

For Immediate Release

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***Two friend-of-the-court briefs centering abortion funds highlight what's at stake in a Supreme Court case that could allow states to deny emergency abortions for pregnant people.***

WASHINGTON D.C.—Today, [Chicago Abortion Fund](#), in partnership with five abortion funds and the [National Network of Abortion Funds](#) (NNAF), filed amicus briefs in the [Supreme Court case](#) that would determine whether states can prevent medical providers from providing life- and health-saving abortions to pregnant people with emergency medical conditions under the Emergency Medical Treatment and Labor Act (EMTALA).

Together, the briefs highlight the perspectives of abortion funds and their work to help people overcome the multiple barriers to access abortions, including long distances to clinics, high costs for care and additional expenses like travel, lodging, and other necessities, and lack of reliable information. These barriers prevent people from getting abortions when they need and want them, and are heightened for people experiencing medical emergencies. Without the protections of EMTALA, the briefs argue, people who need emergency abortions will be delayed or denied in getting them, putting their lives and health at risk.

In its [brief](#), the Chicago Abortion Fund highlights its role at the forefront of supporting people who need urgent, hospital-based abortion care in a post-*Dobbs* landscape and how this case could upend that work. Through the [Complex Abortion Regional Line for Access \(“CARLA”\) program](#), Chicago Abortion Fund partners with RUSH University Medical Center, University of Chicago Medicine, Northwestern Medicine, and UI Health (University of Illinois at Chicago) to support pregnant people who need complex abortion care at Illinois hospitals, including arranging transportation, childcare, and covering travel and appointment costs.

“In my role as CARLA Lead, I have been immersed in the challenges faced by people seeking hospital-based abortion care,” said **Meghan Daniel with Chicago Abortion Fund, who has supported hundreds of patients experiencing medical conditions that can make their pregnancies dangerous.** “Denying abortion care that could stabilize treatment for medical emergencies would be catastrophic and, in some cases, fatal. Should the court rule to prohibit the provision of abortion care as a stabilizing treatment for medical emergencies, patients would be forced to cross state lines, causing further delays to care and, potentially, increased medical complications. This is unconscionable.”

In its [brief](#), NNAF draws on the lived experiences of abortion funds and abortion seekers to explain the structural barriers that pregnant people face when trying to get the care that they need. These barriers are intensified, or even insurmountable, the brief explains, for people experiencing medical emergencies who are denied necessary abortions in the state where they

live. The brief also underscores that while restrictive states have enacted so-called “emergency” exceptions to their abortion bans, these exceptions are so vague and confusing that doctors routinely deny or delay abortions until patients are actually dying.

"The challenge to EMTALA is cruelly devoid of humanity and violates the fundamental responsibility of medical professionals to ‘do no harm,’” said the **Executive Director of the National Network of Abortion Funds, Oriaku Njoku**. “As oppressive abortion restrictions sweep our country, abortion funds have witnessed firsthand their devastating impact on pregnant people, especially those who hold marginalized identities or are from under-resourced communities, who already face existing and expanding inequities in our healthcare and economic systems. It’s in recognition of this urgent need that the National Network for Abortion Funds and Chicago Abortion Funds submitted amicus briefs. These briefs emphasize the vital importance of upholding EMTALA, which prevents restrictive states from denying life-saving healthcare and gives individuals access to medical professionals and information that allows them to self-determine what is best for themselves and their futures.”

This Supreme Court case comes less than two years after it overturned *Roe v. Wade* and unleashed an unprecedented abortion access crisis. Nationwide, [abortion funds have experienced a skyrocketing increase in requests for support post-Dobbs](#) and already lack sufficient resources to meet the increased need for financial and practical support. Abortion funds cannot cover the gap in emergency care that would result without EMTALA’s protections.

Before the fall of *Roe* in 2022, 26 Chicago Abortion Fund callers specifically needed hospital-based abortion care. After, 561 people who reached out to the fund required this type of care, including patients from states like Texas and Indiana, where abortion is currently banned.

"In emergency situations where an abortion can prevent serious harm or save the life of a pregnant person, providers should be empowered and obligated to offer this care without fear of legal repercussions,” said **Kamyon Conner, Executive Director of [Texas Equal Access \(TEA\) Fund](#)**. “Affirming that EMTALA supersedes state abortion bans and that it already protects physicians who provide life-saving care for pregnant people, even if that is defined by abortion under state law, could improve access to necessary medical care, especially in areas with limited reproductive health services.”

“The need for emergency medical care, including abortion, is immediate and critical,” said **Shelley Mann (she/her), the Executive Director of [Nebraska Abortion Resources \(NEAR\)](#)**. The requirement to travel for such care not only endangers individuals and their families but also exacerbates the challenges faced by the most vulnerable—those from working-class backgrounds, BIPOC communities, and rural areas. The potential for the Supreme Court to interpret the Emergency Medical Treatment and Labor Act (EMTALA) in a manner that excludes emergency abortions in states with restrictive laws poses a significant threat. Such a ruling would further complicate the already daunting obstacles pregnant individuals face, putting their health and lives at increased risk.”

“Forcing people in life-threatening crisis situations to drive or fly for hours just to access basic healthcare is dangerous as well as terrifying for everyone involved, and even more so when

someone cannot afford it and must ask a stranger for help paying because the care they need is not available in their community or even in their state,” said **Megan Christine Kovacs, volunteer and board member of [Northwest Abortion Access Fund](#)**, which serves Washington, Oregon, Alaska, and Idaho, where the state abortion ban effectively prohibits hospitals from providing emergency abortion care and OBGYNs have fled the state. “People in need should have reasonable access to care – especially in an emergency – in their own communities, surrounded by the people who love them.

NNAF and its member abortion funds are working tirelessly to support abortion seekers in overcoming these barriers, including people with emergency medical conditions who reach out for help after being denied abortions. But, abortion funds do not have enough resources to meet the dramatic increase in need for support since *Dobbs*, much less the urgent and substantial needs of pregnant people with emergency conditions. In this landscape, EMTALA promises the bare minimum protection needed to ensure that pregnant people experiencing medical emergencies get the care they need, no matter where they live. Without EMTALA, many patients will face insurmountable barriers to obtaining emergency abortions in other states. These patients will be forced to risk their lives and health, with devastating and lasting physical and psychological harm to them and their families.

Read Chicago Abortion Fund’s full brief [here](#).

Read the National Network of Abortion Fund’s brief [here](#).

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**About Chicago Abortion Fund:** The [Chicago Abortion Fund](#) (CAF) isn't just an organization; we're a movement. For 38 years, we've been tearing down barriers to abortion care in Chicago, the Midwest, and beyond. We're not just providing funding; we're supporting our callers in accessing freedom, dignity, and autonomy. CAF offers support for clients seeking abortions, including procedure funding, travel, and related needs like childcare, emotional support, and logistical expertise. CAF has supported more than 18,000 clients since the *Dobbs* decision with over \$5.4 million in aid.

**About the National Network of Abortion Funds:** [The National Network of Abortion Funds \(NNAF\)](#) is a national membership organization for abortion funds. NNAF has 100 member abortion funds across the country that support people to overcome the financial and logistical barriers that prevent them from getting the abortions they need and want. Some funds work with abortion clinics and providers to pay for all or part of the cost of an abortion. Many funds also offer logistical, emotional, and financial support directly to people seeking abortions, such as assistance with and money for transportation, lodging, food costs, childcare, and language interpretation. NNAF's member funds play a key role in helping people navigate the increasingly complex and constantly shifting abortion landscape in the United States.