

Monitoring abortion bans and restrictions

Anti-abortion state legislators and courts continue to restrict access to abortion care.

- [Arkansas SB 64](#) appropriates \$2 million to anti-abortion pregnancy centers for the 2024-2025 fiscal year.
- The [Florida](#) Supreme Court upheld the state's 15-week ban on abortion, allowing a 6-week ban to go into effect on May 1.
- The [Iowa](#) Supreme Court lifted a lower court's injunction on the state's 6-week abortion ban in a 4-3 decision last week. The case will return to the district court, which will take at least 21 days from the Supreme Court's ruling. During that time, abortion in Iowa will remain legal.
- A [Missouri](#) judge dismissed a lawsuit claiming the state's abortion ban violates the state constitution's separation of church and state, allowing the ban to remain in place.
- [Tennessee SB 1971](#) establishes criminal offense of abortion trafficking of a minor.

As of July 1, 2024, 21 states have abortion bans up to 20 weeks gestation currently or soon to be in effect: **Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and West Virginia.**

14 of these states (**Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma, North Dakota, South Dakota, Tennessee, Texas, and West Virginia**) have total bans.

For up to date information on state abortion policies, see resources from [Abortion Finder](#), [Guttmacher Institute](#) and the [New York Times](#). You can also track pending state legislation alongside SMFM staff on our [Advocacy Hub](#).

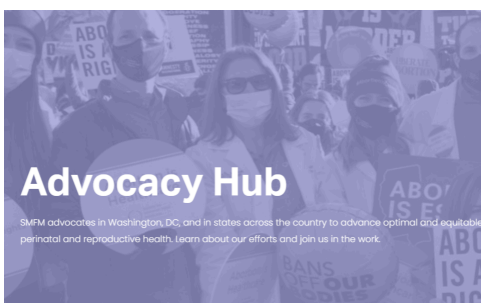
TAKE ACTION

Track Policies and Submit a Request for Advocacy Support

Get more involved in advocacy in your state by [tracking policies alongside SMFM staff](#) and using our [Request Support form](#) to get assistance from Advocacy staff.

SMFM AND PARTNER RESOURCES

Advocacy Hub



Don't forget to utilize SMFM's [Advocacy Hub](#)! This is your one-stop shop for all things advocacy, providing all the information you need about SMFM's advocacy priorities, activities and updates, and more. The Hub includes a state bill tracker that can help you monitor what is being proposed in your state, as well as an easy-to-use portal for you to request SMFM engagement and support for your advocacy efforts. You can also send your fellow SMFM members here to sign up for the [State Liaison Network](#).

PARTNER WEBINAR: Addressing Language Access for Sexual & Reproductive Health Care via Telehealth

On July 16 at 3pm ET, join RHITES, Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR) Latina, Frontera Fund, and National Health Law Program (NHeLP) for a dynamic discussion about how to advance language access for limited-English proficient communities seeking sexual and reproductive health care via telehealth. [Register today!](#)

Bixby Center for Global Reproductive Health: Guide to accurate and compassionate communications about drug and alcohol use during pregnancy

This [new resource](#) from UCSF's Bixby Center for Global Reproductive Health outlines the importance of language when discussing pregnancy and substance use. With two versions – one for journalists and one for policymakers, providers, and advocates – this resource encourages its users to employ “communication that promotes health and well-being, is grounded in evidence, and tells stories of pregnant people who use drugs and alcohol with compassion, humility and accuracy.”

Guttmacher Institute and State Innovation Exchange: Midyear 2024 State Policy Trends

According to a [new report](#) from Guttmacher Institute and State Innovation Exchange (SiX) state legislative activity in the first half of 2024 included attacks on reproductive care for young people, restrictions on contraceptive access and criminalization of pregnancy outcomes. The harms caused by these attacks are compounded by the [total abortion bans enforced in 14 states and the early gestational bans enforced in seven states](#) that would have been unconstitutional under *Roe v. Wade*. Such harms fall particularly hard on those with [lower incomes](#), so in the [new analysis](#), Guttmacher and SiX highlight how restrictions on sexual and reproductive health care perpetuate economic inequality.

WHAT WE'RE READING

[“The Abortion Fight Isn't a ‘War on Women.’ It's a War on Poor Women,”](#) *TIME*

[“Abortion is becoming more common in primary care clinics as doctors challenge stigma,”](#) *NPR*

[“Abortion rights: Tracking state lawsuits two years after Roe reversal,”](#) *Reuters*

[“The anti-abortion wins buried in the Supreme Court's unanimous ruling against them,”](#) *Politico*

[“I'm an Ohio emergency care resident. My ability to provide abortions has saved lives,”](#) *Ohio Capital Journal*

[“Increasing Voter Participation Through Health Care-Based Voter Registration,”](#) *JAMA Network*

[“Overturning Roe Didn't Just Cut Off Access. It Sabotaged Science, Too,”](#) *Mother Jones*

[“The Post Roe Baby Boom: Inside Mississippi's Maternal Health Crisis,”](#) *USA TODAY*

[“Woman says she battles trauma, depression 1 year after not receiving abortion care under Florida law,”](#) *ABC News*

Were you forwarded this email?
[Sign up for the State Liaison Network today!](#)

Stay Connected



Please share any feedback or items for future newsletters directly with Samantha Berg,
SMFM's State Advocacy Manager (sberg@smfm.org)

[Update Account Information](#)

[Unsubscribe from the State Liaison Network](#)

Society for Maternal-Fetal Medicine
PO Box 420016, Washington, DC 20042-0016