Dear Ms. Leslie Davis, Dr. Joon Lee, Ms. Diane Holder, Mr. Mark Sevco, Ms. Tami Minnier and members of UPMC Executive Leadership:

We are clinicians, scientists, professors, staff, trainees, and students across UPMC and the University of Pittsburgh who are profoundly concerned about the Dobbs v. Jackson Women’s Health SCOTUS decision to overturn Roe v. Wade and eliminate federal protection for abortion care. This decision directly threatens the health, safety, security, and well-being of the people who seek care at UPMC hospitals and health centers, its employees, and people across the nation, especially those from socially and economically marginalized communities.

Western Pennsylvania has a critical role to play in the emergent public health crisis. Because of its location abutting states that have already banned or severely restricted abortion access (i.e. Ohio and West Virginia), our region has already become a major surge area for abortion care. Our ability to absorb this demand will impact the reproductive and overall health of people in our region and beyond. We are eager for UPMC to join other major healthcare institutions in affirming a commitment to provide abortion care as part of evidence-based comprehensive reproductive health care (1-2). Every day that goes by with our silence, we as a health system are in danger of complicity with forces that politicize this health care issue at the expense of our patients and their families.

While abortion is currently legal in Pennsylvania, there are efforts to amend the state constitution to ban abortion outright (3). Such a move would have substantial health and economic impacts on UPMC patients, employees, and hospital operations. Robust data from the Turnaway Study have shown that the inability to obtain a desired abortion leads to significant adverse physical, psychological, and economic consequences (4-13). The U.S. has the highest pregnancy-related mortality rates among high-resource nations, with Black pregnant people dying at 3-4 times the rate of white pregnant people (14-15). A new study by researchers at the University of Colorado predicts that abortion bans will not only worsen the maternal mortality crisis but will further widen the already unconscionable racial disparity (16). The health and social impacts on adolescents who need confidential care will also be devastating. Given UPMC’s stated commitment to health equity and addressing health disparities including maternal morbidity and mortality, it is critical that we work collaboratively and with alacrity to address this public health emergency.

It is hard to overstate the impossible situation that providers and hospitals will be in if/when a state bans abortion with limited health exceptions. In states that have banned abortion, doctors are already struggling to answer questions such as: can you treat an ectopic pregnancy before it ruptures or must you wait until the pregnant person is hemorrhaging? If a family discards fertilized embryos during IVF, is that considered abortion? If a patient is suffering from preterm premature rupture of membranes (PPROM), but the fetus still has a faint heartbeat, can you offer abortion care or must you wait for the patient’s health to deteriorate? If a pregnant person is diagnosed with cancer and requires immediate treatment that could be harmful to the
pregnancy, is that sufficient justification to offer abortion? Waiting too long may lead to the patient’s death or an EMTALA lawsuit against the hospital. Offering abortion too soon may lead to criminal prosecution against the provider. These situations will undoubtedly occur and be an absolute nightmare for patients, providers, and hospitals alike.

Moreover, impacts go beyond abortion- or pregnancy-related care to touch on every aspect of clinical care, including medicolegal decisions for surgical procedures, diagnostic imaging, chemotherapy, contraception, and provision of teratogenic medications to treat serious chronic medical and psychiatric illness (17-18). Reports are already circulating about people with rheumatic disease being unable to get prescriptions for methotrexate both because of its abortifacient properties and liability concerns related to prescribing a teratogenic medication without the option of abortion for fetal anomalies (19).

Given the profound and far-reaching impact of harmful state and federal abortion policies on the health and wellbeing of the people we serve, we call on UPMC to condemn legislative interference in patient-provider health decision making by:

- Issuing a public statement that abortion care is a vital component of comprehensive reproductive healthcare and is available at UPMC hospitals.
- Leveraging UPMC’s voice and power as a major employer and healthcare system to oppose the proposed Pennsylvania constitutional amendment banning abortion.
- Convening a multidisciplinary panel of providers, family planning experts, ethicists, lawyers, scholars, patients, and administrators to develop operational strategies and clinical decision protocols for the current situation, and in the event of laws criminalizing abortion in PA.
- Absent a court order to the contrary, committing to no cooperation with law enforcement when prosecuting patients, abortion providers, those who help abortion patients, or employees at UPMC, in line with the federal government's interpretation of HIPAA (20) and the recently issued statewide executive order (21).

We have the opportunity for leadership and meaningful action in the wake of the *Dobbs v. Jackson Women’s Health* decision. As one of the nation’s top healthcare systems, our response to this public health crisis will be a model for the next generation of healthcare leaders. We look forward to UPMC embodying our mission and values of high-quality patient care, transformational health systems, and unwavering commitment to health equity and care for the underserved and disadvantaged.

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Beatrice Chen, MD MPH
Dr. Liz Miller
Marielle S Gross, MD, MBE
Tamar Krishnamurti, PhD
Miriam Bernard
Flor de Abril Cameron, MPH
Dr. Katherine Himes MD MS
Shannon Tatomir
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Nancy Glazener
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Chelsea Dempsey
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Raquel Buranosky, MD, MPH
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Brant Hasler, PhD
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Leslie Luko Pitetti
Miles Johnson
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Cat Pressimone
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Martha Stewart, MD
Amelia Waltman, MD
Arash Badragheh
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Sadie Longo
Mx. Regina Futcher, MSW
Heather Valente, PA-C
Katheryn Schloss, MD, MPH
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Harnoor Mann, MD
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Kayla Ortiz
Katherine Lane, MD
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Eloho Ufomata, MD MS
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Molly Eckman, MD
Lily Chozick
Alicia L. Haupt, MD
Natalie Pino
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Purva Rumde
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Mekayla Heinzmann
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Cynthia St. Hilaire, PhD, FAHA
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Diana Mendoza-Cervantes, MBE
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Julie Gallagher
Gregory Williamson, MD
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Carissa Pokrant, DO
Susan Jacob, MD
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Kara Peterson, CNM
Claire Steiner, CRNP
Josif Stakic, MD
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Linford Williams, MS, CGC
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Emily Eiben, CRNP
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Laura Lovett, PhD
Azariah Torain
Sarah Lim, MD
Emily Barton, Graduate RN
Mitali Ray, PhD, RN
Cressida Magaro
Monica Schointuch, MD
David Wolfson, MD
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Samyuktha Melachuri, MD
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Ann McCarthy, CNM
Deena Blumenfeld, LCCE, FACCE
Kristee Rosen
Monica Loughran
Shannon McCabe, CNM
Audrey Wrobel, LSW
Megan Berringer, LSW
Anne M Dobrzynski MD
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Ethan Lennox, MA
Catherine L. Haggerty, PhD, MPH
Celestine Christensen, MD
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Kerianne Fullin, MD/MPH
Martha Caceres Peguero
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Ahmed Yousaf, MD
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Polly McCracken
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Ilias Christodoulou, MD
Christopher Passero, MD
Paul Joudrey, MD MPH
Elizabeth Ranella, CRNP
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Jonathan Ritacco, RN, CCRN, SRNA
Rachel Wojcik
Molly Ritter
Vanessa Pappal, BS, CPS
Alexandre Eira
Sarah Arend
Elizabeth Moore, BSN, RN
Stephen Perry
Alison Choi
References:


