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THIRD JUDICIAL DISTRICT COURT,
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 PRELIMINARY INJUNCTION AND SUPPORTING MEMORANDUM** Case No. 220903886 Judge Andrew Stone

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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. For decades, these were decisions that Utahns made on their own and in consultation with their loved ones and other trusted individuals, such as health care providers and religious and spiritual advisors. That all changed on Friday of last week.

On June 24, 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 the majority of Utahns without access to legal abortions in their communities, forcing people who are pregnant to carry a pregnancy to term against their will; to remain pregnant until they can travel out of state to access this critical, time-sensitive medical care, at great cost to themselves and their families; or to attempt to self-manage their abortions outside the medical system. Should Utah doctors, nurses, and other health care professionals violate the law, the Act saddles them with one-to-fifteen-year prison terms, steep criminal fines, and loss of their professional licenses and their families' livelihoods. Utah Code Ann. § 76-7a-201(3); *see also id.* §§ 76-3-203, -301(1)(a), - 302(1).

On Monday, June 27, 2022, this Court entered a temporary restraining order enjoining enforcement of the Act. Pursuant to Utah Rule of Civil Procedure 65A, Plaintiff Planned Parenthood Association of Utah ("PPAU"), one of Utah's last two remaining outpatient abortion providers, now seeks a preliminary injunction to extend this relief for the duration of the litigation.

A preliminary injunction is necessary to protect Utahns from enforcement of the Criminal Abortion Ban. Without such relief, Utahns will lose 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; their freedom of conscience; their right to make private health care decisions; and their right to bodily autonomy and liberty.[1]

The Utah Constitution does not permit such an outcome, irrespective of the recent U.S. Supreme Court decision curtailing the federal due-process right to previability abortion. *See Dobbs v. Jackson Women's Health Org.*, No. 19-1392, 2022 WL 2276808, at *43 (U.S. June 24, 2022). The Utah Supreme Court has long recognized that the Utah Constitution serves as an independent source of rights for Utahns and that the state's constitutional guarantees are often more expansive than those under federal law. *See State v. DeBooy*, 2000 UT 32, ¶ 12, 996 P.2d 546. Moreover, even where the Utah Constitution's provisions are similar or identical to their federal analogs, Utah courts should "not hesitate to give the Utah Constitution a different construction where doing so will more appropriately protect the rights of this state's citizens." *Jensen ex rel. Jensen v. Cunningham*, 2011 UT 17, ¶ 98, 250 P.3d 465 (quoting *DeBooy*, 2000 UT, ¶ 12). For the reasons that follow, PPAU urges the Court to enter a preliminary injunction while it considers these constitutional questions.

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)

[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.

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 and regardless of whether the assault would already need to be reported under existing mandatory reporting laws (the "Reported Rape Exception"). Utah Code Ann. § 76-7a-201.

Instead of making the Criminal Abortion Ban immediately operative, 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 held in *Dobbs v. Jackson Women's Health Organization* ("*JWHO*"), 2022 WL 2276808, at *43, that *Roe v. Wade*, 410 U.S. 113, 93 S. Ct. 705, 35 L. Ed. 2d 147 (1973), and its progeny are overruled. 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, which generally occurs at approximately 24 weeks of pregnancy. The U.S. Supreme Court made clear, however, that states remain free to make their own decisions about abortion. *JWHO*, 2022 WL 2276808, 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). Abortion providers and other staff who assist in the performance of an abortion risk a prison term of one to fifteen years per abortion, as well as criminal fines. *Id.* §§ 76-7a-201(3), 76-3-203(2), 76-3-301(1)(a), 76-3-302(1); *see also id.* §§ 76-2-202 (accessory liability), 76-4-201 (conspiracy liability). In addition, PPAU and providers risk licensing and other professional penalties. *Id.* § 76-7a-201(4)–(5).

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. ("Turok Decl.") ¶¶ 12–13, submitted in support of the temporary restraining order and attached hereto for ease of reference as Ex. A. Each year, PPAU provides well-person visits, contraceptive care, and sexually transmitted infection ("STI") testing, among numerous other forms of care, at its eight health centers. *Id.* ¶ 14. Until the Criminal Abortion Ban took effect, PPAU—through its physicians licensed to practice in Utah—also offered previability abortion services at health centers located 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 did not meet the Ban's limited exceptions. *Id.* ¶¶ 4, 21. They were able to resume services after this Court granted a temporary restraining order. If the Act is allowed to retake effect, PPAU, its staff, and its patients will suffer grave and irreparable harm.

PPAU HAS STANDING TO CHALLENGE THE CRIMINAL ABORTION BAN

This Court is a common law court of general jurisdiction. Utah Const. art. VIII, § 1. In contrast to the federal courts, the judicial power of this Court "is not constitutionally restricted by

the language of Article III of the United States Constitution requiring 'cases' and 'controversies,' since no similar requirement exists in the Utah Constitution." *Gregory v. Shurtleff*, 2013 UT 18, ¶ 12, 299 P.3d 1098 (quoting *Jenkins v. Swan*, 675 P.2d 1145, 1149 (Utah 1983)). Standing requirements under Utah law are not as rigorous as those in federal courts. *See id.; see also Laws v. Grayeyes,* 2021 UT 59, ¶ 84, 498 P.3d 410 (Pearce, J., concurring) ("[T]here are reasons to believe that the Utah Constitution may not actually impose these [traditional] standing requirements, and that the better way to view them are as prudential standards that we generally impose upon would-be litigants.").

Under federal law's stricter Article III test, there is no dispute that PPAU would have standing to assert the claims in this litigation. Federal courts have "long permitted abortion providers to invoke the rights of their actual or potential patients in challenges to abortion-related regulations." *June Med. Servs. L.L.C. v. Russo*, ___U.S.___, 140 S. Ct. 2103, 207 L. Ed. 2d 566 (plurality opinion) (collecting cases in the abortion context), *abrogated on other grounds by JWHO*, 2022 WL 2276808; *id*. at 2139 n.4 (Roberts, C.J., concurring). Indeed, it is well-established that a plaintiff—whether an abortion provider or other litigant—may assert third-party rights in cases where enforcement of the challenged restriction against the plaintiff would result indirectly in the violation of a third party's rights. *See e.g.*, *U.S. Dep't of Lab. v. Triplett*, 494 U.S. 715, 720–21, 110 S. Ct. 1428, 108 L. Ed. 2d 701 (1990) (attorney permitted to assert clients' due process rights); *Craig v. Boren*, 429 U.S. 190, 192–93, 195, 97 S. Ct. 451, 50 L. Ed. 2d 397 (1976) (convenience store permitted to raise rights of young men to challenge sex-based restriction on beer sales).

The Utah Supreme Court has repeatedly recognized that litigants in state court, like those in federal court, can assert third-party rights. *See e.g.*, *Shelledy v. Lore*, 836 P.2d 786, 789 (Utah

1992) (recognizing at least one test for third-party standing). And it has gone even further, recognizing that an "appropriate party" has standing to "rais[e] issues of significant public importance"—a standing doctrine that has no equivalent under Article III. *See Utah Chapter of Sierra Club v. Utah Air Quality Bd.*, 2006 UT 74, ¶ 35, 148 P.3d 960.

Whatever the theory, there is no question that PPAU would have standing to assert the rights of its patients under federal law's stricter standing requirements. A fortiori, PPAU has standing to assert its constitutional claims before this Court—a common law court of general jurisdiction in a state with no case and controversy requirement in its constitution. *See Gregory*, 2013 UT 18, ¶ 12.

A PRELIMINARY INJUNCTION IS WARRANTED

A preliminary injunction is "preventative in nature" and "serves to 'preserve the status quo pending the outcome of the case.'" *Hunsaker v. Kersh*, 1999 UT 106, ¶ 8, 991 P.2d 67 (citations omitted). Such relief 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). The decision whether to grant a preliminary injunction is committed to the sound discretion of the district court, which can weigh the import given to each of Rule 65A's factors. *See id.*, Advisory Comm. Notes. As set forth below, Plaintiff more than satisfies this test.

I. WITHOUT AN INJUNCTION, 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. Such harm exists, for example, where ultimate damages can be

"estimated only by conjecture, and not by any accurate standard," or where the litigation addresses "[w]rongs of a repeated and continuing character." *Hunsaker*, 1999 UT 106, ¶ 9 (quoting *Sys. Concepts, Inc. v. Dixon*, 669 P.2d 421, 427–28 (Utah 1983)).

If reinstated, the Criminal Abortion Ban will be catastrophic for Utahns. The Act will force many Utahns seeking an 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; *see also* Decl. of Colleen M. Heflin, Ph.D., in Supp. of Pl.'s Mot. for Prelim. Inj. ("Heflin Decl.") ¶¶ 41–42, attached hereto as Ex. B. Some Utahns will inevitably turn to self-managed abortion by buying pills or other items online and outside the U.S. health care system, which may in some cases be unsafe. Turok Decl. ¶ 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; *see also* Heflin Decl. ¶¶ 34–40. Finally, PPAU and its staff will also suffer harms that cannot possibly be compensated after judgment. *See* Turok Decl. ¶ 3.

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

Without an injunction, the Criminal Abortion Ban will deny PPAU's patients access to medical care that is both time-sensitive and, as explained below, constitutionally protected. The loss of a constitutional right is alone 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); *see also Fish v. Kobach*, 840 F.3d 710, 752 (10th Cir. 2016) (emphasizing when a 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))).[2] The presumption of irreparable injury from a constitutional violation applies with special force in the context of 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); *see also Deerfield Med. Ctr. v. City of Deerfield Beach*, 661 F.2d 328, 338 (5th Cir. Unit B 1981) (infringement of constitutional right to have an abortion "mandates" a finding of irreparable injury because an infringement "cannot be undone by monetary relief").

The Ban's consequences for Utahns who lose access to time-sensitive medical care are substantial. If the Criminal Abortion Ban retakes effect, hundreds of Utahns in the first month alone will be forced to remain pregnant against their will. *See* Turok Decl. ¶ 22. Many of these individuals will be forced to carry their pregnancies to term and bear children. *See id.* ¶ 22 (most recent data indicating that nearly 2,800 abortions for Utah residents occur annually in the state). For these patients, who will suffer a range of physical, mental, and economic consequences, *see id.* ¶¶ 24–43, there is no effective monetary remedy after judgment for the impact of forced pregnancy on health and bodily autonomy.

Even in an uncomplicated pregnancy, an individual experiences a wide range of physiological challenges. *Id.* ¶ 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

[2] Where persuasive, Utah courts may look to federal case law, as well as precedent from other states, as to the scope of irreparable harm. *See, e.g.*, *Zagg, Inc. v. Harmer*, 2015 UT App 52, ¶ 8, 345 P.3d 1273.

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.* 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 seek emergency care. *Id.* People who develop pregnancy-induced medical conditions are also at higher risk of developing the same condition in subsequent pregnancies. *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 may 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 number is much higher for Utahns who are Black or Hispanic/Latino. *Id.*

Some pregnant patients also face an increased risk of intimate partner violence, with the severity sometimes escalating during or after pregnancy. *Id.* ¶ 27. Indeed, homicide, most frequently caused by an intimate partner, has been reported as a leading cause of maternal mortality. *Id.*

Separate from pregnancy, labor and childbirth are themselves significant medical events with many risks. *Id.* ¶ 28. Each year, five to ten Utahns die as a result of pregnancy complications. Tr. of 30(b)(6) Dep. of Utah Dep't of Health at 116:23–117:10, *Planned Parenthood Ass'n of Utah v. Miner*, No. 2:19-cv-00238 (D. Utah Sept. 17, 2019), ECF No. 93-1, excerpt attached hereto as

Ex. C. And the risk of mortality from pregnancy and childbirth is over 12 times greater than for legal previability abortion. Turok Decl. ¶ 28.

The health risks of childbirth also go 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. *Id.* ¶ 29. Even a normal pregnancy with no comorbidities or complications can suddenly become life-threatening during labor and delivery. *Id.* ¶ 30. For example, during labor, increased blood flow to the uterus places the patient at risk of hemorrhage, which is the leading cause of severe maternal morbidity. *Id.* 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). *Id.* The most severe perineal tears involve tearing between the vagina through the anal sphincter and into the rectum and must be surgically repaired. *Id.* ¶ 31. These can result in long-term urinary and fecal incontinence and sexual dysfunction. *Id.* Vaginal delivery may also lead to injury to the pelvic floor, which can cause urinary incontinence, fecal incontinence, and pelvic organ prolapse (displacement of internal organs, resulting in some cases in their protrusion from the vagina). *Id.* And any anesthesia or epidural administered during labor can create additional risks, including those for infection, severe headaches, and nerve damage. *Id.* ¶ 32.

In Utah, more than one in five deliveries occur by cesarean section ("C-section") rather than vaginally. *Id.* ¶ 33. A C-section is 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.* 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, potentially necessitating complicated surgical interventions, massive blood transfusions,

hysterectomy, and risk of maternal death) and bowel or bladder injury in future deliveries. *Id.* Pregnant people with a prior history of mental health conditions also face a heightened risk of postpartum illness, which may go undiagnosed for months or even years. *Id.* ¶ 34.

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

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; *see also infra* Part III.E. Roughly half of abortion patients in Utah already have one or more children, Turok Decl. ¶ 19, and 45% of PPAU's abortion patients report earning less than 130% of the federal poverty level, *id.* ¶ 39.

If the Criminal Abortion Ban remains in effect, it will dramatically impair the ability of Utah families to determine their own composition, free from state interference. Among other things, it will lead to long-term negative impacts for those women forced to give birth and for their existing children. Research shows that only a small minority (14%) of patients who seek but are denied an abortion say that they are considering adoption as an alternative, and among those who

give birth after being denied an abortion, 91% parent the child. *Id.* ¶ 40. As context, in 2020, just over 500 children at any age were adopted in Utah, with 686 children waiting for adoption, and, as of the last day of Fiscal Year 2020, 2,373 children remained in foster care in the state. *Id.* ¶ 42.

Ninety-five percent of women who obtain abortions feel it was the right decision for them three years later. *Id.* ¶ 40. 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.*; *see also* Heflin Decl. ¶ 43.

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 Ann. § 76-5-414(1) (limiting custody and parental time for rapists only where there has been a conviction).

The 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, some patients with hyperemesis gravidarum must adjust work schedules because they vomit throughout the day. *Id.* Others with conditions like preeclampsia must severely limit activity for a significant amount of time. *Id.* These conditions 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.* Even without these conditions, pregnancy-related

discrimination can result in lower earnings for women both during pregnancy and over time. *Id.*; Heflin Decl. ¶ 44. 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. Turok Decl. ¶ 36; Heflin Decl. ¶ 45. A typical Utahn who takes four weeks of unpaid leave could lose more than $3,000 in income. Turok Decl. ¶ 36; Heflin Decl. ¶ 45.

Pregnancy-related health care and childbirth are also some of the most expensive hospital-based health services, particularly for complicated or at-risk pregnancies. Turok Decl. ¶ 37. While insurance may cover most of these expenses (though over a quarter of Hispanic/Latino Utahns and Black Utahns report not having health insurance to pay for even prenatal care), many pregnant patients with insurance must still pay for significant labor and delivery costs out of pocket. *Id.* ¶¶ 37–38. 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. *Id.* ¶ 38. These costs will necessarily impact a patient's existing children and other dependents. *See id.*

Beyond childbirth, raising a child is expensive, both in terms of direct costs and lost wages. On average, women experience a large and persistent decline in earnings following the birth of a child, an economic loss that compounds the additional costs associated with raising a child. Heflin Decl. ¶ 44. In Utah, the average cost of infant care is more than $8,500 per year, and Utah is the second least affordable state for infant and toddler care in a center. *Id.* These costs can be particularly impactful for people who do not have partners or other support systems in place, such as single parents. *Id.*

In sum, pregnancy and parenting is hugely consequential in Utahns' lives, and being denied an abortion has long-term, negative effects on individuals' physical and mental health, economic stability, and the wellbeing of their families, 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 if the Criminal Abortion Ban remains in effect.

First, they will be forced to remain pregnant against their will until they can obtain that care, likely later in pregnancy than if they had had abortion access in Utah. Turok Decl. ¶ 46; Heflin Decl. ¶ 7.

Second, these Utahns will suffer additional costs and burdens of substantial travel. Heflin Decl. ¶¶ 26–33. At this time, the nearest clinics providing abortion outside of Utah are located in Idaho[3] (the closest of which is a distance of 219 miles from Salt Lake City, one way); Jackson, Wyoming[4] (a distance of 272 miles, one way); and Steamboat Springs, Colorado (a distance of 329 miles, one way). Turok Decl. ¶ 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 392 miles each way from Salt Lake City. *Id.*

Third, some may also be forced to compromise the confidentiality of their decision to have

[3] 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). That ban is currently being challenged in an Idaho state court. *See Planned Parenthood Great Nw., Haw., Alaska, Ind., Ky. v. Idaho*, No. 49817-2022 (Idaho filed June 27, 2022).

[4] 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).

an abortion in order to obtain transportation or child care. *Id.* ¶ 46; Heflin Decl. ¶¶ 7, 30–32.

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), *cert. denied*, 139 S. Ct. 638 (mem.) (2018).

Each of these harms is clearly irreparable. As the U.S. Court of Appeals for the Tenth Circuit Court has 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) (irreparable harm where individuals would experience complications and other adverse effects due to delayed medical treatment).

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 Ban's limited exceptions will suffer irreparable harm in accessing needed care. Pregnant persons with rapidly worsening medical conditions—who, prior to the Criminal Abortion Ban, could have obtained an abortion without explanation—will be forced to wait for care until their conditions become deadly or threaten permanent impairment so as to meet the Ban's Death and Permanent Injury Exception. 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, Utah Code Ann. § 76-7a-201(1)(b), a process that is likely to delay access to care and increase the expense and emotional toll of such a diagnosis, Turok Decl. ¶ 49.

Sexual assault survivors in Utah, an estimated 88% of whom do not report their assault[5]

[5] See also *Hearing on S.B. 174 Before the S.*, 2020 Gen. Sess., recording at 2:15:30–40 (Utah Feb. 28, 2020) (statement of Sen. Daniel McCay) (the Act's Senate sponsor acknowledging that rape is underreported), available at https://le.utah.gov/av/floorArchive.jsp?markerID=110520.

and therefore could not meet the Ban's Reported Rape Exception, will be faced with choosing between abortion services and maintaining their privacy in deciding whether to come forward about the assault, a "choice" forced on no other autonomous patient in Utah's medical system. Turok Decl. ¶ 52; Decl. of Lauren M. Hunt in Supp. of Pl.'s Mot. for Prelim. Inj. ("Hunt Decl.") ¶ 6, attached hereto as Ex. D. If a sexual assault survivor reports their assault to law enforcement in order to obtain an abortion, law enforcement in Utah then has discretion to prosecute the case without the patient's consent, and may in some cases even hale the patient into court for the abuser's prosecution. *Id.* ¶ 17. These open proceedings compromise not only these survivors' privacy, liberty, and dignity, but also their physical safety, particularly survivors who have been raped by someone with whom they have an ongoing relationship or with whom they may live. *Id.* ¶ 8.

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

PPAU and its physicians and staff will also be injured in irreparable ways from the Criminal Abortion Ban, which will eliminate their ability to offer abortion services to Utahns who need them. PPAU and staff will also 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*, 1999 UT 106, ¶ 10 ("Loss of business and goodwill may constitute irreparable harm susceptible to injunction."); *Dixon*, 669 P.2d at 429 (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). PPAU and staff will also face reputational harm and harm to their livelihoods from the threat of severe criminal and licensing penalties posed by the Criminal Abortion Ban.

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

PPAU and its patients face far greater harm if the Criminal Abortion Ban is allowed to go into effect than Defendants will face if the Court enters an injunction to preserve the status quo.

The public has a substantial interest in an injunction blocking 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 State's interest, if any, is marginal by comparison. The State "does not have an 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). Utah already bans nearly all abortions after viability. *See* Utah Code Ann. § 76-7-302(3)(b). An injunction would only prevent Utah from enforcing its ban on previability abortions.

The balance of equities and public interest thus weigh decisively in PPAU's favor.

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 would clearly tip the scale in favor of an injunction even if PPAU could show only the existence of serious legal issues. But, as explained below, PPAU is likely to prevail on the merits of its constitutional claims.

In assessing the meaning of the Utah Constitution, the Utah Supreme Court has employed many methods of interpretation. Although original public meaning is certainly an important starting point for constitutional analysis, it is not the sole consideration.

In conducting constitutional analysis, the Supreme Court has instructed that courts should begin by discerning "the meaning of the text as understood when it was adopted." *S. Salt Lake City v. Maese*, 2019 UT 58, ¶ 18, 450 P.3d 1092. That court also has recognized, however, that the meaning of a particular right in the Utah Constitution may evolve over time if, at the time that the Constitution was enacted, the public would have understood the scope of a particular right to be "expanding in use and purpose." *State v. Patterson*, 2021 UT 52, ¶ 122, 504 P.3d 92; *see id.* ¶¶ 123–35 (considering the evolving scope of the writ of habeas corpus over the nineteenth and twentieth centuries). In other words, in attempting to discern the original public understanding of a constitutional provision, a court must consider not only the contemporary understanding of the text, but also the contemporary understanding of the nature of the right and its potential for evolution.

In conducting this analysis, there is "no magic formula." *S. Salt Lake City*, 2019 UT 58, ¶ 19. The sources that may bear on the analysis will vary depending on "the constitutional question and the content of those sources." *Id.* Relevant sources can include "historical and textual evidence, sister state law, and policy arguments in the form of economic and sociological materials . . . ." *State v. Tiedemann*, 2007 UT 49, ¶ 37, 162 P.3d 1106 (citation omitted). Such sources must be consulted against the understanding that the Utah "[C]onstitution was framed by practical men, who aimed at useful and practical results, without reference to any process which has long ago fallen into disuse." *Id*. ¶ 137 (quoting *State ex rel. Lloyd v. Elliott*, 44 P.2d 248, 250 (Utah 1896)). As detailed below, applying this analysis clearly leads to the conclusion that the Utah Constitution does not tolerate the Ban's infringement on Utahns' rights.

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

By preventing people from deciding whether to end their pregnancies, the Criminal Abortion Ban violates Utahns' right to determine the composition of their families. It also interferes with the right of Utahns to parent their existing children as they deem appropriate. As explained above, more than half of Utahns who obtain abortions already have one or more children. Such state interference with private family decisions is illegitimate and subject to heightened judicial scrutiny, which the Criminal Abortion Ban cannot survive.

1. The Abortion Ban interferes with the private decision making of Utah families

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" and protected under article I, sections 2, 25, and 27, in part, because they are rooted in the "residuum of liberty" retained by the people. *Id.* at 1372–73 (citing, among other protected rights, the freedom to marry and to procreate); *see also Jensen*, 2011 UT 17, ¶ 73 (describing the right to parent as "fundamental"). Indeed, protection of individuals' "constitutionally guaranteed right to form and preserve the family is one of the basic principles for which organized government is established[.]" *In re J.P.*, 648 P.2d at 1373 (quoting *Lacher v. Venus*, 177 Wis. 558, 569, 188 N.W. 613 (1922)); *see also, e.g.*, *In re Castillo*, 632 P.2d 855, 856 (Utah 1981) ("[T]he ideals of individual liberty which . . . [are] essential in a free society . . . protect the sanctity of one's home and family.").

In addition to its status as a "natural" right, the centrality of the family unit and of familial rights is borne out by Utah's history. At its founding, Utah's understanding of the family was unique, in part because of the large number of members of the Church of Jesus Christ of Latter-day Saints who inhabited the region, many of whom practiced polygamy.[6] To shield the practice of polygamy from scrutiny by federal courts, Utah territory's legislature granted an unusual degree of authority to county probate courts.[7] By permitting probate courts to hear cases ranging from traditional estate-related disputes to guardianship and divorce cases, cases involving polygamous marriage could be heard by locally-elected or appointed judges rather than federally-appointed district judges, thus preserving Utahns' autonomy to make decisions about their families.[8] Furthermore, Utah territory permitted couples to obtain a divorce not only for traditional grounds such as adultery and desertion, but also when "the parties [could not] live in peace and union together."[9] Legal scholars have described these lenient divorce provisions as "a safety valve, a means of preserving the institution of the family by dissolving those alliances that abused its peace and harmony."[10] The Utah territory also recognized that women could be awarded custody of children.[11] These customs and traditions reflect Utah's long-held understanding that people should be free to determine the composition of their families.

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[6] *See, e.g.*, Introduction, at ix–xi, *Women in Utah History* (eds. Patricia Lyn Scott & Linda Thatcher 2005), available at https://digitalcommons.usu.edu/cgi/viewcontent.cgi?article=1108&context=usupress_pubs; *see also* Carrie Hillyard, *The History of Suffrage and Equal Rights Provisions in State Constitutions,* 10 BYU J. Pub. L. 117, 122 (1996).

[7] *See* Lisa Madsen Pearson & Carol Cornwall Madsen, *Innovation and Accommodation: The Legal Status of Women in Territorial Utah, 1850–1896*, at 41, in *Women in Utah History* (eds. Patricia Lyn Scott & Linda Thatcher 2005), available at https://digitalcommons.usu.edu/cgi/viewcontent.cgi?article=1108&context=usupress_pubs.

[8] *Id.*

[9] *Id.* at 44 (quoting an 1852 Utah statute).

[10] *Id.*

[11] *Id.* at 47.

The Criminal Abortion Ban eviscerates this fundamental right to determine one's family composition and to decide for oneself and one's family how best to care for one's existing children. Many people who decide to have abortions do so with the input and support of their spouses or other partners, determining that they cannot or are not ready to become parents based on their family's existing needs. *See* Turok Decl. ¶¶ 19, 43. Most Utahns obtaining abortions are already parents, and they generally make their abortion decisions after weighing the impact of a new child on their other children. *Id.* ¶ 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.* Substantial research shows that the impact of denying abortions to women who seek them has long-lasting and negative repercussions for those women's families. *See id.* ¶ 43; Heflin Decl. ¶ 43. 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. Turok Decl. ¶ 19.

These decisions made by families in Utah are precisely the type protected by the Utah Constitution. As Utah courts have recognized, "family autonomy helps to assure the diversity characteristic of a free society." *In re J. P.*, 648 P.2d at 1376. Children "require more than basic survival care; they also require and deserve at least some degree of intellectual, emotional, and social stimulation[.]" *Id* (quoting *State in re P.L.L.*, 597 P.2d 886, 888–89 (Utah 1982)). Parents must be afforded the ability to make decisions that allow them to provide these necessities for their existing children, and to determine—in light of their unique circumstances and the availability of any personal and social supports—whether abortion is the right decision for them with respect to the unique circumstances of each pregnancy. *See supra* Part I.A (discussing physical, emotional, and financial costs of pregnancy and parenting in Utah). The Criminal Abortion Ban forecloses

these decisions and instead replaces them with the State's one-size-fits-all decree from the earliest stages of pregnancy.

2. The State will be unable to demonstrate that the Ban survives strict scrutiny

"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.

Even taking at face value the Act's supporters' expressed view that the law was intended to "discourage the taking of a human life," that very premise infringes on the rights of Utahns who do not share the State's narrow view of when life begins. *See 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).[12] The State's view enforces outdated gender stereotypes by, among other things, 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), despite the increased risks to their physical and mental health, financial stability, and long-term well-being, *see supra* Part I.A. And it enshrines into law the State's moral disapproval of women who do not wish to be parents, or to have additional children. Even if this interest is legitimate—which it is not—it cannot be compelling because it intrinsically values potential life over the lives of Utah's current citizens. *Cf. Blue Cross & Blue Shield of Utah v. State*, 779 P.2d 634, 640 (Utah 1989)

[12] Available at https://le.utah.gov/av/floorArchive.jsp?markerID=111813.

("The second issue under our analytical model is the legitimacy of the objectives pursued by the legislation.").

In any event, the contours of the Act—and the obvious alternatives to it—make clear that the law does not substantially further an interest in fetal life, and that it also is not narrowly tailored to that goal. For example, if the State's paramount goal were truly fetal life, it could take steps to address the overwhelming obstacles to healthy pregnancy and successful parenting in Utah, including lack of insurance, lack of paid family leave, the need for greater protections for individuals experiencing interpersonal violence, and a dearth of support for families who, for financial reasons, cannot adequately care for the children they already have. *See* Turok Decl. ¶ 36; *see also Hearing on S.B. 174 Before the S.*, 2020 Gen. Sess., recording at 2:28:01–2:28:31, 2:29:02–2:30:05 (Utah Feb. 28, 2020)[13] (statement of Sen. Kathleen A. Riebe) (opposing the Act and arguing that the Legislature's concern over fetal life was hypocritical given its insufficient funding of services for abused and homeless children). But instead of making it easier to have a child, the State has imposed an additional burden on Utah families.

In addition, although unquestionably imperative, the limited scope of the exceptions to the Criminal Abortion Ban only underscores that the Ban is not narrowly tailored to achieve any interest in fetal life. *See* Utah Code Ann. § 76-7a-201(b)–(c). These exceptions have nothing to do with whether a fetus or pregnant patient would ultimately survive in the absence of an abortion. Rather, they serve to entrench the State's moral views about which women and families are "worthy" of controlling their own bodies and destinies, while casting disapproval on all others.

For example, the Reported Rape exception distinguishes between individuals who have reported their rape to law enforcement and those who have not, even though the State's interest in

[13] Available at https://le.utah.gov/av/floorArchive.jsp?markerID=110520.

fetal life in both of these cases is presumably the same. This exception cannot be justified by State concerns over women's health and safety, as it targets sexual assault survivors solely based on the health care they seek. A sexual assault survivor who goes to PPAU experiencing a miscarriage will not need to report her assault to law enforcement in order to seek medical care, but a survivor seeking an abortion would. *See* Turok Decl. ¶ 52; *see also* Hunt Decl. ¶ 6. This distinction thus serves only to punish and stigmatize sexual assault survivors who seek to terminate a pregnancy by forcing them to involve the State in what is a deeply personal decision. *See* Hunt Decl. ¶¶ 6, 11–22.

Similarly, the exception for certain non-fatal fetal diagnoses applies only to brain conditions that leave an infant in a "vegetative state," Utah Code Ann. § 76-7a-101(10)(a), while excluding other conditions that are equally debilitating or that may in fact pose a greater risk of death during childhood, Turok Decl. ¶ 50.

Because the Criminal Abortion Ban 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 Provision.

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 Provision:

> The rights of citizens of the State of Utah to vote and hold office shall not be denied or abridged on account of sex. Both male and female citizens of this State shall enjoy equally all civil, political and religious rights and privileges.

Utah Const. art. IV, § 1. Utah was one of the earliest states in the country to adopt a guarantee of this kind. *See* Carrie Hillyard, *The History of Suffrage and Equal Rights Provisions in State Constitutions*, 10 BYU J. Pub. L. 117, 126–29, 137 (1996). Even in the first version of its

constitution, passed in 1849, Utah (then known as Deseret) recognized citizens' rights to equal protection and benefit.[14]

Utah's position at the legal forefront in this respect was consistent with its comparatively early grant of women's suffrage as a territory in 1870, *id.* at 125, twenty-six years before it achieved statehood, fifty years before the enactment of the Nineteenth Amendment, and just one year after Wyoming territory became the first state or territory in the United States to enfranchise women.[15] Utah also allowed women to participate as delegates to the constitutional convention as early as 1882, *see* Martin Berkeley Hickman, *Utah Constitutional Law* 56 (1954).

Utah's founders' belief in women's equality stemmed in part from the unique conditions of frontier life, which "pushed women away from the traditional eastern stereotype and into new responsibilities and lifestyles." Hillyard, *supra*, at 118. Utah's founders recognized that the sex-role stereotypes common at the time, which they described as based on the experiences of "women in larger cities," would be inappropriate and inapplicable to the women of Utah who stand "abreast with men."[16] Furthermore, the Church of Jesus Christ of Latter-day Saints had long recognized the importance of women's participation in society outside the home. Hillyard, *supra*, at 122–23 (quoting President of the Church, Brigham Young, in 1867 explaining that "[w]omen are useful not only to . . . raise babies. . . . [T]hey should . . . enlarge their sphere of usefulness for the benefit of society at large" (second alteration in original)).

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[14] Constitution of the State of Deseret, art. VIII, §§ 1–2 (1849).

[15] Pearson & Cornwall, *supra* note 7, at 38–39.

[16] Official Report of the Proceedings and Debates of the Convention at Salt Lake City to Adopt a Constitution for the State of Utah [hereinafter, "Official Report"], Twenty-Ninth Day, at 545 (Apr. 1, 1895) (transcript available at https://le.utah.gov/documents/conconv/29.htm) (statement of Andrew Kimball).

Delegates to the constitutional convention and the framers of the Utah Constitution expressed support for the inherent political, social, and economic equality between the sexes and in ensuring women's full participation in society:

> [M]en and women [are] equally members of society, equally answerable to law, equally responsible in taxes for the support of the State, equally creators and consumers of wealth . . . [and] the foundation of all legislation, the source and ground of all obligation and all right, is the same in both classes, all being created equal, all being endowed with the same inalienable rights of life, liberty and the pursuit of happiness.

Official Report of the Proceedings and Debates of the Convention at Salt Lake City to Adopt a Constitution for the State of Utah [hereinafter, "Official Report"], Twenty-Fifth Day, at 439 (Mar. 28, 1895) (transcript available at https://le.utah.gov/documents/conconv/25.htm) (statement of Franklin Snyder Richards); *see also* Official Report, Twenty-Seventh Day, at 508 (Mar. 30, 1895) (transcript available at https://le.utah.gov/documents/conconv/27.htm) (statement of Orson Ferguson Whitney) ("I do not believe that [woman] was made merely for a wife, a mother, a cook, and a housekeeper. These callings, however honorable—and no one doubts that they are so—are not the sum of her capabilities."); Official Report, Twenty-Fifth Day, *supra*, at 444 (statement of Franklin Snyder Richards) ("Neither men nor women can know their true sphere till there is perfect freedom to both.").

Utah's founders flatly rejected arguments against equality based on stereotypes about women's roles and their perceived biological differences. Official Report, Twenty-Ninth Day, *supra*, at 565 (statement of John Henry Smith) ("[Y]ou may laud the virtues of woman, you may point to her with pride, and rejoice in her peculiar characteristics, say that you do not want to lower her to that condition in which man has fallen. These things are simply nonsense; she eats, she drinks, she sleeps, she moves just as man moves. Her aspirations and ambitions are as man's are."). They also rejected the idea that the preferences of some women should dictate the choices for all

women. *Id.* at 569 (statement of Andrew Smith Anderson) ("If some women do not want the right of franchise it is no reason that it should be denied to those who desire it.").

Although numerous other states eventually amended their own constitutions to add equal rights provisions, Utah's provision continues to stand out with respect to the breadth of its language. Utah's Equal Rights Provision is not only prohibitory in nature. Rather, it guarantees all persons a positive entitlement to "enjoy equally" the rights and privileges of citizenship. Utah Const. art. IV, § 1; *see also* Hon. Jeffrey S. Sutton, *Courts as Change Agents: Do We Want More—or Less?*, 127 Harv. L. Rev. 1419, 1428 (2014) (discussing role of state constitutions in assuring positive rights). In this respect, Utah's provision is also distinct from the U.S. Constitution's more general Equal Protection Clause, which speaks in prohibitory terms that bar a state from "deny[ing] to any person within its jurisdiction the equal protection of the laws." U.S. Const. amend. XIV, § 1.

Given the Equal Rights Provision's positive guarantee of equal civil and political rights, the Supreme Court has recognized that the provision's meaning cannot be static. As that court explained in *Beehive Medical Electronics, Inc. v. Industrial Commission*, "this constitutional declaration is the matrix for achieving the goal of abolishing discriminatory practices which ought to be abolished though at times they may have the seemingly appealing aspect of benignity." 583 P.2d 53, 60 (1978). Based on this understanding, Utah's Equal Rights Provision has been applied in a number of contexts to preserve the political and civil equality of men and women. For example, the provision has been interpreted to prohibit 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); *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"); *Hamby v. Jacobson*, 769 P.2d 273, 277 (Utah Ct. App. 1989) (holding, in reliance on *Pusey*, that a "paternal preference for a child's surname is improper").

The Utah Supreme Court has left open the applicable standard of constitutional scrutiny to claims under the Equal Rights Provision, although it has made clear that such claims must be subject to a heightened degree of scrutiny. In this case, PPAU's claims should be reviewed subject to the most stringent standard of constitutional review—sometimes termed strict scrutiny—which considers whether a law results in either disparate treatment *or* disparate impact on women as compared to men.[17] *See Est. of Scheller v. Pessetto*, 783 P.2d 70, 76–77 (Utah Ct. App. 1989) (recognizing that "[t]here may be cases where application of a standard more stringent than that used under the equal protection clause would be justified," and citing in particular instances in which 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").

At a minimum, however, the Court must review PPAU's claims under the "intermediate scrutiny" standard applicable to a gender-based classification under federal law, the baseline identified by the Utah Supreme Court for this type of claim. *See Pusey*, 728 P.2d at 119–20 (asking whether "maternal preference can be sustained on an intermediate level of review"); *In re Adoption*

[17] By including both an Equal Rights Provision and a Uniform Operations Clause, it must have been 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 Provision, which was added to the Utah Constitution after the Uniform Operations Clause, would therefore likely have been understood to go beyond these protections. Otherwise, it would have been superfluous. Similarly, the plain text of the Equal Rights Provision protects the equal enjoyment of not only civil, political, and religious rights, but also privileges.

of J.S., 2014 UT 51, ¶¶ 68–74 & n.24, 358 P.3d 1009 (2014) (applying same standard to Uniform Operation of Law case); *Est. of Scheller*, 783 P.2d at 77. That intermediate standard requires the State to demonstrate "an *important* governmental interest that is *substantially* advanced by the legislation." *In re Adoption of J.S.*, 2014 UT 51, ¶ 69 (emphasis in original).

At the outset, 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 privileges and civil, political, and religious rights. If the law 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 while also advancing that interest in "the *least restrictive means* possible." *Id.* (emphasis in original) (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), while leaving untouched the medical care available to men. It is irrelevant that this classification may be premised on a physical characteristic unique to one sex. "Since time immemorial, women's biology and ability to bear children have been used as a basis for discrimination against them." *Doe v. Maher*, 40 Conn. Supp. 394, 444, 515 A.2d 134 (Super. Ct. 1986). Such laws have had the disproportionate effect of keeping women from full participation in society. *See Johnson*, 1999-NMSC-005, ¶ 40. 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). Moreover, as Utah's constitutional convention history confirms, the founders rejected arguments against equality premised on perceived biological differences between the sexes. Classifications based solely on these differences that work to disadvantage women are not, thereby, legitimate.

As with past laws, the Criminal Abortion Ban "operates to the disadvantage of persons so classified." *Johnson*, 1999-NMSC-005, ¶ 40 (citation omitted). 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. These disproportionate effects flatly undermine women's equal privileges of citizenship.

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 Provision.

Even if intermediate scrutiny applies, the Act also fails that form of review. "For 'official action that closes a door or denies opportunity to women (or to men),' it is difficult for the government to show that its discriminatory policy 'substantially' advances an important objective." *In re Adoption of J.S.*, 2014 UT at ¶ 70 (quoting *Virginia,* 518 U.S. at 532). The Ban denies women (but not men) the ability to make decisions about their own bodies and forces women (but not men) to unwillingly take on increased medical risks simply as a result of having

sex. This serves not to "preserv[e] meaningful opportunities to both sexes," *id.*, but to penalize only women for behavior that both sexes engage in.

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

In addition to the Equal Rights Provision, the Utah Constitution, art. I, § 24, provides that "[a]ll laws of a general nature shall have uniform operation." Although sometimes described as a "state-law counterpart to the federal Equal Protection Clause," *State v. Canton*, 2013 UT 44, ¶ 35, 308 P.3d 517, the Uniform Operation Clause's language is distinct from that used in the U.S. Constitution, *see* U.S. Const. amend. XIV, § 1 (prohibiting a state from "deny[ing] to any person within its jurisdiction the equal protection of the laws"). This "differing language," in addition to different "context[] and jurisprudential considerations found in and surrounding the two provisions[,] have led to differing legal consequences" under the Utah Constitution and its federal counterpart. *State v. Drej*, 2010 UT 35, ¶ 33, 233 P.3d 476 (internal quotation marks omitted); *accord Lee v. Gaufin*, 867 P.2d 572, 577 (Utah 1993). "The most notable of these differing legal consequences is that" the Uniform Operation Clause "demands more than facial uniformity; the law's operation must be uniform" as well. *Drej*, 2010 UT 35, ¶ 33; *accord DIRECTV v. Utah State Tax Comm'n*, 2015 UT 93, ¶ 49, 364 P.3d 1036.

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." *Drej*, 2010 UT 35, ¶ 34. Next they ask "whether the classification imposes on similarly situated persons disparate treatment." *Id.* 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. As discussed in Part III.B, the Act expressly singles out individuals on the basis of their sex by targeting only care for pregnant "wom[e]n," Utah Code Ann. § 76-7a-201(1)(a), (c), as opposed to care sought by men. The Act on its face and in effect disadvantages women as opposed to men.

Second, even within a class of pregnant women, the Act targets only those pregnant women who seek abortion, as opposed to those who decide to carry their pregnancies to term. Only the latter group may exercise their rights to liberty, privacy, and bodily integrity without comparable government restriction.[18]

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. For example, the Legislature has permitted a narrow exception for those who have reported to law enforcement that they have been raped. Others who become pregnant as a result of rape but who, for personal safety or other reasons choose not to report, are deemed ineligible for an abortion. *Id.* § 76-7a-201(1)(b)–(c).

Other courts have found that similar classifications violate their states' equal protection guarantees. The Alaska Supreme Court, for example, has explained that "a woman who carries her pregnancy to term and a woman who terminates her pregnancy exercise the same fundamental

[18] Although the Utah Supreme Court has held that women who choose to have an abortion as opposed to those who choose not to do not constitute a class for purposes of the Uniform Operation of Laws analysis, that 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).

right to reproductive choice." *State, Dep't of Health & Soc. Servs. v. Planned Parenthood of Alaska, Inc.*, 28 P.3d 904, 913 (Alaska 2001). That court held that the state's equal protection clause "does not permit governmental discrimination against either woman; both must be granted access to state health care under the same terms as any similarly situated person." *Id.*; *see also, e.g.*, *Armstrong v. State*, 1999 MT 261, ¶ 72, 296 Mont. 361, 989 P.2d 364 ("Equal protection [under Montana's constitution] requires that people have an equal right to form and to follow their own values in profoundly spiritual matters.").

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].'" *Canton*, 2013 UT 44, ¶ 36 (second alteration in original). Where such fundamental rights are at stake, as they are here, heightened review applies. *Id.* Not only does the Ban implicate the fundamental rights to familial decision-making, freedom of conscience, bodily integrity, and privacy, *see supra* Part III.A; see also *infra Parts* III.D–F, but it also discriminates on the basis of sex. *Cf. In re Adoption of J.S.*, 2014 UT 51, ¶ 69 (confirming that to justify sex-based distinctions, the State must demonstrate that "an *important* governmental interest" at stake and that this interest "is *substantially* advanced by the legislation" (emphasis in original)).

Though the Utah Supreme Court has been inconsistent in describing these standards, *see In re Adoption of J.S.*, 2014 UT 51, ¶ 69, Plaintiff urges the Court to apply the highest standard of scrutiny—strict scrutiny—here. However, even under a less exacting heightened scrutiny standard, Plaintiff prevails. To survive heightened scrutiny in Utah, the challenged classification must "(1) [be] reasonable, (2) . . . in fact, actually and substantially further[] a valid legislative purpose, and

(3) [be] reasonably necessary to further a legitimate legislative goal." *Lee*, 867 P.2d at 583; *see also Drej*, 210 UT 35, ¶ 34. For the reasons discussed *supra* Part III.A, the Criminal Abortion Ban cannot possibly meet this standard.

Even if a lower standard of scrutiny applied, the Act cannot survive even the "rationally related" test applicable in Utah to economic and other restrictions that do not implicate fundamental rights or target suspect classes. *See Drej*, 210 UT 35, ¶ 34. Utah's "rationally related" test may be more exacting than its federal counterpart. *See Mountain Fuel Supply Co. v. Salt Lake City Corp.,* 752 P.2d 884, 889 (Utah 1988); *Malan v. Lewis*, 693 P.2d 661, 670–71 (Utah 1984); *see also Condemarin v. Univ. Hosp.*, 775 P.2d 348, 352 (Utah 1989) (providing that a legislative measure in Utah "must often meet a higher de facto standard of reasonableness than would be imposed by the federal courts" (quoting *Mountain Fuel Supply*, 752 P.2d at 889)). For example, courts may consider a statute's degree of over- and under-inclusivity in applying Utah's rationally-related test. *See, e.g.*, *Malan*, 693 P.2d at 672 (holding, after considering statute's exceptions, that a policy "discriminate[d] unreasonably and invidiously among [tort plaintiffs] who [were] subject to" a statutory bar on seeking damages). And courts have substantial leeway to examine whether a law actually advances the State's asserted interests. *See, e.g.*, *Merrill v. Utah Lab. Comm'n*, 2009 UT 26, ¶ 38, 223 P.3d 1089 (considering record evidence before striking down law that unconstitutionally "singl[ed] out and reduc[ed] workers' compensation benefits of injured individuals over the age of sixty-five who qualify for social security retirement benefits"), *on reh'g,* 2009 UT 74, ¶ 38, 223 P.3d 1099.

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 required by the rationally-

related test. *See Blue Cross & Blue Shield*, 779 P.2d at 640; *see also, e.g.*, *Lee*, 867 P.2d at 580 (making clear that a bare desire to engage in "invidious discrimination" cannot ever be a legitimate state interest); *Malan*, 693 P.2d at 672 ("[A]rbitrary selection can never be justified by calling it classification." (alteration in original) (citation omitted)). 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 Ban "incapable of reasonably furthering the statutory objectives." *Malan*, 693 P.2d at 672.

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 "[e]very person, for an injury done to him in his person . . . shall have remedy by due course of law." *Id.* at 674 n.17 (citation omitted). And it is bolstered by numerous other provisions of the state constitution and applicable precedent. *See, e.g.*, Utah Const. art. I, § 1 ("All persons have the inherent and inalienable right to enjoy and defend their lives and liberties[.]"); *id.* § 7 ("No person shall be deprived of life, liberty or property, without due process of law."); *id.* § 14 ("The right of the people to be secure in their persons, houses, papers and effects against unreasonable searches and seizures shall not be violated[.]"); *see also State v. Alverez*, 2005 UT App 145, ¶ 27, 111 P.3d 808 (recognizing that "the extent of the intrusion upon the individual's dignitary interests in personal privacy and bodily integrity" is relevant to a search's lawfulness (citation omitted)), *aff'd*, 2006 UT 61, 147 P.3d 425.

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"), *overruled on other grounds*. In the context of search and seizures, for example, Utah courts have held that bodily integrity is threatened by "intruding into the suspect's living room, eavesdropping on phone calls, or compelling the suspect to go to the police station with the officers." *Alverez*, 2006 UT 61, ¶ 34. And Utah's body of tort law recognizes that "the law of torts, and battery in particular, was designed to protect people from unacceptable invasions of bodily integrity." *Wagner*, 2005 UT 54, ¶ 57. The right also underpins the common-law doctrine of informed consent in medical decision making. *Nixdorf v. Hicken*, 612 P.2d 348, 354 (Utah 1980) ("This duty to inform stems from the fiduciary nature of the relationship and the patient's right to determine what shall or shall not be done with his body." (citation omitted)).

Forcing someone to remain pregnant against their will, as the Criminal Abortion Ban does, is a fundamental violation of the right to control one's bodily integrity. For a host of reasons, the decision to become or remain pregnant is one of the most personal and consequential a person will make in a lifetime. *See supra* Part I.A. By preventing pregnant people in Utah from ending their pregnancies, the Criminal Abortion Ban forces them to submit to more than nine months of dramatic physical transformation, implicating the most personal aspects of their lives and identities, without their consent. *See id*. The impact of the Act thus clearly invades Utahns' bodily integrity, as other states have found when considering whether such a right encompasses a right to decide to have an abortion. The Minnesota Supreme Court, for example, has extended its prior precedent recognizing a "right to be free from intrusive medical treatment" to protect a "woman's right to choose to have an abortion," recognizing that both involve "the integrity of one's own body and include[] the right not to have it altered or invaded without consent." *Women of Minn. v. Gomez*, 542 N.W.2d 17, 27 (Minn. 1995) (citing and quoting *Jarvis v. Levine*, 418 N.W.2d 139,

148–50 (Minn. 1988)). Similarly, the Supreme Judicial Court of Massachusetts has recognized that a "right to make the abortion decision privately" is "but one aspect of a far broader constitutional guarantee" related to, among other things, the "strong interest in being free from nonconsensual invasion of . . . bodily integrity." *Moe v. Sec'y of Admin. & Fin.*, 382 Mass. 629, 648–49, 417 N.E.2d 387 (1981) (citation omitted). Pregnant people in Utah also have a strong liberty interest in being free from the "nonconsensual invasion" of their bodily integrity, *id.*, and the Criminal Abortion Ban infringes on that right.

The Criminal Abortion Ban also forces pregnant people to endure increased physical risk, including an increased risk of death, and more invasive medical interventions such as delivery by C-section. Turok Decl. ¶¶ 24–35. The Supreme Court of Kansas has held, for example, that a state law banning the most common method of second-trimester abortion is likely to violate Kansas's state constitutional right to bodily integrity because the law would require people seeking abortions at that stage of pregnancy to undergo riskier and more invasive procedures instead. *Hodes & Nauser, MDs, P.A. v. Schmidt*, 309 Kan. 610, 616–18, 646–50, 678, 440 P.3d 461 (2019) (per curiam).

"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, 608 (internal quotation marks & citation omitted), *aff'd*, 2015 UT 84, 359 P.3d 603. As discussed above, the Criminal Abortion Ban is not supported by a legitimate, much less compelling, state interest, and it does not sufficiently advance any asserted state interest, no matter the standard of constitutional review. *See supra* Part III.A. Accordingly, the Act must be invalidated.

E. The Criminal Abortion Ban violates Utahns' right to freedom of conscience.

By imposing on Utahns the State's inherently spiritual and religious view that life begins in the earliest days of pregnancy, the Criminal Abortion Ban violates article I, section 4, of the Utah Constitution, the state's religion clause. That section provides in full:

> The rights of conscience shall never be infringed. The State shall make no law respecting an establishment of religion or prohibiting the free exercise thereof; no religious test shall be required as a qualification for any office of public trust or for any vote at any election; nor shall any person be incompetent as a witness or juror on account of religious belief or the absence thereof. There shall be no union of Church and State, nor shall any church dominate the State or interfere with its functions. No public money or property shall be appropriated for or applied to any religious worship, exercise or instruction, or for the support of any ecclesiastical establishment.

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 citizens of Utah know, perhaps better than those of any other state, what evils can befall people, communities, and government when religious strife is pervasive." *Id.* Given that history, 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 view as to when life begins, which is an inherently religious and spiritual one. Different religions, and different denominations within those religions, have varying views about when life begins, and when abortion is permissible; even within religious communities, there may exist a plurality of views on these issues. *Cf.* Pew Rsch. Ctr., *America's Abortion Quandary* (May 4, 2022).[19] For instance, "there is [] no uniform Jewish position when it comes to abortion." Moira Stephens et al., *Religious Perspectives on Abortion and a Secular Response*, 49 J. Religious Health 513, 520 (2010). Certain Jewish texts state that life does not begin until first breath. Joseph G. Schenker, *The Beginning of Human Life: Status of Embryo. Perspectives in Halakha (Jewish Religious Law)*, J. Assistive Reprod. Genetics 271, 272–73 (2008). Others state that the fetus does not gain a soul until the fortieth or eighteenth day post-conception. *Id.* at 273. And, under Jewish law, "[w]here continued pregnancy seriously threatens the life of the" pregnant person, they have "an obligation to save [them]self by terminating the fetus." Stephens, *supra*, at 520. Still other religions consider these questions differently. *See* Stephens, *supra* at 518 (Lutheran church fathers saying "that the full humanization . . . happens around the fourth month"), 521 (Islamic jurisprudence stating that "as long as the fetus remains in utero it does not have independent and absolute inviolability because it is regarded as part of the mother's body").

The Utah Supreme Court has left open the question whether, for Article I, Section 4 purposes, courts must presume the constitutionality of a challenged law—with the burden on a plaintiff to show otherwise—or whether the burden falls on the proponent of the law to show "that

[19] Available at https://www.pewresearch.org/religion/2022/05/06/americas-abortion-quandary/pf_05-06-22_abortion-views_0_12/.

[the law] is supported by a compelling state interest and is the least restrictive means of accomplishing that end." *Jeffs v. Stubbs*, 970 P.2d 1234, 1248–49 (Utah 1998) (recognizing such an argument without deciding what test applies because challenged law was permissible under either standard). PPAU urges the Court to apply the more protective standard here, which is better aligned with the Utah Constitution's unique and heightened protections for matters of conscience, and which places the burden on the State of showing that the least restrictive means have been adopted.[20] But regardless of what standard applies, the Criminal Abortion Ban violates article I, section 4, by imposing the State's determination of when life begins on all Utahns, regardless of their religious or moral beliefs about abortion, and by doing so without adequate justification, as described *supra*.

F. The Criminal Abortion Ban violates Utahns' right to privacy.

Utah's right to privacy is rooted in the Utah Constitution, article I, section 14, which states that:

> The right of the people to be secure in their persons, houses, papers and effects against unreasonable searches and seizures shall not be violated; and no warrant shall issue but upon probable cause supported by oath or affirmation, particularly describing the place to be searched, and the person or thing to be seized.

This right "extend[s] to protect 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). It "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

[20] Utah's proposed constitutions included provisions mandating the separation of church and state from the very beginning, *see* Constitution of the State of Deseret, art. VIII, § 3 (1849), and these protections were significantly strengthened in the final version passed in 1895, indicating the importance of freedom of conscience to those crafting the Utah Constitution.

to" the individual "and to be of no proper concern to others." *Id.*; *see also Allen v. Trueman, Judge of the 2d Jud. Dist.*, 100 Utah 36, 110 P.2d 355, 360 (1941) (recognizing in the criminal context that this right has been interpreted to protect "the individual against oppressive invasion of his personal rights"). In these ways, the right to privacy under the Utah Constitution fairly 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. *Accord State v. Nelson*, 283 Mont. 231, 241, 941 P.2d 441 (1997) (discussing informational privacy); *King v. State*, 272 Ga. 788, 790, 535 S.E.2d 492 (2000) (same); *In re UPS Ground Freight, Inc.*, 629 S.W.3d 441, 450 (Tex. Ct. App. 2020) (same), *mandamus conditionally granted on other grounds*, No. 20-0827, 2022 WL 2183129 (Tex. June 17, 2022) (per curiam); *Tex. State Emps. Union v. Tex. Dep't of Mental Health & Mental Retardation*, 746 S.W.2d 203, 206 (Tex. 1987) (same).

1. ***Decisional privacy.*** An individual's pregnancy and decision to form family relationships is one such "activit[y] 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." *Redding*, 606 P.2d at 1195. Even though Utah banned abortion at the time of its founding, women still sought abortions,[21] particularly before "quickening," and abortifacients were widely available both through the mail and at pharmacies.[22] In 1896, Dr. Hannah Sørenson, who practiced

[21] *See, e.g.*, B.O.L. Potter, M.D., Letter, *That Abortion Case*, Salt Lake City Tribune, Nov. 6, 1884, at 4, available at https://newspapers.lib.utah.edu/search?facet_type=%22page%22&gallery=1&rows=200&parent_i=13120260#g3.

[22] *See* Advertisement, *Mesmin's French Female Pills*, Daily Enquirer, Apr. 10, 1893, at 2, available at https://newspapers.lib.utah.edu/search?facet_type=%22page%22&gallery=1&rows=200&parent_i=1466218#g1; Advertisement, *Dr. Mott's Pennyroyal Pills*, The Ogden Daily Standard, May 2, 1893, at 2, available at https://newspapers.lib.utah.edu/search?facet_type=%22page%22&gallery=1&rows=200&parent_i=7514821#g1; Advertisement, *Dr. Martel's Female Pills*, Deseret Evening News, Sept. 12, 1910, at 9, available at https://newspapers.lib.utah.edu/search?facet_type=%22page%22&gallery=1&rows=200&parent_i=2356506#g8. For a fulsome accounting of the history of abortifacient advertising in Utah

in Southeastern Utah, commented that her women patients, many of whom were Latter-day Saints, "believe it is no sin to produce an abortion before there is life," likely referring to the time before quickening.[23]

Moreover, generations of women have now grown to have a reasonable expectation that their private decision making includes an ability to decide to end a pregnancy. Medical advances have likewise changed how individuals experience and understand abortion, allowing for greater patient privacy surrounding the abortion decision. *See* Turok Decl. ¶ 17. For example, more than two decades ago, the U.S. Food and Drug Administration approved the labeling of a medication specifically for abortion, and the use of that medication has allowed patients to pass pregnancies at home or in other private settings. *See id.*

Under these circumstances, the right to privacy under the Utah Constitution necessarily encompasses a right to choose to end a pregnancy through abortion. Interpreting their constitutional privacy protections, numerous other states have reached the same conclusion. *See, e.g.*, *Armstrong*, 1999 MT 261, ¶ 47, 296 Mont. 361, 989 P.2d 364; *Am. Acad. of Pediatrics v. Lundgren*, 16 Cal. 4th 307, 327, 940 P.2d 797 (1997); *Hope v. Perales*, 83 N.Y.2d 563, 575, 634 N.E.2d 183 (1994); *Doe v. Maher*, 40 Conn. Supp. 394, 426, 515 A.2d 134 (1986); *see also Valley Hosp. Ass'n v. Mat-Su Coal. for Choice*, 948 P.2d 963, 964, 968–69 (Alaska 1997); *In re TW*, 551 So. 2d 1186, 1192–93 (Fla. 1989); *Right to Choose v. Byrne*, 91 N.J. 287, 303–04; 450 A.2d 925 (1982). The Criminal Abortion Ban's infringement on Utahns' right to privacy is yet another basis on which the law should ultimately be invalidated, and in the meantime enjoined.

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newspapers, see Amanda Hendrix-Komoto, *The Other Crime: Abortion and Contraception in Nineteenth- and Twentieth-Century Utah*, 53 Dialogue 33, 41–42 (2020).

[23] Hannah Sørensen, *What Women Should Know* 40, 80 (Utah: George Q. Cannon & Sons, 1896), available at https://hdl.handle.net/2027/njp.32101078167978; Hendrix-Komot, *supra* note 22, at 40–41.

2. ***Informational privacy.*** The information protected by Utah's right of privacy "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." *Redding*, 606 P.2d at 1195. The Criminal Abortion Ban violates this right to informational privacy.

First, 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. Hunt. Decl. ¶ 24. Once a report is made, Utah law enforcement officials would have the authority to pursue a prosecution without the patient's consent, in some cases haling them into court and making their identity and the details of their assault (and possibly abortion) open to the public. *Id.* ¶ 13.

It is objectively unreasonable to require disclosure of Plaintiff's patients' private medical information as a condition for patients to receive medical care (and only one type of medical care), as numerous medical organizations recognize. Turok Decl. ¶ 54. Patients disclose to their physicians details about the most sensitive and private aspects of their lives, and that information "is as much entitled to privacy from unauthorized public or bureaucratic snooping as" as is information traditionally protected against unreasonable searches and seizures, such as a "person's bank account, the contents of [one's] library or [one's] membership in the NAACP." *Grafilo v. Wolfsohn*, 33 Cal. App. 5th 1024, 1034, 245 Cal. Rptr. 3d 564 (2019); *see also T.L.S. v. Mont. Advoc. Program*, 2006 MT 262, ¶ 25, 334 Mont. 146, 144 P.3d 818 (holding that Montana's right to privacy protects "details of a patient's medical and psychiatric history" (citation omitted)); *State*

v. Johnson, 814 So. 2d 390, 393 (Fla. 2002) (per curiam) (holding that state right to privacy protects patient's medical records from casual governmental intrusion).

Against these weighty privacy interests, the State has no legitimate, much less compelling, interest in the Criminal Abortion Ban 's Reported Rape Exception. The Ban's Senate sponsor's statement that carrying a pregnancy to term after rape is often "powerful and healing" is shocking in its disdain for sexual assault survivors and rooted in harmful stereotypes about survivors, women, and romanticized notions of pregnancy that do not reflect the data or patients' lived experiences. *See Hearing on S.B. 174 Before the S.*, *supra*, recording at 2:15:56–2:16:19 (statement of Sen. Daniel McCay).

Further, as discussed *supra* Part III.A, the Ban does not sufficiently advance any potential interest in fetal life and is fundamentally irrational. 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. In this way, the Criminal Abortion Ban is distinct from other types of mandatory reporting with which Plaintiff already complies. *See, e.g.*, Hunt Decl. ¶¶ 10–12, 20–22.[24] The transparent goal of this exception, then, is to discourage sexual assault survivors from exercising their right to abortion.

This is further evidenced by the fact that the mandatory reporting requirement applies only to patients obtaining abortions, whereas patients seeking health care for any other health condition need not disclose the patient's status as a victim of a crime as a condition of receiving treatment, nor are their doctors required (except in very limited circumstances involving vulnerable populations) to report the crime should they become aware of it. *See* Turok Decl. ¶ 52; *see also*

[24] Because these guardrails are already in place for minors, the Reported Rape Exception cannot purport to further any State interest in the health and safety of minors.

Hunt Decl. ¶¶ 11, 22. For these reasons, the Act violates Plaintiff's patients' right to informational privacy.

IV. AN INJUNCTION SHOULD BE ISSUED 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).

CONCLUSION

For the foregoing reasons, Plaintiff respectfully requests that this Court enter a preliminary injunction that enjoins and restrains Defendants and their officers, employees, servants, agents, appointees, or successors from administering and enforcing the Act with respect to any abortion provided while this Order is in effect, including in any future enforcement actions for conduct that occurred during the pendency of this injunction, and that such an injunction issue without posting of security.

Respectfully submitted,

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**Admitted pro hac vice in this Court*

Attorneys for Plaintiff Planned Parenthood Association of Utah

Dated: June 29, 2022

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.

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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.

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CERTIFICATE OF SERVICE

I hereby certify that on June 29, 2022, I caused the foregoing to be electronically filed and served on the following via the method indicated:

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/s/ Troy L. Booher
Troy L. Booher

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/ataglance/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]

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[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.

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[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]

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[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 adoption[32] and, as of the last day of Fiscal Year 2020, 2,373 children remained in foster care.[33]

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[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 Idaho[38] (the closest of which is a distance of 219 miles from Salt Lake City, one way); Jackson, Wyoming[39] (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

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[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 AJPH 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]

* * *

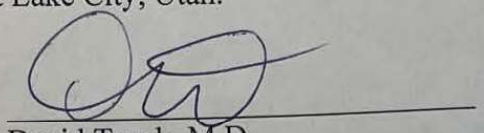
55. For all of these reasons, if the Criminal Abortion Ban is permitted to remain in effect, it will be devastating to the Utah patients who depend on PPAU for care.

[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.



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

Years	Degree	Institution (Area of Study)
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 - Present: American Board of Obstetrics & Gynecology (Obstetrics & Gynecology), Diplomate

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

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

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

03/01/2018	Adjunct Associate Professor

07/01/2016 - 02/28/2018 Adjunct Assistant Professor

07/01/2002 - 06/30/2016 Adjunct Assistant Professor

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

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

06/01/1998 - 06/30/2000 Clinical Instructor

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 - Present	Contraception journal –Editorial Board.
2010 - Present	Fellowship in Family Planning. University of Utah Co-Director.
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 - Present	Reviewer, Cochrane Collaboration
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 - Present	Clinical Management in Community-Based Settings (CMPC) - Standing member
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 - Present University of Utah Family Planning Symposium

2003 - 2010 Organizer, Family Practice Obstetrics Morbidity and Mortality Conference

PROFESSIONAL COMMUNITY ACTIVITIES

2017 - Present Board Member, Physicians for Reproductive health

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 - Present Member, Institutional Review Board

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 - 09/30/24 CCTN Clinical evaluation of Daily Application of Nestorone (NES) and Testosteorone (T) Combination Gel for Male Contraception
Principal Investigator(s): David K. Turok
University of Washington, NICHD
Role: Principal Investigator

08/01/20 - 07/30/27 Contraceptive Clinical Trials Network (CCTN) Core Function Activities. Task Order 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 - 09/27/23 CCTN-Pharmacokinetic / Pharmacodynamic Evaluation Of Levonorgestrel Butanoate For Female Contraception
Role: Co-Investigator

09/01/18 - 10/01/22 Veracept National PI. Project Number 50503504. Proposal ID 10051921
Principal Investigator(s): David K. Turok
Direct Costs: $358,170 Total Costs: $488,902
Sebela Pharmaceuticals Development LLC
Role: Principal Investigator

07/01/18 - 06/30/23 Family Planning Elevated: A Statewide Contraceptive Initiative in Utah
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 - 02/28/23 University of Utah Center for Clinical and Translational Science (CCTS).
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 - 02/28/23 Institutional Career Development Core. KL2TR002539.
NIH National Center For Advancing Translational Sciences
Role: Co-Investigator

09/26/17 - 12/31/22 CCN-Denver, Project Number 54503811. Proposal ID 10047514
Direct Costs: $155,357 Total Costs: $225,427
Principal Investigator(s): University Of Colorado at Denver
Role: Co-Site Principal Investigator

08/21/17 - 05/31/22 Midcareer Investigator Award in Patient Oriented Research. Project Number 59203661. 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 - 09/30/22 Evaluation of LARCS.
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 - 11/16/21 HER Hewlett Supplement. Project Number 51005893. Proposal ID 10051017.
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 - 05/31/19 Family Planning Fellowship 2018-2019. Project Number 51005773. Proposal ID 10049201
Principal Investigator(s): David K. Turok
Direct Costs: $318,356 Total Costs: $318,356
Anonymous
Role: Principal Investigator

04/01/18 - 03/31/19 Education Pregnancy and Planning. Project Number 51100074. Proposal ID 10049512.
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 - 06/30/19 Kaiser Contraceptive Counsel. Project Number 51005772. Proposal ID 10049726
Principal Investigator(s): David K. Turok
Direct Costs: $73,537 Total Costs: $73,537
Society of Family Planning
Role: Principal Investigator

09/14/17 - 03/31/21 Sexual Acceptability's Role in Women's Contraceptive Preferences and Behavior. 5 RO1 HD095661
Principal Investigator(s): Jenny Higgins
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Role: Co-Investigator

07/01/17 - 06/30/18 Family Planning Elevated: Pay For Success. Sorenson Impact Center, University of Utah.
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 - 06/30/18 Bullock-FS-Same Day Counseling. Project Number 51005634. Proposal ID 10045851
Principal Investigator(s): David K. Turok
Direct Costs: $67,743 Total Costs: $67,743
Society of Family Planning
Role: Principal Investigator

06/01/17 - 11/30/17 Family Planning Fellowship 2017-2018. Project Number 51005574. Proposal ID 10046224

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

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

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

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

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

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

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

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

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

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

11/17/15 - 11/16/18 HER Salt Lake Contraceptive Initiative: A Prospective Cohort Examining the Social and 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 - 09/24/18 Clinical Evalutation of Long-Acting Reversible Contraceptives. Award 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 - 04/30/21 Rapid EC- RCT Assessing Pregnancy with Intrauterine Devices for Emergency 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 - 06/30/17 Highly Effective Reversible Contraception Initiative- Salt Lake: A Prospective Cohort 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 - 06/30/15 GCC VS ICC In Refugee Women. Project Number 51005207. Proposal ID 10038216

Principal Investigator(s): David K. Turok
Direct Costs: $30,000 Total Costs: $30,000
Society Of Family Planning
Role: Principal Investigator

01/01/15 - 01/01/17 Real-world Duration of Use for Highly Effective Reversible Contraception (HERC): A Retrospective Review.
Principal Investigator(s): David K. Turok
Bayer Women's Healthcare
Role: Principal Investigator

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

Principal Investigator(s): David K. Turok
Direct Costs: $69,926 Total Costs: $69,926
Society Of Family Planning
Role: Principal Investigator

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

Principal Investigator(s): David K. Turok
Direct Costs: $164,172 Total Costs: $217,856
NIH
Role: Principal Investigator

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

Principal Investigator(s): David K. Turok
Direct Costs: $10,725 Total Costs: $11,797
University Of Wisconsin-Madison
Role: Principal Investigator

09/09/14 - 09/18/17 Novel Products for Female Contraception. Task Order 2 Under IDIQ Contract 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 - 06/30/18 Tracking IUD Bleeding Experiences: An Evaluation of Bleeding Profiles in New Intrauterine Device Users.
Principal Investigator(s): David K. Turok

Teva Women's Health Research
Role: Principal Investigator

02/17/14 - 02/16/16 Cervical Retractor. Project Number 50302568. Proposal ID 10034658
Principal Investigator(s): David K. Turok
Direct Costs: $21,967 Total Costs: $29,150
Bioceptive Inc
Role: Principal Investigator

10/01/13 - 09/30/15 RCT Of Mirena Postpartum. Project Number 51002919. Proposal ID 10032191
Principal Investigator(s): David K. Turok
Direct Costs: $104,121 Total Costs: $119,998
Society Of Family Planning
Role: Principal Investigator

08/01/13 - 07/30/19 A Study of Contraceptive Failure with Unprotected Intercourse 5-14 Days Prior to Initiation.
Principal Investigator(s): David K. Turok
William And Flora Hewlett Foundation
Role: Principal Investigator

07/18/13 - 07/17/14 A Phase 1, Multi-Center Study to Assess the Performance of a LNG20 Intrauterine System Inserter . Award Number M360-L104.
Principal Investigator(s): David K. Turok
Medicines 360
Role: Principal Investigator

07/01/13 - 06/30/15 Early Versus Delayed Postpartum Insertion of the Levonorgestrel IUD and Impact on 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 - 06/25/20 Contraceptive Clinical Trials Network Core Function Activities. Task Order 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 - 06/25/20 Contraceptive Clinical Trials Network- Female Sites. Contract 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 - 06/30/13 Mid-Career/Mentor Award. Project Number 51002756. Sponsor Award Number SFPRF6-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 - 07/01/15 IUD Insertion Forces and Placement with Novel IUD Inserter. Project Number 50302240. 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 - 02/28/13 An Intervention to Manage Difficult IUD Insertions. Project Number 51002691. Proposal 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 - 12/31/12 A Phase 1, Multi-Center Study to Assess the Safety and Performance of a Novel LNG20 Intrauterine System Inserter. Protocol Number M360-L103
Principal Investigator(s): David K. Turok
Medicines 360
Role: Principal Investigator

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

05/25/11 - 05/24/12 Vaginal Microflora and Inflammatory Markers Before and After Levonorgestrel Intrauterine 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 - 08/31/12 EC Method: Determinants for Copper IUD Use and Future Unintended Pregnancy. Award 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 - 04/01/15 A Phase 3, Randomized, Multi-Center, Open-Label Study of a Levonorgestrel-Releasing 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 - 08/31/10 Family Planning Fellow Interview 2009-2010. Project Number 51002337. Proposal ID 10015791
Principal Investigator(s): David K. Turok
Direct Costs: $1,880 Total Costs: $1,880
Anonymous
Role: Principal Investigator

07/22/09 - 10/01/10 EC-Choices And Outcomes: The Copper T380A IUD vs. Oral Levonorgestrel for 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 - 06/30/09 Program to Develop Future Leaders in Family Planning
Principal Investigator(s): David K. Turok
The Lalor Foundation, Inc.
Role: Principal Investigator

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

07/01/03 - 09/30/05 Kenneth J. Ryan Residency Training Program in Abortion and Family Planning.
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

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.
23. Gawron LM, Pettey WBP, Redd AM, Suo Y, **Turok DK**, Gundlapalli AV (2019). Distance Matters: Geographic barriers to long acting reversible and permanent contraception for homeless women Veterans. *J Soc Distress Homeless*, *28*(2), 139-148.
24. Teal SB, **Turok DK**, Chen BA, Kimble T, Olariu AI, Creinin MD (2019). Five-Year Contraceptive Efficacy and Safety of a Levonorgestrel 52-mg Intrauterine System. *Obstet Gynecol*, *133*(1), 63-70.
25. Sanders JN, Adkins DE, Kaur S, Storck K, Gawron LM, **Turok DK** (2018). Bleeding, cramping, and satisfaction among new copper IUD users: A prospective study. *PLoS One*, *13*(11), e0199724.
26. **Turok DK**, Simmons RG, Cappiello B, Gawron LM, Saviers-Steiger J, Sanders JN (2018). Use of a novel suction cervical retractor for intrauterine device insertion: a pilot feasibility trial.(Epub ahead of print). *BMJ Sex Reprod Health*.
27. **Turok DK**, Nelson A (2018). Phase 2 efficacy, safety, and tolerability results of the VeraCept low-dose copper intrauterine contraceptive: 24-month data. *Contraception*, *98*(4), 355.
28. Higgins J, Sanders JN, Wright K, Adkins D, **Turok DK**. (2018). Beyond safety and efficacy: how sexuality-related priorities impact contraceptive method selection. *Contraception*, *98*(4), 335.
29. Geist C, Sanders JN, Myers K, Simmons R, Everett B, Gawron L, **Turok DK** (2018). Changing lives, dynamic plans? 12-month shifts in pregnancy intentions. *Contraception*, *98*(4), 362.
30. Kaiser J, Simmons R, Myers K, Sanders JN, Gawron L, **Turok DK** (2018). Predictors of contraceptive method switching and discontinuation 6-months postabortion. *Contraception*, *98*(4), 353.

31. Bullock H, Galindo E, Simmons R, White K, Nguyen B, Sanders JN, Gawron L, **Turok DK**. (2018). Increasing options for vasectomy counseling and services at Planned Parenthood of Utah. *Contraception*, *98*(4), 337.

32. Everett BG, Sanders JN, Myers K, Geist C, **Turok DK** (2018). One in three: challenging heteronormative assumptions in family planning health centers. *Contraception*, *98*(4), 270-274.

33. Roth LP, Sanders JN, Simmons RG, Bullock H, Jacobson E, **Turok DK** (2018). Changes in uptake and cost of long-acting reversible contraceptive devices following the introduction of a new low-cost levonorgestrel IUD in Utah's Title X clinics: a retrospective review. *Contraception*, *98*(1), 63-68.

34. Bellows BK, Tak CR, Sanders JN, **Turok DK**, Schwarz EB (2018). Cost-effectiveness of emergency contraception options over 1 year. *Am J Obstet Gynecol*, *218*(5), 508.e1-508.e9.

35. Gawron L, Pettey WBP, Redd A, Suo Y, **Turok DK**, Gundlapalli AV (2017). The "Safety Net" of Community Care: Leveraging GIS to Identify Geographic Access Barriers to Texas Family Planning Clinics for Homeless Women Veterans. *AMIA Annu Symp Proc*, *2017*, 750-759.

36. Sanders JN, Myers K, Gawron LM, Simmons RG, **Turok DK** (2018). Contraceptive Method Use During the Community-Wide HER Salt Lake Contraceptive Initiative. *Am J Public Health*, *108*(4), 550-556.

37. Sanders JN, Higgins JA, Adkins DE, Stoddard GJ, Gawron LM, **Turok DK** (2018). The Impact of Sexual Satisfaction, Functioning, and Perceived Contraceptive Effects on Sex Life on IUD and Implant Continuation at 1 Year. *Womens Health Issues*, *28*(5), 401-407.

38. Torres LN, **Turok DK**, Clark EAS, Sanders JN, Godfrey EM (2018). Increasing IUD and Implant Use Among Those at Risk of a Subsequent Preterm Birth: A Randomized Controlled Trial of Postpartum Contraceptive Counseling. *Womens Health Issues*, *28*(5), 393-400.

39. **Turok DK**, Leeman L, Sanders JN, Thaxton L, Eggebroten JL, Yonke N, Bullock H, Singh R, Gawron LM, Espey E (2017). Immediate postpartum levonorgestrel intrauterine device insertion and breast-feeding outcomes: a noninferiority randomized controlled trial. *Am J Obstet Gynecol*, *217*(6), 665.e1-665.e8.

40. **Turok DK** (2017). For emergency contraception, political gaps are not scientific gaps. *BJOG*, *124* (13), 1956.

41. Gawron LM, Redd A, Suo Y, Pettey W, **Turok DK**, Gundlapalli AV (2017). Long-acting Reversible Contraception Among Homeless Women Veterans With Chronic Health Conditions: A Retrospective Cohort Study. *Med Care*, *55 Suppl 9 Suppl 2*, S111-S120.

42. Sanders JN, **Turok DK**, Royer PA, Thompson IS, Gawron LM, Storck KE (2017). One-year continuation of copper or levonorgestrel intrauterine devices initiated at the time of emergency contraception. *Contraception*, *96*(2), 99-105.

43. Eggebroten JL, Sanders JN, **Turok DK** (2017). Immediate postpartum intrauterine device and implant program outcomes: a prospective analysis. *Am J Obstet Gynecol*, *217*(1), 51.e1-51.e7.

44. Roberts SCM, Belusa E, **Turok DK**, Combellick S, Ralph L (2017). Do 72-Hour Waiting Periods and Two-Visit Requirements for Abortion Affect Women's Certainty? A Prospective Cohort Study. *Womens Health Issues*, *27*(4), 400-406.

45. Sanders JN, **Turok DK**, Gawron LM, Law A, Wen L, Lynen R (2017). Two-year continuation of intrauterine devices and contraceptive implants in a mixed-payer setting: a retrospective review. *Am J Obstet Gynecol*, *216*(6), 590.e1-590.e8.

46. Wright RL, Fawson PR, Frost CJ, **Turok DK** (2017). U.S. Men's Perceptions and Experiences of Emergency Contraceptives. *Am J Mens Health*, *11*(3), 469-478.

47. Frisse AC, Marrazzo JM, Tutlam NT, Schreiber CA, Teal SB, **Turok DK**, Peipert JF (2017). Validity of self-reported history of Chlamydia trachomatis infection. *Am J Obstet Gynecol*, *216*(4), 393.e1-393.e7.

48. Berglas NF, Gould H, **Turok DK**, Sanders JN, Perrucci AC, Roberts SC (2017). State-Mandated (Mis)Information and Women's Endorsement of Common Abortion Myths. *Womens Health Issues*, *27*(2), 129-135.

49. Ralph LJ, Foster DG, Kimport K, **Turok D**, Roberts SCM (2017). Measuring decisional certainty among women seeking abortion. *Contraception*, *95*(3), 269-278.

50. Roberts SC, **Turok DK**, Belusa E, Combellick S, Upadhyay UD (2016). Utah's 72-Hour Waiting Period for Abortion: Experiences Among a Clinic-Based Sample of Women. *Perspect Sex Reprod Health*, *48*(4), 179-187.

51. **Turok DK**, Eisenberg DL, Teal SB, Keder LM, Creinin MD (2016). A prospective assessment of pelvic infection risk following same-day sexually transmitted infection testing and levonorgestrel intrauterine system placement. *Am J Obstet Gynecol*, *215*(5), 599.e1-599.e6.

52. **Turok DK**, Gawron LM, Lawson S (2016). New developments in long-acting reversible contraception: the promise of intrauterine devices and implants to improve family planning services. *Fertil Steril*, *106*(6), 1273-1281.

53. Higgins JA, Sanders JN, Palta M, **Turok DK** (2016). Women's Sexual Function, Satisfaction, and Perceptions After Starting Long-Acting Reversible Contraceptives. *Obstet Gynecol*, *128*(5), 1143-1151.

54. Sanders JN, Howell L, Saltzman HM, Schwarz EB, Thompson IS, **Turok DK** (2016). Unprotected intercourse in the 2 weeks prior to requesting emergency intrauterine contraception. *Am J Obstet Gynecol*, *215*(5), 592.e1-592.e5.

55. Royer PA, **Turok DK**, Sanders JN, Saltzman HM (2016). Choice of Emergency Contraceptive and Decision Making Regarding Subsequent Unintended Pregnancy. *J Womens Health (Larchmt)*, *25* (10), 1038-1043.

56. Wright RL, Frost CJ, **Turok DK** (2016). Experiences of Advanced Practitioners with Inserting the Copper Intrauterine Device as Emergency Contraception. *Womens Health Issues*, *26*(5), 523-8.

57. Sanders JN, Conway H, Jacobson J, Torres L, **Turok DK** (2016). The Longest Wait: Examining the Impact of Utah's 72-Hour Waiting Period for Abortion. *Womens Health Issues*, *26*(5), 483-7.

58. Dermish A, **Turok DK**, Jacobson J, Murphy PA, Saltzman HM, Sanders JN (2016). Evaluation of an intervention designed to improve the management of difficult IUD insertions by advanced practice clinicians. *Contraception*, *93*(6), 533-8.

59. **Turok DK**, Sanders JN, Thompson IS, Royer PA, Eggebroten J, Gawron LM (2016). Preference for and efficacy of oral levonorgestrel for emergency contraception with concomitant placement of a levonorgestrel IUD: a prospective cohort study. *Contraception*, *93*(6), 526-32.

60. Sok C, Sanders JN, Saltzman HM, **Turok DK** (2016). Sexual Behavior, Satisfaction, and Contraceptive Use Among Postpartum Women. *J Midwifery Womens Health*, *61*(2), 158-65.

61. Eisenberg DL, Schreiber CA, **Turok DK**, Teal SB, Westhoff CL, Creinin MD (2015). Three-year efficacy and safety of a new 52-mg levonorgestrel-releasing intrauterine system. *Contraception*, *92* (1), 10-6.

62. Torres LN, **Turok DK**, Sanders JN, Jacobson JC, Dermish AI, Ward K (2014). We should really keep in touch: predictors of the ability to maintain contact with contraception clinical trial participants over 12 months. *Contraception*, *90*(6), 575-80.

63. Swenson C, Royer PA, **Turok DK**, Jacobson JC, Amaral G, Sanders JN (2014). Removal of the LNG IUD when strings are not visible: a case series. *Contraception*, *90*(3), 288-90.

64. Jacobson JC, **Turok DK**, Dermish AI, Nygaard IE, Settles ML (2014). Vaginal microbiome changes with levonorgestrel intrauterine system placement. *Contraception*, *90*(2), 130-5.

65. Foster DG, Grossman D, **Turok DK**, Peipert JF, Prine L, Schreiber CA, Jackson AV, Barar RE, Schwarz EB (2014). Interest in and experience with IUD self-removal. *Contraception*, *90*(1), 54-9.

66. Clark EA, Esplin S, Torres L, **Turok D**, Yoder BA, Varner MW, Winter S (2014). Prevention of recurrent preterm birth: role of the neonatal follow-up program. *Matern Child Health J*, *18*(4), 858-63.

67. **Turok DK**, Jacobson JC, Dermish AI, Simonsen SE, Gurtcheff S, McFadden M, Murphy PA (2014). Emergency contraception with a copper IUD or oral levonorgestrel: an observational study of 1-year pregnancy rates. *Contraception*, *89*(3), 222-8.

68. **Turok DK**, Godfrey EM, Wojdyla D, Dermish A, Torres L, Wu SC (2013). Copper T380 intrauterine device for emergency contraception: highly effective at any time in the menstrual cycle. *Hum Reprod*, *28*(10), 2672-6.

69. Maurer KA, Jacobson JC, **Turok DK** (2013). Same-day cervical preparation with misoprostol prior to second trimester D&E: a case series. *Contraception*, *88*(1), 116-21.

70. Dermish AI, **Turok DK**, Jacobson JC, Flores ME, McFadden M, Burke K (2013). Failed IUD insertions in community practice: an under-recognized problem? *Contraception*, *87*(2), 182-6.

71. Murphy PA, Jacobson J, **Turok DK** (2012). Criterion-based screening for sexually transmitted infection: sensitivity, specificity, and predictive values of commonly used questions. *J Midwifery Womens Health*, *57*(6), 622-628.

72. Flores ME, Simonsen SE, Manuck TA, Dyer JM, **Turok DK** (2012). The "Latina epidemiologic paradox": contrasting patterns of adverse birth outcomes in U.S.-born and foreign-born Latinas. *Womens Health Issues*, *22*(5), e501-7.

73. Swenson C, **Turok DK**, Ward K, Jacobson JC, Dermish A (2012). Self-administered misoprostol or placebo before intrauterine device insertion in nulliparous women: a randomized controlled trial. *Obstet Gynecol*, *120*(2 Pt 1), 341-7.

74. Wright RL, Frost CJ, **Turok DK** (2012). A qualitative exploration of emergency contraception users' willingness to select the copper IUD. *Contraception*, *85*(1), 32-5.

75. Ward K, Jacobson JC, **Turok DK**, Murphy PA (2011). A survey of provider experience with misoprostol to facilitate intrauterine device insertion in nulliparous women. *Contraception*, *84*(6), 594-9.

76. Betstadt SJ, **Turok DK**, Kapp N, Feng KT, Borgatta L (2011). Intrauterine device insertion after medical abortion. *Contraception*, *83*(6), 517-21.

77. **Turok DK**, Gurtcheff SE, Handley E, Simonsen SE, Sok C, North R, Frost C, Murphy PA (2011). A survey of women obtaining emergency contraception: are they interested in using the copper IUD? *Contraception*, *83*(5), 441-6.

78. Gurtcheff SE, **Turok DK**, Stoddard G, Murphy PA, Gibson M, Jones KP (2011). Lactogenesis after early postpartum use of the contraceptive implant: a randomized controlled trial. *Obstet Gynecol*, *117*(5), 1114-21.

79. **Turok DK**, Espey E, Edelman AB, Lotke PS, Lathrop EH, Teal SB, Jacobson JC, Simonsen SE, Schulz KF (2011). The methodology for developing a prospective meta-analysis in the family planning community. *Trials*, *12*, 104.

80. **Turok DK**, Gurtcheff SE, Handley E, Simonsen SE, Sok C, Murphy P (2010). A pilot study of the Copper T380A IUD and oral levonorgestrel for emergency contraception. *Contraception*, *82*(6), 520-5.

81. **Turok DK**, Gurtcheff SE, Gibson K, Handley E, Simonsen S, Murphy PA (2010). Operative management of intrauterine device complications: a case series report. *Contraception*, *82*(4), 354-7.

82. **Turok DK**, Simonsen SE, Schulz K (2010). Misoprostol for cervical priming prior to IUD insertion in nulliparous women. *Cochrane Database Syst Rev*, (1).

83. Warren JE, **Turok DK**, Maxwell TM, Brothman AR, Silver RM (2009). Array comparative genomic hybridization for genetic evaluation of fetal loss between 10 and 20 weeks of gestation. *Obstet Gynecol*, *114*(5), 1093-102.

84. Warren JE, **Turok DK**, Maxwell TM, Brothman AR, Silver RM (2009). Array comparative genomic hybridization for genetic evaluation of fetal loss between 10 and 20 weeks of gestation. *Obstet Gynecol*, *114*(5), 1093-102.

85. **Turok DK**, Simonsen SE, Marshall N (2009). Trends in levonorgestrel emergency contraception use, births, and abortions: the Utah experience. *Medscape J Med*, *11*(1), 30.

86. **Turok DK**, Gurtcheff SE, Esplin MS, Shah M, Simonsen SE, Trauscht-Van Horn J, Silver RM (2008). Second trimester termination of pregnancy: a review by site and procedure type. *Contraception*, *77*(3), 155-61.

87. Romero I, **Turok D**, Gilliam M (2008). A randomized trial of tramadol versus ibuprofen as an adjunct to pain control during vacuum aspiration abortion. *Contraception*, *77*(1), 56-9.

NON PEER-REVIEWED JOURNAL ARTICLES

1. Byington CL, Rothwell E, Matheson T, Childs R, Wachs E, Rocha R, Murtaugh M, **Turok DK**, Letsou A, Shakib J, Hess R, Dere W. (2017). Developing sustainable research careers for KL2 scholars: The importance of an inclusive environment and mentorship. *J Clin Transl Sci*.
2. Jacobson JC, Simonsen SE, Ward KM, Havlicak AL, **Turok DK** (2011). A Survey of Sexual Activity and Contraceptive use among University of Utah Undergraduate Students Aged 18-20.

REVIEW ARTICLES

1. **Turok DK** (2019). Emergency Contraception. UpToDate.com: Up To Date
2. **Turok DK** (2017). For Emergency Contraception, Political Gaps are not Scientific Gaps. [Review]. *BJOG*,
3. Gawron LM, **Turok DK** (2015). Pills on the World Wide Web: reducing barriers through technology. [Review]. *Am J Obstet Gynecol*, *213*, (4), 500.e1-4.
4. Dermish AI, **Turok DK** (2013). The copper intrauterine device for emergency contraception: an opportunity to provide the optimal emergency contraception method and transition to highly effective contraception. [Review]. *Expert Rev Med Devices*, *10*, (4), 477-88.
5. Shih G, **Turok DK**, Parker WJ (2011). Vasectomy: the other (better) form of sterilization. [Review]. *Contraception*, *83*, (4), 310-5.

6. Deutchman M, Tubay AT, **Turok D** (2009). First trimester bleeding. [Review]. *Am Fam Physician*, *79*, (11), 985-94.
7. **Turok D** (2007). The quest for better contraception: future methods. [Review]. *Obstet Gynecol Clin North Am*, *34*, (1), 137-66, x.
8. **Turok DK**, Ratcliffe SD, Baxley EG (2003). Management of gestational diabetes mellitus. [Review]. *Am Fam Physician*, *68*, (9), 1767-72.

BOOK CHAPTERS

1. Kaiser J, **Turok DK** (2019). Intrauterine Contraception. In Jensen J, Creinin M (Eds.), *Speroff and Darney Guide to Contraception* Wolters Kluwer.
2.
3. Mata JM, **Turok DK** (2008). Chapter 16, Section F: Intrapartum Complications, Retained Placenta. In Ratcliffe S (Ed.), *In Family Practice Obstetrics* (3rd Edition, pp. 488-91). Philadelphia: Mosby.
4. Beukema R, Raiche M, **Turok DK** (2008). Chapter 7, Section A: Gestational Diabetes Mellitus. In Ratcliffe S (Ed.), *In Family Practice Obstetrics* (3rd Edition, pp. 151-61). Philadelphia: Mosby.
5. **Turok DK**, Schultz TR (2008). Chapter 8, Section I: Complications of Pregnancy, Endocrine Conditions. In Ratcliffe S (Ed.), *In Family Practive Obstetrics* (3rd Edition, pp. 243-54). Philadelphia: Mosby.
6. **Turok DK** (2008). Chapter 6, Section C: Management of Miscarriage. In Ratcliffe S (Ed.), *In Family Practice Obstetrics* (3rd Edition, pp. 144-50). Philadelphia: Mosby.
7. **Turok DK**, Van Horn JT (2004). Obstetrics and Gynecology. In Haas LJ (Ed.), *Primary Care Psychology* (pp. 87-94). Oxford University Press.
8. **Turok DK** (2001). Diabetes in Pregnancy. In Radcliffe S (Ed.), *Family Practice Obstetrics* Philadelphia, PA: Lippincott Williams, & Wilkins.

ADDITIONAL PUBLICATIONS

Editorials

1. **Turok DK**. (2017). For emergency contraception, political gaps are not scientific gaps. *BJOG*.
2. **Turok DK** (2017). The quest for patient-centered family planning. *Am J Obstet Gynecol*, *216*(2), 98-100.
3. **Turok DK** (2014). Contraceptive update: evidenced based optimism. *Clin Obstet Gynecol*, *57*(4), 633-4.
4. Nguyen BT, Shih G, **Turok DK** (2014). Putting the man in contraceptive mandate. *Contraception*, *89*(1), 3-5.
5. **Turok DK** (2013). What the world needs now...is more access to the levonorgestrel IUD. *Contraception*, *87*(4), 391-2.
6. **Turok DK**, Jones K (2012). Compassion, Contraception, and Abortion. *Salt Lake Tribune Op-Ed http://www.sltrib.com/sltrib/opinion/53609137-82/abortion-women-contraception-effective.html.csp* .
7. Cohen E, **Turok D** (2012). ARHP's Annual Reproductive Health Clinical Conference: a laboratory for innovative provider education that can lead to real practice change. *Contraception*, *85*(3), 221-3.

8. Shields WC, Cohen EL, **Turok D** (2011). Bringing it home: our imperative to translate reproductive health research into real practice change. *Contraception*, *84*(1), 1-3.
9. **Turok DK**, Shih G, Parker WJ (2011). Reversing the United States sterilization paradox by increasing vasectomy utilization. *Contraception*, *83*(4), 289-90.

Letters

1. Fay K., Kaiser J., **Turok D**. (2020). The no-test abortion is a patient-centered abortion. [Letter to the editor]. *Contraception*, *102*(2), 142.
2. Gawron LM, Gero A, Kushner KL, **Turok DK**, Sanders JN (2020). Unprotected intercourse in the 2 weeks prior to quick-start initiation of an etonogestrel contraceptive implant with and without use of oral emergency contraception. [Letter to the editor]. *Am J Obstet Gynecol*, *222*(4S), S891-S892.
3. Geist C, Aiken AR, Sanders JN, Everett BG, Myers K, Cason P, Simmons RG, **Turok DK** (2019). Corrigendum to "Beyond intent: exploring the association of contraceptive choice with questions about Pregnancy Attitudes, Timing and How important is pregnancy prevention (PATH) questions PMID: 30879480 [Letter to the editor]. *Contraception*, *99*(1), 22-26.
4. Geist C, Cason P, Simmons RG, Sanders JN, Everett BG, Aiken AR, Myers K, **Turok DK** (2018). Response to the letter to the editor. [Letter to the editor]. *Contraception*, *99*(3), 194-195.
5. Jacobson JC, Meltzer J, **Turok DK**, Gibson K, Sanders JN (2014). Reasons for and outcomes related to intrauterine device removals in the emergency department: a case series. [Letter to the editor]. *Ann Emerg Med*, *63*(4), 496-7.
6. **Turok DK**, Clark EA, Esplin MS (2013). Framework for preventing preterm birth must include contraception. [Letter to the editor]. *Am J Obstet Gynecol*, *208*(6), 508.

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]. *Soceity 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 MNeeting*.
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.
6. R Simmons, J Sanders, C Geist, J Higgins, D Turok (2019). Changes in Gender of Sexual Partners and Contraception Discontinuation and Switching. *University of Utah, Salt Lake City, UT, USA.* [Abstract]. *Contraception Journal*, *100*(4), 331.
7. K Wright, B Everett, D Turok (2019). To what Extent is Overall Contraceptive Satisfaction Correlated with Method-Related Sexual Effects? Results from the HER Salt Lake Initiative. *University of Wisconsin-Madison, Madison, WI, USA.* [Abstract]. *Contraception Journal*, *100*(4), 337.
8. Z Diener, K Myers, R Simmons, G Aguilera, B Everett, C Geist, D Turok (2019). Contraceptive Strategies Used in the 4 Weeks Before and After New Contraceptive Visits in HER Salt Lake's Title X Clinics. *Family Planning Division, University of Utah, Sal t Lake City, UT, USA.* [Abstract]. *Contraception Journal*, *100*(4), 337.

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
2016 Francisco, CA.

Eggebroten J, Sanders J, **Turok DK**, Saltzman H. Patient uptake and outcomes: an
2016 immediate postpartum IUD and implant program. ACOG annual meeting. Washington, DC.

Turok D, Espey E, Sanders JN, Eggebroten 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
2016 American Forum on Family Planning. Denver, CO.

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.

Sanders J, **Turok D**, Gawron L, Law A, Wen L, Lynen R. Three-year continuation of long-
2016 acting reversible contraceptive methods in a mixed-payer health care setting: a retrospective review. North American Forum on Family Planning. Denver, CO.

Sanders J, **Turok DK**, Gawron L, Steele K, Storck K, Bullock H. Tracking IUD bleeding
2016 experiences (TRIBE): A prospective evaluation of bleeding profiles among new IUD users. North American Forum on Family Planning. Denver, CO.

Espey E, **Turok DK**, Sanders J, Singh RH, Thaxton L, Leeman L. Breastfeeding
2016 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.

Jacobson E, Roth L, Sanders J, **Turok D**, Bullock H. Changes in IUD uptake with the
2016 availability of a low-cost levonorgestrel IUD – a retrospective review of Title X clinics. North American Forum on Family Planning. Denver, CO.

Gawron L, Suo Y, Carter M, Redd A, **Turok D**, Gundlapalli A. Uptake of long-acting
2016 reversible contraception among homeless versus housed women veterans. North American Forum on Family Planning. Denver, CO.

Ward K, **Turok D**, Thomson I, Sanders J, Knapp L. Single collection of unrinary
2016 reproductive hormones to identify the fertile window: a feasibility study. North American Forum on Family Planning. Denver, CO.

Royer P, Jenkins A, Weber L, Jackson B, Sanders J, **Turok D**. Group versus individual
2016 contraceptive counseling for resettled African refugee women: a pilot randomized controlled trial. North American Forum on Family Planning. Denver, CO.

Herrera C, Sanders JN, Torres LN, **Turok DK**, Clark EA. An assessment of patient
2015 counseling following preterm birth in a tertiary care center. SGI. San Francisco.

Royer PA, Jackson B, Olson L, Grainger E, **Turok DK.** "It's difficult here, because you
2015 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.

Royer PA, Jackson B, Olson L, Grainger E, **Turok DK.** "We do not know what is
2015 happening inside a woman's body": A qualitative investigation of African refugee women's post-resettlement reproductive health conceptualizations. FIGO. Vancouver.

Schreiber CA, **Turok DK**, Chen BA, Blumenthal PD,Cwiak C, Creinin MD.
2015 Plasma levonorgestrel levels over 36 months in non-obese and obese women using LilettaTM, a new 52 mg levonorgestrel-releasing intrauterine system. FIGO. Vancouver.

Turok DK, Eisenberg DL,Teal SB, Westhoff CL, Keder LM, Creinin MD.
2015 Evaluation of pelvic infection in women using LilettaTM, a new 52 mg levonorgestrel-releasing intrauterine system, for up to 2 years. FIGO. Vancouver, British Columbia.

Royer PA, Jackson B, Olson L, Grainger E, **Turok DK.** "In Africa there was no family
2015 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,

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,

2013 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 Comparision 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 Docs Need to Know, University of Utah Department of Family and Preventitive Medicine REsident Teaching Conference.

2008 **Turok DK.** Long Acting Reversible Contraception, University of Utah Department of Family and Preventitive 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. Brookins Institution Event. Brookings Institution. Washington, D.C.

2019 **Turok DK,** Community Based Family Planning Initiatives & Conservative Allies. Program on Women's Healthcare Effectiveness Research (PWHER), 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 Physiscians, University of Utah Department of Family and Preventitive 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

Exhibit B

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 COLLEEN M. HEFLIN, PH.D., IN SUPPORT OF PLAINTIFF'S MOTION FOR A PRELIMINARY INJUNCTION** Case No. 220903886 Judge Andrew Stone

I, Colleen M. Heflin, Ph.D., being of lawful age, do hereby swear and state as follows:

1. I am currently a Professor of Public Administration and International Affairs at the Maxwell School of Citizenship and Public Affairs at Syracuse University. I am also the incoming Associate Dean at the Maxwell School and Chair of my department. In addition, I also serve as a Senior Research Associate at the Center for Policy Studies and as a Research Affiliate at the Aging Studies Center. My areas of expertise include poverty policy, social policy, and family and child policy in the United States. My *curriculum vitae* is attached as Exhibit A.

2. I submit this declaration in support of Plaintiff's Motion for a Preliminary Injunction to prevent enforcement of Utah Code Ann. § 76-7a-101, *et seq*. (the "Criminal Abortion Ban").

3. I have reviewed a copy of the Criminal Abortion Ban. I understand that the Ban, which came into effect on 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. I offer this declaration to assist the Court in understanding the challenges that poor and low-income women in Utah, already face when coping with an unexpected situation, such as unwanted pregnancy, and the additional hardship that the Criminal Abortion Ban will create for Utah women.

5. The opinions detailed below are based on my own research, my professional experience, and my familiarity with the relevant literature in my field, as applied to my understanding of the facts in this case.

I. Summary of Opinions

6. Even before the Criminal Abortion Ban took effect, low-income and poor women in Utah faced substantial costs associated with obtaining abortion services related to the medical costs of the procedure, travel costs to get to a provider, as well as lost wages and childcare expenses. These expenses create significant barriers to care for low-income and poor women in Utah, who lack the flexibility in their finances to cover unexpected medical and transportation costs. Moreover, to navigate these barriers related to abortion services, low-income and poor women must forgo essential expenses, making them and their existing children vulnerable to food insecurity, homelessness, utility shut-offs, and health care crises–potentially starting a cascade of negative life events. National evidence shows that it is difficult for these individuals to return to equilibrium.

7. The Criminal Abortion Ban creates a significant, additional burden on Utah women seeking abortion. It does so in part by increasing travel and associated costs for women throughout Utah—particularly for women in the Salt Lake City area, which contains about 36% of the state

population.[1] Patients will be forced to travel outside of Utah to obtain an abortion in virtually all circumstances. In my opinion, these additional travel burdens will delay many poor and low-income women's access to abortion services,[2] potentially beyond the gestational age at which it is available out of state, and prevent other poor and low-income women from accessing abortion altogether. The logistical burdens are also likely to jeopardize the confidentiality and employment of poor and low-income women as well.

II. My Professional Background

8. I have been a faculty member at Syracuse University since 2017. Prior to that, I was a Professor at the Harry S. Truman School of Public Affairs at the University of Missouri, where I was employed for a decade and held various positions, including Co-Director of the Population, Education, and Health Center, and Co-Director of the University of Missouri Research Data Center. I earned my B.A. in social sciences and my master's in public policy from the University of Michigan. I also received my Ph.D. in sociology, with an emphasis on social demography and population studies, from the University of Michigan, a program that was ranked in the top three in the country at that time.

9. For the past twenty years, my research has focused on the study of social and poverty policy, with a special emphasis on low-income households' inability to meet basic needs and on the evaluation of federal and state social programs available to low-income and poor households. I have taught research methods and program evaluation courses for more than twenty

[1] *See* U.S. Census Bur., *QuickFacts, Salt Lake County, Utah*, https://www.census.gov/quickfacts/UT (last visited June 27, 2022) (in 2020, total population of Utah estimated at 3,337,975, and total population of Salt Lake County estimated at 1,186,421).

[2] *See, e.g.*, Ushma D. Upadhyay et al., *Denial of Abortion Because of Provider Gestational Age Limits in the United States*, 104 Am. J. Pub. Health 1687, 1689 (2014); *see also* Lawrence B. Finer et al., *Timing of Steps and Reasons for Delays in Obtaining Abortions in the United States*, 74 Contraception 334, 341 (2006).

years to master's students in public affairs. In addition, I regularly teach courses in social welfare or poverty policy at the undergraduate, master's, and doctoral levels.

10. I have conducted research at the national level documenting the vulnerability of low-income households to material hardship. In a 2016 study, for example, I analyzed how specific shocks to family stability, such as unemployment or becoming disabled, were associated with particular types of material hardship.[3] In another study, with coauthors Jim Ziliak and Samuel Ingram, I examined how participation in the Supplemental Nutritional Assistance Program ("SNAP," commonly known as food stamps) leads to a one- to two-percentage point reduction in population mortality.[4] In other recent projects, I have examined how the population using food stamps and the unemployment insurance program changed with the Great Recession (coauthored work with Peter Mueser);[5] how physical health problems associated with different types of disability are associated with household food insecurity (coauthored with Claire Altman and Laura Rodriguez);[6] and the later-life consequences for adolescent exposure to household food insecurity (with Rajeev Darolia and Sharon Acevedo).[7] Additionally, I have conducted research on the

[3] *See generally* Colleen Heflin, *Family Instability and Material Hardship: Results from the 2008 Survey of Income and Program Participation*, 37 J. Fam. and Econ. Issues 359 (2016).

[4] *See generally* Colleen Heflin, Colleen et al., *The Effects of the Supplemental Nutrition Assistance Program on Mortality*, 38 Health Affairs 1807 (2019).

[5] *See generally* Colleen Heflin & Peter Mueser, *UI and SNAP Receipt in the Sun: The Great Recession and Its Aftermath in Florida* in Helping Together: Unemployment Insurance, Supplemental Nutrition Assistance, and the Great Recession (David Stevens & Michael Wiseman eds., 2019.; Colleen Heflin & Peter Mueser, *Program Participation in the Show Me State: Missouri Responds to the Great Recession*, *in* Helping Together: Unemployment Insurance, Supplemental Nutrition Assistance, and the Great Recession (David Stevens & Michael Wiseman eds., 2019).

[6] *See generally* Colleen Heflin et al., *Food Insecurity and Disability in the United States*, 12 Disability & Health J. 220 (2019).

[7] *See generally* Colleen Heflin, Sharon Kukla-Acevedo & Rajeev Darolia, *Adolescent Food Insecurity and Risky Behaviors and Mental Health During the Transition to Adulthood*, 105 Child.

impacts of government programs and policies on specific populations. For example, in a 2015 study with Andrew London, I examined the use of SNAP benefits by active-duty military, veterans, and reservists.[8]

11. In addition to my research focused on national-level data, I also routinely analyze the impact of social and poverty policies at the state- or community-level. I have worked with states as part of this research, either through data sharing or more active collaboration. For example, I have examined the transition from welfare to work for Temporary Assistance for Needy Families ("TANF") recipients in one county in Michigan,[9] the barriers to accessing SNAP benefits in Florida,[10] and the healthcare-utilization patterns of SNAP participants in Missouri.[11] I recently completed a study of the redesign of the recertification process for SNAP benefits in a Minnesota county,[12] and the effects of children's TANF and SNAP participation during the early childhood period on kindergarten-readiness in Virginia.[13] I am currently exploring how access to child care

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& Youth Servs. Rev. 104416 (2019); Colleen Heflin et al., *Exposure to Food Insecurity during Adolescence and Educational Attainment,* 69 Social Problems 453 (2022).

[8] *See generally* Andrew London & Colleen Heflin, *Supplemental Nutrition Assistance Program (SNAP) Use among Active-Duty Military Personnel, Veterans, and Reservists*, 34 Population Res. & Pol'y Rev. 805.

[9] *See generally* Sheldon Danziger et al., *Does It Pay to Move From Welfare to Work?*, 21 J. Pol'y Analysis & Mgmt. 671 (2002). Reprinted in J. Pol'y Analysis and Mgmt. classic volume on "Poverty and Welfare."

[10] *See generally* Colleen Heflin et al., *Clients' Perspectives on a Technology-Based Food Assistance Application System*, 43 Am. Rev. Pub. Admin. 658 (2013).

[11] *See generally* Colleen Heflin et al., *SNAP Benefits and Childhood Asthma,* 220 Soc. Sci. & Med. 203 (2019); Chinnedum Ojinnaka & Colleen Heflin, *Supplemental Nutrition Assistance Program Size and Timing and Hypertension-Related Emergency Department Claims Among Medicaid Enrollees*, 12 J. Am. Soc'y of Hypertension e27 (2018); Irma Arteaga et al., *SNAP Benefits and Pregnancy-Related Emergency Room Visits*, 37 Population Res. & Pol'y Rev., 1031 (2018).

[12] *See generally* Leonard Lopoo et al., *Testing Behavioral Interventions Designed to Improve On-Time SNAP Recertification*, 3 J. of Behavioral Pub. Admin. 1 (2020).

[13] Colleen Heflin & Michah Rothbart, *SNAP Uptake and School Readiness in Virginia*, Econ. Rsch. Serv., U.S. Dep't of Agric. (forthcoming).

subsidies varies by the race, age, and county of residence of children in Virginia and how access to child care subsidies affects maternal earning trajectories after the birth of a child.

12. Over the course of my career, I have published more than 70 articles in peer-reviewed academic journals. According to Google Scholar, my research has been cited around 5,000 times by other academic researchers. In addition, I am regularly asked to lecture to international audiences on the subject of poverty and social policy in the United States.

13. I have received competitive national grants from the United States Department of Agriculture, the United States Department of Health and Human Services, the National Institutes of Health, and the National Science Foundation to support my research. On a number of occasions, I have been invited to speak to the Committee on National Statistics at the National Academies of Sciences, Engineering, and Medicine.

14. Additionally, I am regularly called on to review the scientific merit of academic research and grant proposals submitted by others. This review typically involves carefully analyzing the data and research methods used, determining if they meet scientific standards in the field, and evaluating whether authors provide a rigorous analysis and interpretation of their research findings.

III. OPINIONS

A. Background on Poor and Low-Income Households in Utah

1. A person is defined by the U.S. Census Bureau as being "poor" if she lives in a household whose total annual income is below the federal poverty level ("FPL") for her family size. For example, a household with one adult and one child is defined as poor in 2022 if the annual

household income falls at or below $18,310, or $1,526 per month.[14] For a woman living alone, the federal poverty level is $13,590 annually, or $1,133 per month.[15]

2. In Utah, 8.9% of residents—or more than 280,000 people—were poor in 2019.[16] The child poverty rate in Utah is even higher: in 2019, 9.9% of children aged 0–17 years old (91,433 children in total) lived in households with incomes below the federal poverty level.[17]

3. Poverty in Utah tends to be geographically dispersed but predominantly rural. According to the 2020 Small Area Income and Poverty Estimates, there are five counties in Utah with poverty rates above the national average of 11.9%: Carbon, Iron, Piute, San Juan, and Sanpete Counties.[18] High-poverty counties are different from other counties in ways that are relevant to abortion access. Specifically, women in these counties have a demographic profile associated with a higher demand for abortion services and also higher barriers to receiving abortion services.

4. The risk of poverty in Utah is concentrated among particular demographic groups. According to data from the American Community Survey 2019, a nationally representative survey collected by the U.S. Census Bureau, women in Utah are more likely to be poor than men (9.6% versus 8.2%), and the poverty rate is highest among Utahns of reproductive age—18–34 years—

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[14] U.S. Dep't of Health & Human Servs., HHS Poverty Guidelines for 2022, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines (last visited Jun. 26, 2022).

[15] *Id.*

[16] U.S. Census Bur., *Poverty Status in the Past 12 Months: Utah*, https://data.census.gov/cedsci/table?q=Utah%20Income%20and%20Poverty&tid=ACSST1Y2019.S1701&hidePreview=false_ (last visited Jun 26, 2022). The American Community Survey is not releasing single-year estimates for 2020 due to survey error.

[17] *Id.*

[18] U.S. Census Bur., *SAIPE State and County Estimated 2020: US and All States and Counties*, available at https://www.census.gov/data/datasets/2020/demo/saipe/2020-state-and-county.html (last visited Jun. 26, 2022) (excel sheet linked at URL entitled "US and All States and Counties").

when the rate rises to 12.5%.[19] In addition, those who identify as Black or African American in Utah are more likely than other racial and ethnic groups to be poor (28.7%), followed by those who identify as American Indians (18.5%), another race (19.2%), and Hispanic or Latino (15.8%).[20]

5. Poverty experts widely acknowledge that the FPL measure no longer accurately reflects the income required to meet basic needs. This poverty measure was originally designed in the 1960s by taking the average amount of money required to support a modest diet and multiplying that number by three, since food comprised a third of a household's monthly expenses at that time. The standard for determining the FPL has been adjusted for inflation, but no other changes have been made since its creation. Currently, however, food purchases constitute about one-eighth of household consumption; other costs, such as housing and transportation, have increased as a share of household expenses. Additionally, new categories of spending have emerged that did not exist in the 1960s, such as cell phones, computers, and internet coverage. Furthermore, the FPL does not account for work-related, childcare, or medical-care expenses that are mandatory and not discretionary. The impact of these expenses in calling into question the FPL standard is somewhat offset by the fact that the definition of household income used for calculating the FPL does not include the value of near-cash transfers, such as food stamps, housing assistance, and the Earned Income Tax Credit, as well as regional differences in the cost of living.[21] However, poverty experts still widely acknowledge that, on balance, the FPL measure underestimates the number of households that struggle to make ends meet.

[19] U.S. Census Bur., *supra* note 16.

[20] *Id*.

[21] John Iceland, Poverty in America: A Handbook (2d ed. 2006).

6. Households with incomes up to 200% of the FPL, although not technically "poor," are considered "low-income" households, as that term is used in the literature. In Utah, 24.2% of all families (763,100 families) survived on incomes below 200% of the federal poverty level in 2019, according to data from the American Community Survey.[22] According to the National Center for Children in Poverty, between 2015 and 2019, 32% of all children in Utah (292,309 children) lived in low-income families.[23]

7. Our federal social policy acknowledges that families with incomes above the federal poverty level still need assistance in meeting basic needs. For example, in the SNAP program, federal eligibility is set at 130% of the FPL[24] and states have the option of extending income eligibility—as many do—up to 185% of the FPL.[25] Similarly, income eligibility for subsidized school meals extends to 185% of the FPL,[26] as does income eligibility for the Women, Infants and Children Program ("WIC").[27] Under federal law, states have the flexibility to set an

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[22] Kaiser Fam. Found., *Distribution of the Total Population by Federal Poverty Level (above and below 200% FPL)*, https://www.kff.org/other/state-indicator/population-up-to-200-fpl/?dataView=1&current=Timeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited June 26, 2022) (click the checkboxes for "percent," "Under 200%" and "Utah").

[23] Nat'l Ctr. for Children in Poverty, Bank Street Graduate Sch. of Educ., *Utah Demographics of Low-Income Children* (Oct. 11, 2020), http://www.nccp.org/profiles/UT_profile_6.html (last visited June 26, 2022).

[24] U.S. Dep't of Agriculture, *Supplemental Nutrition Assistance Program (SNAP): Eligibility*, https://www.fns.usda.gov/snap/recipient/eligibility (last visited Jun. 26, 2022).

[25] *See, e.g.*, U.S. Dep't of Agric., *State Options Report*, at 25 (14th ed. Oct. 1, 2017), available at https://fns-prod.azureedge.us/sites/default/files/snap/14-State-Options.pdf; Conn. Official State Website, *SNAP Eligibility*, https://portal.ct.gov/DSS/SNAP/Supplemental-Nutrition-Assistance-Program---SNAP/Eligibility (last visited June 27, 2022).

[26] U.S. Dep't of Agric., *Child Nutrition Programs: Income 2022–2023* (Feb. 17, 2022), https://www.fns.usda.gov/cn/fr-021622.

[27] U.S. Dep't of Agric., *Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Income Eligibility Guidelines, 2022–2023* (Mar. 29, 2022), https://www.fns.usda.gov/wic/fr-032922.

income eligibility threshold for the Low-Income Home Energy Assistance Program between 110% and 150% of the FPL.[28] Finally, Medicaid, which provides public health insurance for the poor, can, at state option, extend up to 300% of the FPL in some cases.[29]

8. At the national level, among low-income households in which one member is employed but does not work full-time, year-round, two out of five households report housing insecurity and two out of five households report food insecurity.[30]

9. With overall inflation at the highest rate in nearly 41 years, price increases in food, gas and housing are putting further pressure on the household budgets for poor and low-income households. According to the May 2022 Consumer Price Index estimates for the total economy, the average price of all items increased by 8.6% from May 2021.[31] However, food prices specifically increased even more—by 10.1%, with foods purchased at grocery stores or supermarkets increasing by 11.9% (and specific food items, such as eggs expected to increase by approximately 20% in 2022).[32] In addition, gasoline prices are 48.7% higher than a year ago.[33]

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[28] U.S. Dep't of Health & Human Servs., *LIHEAP Assistance Eligibility* (Jan. 11, 2016), http://www.acf.hhs.gov/ocs/resource/liheap-eligibility-criteria.

[29] Ctrs. for Medicare & Medicaid Servs., *Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels*, https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html (last visited June 26, 2022). Utah began offering the Medicaid expansion to households with income below 138% of the federal poverty level, with additional community engagement requirements imposed on beneficiaries that are waived during COVID-19.

[30] Gregory Acs & Pamela Loprest, Urban Inst., *Who Are Low-Income Working Families?*, at 9, Urban Inst. (Sept. 2005), https://www.urban.org/sites/default/files/publication/51726/311242-who-are-low-income-working-families-.pdf.

[31] U.S. Dep't of Agric., Econ. Rsch. Serv., *Summary Findings, Food Price Outlook*, 2022 (last updated June 24, 2022), https://www.ers.usda.gov/data-products/food-price-outlook/summary-findings/.

[32] *Id.*

[33] U.S. Bur. of Lab. Stats., Consumer Price Index Summary, at tbl. A (June 10, 2022), https://www.bls.gov/news.release/cpi.nr0.htm#cpi_pressa.f.1.

Finally, the shelter index (a measure of the costs associated with housing) rose 5.5% over the last year, which is the largest 12-month increase since 1991.[34]

B. The Intersection of Poverty and Abortion

10. Poverty levels among women and children in Utah are relevant to abortion access because poor and low-income women face higher odds of having an unintended pregnancy and abortion.[35]

11. Among women who were poor in 2011, 60% of pregnancies were unintended, and among low-income women (i.e., those with household incomes below 200% of the FPL), 52% of pregnancies were unintended.[36] The rate of unintended pregnancies for low-income women was over five times higher than it was for more affluent women in 2011, who are likely to have better access to health care services and contraception than low-income women.[37]

12. Approximately one-half of all women seeking abortion in the United States are poor, which—as noted above—means that they live in households with incomes below the FPL for their family size.[38] Additionally, another quarter of all women seeking abortion nationally live in low-income households, meaning that their household earns below 200% of the FPL.[39] Thus, roughly 75% of all women seeking abortion in the United States are either poor or low-income.[40]

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[34] *Id.* at tbl. A & "All items less food and energy."

[35] Lawrence B. Finer & Mia R. Zolna, *Declines in Unintended Pregnancy in the United States 2008–2011*, 374 New Eng. J. Med. 843, 849 (2016).

[36] *Id.* at 846 tbl. 1.

[37] *See* Am. Coll. of Obstetricians & Gynecologists, Committee Opinion No. 615, *Access to Contraception*, at 1, 3 (Jan. 2015), available at https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2015/01/access-to-contraception.pdf.

[38] Jenna Jerman et al, Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008, Guttmacher Inst., at 7 (2016), https://www.guttmacher.org/sites/default/files/report_pdf/characteristics-us-abortion-patients-2014.pdf.

[39] *Id.*

[40] *See id.* at 11.

13. Although Utah does not collect or report income-related data about women who obtain abortions in the state, published research based on surveys of women seeking abortion in Utah between October 2013 and April 2014 indicates that 56% of survey participants reported experiencing food or housing insecurity within the previous year.[41]

14. To better conceptualize the impact of poverty on Utah abortion patients, it is helpful to know the household composition of women seeking abortion in the state. According to data provided in the Utah Department of Health's Vital Statistics Report on Abortions, 2,922 abortions were performed in 2019 (2,776 of which were for Utah residents).[42] Just over one-quarter (29%) of Utah residents who obtained abortions were married (a category that includes women separated from their spouses), while 70% were unmarried (i.e., divorced, widowed, or never-married), with the remaining women (n=16) not providing marital status.[43] About 49% of Utah residents who received abortions in 2019 had at least one prior live birth, and this percentage rose to 60% among patients 20 years and older.[44]

15. These data suggest that it is common for women seeking abortion in Utah to live in a single-parent household with at least one child. If an unmarried woman in Utah with one child is working full-time, year-round, at the current prevailing minimum wage of $7.25,[45] her annual

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[41] Lauren J. Ralph et al., *Measuring Decisional Certainty Among Women Seeking Abortion*, 95 Contraception 269, 271 (2017).

[42] Utah Dep't of Health, Off. of Vital Stats., Utah Vital Statistics: Abortions 2019 (2021), at 9 tbl. 2, available at https://vitalrecords.health.utah.gov/wp-content/uploads/Abortions-2019-Utah-Vital-Statistics.pdf.

[43] *Id.* at 11 tbl. 4

[44] *Id.* at 21 tbl. R8. This figure is consistent with published research based on surveys conducted among Utah women seeking abortion between 2013 and 2014, in which roughly 50% of the survey participants had at least one previous live birth. *See* Sarah C.M. Roberts et al., *Do 72-Hour Waiting Periods and Two-Visit Requirements for Abortion Affect Women's Certainty? A Prospective Cohort Study*, 27 Women's Health Issues 400, 402 (2017).

[45] Minimum-Wage.org, *Utah Minimum Wage for 2021, 2022*, https://www.minimum-wage.org/utah (last visited June 26, 2022).

gross household income would be $15,080, or $1,256 per month. Since her income is below the 2022 FPL for a two-person family of $18,310, or $1,526 per month, she and her child are considered poor. If she earns more than $18,310 but less than $36,620 annually—between 100% and 200% of the federal poverty level for a two-person family—she and her child would be considered low-income.

16. Alternatively, a woman without children who worked full-time, year-round at minimum wage and lived alone would be considered low-income because her annual gross household income of $15,080 is equivalent to 111% of the federal poverty level for a one-person household (i.e., $13,590 annually).

C. Existing Poverty-Related Barriers That Delay Women's Access to Health Care, Including Abortion

17. Poor and low-income women, many of whom already have children, face higher barriers to accessing health care, including abortion services, than their more affluent counterparts.[46] These barriers help explain why some women experience delays in obtaining abortions, and why it is very likely that the Criminal Abortion Ban will significantly delay women seeking abortion in obtaining one out of state, in some cases preventing them from obtaining an abortion at all.

(1) Procedure Costs

18. The need to pull together financial resources to pay for abortion services is one of the reasons most frequently cited by women who would have preferred to have had their abortion

[46] *See. e.g.*, Am. College of Obstetricians & Gynecologists, Committee Opinion No. 815, *Increasing Access to Abortion*, at e109–e112 (Nov. 2014), available at https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2020/12/increasing-access-to-abortion.pdf.

earlier.[47] These financial pressures intensify in the second trimester of pregnancy because the cost of abortion increases with gestational age.[48]

19. Research based on a survey of abortion providers in 2014 indicates that at that time, the national average cost for an abortion by procedure (a surgical abortion) at 10 weeks of pregnancy was $508 and was $535 for a medication abortion.[49] By 20 weeks of pregnancy, the median cost of an abortion was $1,195.[50] For a woman working full-time and earning the minimum wage, the cost of an abortion at 10 weeks represents between 35% and 38% of her gross monthly income; for a woman seeking an abortion at 20 weeks the full cost of the procedure alone is more than she earns in an entire month. For women who are barely able to make ends meet, scraping together the costs for abortion procedures that were even half these amounts would represent a substantial financial burden.

20. While middle-class women may be able to rely upon savings, credit cards, or other financial services to cover unexpected medical expenses, poor and low-income households have fewer options. Recent research documents that 32% of Americans lack the savings required to cover an unexpected $400 expense and that 24% of adults would be unable to pay their bills if faced with a $400 unexpected expense.[51] Nineteen percent of Americans are unbanked or under-banked, relying upon nonstandard banking options such as check-cashing services, pawn shops,

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[47] Finer et al., *supra* note 2, at 340–42; Upadhyay et al., *supra* note 2, at 1689.

[48] Stanley K. Henshaw & Lawrence B. Finer, *The Accessibility of Abortion Services in the United States, 2001*, 35 Persp. on Sexual & Reprod. Health 16, 19 (2003), https://www.guttmacher.org/sites/default/files/pdfs/journals/3501603.pdf.

[49] Rachel K. Jones et al., *Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014*, 28 Women's Health Issues 212, 215–16 & tbl. 4 (2018).

[50] *Id.* at 216.

[51] Bd. of Governors of the Fed. Reserve Sys., *Report on the Economic Well-Being of U.S. Households in 2021*, at 36 (May 2022), https://www.federalreserve.gov/publications/files/2021-report-economic-well-being-us-households-202205.pdf.

and payday lenders that charge higher fees for financial services than traditional banking options. The use of these nonstandard banking options is much higher among low-income and poor individuals.[52] Additionally, low-income households are much more likely to have their credit applications denied.[53] And while nearly 100% of households with incomes over $100,000 have at least one credit card, for households with incomes below $25,000 this drops to 57%.[54] Thus, poor and low-income families do not have access to the same types of financial strategies that middle-class families can use to mitigate the hardship that an unexpected expense creates.

21. Accordingly, in order to afford an unexpected medical expense such as abortion, poor and low-income women make trade-offs among basic needs. For example, one study of women in Arizona reported that "the majority of women seeking abortion services had to forgo or delay food, rent, childcare, or another important cost to finance their abortion."[55] In some cases, however, the timing of abortion care will need to be juggled alongside other mandatory expenses. For example, recent evidence based on bank transaction data demonstrates that "[c]onsumers increase health care spending by 60 percent in the week after receiving a tax refund, and the majority of these payments are made in person—likely for care received on that day . . . . The findings suggest that many consumers make decisions about when to pay for and receive health care based on whether they have the cash on hand."[56]

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[52] *Id.* at 43.

[53] Id. at 47.

[54] *Id.* at 48–49 & tbl. 13.

[55] Deborah Karasek et al., *Abortion Patients' Experience and Perception of Waiting Periods: Survey Evidence Before Arizona's Two-Visit 24-Hour Mandatory Waiting Period Law*, 26 Women's Health Issues 60, 64 (2016).

[56] Diana Farrell et al., *Cash Flow Dynamics and Family Health Care Spending: Evidence From Banking Data*, Health Affairs Health Policy Brief (Dec. 13, 2018), https://www.healthaffairs.org/do/10.1377/hpb20181105.261680/full/.

22. Evidence documenting what is known in the literature as the "eat or treat" phenomenon further supports my view that women will make trade-offs among basic needs to afford an abortion, and that in some circumstances, women will delay seeking abortion care to ensure that other basic needs are met. The "eat or treat" phenomenon refers to a dynamic in which individuals faced with an unexpected medical expense—particularly one for which insurance coverage is not available—may be forced to decide whether to obtain food or medical care. For example, nationally representative data establish that one in three chronically ill individuals are unable to afford food, medication, or both, and that having public health insurance, such as Medicaid, reduces levels of food insecurity and medication underuse.[57]

23. Similarly, in my own research using data from Missouri and working with a set of coauthors, I examined the relationship between emergency room ("ER") visits for pregnancy-related causes and the timing of SNAP benefit receipt. Pregnant women are very sensitive to fluctuations in the quantity and quality of food consumed, and research suggests that households tend to spend their SNAP benefits soon after receiving them, and, as a consequence, consume fewer calories at the end of the month.[58] Given that non-SNAP sources of income tend to be received early in the month and exhausted in the latter part of the month, and that SNAP benefits in Missouri are distributed based on the household head's birth month and last name over the first 22 days of the month, I explored the relationship between the within-month SNAP benefit timing and pregnancy-related ER claims against the backdrop of a late-in-month scarcity of non-SNAP

[57] Seth A. Berkowitz et al., *Treat or Eat: Food Insecurity, Cost-Related Medication Underuse, and Unmet Needs*, 127 Am. J. Med. 303, 306 (2014); *see also* Dena Herman et al., *Food Insecurity and Cost- Related Medication Underuse Among Nonelderly Adults in a Nationally Representative Sample*, 105 Am. J. Pub. Health e48, e49 (2015).

[58] Parke E. Wilde & Christine K. Ranney, *The Monthly Food Stamp Cycle: Shopping Frequency and Food Intake Decisions in an Endogenous Switching Regression Framework*, 82 Am. J. of Agric. Econ. 200 (2000).

resources. I found that among Missouri women aged 17 to 45 who were of childbearing age and on SNAP and Medicaid, women who received SNAP benefits later in the month were less likely to go to the ER for pregnancy-related causes in the weeks after they received their benefits—that is, in the latter part of the month—compared to those who received their SNAP benefits earlier in the month. This finding suggests that receiving SNAP at different points in the month helped pregnant women distribute their food consumption more evenly and maintain their health.[59]

24. Given that the majority of abortions in Utah are provided to low-income women, my research suggests that the financial burden of having to pay for and travel to access abortion services is likely to act as a barrier to care, result in other basic needs not being met, or both. Those women for whom the expense of an abortion is infeasible given other basic needs may experience a delay in accessing abortion care, if they are able to access it at all. As the Board of Governors of the Federal Reserve System recently recognized: "The likelihood of skipping medical care because of cost was strongly related to family income. Among those with family income less than $25,000, 38 percent went without some medical care because they couldn't afford it, compared with 9 percent of adults making $100,000 or more."[60]

25. It is unlikely that women seeking abortion can overcome insufficient financial resources by relying on financial help from family and friends alone. First, low-income households are likely to be embedded in family and friend networks that are also struggling economically.[61] What little empirical evidence there is around financial transfers between family members suggests

[59] Arteaga et al., *supra* note 11, at 1040–41.

[60] Bd. of Governors of the Fed. Reserve Sys., *supra* note 51, at 38.

[61] *See* Colleen Heflin & Mary Pattillo, *Poverty in the Family: Race, Siblings and Socioeconomic Heterogeneity*, 25 Social Sci. Rsch. 804, 808, 818 (2006).

that such transfers are uncommon and tend to be of low monetary value.[62] Second, while some women may receive financial assistance, it is not enough to ensure that women avoid making trade-offs in essential expenses. Surveys of women who have received abortion services suggest that despite receiving financial assistance, many report experiencing financial hardships.[63]

(2) Travel-Related Costs

26. As a consequence of the Criminal Abortion Ban, transportation barriers present a series of obstacles that women in Utah must overcome in order to obtain abortion services in states where abortion remains legal. Women in Utah seeking abortions must also consider how they will pay for associated travel costs, which may further delay the timing of an abortion. "With distance come[s] increased travel time, increased costs of transportation and childcare, lost wages, need to take time off of work or school, the need to disclose the abortion to more people than desired, and overall delays in care."[64]

27. These travel-related obstacles fall particularly hard on women with low incomes. "Lower-income women who are unable to access a car or money for gas may have to travel by bus, train, or other forms of transportation, which also becomes more difficult the farther they have to travel. Delays in care due to distance or transportation can push women seeking abortion to later gestations and are likely to disproportionately affect low-income women, who may struggle to

[62] Kathleen McGarry & Robert F. Schoeni, *Transfer Behavior in the Health and Retirement Study: Measurement and the Redistribution of Resources within the Family*, 30 J. Human Rsch. S184 (1995).

[63] Karasek et al., *supra* note 55, at 64.

[64] Alice F. Cartwright et al., *Identifying National Availability of Abortion Care and Distance from Major U.S. Cities: Systematic Online Search*, 20 J. Med. Internet Rsch. e186, 1 (2018).

cover the cost of transport."[65] Thus, transportation creates its own hurdle for abortion services for low-income women due to both distance and cost in Utah.

28. Women who rely upon public transportation for long-distance travel must figure out how to get from their homes to the bus or train station, from the bus or train station to the clinic, and back again. Even in areas where ride-sharing services like Uber or Lyft are available, those services are not generally available to low-income women because they require a smartphone and a credit card—either or both of which may be inaccessible to low-income women.

29. The travel costs discussed above do not include other related costs, such as meals, local transportation, and additional nights of hotel stays.

30. Travel for medical care imposes other, less tangible costs in addition to the financial costs of the procedure and necessary transportation. Low-wage jobs have several characteristics that make an unexpected medical expense particularly burdensome, separate from the low wages themselves. First, while over 3 out of 4 of all workers have access to paid sick leave, in the service industries, where many low-wage workers are employed, 41% of workers lack access to paid sick leave.[66] In the bottom 10% of the wage distribution, that rate rises to over 65%.[67] Without sick leave, women in low-wage jobs are very likely to need to take uncompensated time off work to deal with medical issues, making it even harder to pay for the medical expense. Some employers also require workers to disclose why they are taking time off, jeopardizing women's confidentiality. Second, low-wage workers are likely to have unpredictable work schedules, with last-minute changes to the posted schedule and the total hours worked.[68] This adds to household

[65] *Id.* at 9 (citations omitted).

[66] U.S. Dep't of Lab., Bur. of La. Stats., *News Release: Employee Benefits in the United States—March 2021*, at 1 https://www.bls.gov/news.release/pdf/ebs2.pdf (Sept. 23, 2021).

[67] *Id*. at 7 tbl. 1.

[68] Bd. of Governors of the Fed. Reserve Sys., *supra* note 51, at 31.

income instability and makes it difficult to plan ahead to schedule a doctor's appointment. Additionally, women may be risking their job security by turning down work hours offered by an employer. Thus, low-wage work itself creates barriers for women navigating unexpected needs for medical care, such as abortion.

31. In addition, arranging and paying for child care presents another logistical barrier for women seeking abortion. Even as a one-day trip with a personal car, a trip out of state to access abortion could be very long and might extend beyond normal childcare hours. A woman would therefore be required to find a family or friend to drop off and/or pick up her child from childcare and to care for the child during the additional hours she is away, or find a family member or friend to provide childcare for the entire trip. An overnight stay for one or more days to obtain an abortion would further compound these logistical barriers. Standard childcare arrangements are not available for overnight care. Once again, women must rely upon family and friends to help care for their child while they seek health care. In order to make such an arrangement, a woman likely must disclose the reason for her trip, resulting in a further loss of confidentiality.

32. According to a study conducted after Utah switched from a 24- to 72-hour waiting period, "[c]lose to two-thirds (62%) [of patients] reported the 72-hour wait affected them negatively in some way, including the lost wages of needing to take extra time off work (47%), increased transportation cost (30%), [and] lost wages by family or friend(s) (27%) . . . ."[69] The same, and further, research also suggests that between 6% and 33% of women seeking abortion in

[69] Jessica N. Sanders et al., *The Longest Wait: Examining the Impact of Utah's 72-Hour Waiting Period for Abortion*, 26 Women's Health Issues 483, 483 (2016).

Utah experienced a loss of confidentiality in order to make logistical arrangements required to comply with the 72-hour waiting period.[70]

33. As should be clear from the picture provided above of the challenges that poor and low-income women face in obtaining abortion services, financial and logistical challenges often delay women's access to abortion even after women are aware of their pregnancy and have made the decision to have an abortion. The suggestion that patients can avoid the hardship imposed by the Criminal Abortion Ban by simply traveling to an appointment in another state ignores the reality of poor and low-income women's lived experience.

D. Additional Burdens That the Criminal Abortion Ban Imposes on Poor and Low-Income Women

34. It is my opinion that the Criminal Abortion Ban will significantly exacerbate existing financial and logistical barriers to abortion access among poor and low-income women in Utah. These women would be forced to forgo other essential needs in order to access abortion in other states, or to forgo abortion care altogether.

35. Because the Criminal Abortion Ban has outlawed abortion in virtually all circumstances in Utah, virtually all women throughout Utah will be forced to travel out of state, and, in doing so, travel even greater distances in order to obtain abortion services, in most instances incurring significantly greater travel-related expenses and logistical burdens than if they could obtain an abortion in their home state.

[70] *Id.* (33%); Sarah C.M. Roberts et al., *Utah's 72-Hour Waiting Period for Abortion: Experiences Among a Clinic-Based Sample of Women*, 48 Persp. on Sexual and Reprod. Health 179, 183 (2016) (6%).

36. For all the reasons discussed above, this additional travel would impose severe logistical and financial burdens on women in Utah seeking an abortion, if they are able to obtain an abortion at all.

37. To the extent that poor or low-income women could afford travel to another state to obtain an abortion, I expect that the burden of that travel would force even greater trade-offs in terms of meeting basic needs.

38. Given the documented monthly instability among low-income households in both income (resources flowing in) and expenses (resources flowing out), it is widely acknowledged that many households come up short each month and, as a consequence, experience material hardship. In my own research, I have documented that over 15% of American households were unable to pay essential expenses, over 12% were unable to see a doctor or dentist when they needed to because of their inability to pay, over 11% were food insecure, and over 7% could not pay their rent or mortgage.[71] More recent evidence from a nationally representative survey conducted in late 2017 suggests rates of material hardship that are even higher—with 10.2% of American families missing a rent or mortgage payment, 13.0% missing a utility payment and 4.3% experiencing a utility shut-off, 18% reporting problems paying family medical bills, and 17.8% indicating that they had an unmet need for medical care due to cost.[72] Furthermore, according to data from the 2014 Hunger in America Survey from Feeding America, among clients receiving informal food assistance, who are likely to be low-income, approximately 2 out of 3 reported having to choose

[71] Heflin, *supra* note 3, at 365–66.

[72] Michael Karpman et al., Urban Inst., *Material Hardship Among Nonelderly Adults and Their Families in 2017*, 7 fig. 1 (Aug. 2018), https://www.urban.org/sites/default/files/publication/98918/material_hardship_among_nonelderly_adults_and_their_families_in_2017.pdf.

between food and paying for medical care, between food and utilities, or between food and transportation, and nearly 3 out of 5 reported making trade-offs between food and housing.[73]

39. Women who use their rent money to pay for abortion services can be evicted from their home, leaving them and their families homeless. Those who use money they had allocated for their phone, water, gas, or electricity bill to pay their travel expenses risk having their utilities disconnected, forcing them to go without water, heat, or light until they can pay a reconnection fee on top of their original bill in order to re-establish services with the utility company. In my own research, for example, I have documented how utility shut-offs impact the entire family:

> They could interfere with children's ability to complete homework, and extended non-payment can mean legal consequences, involvement of a collection agency, and damage to an individual's credit rating. Telephone terminations, in contrast, occurred more frequently. For some women, telephone disconnection caused emotional distress because they were unable to maintain contact with their children while they were at work and they worried about being unable to telephone for help in the case of an emergency.[74]

Other women may forgo other transportation costs (gas, car insurance, car payment, or repairs), making it impossible for them to get to work and putting them at risk of losing their job. However, in the face of an unexpected medical expense such as an abortion, most low-income households will decide to forgo food in order to keep their cars running.[75]

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[73] Nancy S. Weinfield et al., *Feeding America, Hunger in America 2014: National Report*, at 135 tbl. 5-2 (Aug. 2014), http://help.feedingamerica.org/HungerInAmerica/hunger-in-america-2014-full-report.pdf.

[74] Colleen Heflin et al., *Mitigating Material Hardship: The Strategies Low-Income Families Employ To Reduce the Consequences of Poverty*, 81 Soc. Inquiry 223, 232 (2011).

[75] Kathryn Edin et al., *SNAP Food Security In-Depth Interview Study: Final Report*, U.S. Dep't of Agric., at 21–22 (2013).

40. If a woman decides to pay for her abortion services by forgoing other basic expenses and she already has children, as many women who seek abortion services in Utah do,[76] there could be dire consequences for the children as well. Children who are exposed to food insecurity face a number of negative consequences ranging from poor cognitive outcomes, physical and mental health consequences, and behavioral consequences.[77] Ultimately, the stress of living in conditions of material hardship has been shown to negatively alter the socio-emotional environment in the home and cause further harm to children.[78]

41. Not surprisingly given this context, research consistently shows that increasing the travel distance required to obtain an abortion prevents women from obtaining abortions that they would have had otherwise. For example, a rigorous study by Lindo and colleagues examines the reduction in the abortion rate in Texas after House Bill 2 ("HB2") went into effect in late 2013, causing clinics to close.[79] This study estimates the reduction in the number of abortions causally related to increased travel distances as a result of clinic closures. According to Lindo and colleagues, for women living within 200 miles of an abortion clinic, there are substantial and statistically significant effects of increasing distance to abortion providers.[80] It is my opinion that

[76] Utah Dep't of Health, Off. of Vital Stats, *supra* note 42; Roberts et al., *supra* note 44, at 402; Ralph et al., *supra* note 41, at 273.

[77] Linda Weinreb et al., *Hunger: Its Impact on Children's Health and Mental Health*, 110 Pediatrics e41 (2002), https://pediatrics.aappublications.org/content/pediatrics/110/4/e41.full-text.pdf.

[78] Elizabeth T. Gershoff, et al., *Income Is Not Enough: Incorporating Material Hardship Into Models of Income Associations With Parenting and Child Development*, 78 Child De. 70, e19 (2007).

[79] Jason M. Lindo, et al., *How Far Is Too Far? New Evidence on Abortion Clinic Closures, Access, and Abortion*, NBER Working Paper No. 23366, at 1 (2020).

[80] *See id*. at 2.

the methodology used by these authors is robust and provides a causal analysis of the effect of increased travel distances on abortion rates.[81]

42. As a result of the Criminal Abortion Ban and the additional travel expenses associated with obtaining abortion services, it is likely that many women who would otherwise seek abortion services will be unable to obtain them.

43. Not obtaining an abortion can have financial consequences, too. There is good evidence that a woman forced to forgo abortion care to meet other basic needs suffers negative economic consequences. The Turnaway Study, a nationwide study conducted by researchers at the University of California San Francisco, documents that women who were unable to obtain an abortion were three times more likely to be unemployed six months later, nearly four times more likely to have fallen below 100% of the FPL, more likely to be receiving public assistance benefits, and more likely to be raising children alone, as compared to women who were able to obtain an abortion. Furthermore, the negative consequences to economic well-being were shown to persist four years later compared to women who were able to obtain an abortion.[82]

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[81] I have also reviewed studies by Fischer and colleagues and Quast and colleagues, which undertook similar analyses of the impact of increased driving distances on the abortion rate in Texas after HB2 took effect. *See* Stefanie Fischer et al., *The Impacts of Reduced Access to Abortion and Family Planning Services: Evidence from Texas* (NBER, Working Paper No. 23634, 2017); Troy Quast et al., *Abortion Facility Closings and Abortion Rates in Texas*, 54 Inquiry 1 (2017). As the studies used slightly different methodologies and/or different data compared to the Lindo study, they produced somewhat different results. It is my opinion that the Lindo study provides the best estimate to date of the reduction in the abortion rate as a result of increased driving distance. But all three studies found that increases in driving distance led to substantial reductions in the abortion rate.

[82] Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States*, 108 Am. J. Pub. Health 407, 409–11 (2018); *see also* Sarah Miller et al., NBER Working Paper No. 2, *The Economic Consequences of Being Denied an Abortion*, NBER Working Paper No 26662, at 2 (revised Jan. 2022), available at https://www.nber.org/system/files/working_papers/w26662/w26662.pdf.

44. Individuals who carry a pregnancy to term and parent the child must also find a way to pay for the costs of raising a child. On average, following the birth of a child, women experience what is known in the literature as a "child penalty" in the labor force. According to recent work by two US Census Bureau researchers, "women experience a large and persistent decrease in earnings and labor force participation after having their first child. The penalty grows over time, driven by the birth of subsequent children."[83] In Utah, the median cost of infant care was more than $11,000 per year for center based care,[84] and Utah is the second least affordable state for infant and toddler care in a center.[85] These costs can be particularly impactful for people who do not have partners or other support systems in place, such as single parents.

45. Further, unlike eleven states and the District of Columbia, 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.[86] A typical Utahn who takes four weeks of unpaid leave could lose more than $3,000 in income.[87]

VI. CONCLUSION

46. The costs of an abortion procedure, associated transportation, and other related expenses already impose a significant burden on poor and low-income women in Utah. The enforcement of the Criminal Abortion Ban is likely to significantly exacerbate these burdens. And

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[83] Danielle Sandler & Nichole Szembrot, *Maternal Labor Dynamics: Participation, Earnings, and Employer Changes*, The Ctr. for Econ. Studies, U.S. Census Bur., Working Paper No. CES 19-33 (2019).

[84] Catherine Ruetschlin & Yazgi Genc, *Utah 2021 Child Care Market Rate Study*, at 4 tbl. 1.1 (May 2021), available at https://jobs.utah.gov/occ/occmarket.pdf.

[85] Utah Valley Univ., Utah Women & Leadership Proj., *Utah Women Stats: Research Snapshot*, at 1–2 (Sept. 5, 2018), available at https://www.usu.edu/uwlp/files/snapshot/25.pdf.

[86] 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 (Feb. 2022).

[87] *Id.*

it is likely that many poor and low-income women would be unable to avoid its prohibitions by traveling to another state.

47. Increased travel distances come with a host of other related and increased costs, such as meals, lodging, and child care. I know from my own research, and based on the extensive literature on the subject, that in order to afford additional, unexpected costs like those required for travel out of state to obtain an abortion, poor and low-income women are forced to make trade-offs in their monthly budgets and to forgo basic necessities including food, jeopardizing their own health and well-being and that of their families, if they are able to obtain the abortion at all.

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 28 day of June, 2022, in Syracuse, New York.

Colleen M. Heflin, Ph.D.

Exhibit A

Colleen M. Heflin

Maxwell School of Citizenship and Public Affairs
Syracuse University

Research and Teaching Interests

Social policy, food and nutrition policy, social demography

EDUCATION

2002 Ph.D. in Sociology, University of Michigan
1995 Master of Public Policy, Gerald Ford School of Public Policy, University of Michigan
1992 Bachelor of Arts with Honors in Social Sciences, University of Michigan

Positions

2022–present	Associate Dean of the Maxwell School and Chair of Public Administration and International Affairs
2017–present	Professor, Public Administration and International Affairs, Maxwell School of Citizenship and Public Affairs, Syracuse University
2017–present	Senior Research Associate, Center for Policy Research, Syracuse University
2020-present	Research Affiliate, University of Wisconsin Institute for Policy Research
2018-present	Research Affiliate, University of Kentucky Center for Poverty Research
2014–present	Member of External Review Board, *Social Service Review*
2016–2017	Professor, Harry S Truman School of Public Affairs, University of Missouri
2014–2017	Founding Co-Director of Population, Education and Health Center
2014–2017	Founding Co-Director of the University of Missouri Research Data Center
2008–2017	Research Affiliate, Institute for Public Policy, University of Missouri
2013–2016	Member of the External Review Board, Southern Rural Development Center RIDGE Program, Purdue University
2010–2016	Associate Professor, Harry S Truman School of Public Affairs, University of Missouri
2007–2010	Assistant Professor, Harry S Truman School of Public Affairs, University of Missouri
2005–2014	Research Affiliate, National Poverty Center, University of Michigan
2002–2007	Assistant Professor, Martin School of Public Policy, University of Kentucky
2002–2007	Executive Board Member, University of Kentucky Center for Poverty Research
1997–2002	Senior Research Associate, Michigan Poverty Research and Training Center, University of Michigan

Peer-Reviewed Publications

Heflin, Colleen and Taryn Morrissey. (forthcoming). "Patterns of Earnings and Employment by Worker Sex, Race, and Ethnicity Using State Administrative Data: Results from a Sample of Workers Connected to Public Assistance Programs." *Race and Social Problem.*

Heflin, Colleen and Xiaohan Sun. (forthcoming) "Food Insecurity and the Opioid Crisis."

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Corcoran, Mary, Colleen Heflin and Kristine Siefert. 1999. "Food Insufficiency and Material Hardship in Post-TANF Welfare Families." *Ohio State Law Review, 60:* 1395-1422.

Book Chapters and Conference Proceedings

Heflin, Colleen. "U.S. Food and Nutrition Policy Across the Life Course." 2021. in Janet Wilmoth and Andrew London (editors). *Life Courses Implications of Public Policy.* Routledge Press.

Heflin, Colleen, and Peter Mueser. 2019. "UI and SNAP Receipt in the Sun: The Great Recession and Its Aftermath in Florida." In David Stevens and Michael Wiseman (editors). *Helping Together: Unemployment Insurance, Supplemental Nutrition Assistance, and the Great Recession.* Upjohn Press: Kalamazoo, MI.

Heflin, Colleen, and Peter Mueser. 2019. "Program Participation in the Show Me State: Missouri Responds to the Great Recession." In David Stevens and Michael Wiseman (editors). *Helping Together: Unemployment Insurance, Supplemental Nutrition Assistance, and the Great Recession.* Upjohn Press: Kalamazoo, MI.

Heflin, Colleen, Leslie Hodges and Andrew London. 2017. "TAPped Out: A Study of the Department of Defense's Transition Assistance Program (TAP)." In Louis Hicks, Eugenia L. Weiss, and Jose E. Coll (editors). *The Civilian Lives of U.S. Veterans: Issues and Identities*, Volume 1. ABC-Clio: New York, NY.

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Heflin, Colleen. 2009. "An Examination of Gender Differences in the Relationship between Reporting a Food Hardship and Physical Health." In Louis Amsel and Lena Hirsch (editors). *Food Science and Security.* Nova Publishers: New York, NY.

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Corcoran, Mary, Colleen Heflin and Belinda Reyes. 1999. "Latino Women in the U.S.: The Economic Progress of Mexicans and Puerto Ricans." In *Latinas and African American Women at Work: Race, Gender and Economic Inequality*. Russell Sage Foundation: New York, NY.

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Gramlich, Edward and Colleen Heflin. 1998. "The Spatial Dimension: Should Worker Assistance be Given to Poor People or Poor Places?" In Richard Freeman and Peter Gottschalk (editors.) *Demand-Side Strategies Affecting Low Wage Labor Markets.* Russell Sage Foundation: New York, NY.

Working Papers

Meckstroth, Alicia, Andrew Burwick, Quinn Moore, Colleen Heflin, Jonathan McCay, and Michael Ponza. 2016. “The Effects of an Intensive Life Skills Education and Home Visiting Program on the Employment, Earnings, and Well-Being of At-Risk Families.” Mathematica Policy Research Working Paper.

Heflin, Colleen and Peter Mueser. 2013. “Aid to Jobless Workers in Florida in the Face of the Great Recession: The Interaction of Unemployment Insurance and the Supplemental Nutrition Assistance Program.” IZA Discussion Paper No. 7772.

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Policy Briefs

Heflin, Colleen. April 2017. “The Great Recession and the Rise in Material Hardship.” Family Self-Sufficiency and Stability Research Consortium, 2013-2018. Office of Planning, Research & Evaluation, Office of the Administration for Children & Families.

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Heflin, Colleen, Jennifer Keller Jensen and Kathleen K. Miller. May 2013. “Community Resilience: Understanding the Economic Impacts of Disruptions in Water Service.” Institute for Public Policy, University of Missouri. Policy Brief. Report 05-21013.

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Dabson, Brian, Colleen Heflin and Kathleen Miller. February 2012. “Regional Resilence: Research and Policy Brief.” RUPRI Rural Futures Lab, University of Missouri.

Heflin, Colleen and Kathleen Miller. June 2011. Geography of Need: Identifying Human Service Needs in Rural America." RUPRI White Paper.

Rysavy, Matt and Heflin, Colleen. August 2009. **"**Food Insecurity, Food Stamp Participation and Poverty: The Paradox of Missouri." Institute of Public Policy, University of Missouri.

Heflin, Colleen and James Ziliak**.** December 2008. **"**Food Insufficiency, Food Stamp Participation and Mental Health." Policy Brief. Institute of Public Policy, University of Missouri.

RESEARCH GRANTS RECEIVED

Principle Investigator. "Increasing access to SNAP for older adults through the Standard Medical Deduction". National Institute of Aging through the Center the Aging and Policy Studies. (7/1/21-5/31/22) ($34,000). Joint with Jun Li.

Principle Investigator. "Employment Instability as a Barrier to Child Care." Robert Wood Johnson Foundation. 4/15/2021-5/31/22. ($75,000). Joint with Taryn Morrissey.

Principle Investigator. "Increasing WIC Participation by Linking with SNAP and other Social Programs". Share our Strength. 3/1/2021-6/30/2022 ($25,000).

Co-Investigator. *"*Food insecurity and chronic diseases in low-income older Americans: The role of SNAP receipt in medication underuse" University of Kentucky Center for Poverty Research. 02/25/2020 – 02/24/2022 ($249,888) with Irma Arteaga (Principle Investigator), Leslie Hodges (Co-Investigator) and Chinedum Ojinnaka (Co-Investigator).

Principle Investigator. *"*Changing Patterns of Eligibility and Take up in SNAP and the Roles of Out-of-Pocket Medical Expense" University of Kentucky Center for Poverty Research. 02/25/2020 – 02/24/2021 ($49,888) with Dongmei Zuo, Co-Investigator.

Principle Investigator. "Hunger SNAPs: Food Insecurity among Older Adults." Russell Sage Foundation. 5/1/2020-12/31/22. ($35,000).

Principle Investigator. "Advancing understanding of the conditions of parents' employment on access to and maintenance of child care and child-care subsidies." Robert Wood Johnson Foundation. 1/15/2020-1/14/22. ($150,000). with Taryn Morrissey, Co-Investigator.

Principle Investigator. "SNAP Uptake and School Readiness in Virginia." Economic Research Service, United States Department of Agriculture. 8/14/18-9/14/20 ($100,000) with Michah Rothbart, Co-Investigator.

Principle Investigator. "Creating Evidenced-Based Strategies to Address Administrative Churn in SNAP." Economic Research Service, United States Department of Agriculture. 8/1/2018-7/30/2020. ($120,101) with Len Lopoo, Co-Investigator.

Principle Investigator. "Does Child Support Increase Self-Sufficiency?: Evidence from Virginia". National Institute for Health through the Institute for Research on Poverty (IRP)'s

Extramural Small Grants program for Research. 3/1/18-2/28/19. ($24,847) with Len Lopoo, Co-Principal Investigator.

Principal Investigator. "SNAP and Child Health: Evidence from Missouri Administrative Data." Economic Research Service, United States Department of Agriculture. 8/25/2016–8/1/2018 ($99,997). With Peter Mueser and Irma Arteaga, Co-Investigators.

Co-Principal Investigator. "Understanding SNAP and Food Security among Low-Income Households." University of Kentucky Center for Poverty Research; Economic Research Service, United States Department of Agriculture. 4/30/2015–6/30/2018 ($400,000). With James P. Ziliak, Co-Principal Investigator.

Principal Investigator. "Community Eligibility and Child Well-Being." Research Innovation and Development Grants in Economics (RIDGE) Center for Targeted Studies at the Southern Rural Development Center, Mississippi State University. 8/1/2015–12/31/2016 ($34,987). With Daniel P. Miller, Co-Principal Investigator.

Co-Principal Investigator. "Design Flaws: The Effect of the Coverage Gap in Food Assistance Programs on Child's Well-Being." University of Wisconsin–Madison, Institute for Research on Poverty, RIDGE Center for National Food and Nutrition Assistance Research. 7/1/2015–12/31/2016 ($39,962). With Irma Arteaga, Co-Principal Investigator.

Principal Investigator. "Family Self-Sufficiency and Stability and Material Hardship: The Role for Public Policy after the Great Recession." US Department of Health and Human Services, Administration for Children and Families. 9/30/13–9/29/18 ($500,000).

Co-Principal Investigator. "Census Research Data Center." National Science Foundation. 8/15/2014–7/31/2017 ($0).

Principal Investigator. "The Mediating Effects of SNAP on Health Outcomes for Low-Income Households." Cooperative Research Agreement. Economic Research Service, United States Department of Agriculture. 7/1/2014–6/30/2016 (in no-cost time extension; $100,000).

Principal Investigator. "Secondary Analyses of Strengthening Families Datasets: Economic Strain and Family Formation." US Department of Health and Human Services, Administration for Children and Families. 9/30/14–8/1/16 ($99,343).

Principal Investigator, "Understanding the Rates, Causes and Costs of Churning in SNAP." Urban Institute. 8/1/2013–7/15/2014 ($32,561). With Peter Mueser, Co-Investigator.

Principal Investigator, "Participation in the National School Lunch Program and Food Security: A Regression Discontinuity Design Analysis of Transitions into Kindergarten." Southern Rural Development Center RIDGE Program. 7/1/2012–12/31/2013 ($34,934). With Irma Arteaga, Co-Investigator.

Principal Investigator. "Joint Participation in SNAP and UI in Florida" USDA-FANRP Economic Research Service. 4/15/2010-5/14/2020 ($242,830). With Peter Mueser, Co-Investigator.

Co-Investigator. "The Intersection of Veteran's Benefits Programs and Disability Insurance among Veterans: A Synthetic Cohort Approach Using the Survey of Income and Program Participation (SIPP)." Boston College/Social Security Administration.

10/1/2011–9/30/2012 ($85,817). With Janet Wilmoth and Andrew London, Co-Investigators.

Principal Investigator. "Families with Hungry Children and the Transition from Preschool to Kindergarten." University of Kentucky Center for Poverty Research; Economic Research Service, United States Department of Agriculture. 7/1/2011–9/30/2012 ($45,000). With Irma Arteaga and Sara Gable, Co-Investigators.

Co-Investigator. "A Food Systems Approach to Addressing Obesity Among Food Pantry Clients in Missouri." USDA-AFRI Human Nutrition and Obesity Program. 1/01/2010–4/30/2013 ($432,171).

Principal Investigator. "Veteran Status, Disability, Poverty, and Material Hardship." National Center for Poverty Research at the University of Michigan/US Census Bureau. 2010 ($20,000).

Principal Investigator. "Localizing Estimates of Hunger: Creating County-level Estimates of Food Insecurity." Research Council Fellowship, University of Missouri. 2010 ($7,000).

Principal Investigator. "Assessing the Impact of On-Line Applications in Florida's Food Stamp Caseload." Regional Small Grant Program, University of Kentucky Center for Poverty Research. 2008-2009 ($20,000)

Principal Investigator. "Assessing the Impact of On-Line Applications in Florida's Food Stamp Caseload." 2008 RIDGE Program sponsored by the Southern Rural Development Center in partnership with the Economic Research Service, U.S. Department Agriculture. 2008-2009 ($35,000).

Principal Investigator, "The Impact of Improving Access to Benefits for Low-Income Families on Caseload Characteristics and Dynamics." Research Board Fellowship, University of Missouri. 2008-2009 ($33,498).

Principal Investigator, "Do Middle Class Members Take on Debt in Order to Help Their Poor Siblings Weather Shocks?" Summer Research Fellowship Competition, University of Missouri. 2008-2009 ($7,000).

Principal Investigator, "State-Level Variation in Material Hardship Among Households with Children." West Coast Poverty Center. 2007–2008 ($15,000).

Principal Investigator, "Does the Size of the Check Matter? New Results on the Effects of Welfare Receipt on Early Childhood Cognitive Scores." Spencer Foundation. 2006-2007 ($39,840).

Principal Investigator, "Social Capital and Race Inequality." Research Support Grant, University of Kentucky. 2005–2006 ($19,204).

Principal Investigator, "Does Variation in Transfer Program Participation and Generosity at the State Level Explain Variation in Mental Health?" University of Kentucky Center for Poverty Research. 2005 ($19,124).

Summer Faculty Research Fellowship, University of Kentucky. 2005 ($6,000).

Principal Investigator, "Determinants of Different Forms of Material Hardship in the Women's Employment Survey." Small Grant Program, Institute for Research on Poverty, University of Wisconsin-Madison. 2004–2005 ($34,913).

Principal Investigator, "Does Food Stamp Receipt Mediate the Relationship Between Food Insecurity and Mental Health?" The National Poverty Center. 2003-–2004 ($19,783). With James Ziliak, Co-Investigator.

Principal Investigator, "Household Food Insecurity and the Physical and Mental Health of Low-Income Men and Women." NSAF Small Research Grants Program, Association for Public Policy and Analysis and Management (funded by Annie E. Casey Foundation). 2003-2004 ($20,000).

Principal Investigator, "An Individual-Level Analysis of Food Stamp Dynamics." Small Grant Program, Institute for Research on Poverty, University of Wisconsin-Madison. 2002-–2003 ($31,922).

Co-Principal Investigator, "Do Women's Wages Depreciate While on Welfare?" U.S. Census Bureau/Joint Center for Research on Poverty. 2002–2003 ($29,966). With Mary Noonan, Principal Investigator.

Co-Principal Investigator, "Barriers to Work Among Housing Assistance Recipients on Welfare." United States Department of Housing and Urban Development. 1999–2001 ($49,870). With Mary Corcoran, Principal Investigator.

Collaborator. "Causes and Consequences of Food Insufficiency and Material Hardships as Welfare Recipients Move from Welfare to Work." Economic Research Service, U.S. Department of Agriculture. 1999–2000 ($200,354). With Kristine Siefert and Mary Corcoran, Principal Investigators.

Collaborator. "Food Insecurity and Welfare Reform." Institute for Research on Poverty, University of Wisconsin-Madison. 1999–2000 ($49,704). With Mary Corcoran and Kristine Siefert, Principal Investigators.

CONTRACTS

Consultant. "Feeding America SNAP Program Evaluation Multi-Site Case Study." Feeding America. June 2013–November 2014.

Consultant. "Evaluation of Missouri PREP Program." Missouri Department of Health and Senior Services. June 2011–May 2015.

INVITED PRESENTATIONS

"How will you measure the success of your intervention?" Invited Speaker for SNAP and Nutrition Support Monthly Cohort Meeting. Share Our Strength Advisory Committee. August 18, 2021.

"Building a Culture of Evidence: Opportunities and Challenges." Invited Speaker for Data and Evidence Community of Practice Learning Series on Data Visualization and Program Evaluation for American Public Health Service Association. June 29, 2021. (online)

"Examining the Hunger Crisis Among Veterans and Military Families." Invited Congressional Testimony before the Rules Committee, United States House of Representatives. May 27, 2021. (online)

"Exploring Material Hardship and Administrative Burden." Invited Speaker for TANF Workforce Development Workgroup for American Public Human Service Association. February 27, 2021. (online)

"How Does the System Hurt or Help?: Exploring Material Hardship and Administrative Burden" Invited Speaker at University of Minnesota Future Services Institute's Redesign for Whole Families Summit. October 13th, 2020.

"Reflections on household food insecurity research from a US Perspective" Keynote Speaker at 2nd UK Conference on Food and Poverty: Evidence for Change. London, England. June 23rd, 2020.

"The Value and Limits of Linking Administrative Data" Invited speaker at the National Academy of Sciences Committee on National Statistics Panel on Improving USDA's Consumer Data for Food and Nutrition Policy Research. September 21, 2018. Washington, DC.

"Household Instability and Material Hardship." Invited speaker at the 2016 MU Extension Summit, University of Missouri. October 26, 2016. Columbia, MO.

"The Mediating Effects of SNAP on Health Outcomes for Low Income Households." Invited speaker in Center for Research on Inequalities and the Life Course Seminar, Yale University. April 27, 2016. New Haven, CT.

"Community and Systematic Approaches to Hunger: Social Protections." Invited speaker at the Hunger Summit hosted by Universities Fighting World Hunger (partnership of the United Nations World Food Program and Auburn University). February 26, 2016. Columbia, MO.

"Reflecting on 20 years of Measuring Household Food Security," Invited speaker at the US Department of Agriculture - Economic Research Service, October 21, 2015. Washington, DC.

"The Mediating Effects of SNAP on Health Outcomes for Low Income Households." Invited speaker in the West Virginia University Public Health Dialogues. October 2, 2015. Morgantown, WV.

"In Tandem: Pairing Public and Private Nonprofit Assistance to Make Ends Meet." Invited speaker at The School of Public Affairs at American University and Feeding America, July, 2015. Washington, DC.

"Hot Topics for Program Evaluation." Invited speaker at Feeding America's 2014 Agency Capacity, Programs and Nutrition Annual Conference. October 30, 2014. Chicago, IL.

"Using Program Evaluation to Drive Decision-Making." Invited speaker at Feeding America's 2014 Agency Capacity, Programs and Nutrition Annual Conference. October 30, 2014. Chicago, IL.

"The War on Poverty: 50 Years Later and the Battle Continues" Invited speaker at a congressional briefing hosted by the Population Association of America and the

Association of Population Centers in conjunction with Congressman Mike Honda. June 9, 2014. Washington, D.C.

"Household Instability and Material Hardship." Invited speaker at Poverty, Policy and People: 25 Years of Research and Training at the University of Michigan. April 10, 2014. Ann Arbor, MI.

"Material hardship and the case for measurement." Invited speaker at the Presidential Plenary: Poverty Measurement and Implications for Policy. Southern Sociological Society. April 3, 2014. Charleston, NC.

"Individual and Family Coping Responses to Hunger." Invited speaker at the Workshop on Research Gaps and Opportunities in Child Hunger and Food Insecurity at the Committee on National Statistics. National Academy of Sciences, Food and Nutrition Board, Institute of Medicine. April, 2013.

"Short-Term Dynamics of Food Insecurity and Obesity." Invited speaker at Institute of Medicine Workshop on Understanding the Relationship Between Food Insecurity and Obesity. November 16-19, 2010. Washington, D.C.

OTHER PRESENTATIONS AND CONFERENCES

Chinedum Ojinnaka, Irma Arteaga, Leslie Hodges, Lauryn Quick and Colleen Heflin. "SNAP Participation and Medication Adherence Among Older Medicaid-Insured Individuals Living with Hypertension" Academy Health 2022 Annual Research Meeting. June 5, 2022. Washington, DC.

Colleen Heflin, Leslie Hodges, Chinedum Ojinnaka, Irma Arteaga and Lauryn Quick. "Churn in the older adult SNAP Population." Annual Meeting of the Population Association of America. Atlanta, GA. April 7, 2022.

Colleen Heflin, Jun Li and Dongmei Zuo. "Increasing Access to the SNAP for Older Adults Through the Standard Medical Deduction." Annual Meeting of the Population Association of America. Atlanta, GA. April 7, 2022.

Michah Rothbart, Colleen Heflin, Taryn Morrissey, and Xioahan Sun. "Does Offering Public PreK Change Social Program Participation?" Annual Meeting of the Population Association of America. Atlanta, GA. April 7, 2022.

Taryn Morrissey, Colleen Heflin and William Clay Fannin. "Room to Grow: Examining Participation and Stability in the Child Care Subsidies Using State Administrative Data." Annual Meeting of the Population Association of America. Atlanta, GA. April 7, 2022.

Colleen Heflin and Xioahan Sun. "Food Insecurity and the Opioid Crises." Annual Meeting of the Population Association of America. Atlanta, GA. April 7, 2022.

Clay Fannin, Colleen Heflin, and Leonard Lopoo. "Local Control, Discretion, and Administrative Burden: SNAP Interview Waivers and Caseloads during the COVID-19 Pandemic." Annual Research Conference of the Association for Public Policy Analysis and Management. March 28, 2022. (online)

Colleen Heflin, Jun Li, and Dongmei Zuo. “Changing patterns of eligibility and take up in SNAP and the role of out-of-pocket medical expenses.” *Understanding Food-Related Hardships Among Older Americans FNS Reporting Conference.* May 28, 2021. (online)

Colleen Heflin and Hannah Patnaik. “Material Hardships and the Living Arrangements of Older Americans” Population Association of America. April 6, 2021. (online)

Colleen M. Heflin, Michah W. Rothbart and Mattie Mackenzie-Liu. “Below the Tip of the Iceberg: Examining Early Childhood Participation in SNAP and TANF from Birth to Age Six.” Fall Research Conference of the Association for Public Policy Analysis and Management. November 10, 2020.

Leonard Lopoo, Heflin, Colleen, and Joe Boskovski. “Testing Behavioral Interventions Designed to Improve On-Time SNAP Recertification” Fall Research Conference of the Association for Public Policy Analysis and Management. November 11, 2020.

Michah Rothbart and Colleen Heflin. “Achievement Gaps” from Day 1? Evidence on School Readiness by Economic Disadvantage and Race.” Fall Research Conference of the Association for Public Policy Analysis and Management. November 12, 2020.

Colleen Heflin and Dongmei Zuo. "Cognitive Impairment and SNAP Participation among Eligible Older Americans" Fall Research Conference of the Association for Public Policy Analysis and Management. November 12, 2020

Heflin, Colleen, Leonard Lopoo, and Mattie Mackenzie-Liu, “When States Coordinate between Social Welfare Programs: Considering the Child Support Income Exclusion”. Fall Research Conference of the Association for Public Policy Analysis and Management. November 7-9, 2019. Denver, CO.

Bullinger, L.R., Heflin, C.M., & Raissian, K.M. “SNAP and Child Maltreatment” Fall Research Conference of the Association for Public Policy Analysis and Management. November 7-9, 2019. Denver, CO.

Heflin, Colleen, Leonard Lopoo, and Mattie Mackenzie-Liu, “When States Coordinate between Social Welfare Programs: Considering the Child Support Income Exclusion” Increasing Family Income through Child Support: Lessons from Recent Research. Institute for Research on Poverty, University of Wisconsin-Madison and Assistant Secretary for Planning and Evaluation, US. Dept. of Health and Human Services. September 18, 2019. Washington, DC.

Heflin, Colleen. “Food and Nutrition Policy across the Life Course.” American Sociological Association.” August 13, 2019. New York, NY.

Sharon Kukla-Acevedo and Colleen Heflin. “Adolescent Food Insecurity and the Transition to Adulthood.” Research on Food Security Using the Panel Study of Income Dynamics, September 20, 2018. Washington, DC.

Colleen Heflin, Rajeev Darolia, and Sharon Kukla-Acevedo. “Exposure to Food Insecurity during Adolescence and the Educational Consequences.” Fall Research Conference of the

Association for Public Policy Analysis and Management. November 1-4, 2017. Chicago, IL.

Claire Altman, Chaeyung Jun and Colleen Heflin. "Hardships of Undocumented Immigrants in the United States: Evidence from the 1996-2008 SIPP." Fall Research Conference of the Association for Public Policy Analysis and Management. November 1-4, 2017. Chicago, IL.

Colleen Heflin, Sharon Kukla-Acevedo, and Rajeev Darolia. "Risky Adolescent Behaviors and the Role of Food Insecurity." Fall Research Conference of the Association for Public Policy Analysis and Management. November 1-4, 2017. Chicago, IL.

Altman, Claire, Colleen Heflin, and Chaegyung Jun. "The Many Hardships of Undocumented Immigrants in the United States: Evidence from SIPP 1996-2008." 2017 American Sociological Association Annual Meeting. August 12-15, 2017. Montreal, Quebec, Canada.

Altman, Claire, Colleen Heflin, and Chaegyung Jun. "The Many Hardships of Undocumented Immigrants in the United States: Evidence from SIPP 1996-2008" (poster presentation). 2017 Population Association of America Annual Meeting. April 27-29, 2017. Chicago, IL.

Arteaga, Irma, Heflin, Colleen, Leslie Hodges and Peter Mueser. "Does the Timing Matter for SNAP Benefits and Pregnancy-Related Emergency Room Visits?" Fall Research Conference of the Association for Public Policy Analysis and Management. November 3-5, 2016. Washington, DC.

Heflin, Colleen. "Social Program Participation and Material Hardship." Fall Research Conference of the Association for Public Policy Analysis and Management. November 3-5, 2016. Washington, DC.

Arteaga, Irma, Colleen Heflin and Sarah Parsons. "The Coverage Gap." Annual meeting of the Population Association of America. March 31, 2016. Washington, DC.

Mueser, Peter, Colleen Heflin and Leslie Hodges. "The Mediating Effects of SNAP on Health Outcomes for Low-Income Households." Annual meeting of the Association of Public Policy & Management. November 12-14, 2015. Miami, FL.

Huang, Ying, Stephanie Potochnick and Colleen Heflin. "Household Food Insecurity and Young Immigrant Children's Health and Development Outcomes." Annual meeting of the Association of Public Policy & Management. November 12-14, 2015. Miami, FL.

Mueser, Peter and Colleen Heflin. "Aid to Jobless Workers in the Face of the Great Recession: The Interaction of Unemployment Insurance and the Supplemental Nutritional Assistance Program." Annual meeting of the Association of Public Policy & Management. November 12-14, 2015. Miami, FL.

Huang, Ying, Stephanie Potochnik and Colleen Heflin. "Household Food Insecurity and Young Immigrant Children's Health and Developmental Outcomes" (poster presentation). Annual meeting of the Population Association of America. April 30-May 2, 2015. San Diego, CA.

Olson, Kate and Colleen Heflin. "The Changing Face of the United States and the Provision of Social Services." Annual meeting of the Association of Public Policy & Management. November 6-8, 2014. Albuquerque, NM.

Hodges, Leslie Beasley, Colleen Heflin and Andrew London. "TAPped out: An Evaluation of the Department of Defense's Transition Assistance Program." Annual meeting of the Association of Public Policy & Management. November 6-8, 2014. Albuquerque, NM.

Heflin, Colleen and Irma Arteaga. "Participation in the National School Lunch Program and Food Security: An Analysis of Transitions into Kindergarten." Annual meeting of the Association of Public Policy & Management. November 6-8, 2014. Albuquerque, NM.

Heflin, Colleen and Irma Arteaga. "The Child and Adult Care Food Program and Food Insecurity." Annual meeting of the Population Association of America. May 1-3, 2014. Boston, MA.

Mueser, Peter and Colleen Heflin. "Aid to Jobless Workers in Florida in the Face of the Great Recession: The Interaction of Unemployment Insurance and the Supplemental Nutritional Assistance Program." Annual meeting of the Population Association of America. May 1-3, 2014. Boston, MA.

Kukla-Acavado, Sharon and Colleen Heflin. "Participation in the Unemployment Insurance Program and Childhood Achievement." Annual meeting of the Population Association of America. May 1-3, 2014. Boston, MA.

Heflin, Colleen, Irma Arteaga and Sara Gable. "Families with Hungry Children and the Transition from Preschool to Kindergarten." Research Program on Childhood Hunger, Food and Nutrition Service. March 13, 2014. Washington, D.C.

Heflin, Colleen and Irma Arteaga. "Participation in the National School Lunch Program and Food Security: An Analysis of Transitions into Kindergarten." National RIDGE Small Grants Conference, December 17, 2013. Washington, D.C.

Potochnick, Stephanie, Irma Arteaga and Colleen Heflin. "An Examination of Household Food Insecurity among Low-Income Immigrant Children." Annual meeting of the Association of Policy Analysis & Management. November 7-9th, 2013. Washington. D.C.

Heflin, Colleen and Ashley Price. "Emergency Food Assistance and the Great Recession." Annual Conference of the Association of Policy Analysis & Management. November 7-9th, 2013. Washington. D.C.

Heflin, Colleen and Irma Arteaga. "Participation in the National School Lunch Program and Food Security: An Analysis of Transitions into Kindergarten." Southern Rural Development Center RIDGE Small Grants Conference. August 22, 2013. Denver, CO.

Heflin, Colleen and Peter Mueser. "Aid to Jobless Workers in Florida in the Face of the Great Recession: The Interaction of Unemployment Insurance and the Supplemental Nutritional Assistance Program." Annual meeting of the National Association of Welfare Researchers and Statisticians. August 21, 2013. Chicago, IL.

McKelvey, Bill, Jennifer Schnell, Nikki Raedeke, Sandy Rikoon, Matt Foulkes, Colleen Heflin, Joan Hermsen and Ashley Vancil. "A Food Systems Approach to Addressing Obesity Among Food Pantry Clients in Missouri" (poster presentation). Annual meeting of the

Society for Nutrition Education and Behavior. August 11, 2013. Portland, OR. *The abstract was published in the *Supplement to Journal of Nutrition Education and Behavior* 45:4S (July/August), p. S89.

Heflin, Colleen. "Child Poverty" Annual meeting of the American Sociological Association. August 10, 2013. New York, NY.

Heflin, Colleen and Peter Mueser. "Aid to Jobless Workers in Florida in the Face of the Great Recession: The Interaction of Unemployment Insurance and the Supplemental Nutritional Assistance Program." IZA/OECD/World Bank Conference on Safety Nets and Benefit Dependence: Evidence and Policy Implications. May 21-22, 2013. Paris, France.

Heflin, Colleen, Jacob Cronin and Ashley Price. "Best Practices for Implementing and Evaluating Evidenced-Based Teen Pregnancy Prevention Programs with Diverse Populations." Annual meeting of the Association of Policy Analysis & Management. November 4-6, 2012. Baltimore, MD.

Kukla-Acevedo, Sharon and Colleen Heflin. "Unemployment Insurance Participation and Early Childhood Development." Annual meeting of the Association of Policy Analysis & Management. November 4-6, 2012. Baltimore, MD.

Arteaga, Irma, Colleen Heflin and Sara Gable. "Hungry Children and the Transition from WIC." Annual Conference of the Association of Policy Analysis & Management. November 4-6, 2012, Baltimore, MD.

McKelvey, Bill, Jennifer Schnell, Nikki Raedeke, Sandy Rikoon, Matt Foulkes, Colleen Heflin, and Joan Hermsen. "Food Systems Approach to Addressing Obesity among Food Client Households in Missouri" (poster presentation). 45th Annual Conference of the Society for Nutrition Education and Behavior. July 14-17. Washington, DC.

Arteaga, Irma, Colleen Heflin, and Sara Gable. "Hungry Children and the Transition from WIC". Annual meeting of the Population Association of America. May 4, 2012. San Francisco, CA.

Wilmoth, Janet M., Andrew S. London, and Colleen Heflin. "Economic Well-Being among Older Adult Households: Variation by Veteran and Disability Status." Annual meeting of the Gerontological Society of America. December 2011. Boston, MA.

Heflin, Colleen, and Peter Mueser. "Aid to Jobless Workers in Florida in the Face of the Great Recession: The Interaction of Unemployment Insurance and the Supplemental Nutritional Assistance Program." Annual meeting of the Association for Public Policy and Management. November 4-5, 2011. Washington, DC.

London, Andrew S., Colleen Heflin and Janet M. Wilmoth. "Work-Related Disability, Veteran Status, and Poverty: Implications for Family Well-Being." Annual meeting of the American Sociological Association. August 2011. Las Vegas, NV.

Heflin, Colleen, and Ngina Chiteji. "My Brother's Keeper? The Association between Having Siblings in Poor Health and Wealth Accumulation." Western Economic Association Annual Meetings. June 30, 2011. San Diego, CA.

Heflin, Colleen, Andrew London and Janet Wilmoth. "Veteran Status, Disability, Poverty, and Material Hardship." Annual meeting of the Association for Public Policy and Management. November 4-5, 2010. Boston, MA.

Heflin, Colleen, Andrew London and Janet Wilmoth. "Veteran Status, Disability, Poverty and Material Hardship." SIPP Analytics Research Conference. October 14-15, 2009. Washington, DC.

Keiser, Lael and Colleen Heflin. "Impact of TANF on the Material Well-Being of Low Income Families." Reducing Poverty Conference hosted by The Institute for Advanced Policy Solutions. November 19-20, 2009. Atlanta, GA.

Heflin, Colleen and Peter Mueser. "Assessing the Impact of Modernization on Florida's Food Stamp Caseload." Annual meeting of the Association of Public Policy and Management. November 5-7, 2009. Washington, D.C.

Keiser, Lael and Colleen Heflin. "Impact of TANF on the Material Well-Being of Low Income Families." Annual meeting of the Association of Public Policy and Management. November 5-7, 2009. Washington, D.C.

Heflin, Colleen and Peter Mueser. "Assessing the Impact of On-line Application on Florida's Food Stamp Caseload." RIDGE Conference at the US Department of Agriculture, Economic Research Service. October 15-16, 2009. Washington, DC.

Heflin, Colleen, Andrew London and Ellen Scott. "Mitigating Material Hardship: The Strategies Low-income Mothers Employ to Reduce the Consequences of Poverty." Annual meeting of the American Sociological Association. August 8-11, 2009. San Francisco, CA.

Heflin, Colleen and Peter Mueser. "Assessing the Impact of On-line Application on Florida's Food Stamp Caseload." Southern Rural Development Center Mid-Year Grantees Conference. August 5-6, 2009. Atlanta, GA.

Keiser, Lael and Colleen Heflin. "Explaining the Consequences of TANF Policy Choices Across and Within U.S. States" State Politics and Policy Conference (Hosted by the University of North Carolina-Chapel Hill and Duke University). May 22-23, 2009. Chapel Hill, NC.

Heflin, Colleen and Peter Mueser. "Assessing the Impact of On-line Application on Florida s Food Stamp Caseload." University of Kentucky Center for Poverty Research Small Grants Conference. Mat 19, 2009. Lexington, KY.

Heflin, Colleen and Peter Mueser. "Assessing the Impact of On-line Application on Florida s Food Stamp Caseload." Annual meeting of the Population Association of America. April 30, 2009. Detroit, MI.

Heflin, Colleen. "Macroeconomic Performance and Material Hardship across Time, Space and Race." West Coast Poverty Center Speaker Series. March 9, 2009. Seattle, WA.

Heflin, Colleen and Ngina Chiteji. "Do Middle Class Members Take on Debt in Order to Help Their Poor Siblings Weather Shocks?" Annual meeting of the Association of Public Policy and Management, November 6, 2008. Los Angeles, CA.

Heflin, Colleen. "State-Level Variation in Material Hardship Among Households with Children." Annual meeting of the Population Association of America. April 16, 2008. New Orleans, LA.

Heflin, Colleen and Sharon Kukla-Acavedo. "Welfare and Children's Cognitive Test Scores." Annual meeting of the Population Association of America. April 16, 2008. New Orleans, LA.

Heflin, Colleen and Sharon Kukla-Acavedo. “Does the Size of the Welfare Check Matter? New Results on the Effects of Welfare on Children’s Cognitive Test Scores.” Annual meeting of the Association of Public Policy and Management. November 4, 2006. Madison, WI.

Heflin, Colleen and John Iceland. “Poverty, Material Hardship and Mental Health.” Annual meeting of the Association of Public Policy and Management. November 3, 2006. Madison, WI.

Heflin, Colleen and Jim Ziliak. “Food Insufficiency, Food Stamp Participation and Mental Health.” Institute for Research on Poverty Summer Workshop. June 22, 2006. Madison, WI.

Heflin, Colleen and John Iceland. “Poverty, Material Hardship and Mental Health.” Annual meeting of the Population Association of America. April 1, 2006. Los Angeles, CA.

Heflin, Colleen and Seok-Woo Kwon. “Social Capital and Racial Wage Inequality.” Annual meeting of the Population Association of America. April 1, 2006. Los Angeles, CA.

Heflin, Colleen. “Dynamics of Different Forms of Material Hardship.” February 1, 2006. McGill University.

Heflin, Colleen. “Dynamics of Different Forms of Material Hardship in the Women’s Employment Survey.” Annual meeting of the Association of Public Policy and Management. November 3, 2005. Washington, DC.

Heflin, Colleen. “Dynamics of Different Forms of Material Hardship in the Women’s Employment Survey.” Food Assistance and Nutrition Research Small Grants Programs Conference, USDA Economic Research Service. October 2005.

Heflin, Colleen. “Determinants of Different Forms of Material Hardship in the Women’s Employment Survey.” Institute for Research On Poverty’s Small Grant Conference. May 20, 2005. Madison, WI.

Siefert, Kristine, Colleen Heflin and David R. Williams, David R. “Household Food Insufficiency in African American and White Women." Annual meeting of the Society for Social Work and Research. January 18, 2004. New Orleans, LA.

Siefert, Kristine, Colleen Heflin, Mary Corcoran and David R. Williams, David R., "Food Insufficiency and Physical and Mental Health in a Longitudinal Survey of African American and White Women." Annual meeting of the American Public Health Association. November 17, 2003. San Francisco, CA.

Heflin, Colleen. “Who Exits the Food Stamp Program after Welfare Reform?” Annual meeting of the Association of Public Policy and Management. November 7, 2003, Washington, DC.

Swaroop, Sapna, Colleen Heflin and Reynolds Farely. “What About Arabs? White and Black American’s Attitudes Toward Arab Americans in Detroit in 1992?” Annual meeting of the American Sociological Association. August 17, 2003. Atlanta, GA.

Noonan, Mary and Colleen Heflin. “Do Women’s Wages Depreciate While on Welfare?” Annual meeting of the American Sociological Association. August 19, 2003. Atlanta, GA.

Swaroop, Sapna, Colleen Heflin and Reynolds Farely. "What About Arabs? White and Black American's Attitudes Toward Arab Americans in Detroit in 1992?" (poster presentation) Annual meeting of the Population Association of America. May 2, 2003. Minneapolis, MN.

Siefert, Kristine, Colleen Heflin, and David R. Williams. "Household Food Insufficiency and Depression in African American and White Low-Income Women." Annual meeting of the American Journal of Public Health Association. November 9, 2002. Philadelphia, PA.

Siefert, Kristine, Colleen Heflin, Mary Corcoran and David R. Williams. "Food Insecurity and Hunger: Implications of Recent Research for Maternal and Child Health Programs." 15th Annual U.S. Department of Health and Human Services Regions V and VII Maternal and Child Health Leadership Conference. April 22, 2002. Chicago, IL.

Siefert, Kristine, Colleen Heflin, Mary Corcoran and David R. Williams. "Food Insufficiency and the Physical and Mental Health of Current and Former Welfare Recipients." Annual meeting of the Association of Public Policy and Management. Washington, DC.

Heflin, Colleen and Mary Corcoran. "Barriers to Work among Housing Assistance Recipients." Annual meeting of the National Association of Welfare Researchers and Statisticians. Baltimore, MD.

Heflin, Colleen, Sheldon Danziger and Nathaniel J. Anderson. "Poverty Dynamics after Welfare Reform." Annual meeting of the Association of Public Policy and Management.

Siefert, Kristine, Colleen Heflin, Mary Corcoran and David R. Williams. "Food Insufficiency and Women's Health: Findings from a Longitudinal Survey of Welfare Recipients." Food Assistance and Nutrition Research Small Grants Programs Conference, USDA Economic Research Service. 2000.

Heflin, Colleen, Sheldon Danziger and Nathaniel J. Anderson. "Income Dynamics after Welfare Reform ". Annual meeting of the *National Association of Welfare Researchers and Statisticians*, Scottsdale, AZ.

Heflin, Colleen and Mary Pattillo-McCoy. "Kin Effects on Black-White Account and Home Ownership." Annual meeting of the American Sociological Association. August 2000. Washington, D.C.

Danziger, Sheldon, Colleen Heflin and Mary Corcoran. "Does Work Pay for Single Mothers?" Annual meeting of the Population Association of America. 2000. Los Angeles, CA.

Siefert, Kristine, Colleen Heflin, and Mary Corcoran. "Food Insecurity and the Physical and Mental Health of Low Income Single Mothers." Annual meeting of the American Public Health Association Annual Meeting, 1999. Chicago, IL.

Pattillo McCoy, Mary and Colleen M. Heflin. "Poverty in the Family: Exploring the Kin Networks of the Black and White Middle Class." Annual meeting of the American Sociological Association. 1999. Chicago, IL.

Corcoran, Mary E. and Colleen Heflin. "Changes in Women's Wages, 1979-1989 by Race and Ethnicity." Annual meeting of the Population Association of America. 1999. New York, NY.

Goldberg, Heidi, Colleen Heflin and Kristin Seefeldt. “Welfare-to-Work Programs and Barriers to Employment.” Annual meeting of the National Association of Welfare Research and Statistics. 1999. Chicago, IL.

Corcoran, Mary and Colleen Heflin. “Race, Ethnic and Skill-Based Inequalities in Women's Employment and Wages." Presented at the Institute for Women's Policy Research Conference. 1998. Washington, D.C.

Hall, Richard L. and Colleen Heflin. "The Importance of Color in Congress: Minority Members and the Representation of Race and Ethnicity in the U.S. House." Midwest Conference of Political Science Association. 1998. Chicago, IL.

Hall, Richard L. and Colleen M. Heflin. "The Importance of Color in Congress: Minority Members and the Representation of Race and Ethnicity in the U.S. House." Presented at the Midwest Conference of Political Science Association. 1994. Chicago, IL.

Teaching experience

Public Program Evaluation
Poverty and Social Policy (graduate and doctoral level)
Poverty Policy (undergraduate level)
Applied Regression (graduate level)

COMMUNITY Service

Member, Data Advisory Team for the Boone Indicators Dashboard Project, a collaboration of the City of Columbia, County of Boone, and Heart of Missouri United Way, 2016–2017.

Member, Indicator Review Committee, Missouri Kids Count, Fall 2015.

PROFESSIONAL SERVICE

Program Committee, Annual Meeting of the Association for Public Policy and Management, 2013 and 2015.

Invited speaker at Minnesota Department of Labor Conference, “Sustaining Employment in the New Millennium,” February 2000.

UNIVERSITY SERVICE

Syracuse University (Fall 2017 to present)

University Service

Promotion and Tenure Committee, 2018 to 2019
Maxwell Faculty Committee, 2018 to 2019
Equipment Task Force Committee, 2018 to present
SU representative to NYFSRDC, 2017 to present
Policy Studies Program Advisory Committee, 2017 to present

Departmental Service

MPA Curriculum Committee, 2017- present (Chair, 2018 to present)
Executive Committee, 2018 to present
Health Care Policy & Management Search Chair, 2019
Economics of Aging Search Committee, 2018
APPAM Policy Camp Committee, 2018

University of Missouri Service (Fall 2007 to Spring 2017)

University Service

Tenure Committee, 2016 to 2017
Lecture Committee, 2012 to 2017
Population, Education and Health Seminar Organizer, 2013 to 2014
Population, Education and Health Center Founder and Co-Director, 2014 to 2017

Departmental Service

Truman School Ph.D. Program Coordinator, 2014 to 2017
Truman School Seminar Series Co-Organizer, 2014 to 2015
Truman School Doctoral Committee Member, Fall 2007 to 2009; 2013 to 2014
Truman School Personnel Committee, 2012 to 2017
Institute for Public Policy Advisory Committee, Spring 2008 to 2010
Truman School Policy Committee, Fall 2008 to 2009; 2013 to 2017
Chair, Policy Faculty Search 2012
Food Policy Faculty Search 2013

University of Kentucky Service (Fall 2002 to Summer 2007)

University Service

University of Kentucky Center for Poverty Research Advisory Board, 2002-2007

Departmental Service

Martin School of Public Policy MPA Admissions Committee, Fall 2002 – Summer 2007
Martin School of Public Policy MPA Curriculum Committee, Fall 2002 – Summer 2007
Martin School Director's Search Committee, Fall 2002 and Fall 2003
Martin School Faculty Search Committee, Spring 2003
Martin School Internal Brownbag Seminar Organizer, 2005-2006
Revising the Capstone Committee, Fall 2005 to Spring 2006

MEMBERSHIP AND AFFILIATIONS

American Sociological Association, Member
Association for Public Policy and Management, Member
Population Association of America, Member

Exhibit C

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

* * *

PLANNED PARENTHOOD ASSOCIATION OF UTAH, on behalf of itself and its patients, physicians, and staff, Plaintiff, v. JOSEPH MINER, in his official capacity as Executive Director of the Utah Department of Health, et al., Defendants.	Case No. 2:19-cv-00238 30(b)(6) Deposition of the UTAH DEPARTMENT OF HEALTH by LAURIE BAKSH

* * *

TRANSCRIPT CONTAINS CONFIDENTIAL INFORMATION

Page:	Line(s):	Confidentiality Designation Pursuant to Protective Order:
81	1, 2	Confidential
120	17-20	Confidential

September 17, 2019
9:03 a.m.

ACLU of Utah
355 North 300 West
Salt Lake City, Utah 84103

* * *

Jessica Croxford
Registered Professional Reporter

A. Our understanding is -- is, as I mentioned, limited because we have not analyzed this new data-form data as of yet. This was new data that was put through, and so we haven't looked at the adverse data that's come out in this form. So I -- I have a limited understanding of -- of that -- of the complications because that analysis has just not been done.

Q. But outside of -- let me ask it this way: Outside of Utah-specific data, are you aware of any comparison of maternal or -- or of morbidity as between childbirth and abortions at and after 18 weeks of pregnancy?

A. I think in the module, we put some risks in -- in both. And I don't remember what they were exactly, but, you know, we tried to put that into a context of, "This is about, you know, one out of every" -- where we could and cite those risks so that it was, you know, an understandable place. So I don't -- I can't, off the top of my head, pull every number it is and what the comparison was.

But it's just -- it's -- like I said, it's a limitation of -- of some of the statistics that we have. And if you want to ask me a follow-up question because I diverted.

Q. Would the department say that abortion is a very safe procedure?

A. In terms of what we see and -- and reports that have been provided to us, we receive very few reports of any complications. But, again, we don't as rigorously look at this data as we do some of our other data systems, so we haven't received any -- for me, like, the biggest indicator would be, like, are we seeing maternal deaths from complications of abortions? And the answer to that would be, no, we haven't seen one lately in -- in a long time ever that I can remember in doing our mortality reviews, so...

Q. So just to make sure that I understand, you started working in the field in 1992, correct?

A. Well, I've been with our program since 2001.

Q. Okay. So since 2001, you can't recall a single death caused by abortion in the state, that you've learned of?

A. That was a complication of the procedure that I can remember, yeah.

Q. Okay. And what about pregnancy-related mortality in Utah? Do you have a sense of how many women die annually from a complication related to

childbirth?

A. To childbirth itself? The numbers are somewhere between five and ten women a year who die as a complication of pregnancy. The mortality rate is greater, but your question is honing down on a complication of -- of the pregnancy, like a medical condition as the result of a pregnancy?

Q. Yes.

A. So we're seeing about five to ten of those a year.

Q. A year, okay. And does the department have any evidence or information regarding changes in the rates of maternal mortality in Utah between the early 1990s and today?

A. Well, we -- we are a state that has very small numbers of maternal deaths, and so our rates can fluctuate greatly because one death may raise a rate very -- you know, a good amount. So what we're actually seeing is an increase in maternal mortality. Some of that is due to some recent changes in how maternal deaths were classified in our state, but still rising for other conditions as well. So we -- we consider -- what you see reported is what we call "pregnancy-related mortality," meaning that the death was related to her being

pregnant. So if a mom dies in a car accident, we have to look at, was she the victim of a car accident or was she not wearing her seat belt because she didn't want a seat belt covering her -- her belly; it was uncomfortable or things like that.

So when we take these to our committee, we have to determine whether we think it was related to the condition of the pregnancy or not. So we've -- we changed our definition a little bit to include some of the overdose and suicides that we spoke about earlier, so our rate in doing that has gone up.

Q. And is that because you think that suicidality or overdoses can, in fact, be directly caused by pregnancy?

A. Yes. Yeah.

Q. And even -- so setting aside how you have classified or changes in the maternal- or pregnancy-related mortality definition, is it the department's understanding that those rates have gone up in Utah since the 1990s?

A. Yes.

Q. And have they gone up nationally as well?

A. Yes.

Q. So is it fair to say, then, that for the

Exhibit D

THIRD JUDICIAL DISTRICT COURT,
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 LAUREN M. HUNT IN SUPPORT OF PLAINTIFF'S MOTION FOR A PRELIMINARY INJUNCTION** Case No. 220903886 Judge Andrew Stone

I, Lauren M. Hunt, declare as follows:

1. I am submitting this declaration on behalf of the Rape Recovery Center (the "RRC" or the "Center"), of which I sit on the Board of Directors. The RRC is the only sexual assault service provider in Utah with the sole focus of treating, preventing, and intervening in sexual violence. As the only agency of its kind in Utah, our philosophy has remained that dignity and respect guide treatment for survivors of sexual violence.

2. The Salt Lake Rape Crisis Center, RRC's predecessor, was founded in 1974 by a group of volunteers for the purpose of supporting survivors of rape and sexual assault. In January of 1975, the organization was incorporated as a private 501(c)(3) nonprofit organization and later, in 1995, renamed the Rape Recovery Center. The RRC's mission is to empower victims of sexual violence through advocacy, crisis intervention, and therapy. The Center also seeks to educate the community about the causes, impact, and prevention of sexual violence.

3. For nearly fifty years, we have remained the leading experts in responding to sexual violence in Utah. In 1978, the RRC launched a 24-hour Crisis Line and in 2019, a stand-alone Spanish-speaking crisis line. In 1980, the RRC, the Salt Lake District Attorney's Office, local

police departments, local hospitals, and the Utah State Medical Examiner's Office jointly established a protocol for victims reporting rape and sexual assault. This procedure, called Code R, was designed to provide immediate services to victims of sexual violence through a standardized rape evidence collection process, medical care, and crisis intervention. Under this protocol, when a survivor calls the crisis line before going to a hospital, they are instructed to go to the nearest Emergency Room, and the RRC is contacted for crisis intervention support. Additionally, the RRC administered the state coalition formerly known as the Coalition of Advocates for Utah Survivors' Empowerment ("CAUSE") until it incorporated as an independent organization in 1996 to later be renamed the Utah Coalition Against Sexual Assault ("UCASA").

4. I became involved with the RRC through my advocacy for survivors of sexual violence. I have served as a board member for the last 1.5 years. I am a former criminal prosecutor with the Utah County Attorney's Office, where I worked for approximately 6 years. My primary focus as a prosecutor was within the office's former Special Victims Unit, in which I prosecuted hundreds of domestic violence offenses and sexual offenses involving children and adults. As a prosecutor, I was a member of the Multidisciplinary Sex Crimes Task Force, which met monthly to discuss best practices in the prosecution of sexual offenses. A central element of our work was the care of survivors. This task force included members from disciplines such as Special Victims Unit detectives, Sexual Assault Nurse Examiners, prosecutors, victim advocates, trauma therapists/counselors, and Title IX representatives. For the last 2.5 years, I have been in civil practice representing victims of sexual abuse, harassment, and assault in civil litigation. A copy of my resume is attached as Exhibit A.

5. I have read Utah Senate Bill 174, 2020 Leg., Gen Sess. (2020) (the "Criminal Abortion Ban"). I understand that it bans all abortions, subject to three limited exceptions. One of

these exceptions, which I will refer to as the Reported Rape Exception, requires that "the physician who performs the abortion . . . [verify] that the [rape or incest] has been reported to law enforcement."[1]

6. As outlined below, reporting sexual violence is an incredibly taxing endeavor for survivors. The Reported Rape Exception is tantamount to a de facto mandatory reporting regime for assault survivors seeking an abortion. Such mandatory reporting would have harmful effects on survivors in Utah, approximately 88% of whom do not report their sexual assault to law enforcement.[2] Because this reporting requirement is applied only to survivors who seek abortion, it does not seem targeted at the sexual assault in any way, but instead to discourage sexual assault survivors from seeking an abortion.

I. Sexual Assault in Utah

7. As used in this declaration, sexual assault is defined as any form of forced or coerced sexual contact without consent, including (but not limited to) rape, incest, molestation, and oral sex. Rape is a specific form of sexual assault and is defined in Utah as sexual intercourse without the victim's consent.[3] Sexual assault in Utah is common, though often goes unreported.[4] Even still, about one in six women in Utah report having been raped.[5] Rape is the only violent crime for which Utah's rate is higher than the national average.[6] In 2020, the reported rape rate in

[1] Utah Code Ann. § 76-7a-201(1)(c)(ii)(A).

[2] Christine Mitchell & Benjamin Peterson, *Rape in Utah 2007, A Survey of Utah Women*, at 32 (May 2008), available at https://justice.utah.gov/wp-content/uploads/RapeinUtah2007.pdf (and finding for rape, specifically, that the rate of non-reporting is approximately 85%).

[3] Utah Code Ann. § 76-5-402(2)(a).

[4] Mitchell & Peterson, *supra* note 2, at 32.

[5] *Id.* at 5.

[6] *Id.* at 2.

Utah was significantly higher than the U.S. rate at 55.7 per 100,000 people, compared to 38.4 per 100,000 people.[7]

8. Survivors have a breadth of reasons for choosing not to report sexual assault to law enforcement. Reasons for not reporting sexual assault include (among others): safety concerns, particularly in domestic violence or intimate partner situations in which survivors are still connected to or dependent financially, personally, or otherwise upon their abuser; a fear of retaliation; a fear of not being believed; a fear of being thrown into an invasive, undermining, and often unsuccessful criminal prosecution process or of facing their abuser through the legal system; fear of punitive religious, institutional, or societal implications; a failure to appreciate or process that what happened was actually assault; and/or an exercise of fundamental personal autonomy about whether and to whom to disclose a deeply private and painful matter.

9. Regardless of whether they report their rape to law enforcement, some rape survivors may still choose to get a forensic exam at a hospital (otherwise known as a "rape kit" or "kit"). There are mechanisms in place to keep this forensic exam private if the victim chooses to label their kit as "restricted."[8] In other words, the hospital does not have a duty to report the assault to law enforcement, though it is able to keep the exam in the event the survivor chooses to have the kit processed.[9] In the year 2021, RRC served over 3,000 survivors with over 600 hospital accompaniments to a forensic exam.

10. For particularly vulnerable populations, like minors, Utah already has mandatory reporting requirements in place[10]. Mandatory reporting for children and vulnerable populations is

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[7] Fed. Bureau of Invest., Crime Data Explorer, *Rate of Rape Offenses by Population*, https://crime-data-explorer.fr.cloud.gov/pages/explorer/crime/crime-trend.

[8] Utah Code Ann. § 53-10-902(3).

[9] *Id.* § 53-10-904(6)(d).

[10] Utah Code Ann. § 62A-4a-403(1).

important because these survivors lack the ability or resources to remove themselves from abusive scenarios and often require the assistance of the State to do so.

II. Reporting Sexual Assault Under the Criminal Abortion Ban

11. The Criminal Abortion Ban creates a similar, de facto mandatory reporting regime for competent adult survivors seeking an abortion. For example, a rape survivor does not need to disclose their assault to law enforcement in order to obtain a forensic exam at a hospital. However, if the same person later discovers that they are pregnant and tries to obtain an abortion, they are forced to disclose the rape to law enforcement in order to obtain this necessary medical care.

12. Mandatory reporting for competent adult survivors can inflict many seen and unforeseen harms. Mandatory reporting can endanger survivors, retraumatize them (particularly if their disclosure is met with initial disbelief), infringe upon their autonomy, violate patient confidentiality, create barriers to care, and have effects on any potential future prosecution with which they may decide to move forward.

13. In order to make an actionable report of the rape to law enforcement, a survivor must disclose their identity, personal contact information, and invasive details about the rape. Reporting a sexual assault is a grueling process that takes mental, emotional, physical, and financial tolls. It requires a survivor to recount their traumatic experience in great detail, often more than once, and to complete strangers. Survivors may have to submit to invasive physical examinations, frequently miss work or other obligations to attend meetings and court proceedings, and forgo privacy to have the most personal and intimate details of their lives exposed to the public. If the State pursues a criminal case, survivors' sexual, personal, and therapeutic histories are often examined and/or exposed, sometimes without the survivors' consent. This process frequently takes multiple years. In my experience and speaking on behalf of the RRC, if a survivor is not ready to

take these steps, it can cause harm that psychologically rivals—or even surpasses—the harm of the sexual assault itself.

14. Forcing a survivor to make these disclosures before they are ready deprives them of independence and may harm them, even if they ultimately choose to cooperate with law enforcement. Special Victims detectives, who are called in when a survivor chooses to proceed with the investigation, are trained to wait multiple days before interviewing survivors more in-depth. This is considered best practice because survivors of trauma often need time before they are able to recount their experience clearly. But the law enforcement officers that collect initial statements or reports may not be trauma-informed or specifically trained to interview survivors. This can lead to incorrect information regarding the legal process and a survivor's obligations, further traumatization of survivors, and potential compromising of survivors' privacy. Moreover, if survivors are interviewed before they are ready, there is an increased risk that they will inadvertently make inconsistent statements. Any potential inconsistencies in a survivor's early statements (which, frankly, are not uncommon due to the effects of severe trauma on the brain), may be used against the survivor in future court proceedings if they later decide to cooperate with criminal prosecution of their abuser.

15. If survivors report the rape but do not wish for the State to pursue criminal charges on their behalf, some law enforcement agencies in Utah are able to take a brief report, generate a case number, and close out the case by indicating that the "victim was uncooperative."[11]

[11] However, these reports remain available to state or defense attorneys in any future cases the survivor does choose to pursue and may be used to discredit the survivor, as discussed further below.

16. However, some law enforcement agencies in Utah may not have a procedure for "uncooperative" survivors or may not follow it in practice. In these circumstances, survivors would be forced to cooperate with an invasive investigation against their will in order to obtain a police report. Further, because the topic of abortion is so politically charged, some officers may refuse to take such a report if they suspect it is for the purpose of obtaining an abortion.

17. Mandatory reporting can create a scenario in which the State can proceed with criminal prosecution without the survivor's consent. If law enforcement has other evidence upon which the state can rely—such as third-party witness statements, physical evidence, or a confession—the State can move forward with the investigation and prosecution, even without the consent of the survivor. The State might be able to subpoena the survivor or their physician to compel testimony, which could have devastating emotional, personal, and safety effects on the survivor.

18. Forcing reports to be generated by an agency or institution with whom a survivor does not enjoy a legal privilege can have unforeseen consequences. Mandatory reporting can create a record that can be requested and, in some cases, obtained by others in legal proceedings in the future. If a survivor is forced to generate a report and have law enforcement open a case, that report can be accessed and used by defense attorneys against the survivor in any future legal proceeding—even ones unrelated to the underlying assault. For example, if a survivor is forced to report a sexual assault and is then sexually assaulted again in the future, attorneys in a future case can obtain the past report and use it to suggest the survivor is lying and has a pattern of making "false" assault accusations. Prior reports can also be requested by a defendant at trial or considered discoverable under *Brady v. Maryland*, 373 U.S. 83 (1963).

19. Mandatory reporting such as that required by the Reported Rape Exception can also exacerbate the harmful myth that people falsely report rapes. For example, it may lead to the perception that sexual assault victims are falsely reporting a rape in order to obtain an abortion. This undermines the credibility of every woman who is raped and makes prosecution of rapists that much more difficult.

20. The Criminal Abortion Ban deprives survivors of their autonomy and their ability to privately decide whether and when to report their assault. This is vitally important to survivors because sexual assault already fundamentally deprives a person of independence over their bodies, freedoms, and choices.

21. As stated, the Ban effectively imposes a mandatory reporting regime for survivors seeking an abortion, akin to the mandatory reporting regimes in place for minors and other vulnerable populations.

22. This regime has nothing to do with the health or safety of sexual assault survivors and instead serves to specifically target survivors seeking an abortion. Under the Criminal Abortion Ban, if a pregnant sexual assault survivor goes to a health center experiencing a miscarriage, they are able to obtain this care without reporting the assault to law enforcement. Yet a pregnant survivor who goes to the same health center seeking an abortion is unable to obtain medically necessary care until they can somehow verify that the assault has been reported to law enforcement.

III. Compliance with the Reported Rape Exception

23. It is also not clear under the Ban what would qualify as "verifi[cation]" of a "report[] to law enforcement."[11] The Ban does not specify where a survivor must report the assault

(i.e. in the law enforcement[12] jurisdiction where the assault took place, where the survivor lives, or where the abortion provider is located). Further, a provider would not be able to obtain a police report on an active case, as police agencies in Utah do not release them under the Government Records Access and Management Act ("GRAMA")[13] until the case has been closed. In fact, even the survivor themself would not be able to obtain their full police report under GRAMA if the case is open and ongoing. Even if the case were closed because the survivor did not want to cooperate with law enforcement, the survivor's personal details and name would be redacted in any materials furnished under GRAMA to the provider. In that scenario, the survivor would have to GRAMA request their own report and voluntarily provide it to the provider—an invasive task that, again, removes autonomy and privacy from a survivor. In addition, waiting for documents requested under the GRAMA process can take months. For health care as time sensitive as abortion, that is time a survivor does not have.

24. Providers may also feel as though they need to report the assault themselves in order to verify that a report has been made, either because the patient indicates they have not previously reported the assault but wants to receive an abortion, or because the provider is uncertain about what is required by the Criminal Abortion Ban to meet the Reported Rape Exception. As I understand it, the Act conditions abortion services on this reporting, a condition that can erode essential trust and transparency between a survivor and the medical provider. In addition, if the provider makes the report, it is likely or even certain that this report would disclose the patient's status not only as a sexual assault survivor, but as someone seeking an abortion. If the provider making the report is identifiably associated with an abortion provider or provides an address that

[12] Utah Code Ann. § 76-7a-201(1)(c)(ii)(A).
[13] Utah Code Ann. § 63G-2-204.

corresponds to a licensed abortion clinic, that, combined with the targeted nature of this mandatory reporting, is likely to disclose the patient's private health care information involving abortion.

25. If a provider feels it necessary to report a rape on the survivor's behalf before performing an abortion, law enforcement would likely need to come to the clinic directly and get an initial report. This would be an egregious violation of patient privacy.

26. In the RRC's opinion, the Criminal Abortion Ban, even with the Reported Rape Exception, will have devastating effects on sexual assault survivors and will serve only to discourage survivors from obtaining abortions.

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 29 day of June, 2022, in San Diego, CA.

Lauren M. Hunt

Exhibit A

LAUREN M. HUNT

LEGAL EXPERIENCE

Attorney-Of Counsel, Parsons, Behle & Latimer, Salt Lake City, *November 2019-Present*

- Represent plaintiffs in all aspects of civil litigation relating to sexual assault/harassment, Title VI, Title VII, and Title IX
- Research and analyze Title VI, Title VII, and Title IX institutional compliance
- Research and stay apprised of trauma-informed methodology and the effects of trauma
- Investigate and build cases involving alleged discrimination based on gender, race, or sexual misconduct
- Conduct outreach, advocacy, and education on trauma-informed care as a board member of the Rape Recovery Center

Deputy Utah County Attorney, Utah County Attorney's Office, Provo, *June 2014-November 2019*

- Represented the State as a member of the Special Victims Unit at hearings, arraignments, entries of plea, orders to show cause, plea negotiations, and jury trials primarily in cases involving domestic violence and/or sexual offenses
- Reviewed case files, screened police reports, and interviewed law enforcement officers, witnesses, and victims
- Acted as the liaison to two Utah County police agencies, evaluating cases under investigation regarding the existence, nature, and degree of offenses
- Consulted with staff attorneys and police officers regarding the charging of offenses and authorized the issuance of criminal charges
- Evaluated the strengths and weaknesses of the prosecution's case and prepared cases for presentation in court
- Performed legal research and prepared written pleadings and memoranda for each case
- Trauma-informed former member of the Utah County Multidisciplinary SVU task force
- Saw 20 cases through jury trial, including charges of sex offenses against children and adults, child pornography, child enticement, drug distribution, DUI, theft, and aggravated assault and kidnapping

Law Clerk, Salt Lake County District Attorney's Office, Salt Lake City, Utah, *June 2012-June 2014*

- Extensively researched in areas of criminal law, criminal procedure, and evidence
- Prepared memoranda, pre-trial motions, and an appellate brief
- Worked closely with prosecutors on an aggravated murder jury trial
- Attended court and witness meetings
- Helped prepare witnesses for trial

EDUCATION

J. Reuben Clark Law School, Provo, UT

***J.D. APRIL 2013,* CUM LAUDE, TOP 33%**

- Academic Scholarship and Dean's List
- Trial Advocacy National Traveling Team and Board Member
- American Constitution Society Executive Board Member

Bachelor of Arts in English, *April 2009*

Brigham Young University — Provo, Utah