View Email in Browser

THE NETWORK NEWSLETTER

Together advancing policies and implementing public health initiatives

smfmadvocates.org

A Health Policy and Advocacy Update - *June 2025*

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.

- Executive Action Tracker and Resources
- Webinar Recording
- Action Opportunities
- State Liaisons in Action
- SMFM Actions and Updates
- State Happenings
- SMFM and Partner Resources
- What We're Reading

Were you forwarded this email? Sign up for the State Liaison Network today!

EXECUTIVE ACTION TRACKER AND RESOURCES

Upon assuming office in mid-January 2025, the new Presidential administration began to pursue far-reaching policy changes that have impacted maternal-fetal medicine subspecialists and their patients. The ultimate effect of executive actions will depend on many factors, including how agency officials interpret and apply them and, in many cases, the decisions of federal courts after a challenge.

SMFM has launched three new resources to help you stay informed and help SMFM best advocate for you and your patients.

Executive Action Updates: This page, which will be updated frequently, provides timely updates on select executive orders, policy changes, and administrative actions relevant to our field.

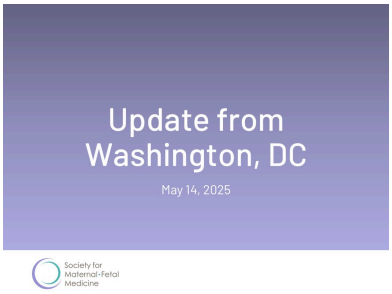
Federal Guidance and Resources: Access federal clinical guidance documents relevant to maternal-fetal medicine practice that have previously been or are currently removed from federal websites.

Share Your Experiences: Please share how recent policy changes have affected or could affect your practice, patients, or research by filling out this form. You can also share your story directly with SMFM staff via a video call by scheduling a time here.

We encourage you to visit these pages regularly to stay up to date or share your experiences. Your advocacy and awareness are crucial as we navigate these evolving

policies together. If you have questions or relevant information to share, please e-mail ResponseTeam@smfm.org.

RECORDING: Washington, DC Update Webinar



In May, SMFM volunteer leaders and staff hosted a virtual convening to brief members on the latest policy updates from DC and discuss what they mean for your practice, patients, and research.

If you were unable to join, we encourage you to watch a recording of the conversation.

TAKE ACTION

Protect CDC's Safe Motherhood Program

Last month, the CDC released 2022 and 2023 data from its Pregnancy Mortality Surveillance System (PMSS). This data is only available because of the targeted investment by Congress in the CDC's Safe Motherhood program, which is responsible for analyzing national data on maternal deaths; supporting state maternal mortality review committees (MMRC) in collecting state-specific data; and translating the data into real, life-saving practices.

But these programs are threatened by efforts in Washington, DC to slash spending and reorganize federal health agencies. **We call on you to take action today to protect CDC's Safe Motherhood program.**

Write Your Legislators

Protect Medicaid for Pregnant and Postpartum Patients

At the end of May, the US House of Representatives passed a budget reconciliation bill that would make significant cuts to Medicaid, food assistance, and other federal programs to pay for extending tax cuts and boosting investments in the military and border security. The bill would add trillions to the federal deficit. Now, the Senate is threatening to include the same cuts in their version of the bill.

SMFM has significant concerns about how the bill's Medicaid provisions will impact pregnant patients and providers of obstetric care, which we outlined in a letter we sent to Congressional leaders in early April.

There is still time to protect Medicaid in the Senate bill. **SMFM urges you to join us in asking Senate leaders to reject cuts to Medicaid**. Your voice is critical to ensuring pregnant patients can access the care they need.

Write Your Legislators

Call Your Legislators

Track Policies and Submit a Request for Advocacy Support

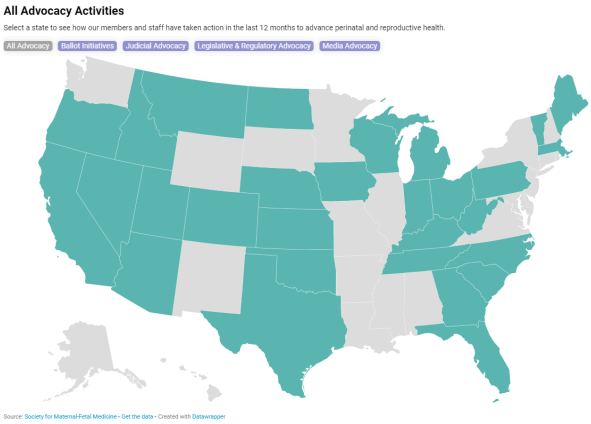
Get more involved in advocacy in your state by tracking policies alongside SMFM staff and using our Request Support form to get assistance from Advocacy staff.

STATE LIAISONS IN ACTION

Florida – Dr. Washington Hill penned an op-ed on the impact of Medicaid cuts in the Sarasota Herald Tribune.

Massachusetts – Dr. Chloe Zera provided oral testimony in a hearing with state legislators in support of data protections for patients and providers.

Montana – Dr. Tim Mitchell testified against MT HB 388, which prohibits state and local governments from regulating anti-abortion pregnancy centers.



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.

SMFM ACTIONS AND UPDATES

SMFM continues to work tirelessly to advocate for you and your patients on federal and state levels. You can see all of our advocacy efforts by visiting the Advocacy Activities and Updates and Press Room pages of our Advocacy Hub.

Since our last newsletter, we have penned or joined over two dozen letters, statements, and press releases, including:

- An April 9th letter urging Congressional leaders to reject policies that weaken the Medicaid program or create barriers to care for patients, particularly pregnant and postpartum women, children, and families.
- A May 2nd letter urging Congressional leaders to provide sufficient funding for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in FY 2026 and protect the scientific integrity of WIC's food packages.
- A May 22nd statement reaffirming the safety of mifepristone.
- A June 2nd letter in support of SB 1039, which would provide funding for the Oregon Perinatal Collaborative.
- A June 11th statement urging COVID-19 vaccination coverage in pregnancy.

STATE HAPPENINGS

Perinatal health advancements

The following bills were recently enacted:

- **Arkansas HB 1869***:* Establishes the Maternal Outcomes Management System (MOMS) within the Arkansas Department of Health to organize resources, educate patients and providers, and collect data to improve maternal care. It also offers grants to hospitals to promote best practices, ensuring better access and quality of care.
- **Arizona HB 2332***:* Requires the Department of Health Services to compile or develop and distribute educational materials on maternal mental health conditions, including postpartum depression, for healthcare providers and patients. It also establishes a statewide advisory committee to improve access to obstetric, gynecological, and maternal mental health services in rural communities and mandates a report with recommendations by the end of 2026.
- **Arizona SB 1316***:* a statutory requirement for a formal Maternal Mortality Review Program to investigate and prevent pregnancy-associated deaths, replacing a previously vague mandate under the Child Fatality Review Team. It includes a dedicated structure and reporting process for maternal mortality.
- **Connecticut HB 7214***:* Establishes a task force to study perinatal mental health care, establishes a report card for birth centers and hospitals providing maternity care, and requires the Commissioner of Public Health to convene an advisory committee to study doula-friendly practices in hospitals.
- **Georgia HB 89***:* Requires Georgia healthcare providers, facilities, and pharmacies to provide the state's Maternal Mortality Review Committee with access to medical and psychiatric records, including those of deceased patients. It also establishes a Regional Perinatal Center Advisory Committee to evaluate and guide the designation and adequacy of perinatal centers across the state, with reviews and recommendations due every four years.
- **Louisiana SB 70***:* Expands eligibility for remote patient monitoring (RPM) to pregnant or postpartum patients who also have a recommendation from a healthcare provider.
- **North Dakota SB 2232**: Updates mandatory reporting laws by exempting healthcare providers from reporting substance or alcohol misuse in pregnant or postpartum patients if the patient is receiving treatment or care, unless they discontinue or fail to comply.
- **Tennessee HB 572***:* Requires all hospitals and birthing centers that provide labor and delivery services to provide patients and their families information about post-birth warning signs, including symptoms and available resources, before discharge following a birth. Requires the Department of Health to provide the information about post-birth warning signs, including symptoms and available resources, to all hospitals and birthing centers and to have the information available on the department's website.
- **Virginia HB 2446***:* Directs the Department of Health to establish a public awareness campaign, develop and distribute educational materials, and create an online resource hub focused on perinatal and postpartum depression. The bill requires the Department to submit an annual report to the Governor and the General Assembly on the implementation of the bill, with the first annual report due by November 1, 2026.

Celebrating abortion care wins

At the end of March, a New York clerk refused to enforce a Texas court's fine against a New York doctor who was accused of mailing medication abortion to a Texas patient.

In early April, a judge ruled that Alabama cannot prosecute groups that help people obtain abortion care out of state. This allowed one of the Plaintiffs, the Yellowhammer Fund, to begin providing financial support to Alabama patients traveling out of state for care.

Later in April, Wyoming's only abortion clinic resumed providing abortion care after a judge suspended two state laws – one that required clinics providing procedural abortion care to be licensed as outpatient surgical centers, and one that required patients to obtain an ultrasound before a medication abortion.

Earlier this month, the Montana Supreme Court upheld a ruling from a lower court that deemed several laws restricting access to abortion care unconstitutional.

In addition to the above wins, the following bills were recently enacted:

- **Colorado SB25-130***:* Requires emergency care facilities in Colorado to provide emergency medical services, including abortion care, to anyone requesting them. It authorizes state investigations and disciplinary actions for violations and allocates funding for enforcement.
- **Colorado SB25-183***:* Expands Medicaid and Children's Basic Health Plan coverage to include abortion care, and appropriates nearly $2.93 million to support access to these services.
- **Connecticut HB 7213***:* Allows minors to consent to pregnancy-related and preventive health services without parental notification or consent and protects the confidentiality of such services from parents or guardians.
- **Maryland SB 848 / HB 930:** Establishes the Public Health Abortion Grant Program and Fund to support equitable access to abortion care, using redirected insurance premium funds and state appropriations. Requires insurers to transfer surplus funds from segregated abortion coverage accounts and mandates at least $2 million in initial funding, with annual appropriations beginning in FY 2027.
- **Maine LD 538***:* Allows prescription drug labels for mifepristone, misoprostol, and their generic alternatives to list the name of the healthcare facility instead of the prescribing practitioner, upon the practitioner's request, to enhance provider confidentiality.
- **New Mexico SB 57***:* Amends the Inspection of Public Records Act to exempt from disclosure any records containing personal identifying or sensitive information about medical providers employed by public bodies who perform abortion-related services. This protects the confidentiality and safety of providers involved in abortion care.
- **Nevada AB 411**: Allows prescription labels for mifepristone, misoprostol, and their generic alternatives to display the name of the prescribing healthcare practice instead of the individual prescriber's name, upon the prescriber's request, to enhance provider confidentiality.

Monitoring abortion care bans and restrictions

The following bills were recently enacted:

- **Idaho S 1171***:* Amends Idaho's "Fetal Heartbeat Preborn Child Protection Act" by allowing certain family members to sue medical professionals who provide or attempt to provide abortion care in violation of state law, with minimum statutory damages of $20,000.
- **Kansas HB 2062**: Creates a precedent for "personhood" by requiring child support for "unborn children" from the date of conception, covering the pregnant patient's direct medical and pregnancy-related expenses, and permits claims against retirement accounts for unpaid support.
- **Montana HB 723**: Perpetuates anti-abortion ideas on "born-alive infants" by requiring medical facilities to annually report data on "born-alive infants" following abortion care, including gestational age, medical actions taken, outcomes, and conditions.
- **Texas SB 1233**: Requires healthcare providers to inform pregnant women whose fetuses are diagnosed with life-threatening conditions about perinatal palliative care options, and to provide state-issued informational materials. Providers who

fail to comply face escalating disciplinary actions, including a $1,000 administrative penalty for repeated violations.

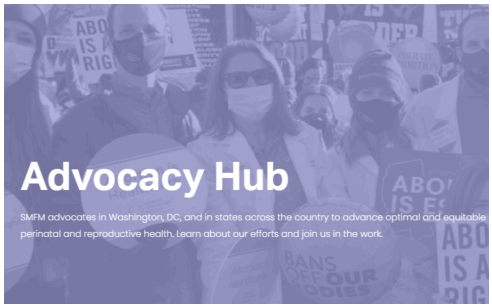
As of June 25, 2025, **19** states have abortion bans up to 18 weeks gestation: **Alabama**, **Arkansas**, **Florida**, **Georgia**, **Idaho, Indiana**, **Iowa**, **Kentucky**, **Louisiana**, **Mississippi**, **Nebraska**, **North Carolina**, **Oklahoma**, **South Carolina**, **South Dakota**, **Tennessee**, **Texas**, **Utah,** and **West Virginia**.

12 of these states (**Alabama**, **Arkansas**, **Idaho**, **Indiana**, **Kentucky**, **Louisiana**, **Mississippi**, **Oklahoma**, **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.

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.

Center for Advancing Innovative Policy and Patient Forward – Unpunish Pregnancy

UnpunishPregnancy is a policy evaluation framework. It guides users through steps to analyze policies for threats to the bodily autonomy of pregnant people, parents, and just about anyone.

KFF – Out-of-Pocket Costs for Abortion Care Among Individuals Enrolled in Employer Sponsored Insurance Plans

This resource documents the costs associated with abortion care in private plans and analyzes how out-of-pocket spending has been affected by state laws that require full coverage of abortion services.

National Institute for Reproductive Health – Still Moving Towards Reproductive Freedom: A Policy Blueprint for States

This policy blueprint outlines the NIRH's strategic priorities to enshrine rights, improve access, eliminate criminalization, and remove cost barriers. Together, these efforts are designed to counter mounting threats while laying the foundation for transformative and lasting change.

National Women's Law Center and Pregnancy Justice – Survey of the Publics Awareness of "Fetal Personhood" and Messaging Against It

In a recent survey of likely voters conducted for the National Women's Law Center and Pregnancy Justice, voters oppose giving legal rights to embryos and fetuses, and this opposition increases after voters learn more about the issue, and increases again after messaging. This memo summarizes the survey results and highlights the most effective messaging to oppose giving legal rights to embryos and fetuses.

Pregnancy Justice – The Role of the Viability Line in Pregnancy Criminalization

Download the full report to learn the history and implications of enshrining the viability line into law and how this fuels the criminalization of pregnant women and pregnancy-able people.

Society of Family Planning – #WeCount Report

#WeCount is a time-limited reporting effort that aims to capture national shifts in abortion volume, by state and month, following the *Dobbs v. Jackson Women's Health Organization* Supreme Court decision to overturn *Roe v. Wade*. This report includes data from April 2022 to December 2024.

WHAT WE'RE READING

"Abortion Bans Worsen Violence in Relationships, Study Finds," *TIME*

"Defining Personhood, The Next Phase In The Fight For Reproductive Rights," *NPR*

"Dobbs-driven expansion of perinatal palliative care: a scoping review of the evidence and its limits," *Health Affairs Scholar*

"Erasure by Design: How HHS Restructuring Threatens Reproductive Justice," *Center for Racial and Disability Justice*

"People in states with abortion bans are twice as likely to die during pregnancy," *19th News*

"States With More Maternal-Fetal Specialists Had Lower Rates of Maternal Death," *MedPage Today*

"Why Hospital Policies Matter in States That Ban Abortion," *ProPublica*

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