



U.S. SENATOR MARIA CANTWELL

WASHINGTON

## TWO YEARS AFTER *DOBBS*: WA HEALTH CARE SYSTEM IMPACTED AS PROVIDERS MEET IDAHO'S GROWING REPRODUCTIVE CARE NEEDS

On June 24, 2022, the Supreme Court's *Dobbs* decision triggered Idaho's abortion ban.

On the first anniversary of the *Dobbs* decision, Senator Maria Cantwell released a [snapshot](#) report that detailed, among other impacts, a 56% increase in abortion patients from Idaho.

Now, on the two-year anniversary of the *Dobbs* ruling, a new analysis finds that *Dobbs* is having a much wider impact on Washington state's health care system. Discussions with health care professionals in Washington state, Idaho, and Oregon revealed the findings described below.

- **Emergency complications: Some Idaho OB/GYNs recommend pregnant patients purchase air ambulance insurance; statewide, approximately one pregnant person airlifted every week to hospitals across the border, in Washington, Oregon, and Utah.**
- **High-risk pregnancies: Seattle-area obstetric nurses report treating women from Idaho with high-risk pregnancies who are staying in nearby hotels so that their complications can be treated under Washington state law.**
- **Rape victims: Eastern Washington sexual assault advocates report that their programs provide emergency contraception to Idaho rape victims who have been refused it in their state.**

Washington state's health care providers say they accept this burden -- but also acknowledge the trade-offs.

- **Emergency room doctors express concern that [with 22% of OB/GYNs leaving Idaho](#), Washington state hospitals will see more and more Idaho patients with dangerous pregnancy complications.**
- **Recent medical school graduates report that they're avoiding residencies in Idaho to ensure they learn the full range of reproductive care, likely exacerbating future doctor shortages.**
- **Planned Parenthood clinics in Western Washington report longer wait times for care due to influx of patients from Idaho, Texas, Florida, and 19 other states.**

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## Emergency Maternal Care Migrates to WA

Over the past two years, Washington state physicians have been saving the lives of Idaho mothers and their babies because Idaho doctors fear prosecution for doing their jobs.

Dr. Robyn Hitchcock, an emergency doctor in Colville, WA, who previously practiced in Idaho, explains the dilemma that Idaho doctors face.

**"A mom can bleed to death from an incomplete miscarriage. In Washington, I can complete that miscarriage and stop her bleeding. But if I am in Idaho and I do that same thing, I worry that I could go to jail for saving that person's life."** Even after moving to Washington, Dr. Hitchcock used to occasionally take shifts at a small Idaho hospital, but she decided to terminate her privileges because she was too afraid of what would happen if she had a patient who was experiencing a gynecologic emergency.

Jacquiline Blanco is a Public Policy Committee member for the Association of Women's Health, Obstetric and Neonatal Nurses. In her experience as a clinical nurse manager in the Seattle area, she has seen numerous patients from Idaho. That includes patients who stayed in hotels in Seattle near the end of their pregnancy because they did not feel safe in Idaho.

**"Some of these patients are people who didn't want to get pregnant, and now they want an abortion,"** Blanco says. **"But a much larger group of patients are people who have a complication connected to their pregnancy. And they can't find care in their state."**

Dr. Edward McEachern, co-chair of the Idaho Physician Well-Being Action Collaborative, said that OB/GYNs in Idaho are now urging their pregnant patients to buy air ambulance insurance so that they can access life-saving care across the Idaho border if they need it.

**"In Idaho, we've been flying out about a patient a week to Utah or Oregon or Washington, because the fetus is nonviable or the life of the mother is at risk,"** says Dr. McEachern. **"And they're not able to find someone to provide them care in Idaho. That helicopter ride can cost over \$70 grand -- that bankrupts families."**

Dr. Maria Rodriguez at the Oregon Health and Science University (OHSU) shared that she's had doctors asking her system to help patients who have experienced ruptured membranes or other emergency situations.

As Dr. Rodriguez explains, the impact of abortion bans goes far beyond abortion care. **"You cannot isolate one area of reproductive healthcare without there being far-reaching implications. This isn't just about people who have unwanted or dangerous pregnancies, it's extending into people who have desired pregnancies. There's still too much complacency with people not recognizing how integral abortion is to basic reproductive health care."**

Grayson Dempsey, Director of Public Affairs for the Lilith Clinic, which has locations in Portland, Seattle, and Las Vegas, says, **“We are in a generational crisis, where we are asking half of the states in this country to support a common and necessary medical procedure for the other half of those states.”**

In 2023, the Lilith Clinic’s Seattle center actually served more Texas and California patients than patients from Idaho.

Dempsey notes that Lilith’s Seattle clinic is specifically seeing a surge in patients who are experiencing fetal anomalies or other medical emergencies that require later terminations. One patient flew from Texas to Florida because she had a medical complication with her pregnancy, only to discover that she couldn’t get care in Florida and had to fly to Seattle.

## Rape Victims Seek Emergency Contraception and Counseling in WA

According to sexual assault advocates who work near the Washington/Idaho border, some sexual assault nurse examiners (SANE nurses) in Idaho are refusing to provide Plan B to Idahoans who have experienced sexual assault, even when it is specifically requested. Emergency contraception, or Plan B, is a medication that prevents pregnancy. The sooner it is taken, the more effective it is.

This is pushing Idaho patients to seek care in Washington.

According to Emily Stone, Public Policy Director for the Washington State Coalition Against Domestic Violence, one Washington state nonprofit providing services and support to gender-based violence survivors near the Idaho border said that it has seen at least a 20% increase in crisis calls from people in Idaho. And another similar program shared that its Plan B supplies are being immediately used up as soon as they are stocked.

These programs did not wish to be identified because of the political climate in their areas.

## Treating Out-of-State Patients Impacts WA Providers and Patients

Washington’s providers have extended themselves to support those seeking care they can’t get in their own states. This strain on the system is causing barriers to care for some Washingtonian patients.

According to Dr. Sarah Prager, a Professor and Clinician at UW Medicine’s Department of Obstetrics and Gynecology, and Director of the Family Planning Division, the University of Washington’s family planning services are being impacted by the surge in volume from Idaho.

For example, the institution sometimes cannot accommodate scheduled labor inductions because they do not have the beds or staff to manage all the necessary care.

Jacqueline Barton True of the Washington State Hospital Association says that she believes hospitals are handling capacity well so far – but adds that hospitals in Eastern Washington have also taken measures to prepare for extra patients. As Barton True explains, **“Our capacity within Washington state remains strained since the pandemic. And any time you are adding strain by having an influx of patients coming across the border, or cutting off avenues to care in other places, that has impacts for everyone.”**

Dr. Hitchcock, in Colville, believes that it is not sustainable for Washington’s emergency departments to become the new standard care for pregnant Idaho patients. As she says, **“We have become the safety net for medical care, but we don’t substitute going to your doctor and getting regular screenings.”**

For now, standard abortion care is still easily accessible in Washington state. According to Karl Eastlund, CEO of Planned Parenthood of Greater Washington and North Idaho, Washingtonians at the Planned Parenthood clinics in Central and Eastern Washington are not seeing longer wait times. He emphasizes, **“Washington is a leader in protecting abortion; you can come here and get the care that you need. You can access abortion here.”**

However, Planned Parenthood clinics in Western Washington note that wait times for all patients have increased due to the influx of out-of-state patients. Those patients aren’t just coming from Idaho; the organization’s Western Washington centers have seen three times as many Texas abortion patients as Idaho abortion patients.

According to Dr. Rodriguez, **“OHSU’s abortion volume has doubled over the last two years, and people are far more likely to be in the 2nd or 3rd trimester due to delays, and a lot sicker. We are getting a lot of patients from Idaho, and even from states like California and Washington, where there are no bans, but people are struggling to get in to be seen in a timely fashion.”**

Data collected by Dr. Rodriguez shows that OHSU has seen a 20% increase in abortion patients from Washington state since the *Dobbs* decision, compared to 2021 data.

## Idaho Provider Shortages Appear Permanent

Looming over this dynamic is an unprecedented exodus of maternal care providers from Idaho. The state has lost 22% of practicing OB/GYNs and more than half of its high-risk obstetricians.

And according to Susie Keller, CEO of the Idaho Medical Association, **“every time there’s an adverse court decision, or a lack of action by the Idaho legislature, we typically see a bump in the number of physicians that leave. We just concluded our Idaho legislative**

**session at the beginning of April. And since then, we've documented five more doctors who are leaving."**

Dr. McEachern helped author the study that identified the 22% loss of OB/GYNs. He says, **"when you ask these people, why did you quit or leave Idaho, the answer is almost always, 'I just don't want to practice in a place where I have the chance of going to jail or chance of watching a woman die under my care.'"**

The gaps caused by these departures aren't easy to fill. Keller says that applications for maternal care positions have dropped off dramatically, and it's taking almost twice as long to fill those positions. As she describes it, **"we're digging this giant hole with a bulldozer and using a teaspoon to backfill it."**

Blanco hires nurses at her institution, and she says that she has seen a rise in applicants from states with abortion bans. While she believes that Washington benefits from having more providers move to the state, she worries about what is happening to the patients in abortion ban states who are losing more and more providers every year.

**"When an OB/GYN leaves, it leaves a huge hole in the community,"** says Dr. McEachern. **"In the medical community and in their care community as well."**

As Idaho looks to fill its OB/GYN shortage, the state's medical students may not be learning the full range of reproductive care. According to Dr. Prager: **"Educational content that is essential for medical students is now being considered illegal to even provide. And students may not be able to access certain clinical opportunities locally. So students, depending on where they're doing their rotations, are going to have very different opportunities to observe abortion or even certain kinds of contraception or miscarriage care."**

Carmen Abbe is a Washington State University College of Medicine graduate. She considered doing her residency in Idaho, but ultimately decided against it because of the educational barriers caused by the state's restrictive laws.

**"Idaho had a residency that I really liked a lot. They told me: We want you to learn abortion care because we think it's medically important. But you can't do that in our state."**

The program instead offers to fly medical residents out of state to learn the care, but it is difficult to guarantee the training will be available. **"They told me, the place we're flying you has to have availability to be accepting an out-of-state person, but they may have other in-state people who also want to learn it."** Abbe instead chose to pursue residency in a state where abortion training would not be limited.

Eastlund, of PPGWNI, explains that Idaho medical institutions paused their official relationships with Planned Parenthood post-*Dobbs*. He says, **“You've got to be able to train the doctors of tomorrow on the full spectrum of care. And if you want to be a resident and a medical school student in Idaho alone, you won't get the training.”**

## Care Disparity Likely to Widen

Idaho's legislature does not seem inclined to substantially amend the laws that are driving OB/GYNs away. Idaho hospitals are struggling to recruit replacements. Medical students and doctors in Washington will continue to learn about and practice this type of care, while Idaho practitioners will have fewer opportunities.

As the knowledge gap grows between the two states, Idaho patients with complicated pregnancies seem more and more likely to seek treatment in Washington.

As Sen. Cantwell stated in January of 2023, **“People in Idaho are not going to stop getting pregnant, and they are not going to stop seeking the best medical care.”**

And as we have seen, the influx is not limited to Idaho. Planned Parenthood's Western Washington clinics, which pre-*Dobbs* almost exclusively saw patients from the Pacific Northwest, have seen patients from 22 states this year.

Also, the State of Idaho has argued in a case pending before the Supreme Court that its near-total abortion ban supersedes longstanding federal law that requires hospitals to provide stabilizing care to patients experiencing a medical emergency. The Emergency Medical Treatment and Labor Act (EMTALA), a federal law enacted nearly 40 years ago, requires any hospital receiving federal funds to provide its patients with necessary stabilizing care. The Idaho abortion ban, however, threatens doctors with criminal charges if they perform the procedure outside cases of rape or incest or those deemed “necessary to prevent the death of the pregnant woman.” At this time, the Supreme Court has not yet issued its decision in the case. Depending on how the Court rules, there could be even more impacts on Washington's health care system than those that have already taken place following *Dobbs*.

As some states consider additional restrictions on abortion and other forms of reproductive care, their residents will be forced to seek that care elsewhere and maternal care deserts will grow nationwide. States like Washington will continue to see influxes of patients from across the country.