

# Support the Protecting Pregnant Patients Act SB 5140

## Frequently Asked Questions

### **What is the problem?**

In the event of a pregnancy loss, a pregnant patient and their family should not have to worry that they won't receive appropriate care because of a hospital's policies or religious affiliation. Yet in Washington, care is often delayed or denied for patients with miscarriages and ectopic pregnancies due to the institutional policies of health systems. The result of delaying or denying care for a patient with a miscarriage or ectopic pregnancy can be serious illness or even death.

### **Can't a patient just go to another hospital or clinic if they are denied care?**

When a patient in Washington needs urgent pregnancy-related care their options may be extremely limited. There are areas in Washington where the only hospitals available are part of health systems that limit access to reproductive health care. Further, in an emergency, such as when a woman is miscarrying, a patient's only choice may be the hospital closest to them. **Bottom line: No matter where a patient lives or seeks medical treatment, they should trust that they can get the care they need.**

### **Would this bill force individual medical providers to provide services that they object to?**

This bill is not an individual provider mandate and would not require individual providers to provide care or services that they object to. Rather, this bill prohibits hospitals and clinics—as institutions—from interfering with a willing and qualified health care provider in situations where a patient is miscarrying or has an ectopic pregnancy, and there is a serious risk to the patient's life or health.

### **Is this really a problem in Washington? Do you have examples?**

Yes, unfortunately, health systems in Washington have delayed and denied care to patients who are miscarrying or have an ectopic pregnancy.

Sarah (a pseudonym) was around 21 weeks pregnant when she began bleeding and cramping. Her high-risk OB/GYN determined that she was miscarrying and that she needed to go to a hospital immediately to prevent infection, sepsis, and even death. Sarah's primary OB/GYN was contacted and agreed that Sarah needed to go to the hospital. However, when Sarah arrived at the nearest hospital, the hospital refused to admit her, citing the health system's opposition to pregnancy terminations. Sarah's high-risk OB/GYN knew that Sarah needed immediate treatment and so told Sarah's husband to drive her to Seattle, which was 45 minutes to an hour away, where Sarah was finally admitted and treated.

### **Are there other laws that require health systems to provide care in emergency situations?**

Yes. The federal Emergency Medical Treatment and Active Labor Act (EMTALA) requires hospitals to provide stabilizing treatment to patients experiencing emergency medical conditions, including pregnancy-related conditions. EMTALA prohibits hospitals from transferring or discharging patients who are unstable, except in extremely limited circumstances. EMTALA is the minimum federal bar that hospitals are required to meet. This bill would allow for EMTALA compliance while adding protections to better serve Washington residents.