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IN THE SUPREME COURT OF IOWA
No. 23-1145

PLANNED PARENTHOOD OF THE HEARTLAND INC. ET AL.,
Petitioners-Appellees,

v.

KIM REYNOLDS EX REL. STATE OF IOWA AND IOWA BOARD OF MEDICINE,
Respondents-Appellants.

APPEAL FROM THE IOWA DISTRICT COURT FOR POLK COUNTY
HONORABLE JUDGE JOSEPH SEIDLIN, EQCE089066

BRIEF OF MEDICAL STUDENTS FOR CHOICE AS *AMICUS CURIAE* IN SUPPORT OF PETITIONERS-APPELLEES.

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I. INTEREST OF AMICUS CURIAE[1]

Medical schools and residency programs in Iowa are negatively impacted by legislation that limits access to critical medical options for reasons that are not backed by science. Medical Students for Choice ("MSFC") is a non-profit organization with nearly 300 chapters in over 30 countries, including 185 chapters across the United States. MSFC seeks to ensure that medical students and trainees have access to comprehensive, evidence-based education on reproductive healthcare. MSFC was formed by a group of medical students in 1993 in response to the lack of abortion and family planning education in their medical training, and it has since grown to a global organization with over 10,000 members. MSFC works to bring family planning and abortion education to medical students through medical training, conferences, meetings, community organizing, and education.

As such, MSFC has a strong interest in protecting evidence-based medical education and training. MSFC submits this brief to outline the concerns of the organization's members with regards to House File 732, which restricts the availability of abortions starting at six weeks of pregnancy, and its implications on the quality of medical education and training in Iowa.

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[1] No counsel for a party authored this brief in whole or in part, nor did any person or entity, other than *amicus curiae* or their counsel, make a monetary contribution intended to fund the preparation or submission of this brief.

II. ARGUMENT

A prohibition against abortion care after embryonic or fetal cardiac activity can be detected defies science-based medicine and would have detrimental effects on medical education and training in Iowa. Under House File 732, physicians must refuse to provide an abortion if fetal cardiac activity is detected, with few limited exceptions. *See* House File 732 § 2(1)–(2), 90th Gen. Assemb. (Iowa 2023), codified as Iowa Code § 146E (the "Ban"). Since cardiac activity can occur as early as six weeks into pregnancy, the law could have the effect of banning most abortions in Iowa without any science-based medical rationale and contrary to the best interests of patients. *See* Katherine Kortsmit et al., *Abortion Surveillance – United States, 2020*, Centers for Disease Control Prevention (Nov. 25, 2022), at Table 10 (Number of Reported Abortions, By Known Weeks of Gestation), https://t.ly/YhoNO.

As the experiences of other states show, restrictive abortion laws lead to a lack of medical education and training on reproductive healthcare required for certain residency placements, the inability of residency programs for obstetricians and gynecologists ("OB/GYN") to provide in-state abortion training to fulfill accreditation requirements, and ultimately, the attrition of physicians. Thus, if the Ban takes effect, this diminished medical training will

cause Iowans to suffer from a lower standard of maternal healthcare, including for services unrelated to abortion.

A. The Ban Will Exacerbate Care Deserts In Iowa

The United States is facing a healthcare access epidemic. The unavailability of skilled medical service providers in certain states has resulted in "care deserts," namely, broad swathes of states that lack critical medical services such as maternal healthcare. In fact, "[t]he United States currently experiences a shortfall of thousands of obstetricians, licensed midwives, family physicians, and other women's health providers—a gap that is expected to grow in the coming decades." White House, *White House Blueprint for Addressing the Maternal Health Crisis* (June 2022), at 6, https://t.ly/PACop.

On a national scale, over 400 maternity wards closed between 2006 and 2020, and over 55 percent of rural counties now lack hospital-based obstetric services. *See* White House, *White House Blueprint*, *supra*, at 16; Transcript of *Maternity Care Deserts Grow Across the US as Obstetric Units Shut Down*, PBS NewsHour (Sept. 4, 2022), https://t.ly/ULxG. Further, the United States' maternal mortality rate is "the highest of any developed nation in the world and more than double the rate of peer countries, and most pregnancy-related deaths are considered preventable." *Id.* at 3.

Restrictive abortion laws exacerbate maternal care deserts. States with abortion bans are experiencing a "medical brain drain," in which many future physicians are choosing to study out-of-state and will "go on to practice in the same state where they completed residency training, meaning that over time, provider losses will be concentrated in states that ban or severely restrict abortion." Sarah McNeilly & Vivian Kim, *A Call to Standardize Abortion Education Across U.S. Medical Schools*, Albert Einstein College of Medicine (Jul. 7, 2022), https://t.ly/vV-vq. Further, data shows that "[a]bortion providers, OB/GYNs, and nurse practitioners are being pushed out of certain parts of the country that do have these restrictive abortion laws," which has detrimental effects for maternal healthcare generally, including for women who want to continue their pregnancies. *See* Alice M. Ollstein & Megan Messerly, *'It's a Crisis': Maternal Health Care Disappears For Millions*, Politico (Aug. 01, 2023), https://t.ly/UKSYq.

Iowa already suffers from maternity care deserts. Currently, nearly 35 percent of counties in Iowa are maternity care deserts and the State as a whole falls behind the national average in reproductive healthcare services. *See* March of Dimes, *Where You Live Matters: Maternity Care in Iowa* (2023), at 1, https://rb.gy/ldn46d. In 2022 alone, there were 4,176 babies born in maternity care deserts in Iowa. *Id*.

Iowa's six-week abortion ban will exacerbate Iowa's maternity care deserts. As one MSFC member and Iowa medical student, Anna Rose Galloway, described:[2]

> I have been grateful for my opportunity to attend medical school in Iowa. However, should this six-week abortion ban go into effect, I will feel compelled to ultimately practice medicine in a state where I will be able to act in the full-scope of my training. I would be doing harm to my patients if I knew there was a reasonable way that I could help them and respect their choices, but I wasn't allowed to do so.
>
> As is already happening in other states, I am certain that Iowa will lose capable primary care providers if the six-week abortion ban goes into effect. Not only OB/GYNs perform abortion care, but family medicine trained physicians can also be trained to provide this care. Already Iowa has one of the lowest numbers of OB/GYNs per capita and ranks in the bottom third of states for the number of primary care providers per capita. Readily available primary care, which includes visits to specialties like family medicine and OB/GYN, is crucial for prevention and early-management of diseases that can become debilitating and life-threatening. As the Iowa population continues to age, access to primary care doctors is more important than ever.

The experiences of other states with abortion bans are instructive. As one example, Alabama's abortion ban has resulted in closures of obstetric care

[2] The statements provided herein are intended to express the views of the speaker as a member of MSFC and should not be attributed to any other institutions with which such speakers may be affiliated. Some names have been anonymized at request to maintain the speaker's privacy. All statements have been provided to MSFC by verified MSFC members.

centers and an exodus of maternal health care providers. *See* Bracey Harris, *Driving 100 Miles In Labor; Giving Birth In The ER: Fears Rise As 3 Maternity Units Prepare To Close In Alabama*, NBC News (Oct. 15, 2023), https://rb.gy/30qf4f. Further, some working in medicine in Alabama predict that "[t]here are at least seven more [centers] that are at very high risk of closing before the year is out." Ollstein & Messerly, *'It's a Crisis'*, *supra* (quoting Farrell Turner, President of the Alabama Rural Health Association). These closures have ramifications on the quality of medical education, and consequently, the quality of care provided to patients.

Indeed, Alabama has the country's highest maternal mortality rates and "more than a third of the counties are maternity care deserts, [] meaning they have no hospital with obstetrics care, birth centers, OB-GYNs or certified nurse midwives." Harris, *Driving 100 Miles In Labor*, *supra*. There are 43 counties in Alabama that have little to no access to maternity care and eleven counties without a single federally qualified health center. *See* Hadley Hitson, '*We Don't See Any Improvement': Maternity Care Deserts Grow Across Alabama*, Montgomery Advertiser (Nov. 22, 2022), https://rb.gy/ub8y4d/.

In Idaho, similarly, restrictive abortion laws have affected the attraction and retention of a skilled workforce in maternal healthcare. For example, Dr. Stacy Seyb, a maternal fetal medicine specialist who has practiced for 23 years

in Idaho, explained that two of his colleagues have left the state recently, with several more also considering a move, due to abortion laws. *See* Ollstein & Messerly, *'It's a Crisis', supra*. He also noted that applications for medical residencies have plummeted. *Id*.

Texas, which has had a six-week abortion ban in place since 2021 and now has a total ban in place, has seen the attrition of OB/GYN and family medicine physicians. *See* Elizabeth Tobin-Tyler et al., *A Year After Dobbs: Diminishing Access To Obstetric-Gynecologic And Maternal-Fetal Care,* Health Affairs (Aug. 3, 2023), https://rb.gy/4jigbt; Guttmacher Institute, *Interactive Map: US Abortion Policies and Access After Roe* (Dec. 13, 2023), https://rb.gy/qi83jy. Today, nearly 60 percent of Texas counties do not have a maternal care designated hospital and approximately half of all counties in Texas are considered maternity care deserts. *See* Texas Dep't of State Health Services, *Strategic Review of Maternal Level Care Designations*, Texas Health and Human Services (Feb. 2022), at 13, https://bit.ly/3HgxRj8; March of Dimes, *Where You Live Matters: Maternity Care in Texas* (2023), at 1, https://bit.ly/3O5QvxY.

The Texas Supreme Court's recent decision to prevent a pregnant woman whose fetus was diagnosed with a fatal condition from having a safe and timely abortion in Texas underscores the fears of current and future

physicians deciding whether to practice in states with restrictive abortion laws. *See* J. David Goodman, *Texas Supreme Court Rules Against Woman Who Sought Court-Approved Abortion,* New York Times (Dec. 11, 2023), https://rb.gy/egjh30. Indeed, "[i]t marked a new chapter in the legal history of abortion in the United States, with pregnant women now going to court seeking permission for their doctors to do what they determine to be medically necessary without fear of severe criminal or civil penalties." *Id.*

One MSFC member and medical student in Iowa, Alina Beltrami, described her decision about where to complete her training and ultimately practice as follows:

> Abortion is healthcare. I am seriously considering moving to another state where I know that I will be able to get the training that I need to provide care to my patients. In Texas, patients effectively need to be septic to receive an abortion. In Idaho, where I completed an OB/GYN clinical rotation, physicians are very afraid that if they do not provide abortions their patients could die or lose their uterus, but if they do, they could lose their license, their ability to pay off their medical school loans, and their ability to care for future patients. In Iowa, I would be very hesitant to stay here for residency if there is a six-week abortion ban in place, and I have classmates who will not apply for residency in any states with restrictive abortion laws.

Iowa's care deserts will no doubt be exacerbated if medical students and residents fear facing legal restrictions and even potential prosecution for providing evidence-based treatment, including life-saving treatment, to their

patients. *See, e.g.*, Janet Shamlian, *OB-GYN Shortage Expected To Get Worse As Medical Students Fear Prosecution In States With Abortion Restrictions*, CBS News (Jun. 19, 2023), https://bit.ly/3vy7V07. As one third-year medical student and MSFC member, Ashley Hurd-Jackson, stated:

> I am personally from a small, rural town in NW Iowa and am currently one of four students in my school's program who have committed to serving a rural community in the future. However, a near total abortion ban will significantly and negatively impact my decision to stay and practice in the state.
>
> After news of a potential six-week abortion ban in Iowa was released, current OB/GYN residents in the rural track at UIHC [the University of Iowa Hospitals and Clinics] were interviewed and said that an abortion ban would impact their decision to stay and practice in the state. One resident even said she would leave. An abortion ban would put our only OB/GYN training program in the entire state at risk of losing accreditation, as programs are required to provide abortion training to their residents. I want more than anything to complete my OB/GYN residency at UIHC and serve a rural community in our state to provide women with the healthcare they need and deserve, but I cannot do that if Iowa politicians without a medical degree/background make it illegal for me to provide potentially life-saving care.

The risk of physician liability for an abortion performed contrary to the Ban—even when done in a good faith attempt to comply—will further lead medical students and residents to choose to study and practice elsewhere. *See* Erika Edwards, *Abortion Bans Could Drive Away Young Doctors, New Study Finds*, NBC News (May 18, 2023), https://bit.ly/3RW6KPw. Under the Ban,

there are enumerated exceptions to the prohibition on abortions such as in the case of a "medical emergency" or "rape." Iowa Code § 146E.1. Doctors may face legal consequences, however, if they perform abortions in circumstances that are later deemed not to be a medical emergency or rape. *See* Iowa Administrative Code 653 § 13.17(5) (2024); *see also* Jared Strong, *Doctors Say New Abortion Rules Might Limit Women's Access to Healthcare*, Iowa Capital Dispatch (Jan. 4, 2024), https://bit.ly/48UkcKK. As Ms. Jackson described further:

> If an ectopic pregnancy is found prior to rupture, the treatment for this is abortion. With an abortion ban, will I be able to intervene early for my patients so that they avoid life-threatening rupture and subsequent hemorrhage? Who decides when a woman's life is "at risk"?
>
> An OB/GYN at UIHC reported that we are already sending stable ectopic pregnancies to Minnesota and surrounding states that do not have abortion restrictions. Our patients are already unable to receive care within our state due to growing concern that our medical licenses will be taken away. This is happening now.

B. The Ban Will Negatively Impact Medical Education

Medical school curricula in the United States are founded on evidence-based medicine, which teach students to use the scientific method combined with clinical experience to arrive at the best medical decisions for their patients. *See* Steven Tenny & Matthew Varacallo, *Evidence Based Medicine*, StatPearls Publishing (Oct. 24, 2022), at 1 ("Evidence-based medicine (EBM)

uses the scientific method to organize and apply current data to improve healthcare decisions."), https://bit.ly/3O1RYpo. There is no evidence-based explanation for prohibiting abortions once fetal cardiac activity is detected, which begins long before a fetus' heart is formed, illustrating the medical inaccuracy of Iowa's Fetal Heartbeat Statute. *See* Cheryl Mei Jun Tan & Adam James Lewandowski*, The Transitional Heart: From Early Embryonic and Fetal Development, to Neonatal Life*, 47(5) Fetal Diagn. Ther. 373 (2020). As one MSFC member and medical student in Iowa, R.D., explained:

> As medical students, we are taught to use evidence-based medicine in all that we do. That is, every treatment we give and advice that we give our patients needs to be guided by rigorous scientific research.
>
> Evidence shows that at six weeks, many people don't even know that they are pregnant. This means a six-week ban essentially takes away all choice many mothers have for family planning. Meanwhile, I also think about how much my medical education has taught me about embryology and how a fetus is formed. At six weeks, the forming embryo is barely a quarter inch long. The placenta has barely even developed. It is a collection of cells.

If the Ban goes into effect, medical schools in Iowa will be forced to teach students to practice medicine in a way that is not backed by science. Another MSFC member and third-year medical student in Iowa, A.B., expressed the following about the Fetal Heartbeat Statute:

> It is a misnomer—there is no fetal heartbeat at six weeks. There is embryonic cardiac activity by cells that have decided that they will be the heart one day, which flutter and can be detected by an ultrasound. However, the fetus has not yet formed a heart that can have a heartbeat. No fetus is viable at six weeks; it is a ball of cells.

Many medical students in Iowa fear that the Ban may mean that medical schools in Iowa will fail to provide essential abortion care training. As another MSFC member and Iowa medical student, H.A., described:

> I start my year of core rotations this January, and am so excited for my training in obstetrics and gynecology. Yet, I am concerned that the six-week abortion ban will severely limit the opportunities for medical students like myself to gain comprehensive experience in abortion procedures. This limitation not only jeopardizes my peers and I from being qualified for OB/GYN programs, but also hinders our ability to grow as practitioners who can provide holistic and compassionate care to our future patients.
>
> The fear of being unable to access thorough training in abortion care within Iowa might deter talented students from choosing the state for their education, potentially contributing to a shortage of skilled healthcare professionals. As aspiring health care providers, we are acutely aware of the potential harm this ban poses to our future training and practice. Access to programs providing essential abortion training may diminish within Iowa, limiting the quality of education we receive, and, as a result, stopping us from providing safe and competent care. Moreover, the increasing strain on resources and competition for declining placements could impact our access to OB/GYN programs in other states, hindering our pursuit of well-rounded reproductive healthcare education.

Medical students across the country have expressed a strong desire for abortion-care education in medical schools. One study found that 96 percent of medical students indicated that abortion education was appropriate in the preclinical and clinical curricula, and 84 percent found it to be "valuable." *See* Eve Espey et al., *Abortion Education In The Medical Curriculum: A Survey Of Student Attitudes,* 77(3) PubMed (2008) 205. As second-year Iowa medical student and MSFC member, Lindsay Mahaney, expressed:

> In my second year of medical school in Iowa, we had an abortion lecture and the majority of that lecture was about treating miscarriage. We also discussed a case study, in which a mock patient presented with severe bleeding and cramping, an unusual menstrual cycle, and other symptoms, and we talked through her diagnosis and treatment options. Medical students are now learning that those treatment options—in circumstances that can be life or death—depend on the abortion laws of the state. Further, I have attended MSFC's extracurricular programs including a manual evacuation lab, which teaches skills that can be applied to delivery of a baby, abortion care, or miscarriage management, but may not be available in the future in states with restrictive abortion laws.

It is predicted that in the aftermath of *Dobbs v. Jackson Women's Health Org.*—reversing federal constitutional protection for the right to abortion—access to abortion training will drop from 92 percent to 56 percent. *See* 142 S. Ct. 2228 (2022); McNeilly & Kim, *A Call to Standardize Abortion Education Across U.S. Medical Schools*, *supra*. Already, medical students in abortion-ban states are leaving to study medicine in states without restrictive

abortion laws. *See* Luci Hulsman et al., *Impact of the Dobbs v. Jackson Women's Health Organization decision on retention of Indiana medical students for residency,* 5(11) Am. J Obstet. Gynecol. MFM (Nov. 2023).

The lack of a standardized, nationally uniform approach to abortion training for residents means that the quality, duration, and content of this training varies from state to state, often in accordance with their abortion laws. *See* McNeilly & Kim, *A Call to Standardize Abortion Education Across U.S. Medical Schools*, *supra*. A second-year medical student in Iowa and MSFC member, I.H., shared the following:

> I grew up in Iowa. I wanted to stay here for medical school to be near my family and serve my community in the future. Ever since *Roe v. Wade* was overturned last year, I started seriously considering OB/GYN as a possible future specialty—reproductive freedom is something I am passionate about, and OB/GYN is the specialty most equipped to help people achieve this freedom. The current legislative temperature towards reproductive rights in Iowa, however, has complicated this decision for me.
>
> If I cannot be adequately trained to take care of my patients in the ways they may need (which include abortion care), then I will have to leave the state to receive that training elsewhere. And when I finally become a physician, will I want to return to Iowa, where there will be a legal constraint on my skills and knowledge? This state has become inhospitable for healthcare workers who take care of pregnant patients.

Abortion care training in medical schools and clinical programs is essential to ensure that medical students in Iowa qualify for OB/GYN

residency placements. *See, e.g.,* Hillary J. Gyuras et al., *The Double-Edged Sword of Abortion Regulations: Decreasing Training Opportunities While Increasing Knowledge Requirements,* 28(1) Medical Education Online (2023), https://bit.ly/48Ruv1V. As MSFC member and Iowa medical student, Irini Petros, explained:

> As a woman in healthcare who is passionate and interested in the field of OB/GYN, this ban poses a significant obstacle in my medical training here in Iowa. If this legislation goes into effect, it threatens the complete comprehensive training of medical students in abortion care, potentially rendering them ineligible for OB/GYN programs that require this vital aspect of women's healthcare.
>
> This uncertainty around the abortion ban creates a huge additional stress for both medical students and residents. Heightened competition for placements in out-of-state programs with comprehensive abortion training only exacerbates an already strained system, hindering residents from being able to secure valuable educational opportunities. These educational opportunities are what affect the future of patients and their quality of life.

Abortion education is a vital part of maternal healthcare training, including for procedures beyond abortions. *See* Whitney S. Rice et al., *"Post-Roe" Abortion Policy Context Heightens The Imperative For Multilevel, Comprehensive, Integrated Health Education,* 49(6) Health Educ. Behav. (2022). For example, abortion education teaches students "highly transferable skills such as medical and surgical uterine evacuation techniques relevant for

miscarriage management, emergency uterine evacuation, ectopic pregnancy screening, ultrasound, contraception provision, and empathetic counselling." United Kingdom, Royal College of Obstetricians & Gynaecologists, *Educating the Next Generation of Abortion Providers – How to Get it Right*, RCOG News (May 17, 2022), https://bit.ly/3NX94nZ.

Notably, the same clinical skills used in abortion procedures are also used to save lives in the event of a miscarriage, pregnancy causing hemorrhaging, and other complications, and physicians lacking abortion education "are often less skilled at performing these lifesaving procedures." Sarah Varney, *Fewer Medical Students Trained For Abortion Procedures*, NBC News (Mar. 22, 2022), https://bit.ly/49ba5RV. Accordingly, increasingly competitive OB/GYN residency programs look for and often require training in abortion care—training that will not be sufficiently available in Iowa if the Ban takes effect.

C. The Ban Will Negatively Impact Residency Programs

The Ban would not only reduce the quality of medical education in Iowa; it would prevent OB/GYN residency programs in the State from providing aspects of maternal healthcare training required for accreditation. If the Ban goes into effect, critical and mandatory training on certain abortion

procedures in Iowa—used for both abortions and miscarriage management—will no longer be available in Iowa.

As the data shows, many medical students do not want to complete their residency programs across specialties (let alone in OB/GYN) in states with abortion bans. States with gestational limits on abortion services have seen the number of OB/GYN residency applications made by graduating medical students decrease by 7.1 percent since *Dobbs*. *See* Kendal Orgera et al., *Training Location Preferences of U.S. Medical School Graduates Post Dobbs v. Jackson Women's Health*, Am. Ass' Med. Coll. Rsch. Action Inst. (Apr. 2013), https://rb.gy/0tu9gc. This figure inflates further to 10.7 percent in states where abortion is banned outright. *Id*. As a medical student in Iowa and MSFC member, Abbygale Willging, explained:

> At a recent national surgery conference, I attended a large discussion on how to navigate legal issues when treating pregnant surgical patients post-*Dobbs*. I was personally embarrassed to see Iowa on the map with the color representing the strictest abortion bans, as doctors expressed their frustration with having to prioritize the legality of treatments over their efficacy.
>
> Our strict abortion ban will drive me from accepting a residency position in Iowa or ever returning to practice in my home community. As much as I'd like to give back to the community I grew up in, I see no point in practicing in a community where I am legally restricted from providing the evidence-based, appropriate care my patients deserve.

The Ban, which prohibits abortions starting at about six weeks of pregnancy, will likely mean that OB/GYN residents in Iowa will no longer receive any training on abortion procedures used after the first trimester. *See* Nick Anderson, *A Race To Teach Abortion Procedures, Before The Bans Begin*, The Washington Post (June 2022), https://rb.gy/rz3px0. In the first trimester, over seventy-five percent of abortions in Iowa are performed using medication. *See* Kortsmit, *Abortion Surveillance, supra*, at Table 12 (Number of Reported Abortions, By Known Method Type and Reporting Area).

By contrast, in the second trimester, the most common procedure for abortions is called Dilation and Evacuation ("D&E"), which involves dilating the cervix and evacuating matter from the uterus. *See* American College of Obstetricians and Gynecologists, *Abortion Care*, ACOG (Aug. 2022), https://bit.ly/4aU6ZDm. A D&E procedure may be used as a life-saving measure, for example, if a patient is hemorrhaging during delivery. *See* Gyuras, *The Double-Edged Sword of Abortion Regulations, supra*, at 4. Notably, the data already shows that residency programs in the southern region of the United States provide demonstrably less training on D&E procedures than residency programs in the northeastern states. *Id.* Similarly, restrictive abortion laws have limited training on vacuum aspiration procedures in many states, which are also used for both abortions and

miscarriage management. *See* National Academies of Sciences, Engineering and Medicine, *The Safety and Quality of Abortion Care in the United States*, at 107, 117–18 (2018), https://rb.gy/40txie.

For future OB/GYNs, completing a residency program in a state with restrictive abortion laws will mean that they will have to travel out-of-state to obtain abortion training necessary to qualify for accreditation. Currently, the Accreditation Council for Graduate Medical Education ("ACGME") requires OB/GYN residency programs to provide "clinical experience or access to clinical experience in the provision of abortions as part of the planned curriculum," and if doing so would be unlawful, to "provide access to this clinical experience in a different jurisdiction where it is lawful." Accreditation Council for Graduate Medical Education, *ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology* (Sept. 17, 2022), at IV.C.7.a(4), https://bit.ly/4b9hXoP. Further, the ACGME requires OB/GYN residents as part of their accreditation requirements to be involved in educating patients on procedural and medication abortion methods, managing complications of abortions, and obtaining clinical experience in spontaneous abortion, pregnancy loss, and uterine evacuation in the operating room and outpatient settings. *Id*. at IV.C.7–8.

The University of Iowa, which provides the only OB/GYN residency program in the State, could lose its accreditation if abortion training becomes unlawful in Iowa and the program cannot guarantee out-of-state abortion training for its medical residents. *See* Brooklyn Draisey, *University of Iowa Will Work to Keep Accreditation for OB-GYN Residency Program*, Iowa Capital Dispatch (Jul. 12, 2023), https://shorturl.at/eyJY0. The Ryan Residency Training Program in Abortion and Family Planning (the "Ryan Program") was established to help meet the ACGME mandate for routine abortion training in OB/GYN residency programs, including by assisting in establishing partnerships between residency programs in states with restrictive abortion laws and out-of-state facilities where their residents can complete their required training. *See* Bixby Center for Global Reproductive Health, *The Kenneth J. Ryan Residency Training Program in Abortion & Family Planning*, https://shorturl.at/nvwD7 (last visited Jan. 16, 2024). However, Alina Beltrami, a MSFC member and third-year medical student in Iowa currently on clinical rotations, described the following concerns:

> A six-week ban on abortion in Iowa would absolutely impact my decision on whether to rank Iowa for my residency placement in OB/GYN or pediatrics, which have overlapping training. There is only one OB/GYN program in Iowa. Unless there were some guarantee that it will be part of the Ryan Program even if the ban goes into effect, and I can be comfortable that I will be able to receive evidence-based

> training opportunities in abortion care out-of-state which is required for accreditation, I would be very hesitant to complete my residency program in Iowa.

In 2022, approximately 45 percent of all accredited OB/GYN residency programs across the country were in states certain or likely to ban abortion. *See* Kavita Vinekar et al., *Projected Implications of Overturning Roe v Wade on Abortion Training in U.S. Obstetrics and Gynecology Residency Programs*, 146 Obstetrics & Gynecology (2022), https://rb.gy/491hli. Accordingly, approximately half of the existing OB/GYN residency programs in the country will soon be overflooded with out-of-state residents seeking mandatory abortion training to be qualified to provide reproductive healthcare services in their home states. As some observers have commented, there simply is "no guarantee that enough slots would be available to meet demand." Anderson, *A Race To Teach Abortion Procedures, supra*.

Without adequate abortion education and training in Iowa, medical students and residents may leave. Another MSFC member and current medical student in Iowa, Emma Phelps, described this reality as follows:

> The imposition of a six-week abortion ban will make me much more likely to leave Iowa for residency training. I intend to specialize in family medicine or obstetrics and gynecology. When I pursue residency in either of those fields, I will try to go to a state where I can receive the highest quality training, which means training in all aspects of contraception and abortion care necessary to keep my patients safe and healthy.

> I am a Yale graduate who chose to attend medical school in Iowa in part because of my family legacy. I come from a long line of Iowan doctors, who all worked to provide the highest quality care possible for all their patients. If a six-week abortion ban were imposed in Iowa, I would be much less likely to follow in their footsteps and practice in Iowa, because my ability to provide the highest quality care to my patients would be compromised. In addition, a six-week abortion ban would decrease my interest in staying in Iowa for residency. All statistics indicate that once someone leaves a state for residency, they are unlikely to return to practice.

In short, if Iowa's six-week abortion ban goes into effect, medical students, residents, and prospective OB/GYNs are likely to study out-of-state and may not return. The result would not only be a reduced quality of medical education and medical training in maternal healthcare, but also a reduced quality of medical services for women and especially expectant mothers.

III. CONCLUSION

For the foregoing reasons, this Court should affirm the district court's order.

Respectfully submitted,

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CERTIFICATE OF COMPLIANCE

I certify that this brief complies with the typeface requirements and type-volume limitations of Iowa Rules of Appellate Procedure 6.903(1)(e) and 6.903(1)(g), and 6.906 because it has been prepared in a proportionally spaced typeface using Times New Roman in 14-point font and contains 5,161 words, excluding those portions of the brief exempted by Iowa Rule of Appellate Procedure 6.903(1)(g)(1).

Respectfully submitted,

Counsel for Amicus
Curiae Medical Students
for Choice

CERTIFICATE OF FILING AND SERVICE

I certify that on January 16, 2024, this brief was electronically filed with the Clerk of Court and served on all counsel of record to this appeal using EDMS.

Respectfully submitted,

Counsel for Amicus Curiae Medical Students for Choice

Dated: January 16, 2024

ADDENDUM

Im, Peter <peter.im@ppfa.org>

PPH v. Reynolds] Consent for Amicus Briefs

messages

, Peter <peter.im@ppfa.org> Tue, Oct 17, 2023 at 11:04 AM
: "Wessan, Eric" <eric.wessan@ag.iowa.gov>, daniel.johnston@ag.iowa.gov, Rita Bettis Austen <rita.bettis@aclu-ia.org>, aron Wegner <sharon.wegner@aclu-ia.org>, Anjali Salvador <anjali.salvador@ppfa.org>, Dylan Cowit lylan.cowit@ppfa.org>, Caitlin Slessor <CLS@shuttleworthlaw.com>, Sam Jones <SEJ@shuttleworthlaw.com>

Good morning counsel,

We have received a request for consent to file an amicus brief in support of the appellants in Planned Parenthood of the Heartland v. Reynolds. As we've done in previous cases, would you consent to a blanket agreement to consent to all amicus briefs filed for either side?

Thanks,
Peter

--

Peter Im (he/him)
Staff Attorney
Public Policy Litigation & Law
Planned Parenthood Federation of America
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essan, Eric <Eric.Wessan@ag.iowa.gov> Tue, Oct 17, 2023 at 11:08 AM
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Dear Peter,

Yes, that makes sense to me. The State agrees to blanket consent. Thank you for affirmatively reaching out.

Best,
EHW

Image

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Solicitor General
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1305 E. Walnut St.
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From: Im, Peter <peter.im@ppfa.org>
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Appreciate the quick response.

Best,
Peter
[Quoted text hidden]