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**THIRD JUDICIAL DISTRICT COURT FOR
SALT LAKE COUNTY, UTAH**

PLANNED PARENTHOOD ASSOCIATION
OF UTAH, on behalf of itself and its
patients, physicians, and staff,
Plaintiff,

v.

STATE OF UTAH, *et al.*,
Defendants.

**MOTION FOR A TEMPORARY
RESTRAINING ORDER AND
SUPPORTING MEMORANDUM**

**EMERGENCY HEARING REQUESTED
BY MONDAY, JUNE 27, 2022**

Case No. 220903886

Judge Kouris

SUMMARY OF DISPOSITION REQUESTED AND SUPPORTING GROUNDS

Decisions related to having a family are some of the most personal Utahns will ever make. Pregnancy itself is physically, emotionally, and financially challenging, and having a child is an enormous, life-altering decision. There are myriad factors that go into whether and when to have or add to a family. Until today, these were decisions that Utahns made on their own and in consultation with their loved ones and other trusted individuals, including health care providers and religious and spiritual advisors.

That has all been upended. On June 24, 2022, Senate Bill 174, 2020 Leg., Gen. Sess. (Utah 2020) (codified at Utah Code Ann. tit. 76, ch. 7A) (the “Act” or the “Criminal Abortion Ban”), took effect in Utah, making the provision of most abortions in this state a crime at any point in pregnancy. The Act leaves Utahns without access to legal abortion in their communities, thus forcing pregnant people to carry pregnancies to term against their will; to remain pregnant until they can travel out of state, at great cost to themselves and their families; or to attempt to self-manage their abortions outside the medical system.

The Act violates the Utah Constitution. Irrespective of the recent U.S. Supreme Court decision curtailing the federal right to previability abortion, *see Dobbs v. Jackson Women’s Health Org.*, No. 19-1392, slip op. (U.S. June 24, 2022), the Utah Supreme Court has long recognized that the Utah Constitution serves as an independent source of rights and that its guarantees may be more expansive than those under federal law. *See State v. DeBooy*, 2000 UT 32, ¶ 12, 996 P.2d 546. This is one such case.

Pursuant to Utah Rule of Civil Procedure 65A, Plaintiff Planned Parenthood Association of Utah (“PPAU”), one of Utah’s two remaining outpatient abortion providers, seeks a temporary restraining order to enjoin the Act’s enforcement. A temporary restraining order is necessary to

preserve the status quo as it stood on June 24, 2022, when abortion was legal in Utah—as it has been for at least five decades. Without such relief, Utahns will have lost their right to decide whether and when to become parents; their right to determine the composition of their families; their entitlement to be free from discriminatory state laws that perpetuate stereotypes about women and their proper societal role; their right to bodily integrity and to be free from involuntary servitude; their freedom of conscience; and their right to make private health care decisions and to bodily autonomy and liberty.¹

For the reasons that follow, Plaintiff urges the Court to enter emergency injunctive relief by Monday, June 27, 2022, when Plaintiff has at least twelve patients scheduled for abortion care.

STATEMENT OF FACTS

In 2020, the Utah Legislature adopted the Criminal Abortion Ban, which bars abortion at any point in pregnancy, with only three limited exceptions. Those exceptions apply only where (1) an abortion is necessary to protect the patient’s life or to prevent “a serious risk of substantial and irreversible impairment of a major bodily function of the woman on whom the abortion is performed” (the “Death and Permanent Injury Exception”); (2) two maternal-fetal medicine physicians confirm in writing that a fetus—in terms left undefined by statute—either has a health condition that is “uniformly diagnosable and uniformly lethal” or has a severe brain abnormality that is “uniformly diagnosable” and causes an individual “to live in a mentally vegetative state”; or (3) where a patient’s pregnancy is the result of rape or incest and the physician performing the abortion confirms that the assault has been reported to law enforcement, irrespective of a patient’s wishes (the “Reported Rape Exception”). Utah Code Ann. § 76-7a-201.

¹ Plaintiffs use “woman” or “women” as a short-hand for people who are or may become pregnant, but people of all gender identities, including transgender men and gender-diverse individuals, may become pregnant and seek abortion, and are also harmed by the Act.

The Legislature provided that the Act would take effect only upon the legislative general counsel’s certification that a court of binding authority had “held that a state may prohibit the abortion of [a fetus] at any time during the gestational period, subject to the exceptions enumerated in” the Ban. 2020 Utah Laws Ch. 279, § 4(2). On June 24, 2022, the U.S. Supreme Court issued an opinion in *Dobbs v. Jackson Women’s Health Organization* (“*JWHO*”), No. 19-1392, slip op. (U.S. June 24, 2022), which overruled *Roe v. Wade*, 410 U.S. 113, 93 S. Ct. 705, 35 L. Ed. 2d 147 (1973), and its progeny. In so doing, the U.S. Supreme Court eliminated nearly fifty years of precedent protecting a federal substantive due process right to abortion until viability. The U.S. Supreme Court made clear, however, that states remain free to make their own decisions about abortion. *JWHO*, slip op. at 79.

Based on the *JWHO* decision, on June 24, 2022, the Utah legislative general counsel sent an e-mail to the Legislative Management Committee stating that he was certifying that the Criminal Abortion Ban had been triggered and took immediate effect. Performing an abortion in Utah is now a second-degree felony in nearly all cases. Utah Code Ann. § 76-7a-201(3). Should any abortion providers violate the law, the Act would saddle them with one-to-fifteen-year prison terms, steep criminal fines, and loss of their professional licenses and their families’ livelihoods. *Id.* §§ 76-7a-201(3)–(5), 76-3-203(2), 76-3-301(1)(a), 76-3-302(1).

Plaintiff PPAU is a Utah non-profit organization dedicated to ensuring Utahns’ access to affordable, quality sexual and reproductive health care and education. Decl. of David Turok, M.D., M.P.H., FACOG, in Supp. of Pl.’s Mot. for TRO (“Turok Decl.”) ¶¶ 12–13 (attached hereto as Exhibit A). Each year, PPAU provides well-person visits, contraceptive care, and sexually transmitted infection (“STI”) testing, among other care, at its eight health centers. *Id.* ¶ 14. Until

the Criminal Abortion Ban took effect, PPAU—through its Utah-licensed physicians—also provided previability abortions at health centers in Salt Lake City and Logan. *Id.* ¶ 15.

When the Criminal Abortion Ban took effect, PPAU and its staff were forced to immediately stop providing abortions that are not permitted by the Act. *Id.* ¶¶ 4, 21. At this time, PPAU is cancelling appointments today for roughly a dozen patients who had abortions scheduled. PPAU has more than 55 patients scheduled for abortion appointments in the next week, including 12 on Monday, 19 on Tuesday, and 19 on Wednesday. *Id.* ¶ 4.

ARGUMENT

A temporary restraining order is appropriate where the movant demonstrates that (1) irreparable harm will occur without the injunction, (2) the threatened injury to the movant outweighs any injury to the party restrained, (3) the injunction is “not adverse to the public interest,” and (4) “there is a substantial likelihood that the movant will prevail on the merits of the underlying claim, or the case presents serious issues on the merits which should be the subject of further litigation.” Utah R. Civ. P. 65A(e). Plaintiff more than satisfies this test.

I. WITHOUT A TEMPORARY RESTRAINING ORDER, THE CRIMINAL ABORTION BAN WILL CAUSE IRREPARABLE HARM TO PLAINTIFF, ITS PATIENTS, AND ITS STAFF

Under Rule 65A, the Court may enter relief to preserve the status quo where irreparable harm would otherwise occur. If left in place, the Criminal Abortion Ban will be catastrophic for Utahns. The Act will force many Utahns seeking abortion to carry pregnancies to term against their will, with all of the physical, emotional, and financial costs that entails. Turok Decl. ¶ 5; *see also id.* ¶¶ 21–43. Some Utahns will inevitably turn to self-managed abortion by buying pills or other items online and outside the U.S. health care system. *Id.* ¶ 22. And even Utahns who are ultimately able to obtain an abortion—either because they have been able to scrape together the

resources to travel out of state or because they meet one of the law’s narrow exceptions—will suffer irreparable harm. *Id.* ¶¶ 44–54. Finally, PPAU and its staff will also suffer harms that cannot possibly be compensated.

A. Utahns will suffer irreparable harm from forced pregnancy and parenting.

Without immediate relief, the Criminal Abortion Ban will deny PPAU’s patients medical care that is both time-sensitive and, as explained below, constitutionally protected. The loss of a constitutional right alone is sufficient to justify injunctive relief. *See Corp. of President of Church of Jesus Christ of Latter-Day Saints v. Wallace*, 573 P.2d 1285, 1287 (Utah 1978) (affirming temporary restraining order to protect religious rights); *Fish v. Kobach*, 840 F.3d 710, 752 (10th Cir. 2016) (emphasizing “[w]hen an alleged constitutional right is involved, most courts hold that no further showing of irreparable injury is necessary” (quoting *Kikumura v. Hurley*, 242 F.3d 950, 963 (10th Cir. 2001))). This applies especially to abortion: “[T]he abortion decision is one that simply cannot be postponed, or it will be made by default with far-reaching consequences.” *Bellotti v. Baird*, 443 U.S. 622, 643, 99 S. Ct. 3035, 61 L. Ed. 2d 797 (1979).

The Ban’s consequences for Utahns who lose access to time-sensitive medical care are substantial. If the Criminal Abortion Ban remains in effect, hundreds of Utah women in the first month alone will be forced to remain pregnant against their will, many of whom will be forced to carry to term. These patients will suffer a range of irreparable physical, mental, and economic consequences, and there is no effective monetary remedy for the impact of forced pregnancy on their health and bodily autonomy, even for patients able to obtain an abortion at a later time.

Even in an uncomplicated pregnancy, an individual experiences a wide range of physiological challenges. Turok Decl. ¶ 24. Individuals experience a dramatic increase in blood volume, a faster heart rate, increased production of clotting factors, breathing changes, digestive

complications, substantial weight gain, and a growing uterus. *Id.* These and other changes put pregnant patients at greater risk of blood clots, nausea, hypertensive disorders, and anemia, among other complications. *Id.* Pregnancy can also aggravate preexisting health conditions, including hypertension and other cardiac diseases, diabetes, kidney disease, autoimmune disorders, obesity, asthma, and other pulmonary diseases. *Id.* ¶ 25. It can lead to the development of new and serious health conditions as well, such as hyperemesis gravidarum, preeclampsia, deep-vein thrombosis, and gestational diabetes. *Id.*

Pregnancy can also induce or exacerbate mental health conditions. *Id.* ¶ 26. Some people with a history of mental illness experience a recurrence of their illness during pregnancy. *Id.* Mental health risks can be higher for patients with unintended pregnancies, who face physical and emotional changes and risks that they did not choose to take on. *Id.* For context, almost 20% of pregnancies in Utah are unintended, and this percentage is much higher for Utahns who are Black or Hispanic/Latino. *Id.*

Some pregnant patients also face an increased risk of intimate partner violence. *Id.* ¶ 27. Indeed, homicide—most frequently caused by an intimate partner—has been identified as a leading cause of maternal mortality. *Id.*

Separate from pregnancy, labor and childbirth are themselves significant medical events with many risks. *Id.* ¶ 28. The risk of mortality from pregnancy and childbirth is over 12 times greater than for legal previability abortion. *Id.* Complications during labor occur at a rate of over 500 per 1,000 hospital stays and the vast majority of childbirth delivery stays have a complicating condition. *Id.* ¶ 29. Even a normal pregnancy with no comorbidities or complications can suddenly become life-threatening during labor and delivery. *Id.* ¶ 30. Other unexpected adverse events include transfusion, ruptured uterus or liver, stroke, unexpected hysterectomy (the surgical

removal of the uterus), and perineal laceration (the tearing of the tissue around the vagina and rectum), the most severe of which can result in long-term urinary and fecal incontinence and sexual dysfunction. *Id.* ¶¶ 30–31. In Utah, more than one in five deliveries also occur by cesarean section (“C-section”), an open abdominal surgery that requires hospitalization for at least a few days and carries significant risks of hemorrhage, infection, blood clots, and injury to internal organs. *Id.* ¶ 33. Negative pregnancy and childbirth-related health outcomes are even greater for Utahns of color. *Id.* ¶ 35.

In addition to these physical and mental injuries, the Act also imposes irreparable harm on PPAU’s patients by impinging on one of the most personal and consequential decisions a person will make in a lifetime: whether to become or remain pregnant. In this way, the Act will have an impact on a person’s existing family that cannot be compensated by future monetary damages. *See id.* ¶ 19, 43. Many people decide that adding a child to their family is well worth the risks and consequences of pregnancy and childbirth. At the same time, together with their partners and with the support of other loved ones and trusted individuals, including religious and spiritual advisors, roughly 2,800 Utahns each year determine that abortion is the right decision for them. *Id.* ¶¶ 20, 22. Patients have a range of views on the morality of abortion, which depend not only on their unique circumstances, but also on varying religious and spiritual views about when life begins. *See id.* ¶ 20. Roughly half of abortion patients in Utah already have one or more children, *id.* ¶ 19, and 45% of PPAU’s abortion patients report earning less than 130% of the federal poverty level, *id.* ¶ 39.

Women who seek but are denied an abortion are, when compared to those who are able to access abortion, more likely to lower their future goals, and less likely to be able to exit abusive relationships. *Id.* ¶ 43. Their existing children are also more likely to suffer measurable reductions

in achievement of child developmental milestones and an increased chance of living in poverty. *Id.* As compared to women who received an abortion, women denied an abortion are also less likely to be employed full-time, more likely to be raising children alone, more likely to receive public assistance, and more likely to not have enough money to meet basic living needs. *Id.*

If denied an abortion, women whose pregnancies are the result of rape may be forced to share custody of, or otherwise parent, the child with their rapist. *See* Utah Code § 76-5-414(1) (limiting custody and parental time for rapists only where there has been a conviction).

The unquantifiable economic impact of forced pregnancy, childbirth, and parenting will also have dramatic, negative effects on Utah families' financial stability. Turok Decl. ¶ 36. Some side-effects of pregnancy render patients unable to work, or unable to work the same number of hours as they otherwise would. *Id.* For example, hyperemesis gravidarum and preeclampsia may result in job loss, especially for people who work jobs without predictable schedules, paid sick or disability leave, or other forms of job security. *Id.* Pregnancy-related discrimination can also result in lower earnings for women both during pregnancy and over time. *Id.* Further, Utah does not require employers to provide paid family leave, meaning that for many pregnant Utahns, time taken to recover from pregnancy and childbirth or to care for a newborn is unpaid. *Id.*

Pregnancy-related health care and childbirth are also some of the costliest hospital-based health services, particularly for complicated or at-risk pregnancies, and result in significant out-of-pocket expenses. *Id.* ¶¶ 37–38. These costs will impact a patient's existing children. *Id.* ¶ 38; *see also id.* ¶ 43.

In sum, pregnancy and parenting are hugely consequential events in Utahns' lives, and being denied an abortion has long-term, negative effects on an individual's physical and mental health, economic stability, and the wellbeing of their family, including existing children.

B. Patients forced to try to obtain abortions services outside of Utah will be irreparably harmed by the Act.

Although some of those forced to remain pregnant may eventually be able to obtain abortions out of state, they will also suffer irreparable injury from the Criminal Abortion Ban.

First, they will be forced to remain pregnant against their will until they can obtain care, with all of the physical, emotional, and financial implications that entails, *see supra* Part I.A, and they will likely get abortion care later in pregnancy than if they had had abortion access in Utah. *Id.* ¶ 46. Second, these Utahns will suffer additional costs and burdens of substantial travel. At this time, the nearest clinics providing abortion outside of Utah are located in Idaho² (the closest of which is a distance of 219 miles from Salt Lake City, one way); Jackson, Wyoming³ (a distance of 272 miles, one way); and Steamboat Springs, Colorado (a distance of 329 miles, one way). *Id.* ¶ 45. For patients who need an abortion beyond the first trimester (i.e., after approximately 14 weeks of pregnancy), the closest provider is located in Meridian, Idaho, which is 347 miles each way from Salt Lake City, and the next closest provider is located in Durango, Colorado, which is 394 miles each way from Salt Lake City. *Id.* Third, some may also be forced to compromise the confidentiality of their decision to have an abortion in order to obtain transportation or child care. *Id.* ¶ 46. Finally, all of these patients will lose the availability of “medical treatment from the qualified providers of their choice.” *Planned Parenthood of Kan. v. Andersen*, 882 F.3d 1205, 1236 (10th Cir. 2018).

Each of these harms is irreparable. As the U.S. Court of Appeals for the Tenth Circuit has

² At present, Idaho’s total abortion ban is set to take effect in the near future, at which point abortions will no longer be available in Idaho. *See* Idaho Senate Bill 1385, 65th Leg., 2d Reg. Sess. (2020).

³ Like Idaho, Wyoming also has a total abortion ban set to take effect in the near future. *See* Wyoming House Bill 92, 66th Leg., Budget Sess. (2022).

recognized, a “disruption or denial” of a patient’s “health care cannot be undone after a trial on the merits.” *Id.* (citation omitted); *accord Harris v. Bd. of Supervisors, L.A. Cnty.*, 366 F.3d 754, 766 (9th Cir. 2004).

C. The Act will irreparably harm those patients forced to meet the Criminal Abortion Ban’s exceptions for an abortion.

Even patients who might fit the Act’s limited exceptions will suffer irreparable harm in accessing care. For example, under the Act’s Death and Permanent Injury Exception, pregnant persons with rapidly worsening medical conditions—who, prior, could have obtained an abortion without explanation—will be forced to wait for care until their conditions become deadly or threaten permanent impairment. Turok Decl. ¶ 47.

Patients facing devastating fetal diagnoses will be forced to prove, based on the written concurrence of “two physicians who practice maternal fetal medicine” that the diagnosis qualifies for abortion, a process that is likely to delay care and increase the expense and emotional toll of such a diagnosis. *Id.* ¶ 49.

Sexual assault survivors seeking abortion in Utah will be forced to choose between accessing services and maintaining their privacy in deciding whether to disclose the assault. *Id.* ¶ 52. This choice is forced on no other autonomous patient in Utah’s health care system. *Id.*

D. The Criminal Abortion Ban will irreparably harm PPAU and its staff.

PPAU and its physicians and staff will also be irreparably injured by the Criminal Abortion Ban, which has eliminated their ability to offer abortion services. PPAU and staff will face reputational harm and harm to their livelihoods from the threat of severe criminal and licensing penalties posed by the Criminal Abortion Ban. These harms are irreparable. *See, e.g., Hunsaker v. Kersh*, 1999 UT 106, ¶ 10, 991 P.2d 67 (“Loss of business and goodwill may constitute irreparable harm susceptible to injunction.”); *Sys. Concepts, Inc. v. Dixon*, 669 P.2d 421, 428–29 (Utah 1983)

(finding irreparable harm where final judgment could not “effectively restore to [the plaintiff] the benefits of its goodwill” or the benefits of its proprietary information “used against and in competition with [it] during the pendency of the action”); *Zagg, Inc. v. Harmer*, 2015 UT App 52, ¶ 8, 345 P.3d 1273 (finding irreparable harm where the absence of an injunction would harm a litigant’s business interests).

II. THE PUBLIC INTEREST AND BALANCE OF EQUITIES SUPPORT ISSUANCE OF AN INJUNCTION

PPAU and its patients face far greater harm while the Criminal Abortion Ban is in effect than Defendants will face if the Court enters an injunction preserving the status quo. The State has no “interest in enforcing a law that is likely constitutionally infirm.” *Chamber of Com. of U.S. v. Edmondson*, 594 F.3d 742, 771 (10th Cir. 2010). In addition, the public has an interest in a speedy injunction to block a law that fundamentally upsets the longstanding status quo on which Utah women and their families have relied upon for at least five decades. *Cf. Utah Med. Prod., Inc. v. Searcy*, 958 P.2d 228, 233 (Utah 1998) (upholding trial court determination that injunction was contrary to public interest where it would have “remove[d] a valuable medical device[] . . . from certain markets”). The balance of equities and public interest thus weigh decisively in PPAU’s favor, further demonstrating that a temporary restraining order is appropriate.

III. THIS LITIGATION RAISES SERIOUS ISSUES OF CONSTITUTIONAL SIGNIFICANCE, AND PPAU IS LIKELY TO PREVAIL ON THE MERITS

The certainty of severe and irreparable harm, the balance of the equities, and the public interest clearly tip the scale in favor of a temporary restraining order even if Plaintiff could show only the existence of serious legal issues. But, as explained below, PPAU is likely to prevail on the merits.

A. The Criminal Abortion Ban violates Utahns’ right to determine their own family composition, free from government interference.

The Criminal Abortion Ban violates Utahns’ right to determine the composition of their families and to parent their existing children as they deem appropriate. Such interference with private family decisions is illegitimate and subject to heightened judicial scrutiny, which the Criminal Abortion Ban cannot survive.

In Utah, “[t]he rights inherent in family relationships—husband-wife, parent-child, and sibling—are the most obvious examples of rights retained by the people. They are ‘natural,’ ‘intrinsic,’ or ‘prior’ in the sense that our Constitutions presuppose them, as they presuppose the right to own and dispose of property.” *In re J.P.*, 648 P.2d 1364, 1372–74 (Utah 1982) (recognizing a person’s right to maintain parental ties). The Utah Supreme Court has recognized these family rights as “fundamental.” *Id.* at 1373 (citing, among other protected rights, the freedom to marry and to procreate); *see also Jensen ex rel. Jensen v. Cunningham*, 2011 UT 17, ¶ 73, 250 P.3d 465 (describing the right to parent as “fundamental”).

The Criminal Abortion Ban eviscerates this fundamental right to determine one’s family composition and how best to care for one’s existing children. Many Utahns who obtain abortions are already parents, and they generally decide to obtain an abortions after weighing the impact of a new child on their other children. Turok Decl. ¶ 19. These patients frequently conclude that they will have a harder time meeting their existing children’s needs for emotional, physical, and economic support. *Id.* Still other families receive grave fetal diagnoses during pregnancy, and they determine that the care and attention required by a new child would make it impossible for them to fulfill the rest of their family’s needs. *Id.*

“A statute that infringes upon this ‘fundamental’ right” to parent “is subject to heightened scrutiny” and is presumptively unconstitutional. *Jensen*, 2011 UT 17, ¶ 72. It is the State’s burden

to demonstrate that the statute “(1) furthers a compelling state interest and (2) ‘the means adopted are narrowly tailored to achieve the basic statutory purpose.’” *Id.* (quoting *Wells v. Children’s Aid Soc’y of Utah*, 681 P.2d 199, 206 (Utah 1984)); *see also Utah Safe to Learn—Safe to Worship Coal., Inc. v. State*, 2004 UT 32, ¶ 24, 94 P.3d 217 (describing this burden of proof). The Criminal Abortion Ban cannot meet this or any other standard.

The Act’s supporters’ have expressed the view that the law was intended to “discourage the taking of a human life.” *Hearing on S.B. 174 Before the H.*, 2020 Gen. Sess., recording at 34:02–08, (Utah Mar. 12, 2020) (statement of Rep. Karianne Lisonbee, floor sponsor of Act).⁴ But the law does not substantially further an interest in fetal life, and it is also not narrowly tailored to that goal. The Act does nothing to address the overwhelming obstacles to healthy pregnancy and successful parenting in Utah. Instead, the State has imposed an additional burden. Although imperative, the limited scope of the exceptions to the Act—which have nothing to do with whether a fetus will survive—only underscores that the law is not narrowly tailored to achieve any interest in fetal life. *See Utah Code Ann. § 76-7a-201(1)(b)–(c).*

Moreover, the premise of the Act, which intrinsically values potential life over the lives of Utah’s current citizens, enforces outdated gender stereotypes by endorsing the conscription of women into “the home and the rearing of the family.” *Stanton v. Stanton*, 421 U.S. 7, 14, 95 S. Ct. 1373, 43 L. Ed. 2d 688 (1975). It also enshrines into law the State’s moral disapproval of women who do not wish to be parents or have additional children. Even if this interest is legitimate—which it is not—it cannot be compelling.

⁴ Available at <https://le.utah.gov/av/floorArchive.jsp?markerID=111813>.

Because the Act is neither supported by a compelling state interest, nor narrowly tailored to further any purported interest, it violates Utahns' fundamental right to decide, without unwarranted governmental interference, how to organize their families.

B. The Criminal Abortion Ban violates the Utah Constitution's Equal Rights Amendment.

Since Utah became a state in 1896, it has guaranteed civil, political, and religious equality between the sexes, as enshrined in the Utah Constitution's Equal Rights Amendment. Utah Const. art. IV, § 1. Utah's Equal Rights Amendment grants to all people a positive entitlement to "enjoy equally" the rights and privileges of citizenship. *Id.* In this respect, Utah's provision goes beyond the U.S. Constitution's more general Equal Protection Clause, which only bars the denial of equal protection of the laws. *See* U.S. Const. amend. XIV, § 1.

Utah's Equal Rights Amendment prohibits the State from directly or indirectly "relying on gender as a determining factor" for the availability of rights or benefits. *Pusey v. Pusey*, 728 P.2d 117, 119–20 (Utah 1986) (invalidating "arbitrary maternal preference" in custody disputes); *accord Sukin v. Sukin*, 842 P.2d 922, 926 (Utah Ct. App. 1992) (holding that custody could not "be based, directly or indirectly, on gender-based preferences or stereotypes"). And it requires application of the most stringent standard of constitutional review, sometimes termed strict scrutiny, and considers both whether a law results in disparate treatment *or* disparate impact on women as compared to men.⁵ *See Est. of Scheller v. Pessetto*, 783 P.2d 70, 76–77 (Utah Ct. App. 1989) (recognizing that even after *Pusey*, "[t]here may be cases where application of a standard

⁵ By including both an Equal Rights Amendment and a Uniform Operations Clause, it must have been (and, in fact was) understood that the two provisions provided different protections. As discussed *infra* Part III.C, the Uniform Operations Clause already subjects discriminatory classifications to heightened scrutiny. The Equal Rights Amendment, which was added to the Utah Constitution after the Uniform Operations Clause, would necessarily have been understood to go beyond these protections.

more stringent than that used under the equal protection clause would be justified,” especially where a fundamental right, such as an “established familial relationship,” is at stake); *cf. Redwood Gym v. Salt Lake Cnty. Comm’n*, 624 P.2d 1138, 1147 (Utah 1981) (finding no sex classification created by economic regulation on “opposite-sex massage[s]” because it did not “place either sex at an inherent legal disadvantage vis-a-vis the other”).

Accordingly, to assess the constitutionality of the Criminal Abortion Ban, this Court must first consider whether the statute treats men and women differently, or whether it disproportionately impairs women’s ability to fully enjoy their civil, political, and religious rights in Utah. If the Criminal Abortion Ban does either of those things, then strict scrutiny applies, and the State bears the burden of showing that the Act is supported by a “*compelling*” interest, and that the law advances this interest in “the *least restrictive means* possible.” *In re Adoption of J.S.*, 2014 UT 51, ¶ 69, 358 P.3d 1009 (describing strict scrutiny standard applicable to race-based challenges under Uniform Operation of Law Clause); *see also, e.g., N.M. Right to Choose/NARAL v. Johnson*, 1999-NMSC-005, ¶¶ 2, 37, 126 N.M. 788, 975 P.2d 841 (applying strict scrutiny under New Mexico’s Equal Rights Amendment to hold that a “rule prohibiting state funding for certain medically necessary abortions denie[d] Medicaid-eligible women equality of rights under law”).

The Criminal Abortion Ban cannot possibly survive this review. First, the Act expressly singles out care for pregnant “*wom[e]n*.” Utah Code Ann. § 76-7a-201(1)(a), (c) (emphasis added). It leaves untouched medical care available to men. It is irrelevant that this classification may be premised on a physical characteristic unique to one sex. While “[i]nherent differences between men and women . . . remain cause for celebration, . . . [they] may not be used, as they once were, to create or perpetuate the legal, social, and economic inferiority of women.” *United States v.*

Virginia, 518 U.S. 515, 533–34, 116 S. Ct. 2264, 135 L. Ed. 2d 735 (1996) (internal quotation marks & citation omitted).

The Criminal Abortion Ban “operates to the disadvantage of persons so classified.” *Johnson*, 1999-NMSC-005, ¶ 40 (citation omitted). In its operation, the Act disproportionately limits women’s bodily autonomy and liberty, their ability to decide for themselves matters of great consequence to their lives, and their ability to obtain the same education and financial independence available to those who cannot become pregnant.

Moreover, for all those reasons described in Part III.A, the Act is not supported by a legitimate, much less compelling, state interest, nor does it use the least restrictive means of advancing the State’s purported interest in the law. Because the law disproportionately disadvantages women, and because it is not narrowly tailored to further a compelling state interest, it violates Utah’s Equal Rights Amendment.

Even if intermediate scrutiny were to apply, the Act must fall. *See In re Adoption of J.S.*, 2014 UT 51, ¶ 69 (describing intermediate standard as requiring State to demonstrate “an *important* governmental interest that is *substantially* advanced by the legislation” (emphasis in original)). The Ban denies women (but not men) the ability to make decisions about their bodies and forces women (but not men) to take on increased medical risks simply as a result of having sex. This serves not to “preserv[e] meaningful opportunities to both sexes,” *id.* ¶ 70, but to penalize only women for behavior that both sexes engage in. *See also infra* Part III.C.

C. The Act violates the Utah Constitution’s guarantee that state laws shall have a uniform operation.

In addition to the Equal Rights Amendment, article I, § 24 of the Utah Constitution provides that “[a]ll laws of a general nature shall have uniform operation.”

To assess the constitutionality of laws under the Uniform Operation Clause, Utah courts apply a three-part inquiry. *In re Adoption of J.S.*, 2014 UT 51, ¶ 67. They first “determine what, if any, classification is created under the statute.” *State v. Drej*, 2010 UT 35, ¶ 34, 233 P.3d 476. Next they ask “whether the classification imposes on similarly situated persons disparate treatment.” *Id.* Unlike the federal Equal Protection Clause, the Uniform Operation of Laws clause “demands more than facial uniformity; the law’s operation must be uniform” as well. *Id.* ¶ 33; accord *DIRECTV v. Utah State Tax Comm’n*, 2015 UT 93, ¶ 49, 364 P.3d 1036. These “first two parts of the test are a threshold inquiry as to whether a ‘discriminatory classification exists.’” *Id.* (quoting *Gallivan v. Walker*, 2002 UT 89, ¶¶ 44–46, 54 P.3d 1069). Finally, if such a classification exists, courts “analyze the scheme to determine if ‘the legislature had any reasonable objective that warrants the disparity.’” *Id.* (quoting *State v. Schofield*, 2002 UT 132 ¶ 12, 63 P.3d 667). The standard of scrutiny applied at this final step depends on the nature of the classification. *Id.*

The Criminal Abortion Ban imposes at least three discriminatory classifications on its face. First, as discussed *supra* Part III.B, the Act disadvantages women as opposed to men. Second, even within the class of pregnant people, the Act targets only those who seek abortion, as opposed to those who decide to carry their pregnancies to term.⁶ Third, the Act treats women seeking abortion for reasons the Utah Legislature deems sympathetic differently from others, even though the need for abortion may be the same.

⁶ The Utah Supreme Court has previously held that women who choose to have an abortion as opposed to those who carry to term do not constitute a class for purposes of the Uniform Operation of Laws analysis, but that holding does not apply here. Among other reasons, the holding was based on briefing that, unlike the instant papers, did not “offer any different considerations or arguments to distinguish the state guarantee [of equal protection] from the federal one.” *Wood v. Univ. of Utah Med. Ctr.*, 2002 UT 134, ¶¶ 32, 35, 67 P.3d 436, *abrogation on other grounds recognized by Waite v. Utah Lab. Comm’n*, 416 P.3d 635 (Utah 2017).

Because the Criminal Abortion Ban imposes discriminatory classifications, the Court must also consider the third element of Utah’s Uniform Operation of Law test, which asks whether the Act discriminates “on the basis of a ‘suspect class’ (e.g., race or gender)” or applies in a way that “implicat[es] ‘fundamental right[s].’” *State v. Canton*, 2013 UT 44, ¶ 36, 308 P.3d 517 (second alteration in original). Not only does the Ban discriminate on the basis of sex, *see supra* Part III.B, but it also implicates the fundamental rights to familial decision-making, freedom of conscience, bodily integrity, and privacy, *see supra* Part III.A; *see infra* Parts III.D, F–G. Where such fundamental rights are at stake, heightened review applies. *Canton*, 2013 UT 44, ¶ 36. For the reasons discussed *supra* Part III.A, the Criminal Abortion Ban cannot possibly meet this standard.

Even under the lowest standard of scrutiny, the Act cannot survive. *See Drej*, 210 UT 35, ¶ 34. (discussing Utah’s “rationally related” test). As established above, the Act serves to perpetuate stereotypes about the role of women in society and to express the State’s disapproval of women who have abortions for reasons the State deems unsympathetic. That is not a “legitimate” government interest sufficient to survive Utah’s rationally-related test. *See Blue Cross & Blue Shield of Utah v. State*, 779 P.2d 634, 640 (Utah 1989). And even if the Court deemed the State’s interest legitimate, the Act’s exceptions—some of which have nothing to do with whether the pregnant person or their fetus will ultimately survive—render the Act “incapable of reasonably furthering the statutory objectives.” *Malan v. Lewis*, 693 P.2d 661, 672 (Utah 1984).

D. The Criminal Abortion Ban violates Utahns’ right to bodily integrity.

The Criminal Abortion Ban violates the fundamental right of pregnant Utahns to bodily integrity. As the Utah Supreme Court has recognized, this right inheres in article I, section 11 of the Utah Constitution, which provides that “every person, for an injury done to him in his or her person . . . shall have remedy by due course of law.” *Malan*, 693 P.2d at 674 n.17. The right to

bodily integrity undoubtedly protects one's ability to be free from nonconsensual "harmful or offensive contact." *Wagner v. State*, 2005 UT 54, ¶¶ 51, 57, 122 P.3d 599. But it also protects one's "right of security of bodily comfort which one has provided for oneself" *Buchanan v. Crites*, 106 Utah 428, 150 P.2d 100, 105–06 (1944) (discussing "bodily security" and treating it analogously to "bodily integrity"), *criticized on other grounds by Cahoon v. Pelton*, 9 Utah 2d 224, 342 P.2d 94 (1959). By forcing pregnant people in Utah to remain pregnant against their will, the Criminal Abortion Ban is a fundamental violation of the right to control one's bodily integrity.

"Where a statute infringes on a fundamental right, the means adopted must be narrowly tailored to achieve the basic statutory purpose." *Jones v. Jones*, 2013 UT App 174, ¶ 34, 307 P.3d 598 (internal quotation marks & citation omitted), *aff'd*, 2015 UT 84, ¶ 34, 359 P.3d 603. As discussed above, the Criminal Abortion Ban bears no reasonable relationship to its statutory purpose, much less a narrowly tailored one, and it does not sufficiently advance any asserted state interest. *See supra* Part III.A. Accordingly, the Act must be invalidated.

E. The Criminal Abortion Ban violates the Utah Constitution's prohibition on involuntary servitude.

For many of the same reasons that the Criminal Abortion Ban violates Utahns' right to bodily integrity, it also violates article I, section 21, of the Utah Constitution, which provides that "[n]either slavery nor involuntary servitude, except as a punishment for crime, whereof the party shall have been duly convicted, shall exist within this State." In *McGrew v. Industrial Commission*, which upheld a law imposing minimum wage and hour requirements, the Utah Supreme Court emphasized that no person has a "right in law to insist that another must work for him." 96 Utah 203, 85 P.2d 608, 610–11 (1938). "Such right would amount to involuntary servitude or slavery and be in violation of Section 21 of Article 1 of the State Constitution." *Id*; *see also In re Cluff*, 587 P.2d 128, 129 (Utah 1978) (relying on Article I, Section 21, to hold that a litigant was wrongly

required to serve as the administrator of an estate where she had not consented to do so); *Bedford v. Salt Lake County*, 22 Utah 2d 12, 14–15, 447 P.2d 193 (1968) (holding unconstitutional a law requiring lawyers to provide free legal services to indigent clients because the law would “impose a form of involuntary servitude upon” a lawyer).

By forcing pregnant Utahns to carry pregnancies to term against their will, the Utah Legislature has conscripted pregnant individuals into involuntary service for the State. Notwithstanding that people with unwanted pregnancies may eventually be able to place their children for adoption, they will still be forced into what is tantamount to unpaid surrogacy for up to nine months or more—a role that Utah law recognizes deserves compensation. *See* Utah Code Ann. § 78B-15-808(1) (“A gestational agreement may provide for payment of consideration.”). The Utah Constitution cannot possibly abide a law that forces thousands of Utahns each year to become surrogates without their consent and to undertake the uncompensated mental and physical labor of pregnancy and childbirth against their will.

F. The Criminal Abortion Ban violates Utahns’ right to freedom of conscience.

By imposing on Utahns the State’s inherently religious view that life begins at conception, the Criminal Abortion Ban violates article I, section 4, of the Utah Constitution, the state’s religion clause. Utah’s religion clause is “broader and more detailed” than the U.S. Constitution’s provisions on the establishment and free exercise of religion. *Soc’y of Separationists, Inc. v. Whitehead*, 870 P.2d 916, 930 (Utah 1993). And it must be read in light of its unique text and Utah’s history. *Id.* at 940. The drafters of the Utah Constitution “wisely concluded that it was best to maintain neutrality among various religious groups as well as between those whose consciences were persuaded by religion and those whose consciences were not.” *Id.* Utah was thus one of the first states to “forbid[] the union of church and state or the domination or interference by any

church with state functions.” *Id.* at 935. And Utah’s protections for the “supreme” rights of conscience, *id.* at 940, among others identified in article I, Section§ 4, *id.*, evince an effort to “maintain a level playing field in civil matters,” *id.* at 936; *see also, e.g.*, Hon. Christine M. Durham, *What Goes Around Comes Around: The New Relevancy of State Constitution Religion Clauses*, 38 Val. U. L. Rev. 353, 354, 361 & n. 54 (2004) (identifying Utah among a set of states with conscience clauses and discussing the role of interpretation of state religion clauses in protecting an “understanding of the nature of religious liberty” that is broader than that now protected under federal law). The Criminal Abortion Ban violates these foundational precepts by imposing on Utahns a state-mandated, inherently religious view as to when life begins without adequate justification. *See supra* Part III.A.

G. The Criminal Abortion Ban violates Utahns’ right to privacy.

The Criminal Abortion Ban violates Utah’s right to privacy, which “protect[s] against intrusion into or exposure of not only things which might result in actual harm or damage, but also to things which might result in shame or humiliation, or merely violate one’s pride in keeping [one’s] private affairs to [one]self.” *Redding v. Brady*, 606 P.2d 1193, 1195 (Utah 1980). The right to privacy under the Utah Constitution encompasses both a right to decisional privacy—the privacy of one’s affairs—and to informational privacy—security from unwarranted disclosures of one’s personal information.

1. **Decisional privacy.** An individual’s decision about family formation is protected by a right to privacy that “includes those aspects of an individual’s activities and manner of living that would generally be regarded as being of such personal and private nature as to belong to [one]self and to be of no proper concern to others.” *Id.* Generations of women have grown to have a reasonable expectation that their private decision making includes an ability to decide to end a pregnancy, and the right to privacy under the Utah Constitution necessarily encompasses a right

to choose to end a pregnancy through abortion. The Criminal Abortion Ban infringes on Utahns' right to decisional privacy without sufficient justification.

2. *Informational privacy.* The Criminal Abortion Ban also violates the right to informational privacy by forcing rape victims to disclose the extremely personal fact of their rape. Under the Reported Rape Exception, a patient seeking an abortion is forced either to report the assault, or to authorize their physician to do so, regardless of the patient's wishes. Either way, such a report would necessarily disclose a patient's private information, including information likely to reveal that they are seeking or obtained an abortion. It is unreasonable to require disclosure of patients' private medical information as a condition for patients to receive medical care, as numerous medical organizations recognize. Turok Decl. ¶ 54.

The State has no legitimate, much less compelling, interest in the Criminal Abortion Ban in the face of these weighty interests. As discussed *supra* Parts I.A and III.A, the Ban does not sufficiently advance any potential interest in fetal life or patient safety. Notably, the Reported Rape Exception requires that the rape have been reported *only* if the physician actually provides an abortion. Utah Code Ann. § 76-7a-201(1)(c)(ii). If the patient decides not to have an abortion, the Act imposes no independent requirement on the physician to report. Patients seeking any other health care need not disclose their status as a victim of sexual assault to receive treatment. The transparent and invidious goal of this exception is to discourage sexual assault survivors from obtaining abortions.

IV. AN INJUNCTION SHOULD ISSUE WITHOUT POSTING OF SECURITY

Under Rule 65A(c), the Court “has wide discretion in the matter of requiring security” as a condition for a temporary restraining order or preliminary injunction. *Wallace*, 573 P.2d at 1287. “[I]f there is an absence of proof showing a likelihood of harm” to Defendants from an injunction,

“certainly no bond is necessary.” *Id.*; accord *Kenny v. Rich*, 2008 UT App 209, ¶ 40, 186 P.3d 989. The Court should use that discretion to waive the security requirement here, where the relief sought will result in no monetary loss for Defendants and is necessary to protect the constitutional rights of PPAU and its patients. *See, e.g., Wallace*, 573 P.2d at 1287 (affirming trial court’s waiver of security requirement in constitutional rights case).

Respectfully submitted,

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**Pro hac vice application forthcoming*

Attorneys for Plaintiff Planned Parenthood Association of Utah

Dated: June 25, 2022

CERTIFICATE OF SERVICE

I hereby certify that on June 25, 2022, I electronically filed the foregoing with the Clerk of Court using the GreenFiling system; delivered via e-mail a true and correct copy of the Motion along with the Complaint to the following attorneys in the Utah Attorneys General Office; and notified those attorneys of Plaintiff's request for an emergency hearing on Monday, June 27, 2022:

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OFFICE OF THE UTAH ATTORNEY GENERAL

/s/ Troy L. Booher

Troy L. Booher

Notice to responding party

You have a limited amount of time to respond to this motion. In most cases, you must file a written response with the court and provide a copy to the other party:

- within 14 days of this motion being filed, if the motion will be decided by a judge, or
- at least 14 days before the hearing, if the motion will be decided by a commissioner.

In some situations a statute or court order may specify a different deadline.

If you do not respond to this motion or attend the hearing, the person who filed the motion may get what they requested.

See the court's Motions page for more information about the motions process, deadlines and forms:

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Aviso para la parte que responde

Su tiempo para responder a esta moción es limitado. En la mayoría de casos deberá presentar una respuesta escrita con el tribunal y darle una copia de la misma a la otra parte:

- dentro de 14 días del día que se presenta la moción, si la misma será resuelta por un juez, o
- por lo menos 14 días antes de la audiencia, si la misma será resuelta por un comisionado.

En algunos casos debido a un estatuto o a una orden de un juez la fecha límite podrá ser distinta.

Si usted no responde a esta moción ni se presenta a la audiencia, la persona que presentó la moción podría recibir lo que pidió.

Vea la página del tribunal sobre Mociones para encontrar más información sobre el proceso de las mociones, las fechas límites y los formularios:

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La página de la internet del tribunal
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(utcourts.gov/help-span)

tiene información sobre algunas maneras de encontrar ayuda legal, incluyendo el Centro de Ayuda de los Tribunales de Utah, abogados que ofrecen descuentos u ofrecen ayuda legal limitada, y talleres legales gratuitos.



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Exhibit A

**THIRD JUDICIAL DISTRICT COURT FOR
SALT LAKE COUNTY, UTAH**

PLANNED PARENTHOOD ASSOCIATION
OF UTAH, on behalf of itself and its
patients, physicians, and staff,
Plaintiff,

v.

STATE OF UTAH, *et al.*,
Defendants.

**DECLARATION OF DAVID TUROK,
M.D., M.P.H., FACOG, IN SUPPORT OF
PLAINTIFF'S MOTION FOR A
TEMPORARY RESTRAINING ORDER**

Case No. 220903886

Judge Kouris

I, David Turok, M.D., M.P.H., FACOG, being of lawful age, do hereby swear and state as follows:

1. I am the Director of Surgical Services at Planned Parenthood Association of Utah ("PPAU"), a non-profit organization that has provided health care services in Utah for more than fifty years. My duties include directing and supervising PPAU's medical program, including abortion services, and developing and implementing PPAU's medical protocols for surgical services, including for abortions.

2. The facts I state here are based on my years of medical practice, my personal knowledge, my review of PPAU business records, information obtained through the course of my duties at PPAU, and my familiarity with relevant medical literature and statistical data recognized as reliable in the medical profession. A copy of my *curriculum vitae* is attached as **Exhibit A**.

3. I submit this declaration in support of Plaintiff's Motion for a Temporary Restraining Order to prevent enforcement of Utah Code Ann. § 76-7a-201 (the "Criminal Abortion Ban"). I understand that the Criminal Abortion Ban, which Utah officials announced as in effect the evening of June 24, 2022, prohibits abortion at any point in pregnancy with extremely narrow

exceptions, and exposes any person who violates it to a prison term of one to fifteen years, criminal fines, and loss of licensure.

4. As a result of this law, PPAU, its staff, and I have had no choice but to stop performing abortions beyond the Act's narrow exceptions, effective immediately. At this time, we have been forced to cancel abortion appointments scheduled for today, June 25, 2022, for approximately a dozen patients. PPAU has at least 55 patients scheduled for abortion appointments in the next week, including 12 on Monday, 19 on Tuesday, and 19 on Wednesday. If relief is granted in this case, PPAU's health centers would resume providing abortions beyond those eligible for the Act's narrow exceptions.

5. The Criminal Abortion Ban is having and will continue to have a devastating impact on Utahns who need abortion. I expect that some of these Utahns will be forced to attempt to travel to other states for abortions. Those who are not able to do so will be compelled to carry pregnancies to term against their wishes or seek ways to end their pregnancies without medical supervision, some of which may be unsafe, risking damage to their health and lives. I am gravely concerned about the effect that the Criminal Abortion Ban will have on Utah women's emotional, physical, and financial wellbeing and the wellbeing of their families, including their existing children.

I. My Background

6. I am licensed to practice medicine in Utah and am board-certified in obstetrics and gynecology. I am a tenured Associate Professor in the Department of Obstetrics and Gynecology at the University of Utah School of Medicine. I also serve as Director of the University of Utah's Division of Family Planning, the University of Utah's Fellowship in Family Planning, and the ASCENT Center for Sexual and Reproductive Health.

7. I obtained a medical degree and a master's degree in public health from Tufts University School of Medicine in 1995. I completed residencies with the University of Utah's Department of Obstetrics and Gynecology and Brown University's Department of Family Medicine. I also completed a Family Practice Obstetric Fellowship with the University of Utah's Department of Family and Preventive Medicine.

8. I am on the Editorial Board of *Contraception*, an international reproductive health journal. I also serve as a reviewer on numerous academic journals, including the *American Journal of Obstetrics and Gynecology*, *Human Reproduction*, and *Women's Health Issues*. I have co-authored more than 100 research publications involving, among other issues, second-trimester abortion procedures, overcoming contraceptive and abortion access barriers, the development of novel contraceptive methods, and the use of intrauterine devices (IUDs) for emergency contraception. I lead a team that has conducted two large contraceptive initiatives in Utah that have provided no-cost contraception to more than 25,000 people. These studies, and others, have evaluated the intersection of health exposures and outcomes, specifically those assessing the social determinants of health.

9. I have provided abortions in Utah since 1997 and have done so as a routine part of my medical practice since 2003.

10. I have delivered more than 1,000 babies, with many of those births complicated by maternal or fetal conditions. I have seen the broad spectrum of human complications during pregnancy and childbirth and have a deep understanding of the complications that can cause durable disability and death.

11. As the Family Planning Division Director at the University of Utah, I lead a research team that has provided women in Utah access to no-cost contraception, with most

receiving highly effective methods they were otherwise unable to obtain. This includes more than 7,400 women reached in collaboration with PPAU through the HER Salt Lake Contraceptive Initiative. These services are an effective means of preventing unintended pregnancies, many of which would have ended in abortion.

II. PPAU and Its Services

12. PPAU is a non-profit corporation organized under the laws of the State of Utah.

13. Founded in 1970, PPAU's mission is to empower Utahns of all ages to make informed choices about their sexual health and to ensure access for Utahns to affordable, quality sexual and reproductive health care and education. PPAU provides care to approximately 46,000 Utah residents each year.

14. PPAU operates eight health centers across the State of Utah, stretching from Logan in the northeast to St. George in the southwest near the Arizona border. PPAU health centers provide a full range of family-planning services including well-person preventative care visits; breast exams; Pap tests; sexually transmitted infection (STI) testing; a wide range of FDA-approved contraception methods, including highly effective, long-acting reversible contraceptives; pregnancy testing; risk assessments for pregnant women to screen for high-risk issues; referral services for pregnant women; urinary tract infection treatment; cervical cancer and testicular cancer screening; fertility awareness services; and vasectomies.

15. Until the Criminal Abortion Ban became effective, three of PPAU's health centers, through its board-certified physicians licensed to practice in Utah, also provided abortions. Its Metro Health Center in Salt Lake City provided first and second-trimester abortions. Its Logan Health Center and Salt Lake City Center provided first-trimester medication abortion. All three health centers are licensed under Utah law as abortion clinics authorized to perform abortions.

16. PPAU's staff includes physicians and other employees who are licensed to provide care in Utah and who are involved in the provision of abortion, and it relies on pharmacy licensing for in-clinic dispensing of medications, including for the purpose of abortion.

17. PPAU's services have included both procedural abortion, available in the first and second trimesters, and medication abortion, available up to 11 weeks LMP. Which method of abortion a patient uses will depend on the gestational age of the pregnancy (medication abortion is available only up to 11 weeks LMP), whether one method is medically contra-indicated, and personal preference. Many patients prefer medication abortion, which has been available to them for over two decades,¹ because they find it to offer greater privacy. Although in Utah patients still come to a health center to obtain the medication, they are able to pass their pregnancy at a location of their choosing, usually at home, in a manner comparable to a miscarriage.

18. In 2019, the most recent year for which statewide data are available, there were 2,776 abortions obtained by Utahns in this state.² The vast majority of abortions in Utah are performed in PPAU's health centers or in the only other Utah outpatient abortion provider (Wasatch Women's Center, located in Salt Lake City).

19. From more than two decades of experience providing a full range of sexual and reproductive health services, including abortion, I know how important abortion is to women in Utah. My patients' lives are complicated, and their decisions to have an abortion often involve multiple considerations. Approximately half (48.6%) of abortion patients in Utah already have one

¹ See, e.g., FDA, *Mifeprex (Mifepristone) Information* (updated Dec. 16, 2021), <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information>.

² Utah Dep't of Health, Off. of Vital Records & Stats., *Abortions, 2019*, at 9 tbl. 1 (Nov. 2021), available at <https://vitalrecords.health.utah.gov/wp-content/uploads/Abortions-2019-Utah-Vital-Statistics.pdf>.

or more children.³ My patients with children understand the intense responsibilities of parenting and decide to have an abortion based on what is best for them and their existing families, which may already struggle with basic unmet needs. These patients frequently conclude that they will have a harder time meeting their existing children's needs for emotional, physical, and economic support. Other patients decide that they are not ready to become parents because of their age or desire to complete their education before starting a family. Some patients never wish to have children. Some patients have health complications during pregnancy and seek abortion to preserve their own health. In some cases, my patients are struggling with opioid or other drug addiction and decide not to become parents during that struggle. Others have an abusive partner, a partner they view as an unsuitable parent, or a partner they do not want to be tied to for the rest of their lives. Still other families receive grave fetal diagnoses during very much wanted pregnancies, and they may determine that the care and attention required by a new child would make it impossible for them to fulfill the rest of their family's needs. In all of these cases, my patients have determined that abortion is the right decision for them.

20. Regardless of a patient's reasons for seeking a previability abortion, our response is the same: PPAU is committed to providing high-quality, compassionate abortion care that honors each patient's dignity and autonomy. I trust my patients to make the best decisions for themselves and their families, taking into account the full complexity of their lives that we, as medical professionals, cannot fully know. This complexity includes, among many other factors, a patient's personal and moral views about abortion. In my experience, it seems that people of all religious faiths and degrees of orthodoxy have abortions, and for those who are heavily grappling with the question of when life begins, some consult lay or formal religious advisors. Some of my

³ *Id.* at 21 tbl. R8.

patients have told me that they have consulted with their bishops in the Church of Jesus Christ of Latter-day Saints and are seeking an abortion with the blessing of their bishops.

III. The Impact of the Criminal Abortion Ban

21. Because of the Criminal Abortion Ban, PPAU and its staff have been forced to stop providing nearly all abortions in Utah, effective immediately. To my knowledge, Wasatch Women's Center, the only other outpatient provider in Utah, has also been forced to stop providing abortions in the state, except for the few allowed by the Ban.

22. In the absence of legal abortion in Utah, approximately 2,800 Utahns each year will be forced either to remain pregnant against their will;⁴ go out of state for an abortion if they can find the means to do so—as well as an open appointment slot, given the number of nearby states that are poised to ban abortion; or attempt to obtain an abortion outside of the medical system by purchasing pills or other items online and outside the U.S. health care system, which may in some cases be unsafe.

23. More than 55 patients with abortion appointments next week at PPAU will be denied access to this critical care if the Act remains in effect. To my knowledge, none of these individuals will qualify for an abortion under the exceptions set out in the Act.

A. Forced pregnancy and parenting

24. Even in an uncomplicated pregnancy, an individual experiences a wide range of physiological challenges. Individuals experience a quicker heart rate, a substantial rise in their blood volume, digestive difficulties, increased production of clotting factors, significant weight gain, changes to their breathing, and a growing uterus. These and other changes put pregnant patients at greater risk of blood clots, nausea, hypertensive disorders, and anemia, among other

⁴ *Id.* at 9 tbl. 2 (reporting 2,776 abortions in 2019).

complications. Although many of these complications can be mild and resolve without medical intervention, some require evaluation and occasionally urgent or emergent care to preserve the patient's health or to save their life.

25. Pregnancy can also exacerbate preexisting health conditions, including diabetes, kidney disease, hypertension and other cardiac diseases, obesity, asthma, autoimmune disorders, and other pulmonary diseases. It can lead to the development of new and serious health conditions as well, such as hyperemesis gravidarum, preeclampsia, deep vein thrombosis, and gestational diabetes. Many people seek emergency care at least once during a pregnancy, and people with comorbidities (either preexisting or those that develop as a result of their pregnancy) are significantly more likely to do so.⁵ People who develop pregnancy-induced medical conditions are at higher risk of developing the same condition in subsequent pregnancies.

26. Pregnancy may also induce or exacerbate mental health conditions.⁶ Those with histories of mental illness may experience a return of their illness during pregnancy.⁷ These mental health risks can be higher for patients with unintended pregnancies, who may face physical and

⁵ Shayna D. Cunningham et al., *Association Between Maternal Comorbidities and Emergency Department Use Among a National Sample of Commercially Insured Pregnant Women*, 24 Acad. Emergency Med. 940 (2017), available at <https://onlinelibrary.wiley.com/doi/10.1111/acem.13215>; see also Healthcare Cost & Utilization Proj., *Emergency Department and Inpatient Utilization and Cost for Pregnant Women: Variation by Expected Primary Payer and State of Residence, 2019*, at 30 tbl. D.1 (Dec. 14, 2021), available at <https://www.hcup-us.ahrq.gov/reports/atagance/HcupAnalysisHospUtilPregnancy.pdf>.

⁶ Kimberly Ann Yonkers et al., *Diagnosis, Pathophysiology, and Management of Mood Disorders in Pregnant and Postpartum Women*, 117 Obstetrics & Gynecology 961, 963 (2011); see also F. Carol Bruce et al., *Maternal Morbidity Rates in a Managed Care Population*, 111 Obstetrics & Gynecology 1089, 1092 (2008).

⁷ *Id.* at 964–67.

emotional changes and risks that they did not choose to take on.⁸ Almost 20% of pregnancies in Utah are unintended, and this percentage is much higher for Black and Hispanic/Latino Utahns.⁹

27. Some pregnant patients also face an increased risk of violence perpetrated by an intimate partner, with the severity of such violence sometimes intensifying during or after pregnancy.¹⁰ According to the American College of Obstetricians and Gynecologists (“ACOG”), “[h]omicide has been reported as a leading cause of maternal mortality, the majority caused by an intimate partner.”¹¹

28. Separate from pregnancy, labor and childbirth are themselves significant medical events with many risks, far greater than those for legal previability abortion. A patient’s risk of death associated with pregnancy and childbirth is more than 12 times higher than the risk of death associated with legal abortion.¹²

⁸ Diana Cheng et al., *Unintended Pregnancy and Associated Maternal Preconception, Prenatal and Postpartum Behaviors*, 79 *Contraception* 194, 197 (2009).

⁹ Utah Dep’t of Health, Off. of Health Disparities, *A Utah Health Disparities Profile, Maternal Mortality and Morbidity among Utah Minority Women*, at 19 tbl. 17, 20 tbl. 18 (Jan. 2021), available at <https://healthequity.utah.gov/wp-content/uploads/2022/02/UtahHealthDisparitiesProfileMaternalMortalityMorbidity2021.pdf> [hereinafter, “Utah Health Disparities Profile”].

¹⁰ Am. Coll. of Obstetricians & Gynecologists, Comm. Op. No. 518: *Intimate Partner Violence*, at 2 (reaff’d 2019), available at <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2012/02/intimate-partner-violence.pdf>.

¹¹ *Id.*

¹² Nat’l Acads. of Scis., Eng’g, & Med., *The Safety and Quality of Abortion Care in the United States*, at 75 tbl. 2-4 (2018); see also Elizabeth G. Raymond & David A. Grimes, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119 *Obstetrics & Gynecology* 215, 216 (2012).

29. But the risks and complications associated with pregnancy stem beyond mortality. Complications during labor occur at a rate of over 500 per 1,000 hospital stays and the vast majority of childbirth delivery stays have a complicating condition.¹³

30. Even a normal pregnancy with no comorbidities or complications can suddenly become life-threatening during labor and delivery. For example, during labor, increased blood flow to the uterus places the patient at risk of hemorrhage and, in turn, death. Hemorrhage leading to blood transfusion is the leading cause of severe maternal morbidity.¹⁴ Other potential adverse events include perineal laceration (the tearing of the tissue around the vagina and rectum), unexpected hysterectomy (the surgical removal of the uterus), ruptured uterus or liver, stroke, respiratory failure, kidney failure, hypoxia (an absence of sufficient oxygen in bodily tissue to sustain function), and amniotic fluid embolism (a condition in which the fluid surrounding a fetus during pregnancy enters the patient's bloodstream).

31. The most severe perineal tears involve tearing between the vagina through the anal sphincter and into the rectum and must be surgically repaired. These can result in long-term urinary and fecal incontinence and sexual dysfunction. Moreover, vaginal delivery can lead to injury to the pelvic floor, urinary incontinence, fecal incontinence, and pelvic organ prolapse (the displacement of internal organs, resulting in some cases in their protrusion from the vagina).

32. Any anesthesia or epidural administered during labor could also lead to additional risks, including severe headaches caused by the leakage of spinal fluid, infection, and nerve damage around the injection site.

¹³ Anne Elixhauser & Lauren M. Wier, Statistical Br. No. 113, *Complicating Conditions of Pregnancy and Childbirth, 2008*, at 2 tbl. 1, 5 tbl. 2, Healthcare Cost & Utilization Proj. (May 2011), available at <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb113.pdf>.

¹⁴ ACOG, Practice Bulletin No. 183, *Postpartum Hemorrhage*, 130 Obstetrics & Gynecology e168, e168 (2017).

33. In Utah, more than one in five deliveries occur by cesarean section (“C-section”) rather than vaginally.¹⁵ A C-section is an open abdominal surgery that requires hospitalization for at least a few days and carries significant risks of hemorrhage, infection, venous thromboembolism (blood clots), and injury to internal organs including major blood vessels, the bowel, ureter, and bladder. It can also have long-term risks, including an increased risk of placenta accreta in later pregnancies (when the placenta grows into and possibly through the uterine wall causing a need for complicated surgical interventions, massive blood transfusions, hysterectomy, and risk of maternal death), placenta previa in later pregnancies (when the placenta covers the cervix, resulting in vaginal bleeding and requiring bed rest), and bowel or bladder injury in future deliveries. Individuals with a history of cesarean delivery are also more likely to need cesarean delivery with subsequent births.

34. Pregnant people with a prior history of mental health conditions also face a heightened risk of postpartum illness,¹⁶ which may go undiagnosed for months or even years.

35. Negative pregnancy and childbirth-related health outcomes are even greater for Utahns of color.¹⁷ Postpartum depression also disproportionately affects people of color in Utah.¹⁸

36. The economic impact of forced pregnancy, childbirth, and parenting will also have dramatic, negative effects on Utah families’ financial stability. Some side-effects of pregnancy render patients unable to work, or unable to work the same number of hours as they otherwise

¹⁵ Ctrs. for Disease Control & Prevention, Nat’l Ctr. for Health Stats., *2017 Stats of the State of Utah*, <https://www.cdc.gov/nchs/pressroom/states/utah/utah.htm> (last visited June 25, 2022).

¹⁶ See, e.g., Shefaly Shorey et al., *Prevalence and Incidence of Postpartum Depression Among Healthy Mothers: A Systematic Review and Meta-Analysis*, 104 J. Psychiatric Rsch. 235, 238 (2018).

¹⁷ See Utah Health Disparities Profile, *supra* note 9, at 17 tbl. 16, 18 tbls. 16.1 & 16.2.

¹⁸ *Id.* at 21 tbl. 20.

would. For example, some patients with hyperemesis gravidarum must adjust their work schedules because they vomit throughout the day. Others with conditions like preeclampsia must severely limit activity for a significant amount of time. These conditions may result in job loss, especially for people who work unsteady jobs, such as jobs without predictable schedules, paid sick or disability leave, or other forms of job security. Even without these conditions, pregnancy-related discrimination can result in lower earnings both during pregnancy and over time.¹⁹ Further, Utah does not require employers to provide paid family leave, meaning that for many pregnant Utahns, time taken to recover from pregnancy and childbirth or to care for a newborn is unpaid.²⁰ A typical Utahn who takes four weeks of unpaid leave could lose more than \$3,000 in income.²¹

37. Pregnancy-related health care and childbirth are some of the most expensive hospital-based health services, especially for complicated or at-risk pregnancies. This financial burden can weigh most heavily on patients without insurance—who make up nearly 13% of all Utahns, including more than 36% of Hispanic/Latino Utahns, more than 26% of Black Utahns, more than 23% of Native Hawaiian/Pacific Islander Utahns, and more than 18% of American Indian/Alaska Native Utahns.²² As of 2019, over one in nine women of childbearing age in Utah are uninsured.²³

¹⁹ See, e.g., Nat'l Partnership for Women & Fams., Data Brief: *By the Numbers: Women Continue to Face Pregnancy Discrimination in the Workplace*, at 1–2 (Oct. 2016), available at <https://www.nationalpartnership.org/our-work/resources/economic-justice/pregnancy-discrimination/by-the-numbers-women-continue-to-face-pregnancy-discrimination-in-the-workplace.pdf>; Jennifer Bennett Shinall, *The Pregnancy Penalty*, 103 Minn. L. Rev. 749, 787–89 (2018).

²⁰ Nat'l Partnership for Women & Fams., *Paid Leave Means a Stronger Utah*, at 1 (Feb. 2022), available at <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/paid-leave-means-a-stronger-utah.pdf>.

²¹ *Id.*

²² Utah Health Disparities Profile, *supra* note 9, at 9 tbl. 7.

²³ Maggie Clark et al., *Medicaid Expansion Narrows Maternal Health Coverage Gaps, But Racial Disparities Persist*, Georgetown Univ. Health Pol'y Inst., at 16 Appendix C (Sept. 2021),

38. Even insured pregnant patients must often still pay for considerable labor and delivery costs out of pocket. In 2015, of the 98.2% of commercially-insured women who had out-of-pocket spending for their labor and delivery, the mean spending for all modes of delivery was \$4,569; the mean out-of-pocket spending for that same group of women for vaginal birth, specifically, was \$4,314; and for C-section, specifically, was \$5,161.²⁴ And the average proportion of costs paid by patients has increased over time.²⁵ These costs limit patients' resources to care for existing children and put them at greater risk of living in poverty and facing housing and food insecurity.

39. In 2021, 45% of PPAU abortion patients reported earning less than 130% of the federal poverty level. Unintended pregnancies are experienced by people with lower incomes at a disproportionately higher rate than those with middle and high incomes,²⁶ due largely to systemic barriers to contraceptive access.²⁷

40. Research shows that only a small minority (14%) of patients who seek but are denied an abortion say after denial that they are considering adoption as an alternative, and among

available at <https://ccf.georgetown.edu/wp-content/uploads/2021/09/maternal-health-and-medex-final.pdf>.

²⁴ Michelle H. Moniz et al., *Out-of-Pocket Spending for Maternity Care Among Women With Employer-Based Insurance, 2008–15*, 39 *Health Affairs* 18, 20 (2020).

²⁵ *Id.*

²⁶ Guttmacher Inst., *Unintended Pregnancy in the United States*, at 1 (Jan. 2019), available at <https://www.guttmacher.org/sites/default/files/factsheet/fb-unintended-pregnancy-us.pdf>.

²⁷ ACOG, Committee Opinion No. 615, *Access to Contraception*, at 1 (Jan. 2015), available at <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2015/01/access-to-contraception.pdf>; see also May Sudhinaraset et al., *Women's Reproductive Rights Policies and Adverse Birth Outcomes: A State-Level Analysis to Assess the Role of Race and Nativity Status*, 59 *Am. J. Preventive Med.* 787, 788 (2020).

those who give birth after denial of an abortion, 91% parent the child.²⁸ Ninety-five percent of women who obtain abortions feel it was the right decision for them three years later.²⁹

41. Patients who decide to place their infant for adoption face extensive medical, legal, and counseling expenses, as well as the physical consequences of a full-term pregnancy, labor, and delivery. Moreover, this decision can be extremely emotionally taxing, including for patients who feel that they cannot afford to parent.³⁰ I have had multiple patients tell me that adoption is simply not an option for them because they understand the emotional impact of carrying a pregnancy to term and then placing a child for adoption, yet they know that carrying a pregnancy to term and parenting the new child would compromise the health of the children they already have.

42. Data show that in 2020, just over 500 children were adopted in Utah at any age,³¹ with 686 children waiting for adoption³² and, as of the last day of Fiscal Year 2020, 2,373 children remained in foster care.³³

²⁸ Gretchen Sisson et al., *Adoption Decision Making Among Women Seeking Abortion*, 27 Women's Health Issues 136, 139, 141–42 (2017).

²⁹ Corinne H. Rocca, et al., *Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study*, 10 PLoS One e1, e10 (2015).

³⁰ Gretchen Sisson, “*Choosing Life*”: *Birth Mothers on Abortion and Reproductive Choice*, 25 Women's Health Issues 349, 351–52 (2015) (majority of 40 study participants describing adoption experiences as “predominantly negative,” including those who “felt they had no options available to them other than adoption,” and finding “lack of employment” as an “enduring variable[] that led participants to consider adoption despite their desire to parent”); see also Gretchen Sisson, *Who Are the Women Who Relinquish Infants for Adoption? Domestic Adoption and Contemporary Birth Motherhood in the United States*, 54 Perspectives on Reprod. Health 46, 50 (2022) (majority of birth mothers who chose adoption reported annual income under \$5,000).

³¹ U.S. Dep't of Health & Hum. Servs., Children's Bur., *Adoption Data*, <https://cwoutcomes.acf.hhs.gov/cwodatasite/adopted/index> (last visited June 25, 2022).

³² U.S. Dep't of Health & Hum. Servs., Children's Bur., *Children Waiting for Adoption*, <https://cwoutcomes.acf.hhs.gov/cwodatasite/waiting/index> (last visited June 25, 2022).

³³ U.S. Dep't of Health & Hum. Servs., Children's Bur., *In Foster Care on the Last Day of FY*, <https://cwoutcomes.acf.hhs.gov/cwodatasite/inCareSeptemberThirty/index> (last visited June 25, 2022).

43. Women who seek but are denied an abortion are, when compared to those who are able to access abortion, more likely to lower their future goals,³⁴ and less likely to be able to exit abusive relationships.³⁵ Their existing children are also more likely to suffer measurable reductions in achievement of child developmental milestones and an increased chance of living in poverty.³⁶ They are also less likely to be employed full-time, more likely to be raising children alone, more likely to receive public assistance, and more likely to not have enough money to meet basic living needs than women who received an abortion.³⁷

B. Burdens of out-of-state travel for abortion services

44. Those patients who have the means to travel outside of Utah to obtain an abortion will still be harmed by the Criminal Abortion Ban.

45. At this time, the nearest clinics providing abortion outside of Utah are located in Idaho³⁸ (the closest of which is a distance of 219 miles from Salt Lake City, one way); Jackson, Wyoming³⁹ (a distance of 272 miles, one way); and Steamboat Springs, Colorado (a distance of 329 miles, one way). For patients who need an abortion beyond the first trimester (i.e., after approximately 14 weeks of pregnancy), the closest provider is located in Meridian, Idaho, which

³⁴ Ushma D. Upadhyay et al., *The Effect of Abortion on Having and Achieving Aspirational One-Year Plans*, 15 BMC Women's Health e1, e5–e6 (2015).

³⁵ Sarah C.M. Roberts et al., *Risk of Violence from the Man Involved in the Pregnancy after Receiving or Being Denied an Abortion*, 12 BMC Med. 144, 149 (2014).

³⁶ Diana Greene Foster et al., *Effects of Carrying an Unwanted Pregnancy to Term on Women's Existing Children*, 205 J. Pediatrics 183, 185–87 (2019); *see also* Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States*, 108 AJP 407, 412 (2018) [hereinafter, "Foster 2018"].

³⁷ *Id.* at 409, 412–13.

³⁸ At present, Idaho's total abortion ban is set to take effect in the near future, at which point abortions will no longer be available in Idaho. *See* Idaho Senate Bill 1385, 65th Leg., 2d Reg. Sess. (2020).

³⁹ Like Idaho, Wyoming also has a total abortion ban set to take effect in the near future. *See* Wyoming House Bill 92, 66th Leg., Budget Sess. (2022).

is 347 miles each way from Salt Lake City, and the next closest provider is located in Durango, Colorado, which is 394 miles each way from Salt Lake City.⁴⁰

46. Given the logistical hurdles of traveling out of state, I expect that people able to obtain an abortion through another provider will do so later in pregnancy than they would have had they had access to care at PPAU, thus increasing their risk of experiencing pregnancy- and abortion-related complications and prolonging the period during which they must carry a pregnancy that they have decided to end. The logistics required for out-of-state travel, including the need to obtain transportation or child care, may also force some patients to compromise the confidentiality of their decision to have an abortion. These logistical difficulties are compounded by the fact that numerous other states have banned abortion, increasing demand for appointments where they are still available.

C. Other harms the Criminal Abortion Ban inflicts on patients

47. The Criminal Abortion Ban will have a particularly devastating impact on patients whose mental or physical wellbeing is threatened by continuing their pregnancies. Some patients, such as those I have described above, may not satisfy the exception to the Criminal Abortion Ban to prevent “a serious risk” to the patient “of substantial and irreversible impairment of a major bodily function,” Utah Code Ann. § 76-7a-201(1)(a)(ii), but they will still need an abortion. Those with rapidly worsening medical conditions who could have obtained an abortion prior to the Criminal Abortion Ban without explanation will be forced to wait for care until a physician determines that their conditions become deadly or pose a risk of permanent impairment so as to meet the Ban’s narrow exceptions. And because not all physicians in Utah will be familiar with

⁴⁰ These clinics were identified based on information from abortionfinder.org, which includes both Planned Parenthood and independent abortion providers around the country.

the details of the Ban, and given its severe criminal penalties, these doctors may hesitate or not provide critical care out of fear for the consequences to them and their employers.

48. The Criminal Abortion Ban will also add to the anguish of patients and their families who receive fetal diagnoses. The law's exception to the ban applies only to conditions that are "uniformly diagnosable" and constitute either a "lethal" anomaly or a "severe brain abnormality." *Id.* § 76-7a-201(1)(b). Fetal diagnoses such as hypoplastic left heart (a condition that prevents the left heart ventricle from developing); bowel atresia (a malformation of the intestine); omphalocele (a protrusion of abdominal organs outside of the fetus); and congenital diaphragmatic hernia (a condition causing the migration of abdominal organs into the chest) may not qualify for the Criminal Abortion Ban's exception for fetal diagnoses. I have provided abortions to patients with fetuses diagnosed with each of these conditions.

49. I also understand that patients will be forced to show, based on the written concurrence of two physicians who practice maternal fetal medicine, that a fetal diagnosis qualifies for an abortion under the Ban. The process of obtaining this paperwork is likely to delay access to care and increase the expense and emotional toll of such a diagnosis. There are fewer than 50 maternal fetal medicine specialists in Utah, and they are geographically concentrated in the Northern urban corridor, with a small number in St. George and Logan.

50. I also understand that the exception for certain non-fatal fetal diagnoses applies only to brain conditions that leave a child able to survive only in a "vegetative state." *Id.* § 76-7a-101(10)(a). This exception would not cover many bodily conditions that may be equally debilitating or that may pose an even greater risk of death during childhood. For example, numerous heart conditions, such as hypoplastic left heart and major endocardial septum defects, can cause hypoxia, and this loss of oxygen in the blood can severely and permanently compromise

brain function after birth. Numerous other fetal diagnoses will, after birth, require extensive surgical intervention that likewise carries a significant risk of death or permanent impairment to the child, including a risk to brain function.

51. The Criminal Abortion Ban will also cause severe harm to individuals whose pregnancies are the result of rape. As I understand the Ban, we cannot provide an abortion to a patient under this exception unless we verify that the incident has been reported to law enforcement. As a result, I will not be able to provide abortions to survivors of rape who, out of shame or fear, have not involved law enforcement by the time they seek an abortion (or who will not authorize me to report to law enforcement on their behalf). I also could not provide abortions to patients who do not wish to discuss the circumstances of their pregnancy as a condition of obtaining an abortion, or who may be uncertain whether the pregnancy is a result of an assault.

52. Research indicates that as many as 88% of sexual assault survivors in Utah do not report the crimes to law enforcement.⁴¹ Under the Ban, these patients will be faced with choosing between an abortion and maintaining their privacy in deciding whether to come forward about the assault, a “choice” that, to my knowledge, is forced on no other autonomous patient in Utah’s medical system. The new reporting obligation, which applies only if an adult patient actually receives an abortion, is particularly unusual. I am not aware of any other mandatory reporting law that applies only where a patient goes through with obtaining a particular type of health care service.

53. As I understand the exception for reported rape, although it would require me to confirm that rape had been reported in order to provide an abortion to an adult Utah patient, a

⁴¹ Christine Mitchell & Benjamin Peterson, *Rape in Utah 2007, A Survey of Utah Women*, Utah Comm’n on Crim. & Juv. Just., at 32 (May 2018), available at <https://justice.utah.gov/wp-content/uploads/RapeinUtah2007.pdf>.

patient who experienced the same crime could see me for miscarriage care, or health care for any other condition, without triggering a corresponding reporting obligation.

54. The Criminal Abortion Ban’s reporting requirement is at odds with the positions of major medical organizations. For example, the American Medical Association’s (AMA’s) ethical guidelines permit disclosure of patients’ medical information without the patient’s specific consent in emergent situations only to third parties “situated to mitigate the threat” and where there is a reasonable probability that “[t]he patient will seriously harm [them]self” or “will inflict serious physical harm on an identifiable individual or individuals.”⁴² Similarly, ACOG advises that physicians provide “trauma-informed care,” which includes “maximizing trustworthiness, prioritizing individual choice and control, [and] empowering individuals[.]”⁴³

* * *

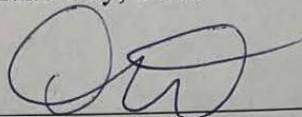
55. For all of these reasons, if the Criminal Abortion Ban is permitted to remain in effect, it will be devastating to the Utah patients who depend on PPAU for care.

⁴² AMA, Code of Med. Ethics Op. 3.2.1(e), *Confidentiality*, available at <https://www.ama-assn.org/delivering-care/ethics/confidentiality> (last visited June 25, 2022).

⁴³ ACOG, Comm. on Health Care for Underserved Women, Op. No. 777, *Sexual Assault*, at e298 (Apr. 2019), available at <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2019/04/sexual-assault.pdf>.

I declare under penalty of perjury under the laws of the United States of America and the State of Utah that the foregoing statements are true and correct to the best of my knowledge, information, and belief.

Signed on the 25th day of June, 2022, in Salt Lake City, Utah.

A handwritten signature in dark ink, appearing to be 'DT', written over a horizontal line.

David Turok, M.D.

Exhibit A

Curriculum Vitae

Last Updated: 03/04/2022

PERSONAL DATA

Name: David K. Turok, M.D., M.P.H., FACOG

EDUCATION

<u>Years</u>	<u>Degree</u>	<u>Institution (Area of Study)</u>
2000 - 2003	Resident	University of Utah School of Medicine (OB/GYN) Salt Lake City, UT
1999 - 2000	Fellow	University of Utah School of Medicine (Family Practice and Obstetrics) Salt Lake City, UT
1996 - 1998	Resident	Brown University/Memorial Hospital of Rhode Island Pawtucket, RI
1995 - 1996	Intern	Brown University/Memorial Hospital of Rhode Island (Family & Community Medicine) Pawtucket, RI
1991 - 1995	M.D., M.P.H.	Tufts University School of Medicine (Medicine and Public Health) Boston, MA
1985 - 1989	B.A.	Middlebury College (Environmental Earth Sciences) Middlebury College, VT

BOARD CERTIFICATIONS

12/09/2005 - American Board of Obstetrics & Gynecology (Obstetrics & Gynecology), Diplomate
Present

07/10/1998 - American Board of Family Medicine, Diplomate
Present

UNIVERSITY OF UTAH ACADEMIC HISTORY

Obstetrics/Gynecology (Family Planning), 01/01/2019 - Present

01/01/2019 Associate Professor with tenure

Obstetrics/Gynecology (General OB/GYN), 09/01/2003 - 12/31/2018

12/18/2017 - Associate Professor
12/31/2018
07/01/2012 - Associate Professor (Clinical)
12/17/2017
09/01/2003 - Assistant Professor (Clinical)
06/30/2012

Family & Preventive Medicine (Family Medicine), 07/01/2002 - Present

03/01/2018 Adjunct Associate Professor

07/01/2016 - Adjunct Assistant Professor
02/28/2018
07/01/2002 - Adjunct Assistant Professor
06/30/2016

Family & Preventive Medicine (Family Medicine/Residency), 06/01/1998 - 06/30/2002

07/01/2000 - Clinical Assistant Professor
06/30/2002
06/01/1998 - Clinical Instructor
06/30/2000

PROFESSIONAL EXPERIENCE

Full-Time Positions

2021 – Present Director, Reproductive and Sexual Health ASCENT Center, Department of Obstetrics and Gynecology, University of Utah, Salt Lake City, UT

2019 - Present Associate Professor (Tenure), University of Utah School of Medicine, Departments of Obstetrics and Gynecology and Family and Preventative Medicine, Salt Lake City, UT

2018 - Present Chief, Family Planning Division, Department of Obstetrics and Gynecology, University of Utah, Salt Lake City, UT

2015 - 2020 KL-2 Program Co-Director, Center for Clinical and Translational Science, University of Utah, Salt Lake City, UT

2012 - 2018 Clinical Associate Professor, University of Utah School of Medicine, Departments of Obstetrics and Gynecology and Family and Preventative Medicine, Salt Lake City, UT

2010 - Present Director of Surgical Services, Planned Parenthood Association of Utah, Salt Lake City, UT

2003 - 2015 Obstetrician/Gynecologist Consultant, Community Health Centers, Inc, Salt Lake City, UT

2003 – 2012 Assistant Clinical Professor, University of Utah School of Medicine, Departments of Obstetrics and Gynecology and Family and Preventative Medicine, Salt Lake City, UT

2003 - 2011 Staff Physician, Utah Women's Clinic, Salt Lake City, UT

1998 - 2000 Family Physician, Community Health Centers, Inc, Salt Lake City, UT

Editorial Experience

2014 Guest Editor for *Clinics in Obstetrics and Gynecology*

2014 - Present Editorial Advisory Board for *Contraceptive Technology Update*

2011 - Present Editorial Board for *Contraception*

Reviewer Experience

Cochrane Collaboration

Reviewer for *Human Reproduction*. 2015 Top 10% of Reviewers.

Reviewer for *African Journal of Reproductive Health*
 Reviewer for *American Journal of Men's Health*
 Reviewer for *American Journal of Obstetrics and Gynecology*
 Reviewer for *BJOG: An International Journal of Obstetrics and Gynecology*
 Reviewer for *BMC Pregnancy and Childbirth*
 Reviewer for *Contraception*
 Reviewer for *Journal of Women's Health*
 Reviewer for *Obstetrics and Gynecology*
 Reviewer for *WHO South-East Journal of Public Health*
 Reviewer for *Women's Health Issues*

SCHOLASTIC HONORS

2020 Society of Family Planning Annual Meeting, Outstanding Researcher Award
 2015 District VIII Mentor of the Year Award, American College of Obstetricians and Gynecologists
 2015 Faculty Mentor Award, Medical Students for Choice
 2015 Top Four Oral Abstracts, North American Forum on Family Planning 2015
 2012 Top Scientific Poster – 2nd place, North American Forum on Family Planning 2012

 2007 - Present Fellow of the American College of Obstetricians and Gynecologists
 2007 - 2008 Community Health Physician of the Year, Awarded by Family Practice Residents, University of Utah School of Medicine
 2007 Dr. Jacquelyn Erbin Award, for commitment to reproductive choice, justice, and freedom, Planned Parenthood Action Council
 2004 - 2005 Outstanding Clinical Faculty Award, Awarded by Chief Residents, Department of Obstetrics and Gynecology, University of Utah School of Medicine
 2004 - 2005 Community Health Physician of the Year, Awarded by Family Practice Residents, University of Utah School of Medicine
 2002 Outstanding Resident Research Award, Department of Obstetrics and Gynecology, University of Utah School of Medicine
 1999 - 2000 Exemplary Teaching Award, Family Practice Residency Program, University of Utah School of Medicine

ADMINISTRATIVE EXPERIENCE

Administrative Duties

2018 - Present Department of Obstetrics & Gynecology, Executive Committee member
 2015 - Present University of Utah Institutional Review Board Member.
 2015 - 2020 KL-2 Program Co-Director, Center for Clinical and Translational Science, University of Utah
 2014 Clinics in Obstetrics and Gynecology. Guest Editor.

2014 Contraceptive Technology Update – Editorial Advisory Board
 2011 - Contraception journal –Editorial Board.
 Present
 2010 - Fellowship in Family Planning. University of Utah Co-Director.
 Present
 2010 - 2014 Association of Reproductive Health Professionals. Washington, DC. Education Committee.
 Co-Chair. Reproductive 2011 Conference Committee Chair.
 2010 - 2013 Medical Students For Choice, National Board Member
 2007 - 2018 Director of Family Planning Research Group. University of Utah multi-disciplinary group
 of investigators including members of various departments.

2005 - 2009 Family Practice Obstetrics Fellowship Co-Director. University of Utah School of
 Medicine.
 2003 - 2010 Family Practice Obstetrics Morbidity and Mortality Conference Coordinator.

Professional Organization & Scientific Activities

2011 Chair, Association of Reproductive Health Professionals, Conference Committee,
 Reproductive Health Conference, Las Vegas, NV
 Topics presented: Contraception Journal - Outstanding Articles, Tools of the Trade -
 Demonstration of Online Interactive Birth Control Tools, Hard to Get it in: Tactics for
 Difficult IUD Insertions

2010 - Reviewer, Cochrane Collaboration
 Present
 2010 - 2014 Co-Chair, Association of Reproductive Health Professionals, Education Committee,
 Reproductive Health Conference
 2010 - 2013 Board Member, Medical Students for Choice
 2003 Medical Advisory Board, Association of Reproductive Health Professionals, New
 Developments in Contraception: Assisted in the creation of a national CME curriculum to
 introduce health care providers to new methods of contraception focusing on the
 levonorgestrel intrauterine system.

Grant Review Committee/Study Section

2022 ZRG1 EMNR-A (11)B- Small Business Innovation Research/Small Business Technology
 Transfer (R41/R42/R44)
 2021 ZHD1 DSR-R (90) 1-T32
 2021 - Clinical Management in Community-Based Settings (CMPC) - Standing member
 Present
 2019 NICHD Review Panel for Contraception Research Centers Program U54 Review Meeting

2018 Next Generation Multipurpose Prevention Technologies (NGM) (R61/R33 Clinical Trial
 Optional)
 2017 - 2021 Nursing and Related Clinical Sciences (NRCS) Special Emphasis Panel- Standing member

Symposium/Meeting Chair/Coordinator

- 2011 Chair, Conference Committee Annual Meeting of the Association of Reproductive Health Professionals
- 2009 - University of Utah Family Planning Symposium
Present
- 2003 - 2010 Organizer, Family Practice Obstetrics Morbidity and Mortality Conference

PROFESSIONAL COMMUNITY ACTIVITIES

- 2017 - Board Member, Physicians for Reproductive health
Present
- 1997 - 1998 Organizer & Participant, Reach Out and Read, Organizer & Participant, Reach Out and Read, Blackstone Valley Community Health Center, Central Falls, RI
- 1996 - 1998 Physician, Traveler's Aid Medical Van, Provided primary care services to uninsured clients in conjunction with city homeless shelters. Extensive experience with people in addictions recovery. Providence, RI
- 1992 Volunteer Instructor, Alianza Para la Salud, Designed and executed a survey of child health. Developed an educational nutrition program based on local food sources for mothers in rural San Juan Province. Dominican Republic

UNIVERSITY COMMUNITY ACTIVITIES

University Level

- 2015 - Member, Institutional Review Board
Present
- 2007 - 2019 Director, University of Utah, Family Planning Research Group, Multi-disciplinary group of investigators including members of various departments

CURRENT MEMBERSHIPS IN PROFESSIONAL SOCIETIES

American College of Obstetricians and Gynecologists
National Abortion Federation
Society of Family Planning
Utah Medical Association

FUNDING

Active Grants

- 09/01/21 - CCTN Clinical evaluation of Daily Application of Nestorone (NES) and Testosterone (T)
09/30/24 Combination Gel for Male Contraception
Principal Investigator(s): David K. Turok
University of Washington, NICHD
Role: Principal Investigator
- 08/01/20 - Contraceptive Clinical Trials Network (CCTN) Core Function Activities. Task Order
07/30/27 Number HHSN27500001 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development.
Principal Investigator(s): David K. Turok

Role: Principal Investigator

09/02/18 - CCTN-Pharmacokinetic / Pharmacodynamic Evaluation Of Levonorgestrel Butanoate For
09/27/23 Female Contraception

Role: Co-Investigator

09/01/18 - Veracept National PI. Project Number 50503504. Proposal ID 10051921
10/01/22

Principal Investigator(s): David K. Turok
Direct Costs: \$358,170 Total Costs: \$488,902
Sebela Pharmaceuticals Development LLC
Role: Principal Investigator

07/01/18 - Family Planning Elevated: A Statewide Contraceptive Initiative in Utah
06/30/23 Direct Costs: \$3,338,935 Total Costs: \$4,000,000

Medical Director: David K. Turok
Laura and John Arnold Foundation
Direct Costs: \$1,000,000 Total Costs: \$1,000,000
Dr. Ezekiel R. & Edna Wattis Dumke Foundation
Role: Co-Principal Investigator

03/30/18 - University of Utah Center for Clinical and Translational Science (CCTS).
02/28/23 5UL1TR001067/5KL2TR001065. The Utah CCTS serves as the major infrastructure and
home for clinical and translational research in the Intermountain West. Within the Utah
CCTS, the KL2 program serves as a multi-institutional mechanism to support career
development awards for aspiring junior faculty.

Principal Investigator(s): David K. Turok; Maureen A. Murtaugh; Rachel Hess; Willard H.
Dere
Direct Costs: \$1,326,332 Total Costs: \$1,432,438
NIH National Center For Advancing Translational Sciences
Role: Co-Principal Investigator

03/30/18 - Institutional Career Development Core. KL2TR002539.
02/28/23

NIH National Center For Advancing Translational Sciences
Role: Co-Investigator

09/26/17 - CCN-Denver, Project Number 54503811. Proposal ID 10047514
12/31/22 Direct Costs: \$155,357 Total Costs: \$225,427

Principal Investigator(s): University Of Colorado at Denver
Role: Co-Site Principal Investigator

08/21/17 - Midcareer Investigator Award in Patient Oriented Research. Project Number 59203661.
05/31/22 Award Number 1K24HD087436. Proposal ID 10041755

Principal Investigator(s): David K. Turok
Direct Costs: \$1,078,470 Total Costs: \$1,078,470
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Role: Principal Investigator

09/25/15 - Evaluation of LARCS.
09/30/22

Principal Investigator(s): David K. Turok; Eunice Kennedy Shriver National Institute of
Child Health and Human Development
Role: Principal Investigator

Direct Costs: \$225,493 Total Costs: \$325,208

Past Grants

- 10/17/19 - HER Hewlett Supplement. Project Number 51005893. Proposal ID 10051017.
11/16/21
Principal Investigator(s): David K. Turok
Direct Costs: \$234,856 Total Costs: \$250,000
William And Flora Hewlett Foundation
Role: Principal Investigator
- 06/01/18 - Family Planning Fellowship 2018-2019. Project Number 51005773. Proposal ID 10049201
05/31/19
Principal Investigator(s): David K. Turok
Direct Costs: \$318,356 Total Costs: \$318,356
Anonymous
Role: Principal Investigator
- 04/01/18 - Education Pregnancy and Planning. Project Number 51100074. Proposal ID 10049512.
03/31/19
Principal Investigator(s): David K. Turok
Direct Costs: \$8,000 Total Costs: \$8,000
March Of Dimes Utah Chapter
Role: Principal Investigator
- 01/01/18 - Kaiser Contraceptive Counsel. Project Number 51005772. Proposal ID 10049726
06/30/19
Principal Investigator(s): David K. Turok
Direct Costs: \$73,537 Total Costs: \$73,537
Society of Family Planning
Role: Principal Investigator
- 09/14/17 - Sexual Acceptability's Role in Women's Contraceptive Preferences and Behavior. 5 RO1
03/31/21 HD095661
Principal Investigator(s): Jenny Higgins
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Role: Co-Investigator
- 07/01/17 - Family Planning Elevated: Pay For Success. Sorenson Impact Center, University of Utah.
06/30/18
Principal Investigator(s): David K. Turok
Direct Costs: \$99,034 Total Costs: \$99,034
Planned Parenthood Association of Utah
Role: Principal Investigator
- 06/02/17 - Bullock-FS-Same Day Counseling. Project Number 51005634. Proposal ID 10045851
06/30/18
Principal Investigator(s): David K. Turok
Direct Costs: \$67,743 Total Costs: \$67,743
Society of Family Planning
Role: Principal Investigator
- 06/01/17 - Family Planning Fellowship 2017-2018. Project Number 51005574. Proposal ID 10046224
11/30/17

Principal Investigator(s): David K. Turok
Direct Costs: \$255,352 Total Costs: \$255,352
Anonymous
Role: Principal Investigator

07/26/16 - Cervical Attachment Study.
11/01/18

Principal Investigator(s): David K. Turok
Bioceptive Inc
Role: Principal Investigator

07/05/16 - Tolerability Of Levocept. Project Number 50503354. Proposal ID 10042919
06/30/19

Principal Investigator(s): David K. Turok
Direct Costs: \$57,477 Total Costs: \$78,456
Contramed LLC
Role: Principal Investigator

06/15/16 - Male Partners In Contraception. Project Number 51005426. Proposal ID 10042697
06/15/17

Principal Investigator(s): David K. Turok
Direct Costs: \$70,984 Total Costs: \$70,984
Society of Family Planning
Role: Principal Investigator

05/26/16 - HER SL - Merck. Project Number 50303118. Proposal ID 10040845
05/31/17

Principal Investigator(s): David K. Turok
Direct Costs: \$18,934 Total Costs: \$25,125
Merck & Company, Inc.
Role: Principal Investigator

12/01/15 - HER Salt Lake Contraceptive Initiative: A Prospective Cohort Examining the Social and
11/20/20 Economic Impact of Removing Cost Barriers to Contraception
Principal Investigator(s): David K. Turok
Anonymous Foundation
Role: Principal Investigator

11/17/15 - HER Salt Lake Contraceptive Initiative: A Prospective Cohort Examining the Social and
11/16/18 Economic Impact of Removing Cost Barriers to Contraception.
Principal Investigator(s): David K. Turok
Direct Costs: \$750,000 Total Costs: \$750,000
William And Flora Hewlett Foundation
Role: Principal Investigator

09/25/15 - Clinical Evaluation of Long-Acting Reversible Contraceptives. Award
09/24/18 Number HHSN275201300131
Principal Investigator(s): David K. Turok
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Role: Principal Investigator

07/27/15 - Rapid EC- RCT Assessing Pregnancy with Intrauterine Devices for Emergency
04/30/21 Contraception. Award Number 1R01HD083340-01A1.
Principal Investigator(s): David K. Turok
Direct Costs: \$1,247,577 Total Costs: \$1,247,577

Eunice Kennedy Shriver National Institute of Child Health and Human Development

Role: Principal Investigator

07/01/15 - Highly Effective Reversible Contraception Initiative- Salt Lake: A Prospective Cohort
06/30/17 Examining the Social and Economic Impact of Removing Cost Barriers to Intrauterine Devices and Contraceptive Implants. Society of Family Planning. SFPRF9-1.

Principal Investigator(s): David K. Turok

Society of Family Planning

Role: Principal Investigator

03/01/15 - GCC VS ICC In Refugee Women. Project Number 51005207. Proposal ID 10038216
06/30/15

Principal Investigator(s): David K. Turok

Direct Costs: \$30,000 Total Costs: \$30,000

Society Of Family Planning

Role: Principal Investigator

01/01/15 - Real-world Duration of Use for Highly Effective Reversible Contraception (HERC): A
01/01/17 Retrospective Review.

Principal Investigator(s): David K. Turok

Bayer Women's Healthcare

Role: Principal Investigator

01/01/15 - Copper IUD Quick Start. Project Number 51005178. Proposal ID 10037777
06/30/16

Principal Investigator(s): David K. Turok

Direct Costs: \$69,926 Total Costs: \$69,926

Society Of Family Planning

Role: Principal Investigator

12/02/14 - Profiles CU IUD New Users. Project Number 50302754. Proposal ID 10035916
12/31/16

Principal Investigator(s): David K. Turok

Direct Costs: \$164,172 Total Costs: \$217,856

NIH

Role: Principal Investigator

10/01/14 - Documenting Contraception. Project Number 54503017. Proposal ID 10037834
09/30/15

Principal Investigator(s): David K. Turok

Direct Costs: \$10,725 Total Costs: \$11,797

University Of Wisconsin-Madison

Role: Principal Investigator

09/09/14 - Novel Products for Female Contraception. Task Order 2 Under IDIQ Contract
09/18/17 Number HHSN2752013000161.

Principal Investigator(s): David K. Turok

Eunice Kennedy Shriver National Institute of Child Health and Human Development

Role: Principal Investigator

05/01/14 - Tracking IUD Bleeding Experiences: An Evaluation of Bleeding Profiles in New
06/30/18 Intrauterine Device Users.

Principal Investigator(s): David K. Turok

Teva Women's Health Research
Role: Principal Investigator

02/17/14 - Cervical Retractor. Project Number 50302568. Proposal ID 10034658
02/16/16

Principal Investigator(s): David K. Turok
Direct Costs: \$21,967 Total Costs: \$29,150
Bioceptive Inc
Role: Principal Investigator

10/01/13 - RCT Of Mirena Postpartum. Project Number 51002919. Proposal ID 10032191
09/30/15

Principal Investigator(s): David K. Turok
Direct Costs: \$104,121 Total Costs: \$119,998
Society Of Family Planning
Role: Principal Investigator

08/01/13 - A Study of Contraceptive Failure with Unprotected Intercourse 5-14 Days Prior to
07/30/19 Initiation.

Principal Investigator(s): David K. Turok
William And Flora Hewlett Foundation
Role: Principal Investigator

07/18/13 - A Phase 1, Multi-Center Study to Assess the Performance of a LNG20 Intrauterine System
07/17/14 Inserter . Award Number M360-L104.

Principal Investigator(s): David K. Turok
Medicines 360
Role: Principal Investigator

07/01/13 - Early Versus Delayed Postpartum Insertion of the Levonorgestrel IUD and Impact on
06/30/15 Breastfeeding: A Randomized Controlled Non-inferiority Trial. SFPRF7-3.

Principal Investigator(s): David K. Turok
Society of Family Planning
Role: Principal Investigator

06/26/13 - Contraceptive Clinical Trials Network Core Function Activities. Task Order
06/25/20 Number HHSN27500001.

Principal Investigator(s): David K. Turok
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Role: Principal Investigator

06/26/13 - Contraceptive Clinical Trials Network- Female Sites. Contract
06/25/20 Number HHSN275201300161.

Principal Investigator(s): David K. Turok
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Role: Principal Investigator

07/01/12 - Mid-Career/Mentor Award. Project Number 51002756. Sponsor Award Number SFPRF6-
06/30/13 MC3. Proposal ID 10028633

Principal Investigator(s): David K. Turok
Direct Costs: \$40,000 Total Costs: \$40,000
Society of Family Planning
Role: Principal Investigator

06/12/12 - IUD Insertion Forces and Placement with Novel IUD Inserter. Project Number 50302240.
07/01/15 Proposal ID 10028623.
Principal Investigator(s): David K. Turok
Direct Costs: \$244,077 Total Costs: \$244,077
Bioceptive, Inc.
Role: Principal Investigator

03/01/12 - An Intervention to Manage Difficult IUD Insertions. Project Number 51002691. Proposal
02/28/13 ID 10027137
Principal Investigator(s): David K. Turok; Amna I. Dermish
Direct Costs: \$69,990 Total Costs: \$69,990
Society of Family Planning
Role: Co-Principal Investigator

01/01/12 - A Phase 1, Multi-Center Study to Assess the Safety and Performance of a Novel LNG20
12/31/12 Intrauterine System Inserter. Protocol Number M360-L103
Principal Investigator(s): David K. Turok
Medicines 360
Role: Principal Investigator

06/01/11 - Family Planning Fellowship 2011-2013. Project Number 51002562. Proposal ID 10024275
05/31/13
Principal Investigator(s): David K. Turok
Direct Costs: \$640,153 Total Costs: \$640,153
Susan Thompson Buffett Foundation
Role: Principal Investigator

05/25/11 - Vaginal Microflora and Inflammatory Markers Before and After Levonorgestrel Intrauterine
05/24/12 Device Insertion. Project Number 51002559. Proposal, ID 10024348.
Principal Investigator(s): David K. Turok; Janet C. Jacobson
Direct Costs: \$69,999 Total Costs: \$69,999
Anonymous Donor
Role: Co-Principal Investigator

09/29/10 - EC Method: Determinants for Copper IUD Use and Future Unintended Pregnancy. Award
08/31/12 Number R21HD063028. Proposal ID 10016454
Principal Investigator(s): David K. Turok
Direct Costs: \$275,000 Total Costs: \$275,000
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Role: Principal Investigator

04/01/10 - A Phase 3, Randomized, Multi-Center, Open-Label Study of a Levonorgestrel-Releasing
04/01/15 Intrauterine System (20mcg/day) and Mirena for Long-Term, Reversible Contraception up
to Five Years.
Principal Investigator(s): David K. Turok
Medicines 360
Role: Principal Investigator

09/01/09 - Family Planning Fellow Interview 2009-2010. Project Number 51002337. Proposal
08/31/10 ID 10015791
Principal Investigator(s): David K. Turok
Direct Costs: \$1,880 Total Costs: \$1,880
Anonymous
Role: Principal Investigator

07/22/09 - EC-Choices And Outcomes: The Copper T380A IUD vs. Oral Levonorgestrel for
10/01/10 Emergency Contraception. Proposal ID 10012527.
Principal Investigator(s): David K. Turok
Direct Costs: \$119,928 Total Costs: \$119,928
Society Of Family Planning
Role: Principal Investigator

07/01/08 - Program to Develop Future Leaders in Family Planning
06/30/09
Principal Investigator(s): David K. Turok
The Lalor Foundation, Inc.
Role: Principal Investigator

02/01/08 - Increasing Family Planning Research Capacity. Project Number 51002078. Proposal
01/31/10 ID 10007080.
Principal Investigator(s): David K. Turok
Direct Costs: \$86,658 Total Costs: \$86,658
Anonymous
Role: Principal Investigator

07/01/03 - Kenneth J. Ryan Residency Training Program in Abortion and Family Planning.
09/30/05
Principal Investigator(s): David K. Turok
University of Utah Department of OB/GYN Development Fund
Role: Principal Investigator

TEACHING RESPONSIBILITIES/ASSIGNMENTS

Course Lectures

2022	PI, MDCRC 6960: Research Project, 0 students, University of Utah, S. F. E. School of Medicine
2022	PI, MDCRC 6960: Research Project, 0 students, University of Utah, S. F. E. School of Medicine
2022	PI, MDCRC 6950: Independent Study, 0 students, University of Utah, S. F. E. School of Medicine
2022	PI, MDCRC 6960: Research Project, 1 student, University of Utah, S. F. E. School of Medicine
2021	PI, MDCRC 6960: Research Project, 1 student, University of Utah, S. F. E. School of Medicine
2021	PI, MDCRC 6950: Independent Study, 1 student, University of Utah, S. F. E. School of Medicine
2021	PI, MDCRC 6960: Research Project, 1 student, University of Utah, S. F. E. School of Medicine
2021	PI, MDCRC 6960: Research Project, 1 student, University of Utah, S. F. E. School of Medicine
2020	PI, MDCRC 6960: Research Project, 1 student, University of Utah, S. F. E. School of Medicine
2020	PI, MDCRC 6960: Research Project, 1 student, University of Utah, S. F. E. School of Medicine

2020	PI, MDCRC 6960: Research Project, 0 students, University of Utah, S. F. E. School of Medicine
2019	PI, MDCRC 6960: Research Project, 0 students, University of Utah, S. F. E. School of Medicine
2019	PI, MDCRC 6960: Research Project, 1 student, University of Utah, School of Medicine
2018	PI, MDCRC 6950: Independent Study, 1 student, University of Utah, School of Medicine
2018	PI, MDCRC 6960: Research Project, 1 student, University of Utah, School of Medicine
2018	PI, MDCRC 6960: Research Project, 0 students, University of Utah, School of Medicine
2017	PI, MDCRC 6960: Research Project, 0 students, University of Utah, School of Medicine
2017	PI, MDCRC 6960: Research Project, 1 student, University of Utah, School of Medicine
2016	Developer, OBST: Metabolism and Reproduction - Contraception Small Group Activity - David Turok & Gawron 9/, University of Utah, Obstetrics/Gynecology, Contraception Small Group Activity - David Turok & Gawron 9/19/16 at 10:00 AM
2016	Developer, OBST: Metabolism and Reproduction - Contraception and Family Planning - David Turok & Gawron 9/1, University of Utah, Obstetrics/Gynecology, Contraception and Family Planning - David Turok & Gawron 9/19/16 at 8:00 AM
2016	PI, MDCRC 6960: Research Project, 0 students, University of Utah, School of Medicine
2016	Developer, OBST: Ob/Gyn Clerkship - OB/GYN Clerkship: Gynecology , University of Utah, Obstetrics/Gynecology, OB/GYN Clerkship: Gynecology
2016	PI, MDCRC 6960, 2 students, University of Utah, School of Medicine
2015	Developer, OBST: Ob/Gyn Clerkship - OB/GYN Clerkship: Gynecology , University of Utah, Obstetrics/Gynecology, OB/GYN Clerkship: Gynecology
2015	Facilitator, OBST: Metabolism and Reproduction - Contraception Small Group Activities, University of Utah, Obstetrics/Gynecology, Contraception Small Group Activities
2015	Developer, OBST: Metabolism and Reproduction - Contraception and Family Planning, University of Utah, Obstetrics/Gynecology, Contraception and Family Planning
2015	PI, MDCRC 6960: Research Project, 2 students, University of Utah, School of Medicine
2015	Developer, OBST: Ob/Gyn Clerkship - OB/GYN Clerkship: Gynecology , University of Utah, Obstetrics/Gynecology, OB/GYN Clerkship: Gynecology
2014	Developer, OBST: Metabolism and Reproduction - Contraception and Family Planning, University of Utah, Obstetrics/Gynecology, Contraception and Family Planning

2014	Developer, OBST: Metabolism and Reproduction - Contraception Small Group Activities, University of Utah, Obstetrics/Gynecology, Contraception Small Group Activities
2014	Instructor, MD ID: OB Lab Rotations, Office of the Dean/Medicine, : MS2016 M+R - OB Lab Rotations
2014	Facilitator, OBST: Metabolism and Reproduction - OB Lab Rotations, University of Utah, Obstetrics/Gynecology, OB Lab Rotations
2013	PI, MDCRC 6950: Independent Study, 1 student, University of Utah, School of Medicine
2011	Instructor, Ectopic Pregnancy, Miscarriage, Contraception, Sterilization, Abortion, : MS2013 OB/GYN Clerkship - Ectopic Pregnancy, Miscarriage, Contraception, Sterilization, Abortion
2011	Instructor, Ectopic Pregnancy, Miscarriage, Contraception, Sterilization, Abortion, : MS2013 OB/GYN Clerkship - Ectopic Pregnancy, Miscarriage, Contraception, Sterilization, Abortion
2010	Instructor, MD ID: Clinical Reasoning- Contraception, Office of the Dean/Medicine, : Medical Science - Clinical Reasoning- Contraception
2010	Instructor, MD ID: Case Based Learning Exercise, Office of the Dean/Medicine, : Medical Science - Case Based Learning Exercise
2010	Instructor, OBST 7020: Optional: Topics in OB/GYN - Abortion: Safe, Legal, and Hopefully Rare, Obstetrics/Gynecology, OBST 7020: Reproductive OS- 6 - Optional: Topics in OB/GYN - Abortion: Safe, Legal, and Hopefully Rare
2010	Instructor, OBST 7020: Contraception Workshop, Obstetrics/Gynecology, OBST 7020: Reproductive OS- 6 - Contraception Workshop
2009	Instructor, OBST 7020: Topics in OB/GYN - Abortion: Safe, Legal, and Hopefully Rare, Obstetrics/Gynecology, OBST 7020: Reproductive OS- 6 - Topics in OB/GYN - Abortion: Safe, Legal, and Hopefully Rare
2009	Instructor, OBST 7020: Contraception Workshop, Obstetrics/Gynecology, OBST 7020: Reproductive OS- 6 - Contraception Workshop
2008	Instructor, OBST 7020: Contraception Workshop, Obstetrics/Gynecology, OBST 7020: Reproductive OS- 6 - Contraception Workshop
2007	Lecturer, University of Utah, MSPH Program, Abortion and Contraception in Public Health
2007	Instructor, FP MD 6320: Perinatal and Women's Health Epidemiology, University of Utah, Family and Preventive Medicine
2006	Instructor, OBST 7020-6: Small Groups: Contraception Workshop, Obstetrics/Gynecology, OBST 7020: Reproductive OS - Small Groups: Contraception Workshop

Clinical Teaching

2010 - Present	Reproductive Health Externship- Host faculty for a visiting medical student for a month long clinical externship focused on abortion and contraception training
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2008 - 2010 Medical Student IUD Insertion Project (MSIIP) Along with a group of interested students I developed a curriculum to train 2nd year medical students in contraceptive counseling and IUD insertion. Over 100 IUD insertions were performed for women desiring the service without cost at the South Main Clinic of Salt Lake Valley Health Department.

2003 - Present Active in clinical instruction of 3rd year medical students on their Obstetrics and Gynecology clinical rotation

Didactic Lectures

2006 - 2015 **Turok DK**. Abortion for Genetics Counselors. Graduate Program in Genetic Counseling, University of Utah, Salt Lake City, UT

Internal Teaching Experience

- 2010 *Endometrial and Ovarian Cancer. What Family Docs Need to Know*, Resident Teaching Conference, Department of Family and Preventative Medicine, University of Utah School of Medicine
- 2010 *Contraception*, Resident Teaching Conference, Department of Family and Preventive Medicine, University of Utah School of Medicine
- 2008 *Endometrial and Ovarian Cancer. What Family Docs Need to Know*, Resident Teaching Conference, Department of Family and Preventative Medicine, University of Utah School of Medicine
- 2008 *Contraception for Family Physicians*, Resident Teaching Conference, Department of Family and Preventative Medicine, University of Utah School of Medicine
- 2008 *Long Acting Reversible Contraception*, Resident Teaching Conference, Department of Family and Preventative Medicine, University of Utah School of Medicine
- 2006 *Emergency Contraception and Complications of Medical Abortion*, Emergency Medicine Resident Conference, University of Utah School of Medicine

CE Courses Taught

- 1997 Obstetric Elective in Cochabamba, Bolivia. Worked with local residency program at a high volume regional public health hospital. Taught American obstetric practices to residents

PEER-REVIEWED JOURNAL ARTICLES

1. Thorman A, Engle A, Brintz B, Simmons RG, Sanders JN, Gawron LM, **Turok DK**, Kaiser JE (2022). Quantitative and qualitative impact of One Key Question on primary care providers' contraceptive counseling at routine preventive health visits.(Epub ahead of print). *Contraception*.
2. Sanders JN, Kean J, Zhang C, Presson AP, Everett BG, **Turok DK**, Higgins JA (2022). Measuring the Sexual Acceptability of Contraception: Psychometric Examination and Development of a Valid and Reliable Prospective Instrument.(Epub ahead of print). *J Sex Med*.

3. Kaiser JE, Galindo E, Sanders JN, Simmons RG, Gawron LM, Herrick JS, Brintz B, **Turok DK** (2021). Determining the impact of the Zika pandemic on primary care providers' contraceptive counseling of non-pregnant patients in the US: a mixed methods study. *BMC Health Serv Res*, 21 (1), 1215.
4. Kramer RD, Higgins JA, Everett B, **Turok DK**, Sanders JN (2021). A prospective analysis of the relationship between sexual acceptability and contraceptive satisfaction over time.(Epub ahead of print). *Am J Obstet Gynecol*.
5. Walhof KA, Gawron LM, **Turok DK**, Sanders JN (2021). Long-Term Failure Rates of Interval Filshie Clips As a Method of Permanent Contraception. *Womens Health Rep (New Rochelle)*, 2(1), 279-284.
6. Myers K, Sanders JN, Dalessandro C, Sexsmith CD, Geist C, **Turok DK** (2021). The HER Salt Lake media campaign: comparing characteristics and outcomes of clients who make appointments online versus standard scheduling. *BMC Womens Health*, 21(1), 121.
7. Higgins JA, Kramer RD, Wright KQ, Everett B, **Turok DK**, Sanders JN (2021). Sexual Functioning, Satisfaction, and Well-Being Among Contraceptive Users: A Three-Month Assessment From the HER Salt Lake Contraceptive Initiative.(Epub ahead of print) *J Sex Res*, 1-10.
8. **Turok DK**, Gero A, Simmons RG, Kaiser JE, Stoddard GJ, Sexsmith CD, Gawron LM, Sanders JN (2021). Levonorgestrel vs. Copper Intrauterine Devices for Emergency Contraception. *N Engl J Med*, 384(4), 335-344.
9. Simmons RG, Myers K, Gero A, Sanders JN, Quade C, Mullholand M, **Turok DK** (2020). Evaluating a Longitudinal Cohort of Clinics Engaging in the Family Planning Elevated Contraceptive Access Program: Study Protocol for a Comparative Interrupted Time Series Analysis. *JMIR Res Protoc*, 9(10), e18308.
10. Disney EA, Sanders JN, **Turok DK**, Gawron LM (2020). Preconception Counseling, Contraceptive Counseling, and Long-Acting Reversible Contraception Use in Women with Type I Diabetes: A Retrospective Cohort Study. *Womens Health Rep (New Rochelle)*, 1(1), 334-340.
11. Chen MJ, Creinin MD, **Turok DK**, Archer DF, Barnhart KT, Westhoff CL, Thomas MA, Jensen JT, Variano B, Sitruk-Ware R, Shanker A, Long J, Blithe DL (2020). Dose-finding study of a 90-day contraceptive vaginal ring releasing estradiol and segesterone acetate. *Contraception*, 102 (3), 168-173.
12. Chen BA, Eisenberg DL, Schreiber CA, **Turok DK**, Olariu AI, Creinin MD (2020). Bleeding changes after levonorgestrel 52-mg intrauterine system insertion for contraception in women with self-reported heavy menstrual bleeding. *Am J Obstet Gynecol*, 222(4S), S888.e1-S888.e6.
13. **Turok DK**, Nelson AL, Dart C, Schreiber CA, Peters K, Schreifels MJ, Katz B (2020). Efficacy, Safety, and Tolerability of a New Low-Dose Copper and Nitinol Intrauterine Device: Phase 2 Data to 36 Months. *Obstet Gynecol*, 135(4), 840-847.
14. Gawron LM, Simmons RG, Sanders JN, Myers K, Gundlapalli AV, **Turok DK** (2020). The effect of a no-cost contraceptive initiative on method selection by women with housing insecurity. *Contraception*, 101(3), 205-209.
15. Gawron LM, Sanders JN, Sward K, Poursaid AE, Simmons R, **Turok DK** (2020). Multi-morbidity and Highly Effective Contraception in Reproductive-Age Women in the US Intermountain West: a Retrospective Cohort Study. *J Gen Intern Med*, 35(3), 637-642.

16. Royer PA, Olson LM, Jackson B, Weber LS, Gawron L, Sanders JN, **Turok DK** (2020). "In Africa, There Was No Family Planning. Every Year You Just Give Birth": Family Planning Knowledge, Attitudes, and Practices Among Somali and Congolese Refugee Women After Resettlement to the United States. *Qual Health Res*, 30(3), 391-408.
17. Everett BG, Myers K, Sanders JN, **Turok DK** (2019). Male Abortion Beneficiaries: Exploring the Long-Term Educational and Economic Associations of Abortion Among Men Who Report Teen Pregnancy. *J Adolesc Health*, 65(4), 520-526.
18. Thompson I, Sanders JN, Schwarz EB, Boraas C, **Turok DK** (2019). Copper intrauterine device placement 6-14 days after unprotected sex. *Contraception*, 100(3), 219-221.
19. Campbell AD, **Turok DK**, White K (2019). Fertility Intentions and Perspectives on Contraceptive Involvement Among Low-Income Men Aged 25 to 55. *Perspect Sex Reprod Health*, 51(3), 125-133.
20. Sanders JN, Moran LA, Mullholand M, Torres E, **Turok DK** (2019). Video counseling about emergency contraception: an observational study. *Contraception*, 100(1), 54-64.
21. Simmons RG, Sanders JN, Geist C, Gawron L, Myers K, **Turok DK** (2018). Predictors of contraceptive switching and discontinuation within the first 6 months of use among Highly Effective Reversible Contraceptive Initiative Salt Lake study participants. *Am J Obstet Gynecol*, 220(4), 376.e1-376.e12.
22. Geist C, Aiken AR, Sanders JN, Everett BG, Myers K, Cason P, Simmons RG, **Turok DK** (2019). Beyond intent: exploring the association of contraceptive choice with questions about Pregnancy Attitudes, Timing and How important is pregnancy prevention (PATH) questions. *Contraception*, 99(1), 22-26.
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Newspapers

1. **Turok DK** (2020). Trust people with the freedom to choose abortion. . *Salt Lake Tribune Op Ed*.
2. **Turok DK**, Jones K (2012). Compassion, Contraception, and Abortion. *Salt Lake Tribune*; Available at: <http://www.sltrib.com/sltrib/opinion/53609137-82/abortion-women-contraception-effective.html.csp> .

Multimedia

1. **Turok DK**, Wysocki S, Grimes DA, Deal MA (2011). Contraceptive Update: CDC Medical Eligibility Criteria for Women With Chronic Conditions [Video], Medscape Women's Health Education.

PENDING PUBLICATIONS

Review Articles

1. **Turok DK**, Wysocki S, Grimes DA, Deal MA. (In Press). Contraceptive Update: CDC Medical Eligibility Criteria for Women With Chronic Conditions. [Review].
2. **Turok DK** (In Press). The Intrauterine device (IUD) for emergency contraception fact sheet.. [Review].

RECENTLY PUBLISHED ABSTRACTS (LAST 3 YEARS)

1. **Turok DK**, Gero A, Simmons R, Kaiser J, Stoddard GJ, Sexsmith CD, Gawron LM, Sanders JN. (2020). The Levonorgestrel vs. Copper Intrauterine Device for Emergency Contraception: a Non-inferiority Randomized Controlled Trial. Society of Family Planning Annual Meeting. Top 4 oral abstract. Online virtual meeting. October 9-11, 2020 [Abstract].
2. Sanders JN, Geist C, Diener Z, Myers K, Simmons R, **Turok DK** (2019). Contraceptive methods used in the four weeks leading up to new contraceptive visit: HER Salt Lake Contraceptive Initiative. Los Angeles, CA. [Abstract]. *Society of Family Planning Annual Meeting*.
3. Everett BG, Sanders JN, Higgins J, Simmons R, Geist C, Myers K, **Turok DK** (2019). Changes in Gender of Sexual Partners and Contraception Discontinuation and Switching. Los Angeles, CA. [Abstract]. *Society of Family Planning Annual Meeting*.
4. K Wright, B Everett, D Turok, J Sanders (2019). Sexual Outcomes Associated with Contraceptive Use at One, Three, and Six Months in the HER Salt Lake Contraceptive Initiative. *University of Wisconsin-Madison, Madison, WI, USA*. [Abstract]. *Contraception Journal*, 100(4), 309.
5. R Simmons, J Sanders, K Myers, D Turok (2019). Does Access to No-Cost Contraception Change Method Selection Among Individuals who Report Trouble Paying for Health-Related Care? *Family Planning Division, University of Utah, Salt Lake City, UT, USA* [Abstract]. *Contraception Journal*, 100(4), 329.
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POSTER PRESENTATIONS

- 2019 Wright, KQ, Higgins, JA, Sanders, JN, Everett, BG, **Turok, DK**. To what extent are people's sexual experiences with their contraceptive methods associated with contraceptive satisfaction and continuation? Results from the HER Salt Lake Initiative. Poster presentation at Society of Family Planning Annual Meeting, Los Angeles, CA
- 2019 **Turok DK**, Schreiber C, Nelson A. Phase 2 Efficacy, Safety, and Tolerability Results of the VeraCept Low-Dose Copper Intrauterine Contraceptive: 36-Month Data. Poster presentation at Society of Family Planning Annual Meeting, Los Angeles, CA
- 2019 Higgins JA, Wright KQ, Everett BG, **Turok DK**, Sanders JN. Sexual Outcomes Associated with Contraceptive Use At One, Three, and Six Months in the HER Salt Lake Initiative. Oral presentation at Society of Family Planning Annual Meeting, Los Angeles, CA.

- 2019 Gero A, Simmons R, Sanders J, **Turok DK**, Myers K. Does Access to No-Cost Contraception Change Method Selection Among Individuals Who Report Trouble Paying for Health-Related Care? Poster presentation at Society of Family Planning Annual Meeting, Los Angeles, CA
- 2018 Kozlowski Z, Gawron LM, Sanders JN, Panushka K, Myers K, **Turok DK**. *'I'm Poor So I'll Take What I Can Get': Contraceptive Preferences and Needs Among Women With Housing Insecurity or Homelessness*. Poster session presented at North American Forum on Family Planning.
- 2018 **Turok DK**, Nelson A. Phase 2 Efficacy, Safety, and Tolerability Results of the VeraCept Low-Dose Copper Intrauterine Contraceptive: 24-Month Data. Poster Presentation at North American Forum on Family Planning. New Orleans, LA.
- 2018 C Geist, J Sanders, K Myers, R Simmons, B Everett, L Gawron, **Turok DK**. Changing Lives, Dynamic Plans? 12-Month Shifts in Pregnancy Intentions, Poster Presentation at North American Forum on Family Planning. New Orleans, LA.
- 2018 JE Kaiser, R Simmons, K Myers, J Sanders, L Gawron, **DK Turok**. Predictors of Contraceptive Method Switching and Discontinuation Six Months Post-abortion. Poster presentation at North American Forum on Family Planning. New Orleans, LA.
- 2018 J Higgins, J Sanders, K Wright, D Adkins, **D Turok**. Beyond safety and efficacy: how sexuality-related priorities impact contraceptive method selection. Top 4 oral presentations at North American Forum on Family Planning. New Orleans, LA.
- 2018 B Everett, J Sanders, K Myers, **D Turok**. Long-Term Socioeconomic Outcomes of Women who Avoided Teen Parenthood Through Abortion. North American Forum on Family Planning. New Orleans, LA.
- 2018 **Turok DK**, Nelson A. *A novel low-dose copper intrauterine contraceptive: Phase 2 clinical trial data with 18-month data*. Poster session presented at European Society of Contraception, Budapest, Hungary.
- 2017 Everett B, Sanders JN, Myers K, Geist C, **Turok DK**. *1 in 3: Utah Family Planning Clinics Challenge Heteronormative Assumptions*. Poster session presented at North American Forum on Family Planning.
- 2017 Benson A, Bullock H, Sanders JN, **Turok DK**. *Comparing reduced-cost versus no-cost contraception on postabortal contraceptive method mix: a prospective cohort study*. Poster session presented at North American Forum on Family Planning.
- 2016 Bellows B, Tak C, Sanders J, **Turok D**, Schwarz EB. Cost-effectiveness of emergency contraception options over 1 year. North American Forum on Family Planning. Denver, CO.
- 2016 Moran L, Sanders J, Torres E, Wolsey K, **Turok D**. Video counselling for emergency contraception: impact on patient choice. North American Forum on Family Planning. Denver, CO.
- 2016 Royer P, Weber L, Jenkins A, Sanders J, Gawron L, **Turok D**. Family planning knowledge and contraceptive use among resettled African refugee women. North American Forum on Family Planning. Denver, CO.
- 2016 Royer P, Jenkins A, Weber L, Jackson B, Sanders J, **Turok D**. Group versus individual contraceptive counseling for resettled African refugee women: a pilot randomized controlled trial. North American Forum on Family Planning. Denver, CO.
- 2016 Maddukuri V, Sanders J, Huish RP, **Turok D**. A retrospective review of recurrent preterm birth and use of highly effective reversible contraceptives. North American Forum on Family Planning. Denver, CO.
- 2016 Jessica Sanders, **Turok DK**, Lori Gawron, Amy Law, Lonnie Wen, Richard Lynen. Continuation of highly effective reversible contraception at two years in a University

- Healthcare Setting: A retrospective review. Academy of managed care pharmacy. San Francisco, CA.
- 2016 Eggebrotten J, Sanders J, **Turok DK**, Saltzman H. Patient uptake and outcomes: an immediate postpartum IUD and implant program. ACOG annual meeting. Washington, DC.
- 2016 **Turok D**, Espey E, Sanders JN, Eggebrotten J, Bullock H, Gawron L. The effect of postplacental versus interval postpartum IUD insertion on Lactogenesis: The Breastfeeding Levonorgestrel IUD Study (BLIS): A randomized controlled trial. Oral abstract at the North American Forum on Family Planning. Denver, CO.
- 2016 Gawron L, Sanders J, Sward K, **Turok D**. Uptake of long-acting reversible contraception among women with chronic medical diseases in a tertiary referral center. North American Forum on Family Planning. Denver, CO.
- 2016 Sanders J, **Turok D**, Gawron L, Law A, Wen L, Lynen R. Three-year continuation of long-acting reversible contraceptive methods in a mixed-payer health care setting: a retrospective review. North American Forum on Family Planning. Denver, CO.
- 2016 Sanders J, **Turok DK**, Gawron L, Steele K, Storck K, Bullock H. Tracking IUD bleeding experiences (TRIBE): A prospective evaluation of bleeding profiles among new IUD users. North American Forum on Family Planning. Denver, CO.
- 2016 Espey E, **Turok DK**, Sanders J, Singh RH, Thaxton L, Leeman L. Breastfeeding continuation in postplacental versus interval postpartum IUD insertion: The Breastfeeding Levonorgestrel IUD Study (BLIS): A randomized controlled trial. North American Forum on Family Planning. Denver, CO.
- 2016 Jacobson E, Roth L, Sanders J, **Turok D**, Bullock H. Changes in IUD uptake with the availability of a low-cost levonorgestrel IUD – a retrospective review of Title X clinics. North American Forum on Family Planning. Denver, CO.
- 2016 Gawron L, Suo Y, Carter M, Redd A, **Turok D**, Gundlapalli A. Uptake of long-acting reversible contraception among homeless versus housed women veterans. North American Forum on Family Planning. Denver, CO.
- 2016 Ward K, **Turok D**, Thomson I, Sanders J, Knapp L. Single collection of urinary reproductive hormones to identify the fertile window: a feasibility study. North American Forum on Family Planning. Denver, CO.
- 2016 Royer P, Jenkins A, Weber L, Jackson B, Sanders J, **Turok D**. Group versus individual contraceptive counseling for resettled African refugee women: a pilot randomized controlled trial. North American Forum on Family Planning. Denver, CO.
- 2015 Herrera C, Sanders JN, Torres LN, **Turok DK**, Clark EA. An assessment of patient counseling following preterm birth in a tertiary care center. SGI. San Francisco.
- 2015 Royer PA, Jackson B, Olson L, Grainger E, **Turok DK**. “It’s difficult here, because you need someone to look after the children” A qualitative analysis of African refugee women’s post-resettlement perceptions regarding family size and fertility. FIGO. Vancouver, British Columbia.
- 2015 Royer PA, Jackson B, Olson L, Grainger E, **Turok DK**. “We do not know what is happening inside a woman’s body”: A qualitative investigation of African refugee women’s post-resettlement reproductive health conceptualizations. FIGO. Vancouver.
- 2015 Schreiber CA, **Turok DK**, Chen BA, Blumenthal PD, Cwiak C, Creinin MD. Plasma levonorgestrel levels over 36 months in non-obese and obese women using Liletta™, a new 52 mg levonorgestrel-releasing intrauterine system. FIGO. Vancouver.
- 2015 **Turok DK**, Eisenberg DL, Teal SB, Westhoff CL, Keder LM, Creinin MD. Evaluation of pelvic infection in women using Liletta™, a new 52 mg levonorgestrel-releasing intrauterine system, for up to 2 years. FIGO. Vancouver, British Columbia.
- 2015 Royer PA, Jackson B, Olson L, Grainger E, **Turok DK**. “In Africa there was no family planning, every year you just give birth”: A qualitative analysis of contraceptive knowledge,

- attitudes and practices among African refugee women after resettlement. FIGO. Vancouver, British Columbia.
- 2015 **Turok DK**, Cappiello B, Sanders JN, Thompson I, Storck K, Gawron L. A novel atraumatic alternative to the cervical tenaculum: A randomized controlled trial comparing the Bioceptive® suction cervical retractor vs. single tooth tenaculum during IUD insertion. North American Forum on Family Planning. Chicago.
- 2015 Gawron L, Lorange E, Flynn A, Sanders JN, **Turok DK**, Keefer L. Contraceptive misperceptions and misinformation among women with inflammatory bowel diseases: a qualitative study. North American Forum on Family Planning. Chicago.
- 2015 **Turok DK**, Cappiello B, Sanders JN, Royer PA, Thompson I, Gawron L. Ex-vivo forces associated with IUD insertion and perforation: Biomechanical evaluation of hysterectomy specimens. North American Forum on Family Planning. Chicago.
- 2015 Ralph L, Greene Foster D, **Turok DK**, Roberts S. Evaluating the psychometric properties of two decisional conflict scales among women seeking abortion in Utah. North American Forum on Family Planning. Chicago.
- 2015 Sanders JN, Higgins J, **Turok DK**, Gawron L. The intimate link: sexual functioning and well-being among new IUD and contraceptive implant users. North American Forum on Family Planning. Chicago.
- 2015 **Turok DK**, Sanders JN, Thompson I, Royer PA, Gawron L, Storck K. IUD continuation when initiated as Emergency Contraception. North American Forum on Family Planning. Top 4 oral abstract session. Chicago.
- 2014 Sok C, Sanders JN, **Turok DK**, Royer PA, Torres L. Sexual behavior and satisfaction of postpartum women. North American Forum on Family Planning. Miami, FL
- 2014 Sanders JN, **Turok DK**, Royer PA, Maddukuri V, Eggebroten J. Why women who previously tried to get an IUD walked away without one. North American Forum on Family Planning. Miami, FL
- 2014 Dermish A, **Turok DK**, Murphy P, Jacobson J, Jones KP. An intervention to manage difficult IUD insertions. North American Forum on Family Planning. Miami, FL
- 2014 Conway H, Sanders JN, Jacobson J, Torres LN, **Turok DK**. The Longest Wait: Utah's move to a 72-hour waiting period for abortion services. North American Forum on Family Planning. Miami, FL
- 2014 Howell L, Sanders JN, Royer PA, Schwarz EB, **Turok DK**. Oops, we did it again! Unprotected intercourse in the two weeks prior to requesting emergency contraception. North American Forum on Family Planning. Miami, FL
- 2014 Jacobson J, Moran LA, Howell L, Torres LN, Royer PA, **Turok DK** Patient reported length of intrauterine device (IUD) use and reason for discontinuation at the time of removal. North American Forum on Family Planning. Miami, FL
- 2014 Howell L, Sanders JN, **Turok DK**, Royer PA, Jacobson J. PSA: A marker of unprotected intercourse in a population seeking emergency contraception. North American Forum on Family Planning. Miami, FL
- 2014 Torres LN, **Turok DK**, Clark E, Sanders JN, Godfrey E. A Randomized-Control Trial of Focused Contraceptive Counseling and Case Management Versus Usual Care in Women Postpartum From a Preterm Birth. North American Forum on Family Planning. Miami, FL
- 2014 Peipert J, Zhao O, Stoddard A, McNicholas C, Schreiber C, **Turok DK**, Teal S, Madden T. Impact of Infection and Intrauterine Device Use on Fertility. North American Forum on Family Planning. Miami, FL
- 2014 **Turok DK**, Sanders JN, Royer PA, Thompson I, Eggebroten J. Copper or LNG IUD for emergency contraception (COLIEC): Device choice and early pregnancies. North American Forum on Family Planning. Miami, FL October 12-13, 2014.

- 2013 Clark EAS, Winter S, **Turok DK**, Randall H, Torres L. Prevention of Recurrent Preterm Birth: Role of the Neonatal Follow-up Program Association of Maternal and Child Health Programs. Washington, DC.
- 2013 **Turok DK**, Edelman AB, Lotke PS, Lathrop EH, Espey E, Jacobson JC, Bardsley T, Ward K, Schulz K. Misoprostol vs. Placebo Prior to IUD Insertion in Nulliparous Women: A Prospective Meta-Analysis. North American Forum on Family Planning.
- 2013 Jacobson JC, Dermish AI, Nygaard I, **Turok DK**. Vaginal microbiome changes with levonorgestrel intrauterine device placement. North American Forum on Family Planning. Foster DG, Grossman D, **Turok DK**., Peipert J, Prine L, Schreiber C, Jackson, Barar, Schwarz EB. Interest in and experience with IUC self-removal. North American Forum on Family Planning. Seattle, Washington.
- 2012 Dermish A, Jacobson J, Murphy P, Torres L, **Turok DK**, Ward K. Oral LNG vs. copper IUD: Understanding use of EC in relation to timing from LMP. Reproductive Health 2012. New Orleans, LO.
- 2012 Frost C, **Turok DK**, Wright R. Advanced practice clinician perceptions of and experience with the copper IUD for emergency contraception: A qualitative study. Reproductive Health 2012. North American Forum on Family Planning. Denver, CO..
- 2012 **Turok DK**, Jacobson J, Dermish A, Simonson S, Trauscht-Van Horn J, Murphy P. Pregnancy rates 1 year after choosing the copper T380 IUD or oral levonorgestrel for emergency contraception: A prospective observational study. Reproductive Health 2012. North American Forum on Family Planning. Denver, CO.
- 2012 Dermish A, Kim J, **Turok DK**. Cost-effectiveness of emergency contraception-IUDS versus oral EC. Reproductive Health 2012. North American Forum on Family Planning. Denver, CO, October 28, 2012.
- 2012 **Turok DK**, Dermish A, Jacobson J, Torres L, McClelland K, Ward K. We should really keep in touch: predictors of the ability to maintain contact with contraception clinical trial participants over 12 months. Reproductive Health 2012. North American Forum on Family Planning. Denver, CO.
- 2012 **Turok DK**, Godfrey E, Wojdyla D, Dermish A, Jacobson J, Torres L, Wu S. Copper T380 IUD for EC: Highly effective at any time in the menstrual cycle. North American Forum on Family Planning. Denver, CO.
- 2012 Wright R, Frost CJ, **Turok DK**. The Meaning of Pregnancy Among Women Seeking Emergency Contraception: A Qualitative Exploration. Conference of the Society for Social Work and Research. Washington, DC.
- 2011 Swenson C, Jacobson J, Mitchell J, **Turok DK**. LNG IUD removals when the strings are not present: a case series. Reproductive Health 2011. Las Vegas, NV.
- 2011 **Turok DK**, J.C. Jacobson, S.E. Simonsen, S.E. Gurtcheff, et al. The copper T380A IUD vs. oral levonorgestrel for emergency contraception: a prospective observational study. North American Forum on Family Planning, Washington, DC.
- 2011 **Turok DK**, J.C. Jacobson, S.E. Gurtcheff, M. Flores. Pregnancy intendedness and pregnancy outcomes among women presenting for intrauterine device or oral levonorgestrel as emergency contraception. North American Forum on Family Planning, Washington, DC.
- 2011 J. Jacobson, K. Maurer, **Turok DK**. Same-day cervical preparation with misoprostol prior to second-trimester D&E: a case series. North American Forum on Family Planning, Washington, DC.
- 2011 A. Dermish, **Turok DK**, J. Jacobson, K. Burke, et al. Failed IUD insertions in nulliparous and parous women. North American Forum on Family Planning, Washington, DC.
- 2011 M.E.S. Flores, **Turok DK**, J. Jacobson. Differences in birth control use and unintended pregnancy among Latina and white populations giving birth in Utah, 2004–2007. Reproductive Health 2011. Las Vegas, NV.

- 2011 J. Jacobson, K. Maurer, **Turok DK**, P. Murphy. Patient travel time and distance for second-trimester dilation and evacuation in the Intermountain West. Reproductive Health 2011. Las Vegas, NV.
- 2011 J. Jacobson, P. Murphy, **Turok DK**. Sexually transmitted infection prevalence in women choosing the copper-T 380A IUD for emergency contraception. Reproductive Health 2011. Las Vegas, NV.
- 2010 Flores M, Manuck T, **Turok DK**, Dwyer J. *The "Latina Epidemiologic Paradox" in Utah: Examining Risk Factors for Low Birth Weight (LBW), Preterm Birth (PTB), and Small-For-Gestational-Age (SGA) in Latina and White Populations*. Poster session presented at Society of Maternal Fetal Medicine 30th Annual Meeting, Chicago, IL.
- 2009 Gurtcheff S, Simonsen S, Handley E, Murphy P, **Turok DK**. *U USE IT (University Undergraduates' Sexual Education- Investigating Teachings Survey) To Evaluate Sexual Health Education and Practice*. Poster session presented at Reproductive Health 2009, Hollywood, CA.
- 2009 Gammon L, Simonsen S, Handley E, Murphy P, **Turok DK**. *The End of Virginity*. Poster session presented at Reproductive Health 2009, Hollywood, CA.
- 2009 **Turok DK**, Handley E, Simonsen S, North R, Frost C, Murphy P, Gurtcheff S. *A Survey of Women Obtaining Emergency Contraception: Are They Willing to Use the Copper IUD?* Poster session presented at Reproductive Health 2009, Hollywood, CA.
- 2009 **Turok DK**, Gurtcheff S, Handley E, Sok C, Simonsen S, Murphy P. *Does Emergency Contraception Choice Impact Effective Contraception 1 month later? A Prospective Comparison of the Copper IUD and Oral Levonorgestrel*. Poster session presented at Reproductive Health 2009, Hollywood, CA.
- 2008 Gibson K, Jones K, Van Horn J, Murphy P, Gurtcheff S, Ellis Simonsen S, **Turok DK**. *When good contraception goes bad: a case series of operative intrauterine device removals involving perforations, difficult extractions, and pregnancy*. Poster session presented at Annual Meeting of Association of Reproductive Health Professionals, Washington, DC.
- 2003 **Turok DK**, Gurtcheff S, Esplin MS, Silver R, Van Horn JT, Shah M. *Second trimester termination of pregnancy: A retrospective review of complications by site and procedure type*. Poster session presented at American College of Obstetricians and Gynecologists Annual Meeting, New Orleans, LA.

ORAL PRESENTATIONS

Keynote/Plenary Lectures

International

- 2017 **Turok DK**, Let's Agree on Compassion: Engaging More Voices in Civil Discourse on Family Planning. Plenary Session. North American Forum on Family Planning. Atlanta, GA.

Local/Regional

- 2010 **Turok DK**. Endometrial and Ovarian Cancer, What family Docs Need to Know, University of Utah Department of Family and Preventative Medicine Resident Teaching Conference.

- 2008 **Turok DK.** Endometrial and Ovarian Cancer, What family Does Need to Know, University of Utah Department of Family and Preventive Medicine RESident Teaching Conference.
- 2008 **Turok DK.** Long Acting Reversible Contraception, University of Utah Department of Family and Preventive Medicine Resident Teaching Conference.
- 2007 **Turok DK.** Abortion and Contraception in Public Health, Lecture for the MSPH Program.
- 2006 **Turok DK.** Abortion for Genetic Counslers, University of Utah Genetic Counseling Graduate Program

Meeting Presentations

International

- 2016 **Turok DK,** Becoming an Abortion Provider, International Medical Students For Choice Conference, International Medical Students For Choice Conference, Lisbon, Portugal
- 2016 **Turok DK,** IUDs and EC, 12th International Federation of Professional Abortion and Contraception Associates (FIAPAC) Conference, 12th International Federation of Professional Abortion and Contraception Associates (FIAPAC) Conference, Lisbon, Portugal
- 2016 **Turok DK,** Prospective Meta-Analysis and Individual Participant Level Data. Society of Clinical Trials Annual Meeting. Montreal, Canada.
- 2010 **Turok DK.** The Copper T380 IUD for Emergency Contraception in Utah. International Consortium for Emergency Contraception, New York City, NY
- 2009 Warren JE, **Turok DK,** Maxwell TM, Silver RM, Brothman AR. Array Comparative Genomic Hybridization (ACGH) for Genetic Evaluation of Fetal Loss between 10 and 20 Weeks Gestation. Society of Gynecologic Investigation, Glasgow, UK

National

- 2018 **Turok DK,** Increasing Options for Vasectomy Counseling and Services at Planned Parenthood of Utah
- 2016 **Turok DK,** LARC and Emergency Contraception. ACOG LARC Program Webinar.
- 2016 **Turok DK,** At the Intersection of EC & IUDs: A Look Into the Future from Planet Utah. EC Jamboree, Washington, DC.
- 2014 **Turok DK,** Dermish A. New Technologies to Improve IUD Insertion: Hardware and Software. Reproductive Health 2014, Annual Meeting of the Association of Reproductive Health Professionals, Charlotte, NC
- 2014 **Turok DK.** Beginning and Expanding Postpartum LARC Use. Ryan Residency Program in Abortion and Contraception National Directors Meeting, Chicago, IL
- 2014 **Turok DK.** Update from Utah: What's Different Here? Fellowship in Family Planning National Directors Meeting, Chicago, IL
- 2013 **Turok DK.** Expanding Access to IUDs as EC: Clinical Experience. The Alan Guttmacher Institute, New York City, NY

- 2013 **Turok DK**, Westhoff C. She needs EC: does your emergency response team offer IUDs? Risk made Real: an evidence-based approach to addressing risk in contraception. Reproductive Health 2013, Annual Meeting of the Association of Reproductive Health Professionals, Denver, CO
- 2013 **Turok DK**. Copper IUD for EC - Best Method to Prevent Pregnancy Now and Later. Live Webinar, California Family Health Council
- 2012 Conference Faculty, **Turok DK**. Topics presented: Surgical Abortion Techniques, Abortion Provider Panel, No-Scalpel Vasectomy. Medical Students for Choice Conference on Family Planning, St. Louis, MO
- 2012 **Turok DK**. The Teachable Moment: Optimizing EC Method Selection and Transition to Highly Effective Contraception. Online Webinar for Planned Parenthood Federation of America
- 2011 Swenson C, Turok DK, Ward C, Jacobson J. Misoprostol vs. placebo prior to IUD insertion in nulliparous women: a randomized controlled trial. North American Forum on Family Planning, Washington, DC.
- 2011 **Turok DK**. Hard to Get It In, Hard to Get It Out: Difficult IUD Insertions and Removals. North American Forum in Family Planning, Washington, DC
- 2011 **Turok DK**, Conference Committee Chair. Topics Presented: Contraception Journal- Outstanding Articles, Tools of the Trade- Demonstration of Online Interactive Birth Control Tools, Hard to Get it In: Tactics for Difficult IUD Insertions. Reproductive Health 2011. Las Vegas, NV.
- 2010 **Turok DK**. University of Utah LARC (Long Acting Reversible Contraception) Program: High Use Through diverse Outlets. Kenneth J. Ryan Residency Training Program National Meeting, San Francisco, CA
- 2010 **Turok DK**. Seven Reasons to Plan Your Pregnancy: Because Wanted is not Enough. Planned Parenthood Federation of America, Medical Directors Council, Park City, UT
- 2009 Conference Faculty, **Turok DK**, Topics Presented: Emergency Contraception: Where to Now?, First Trimester Abortion, Abortion Provider Panel. Medical Students for Choice National Conference, Salt Lake City, UT
- 2009 **Turok DK**. Implementing Family Planning Training for Residents and Students. Association of Professors of Gynecology and Obstetrics/Council on Resident Education in Obstetrics and Gynecology (APGO/CREOG) Annual Meeting, San Diego, CA
- 2008 Betstadt S, **Turok DK**, Borgatta L, Kapp N, Feng K, Arlos A, Gold M. IUD insertion after medical abortion. Annual Meeting of Association of Reproductive Health Professionals, Washington, DC

Local/Regional

- 2017 **Turok DK**, Civil Discourse in Family Planning, 2017 Utah Family Planning Symposium, Salt Lake City, UT
- 2017 **Turok DK**, The HER Salt Lake Contraceptive Initiative: Growing the Garden for Change in Utah Family Planning, 2017 Utah Family Planning Symposium, Salt Lake City, UT

- 2017 **Turok DK**, Simplifying Contraception, Post Graduate Course, 58th Annual OBGYN Update & Current Controversies, University of Utah School of Medicine, Park City, UT
- 2014 **Turok DK**. Contraception Update 2014 – Don’t Delay, Insert IUDs and Implants Today. Post Graduate Course, 55th Annual OBGYN Update & Current Controversies, University of Utah School of Medicine, Park City, UT
- 2013 **Turok DK**. Family Planning: Why We Need to Care and What We Can Do. Department of Family and Preventive Medicine, University of Utah School of Medicine, Salt Lake City, UT
- 2013 **Turok DK**. No Scalpel Vasectomy: Introducing an underutilized method of contraception to your clinic. Ryan Program Webinar
- 2012 **Turok DK**. Prematurity Prevention: the Role of Pregnancy Planning. Prematurity Prevention Symposium, Utah Chapter of the March of Dimes, Salt Lake City, UT
- 2012 **Turok DK**. Family Planning: Just the Non-Controversial Stuff. The Rotary Club of Salt Lake City, Salt Lake City, UT
- 2012 **Turok DK**. Family Planning Update 2012. Post Graduate Course, 53rd Annual OBGYN Update & Current Controversies, Park City, UT
- 2010 **Turok DK**. New Family Planning Issues Every OB/GYN Should Know. Postgraduate Course, Department of Obstetrics & Gynecology, University of Utah School of Medicine, Park City, UT
- 2008 **Turok DK**. Adolescent Sexuality: It's Not Only about Abstinence. Issues in Pediatric Care, Pediatric Education Services, Primary Children's Medical Center, Salt Lake City, UT
- 2007 **Turok DK**. Contraception Update. Postgraduate Course, Department of Obstetrics & Gynecology, University of Utah School of Medicine, Park City, UT
- 2007 - 2010 **Turok DK**, Abortion and Reproductive Ethics. University of Utah Undergraduate Honors Program.
- 2006 **Turok DK**, Emergency Contraception and Complications of Medical Abortion. University of Utah, Emergency Medicine Resident Conference.
- 2005 Conference Faculty, **Turok DK**, Presentations on: First Trimester Bleeding, Late Pregnancy Bleeding, Gestational Diabetes Management, Utah Academy of Family Physicians Annual Meeting
- 2003 **Turok DK**. Contraceptive Update Focusing on the Levonorgestrel IUD. Family Practice Refresher Course, Salt Lake City, UT
- 2000 **Turok DK**. Evidence based electronic fetal heart rate monitoring. Family Practice Refresher Course, Salt Lake City, UT

Invited/Visiting Professor Presentations

International

- 2018 **Turok DK**, Growing Your Research Career with NIH Grants. Pre-conference Workshop. North American Forum on Family Planning. New Orleans, LA.
- 2017 **Turok DK**, The Great Debate 2017: Can Emergency Contraception (EC) be Easy? North American Forum on Family Planning. Atlanta, GA.

2005 Conference Faculty, **Turok DK**, Three lectures given and 2 workshops conducted, Family Centered Maternity Care Conference, Sponsored by the American Academy of Family Physicians, Vancouver, BC.

National

2021 Presentation to the Planned Parenthood Federation of America National Medical Committee on levonorgestrel IUD expansion

2021 RAPID EC Trial Results and IUDs for Emergency Contraception. University of New Mexico ECHO conference

2020 Abortion and Early Pregnancy Loss Complications. Contraceptive Technology Annual Conference, Pre-Conference faculty (Online).

2020 IUDs for Emergency Contraception, Finally Going Beyond Copper. Contraceptive Technology Annual Conference (Online)

2020 IUDs and Implants, Scientific Barrier Busting. Contraceptive Technology Annual Conference (online)

2019 **Turok DK**, Increasing Contraceptive Access in Utah. Improving Opportunity Through Access to Family Planning. Brookings Institution Event. Brookings Institution. Washington, D.C.

2019 **Turok DK**, Community Based Family Planning Initiatives & Conservative Allies. Program on Women's Healthcare Effectiveness Research (PWHHER), Department of Obstetrics and Gynecology, University of Michigan.

2015 **Turok DK**, Sanders JN, Thompson I, Royer PA, Gawron L, Storck K. IUD Continuation when Initiated as Emergency Contraception, Top 4 oral presentation session, North American Forum on Family Planning, Chicago, IL

2013 **Turok DK**. The Best Evidence to Reduce Unplanned Pregnancies & Births: 5 Things You Should Be Doing. Department of Family Medicine, Memorial Hospital, Brown University, Pawtucket, RI

2013 **Turok DK**. Using Your Passion for Reproductive Justice to Generate Useful Research. Annual Guest Lecturer, Scholarly Concentration in Women's Reproductive Health, Warren Alpert Medical School, Brown University, Providence, RI

2013 **Turok DK**. Expanding Access to IUDs as EC: Clinical Experience. EC Jamboree, American Society for Emergency Contraception, International Consortium for Emergency Contraception, Baruch College, New York City, NY

2013 **Turok DK**. Emergency Contraception Update presented with Diana Blithe, James Trussell, and Sharon Cameron. North American Forum on Family Planning, Seattle, WA

2012 **Turok DK**. Risk Made Real Team Based Learning. Presentation Sponsored by Association of Reproductive Health Professionals, Choices Clinic, Memphis, TN

2012 **Turok DK**, Mishell D. Maximizing LARC Availability: Bringing the Lessons of the CHOICE Project to Your Community. Reproductive Health 2012, Annual Meeting of the Association of Reproductive Health Professionals, New Orleans, LA

2010 Conference Faculty, **Turok DK**. Topics presented: First Trimester Abortion, Abortion Provider Panel. Medical Students for Choice National Conference, Baltimore, MD

Local/Regional

- 2008 **Turok DK.** Safety of Second Trimester Abortions and Medical Treatment of Early Pregnancy Failure. Department of Obstetrics & Gynecology, Davis Hospital and Medical Center, Ogden, UT
- 2008 **Turok DK.** Issues in Pediatric Care, Pediatric Education Services, Primary Children's Medical Center.
- 2008 **Turok DK.** Contraception for Family Physicians, University of Utah Department of Family and Preventive Medicine Resident Teaching Conference.

Grand Rounds Presentations

- 2022 Family Planning Through the Life Course presented by the Division of Family Planning. Department of Ob/Gyn Grand Rounds, University of Utah
- 2022 Abortion 2022: How we got here & how medical & legal professionals can help us move forward, Department of Ob/Gyn Grand Rounds, University of Utah
- 2021 RAPID EC Trial Results, Using the Hormonal IUD for Emergency Contraception. Dr. Sarah Hawley Memorial Lecture. Department of Family and Preventive Medicine, University of Utah
- 2021 RAPID EC Trial Results and IUDs for Emergency Contraception. University of Minnesota Ob/Gyn Grand Rounds (Online).
- 2018 **Turok DK.** The HER Salt Lake Contraceptive Initiative: Reproductive Justice Locally Applied. University of Wisconsin. Department of Obstetrics and Gynecology Grand Rounds, Madison, Wisconsin.
- 2016 **Turok DK.** In-Hospital Postpartum IUD & Implant Placement. Department of Obstetrics & Gynecology Grand Rounds, Montefiore Hospital, New York City, NY
- 2016 **Turok DK.** The HER Salt Lake Contraceptive Initiative: Developing Prospective Cohorts to Assess Social and Economic Outcomes. Department of Obstetrics & Gynecology Grand Rounds, Indiana University, Bloomington, IN
- 2016 **Turok DK.** A Brief History of Utah Ob/Gyn Research with Dr. Michael Varner. Department of Obstetrics & Gynecology Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT
- 2014 **Turok DK.** Don't delay, insert IUDs and implants today. Department of Obstetrics & Gynecology Grand Rounds, University of Nevada, Reno School of Medicine, Reno, NV
- 2014 **Turok DK.** Don't delay, insert IUDs and implants today. Department of Obstetrics & Gynecology Grand Rounds, University of Nevada, Reno School of Medicine, Reno, NV
- 2014 **Turok DK.** Don't delay, insert IUDs and implants today. Department of Obstetrics & Gynecology Grand Rounds, Greenville Health System, Greenville, SC
- 2013 **Turok DK.** Family Planning Update 2014: How Utah trainees are influencing and incorporating best practices. Department of Obstetrics & Gynecology Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT
- 2013 **Turok DK.** Family Planning Update 2014. Cayuga Medical Center, Ithaca, NY
- 2010 **Turok DK.** Emergency Contraception: Research Guiding New Directions. Department of Obstetrics & Gynecology Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT

- 2010 **Turok DK.** IUDs – New and Future Studies Driving the Best Bet to Reduce Unplanned Pregnancies. Department of Obstetrics & Gynecology Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT
- 2010 **Turok DK.** Contracepting Like Mad: Because Adolescents are Not Only About Abstinence. Invited, Methodist Dallas Medical Center, Dallas, TX
- 2009 **Turok DK.** Contracepting Like Mad: Because Adolescents are Not Only About Abstinence. Department of Ob/Gyn Grand Rounds, Beth Israel Deaconess Medical Center, Albert Einstein College of Medicine, New York, NY
- 2008 **Turok DK.** Adolescent Sexuality: It's Not only about Abstinence. Primary Children's Medical Center Pediatric Grand Rounds, Salt Lake City, UT
- 2007 **Turok DK.** Adolescent Sexuality: It's Not only about Abstinence. Department of Obstetrics & Gynecology Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT
- 2007 **Turok DK.** 25 Contraceptive Methods You've Never Heard of. Department of Family & Preventive Medicine Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT
- 2007 **Turok DK.** 25 Contraceptive Methods You've Never Heard of. Department of Obstetrics & Gynecology Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT
- 2006 **Turok DK.** Contracepting Like Mad: 2006 and Beyond. Department of Internal Medicine Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT
- 2004 **Turok DK.** When the First Trimester is the Last. Department of Family & Preventive Medicine Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT
- 2003 **Turok DK.** Abortion: A Global, National, and Utah Perspective. Department of Obstetrics & Gynecology Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT
- 2000 **Turok DK.** 21st Century Contraception. Department of Obstetrics & Gynecology Grand Rounds, University of Utah School of Medicine, Salt Lake City, UT