

RESOLUTION

Subject: Access to Abortion-Inducing Medications for Women with Life-Threatening Pregnancies

Submitted by: Monalisa Taylor, MD

Referred to: Reference Committee

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WHEREAS, during the 2022 Regular Session, the Kentucky General Assembly enacted House Bill (HB) 3, legislation that regulates the use of medication-induced abortions performed early in a pregnancy; and

WHEREAS, 2022 HB3 creates a registry of healthcare providers who provide patients with medication-assisted abortions; and

WHEREAS, 2022 HB3 prohibits physicians from supplying abortion-inducing medications to patients who present with the following:

- Absence of pregnancy;
- Being post-seventy (70) days gestation or post-ten (10) weeks of pregnancy; or
- Risk factors associated with abortion-inducing drugs, including but not limited to:
  - A history of ectopic pregnancies;
  - Problems with the adrenal glands near the kidneys;
  - Being treated with long-term corticosteroid therapy;
  - Allergic reactions to abortion-inducing drugs, mifepristone, misoprostol, or similar drugs;
  - Bleeding problems or taking anticoagulant drug products;
  - Inherited porphyria;
  - An intrauterine device in place; or
  - Being Rh negative, requiring treatment with the prevailing medical standard of care to prevent harmful fetal or child outcomes or Rh incompatibility in future pregnancies before providing abortion-inducing drugs; and

WHEREAS, the United States Supreme Court issued *Dobbs v. Jackson Women's Health Organization* on June 24, 2022, which overruled *Roe v. Wade* and *Planned Parenthood v. Casey* and eliminated the federal constitutional right to abortion; and

WHEREAS, upon the occurrence of *Dobbs*, Kentucky’s previously enacted “trigger law” became effective, which prohibits abortions from being performed in the state except in certain limited circumstances; and

WHEREAS, the only abortions that can be performed in the Commonwealth of Kentucky are those that, in reasonable medical judgment, will prevent the death or substantial risk of death due to a physical condition, or to prevent the serious, permanent impairment of a life-sustaining organ of a pregnant woman; and

WHEREAS, the prohibitions codified by 2022 HB3 limit the ability of women to receive abortion-inducing medications during life-threatening circumstances simply because they may suffer from a rheumatological condition that requires a glucocorticoid medication, have a heart condition that necessitates a blood thinner, or have previously experienced an ectopic pregnancy; and

WHEREAS, the unintended consequence of 2022 HB3 could adversely impact women and risk their lives during a life-threatening pregnancy; now, therefore, be it

RESOLVED, that KMA advocate for revisions to relevant state statutes that restrict access to abortion-inducing medications for women who experience underlying medical conditions concurrently with life-threatening pregnancies.