**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**CENTERS FOR MEDICARE & MEDICAID SERVICES HEADQUARTERS**
Chiquita Brooks-LaSure, Administrator
7500 Security Blvd.
Baltimore, MD 21244
Chiquita.Brooks-LaSure@cms.hhs.gov

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**OFFICE OF REGIONAL HEALTH OPERATIONS**
**REGION 9**
90 7th Street, #5-300 (W)
San Francisco, CA 94103-6706
ROSFOORA@cms.hhs.gov

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**OFFICE OF CIVIL RIGHTS**
Melanie Fontes Rainer, Director
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
OCRMail@hhs.gov

# ADMINISTRATIVE COMPLAINT

**COMPLAINANT**

Wendy Simmons
c/o Center for Reproductive Rights
199 Water St., 22nd FL
New York, NY 10038

**COMPLAINANT'S COUNSEL**

Molly Duane
Astrid Marisela Ackerman
Center for Reproductive Rights
199 Water St., 22nd FL
New York, NY 10038
(917) 637-3645
mduane@reprorights.org
aackerman@reprorights.org

Noran Elzarka
If/When/How
(602) 887-0258
noran.elzarka@ifwhenhow.org

**RECIPIENT**

Northwest Medical Center
6200 N. La Cholla Blvd.
Tucson, AZ 85741

**RECIPIENT'S COUNSEL**

Judy Sisson, Director of Compliance
Northwest Medical Center
6200 N. La Cholla Blvd.
Tucson, AZ 85741

## PRELIMINARY STATEMENT

1. This Complaint is filed by Wendy Simmons, through her attorneys, pursuant to the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd ("EMTALA"). In October 2023, Northwest Medical Center violated EMTALA when it denied Ms. Simmons the treatment necessary to treat and stabilize her emergency medical condition. Specifically, Northwest Medical Center failed to provide Ms. Simmons treatment to terminate her pregnancy after her water broke at 18 weeks, 5 days gestation.

2. Ms. Simmons experienced preterm prelabor rupture of membranes (also known as preterm premature rupture of membranes, or "PPROM"), a condition that almost always means the patient will lose the pregnancy and which is associated with high risks of life-threatening conditions for the pregnant patient, including sepsis, hemorrhage, loss of reproductive organs, and even death. After Ms. Simmons's water broke, she went to the emergency room at Northwest Medical Center where she was told she needed to be admitted to the hospital for proper diagnosis and treatment. After she was admitted, hospital staff confirmed the PPROM diagnosis. Despite disclosing the poor prognosis for Ms. Simmons's pregnancy and the high risks of infection for continuing the pregnancy, Northwest Medical Center told Ms. Simmons that there was nothing they could do help her because of the anti-abortion laws in Arizona. Northwest Medical Center discharged Ms. Simmons, leaving her to search for the life-saving healthcare she needed on her own.

3. Ms. Simmons was lucky to find a different medical provider who provided her with the life-saving abortion she needed elsewhere and while she has recovered physically, she continues to struggle with unreasonable medical bills from Northwest Medical Center. Northwest Medical Center's discharge of Ms. Simmons and failure to provide immediate medical attention to treat and

stabilize her emergency medical condition "could reasonably be expected to result in": "placing the health of the individual . . . in serious jeopardy"; "serious impairment to bodily functions"; or "serious dysfunction of a[] bodily organ or part", in violation of EMTALA, 42 U.S.C. § 1395dd(b) and (e)(1)(A).

4. Ms. Simmons's experience is not isolated. Since *Roe v. Wade* was overturned in 2022, there have been numerous reports of delays and denials of pregnancy-related care in emergency rooms in states with abortion bans, even for care that is legal under state law.[1] This is because of the extreme penalties for physicians who violate state abortion bans. Since September 24, 2022, abortion has been prohibited in Arizona starting at 15 weeks unless the patient is in a "medical emergency." Ariz. Rev. Stat. Ann. § 36-2322(B). A physician who provides a prohibited abortion faces up to two years in prison, fines of up to $150,000, and loss of medical license. Ariz. Rev. Stat. Ann. § 36-2324; § 13-702; § 13-801. Thus, some clinicians have been reluctant to provide medical intervention for PPROM until the patient has definitively developed the type of life-threatening infection that is so commonly associated with PPROM.

5. Under Arizona law, "medical emergency" is defined as "a condition that, on the basis of the physician's good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function," which includes "reproductive functions." Ariz. Rev. Stat. Ann. § 36-2321(6), (7).

[1] Amanda Seitz, *Emergency Rooms Refused to Treat Pregnant Women, Leaving One to Miscarry in a Lobby Restroom*, The Associated Press (April 19, 2024), https://apnews.com/article/pregnancy-emergency-care-abortion-supreme-court-roe-9ce6c87c8fc653c840654de1ae5f7a1c.

Physicians are uncertain regarding how sick a patient must be to qualify for this exception and are fearful of criminal and civil penalties. The results for patients are often disastrous.[2]

6. These concerns do not permit denying patients care in violation of EMTALA. Hospitals cannot justify refusing to provide abortions to patients with PPROM as the necessary stabilizing care required under EMTALA for emergency medical conditions by pointing to state abortion bans. Regardless of concerns about state law, EMTALA forbids hospitals like Northwest Medical Center from denying stabilizing abortion care to patients with PPROM, like Ms. Simmons, because such patients' health is in serious jeopardy without immediate treatment.

7. Ms. Simmons respectfully requests that the U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services ("CMS") and Region 9 Office investigate Northwest Medical Center's failure to provide her with emergency medical treatment in October 2023 and issue a finding that Northwest Medical Center violated EMTALA by failing to provide her with stabilizing care. This investigation and finding are necessary to safeguard access to emergency medical treatment for all patients in Arizona at gestations later than 15 weeks who remain at risk that hospitals will deny them care if they experience an emergency medical condition. Even in states like Arizona where abortion is still legal up to a certain gestation, pregnant patients are at risk. Pregnancy complications like PPROM generally develop *after* 15 weeks, as it

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[2] *See* Second Am. Pet., *Zurawski v. Texas*, No. D-1-GN-23-000968 (Travis Cnty. Dist. Ct. Nov. 14, 2023); First Amended Compl., *Blackmon v. Tennessee*, No. 23-1196-I (Davidson Cnty. Chancery Ct. Jan. 8. 2024); Brief for Zurawski et al. as Amici Curiae Supporting Respondent, *Moyle v. United States*,144 S. Ct. 2015 (2024) (Nos. 23-726, 23-727); Admin. Compl., Mylissa Farmer, U.S. Dep't Health and Human Servs. Ctrs. for Medicare & Medicaid Servs. (Nov. 8 2022), https://nwlc.org/wp-content/uploads/2022/11/2022.11.08-Mylissa-Farmer-EMTALA-complaint.pdf; Caroline Kitchener, *Two Friends Were Denied Care After Florida Banned Abortion. One Almost Died*, Wash. Post (April 4, 2023), https://www.washingtonpost.com/politics/2023/04/10/pprom-florida-abortion-ban; Dan Diamond, Ann E. Marimow, & Caroline Kitchener, *The Fate of Emergency Abortion Care Rests with the Supreme Court*, Wash. Post (April 23, 2023), https://www.washingtonpost.com/health/2024/04/23/emergency-abortions-supreme-court-emtala.

did for Ms. Simmons, so enforcing EMTALA's mandates is critical to protect the lives, health, and fertility of pregnant patients like her.

8. Ms. Simmons further requests that, for reasons discussed herein, CMS initiate an independent investigation into this Complaint without referral to the Arizona Department of Health Services, or, at a minimum, conduct an independent assessment of the facts discussed in this Complaint before reaching its final compliance determination.

9. Ms. Simmons also directs this Complaint to the Office of Civil Rights ("OCR") to request an investigation and finding against the subjects of this Complaint for having violated EMTALA, and to request a written, reasoned explanation of that finding, in light of HHS's commitment to work with CMS to address EMTALA complaints and compliance.

## JURISDICTION

10. CMS is responsible for ensuring compliance with EMTALA. The CMS Region 9 Office, based in San Francisco, California, serves the region that includes Arizona, where the Northwest Medical Center is located.[3]

11. CMS Regional Offices evaluate EMTALA complaints and, for those requiring further investigation, generally refer the case to state survey agencies to investigate on CMS's behalf.[4] However, even when a state agency conducts the investigation, CMS Regional Offices "retain delegated enforcement authority and final enforcement decisions are made there."[5] Moreover, administrative decisionmaker CMS Regional Offices are not bound by a state agency's factual

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[3] Ctrs. for Medicare & Medicaid Servs., *CMS Regional Offices*, https://www.cms.gov/Medicare/Coding/ICD10/CMS-Regional-Offices (last visited Sept. 6, 2024).

[4] Ctrs. for Medicare & Medicaid Servs., State Operations Manual, Chapter 5 – Complaint Procedures § 5430.1 (Feb. 10, 2023), https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c05pdf.pdf (hereinafter "SOM Ch. 5").

[5] SOM Ch. 5, Appx. V; *see also id.* (noting that "it is the responsibility of the [Regional Office]" to determine if an EMTALA violation has occurred).

findings and may consider additional information to determine whether a facility is in compliance with EMTALA.[6]

12. In certain instances, CMS does not refer alleged EMTALA violations to state survey agencies. For example, "CMS refers appropriate cases to the OIG [Office of Inspector General] for investigation."[7] "Appropriate cases" for OIG investigation may include those where a physician failed to treat or stabilize a patient with a condition that required immediate medical care.[8] Here, CMS should not rely solely on a state agency's assessment of the facts in reaching its determination where that state has an abortion ban in place.

13. In light of these concerns and events, Ms. Simmons requests that CMS and the Region 9 Office and/or OCR conduct an independent investigation of this Complaint, whether by referring this matter to OIG or otherwise. Alternatively, if CMS refers the matter to the Arizona Department of Health Services for investigation, Ms. Simmons requests that CMS conduct a full, independent investigation and consider the facts contained in this Complaint before concluding its investigation and determining whether Northwest Medical Center complied with EMTALA.

## FACTUAL ALLEGATIONS

### A. PPROM is an Emergency Medical Condition that Requires Stabilizing Treatment

14. Pregnancy can lead to any number of emergency medical conditions for which stabilizing care is needed because failure to provide such immediate medical attention "could reasonably be expected to result in" "placing the health" of the pregnant patient "in serious jeopardy," "serious impairment to bodily functions," or "serious dysfunction of a[] bodily organ

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[6] *See* SOM Ch. 5 § 5460 *et seq.*; *see also* SOM Ch. 5 Appx. V (advising state survey agencies that staff should not tell hospitals whether investigation shows an EMTALA violation occurred "since it is the responsibility of the [CMS regional office] to make that determination").

[7] SOM Ch. 5 § 5480.2.

[8] *Id.*

or part," in violation of EMTALA, 42 U.S.C. § 1395dd(b) and (e)(1)(A). Delaying such care can lead to serious complications, including hemorrhage, loss of reproductive organs, sepsis, or even death of the pregnant patient.

15. When a patient's water breaks before the onset of labor, draining the pregnancy's amniotic fluid, medical professionals refer to the condition as premature rupture of membranes. When the rupture occurs before fetal viability, generally understood to be 23-24 weeks LMP, it is known as previable premature rupture of membranes or PPROM. PPROM is one of the most common life-threatening pregnancy complications, occurring in approximately 2% to 3% of pregnancies in the United States.[9]

16. The precise causes of PPROM are not known. One medical condition that can lead to PPROM, however, is cervical insufficiency, also known as cervical incompetence, where a patient's cervix dilates prematurely part way through pregnancy. The causes of cervical insufficiency are also unknown, and while some cases can be diagnosed early in pregnancy and treated to attempt to prevent preterm delivery, this is not always possible.

17. A fetus requires amniotic fluid to develop, so PPROM is associated with a near zero chance of neonatal survival. And once the amniotic sac is broken, the pregnant patient is at an extremely high risk of infection. Patients with PPROM risk developing serious, life-threatening complications, like septic infections due to infection of the amniotic sac or fluid ("chorioamnionitis"), hemorrhage, hysterectomy, and/or ICU admission.

18. The standard of care for patients with PPROM is to be offered two choices: (1) expectant management, where the patient's vitals are monitored until the patient goes into labor or

[9] *See Practice Bulletin 217: Prelabor Rupture of Membranes*, Am. Coll. Obstetricians and Gynecologists (Mar. 2020), https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/03/prelabor-rupture-of-membranes.

fetal cardiac activity ceases; and (2) induced abortion, either through induction of labor or a dilation and evacuation abortion procedure. In the absence of abortion bans, patients are counseled on the risks of each, and given the ability to decide which option is best for their particular situation. In states like Arizona with abortion bans, physicians often believe that patients with PPROM can no longer be offered induced abortion.

19. An instructive study was conducted at two large hospitals in Dallas County, Parkland Hospital and the William P. Clements Jr. University Hospital, after Texas's 6-week abortion ban took effect. The study documented a significant increase in maternal morbidity among patients with preterm labor who would have been promptly offered induction abortions before the law but, due to fear regarding S.B. 8, were not offered such treatment until their physicians determined that an emergent condition posed "an immediate threat to maternal life." The study followed 28 patients (26 with PPROM, 2 with pregnancy tissue prolapsed into the vagina). Among these patients, 43% (12 of 28) experienced infection or hemorrhage, and one patient required a hysterectomy. Other maternal morbidities included ICU admissions, blood transfusions, postpartum emergency room visits, and postpartum readmission.[10]

20. The Dallas hospitals study concluded that "state-mandated expectant management" is associated with "significant maternal morbidity."

21. State-mandated expectant management under Texas's abortion bans resulted in a lapse of 9 days on average between first diagnosis and the development of "complications that qualified as an immediate threat to maternal life."[11]

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[10] Anjali Nambiar et al., *Maternal Morbidity and Fetal Outcomes Among Pregnant Women at 22 Weeks' Gestation or Less with Complications in Two Texas Hospitals After Legislation on Abortion*, 227 Am. J. Obstetrics & Gynecology 648 (2022), https://doi.org/10.1016/j.ajog.2022.06.060.

[11] *Id.*

22. The Dallas hospitals study examined practices at level IV designated maternal care facilities in large urban centers. Delays and maternal morbidities are worse for patients who first present to non-level IV designated maternal care facilities, and for patients who live far from large urban centers.

**B. Northwest Medical Center Failed to Provide Stabilizing Treatment to Ms. Simmons for PPROM**[12]

23. Ms. Simmons is 34 years old and lives in Tucson, Arizona with her husband and young son. In June 2023, she was happy to learn she was pregnant with her second child.

24. At the beginning of October 2023, when Ms. Simmons was around 18 weeks pregnant, she began to experience vaginal bleeding. She contacted her OB/GYN, a physician affiliated with Northwest Medical Center, who told her there was no cause for concern and that her symptoms were "normal." For the next several days, Ms. Simmons continued to experience bleeding and spotting, on and off, and she remained concerned that something was off with this pregnancy.

25. On the evening of October 11, Ms. Simmons's water broke and amniotic fluid came rushing out. Having been though childbirth before, Ms. Simmons knew something was terribly wrong. She called her OB/GYN, who told her to go to the emergency room. Ms. Simmons immediately went to Northwest Medical Center's emergency room. At this point, she was a couple days shy of 19 weeks pregnant.

26. Ms. Simmons arrived at Northwest Medical Center's emergency room and explained that she believed her water had broken. She provided her insurance information, filled out paperwork, and provided a urine sample—all the while leaking amniotic fluid. Hospital staff attempted to perform an ultrasound but were unable to visualize the fetus. The emergency room

[12] The allegations contained herein are to the best of Ms. Simmons's knowledge and recollection.

physician told Ms. Simmons she would need to be transferred to the Women's Center at Northwest (the "Women's Center"), a separate facility across the parking lot from the emergency room, for a "real ultrasound" and further treatment. Ms. Simmons was concerned about the delay from waiting for an ambulance transfer, so her husband drove her the short distance to the Women's Center.

27. Ms. Simmons entered the Women's Center just after midnight on October 12, where she received a vaginal exam and an ultrasound exam. The ultrasound confirmed that her amniotic sac had ruptured, her amniotic fluid was gone, and her pregnancy still had a heartbeat. Ms. Simmons was given antibiotics and told to rest until the morning. The OB/GYN on call explained that because she was only 18 weeks, 5 days pregnant and had no amniotic fluid, the prognosis for the baby was very poor. The OB/GYN indicated that in the morning, they would check for a heartbeat again, consult with a maternal fetal medicine ("MFM") specialist, and induce labor. Ms. Simmons was devastated over the inevitable loss of her second child and was concerned about her own health. But she trusted that the staff at the Women's Center would take care of her.

28. The next morning, Ms. Simmons was transferred to a different room and seen by the new OB/GYN on call who ignored the recommendations of the OB/GYN who had treated Ms. Simmons the night before. She promptly ordered the discharge of Ms. Simmons, stating that there was nothing they could do for her due to the laws in Arizona. A nurse explained that Ms. Simmons was at increased risk for infection—"bacteria loves amniotic fluid"—but because they were in Arizona, the laws did not allow the hospital to provide her any medical interventions to protect her health and well-being. The nurse suggested Ms. Simmons lay inverted with her legs higher than her head for the next several weeks because, "miracles can happen." Ms. Simmons questioned why there were no additional treatments being offered, but was told there was nothing they could do for her so she would be discharged. When Ms. Simmons asked about receiving an MFM consult,

as she had been promised the night before, she was told that the MFM could not see her now. Ms. Simmons asked to speak with a different physician but was told that there was no other physician available at the hospital at the time. Instead, Ms. Simmons was told she could schedule an outpatient appointment with the MFM for the following day, which she did.

29. Ms. Simmons was terrified. She repeatedly objected to the hospital's failure to address her risk of infection, and her medical records confirm that she "was upset that [the hospital] did not offer more interventions." Instead, hospital staff told Ms. Simmons she should go home and return if she went into labor or showed other signs of severe illness, at which point, the hospital would be able to help her.

30. With no other choice and only hours after she had first arrived, Ms. Simmons left the Women's Center. Weeks later, when Ms. Simmons reviewed her medical records from the Women's Center, she noticed that her white blood cell count on October 12 was indeed elevated, a potential sign of infection.

31. The next day, Friday October 13, Ms. Simmons had her appointment with the MFM who confirmed that she had lost all her amniotic fluid and that her baby still had a heartbeat. It was at this appointment that Ms. Simmons began to understand the severe risks to her health. The MFM claimed that Ms. Simmons could not receive treatment due to Arizona law and suggested that she travel to New Mexico or California, where she would potentially need to walk through a line of abortion protesters, to get care. Ms. Simmons and her husband spent the next several days trying to figure out what to do and where to go to get the care she needed.

32. On October 17, while she was still trying to arrange care out of state, Ms. Simmons explained her situation to a family friend who was very concerned for Ms. Simmons' health. Her friend connected her to a physician from a different hospital in Tucson who strongly urged Ms.

Simmons to seek immediate treatment at their facility. The physician was adamant that Ms. Simmons's condition required prompt medical care because she was facing a potentially life-threatening situation. Later that day, Ms. Simmons went to the hospital to meet the physician, where she was admitted. It was at this hospital that, Ms. Simmons received an induction abortion. Her baby passed during delivery.

33. A year later, Ms. Simmons is still struggling with the loss of a child, the traumatizing experience of being denied healthcare, and continues to dispute improper medical bills she has received from multiple hospitals, including Northwest Medical Center.

## LEGAL ALLEGATIONS

34. Congress enacted EMTALA in 1986 to "provide an 'adequate first response to a medical crisis' for all patients." *Baber v. Hosp. Corp. of Am.*, 977 F.2d 872, 880 (4th Cir. 1992) (quoting 131 Cong. Rec. S13904 (daily ed. Oct. 23, 1985) (statement of Sen. Durenberger)). Any hospital that has an emergency department and receives Medicare funds is subject to EMTALA's requirements. 42 U.S.C. § 1395cc(a)(1). Because Northwest Medical Center operates an emergency department and participates in Medicare, it is subject to EMTALA.[13]

35. Under EMTALA, when an individual "comes to a hospital and the hospital determines that the individual has an emergency medical condition," the hospital must provide "such treatment as may be required to stabilize the medical condition" or transfer the individual to another medical facility. 42 U.S.C. § 1395dd(b)(1). EMTALA defines "emergency medical condition" as "a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result

[13] Northwest Medical Center operates both an emergency department and the Women's Center at Northwest. *See* Northwest Medical Center, *Locations*, https://www.healthiertucson.com/northwest-medical-center (last visited Sept. 5, 2024). Northwest Medical Center participates in Medicare. *See* Northwest Medical Center, *Billing and Insurance*, https://www.healthiertucson.com/hospital-billing-insurance (last visited Sept. 5, 2024).

in—(i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part." *Id.* § 1395dd(e)(1).

36. Patients who are determined to have an "emergency medical condition" must receive stabilizing care within the hospital's capabilities. "'[T]o stabilize'" is defined as "to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during" the patient's discharge or transfer. 42 U.S.C. § 1395dd(e)(3)(A). Although hospitals may admit a patient "as an inpatient in good faith in order to stabilize the emergency medical condition," 42 C.F.R. § 489.24(d)(2)(i), EMTALA "requires more than the admission and further testing of a patient; it requires that actual care, or treatment, be provided as well," *Moses v. Providence Hosp. and Med. Ctrs., Inc.*, 561 F.3d 573, 582 (6th Cir. 2009).

37. PPROM is an emergency medical condition requiring stabilization under EMTALA. As discussed above, PPROM at 18 weeks, 5 days, will inevitably lead to pregnancy loss and if left untreated, can lead to serious infection, hemorrhage, or death. Refusing to provide pregnancy termination for a patient with PPROM who is requesting termination can "reasonably be expected to result" in (1) placing the health of the pregnant patient "in serious jeopardy," (2) as well as causing "serious impairment to bodily functions," and (3) "serious dysfunction of any bodily organ or part." *See* 42 U.S.C. § 1395dd(e)(1).

38. Northwest Medical Center violated EMTALA when it discharged Ms. Simmons without providing her the stabilizing care necessary to terminate her pregnancy. Hospital staff knew that failing to provide Ms. Simmons with an abortion, when she was specifically requesting one to protect her health, could reasonably be expected to result in seriously jeopardizing her

health. The delay and discharge by Northwest Medical Center, particularly when Ms. Simmons was already showing signs of infection, recklessly endangered Ms. Simmons's health, as well as bodily functions and organs involved in future fertility, in violation of EMTALA.

39. Northwest Medical Center had the capacity to provide stabilizing care to Ms. Simmons. Her providers never indicated that they were incapable of providing the necessary treatment, and at least the first on-call OB/GYN indicated that all options, including termination of her pregnancy, would be discussed with her and offered on the morning of October 12.

40. To prevent further danger to pregnant patients' health, lives, bodily functions, and organs, it is critical that EMTALA be enforced against hospitals like Northwest Medical Center that fail to provide stabilizing treatment for the emergency medical condition of PPROM. That is true even if state law were to indicate that such treatment was unlawful. Enforcing EMTALA in these circumstances would dispel any physician concerns and ensure that hospitals in Arizona are appropriately concerned that *refusing* stabilizing treatment for patients with PPROM would risk investigations, penalties, and liability.

41. The need for enforcement is urgent because Ms. Simmons's mistreatment is not unique. In fact, CMS has already found hospitals in multiple states, including at least Florida, Kansas, and Missouri, in violation of EMTALA for refusing to offer abortion services patients with PPROM whose experience was similar to that of Ms. Simmons.[14] Notably, at the time that hospitals in Florida violated EMTALA, Florida, like Arizona, had a 15-week abortion ban in place. (Florida now has a 6-week abortion ban.)

42. Multiple studies have also documented concrete harm to patients with PPROM from state abortion bans. One study has found that PPROM patients in states throughout the country

[14] *See supra* note 2.

with abortion bans are being forced to develop infections before they can receive care, often with disastrous results. Physicians in this study reported patients suffering traumatic deliveries and developing severe sepsis, bacteremia, and/or significant bleeding, sometimes resulting in ICU admissions.[15] A report out of Louisiana found that because of their state's abortion bans, some Louisiana physicians feel forced to provide cesarean sections—instead of less complicated, less invasive abortion procedures—to patients with complications like PPROM.[16] A similar report out of Oklahoma also cited concerns for the treatment of PPROM patients under that state's abortion ban, with a serious impact on patients' long term health and future reproductive capacity.[17]

43. This situation is untenable and warrants swift investigation and a determination that Northwest Medical Center's failure to offer an abortion to Ms. Simmons following her diagnosis of PPROM violated EMTALA.

## **RELIEF REQUESTED**

44. Ms. Simmons respectfully requests that CMS, HHS OIG, and/or OCR:

a. Conduct an independent investigation of Northwest Medical Center for EMTALA violations arising from their failure to provide her with necessary stabilizing treatment to preserve her life, health, bodily functions, and bodily organs;

b. Take all necessary steps to remedy all unlawful conduct identified in its investigation, including by imposing all appropriate penalties;

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[15] Daniel Grossman et al., *Care Post-*Roe*: Documenting Cases of Poor-Quality Care Since the* Dobbs *Decision*, Advancing New Standards in Reproductive Health 7-20 (Sept. 2024), https://www.ansirh.org/sites/default/files/2024-09/ANSIRH%20Care%20Post-Roe%20Report%209.04.24_FINAL%20EMBARGOED_0.pdf.

[16] Lift Louisiana et al., *Criminalized Care: How Louisiana's Abortion Bans Endanger Patients and Clinicians* 23, 28 (Mar. 2024), https://reproductiverights.org/wp-content/uploads/2024/03/Criminalized-Care-Report-Updated-as-of-3-15-24.pdf.

[17] Physicians for Human Rights et al., *No One Could Say: Accessing Emergency Obstetrics Information as a Prospective Prenatal Patient in Post-*Roe *Oklahoma* 4-5 (April 2023), https://phr.org/wp-content/uploads/2023/04/Oklahoma-Abortion-Ban-Report-2023.pdf.

c. Monitor any resulting agreements between CMS and Northwest Medical Center to ensure compliance with EMTALA; and

d. Provide other appropriate equitable relief.

Respectfully submitted,

*/s/Molly Duane*
Molly Duane
Astrid Marisela Ackerman
Center for Reproductive Rights
199 Water St., 22nd FL
New York, NY 10038
(917) 637-3645
mduane@reprorights.org
aackerman@reprorights.org

Noran Elzarka
If/When/How
(602) 887-0258
noran.elzarka@ifwhenhow.org

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