No. 19-1392

IN THE

Supreme Court of the United States

THOMAS E. DOBBS, STATE HEALTH OFFICER OF THE MISSISSIPPI DEPARTMENT OF HEALTH, *et al.*,

Petitioners,

v.

JACKSON WOMEN'S HEALTH ORGANIZATION, *et al.*,

Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE FIFTH CIRCUIT

BRIEF OF *AMICI CURIAE* 896 STATE LEGISLATORS IN SUPPORT OF RESPONDENTS

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INTERESTS OF *AMICI CURIAE*[1]

Amici curiae are State Legislators throughout the nation who are bound to protect and adhere to the United States Constitution, and who share a concern for the continued vitality and advancement of constitutional protections of individual rights. State legislators take an oath to uphold the Constitution and are, thus, "under constitutional mandate to take affirmative action to accord the benefit of this right to all those within their jurisdiction."[2] As a result, and as this Court held in *Cooper v. Aaron*, constitutional rights "can neither be nullified openly and directly by state legislators or state executive or judicial officers, nor nullified indirectly by them through evasive schemes . . . whether attempted 'ingeniously or ingenuously.'"[3]

The constitutional precepts which State Legislators must protect include the principle enunciated by this Court, as firmly encompassed by the right to privacy, that a woman has the right to decide to terminate a pre-viability pregnancy without undue governmental

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1. *Amici* affirm that no counsel for a party authored this brief in whole or in part, and no counsel or party made a monetary contribution intended to fund the preparation or submission of this brief. No person other than *amici* or their counsel made a monetary contribution to its preparation or submission. Written consent by the parties for all *amicus curiae* briefs is on file with the Clerk.

2. *Bush v. Orleans Par. Sch. Bd.*, 190 F. Supp. 861, 864 (E.D. La. 1960), *aff'd*, 365 U.S. 569 (1961), and *aff'd sub. nom.*, *City of New Orleans, Louisiana v. Bush*, 366 U.S. 212 (1961).

3. *Cooper v. Aaron*, 358 U.S. 1, 17 (1958) (citing *Smith v. Texas*, 311 U.S. 128, 132 (1940)).

interference. Accordingly, *amici* defend the principles recognized by this Court in *Roe v. Wade*, 410 U.S. 113 (1973), and reaffirmed as the law of the land in *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833 (1992), *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292 (2016) and most recently in *June Med. Servs. L. L. C. v. Russo*, 140 S. Ct. 2103 (2020). As a fundamental right guaranteed by the Constitution, and one that strikes at the heart of ordered liberty and individual autonomy, a woman's right to decide whether to terminate a pre-viability pregnancy should be insulated from the rhetoric and interests of groups whose sole purpose is to undermine *Roe* and eliminate the fundamental rights enunciated in that case. *Roe*'s holding should also be protected from state legislators purposefully enacting laws designed exclusively to flout this Court's foundational principles, and engineered to evade constitutional review by the judiciary—such as occurred recently in Texas with the enactment of Texas's Senate Bill 8 ("S.B. 8").[4]

Amici also have a particularly strong interest in this case, because this Court's interpretation of the Constitution and its guarantees of individual rights directly affect how state legislators draft, consider, and enact laws. This Court's constitutional review of legislation is an essential component of our federalist system of government and the checks and balances that sustain it. Compliance with this Court's precedent is incumbent on all state legislatures, and their failure to adhere to such precedent endangers the foundations of our federalist system.

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4. *See* S.B. 8 § 3 (codified at Tex. Health & Safety Code § 171.208(a)).

Moreover, as legislators, *amici* seek to protect the integrity of the legislative process, which is undermined when unnecessary, politically targeted, and intentionally unconstitutional legislation is enacted for pretextual reasons—like the abortion ban at fifteen weeks as enacted by Mississippi.[5] Similar abortion bans have been passed in Louisiana and Texas.[6] As legislators, *amici* attach considerable significance to legislative intent in the review and construction of statutory provisions. The true, and often overt, intent behind pretextual laws like those passed in Mississippi, Louisiana, and Texas, is to severely restrict, and ultimately eliminate, access to legal abortion under the guise of protecting life. Mississippi, Louisiana, and Texas state legislatures have flagrantly exceeded the constitutional boundaries recognized by this Court. *Amici* have a profound interest in ensuring the legislative process is faithful to our constitutional system of government and the fundamental protections therein.

Amici are also mindful of the importance of protecting against improper interference with a woman's right to seek lawful medical care. *Amici* recognize that Mississippi's 15-week ban, and other laws like it in Louisiana, Texas, and elsewhere, often disproportionately disempower the most vulnerable women who are most in need of protection. Like all legislation that contravenes bedrock principles of the Constitution, Mississippi's ban should be invalidated as unconstitutional.

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5. *See* Miss. Code Ann. § 41-41-191 (2018).

6. *See, e.g.*, LA. Stat. Ann. § 14:87 (2018); Tex. Health & Safety Code Ann. §§ 171.204-212 (2021).

SUMMARY OF THE ARGUMENT

Mississippi's law prohibiting abortion after fifteen weeks is an unconstitutional ban on abortion during the period before fetal viability and is impermissible under *Roe v. Wade*, as reaffirmed by this Court in *Planned Parenthood v. Casey*, *Whole Woman's Health v. Hellerstedt* and *June Med. Servs. L. L. C. v. Russo*. This Court has consistently held that the principles espoused in *Roe* remain firmly in place, despite direct attacks by state legislatures that enact blatantly unconstitutional laws like Mississippi's 15-week ban. The Court should adhere to its established precedent and uphold the rule of law by affirming the judgment of the Fifth Circuit and striking down Mississippi's statute.

While repeatedly attempting to ban abortion under the guise of protecting life, Mississippi and other states have eschewed policies shown to improve the health of women[7] and children. Meanwhile, Mississippi has one of the worst rates of maternal and infant mortality in the country, with outcomes disproportionately worse for women and children of color. Failure by this Court to strike down Mississippi's ban will further embolden states in the Fifth Circuit—and across the country—to engage in symbolic politics at an unprecedented rate, seeking to enact laws intended to increase barriers to reproductive healthcare, sexual education, and support for pregnant women and their families. If allowed by this Court, pre-viability bans would further exacerbate

7. This brief uses the term "women," but the denial of reproductive and abortion care also affects transgender men and some gender nonconforming people.

already poor health outcomes for women in those states, while generating other disastrous consequences for women and their families.

Any limitation on *Roe* and *Casey* by this Court may also empower state governments around the country to enforce so-called trigger bans and/or pre-*Roe* bans, which would ban abortion outright in those states. As a result, women would be forced to travel increasingly long distances to neighboring states or even across entire regions to obtain legal abortion care. Many will not afford the cost. Those who do will face delayed care and a greater likelihood of complications. Meanwhile, many existing abortion providers are already serving an ever-increasing out-of-state population. States that would protect legal abortion even in the absence of *Roe* would have to contend with the resulting surge of out-of-state patients, resulting in longer waiting periods and delays in accessing care for what is time-sensitive, essential healthcare.

Far from promoting women's health, Mississippi's brazenly unconstitutional ban will inflict serious harm especially on women in marginalized communities in the Fifth Circuit and around the country. We urge this Court to vindicate the rights of women by affirming the decision of the Fifth Circuit invalidating the 15-week ban.

ARGUMENT

I. THIS COURT'S PRECEDENT RECOGNIZES THAT THE CONSTITUTION GUARANTEES EACH PERSON THE RIGHT TO CHOOSE WHETHER TO CONTINUE HER PRE-VIABILITY PREGNANCY.

This Court should adhere to its established precedent and uphold the rule of law by striking down Mississippi's blatantly unconstitutional statute.

Forty-six years ago in *Roe v. Wade*, this Court held that the right of personal privacy embedded in our Constitution, which this Court had applied to decisions relating to "marriage, procreation, contraception, family relationships, and child rearing and education,"[8] also "encompass[es] a woman's decision whether or not to terminate her pregnancy" prior to viability.[9]

Nearly two decades later, this Court reinforced the constitutional guarantee recognized in *Roe*. In *Planned Parenthood of Se. Pa. v. Casey*, this Court made clear that "[t]he woman's right to terminate her pregnancy before viability is the most central principle of *Roe v. Wade*" and "is a rule of law and a component of liberty we cannot renounce."[10] Five years ago, in *Whole Woman's Health*, this Court again reaffirmed the viability standard recognized

8. *Roe v. Wade*, 410 U.S. at 152-53 (internal citations and quotations omitted).

9. *Id.* at 153.

10. *Casey*, 505 U.S. at 871.

in *Roe* and emphasized that a woman's fundamental right to choose whether to continue her pre-viability pregnancy must be shielded from state interference that unduly burdens that right.[11] And just last year, in *June Medical Services*, this Court reaffirmed its decision in *Whole Woman's Health*, finding that Louisiana's Act 620—a law nearly identical to the one stricken in *Whole Woman's Health*—was likewise unconstitutional because it imposed an undue burden on women seeking to exercise the right to pre-viability abortion.[12]

This unbroken line of cases since *Roe* demonstrates this Court's recognition of established precedent of a woman's constitutional right to terminate her pre-viability pregnancy. "The legal doctrine of *stare decisis* requires [this Court], absent special circumstances, to treat like cases alike."[13] Such "respect for precedent promotes the evenhanded, predictable, and consistent development of legal principles, fosters reliance on judicial decisions, and contributes to the actual and perceived integrity of the judicial process."[14] Further, "[a]dherence to precedent is necessary to avoid an arbitrary discretion in the courts," thus "distinguish[ing] the judicial method and philosophy from those of the political and legislative process."[15] In short, "[i]t has long been an established rule to abide by

11. *Whole Woman's Health*, 136 S. Ct. at 2309.

12. *June Med. Servs. L. L. C*, 140 S. Ct. at 2108.

13. *June Med. Servs.*, 140 S. Ct. at 2134 (Roberts, J., concurring).

14. *Id*. (internal quotation marks and citations omitted).

15. *Id*. (internal quotation marks and citations omitted).

former precedents . . . as well as to keep the scale of justice even and steady, and not liable to waver with every new judge's opinion."[16]

In *Casey*, this Court underscored the reliance interest at stake should *Roe* be overruled, finding immeasurable "the certain costs of overruling *Roe* for people who have ordered their thinking and living around that case[.]"[17] During the intervening 27 years since *Casey,* this reliance interest and the costs of overruling *Roe* have multiplied substantially, particularly in the wake of this Court's recent decisions in *Whole Woman's Health* and *June Medical*. As this Court observed, "overruling *Roe*'s central holding would not only reach an unjustifiable result under principles of *stare decisis,* but would seriously weaken the Court's capacity to exercise the judicial power and to function as the Supreme Court of a Nation dedicated to the rule of law."[18] If *stare decisis* is to mean anything, it must be that this Court's prior decisions are entitled to a measure of deference such that they are not freely jettisoned simply because current members of the Court would have decided them differently. This Court has consistently held that *Roe* and *Casey*'s principles remain firmly in place, despite direct attacks by state legislatures that enact flatly unconstitutional laws like Mississippi's 15-week ban. The ban blatantly and indisputably runs afoul of this Court's unequivocal precedent. It is unconstitutional and cannot stand.

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16. *Id.* (internal quotation marks and citations omitted).

17. *Casey*, 505 U.S. at 835.

18. *Id.* at 865.

II. IF THIS COURT FAILS TO UPHOLD *ROE* AND *CASEY* IN THEIR ENTIRETY, IT WILL EMBOLDEN STATE LEGISLATURES TO FURTHER ENGAGE IN SYMBOLIC POLITICS AT THE EXPENSE OF REAL PRIORITIES.

Since *Roe* and *Casey* are well-established precedent, failure by this Court to fully and unequivocally strike down Mississippi's 15-week ban will only serve to embolden states in the Fifth Circuit—and across the country—to engage in symbolic politics at an unprecedented rate, spending a disproportionate amount of time seeking to enact laws designed to reduce access to reproductive healthcare, sexual education, and support for pregnant women and their families at the expense of pressing legislative priorities.

This process is already well underway. In the wake of this Court's recent decision not to enjoin enforcement of Texas's S.B. 8[19]—which bans abortions in the state at six weeks while outsourcing enforcement to the public—states have announced their intent to pass similar legislation designed to avoid judicial review, thereby inflicting significant harm on women seeking abortions.[20] As a result

19. S.B. 8, 87th Leg. (Tex. 2021); *Whole Woman's Health v. Austin Reeve Jackson, Judge*, 594 U.S. __ (2021).

20. *See, e.g.*, Evan Donovan, *Florida lawmakers to consider abortion bill similar to Texas, Senate president says*, News Channel 8 (Sept. 3, 2021), https://www.wfla.com/news/florida/florida-lawmakers-to-consider-abortion-bill-similar-to-texas-state-senate-president-says/; Associated Press, *With Texas as model, Noem seeks more abortion restrictions*, The Brookings Reg. (Sept. 9, 2021), https://brookingsregister.com/article/with-texas-as-model-noem-seeks-more-abortion-restrictions.

of S.B. 8, many abortion providers in Texas have already ceased providing abortion care after more than six weeks or have stopped providing abortions entirely.[21] This case provides the Court an opportunity to unequivocally stand behind the constitutional right to pre-viability abortion and check the ongoing assault on nearly fifty years of its own precedent by patently unconstitutional state laws.

State legislators take an oath to uphold the Constitution and are, thus, "under constitutional mandate to take affirmative action to accord the benefit of this right to all those within their jurisdiction."[22] As a result, and as this Court held in *Cooper v. Aaron*, constitutional rights "can neither be nullified openly and directly by state legislators or state executive or judicial officers, nor nullified indirectly by them through evasive schemes . . . whether attempted 'ingeniously or ingenuously.'"[23]

Legislative disobedience with this Court's constitutional pronouncements undermines the integrity of, and the public's confidence in, the legislature and the legislative process, as well as the judiciary that fails to correct legislative overreach. State adherence to constitutional principles is "indispensable for the protection of the freedoms guaranteed by our fundamental charter for all of us."[24] Thus, "Chief Justice Marshall spoke

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21. *See*, *e.g.*, Donovan, *supra* note 20; Associated Press, *supra* note 20; *Whole Woman's Health v. Austin Reeve Jackson, Judge*, 594 U.S. __ (2021).

22. *Bush.*, 190 F. Supp. at 864.

23. *Cooper*, 358 U.S. at 17 (citing *Smith v. Texas*, 311 U.S. 128, 128 (1940)).

24. *Id.* at 20.

for a unanimous Court in saying that: 'If the legislatures of the several states may, at will, annul the judgments of the courts of the United States, and destroy the rights acquired under those judgments, the [C]onstitution itself becomes a solemn mockery . . . .'"[25] Where, as here, state legislatures pass patently unconstitutional laws, this Court must step in and uphold the Constitution against the political whims of rogue state legislators. Failure by this Court to act renders the basic constitutional principle of separation of powers meaningless.

Emboldened by what they disingenuously assert as the unsettled and precarious status of *Roe*, states like Mississippi, Texas, and Louisiana are limiting abortion access under the guise of protecting life, including banning abortion well before viability. At the same time, these states show little genuine regard for women and their families once children are born, and actively work to undercut access to education, contraception, and healthcare more generally (including via failing to expand Medicaid and the Children's Health Insurance Program ("CHIP")). By throwing *Roe* and *Casey* into doubt, this Court enables escalation of this destructive behavior and disregard for the rule of law.

Mississippi has repeatedly legislated and re-legislated the issue of reproductive rights, often doubling down when one law is blocked or found unconstitutional by a federal court. Most recently, after the District Court enjoined the state from enforcing the 15-week abortion ban at issue here, Mississippi responded by passing the even more restrictive S.B. 2116, which purports to ban abortion at six

25. *Id.* at 18 (quoting *United States v. Peters*, 5 Cranch 115, 136 (1809)).

weeks.[26] Another Mississippi bill introduced in 2020 would have suspended the license of any provider who performs an abortion after the detection of a fetal heartbeat—effectively introducing another proposed six-week ban.[27]

Lower courts, in Mississippi and elsewhere, have been inundated with challenges to these repeated attempts by legislatures to blatantly undermine this Court's precedent. As described by the district court that enjoined the enforcement of S.B. 2116, the six-week ban, Judge Reeves wrote:

> Here we go again. Mississippi has passed another law banning abortions prior to viability. The latest iteration, Senate Bill 2116, bans abortions in Mississippi after a fetal heartbeat is detected, which is as early as 6 weeks lmp.[28] The parties have been here before. Last spring, plaintiffs successfully challenged Mississippi's ban on abortion after 15 weeks lmp. The Court ruled that the law was unconstitutional and permanently enjoined its enforcement. The State responded by passing an even more restrictive bill, S.B. 2116.[29]

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26. Miss. Code Ann. § 41-41-191 (2018); Miss. Code Ann. § 41-41-34.1 (2019).

27. H.B. 401, 2020 Leg., 135th Sess. (Miss. 2020).

28. Lmp refers to "[t]he common measure of fetal gestational age . . . from the first day of the woman's last menstrual period ('lmp')." *Jackson Women's Health Org. v Dobbs*, 379 F. Supp. 3d 549, 551 n.1 (S.D. Miss. 2019), *aff'd*, 951 F.3d 246 (5th Cir. 2020).

29. *Id.* at 551 (citing *Jackson Women's Health Org. v. Currier*, 349 F. Supp. 3d 536 (S.D. Miss. 2018)).

The injunction against the 15-week ban, however, failed to deter the Mississippi State Legislature from passing the patently unconstitutional six-week ban after the 15-week ban was blocked.

While repeatedly attempting to ban abortion under the guise of protecting life, Mississippi has eschewed policies that have been shown to improve the health of women and children. The state has not approved Affordable Care Act Medicaid expansion, expanded family medical leave beyond the Family and Medical Leave Act ("FMLA"), or adopted paid sick leave, all of which would actually protect and benefit women and children.[30] Meanwhile, aside from its attempted abortion bans, Mississippi already has the second highest number of abortion restrictions in the country, a dubious distinction it shares with Texas, Louisiana, and four other states.[31] These barriers to access include, *inter alia*, provider restrictions (such as ambulatory surgical center standards imposed on facilities providing abortion, and restrictions on which health care providers may provide abortions); procedure restrictions (such as medication abortion restrictions); and restrictions on abortion coverage in Medicaid, private health insurance plans, and public employee health insurance plans, and on the allocation of public funds to fund abortion.[32] As discussed in Point III, *infra*, Mississippi has also adopted various requirements that undermine patient autonomy

30. Ibis Reproductive Health, Center for Reproductive Rights, *Evaluating Abortion Restrictions and Supportive Policy Across the United States* (2021), https://evaluatingpriorities.org/.

31. *Id.*

32. *Id.*

and decision-making, including mandatory counseling and a waiting period prior to obtaining an abortion.[33]

Like Mississippi, Louisiana has also banned abortion at 15 weeks, with the statute contingent on the enforcement of the Mississippi ban at issue in this litigation.[34] When Mississippi's 15-week ban was blocked as unconstitutional by the lower courts, Louisiana instead banned abortion at six weeks.[35] At the same time, Louisiana also ranks low on instituting policies shown to be truly supportive of women's and children's health.[36] Children cannot enroll in CHIP without a waiting period; the state does not have sex education or HIV education mandates, and does not offer paid sick leave.[37] However, like Mississippi, Louisiana has adopted a high number of abortion restrictions—including provider restrictions, procedure restrictions, coverage restrictions, mandatory waiting periods and counseling.[38]

Texas similarly banned abortion at six weeks in 2021.[39] S.B. 8, known as the "sue thy neighbor" ban, "equates to a near-categorical ban on abortions beginning six weeks after a woman's last menstrual period . . . and months

33. *Id.*

34. LA. STAT. ANN. § 14:87 (2018).

35. LA. STAT. ANN. § 40:1061.1.3 (2019).

36. Ibis Reproductive Health, Center for Reproductive Rights, *supra* note 30.

37. *Id.*

38. *Id.*

39. S.B. 8; TEX. HEALTH & SAFETY CODE ANN. §§ 171.204-212 (2021).

before fetal viability," and provides a private right of action for any Texan to bring a lawsuit against anyone who "aids or abets the performance or inducement of an abortion. . . ."[40] By banning abortion well before many women even know they are pregnant, the law "immediately prohibits care for at least 85% of Texas abortion patients and will force many abortion clinics to close," effectively eliminating abortion in the state of Texas.[41] Most recently, Texas Governor Greg Abbott signed into law a ban on medication abortion at seven weeks.[42] At the same time, Texas has failed to expand family and medical leave beyond the FMLA, failed to adopt paid sick leave, failed to implement a sex education or HIV education mandate, and failed to raise the Medicaid income limit for pregnant women to at least 200% of the federal poverty line.[43] Children in Texas face a detrimental waiting period when applying for CHIP during which they receive no needed benefits.[44] Texas is also in the minority of states that have not expanded Medicaid.[45] Yet, it is simultaneously

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40. S.B. 8; Tex. Health & Safety Code Ann. §§ 171.204-212 (2021); *Whole Woman's Health v. Austin Reeve Jackson, Judge*, 594 U.S. __ (2021) (Sotomayor, J., dissenting).

41. *Whole Woman's Health v. Austin Reeve Jackson, Judge*, 594 U.S. __ (2021) (Sotomayor, J., dissenting).

42. S.B. 4, 87th Leg. 2nd Called Sess. (Tex. 2021), https://capitol.texas.gov/BillLookup/Actions.aspx?LegSess=872&Bill=SB4.

43. Ibis Reproductive Health, Center for Reproductive Rights, *supra* note 30.

44. *Id.*

45. Kaiser Family Foundation, *Status of State Medicaid Expansion Decisions: Interactive Map* (Sept. 8, 2021), https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/.

trying to cut funding for women's healthcare. The Texas Legislature's actions ignore the reality that "if reducing multiple unintended pregnancies is a societal and clinical goal, restricting access to abortion is unlikely to be an effective strategy. Instead, helping women . . . to obtain mental health-inclusive health care services, care for the children they have, and pursue educational goals should be the focus of clinicians who want to improve women's reproductive trajectories."[46] Rather, the state, which already has fewer abortion providers than the national average,[47] places an outsized focus on abortion and has adopted provider restrictions, procedure restrictions, coverage restrictions, and waiting period and counseling restrictions, among others.

In addition to encouraging further anti-abortion legislation at the expense of legislation that supports the well-being of *amici*'s constituents, any limitation on *Roe* and *Casey* by this Court may also empower state governments around the country to enforce so-called trigger bans and/or pre-*Roe* bans. Trigger bans are total abortion bans passed after *Roe* that are not currently in effect but could become effective if *Roe* is weakened or overturned. To date, at least twelve states have passed

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46. Evelyn Angel Aztlan et al., *Subsequent Unintended Pregnancy Among US Women Who Receive or Are Denied a Wanted Abortion*, 63 J. of Midwifery & Women's Health 45, 52 (2018), https://urldefense.com/v3/__https:/onlinelibrary.wiley.com/doi/full/10.1111/jmwh.12723__;!!N5JjT8_g!PwL_DEKpnwU9jsQkqyY4n-RKHrC7WOM_gYsRakAVsk9vuKkmXbg2_C7F6JZF8g81$.

47. Ibis Reproductive Health, Center for Reproductive Rights, *supra* note 30.

such bans: Texas, Louisiana, Mississippi, Oklahoma, Arkansas, Missouri, Tennessee, Kentucky, Idaho, Utah, North Dakota, and South Dakota.[48] Tripping the *Roe* switch would affect all states within the Fifth Circuit as well as states to the north and east, resulting in a broad, uninterrupted swath in the middle of the country where it will be nearly impossible for a pregnant woman to obtain an abortion. Many pregnant women seeking a pre-viability abortion will be unable to obtain one in their home state, or in a neighboring state.

Moreover, should this Court destabilize the holdings in *Roe* and *Casey,* state officials may seek to enforce pre-*Roe* laws that criminalize abortion in those states where they remain on the books—currently numbering seven, including Mississippi.[49] And in states where pre-*Roe* bans have been blocked or declared unconstitutional as a result of *Roe*, state officials may take action to reinstitute them.

Mississippi has both a trigger ban and a pre-*Roe* ban on abortion, both of which could be used to prohibit abortion in nearly all situations if allowed to take effect.[50] Louisiana has a trigger ban, adopted in 2006, that would prohibit abortion in almost all situations if *Roe* were overturned.[51] Texas enacted a trigger ban in June 2021,

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48. Center for Reproductive Rights, *What if Roe Fell* (1992-2021), https://maps.reproductiverights.org/what-if-roe-fell.

49. *Id.*

50. *Id.*

51. *Id.*; Elizabeth Nash, *Louisiana Has Passed 89 Abortion Restrictions Since Roe: It's About Control, Not Health*, Guttmacher Institute (Nov. 2020 updated June 2020), https://

shortly after this Court granted certiorari in this case. The Texas law is intended to prohibit abortion in almost all situations and would come into effect, *inter alia*, thirty days following a decision by this Court to overrule *Roe* entirely or in part, or recognizing the authority of the states to prohibit abortion.[52] Constituents of *amici* in these states should have the right to access vital health services without overreaching government interference from legislators seeking only to advance their partisan—and unconstitutional—agenda.

The onslaught of often-contradictory anti-abortion legislation and the fractured landscape of trigger bans in Mississippi, Louisiana, Texas, and other states, have the additional negative effect of confusing the public, providers, and patients about the legal status of abortion and how to obtain care. State laws that have been blocked by the courts or not yet gone into effect nonetheless sow confusion among the populations in those states about whether abortion is still legal and whether clinics are still open.[53] In one recent study, published before the six-week ban, patients in Texas reported confusion about where

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www.guttmacher.org/article/2020/02/louisiana-has-passed-89-abortion-restrictions-roe-its-about-control-not-health.

52. H.B. 1280, 87th Leg. (Tex. 2021); Texas Legislature Online History, https://capitol.texas.gov/BillLookup/History.aspx?LegSess=87R&Bill=HB1280; Center for Reproductive Rights, *supra* note 48.

53. *See, e.g.*, Kim Chandler & Sudhin Thanawala, *New abortion laws sow confusion and uncertainty at clinics*, Associated Press (May 21, 2019), https://www.pbs.org/newshour/nation/new-abortion-laws-sow-confusion-and-uncertainty-at-clinics.

to obtain abortion care in light of clinic closures which forced some to delay or even forego care.[54] *Amici* have an interest in clarity for their constituents regarding the constitutional right to obtain a pre-viability abortion, free of the confusion that exacerbates negative outcomes for patients. For this reason too, this Court should reaffirm the right to pre-viability abortion established in *Roe* and repeatedly reaffirmed in *Casey, Whole Woman's Health,* and *June Medical.*

III. PRE-VIABILITY BANS WOULD UPEND THE ALREADY-PRECARIOUS PATCHWORK OF ABORTION CARE NATIONWIDE, ALSO JEOPARDIZING ACCESS IN STATES THAT PROTECT ABORTION RIGHTS.

Access to a legal abortion in practice often depends on the patient's domicile or bank account. Due to existing abortion bans and restrictions, state legislators across the country are already seeing their constituents forced to travel long distances or even out of state to access legal abortions. At the same time, other state legislators throughout the United States represent districts where in-state abortion providers are inundated by out-of-state patients seeking legal abortions in addition to those within their home state. The influx of patients to states with accessible abortion clinics will continue to rise dramatically if the Court overturns or limits *Roe.*

54. Jenna Jerman et al., *Barriers to Abortion Care and Their Consequences For Patients Traveling for Services: Qualitative Findings from Two States*, 49 Guttmacher Institute 95, Issue No. 2 (June 2017), https://www.guttmacher.org/journals/psrh/2017/04/barriers-abortion-care-and-their-consequences-patients-traveling-services#13-21a.

In Mississippi and other states hostile to abortion rights, existing barriers to access and financial challenges make it nearly impossible for abortion clinics to stay open.[55] Since 2015, 127 independent abortion clinics nationwide have closed, with only 337 open as of November 2020.[56] The number of independent abortion clinics—which provide 58 percent of all abortion procedures nationwide and "operate the majority of abortion clinics in the states most politically hostile to abortion access," as well as the majority of clinics providing abortion care after the first trimester—has fallen by over one-third since 2012.[57] As of 2020, five states have only one abortion clinic remaining: Mississippi, North Dakota, West Virginia, Missouri and South Dakota.[58] As a result, many women are already forced to travel long distances or even out of state for abortion care.

Permitting Mississippi's pre-viability ban would further exacerbate this situation for many of *amici*'s constituents. For the nearly 600,000 women of reproductive age in Mississippi, a ban on abortion would mean an increase of 42%, or from 78 miles to 111 miles each direction, in the average driving distance to reach any

55. Abortion Care network, *Communities Need Clinics: The Essential Role of Independent Abortion Clinics in the United States* (2020), https://abortioncarenetwork.org/wp-content/uploads/2020/12/CommunitiesNeedClinics-2020.pdf ("Communities Need Clinics") at 9 (citations omitted).

56. *Id.* at 4, 8-9.

57. *Id.*

58. *Id.* at 4.

abortion clinic.[59] Meanwhile, increasingly hostile bans in surrounding states undermine women's ability to obtain a legal abortion even for those able to travel long distances and out of state. The cumulative effect of active legislative abortion bans will be that clinics in Mississippi and surrounding states will close and abortions will become effectively unavailable to pregnant women.

Likewise, Texas's S.B. 8 ban makes it virtually impossible for Mississippi residents—let alone the approximately seven million women of reproductive age in Texas[60]—to obtain an abortion in Texas. With legal abortion now effectively banned in Texas under S.B. 8, the estimated average one-way driving distance for Texas women to an abortion clinic will increase from 12 miles to 248 miles, and the driving time will increase by nearly 3.5 hours each way on average (if driving nonstop at 70 miles per hour).[61] If this Court upholds Mississippi's abortion ban, it will create a broad region where barriers to access are so high that they are virtually insurmountable.

By limiting or eliminating legal abortion services in-state and thus increasing the distance women must travel for abortion care, abortion bans place possibly

59. Guttmacher Inst., *Mississippi Is Attacking Roe v. Wade Head On-the Consequences Could be Severe* (August 2021) https://www.guttmacher.org/article/2021/08/mississippi-attacking-roe-v-wade-head-consequences-could-be-severe.

60. Guttmacher Inst., *Impact of Texas Abortion Ban: A 20-Fold Increase in Driving Distance to Get an Abortion* (2021), https://www.guttmacher.org/article/2021/08/impact-texas-abortion-ban-20-fold-increase-driving-distance-get-abortion.

61. *Id.*

insurmountable burdens on *amici*'s most vulnerable constituents. Bans force pregnant women seeking abortions—who are disproportionately low income or living in poverty, women of color, and/or young women—to pay attendant costs beyond the price of the abortion itself. In addition to facing increased travel time, women must pay travel expenses such as transportation and lodging. Compounding these costs, women may need to pay for additional childcare expenses while facing financial loss from missed work.[62] In addition to cost, other system navigation issues impede access to abortions, such as logistics involved in securing an appointment, lack of information, limited clinic options (including unavailable appointment times because of overbooking due to excessive demand), encountering crisis pregnancy centers that delayed abortion care, and state-imposed waiting periods.[63] In states such as Mississippi, that require abortion patients to abide by a waiting period between their initial clinic visit and the procedure, patients must either pay for an overnight stay and further child care costs or make two separate hours-long trips back and forth to the clinic, incurring additional transportation costs.[64]

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62. Bryce Covert, *Mississippi Abortion Ban Endangers Low-Income Women, Women of Color*, Rewire News (Mar. 21, 2018), https://rewirenewsgroup.com/article/2018/03/21/mississippi-abortion-ban-will-absolutely-affect-low-income-women-women-color/; *see* Ushma D. Upadhyay et. al., *Denial of Abortion Because of Provider Gestational Age Limits in The United States*, Am. J. Pub. Health (Sept. 2014).

63. Jerman et al., *supra* note 54; Guttmacher Inst., *Waiting Periods for Abortion* (Jan. 22, 2020), https://www.guttmacher.org/evidence-you-can-use/waiting-periods-abortion.

64. *Id.*

Thirty-three states, including Mississippi, have abortion counseling requirements,[65] and 24 of these require at least 24 hours between counseling and procedure.[66]

These barriers in turn lead to delayed care and patients obtaining abortions at later gestations, with attendant higher costs and greater likelihood of complications.[67] Those unable to obtain timely abortions may consider

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65. Theodore J. Joyce et al., *The Impact of State Mandatory Counseling and Waiting Period Law on Abortion: A Literature Review*, GUTTMACHER INST. (April 2009), https://www.guttmacher.org/report/impact-state-mandatory-counseling-and-waiting-period-laws-abortion-literature-review. Counseling requirements not only add an additional layer to the logistical burdens of seeking abortion care, but often require medically inaccurate and misleading information. Eight states require medically inaccurate information that a medication abortion can be stopped after the patient takes the first dose of pills. GUTTMACHER INST., *Counseling and Awaiting Periods for Abortion* (Sept. 1, 2021), https://www.guttmacher.org/print/state-policy/explore/counseling-and-waiting-periods-abortion. Five states inaccurately assert a link between abortion and an increased risk of breast cancer, and three states inaccurately reflect the associated risks of future fertility due to an abortion. *Id.* Five of the thirty-three states that require abortion counseling do not include information on the health risks of continuing a pregnancy. *Id.*

66. Joyce et al., *supra* note 65.

67. According to an expert panel convened by the National Academies of Sciences, Engineering and Medicine in 2018, requiring a waiting period before receiving an abortion may increase both the risk of complications for the patient and cost of the procedure, with no evidence that waiting periods improve abortion safety. *Waiting Periods for Abortion*, *supra* note 63.

ending their pregnancies on their own.[68] The intersection of barriers to abortion care creates a cascade of harmful effects for those of *amici*'s constituents who are forced to travel and/or wait for abortion care, including, importantly, adverse health consequences.

Following the implementation of Mississippi's counseling and waiting periods, Mississippi abortions fell by approximately 12-14% for residents, with overall abortions in the state falling by 10%.[69] The decline in abortions was greatest among Mississippi women with less than 12 years of education.[70] The number of women going out of state to Tennessee or Alabama rose by 17%.[71] Among women who desired an abortion, the law prevented approximately 11-13% of them from successfully obtaining one.[72]

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68. *Id.* (in a study of 29 women who had sought abortion services in Michigan and New Mexico and traveled across state lines or more than 100 miles within the state to do so, six considered ending the pregnancy on their own, either with medications (misoprostol, herbs, or home remedies) or by blunt-force physical trauma).

69. Theodore J. Joyce et al., *The impact of Mississippi's mandatory delay law on abortions and births,* J. OF AM. MED ASS'N, 278(8):653–658 (1997).

70. F.A. Althaus & S.K. Henshaw, *The effects of mandatory delay laws on abortion patients and providers*, Family Planning Perspectives, 26(5):228–231 & 233 (1994).

71. *Id.*

72. Joyce, et al., *supra* note 69.

Barriers to abortion access and healthcare inequities are further exacerbated by the ongoing COVID-19 pandemic, which has increased restrictions on travel, lodging and transportation, and the unpredictability of appointment wait times, while simultaneously decreasing available childcare options, volunteer network capacities, and appointment availability.[73] These conditions have forced pregnant women to travel even further to access essential abortion care and necessary practical support.

Meanwhile, as more patients are forced to travel because they cannot access services in their home states due to COVID restrictions or abortion bans, many remaining abortion providers are serving an ever-increasing out-of-state population. For instance, the number of abortions performed in Kansas increased by 9.1% in 2020, as more women traveled from Oklahoma and Texas for procedures following new abortion bans in those states, and patients from out of state outnumbered Kansas patients for the first time since 1973.[74] Oklahoma and Texas residents had 566 abortions in Kansas in 2020, an increase from 110 in 2019, accounting for most of the total increase in abortions in the state.[75] Meanwhile, Missouri patients accounted for 42% of the total abortions performed in Kansas in 2020.[76] If *Roe* is overturned or limited, abortion providers will undoubtedly see a further

73. *Communities Need Clinics*, *supra* note 55, at 11.

74. John Hanna, *Patient Influx from other states increases Kansas abortions,* AP NEWS (June 2, 2021), https://apnews.com/article/ok-state-wire-kansas-lifestyle-travel-health-046fe86893322c77fef7c6f0e9a1210f.

75. *Id.*

76. *Id.*

surge of patients from states that adopt pre-viability abortion bans. States that would protect legal abortion even in the absence of *Roe* would have to grapple with the resulting influx of out-of-state patients, leading to longer waiting periods[77] and delays in accessing care for what is time-sensitive, essential healthcare. In turn, later abortions are more expensive, resulting in an even greater financial burden, especially for low-income patients.[78]

The ongoing COVID-19 pandemic previews the spill-over effect that pre-viability bans are likely to have in states that would protect abortion rights. At the beginning of the pandemic, executive orders in multiple states—including Mississippi and Texas—declared abortion as a "non-essential" service, restricting abortion access and care.[79] As appointments were canceled or rescheduled, patients were forced to travel out of state in the midst of a pandemic to seek the services of which they were deprived in their home state.[80] Providers in nearby states,

77. These longer wait times are on top of the waiting periods already required by many states. 33 states require that patients receive counseling prior to receiving an abortion, and 26 of those states require a waiting period ranging from 24 to 72 hours between the counseling and the abortion procedure. GUTTMACHER INST., *Counseling and Awaiting Periods for Abortion* (September 1, 2021), https://www.guttmacher.org/state-policy/explore/counseling-and-waiting-periods-abortion. 13 of those states require counseling to be provided in person, and for counseling to occur before the waiting period begins, thus effectively requiring two separate trips to the clinic. *Id.*

78. For example, in 2011 and 2012, the median charge for a surgical abortion was $495 at 10 weeks' gestation, compared with $1,350 at 20 weeks. *Waiting Periods for Abortion*, *supra* note 63.

79. *Communities Need Clinics*, *supra* note 55, at 12.

80. *Id.* at 13.

like New Mexico, saw a surge in patients from out of state, which taxed their resources.[81] Pre-viability bans will not eliminate abortion, they will simply force women—at least those with funds, time and logistics—to obtain abortions elsewhere, threatening compromised care for all.

IV. FAILURE BY THIS COURT TO UPHOLD THE RULE OF LAW AND PRECEDENT WILL BE DISASTROUS FOR WOMEN SEEKING ABORTIONS AND THEIR FAMILIES.

If permitted by this Court, pre-viability bans would further exacerbate already poor health outcomes for women in those states.

The risk of death associated with childbirth, 8.8 per 100,000 live births, is 14 times *greater* than the risk of death associated with abortion.[82] This Court acknowledged this disparity in striking Texas's ambulatory surgical center requirement for abortion providers in *Whole Woman's Health*.[83] Yet, many states focus on limiting or eradicating access to abortions rather than improving maternal health during pregnancy and postpartum. Despite the preventability of three out of five maternal deaths in the

81. *Id.*

82. Elizabeth Raymond & David Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 Obstetrics & Gynecology 215, 216 (Feb. 2012) (using national data).

83. *Whole Woman's Health*, 136 S. Ct. at 2315 ("Nationwide, childbirth is 14 times more likely than abortion to result in death") (citations omitted).

United States,[84] Mississippi has done little to address actual and urgent threats to pregnant women's health, including the well-documented dangers of giving birth in Mississippi.[85] Mississippi's maternal mortality rate is one of the highest in the country, with an average of approximately 27 deaths for every 100,000 live births.[86] Health outcomes are significantly and disproportionately worse for women of color. Between 2013 and 2016, Black women in Mississippi were three times as likely to die from pregnancy complications than white women.[87] And while the state touts its concern about protecting the unborn, Mississippi's infant mortality rate is the highest in the country at 8.8 deaths per 1,000 live births.[88] The infant mortality rate for Black infants (11.9 per 1,000 live births)

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84. Center for Mississippi Health Policy, *Postpartum Medicaid, Addressing gaps in coverage to improve maternal health* (Feb. 15, 2021), https://mshealthpolicy.com/wp-content/uploads/2021/02/Post-Partum-Medicaid-Feb-2021.pdf (citation omitted).

85. Getty Israel, *Mississippi More Concerned With Ending Abortion Than Infant, Maternal Deaths,* Clarion Ledger (Apr. 22, 2018), https://www.clarionledger.com/story/opinion/columnists/2018/04/23/mississippi-moreconcerned-ending-abortion-than-infant-maternal-deaths/537859002/.

86. America's Health Rankings, United Health Foundation, *2019 Health of Women and Children Report, Mississippi*, https://assets.americashealthrankings.org/app/uploads/health-of-women-and-children-2019.pdf at 97.

87. *Postpartum Medicaid*, *supra* note 84, at 3 (citation omitted).

88. Kaiser Family Foundation, *State Profiles for Women's Health* [U.S.] (July 25, 2018), https://www.kff.org/interactive/womens-health-profiles/?activeState=USA&activeDistributionIndex=0&activeStateDistributionIndex=0&activeView=chart&activeCategoryIndex=0./.

is drastically higher than that for white infants (6.2 per 1,000 live births).[89]

Likewise, the Louisiana Department of Health recently acknowledged the state is in the midst of a maternal mortality crisis.[90] The Louisiana maternal mortality rate increased at a higher rate than that of the U.S.,[91] which itself is alarmingly high and rising.[92] In 2018, there were 44.8 maternal deaths per 100,000 births in Louisiana, more than double the national average of 20.7 maternal deaths per 100,000 births in the same period.[93] Maternal mortality in Louisiana also disproportionately impacts Black women;

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89. Mississippi State Dep't of Health, *Infant Mortality Report* (2018), https://msdh.ms.gov/msdhsite/_static/resources/8015.pdf.

90. Lyn Kieltyka et al., *2011-2016 Maternal Mortality Report*, Louisiana Dep't of Health (Aug. 2018), http://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/maternal/2011-2016_MMR_Report_FINAL.pdf.

91. *Id.* at 13.

92. Liz Ford, *Number of women dying in childbirth way off track to meet worldwide targets*, THE GUARDIAN (Sept. 19, 2019), https://www.theguardian.com/global-development/2019/sep/19/number-women-dyingchildbirth-off-track ("The US has seen maternal deaths rise from 12 per 100,000 live births in 2000 to 19 in 2017.").

93. America's Health Rankings, United Health Foundation, *2018 Health of Women and Children Report, Louisiana*, https://www.americashealthrankings.org/learn/reports/2018-health-of-women-and-childrenreport/state-summaries-louisiana; NOLA, *Tulane researcher to study why women in Louisiana die more often from pregnancy than in other states* (Nov. 6, 2018), https://www.nola.com/news/article_8065e057-d591-5d60-b06a-c821abcf7ab2.html.

between 2011 to 2016, Black women were 4.1 times as likely to die of pregnancy-related deaths as white women.[94] Lack of access to health care providers or facilities was the leading cause of all maternal deaths in Louisiana—a risk factor that is especially prevalent among low-income women of color.[95]

Texas also has a disproportionately high rate of maternal mortality which is exacerbated for Black women and women of color. In a study of pregnancy-related deaths in 2015, Texas had a rate of 18.1 maternal deaths per 100,000 live births, with Black women disproportionately impacted. [96] The study found that pregnancy-related deaths were preventable and occurred in later stages of pregnancy and childbirth.[97]

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94. Kieltyka et al., *supra* note 90, at 22; *Health of Women and Children Report, Louisiana*, *supra* note 93.

95. Kieltyka et al., *supra* note 90; In Our Own Voice: National Black Women's Reproductive Justice Agenda, *Our Bodies, Our Lives, Our Voices: The State of Black Women & Reproductive Justice* 6, 14-15, 32 (June 27, 2017), http://blackrj.org/wp-content/uploads/2017/06/FINALInOurVoices_Report_final.pdf (noting Black people are twice as likely than whites to be uninsured, and are less likely to receive timely medical treatment, compared to their white counterparts; and citing experience of one indigent Louisiana Black woman who reported "seeing preventive and prenatal care providers is nearly impossible.").

96. Tex. Health and Human Servs., *Texas Maternal Mortality and Morbidity Review Comm. and Dep't of State Health Servs. Joint Biennial Report* (Sept. 2020), https://www.dshs.texas.gov/legislative/2020-Reports/DSHS-MMMRC-2020.pdf at 8, 12.

97. *Id.*; Tex. Health and Human Servs, *Induced Terminations of Pregnancy*, https://www.hhs.texas.gov/about-hhs/records-statistics/data-statistics/itop-statistics.

In addition to imposing increased risks associated with childbirth, denying a woman the right to an abortion produces many other disastrous consequences, including economic, physical and mental health effects both for her and her family. For example, women who carry unintended pregnancies to term are more likely to enter prenatal care late and have fewer prenatal visits; more likely to smoke cigarettes; and may be at greater risk of maternal depression and anxiety than women who continue intended pregnancies.[98] Further, a recent study found evidence of a significant increase in financial distress for women who were denied an abortion, suggesting that "births occurring after an abortion denial carry additional economic penalties over and above what is typically experienced by disadvantaged women when they have a new child."[99] Furthermore, Mississippi is one of a handful of states without legislation terminating or limiting parental rights when a child is born from rape.[100] If this Court reverses the Fifth Circuit, a person in Mississippi pregnant from

98. *See* Aztlan et. al., *supra* note 46.

99. Sarah Miller et. al., *The Economic Consequences of Being Denied Having an Abortion,* Na'l. Bureau of Econ. Research (Jan. 2020); *see also* Lauren Ralph, et. al., *A Prospective Cohort Study of the Effect of Receiving versus Being Denied an Abortion on Educational Attainment* (Nov. 2019) (Study participants who obtained a wanted abortion were much more likely to complete a post-high school (postsecondary) degree (71%) than those denied abortion care (27%)—a difference that influences "lifelong educational attainment and earnings potential for these individuals").

100. *See* Breeanna Hare & Lisa Rose, *Where Rapists Can Gain Parental Rights* (Nov. 17, 2016), https://www.cnn.com/2016/11/17/health/parental-rights-rapists-explainer/.

rape could not only be forced into motherhood, but also potentially forced to continuously confront her attacker in custody hearings, parenting and/or child visitations.[101]

Preventing a person from accessing an abortion also can have detrimental effects on her existing family. Approximately 60% of women in the U.S. who have abortions are already mothers, and approximately one-third of women seeking an abortion say their reason for wanting to terminate the pregnancy is to care for children they already have. Research demonstrates that unintended births have adverse effects on a woman's existing children, who are already more likely to live in households without enough money to provide for their food, housing and transportation.[102] *Amici* thus have an interest in protecting their constituents from the confluence of negative consequences associated with denying access to abortions.

In addition to disproportionately affecting women of color, who already experience significantly worse health outcomes with respect to maternal and infant mortality, pre-viability abortion bans would also disproportionately affect members of low-income communities. In 2014, "[f]orty-nine percent of [abortion] patients had family incomes of less than 100% of the federal poverty level," compared to 42% in 2008.[103] Moreover, "[a]n additional

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101. *Id.*

102. Diana Greene Foster et. al., *Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children*, 205 J. OF PEDIATRICS 183, 183-187 (Feb. 2019).

103. Jenna Jerman et al., *Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008*, GUTTMACHER INST. 7 (May

26% of patients in 2014 had incomes that were 100-199% of the poverty threshold."[104] Notably, over the same time period, the percentage of abortion patients with family incomes of 200% or more of the federal poverty level decreased by six percentage points, to 25%.[105] At the same time, because of state and federal restrictions, Medicaid will not pay for most abortions, leaving most Mississippi women paying out of pocket for the procedure.[106] In 2014, nationally, "53% of patients reported that they paid for the abortion themselves."[107] However, given that the majority of abortion patients are poor or low income,[108] paying for an abortion out of pocket is a near-prohibitive burden for many. Allowing abortion bans will impose additional barriers to obtaining abortion care on those least able to shoulder those additional burdens.

Amici from Mississippi and other states where the right to pre-viability abortion is at risk if this Court limits or overturns *Roe* have a duty to protect the constitutional rights of their constituents. The burden of pre-viability bans would fall disproportionately on communities already

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2016), https://www.guttmacher.org/sites/default/files/report_pdf/characteristics-us-abortion-patients-2014.pdf.

104. *Id*.

105. *Id*.

106. *State of Black Women*, *supra* note 95, at 6, 22-23.

107. Jerman et al., *supra* note 103, at 9.

108. Guttmacher Inst., *Abortion patients are disproportionately poor and low income* (2016), https://www.guttmacher.org/infographic/2016/abortion-patients-are-disproportionately-poor-andlow-income.

disadvantaged because of race, gender, or income, further exacerbating the inequalities and outcomes for State Legislators' most vulnerable constituents.

CONCLUSION

For the foregoing reasons, the judgment of the Fifth Circuit should be AFFIRMED.

Respectfully submitted,

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APPENDIX

APPENDIX — *AMICI CURIAE* 896 STATE LEGISLATORS

Alabama State Legislators

Rep. Merika Coleman

Rep. Neil Rafferty

Alaska State Legislators

Sen. Elvi Gray-Jackson

Rep. Harriet Drummond

Rep. Zack Fields

Rep. Sara Hannan

Rep. Jonathan Kreiss-Tomkins

Rep. Ivy Spohnholz

Rep. Geran Tarr

Arizona State Legislators

Sen. Lela Alston

Sen. Rosanna Gabaldon

Sen. Sally Ann Gonzales

Appendix

Sen. Juan Mendez

Sen. Martin Quezada

Sen. Jamescita Peshlakai

Sen. Rebecca Rios (Minority Leader)

Sen. Victoria Steele

Rep. Richard Andrade

Rep. Kelli Butler

Rep. Andres Cano

Rep. Andrea Dalessandro

Rep. Charlene Fernandez

Rep. Melody Hernandez

Rep. Daniel Hernandez

Rep. Jennifer Longdon (Assistant Democratic Leader)

Rep. Pamela Powers Hannley

Rep. Athena Salman

Rep. Judy Schwiebert

Appendix

Rep. Amish Shah

Rep. Stephanie Stahl Hamilton

Rep. Raquel Teran

California State Legislators

Sen. Toni Atkins (President Pro Tempore)

Sen. Josh Becker

Sen. Anna Caballero

Sen. Dave Cortese

Sen. Bill Dodd

Sen. John Laird

Sen. Connie M. Leyva

Sen. Monique Limón

Sen. Mike McGuire

Sen. Dave Min

Sen. Anthony J. Portantino

Sen. Nancy Skinner

Appendix

Sen. Thomas J. Umberg

Sen. Scott Wiener

Asm. Cecilia Aguiar-Curry

Asm. Rebecca Bauer-Kahan

Asm. Steve Bennett

Asm. Marc Berman

Asm. Tasha Boerner Horvath

Asm. Mia Bonta

Asm. Isaac G. Bryan

Asm. Autumn Burke

Asm. Lisa Calderon

Asm. Wendy Carillo

Asm. Sabrina Cervantes

Asm. David Chiu

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