

**Exhibit 9**

**Exhibit 9**

In The Matter of:

Lourdes Matsumoto, Northwest Abortion  
Access Fund, and Indigenous Idaho Alliance

v.

Raul Labrador, in his capacity as the  
Attorney General of the State of Idaho

**DEPOSITION OF  
DARA SNYDER  
February 17, 2026**



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LOURDES MATSUMOTO vs RAUL LABRADOR  
SNYDER, DARA 02/17/2026

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UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

LAURDES MATSUMOTO, NORTHWEST )  
ABORTION ACCESS FUND, and )  
INDIGENOUS IDAHO ALLIANCE, )

Plaintiffs, )

vs. )

RAUL LABRADOR, in his )  
capacity as the Attorney )  
General of the State of )  
Idaho, )

Defendant. )

Case No.  
1:23-cv-00323-DKG

REMOTE DEPOSITION OF DARA SNYDER

February 17, 2026

Reported by:  
Vanessa S. Gosney, CSR, RPR, CRR

Page 2

1 REMOTE DEPOSITION OF DARA SNYDER

2

3 BE IT REMEMBERED that the remote deposition of

4 DARA SNYDER was taken by the Defendant before Treasure

5 Valley Reporting, Vanessa S. Gosney, Court Reporter,

6 Idaho CSR No. 752, Oregon CSR No. 20-0472, Utah CSR No.

7 14255184-7801, Washington CSR No. 20122235, National RPR

8 No. 8515, and Notary Public in and for the County of

9 Ada, State of Idaho, on Tuesday, the 17th day of

10 February, 2026, commencing at the hour of 12:30 p.m. in

11 the above-entitled matter.

12

13

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Page 4

1 I N D E X

2 E X A M I N A T I O N

3

4 DARA SNYDER PAGE

5 By: MR. CRAIG.....5, 61

6 By: MS. OLSON.....52

7

8

9

10 E X H I B I T S

11 NO.

12 EXHIBIT 1. Plaintiff's Second Supplemental.....40

13 Objections and Responses to

14 Defendant's Second Set of

15 Interrogatories, Requests for

16 Production, and Requests for

17 Admission to Northwest Abortion

18 Access Fund.

19 (15 pages)

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21

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Page 5

1 P R O C E E D I N G S

2

3 DARA SNYDER,

4 a witness having been first duly sworn remotely to tell

5 the truth, the whole truth and nothing but the truth,

6 was examined and testified as follows:

7

8 EXAMINATION

9 BY MR. CRAIG:

10 Q. Good afternoon, Ms. Snyder. Thank you

11 for coming. My name is Jim Craig, so you know who

12 is talking. So I am the deputy attorney general

13 with the attorney general's office. I appreciate

14 you making some time to talk with us today.

15 So we're obviously here to ask you a few

16 questions with a deposition. This is less formal

17 than court, but you took the same oath that you

18 would take if you were in front of a judge or in

19 front of a jury promising to tell the truth.

20 Do you understand that?

21 A. Yes.

22 Q. Okay. Throughout the deposition this

23 afternoon, obviously I will be asking a lot of

24 questions. It's not my intention to ask any trick

25 questions or to confuse you. So if you do not

Page 10

1 positions doing social justice work.  
 2 Q. Okay. And who operated the abortion  
 3 clinic?  
 4 A. That was Planned Parenthood.  
 5 Q. And what was your role there?  
 6 A. I was a healthcare assistant.  
 7 Q. And how long did you do that for?  
 8 A. I think maybe two years.  
 9 Q. And then did you go to graduate school  
 10 immediately after that or did you do other work  
 11 between that and graduate school?  
 12 A. No, I went to school immediately after.  
 13 Q. And that was at Temple University?  
 14 A. Yes.  
 15 Q. And you said you got a Master's of  
 16 Social Work; is that right?  
 17 A. Correct.  
 18 Q. Okay. And what year did you graduate  
 19 with the Master's in Social Work?  
 20 A. I think it was 2007.  
 21 Q. And where did you go to work after that?  
 22 A. Well, after that I did a number of work  
 23 exchanges, but my next employed position was at  
 24 Lutheran Community Services providing crisis  
 25 alleviation services as the program director.

Page 11

1 Q. What do you mean by work exchange  
 2 services?  
 3 A. I wasn't paid a salary. I was giving my  
 4 labor and in return I was given room and board.  
 5 Q. Okay. So Lutheran -- you said Lutheran  
 6 county services or community services?  
 7 A. Community.  
 8 Q. Okay. And where was that at?  
 9 A. Delaware.  
 10 Q. And what were you doing for them?  
 11 A. I was the program director overseeing  
 12 emergency food, clothing, and housing assistance  
 13 operations.  
 14 Q. And how long did you do that for?  
 15 A. I believe it was three years.  
 16 Q. And where did you go to work after that?  
 17 A. I worked at a domestic violence shelter  
 18 in Portland, Oregon.  
 19 Q. How long did you do that for?  
 20 A. About six months.  
 21 Q. And what was your role there?  
 22 A. I was the shelter -- I was the advocacy  
 23 center coordinator. So I coordinated and helped  
 24 survivors access different resources to find  
 25 safety.

Page 12

1 Q. And where did you go after that?  
 2 A. The YWCA.  
 3 Q. And what were you doing for the YWCA?  
 4 A. I was the social justice program manager  
 5 doing community organizing, organizing public  
 6 events, raising awareness around different social  
 7 justice issues. Training and education in public  
 8 and private spaces around issues of diversity,  
 9 equity, and inclusion, and some policy advocacy.  
 10 Q. And how long did you do that for?  
 11 A. Six years.  
 12 Q. And what were the years you were at  
 13 YWCA?  
 14 A. Well, I left in 2020, so maybe 2014 to  
 15 2020.  
 16 Q. Okay. And where did you go after that?  
 17 A. I was the -- I went to Sisters of the  
 18 Road.  
 19 Q. What is Sisters of the Road?  
 20 A. It's a food justice organization based  
 21 in Portland that supports people who are in extreme  
 22 poverty.  
 23 Q. And what were you doing for them?  
 24 A. I was the executive director.  
 25 Q. How long did you do that for?

Page 13

1 A. It was two or three years. I think two.  
 2 Q. Okay. So that would be from about 2020  
 3 through 2022?  
 4 A. Yes.  
 5 Q. And where did you go after that?  
 6 A. That's when I was doing the -- I was  
 7 just doing independent contracting for about a year  
 8 before I started at the abortion fund where I am  
 9 now.  
 10 Q. Okay. All right. Let's talk about  
 11 NWAAF.  
 12 What is it?  
 13 A. I will refer to it as NWAAF, and it is  
 14 an abortion fund which provides financial,  
 15 logistical, and emotional support to people seeking  
 16 or considering abortions.  
 17 Q. Does it have, like, a formal mission  
 18 statement or anything like that?  
 19 A. Yes. The mission is to break down -- to  
 20 fund abortion and break down barriers to abortion  
 21 in the Pacific Northwest.  
 22 Q. How is the fund organized?  
 23 MS. OLSON: Objection. Form.  
 24 You can answer.  
 25 THE WITNESS: I'm not sure I understand the

Page 14

1 question.

2 Q. BY MR. CRAIG: Sure. So is it a

3 for-profit corporation, a nonprofit corporation?

4 That's what I'm kind of getting at.

5 MS. OLSON: Objection to form.

6 THE WITNESS: We are a 501(c)(3).

7 Q. BY MR. CRAIG: Okay. And do you know

8 how long it's been in existence?

9 A. In its current form, we were a merger of

10 two other (c)(3)s, but that merger took place in

11 2017.

12 Q. About what is -- sorry, let me rephrase.

13 Can you tell me its approximate annual

14 budget?

15 A. \$4 million.

16 Q. And where does it obtain the funds?

17 A. Mostly individual donors.

18 Q. Okay. Where is -- you said "mostly," so

19 where are the other funds coming from?

20 A. We get some grants.

21 Q. And who do you get the grants from?

22 A. Generally foundations. And we have one

23 government grant, state government.

24 Q. Okay. And who is the state government?

25 Which state gives you that grant?

Page 15

1 A. Washington.

2 Q. About how many paid employees does NWAAF

3 have?

4 A. We currently have five.

5 Q. Does that include you?

6 A. Yes.

7 Q. Other than you, what are the other paid

8 employees, like their titles and their roles?

9 A. We have a director of operations, who

10 oversees our operations. We have an administrative

11 and finance associate who, sort of, does back end

12 administrative work, largely around processing

13 donations and assisting with the compliance

14 reporting that we need to stay on top of. We have

15 a program manager who oversees our helpline. We

16 have a volunteer and training coordinator who is,

17 sort of, the go-to for all of our volunteer

18 activities. And I think that's it, plus me.

19 Q. When I was asking about the organization

20 I forgot to ask, what state is NWAAF organized in?

21 A. Oregon.

22 Q. How many volunteers does NWAAF have?

23 MS. OLSON: Objection. Form.

24 You can answer.

25 THE WITNESS: I believe we have about 100

Page 16

1 active volunteers.

2 Q. BY MR. CRAIG: And what roles do the

3 volunteers do?

4 MS. OLSON: Objection. Form.

5 You can answer.

6 THE WITNESS: Most of them are case managers

7 on the helpline. We also have some volunteers who

8 assist with fundraising. We have volunteers on our

9 finance committee who are, sort of, our thought

10 partners assisting with those matters. We have --

11 yeah, I think that's probably the main -- those are

12 probably the main types of volunteers we have.

13 Q. BY MR. CRAIG: Does NWAAF have an office

14 building or office space?

15 A. No.

16 Q. Does everybody work remotely?

17 A. Yes.

18 Q. Does it have any physical storage space

19 or anything like that at all?

20 A. Yes.

21 Q. Okay. And where is that located?

22 A. That's in Oregon.

23 Q. And is it used only for storage or is it

24 used for anything else?

25 A. Just storage.

Page 17

1 Q. Any other physical location?

2 A. We have a mailbox at a postal annex,

3 that's about it.

4 Q. Where are the employees physically

5 located?

6 A. Oregon, Washington, and New Mexico.

7 Q. And they are all allowed to work

8 remotely out of their homes or coffee shop or

9 wherever they want to work?

10 MS. OLSON: Objection. Form.

11 You can answer.

12 THE WITNESS: Yes. Provided it's an

13 environment conducive to their responsibilities.

14 Q. BY MR. CRAIG: What do you mean by that?

15 A. If someone was handling -- you know,

16 having a sensitive conversation, it would not be

17 appropriate to do so in a public setting.

18 Q. Okay. And volunteers, where are they

19 physically located at?

20 MS. OLSON: Objection. Form. Foundation.

21 You can answer.

22 THE WITNESS: Across our region, generally,

23 although I understand there are a few outside of

24 our region.

25 Q. BY MR. CRAIG: Okay. What do you

Page 18

1 consider to be your region?

2 A. Alaska, Idaho, Oregon, and Washington.

3 Q. Do you know approximately how many

4 volunteers are located in Alaska?

5 A. No, I do not.

6 Q. Do you know approximately how many are

7 located -- yeah, physically located in Idaho?

8 A. No, I do not.

9 Q. Okay. What about Oregon or Washington?

10 A. No, I do not.

11 Q. So you mentioned that most of your

12 volunteers are case managers on the helpline. I

13 want to talk about that a little bit.

14 What does that mean? What does a case

15 manager on a helpline do?

16 A. They assist with the financial,

17 logistical, and emotional support services that we

18 provide. I think that there are different types of

19 volunteers: Some who assist with the emotional

20 support, others assist with the financial

21 assistance, and a third category, like, those are

22 three types of case manager roles.

23 Q. So tell me a little bit about the

24 helpline. What is the helpline and what do you do

25 on the helpline?

Page 19

1 MS. OLSON: Objection. Form.

2 You can answer.

3 THE WITNESS: Thank you.

4 The helpline is a toll free number that

5 people can call and leave a message at and then

6 someone gets back to the caller within a 24- or

7 48-hour period and talks over their situation,

8 their needs. I haven't worked directly on the

9 helpline nor been trained in it, so I can't really

10 speak to the specifics, but I understand that

11 there's an intake where we're collecting some

12 essential information to determine what kinds of

13 support this caller could benefit from.

14 Q. BY MR. CRAIG: When somebody calls the

15 helpline, do they always leave a message or do you

16 have people who answer that live and talk to them

17 live?

18 MS. OLSON: Objection. Form. Foundation.

19 You can answer, if you know.

20 THE WITNESS: That's always a message if

21 they call. I think that there might be

22 occasionally people e-mail us, but that's not a,

23 kind of, advertised way that we promote our

24 services.

25 Q. BY MR. CRAIG: So who returns the phone

Page 20

1 call? Is it volunteers, is it paid staff, or is it

2 some mix of the two?

3 MS. OLSON: Objection. Form.

4 You can answer.

5 THE WITNESS: I would be speculating.

6 Q. BY MR. CRAIG: Do any of your paid staff

7 return the phone calls?

8 A. I don't know if the program manager does

9 from time to time, but he's the only one who would.

10 Q. So then all the other phone calls would

11 be returned by volunteers?

12 A. Yes.

13 Q. And could they be returned by any

14 volunteer in any of the states in your region?

15 MS. OLSON: Objection. Form. Foundation.

16 You can answer, if you know.

17 THE WITNESS: Could you restate the

18 question?

19 Q. BY MR. CRAIG: Sure. So the volunteers

20 that return the phone calls, could they be located

21 in any of the states in your region?

22 MS. OLSON: Objection. Form. Foundation.

23 THE WITNESS: Yes. Except in the case of

24 supporting Idaho minors where we do not have any

25 volunteers based in Idaho supporting those cases.

Page 21

1 Q. BY MR. CRAIG: And why is that?

2 A. That's as a result of this statute.

3 Q. And when you say "this statute," what do

4 you mean?

5 A. The legislation that was put forward

6 that we filed a complaint against.

7 Q. Okay. Are you referring to the abortion

8 trafficking statute Idaho Code 18-623?

9 MS. OLSON: Objection. Form. Foundation.

10 THE WITNESS: I believe so. I don't know

11 the statute number offhand.

12 Q. BY MR. CRAIG: Okay. Is it the abortion

13 trafficking statute, to your recollection?

14 MS. OLSON: Objection. Form. Foundation.

15 THE WITNESS: It's the one regarding

16 recruiting, harboring, and transporting minors in

17 Idaho.

18 Q. BY MR. CRAIG: So when did you -- let me

19 rephrase.

20 Is that a formal policy that you guys

21 implemented at some point?

22 MS. OLSON: Objection. Form. Foundation.

23 You can answer.

24 THE WITNESS: Yes, it is.

25 Q. BY MR. CRAIG: And when did you

Page 22

1 implement that policy?

2 A. I don't recall.

3 Q. Can you tell me, was it in the year

4 2023?

5 MS. OLSON: Objection. Form.

6 THE WITNESS: I believe it was after I

7 started, which was 2024, so it would have been '24

8 or '25.

9 Q. BY MR. CRAIG: Is this a written policy

10 that you have?

11 A. I believe so.

12 Q. And was that a written policy that you

13 drafted?

14 A. No.

15 Q. Who drafted it?

16 A. I don't know.

17 MS. OLSON: Hold on, let me -- objection.

18 Foundation. But she answered, she doesn't know.

19 Q. BY MR. CRAIG: Have you seen the written

20 policy?

21 A. I don't recall.

22 Q. Do you know if it was approved by the

23 board of directors for NWAAF?

24 A. I don't know.

25 Q. What's your understanding of the policy

Page 23

1 and how it works?

2 A. Simply that if there is a caller who is

3 a minor based in Idaho, they would be matched with

4 a case manager who is not based in Idaho.

5 Q. How do you generally match up callers

6 with case managers?

7 MS. OLSON: Objection. Foundation.

8 You can answer, if you know.

9 THE WITNESS: I don't know.

10 Q. BY MR. CRAIG: Who oversees that

11 process?

12 MS. OLSON: Objection. Form.

13 You can answer.

14 THE WITNESS: The program manager.

15 Q. BY MR. CRAIG: And that's one of your

16 paid staff?

17 A. Yes.

18 Q. And what is your program manager's name?

19 A. Iris Alatorre.

20 Q. I want to talk a little bit more about

21 the services that NWAAF provides. Can you just

22 tell me briefly what those services are that it

23 provides to help accomplish its missions or goals?

24 MS. OLSON: Objection. Form.

25 You can answer.

Page 24

1 THE WITNESS: Well, we -- I think the bulk

2 of our support is the financial assistance. And we

3 work directly with clinics or providers to, sort

4 of, determine the amount of assistance needed, and

5 we coordinate directly with them for payment of

6 those services. And we also provide financial

7 assistance with the costs associated with obtaining

8 the abortion more indirectly, such as travel

9 expenses, like food and accommodation.

10 Q. BY MR. CRAIG: So let's talk about the

11 financial assistance. You said that you work with

12 clinics. So when you pay for an abortion, does the

13 money go -- do you pay the clinic directly or do

14 you pay it to the woman seeking the abortion and

15 then she'll pay the clinic?

16 MS. OLSON: Objection. Form.

17 You can answer.

18 THE WITNESS: We pay the providers directly.

19 Q. BY MR. CRAIG: And then I think you said

20 that you help with other logistics, travel, or

21 those types of things. How do you provide the

22 money for that? Does that go directly to the woman

23 seeking the abortion or do you do some other way of

24 covering those costs?

25 MS. OLSON: Objection. Form.

Page 25

1 You can answer.

2 THE WITNESS: We have in the case of

3 lodging, in some cases we have, sort of,

4 established providers who we have agreements with

5 who we'll often work with and we coordinate with

6 them directly and pay them directly. But if

7 somebody is driving somewhere to their appointment

8 and they need gas money, then we would pay the

9 caller directly.

10 Q. BY MR. CRAIG: And then for food, do you

11 pay the caller directly or do you do gift cards or

12 vouchers or how do you do that?

13 MS. OLSON: Objection. Form.

14 You can answer.

15 THE WITNESS: I don't know.

16 Q. BY MR. CRAIG: Other than financial

17 assistance, what else does NWAAF do to accomplish

18 its mission?

19 A. Well, we provide emotional support and

20 also work to shift the narrative around abortion

21 from one that is stigmatized to one that is

22 recognizing abortion as essential, normal

23 healthcare.

24 Q. What do you do to provide the emotional

25 support? And by "you," I don't necessarily mean

Page 30

1 event. But not anything related to the helpline or  
2 someone seeking abortion services.

3 **Q. All right. You said that NWAAF also**  
4 **works to shift the narrative around abortion.**

5 **What do you mean by that?**

6 A. I simply mean normalizing conversation  
7 about abortion. Saying the word "abortion." You  
8 know, talking about it in accurate ways in public  
9 forums.

10 **Q. So what are some of the main ways that**  
11 **you accomplish that?**

12 A. You know, it's not a, sort of, dedicated  
13 program or initiative. It is a part of advancing  
14 our mission. So I think, you know, generally  
15 people representing NWAAF would speak about  
16 abortion in the ways that I mentioned in terms of,  
17 you know, normalizing it and providing  
18 comprehensive and accurate information about  
19 abortion.

20 **Q. Do you guys publish materials on**  
21 **abortion?**

22 MS. OLSON: Objection. Form.  
23 You can answer.

24 THE WITNESS: We publish materials about our  
25 own services.

Page 31

1 **Q. BY MR. CRAIG: Other than that, do you**  
2 **publish any materials?**

3 MS. OLSON: Objection. Form.

4 THE WITNESS: There might be something on  
5 our social media around, like, understanding  
6 abortion.

7 **Q. BY MR. CRAIG: Do you engage in any**  
8 **political advocacy efforts?**

9 A. No.

10 **Q. Do you do any lobbying?**

11 A. No.

12 **Q. Do you guys publish any op-eds or**  
13 **letters to the editor or anything like that?**

14 MS. OLSON: Objection. Form.

15 THE WITNESS: No. We did endorse an equal  
16 rights initiative happening here in Oregon. I am  
17 not sure that's relevant.

18 **Q. BY MR. CRAIG: Okay. Tell me about**  
19 **that. What is that equal rights initiative?**

20 A. I think it is putting in our state  
21 constitution in Oregon language around certain  
22 kinds of discrimination being illegal and that  
23 abortion access would be legal. We don't have it  
24 spelled out in the state constitution.

25 **Q. And when you say "endorse" it, what did**

Page 32

1 **that look like?**

2 A. The campaign reached out and asked if we  
3 would, sort of, sign off on this and, you know,  
4 kind of be listed on their page of supporters as  
5 endorsers.

6 **Q. And who made the decision to endorse it?**

7 A. I believe it was a collective decision  
8 of staff and board.

9 **Q. Are you engaging in any campaign**  
10 **activities for that constitutional language?**

11 A. Nothing like canvassing. I have been to  
12 a meeting or two, that's about it.

13 **Q. Do you have any of your volunteers**  
14 **helping out with that? And when I say "helping out**  
15 **with it," I mean specifically through NWAAF, not on**  
16 **their own time or anything.**

17 A. No.

18 **Q. I want to go back to volunteers and talk**  
19 **a little bit more.**

20 **Do you have any requirements for people**  
21 **to become a volunteer? Like, do they have to have,**  
22 **you know, minimum education levels or anything like**  
23 **that?**

24 MS. OLSON: Objection. Form. Foundation.  
25 You can answer.

Page 33

1 THE WITNESS: No. I think they would need  
2 to be values and mission aligned, but I'm not aware  
3 of any, sort of, requirements per se. Other than  
4 being able to fulfill the duties in their  
5 representative volunteer role.

6 **Q. BY MR. CRAIG: What do you mean when you**  
7 **say they "need to be values and mission aligned"?**

8 A. That they are pro-abortion and support  
9 the movement towards shifting the culture to be  
10 more pro-abortion and supporting our callers'  
11 ability to make their own decisions about their  
12 reproductive lives.

13 **Q. How do you ensure that they are aligned**  
14 **with your values and mission?**

15 A. To my knowledge, our onboarding process  
16 is an effective way of screening folks in and out  
17 because it is so extensive and there's plenty of  
18 opportunities to get to know someone very well, how  
19 they respond to and engage with different content,  
20 and, you know, their alignment with our values.

21 **Q. What does your onboarding process look**  
22 **like?**

23 MS. OLSON: Objection. Form.

24 THE WITNESS: I'm not sure beyond what I  
25 have already stated in terms of the, you know,

Page 46

1 training to volunteers on how to interact with  
2 minors when they call?  
3 A. I'm not aware of that.  
4 Q. Have you provided any supervisory  
5 instructions or directives to your volunteer  
6 coordinators on how to train volunteers on these  
7 issues?  
8 A. No.  
9 Q. Does NWAAF have any specific policies on  
10 how to engage with minors?  
11 MS. OLSON: Objection. Form. Foundation.  
12 This is not a 30(b)(6) deposition, Mr. Craig.  
13 You can answer to the extent you know.  
14 THE WITNESS: Could you repeat the question?  
15 Q. BY MR. CRAIG: Yes. Does NWAAF have any  
16 policies specifically for volunteers on how to talk  
17 to minors or engage with minors?  
18 MS. OLSON: Objection. Form. Foundation.  
19 THE WITNESS: Just the one I mentioned  
20 around a volunteer -- a case manager not being  
21 based in Idaho for an Idaho minor caller.  
22 Q. BY MR. CRAIG: Are there any policies,  
23 even if that are unwritten policies or practices,  
24 on involving parents in any of these decisions or  
25 discussions?

Page 47

1 MS. OLSON: Objection. Form. Foundation.  
2 This is not a Rule 30(b)(6) deposition, Mr. Craig.  
3 You can answer to the extent you have  
4 personal knowledge, Ms. Snyder.  
5 THE WITNESS: I am not aware of that.  
6 Q. BY MR. CRAIG: Do you know if NWAAF  
7 generally takes any steps to try to involve the  
8 parents of a pregnant minor?  
9 A. I'm not aware.  
10 Q. So I am going to ask you several  
11 questions and I want to first start off by limiting  
12 the timeframe. So I am asking about dates from  
13 January 1, 2023, until the present.  
14 So to your knowledge, has NWAAF, either  
15 employees or volunteers, ever physically  
16 transported a minor within the State of Idaho to  
17 help the minor obtain an abortion within that time  
18 period?  
19 MS. OLSON: Objection. Form. Foundation.  
20 THE WITNESS: What was the period?  
21 Q. BY MR. CRAIG: January 1, 2023, through  
22 the present?  
23 MS. OLSON: Same objections.  
24 THE WITNESS: And it was whether we have  
25 transported Idaho minors?

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1 Q. BY MR. CRAIG: Correct. Within the  
2 State of Idaho to help them obtain an abortion.  
3 A. I don't have direct knowledge of such  
4 cases.  
5 Q. Are you aware of any such cases through  
6 any type of indirect knowledge or any other  
7 knowledge?  
8 MS. OLSON: Objection. Same objections.  
9 Form. Foundation.  
10 THE WITNESS: No.  
11 Q. BY MR. CRAIG: So you are not aware of  
12 any; is that correct?  
13 A. That's correct.  
14 Q. Okay. Same time period, are you aware  
15 of any situation where an NWAAF employee or  
16 volunteer has ever harbored a minor within the  
17 State of Idaho to help the minor procure an  
18 abortion?  
19 MS. OLSON: Objection. Form. Foundation.  
20 THE WITNESS: Could you say more about what  
21 you mean by "harbored"?  
22 Q. BY MR. CRAIG: Do you know what  
23 "harbored" means?  
24 A. Not in this situation.  
25 Q. Okay. Tell me what you think harboring

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1 means.  
2 MS. OLSON: Objection. Form.  
3 THE WITNESS: Honestly, I don't know. I  
4 think a harbor is like where boats dock.  
5 Q. BY MR. CRAIG: Okay. So I will rephrase  
6 the question then.  
7 Are you aware of -- again, same time  
8 period, January 1, 2023, through the present, where  
9 an NWAAF employee or volunteer has ever provided  
10 housing in Idaho for a minor to help the minor  
11 procure an abortion?  
12 MS. OLSON: Objection. Form.  
13 THE WITNESS: I am not aware of any of those  
14 cases.  
15 Q. BY MR. CRAIG: Okay. How about  
16 providing shelter to a minor in Idaho to help the  
17 minor obtain an abortion?  
18 MS. OLSON: Objection. Form.  
19 THE WITNESS: No.  
20 Q. BY MR. CRAIG: Are you aware of any  
21 situation, same time period, where NWAAF employees  
22 or volunteers have ever tried to recruit a minor  
23 within the State of Idaho to procure an abortion?  
24 MS. OLSON: Objection. Form, form of the  
25 question.

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1 THE WITNESS: Could you explain what you  
2 mean by "recruit"?

3 Q. BY MR. CRAIG: Let me ask you, how do  
4 you think of recruit? When I ask you recruit, what  
5 does that mean to you?

6 MS. OLSON: Objection. Form.

7 THE WITNESS: I think it means, you know,  
8 being out in public and convincing or trying to get  
9 people to sign up for a particular service.

10 Q. BY MR. CRAIG: Okay. So using that  
11 definition, are you aware of any situation where an  
12 NWAAF employee or volunteer has recruited a minor  
13 within Idaho to procure an abortion?

14 A. Could you explain what you mean by  
15 "procure"?

16 Q. I will turn it around and ask you the  
17 same thing. When I use the term "procure," how do  
18 you interpret that? What does that mean to you?

19 MS. OLSON: Objection. Form.

20 THE WITNESS: This word is not in my  
21 lexicon.

22 Q. BY MR. CRAIG: So you don't know what  
23 the term "procure" means?

24 A. No.

25 Q. So to help them obtain an abortion,

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1 let's use that instead then.

2 Are you aware of any situation where  
3 NWAAF employees or minors [sic] have recruited a  
4 minor within the State of Idaho to help them obtain  
5 an abortion?

6 MS. OLSON: Objection. Form.

7 THE WITNESS: No.

8 Q. BY MR. CRAIG: Does NWAAF pay for  
9 abortion-inducing drugs for people?

10 MS. OLSON: Objection. Form. Foundation.

11 THE WITNESS: Yes.

12 Q. BY MR. CRAIG: Does NWAAF mail those to  
13 people or do they just provide reimbursement for  
14 it?

15 MS. OLSON: Objection. Form.

16 THE WITNESS: We would provide the financial  
17 assistance.

18 Q. BY MR. CRAIG: And would that be to the  
19 provider who mails the drugs or to the person who  
20 obtains the drugs?

21 A. Yes, the provider.

22 Q. And are you aware of any situation where  
23 NWAAF has paid for abortion-inducing drugs for a  
24 minor within Idaho?

25 A. No, I'm not.

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1 MR. CRAIG: Okay. I think I might be done,  
2 but if we could take a five-minute break before I  
3 formally rest just so I can go over my notes. So  
4 we will come back in five minutes and then, Wendy,  
5 I will likely rest when we come back, but I just  
6 want to go over my notes real quick.

7 MS. OLSON: Do we want to take a longer  
8 break, because we will have some questions.

9 MR. CRAIG: Yeah, that's fine. Ten,  
10 minutes, 15?

11 MS. OLSON: 15, so 2:15-ish.

12 (Break taken from 1:58 p.m. to 2:18 p.m.)

13 MR. CRAIG: I will rest. I don't have any  
14 other questions. Thank you.

15 MS. OLSON: All right. Ms. Snyder, I have a  
16 few questions for you.

17

18 EXAMINATION

19 BY MS. OLSON:

20 Q. Do you recall Mr. Craig asking you  
21 questions about whether there was a written policy  
22 and when it was implemented regarding having  
23 volunteers in Idaho return calls or staff calls  
24 back to Idaho minors?

25 A. Yes.

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1 Q. And I think you testified that that  
2 policy came into place after you became the  
3 executive director; is that correct?

4 A. Yes.

5 Q. And Ms. Snyder, is it possible that  
6 there was an informal policy or practice to that  
7 same effect prior to the time that you became the  
8 executive director?

9 A. Yes. It might just not have come to my  
10 attention until, you know, after I was hired.

11 Q. Ms. Snyder, do you recall questions --  
12 do you recall whether Mr. Craig asked you any  
13 questions about social services on the website?

14 A. Not with that specific language.

15 Q. Okay. So any questions that you  
16 responded to, you did not understand the word  
17 "social services" to be used; is that correct?

18 A. No, I did not.

19 Q. So it's correct that you did not  
20 understand that term to be used; is that right?

21 A. Yes, I did not hear the word "social  
22 services."

23 Q. Okay. Thank you for clarifying that.  
24 Sometimes when we get double negatives it is a  
25 little harder to track.

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1 When you were talking about the manner  
 2 in which -- responding to questions about the  
 3 manner in which NWAAF would provide information  
 4 regarding its services, you talked about being at  
 5 events and providing information at events.  
 6 What is the platform or the way that you  
 7 would do that at events?  
 8 A. We often table at community events or  
 9 even private events if we were requested.  
 10 Q. What does it mean to table at an event?  
 11 A. Often to have a physical table upon  
 12 which we would put our outreach materials with  
 13 information about the supports that we can provide,  
 14 and there is a person, staff or volunteer, who is  
 15 trained to do community outreach and provide  
 16 information about those services, also through  
 17 verbal conversation.  
 18 Q. And Ms. Snyder, you recall Mr. Craig  
 19 asking you questions about whether NWAAF engages in  
 20 what he used the term "recruiting" and then you had  
 21 a back and forth about what he meant by that and  
 22 what you meant by that? Do you recall those  
 23 questions?  
 24 A. Yes.  
 25 Q. All right. Ms. Snyder, does NWAAF

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1 provide information, advice, education, support,  
 2 assistance, resources to individuals who call in on  
 3 its helpline regarding the abortion services,  
 4 support services that NWAAF provides?  
 5 MR. CRAIG: Object to form.  
 6 THE WITNESS: Yes.  
 7 Q. BY MS. OLSON: You can answer.  
 8 A. Yes, we do.  
 9 Q. And do those services that were just  
 10 included in my question and that you indicated you  
 11 provide, do you also provide those services to  
 12 Idaho minors if they are the persons who have  
 13 called in on your helpline?  
 14 MR. CRAIG: Object to form.  
 15 Q. BY MS. OLSON: You can answer.  
 16 A. We provide those services to anyone who  
 17 calls.  
 18 Q. Including if the person who's called in  
 19 is a minor from Idaho, would you provide those  
 20 services to the minor from Idaho?  
 21 A. Yes.  
 22 Q. And does NWAAF provide practical and  
 23 financial assistance to individuals who have called  
 24 in on its helpline or its hotline regarding  
 25 abortion services?

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1 MR. CRAIG: Object to form.  
 2 THE WITNESS: Yes.  
 3 Q. BY MS. OLSON: You can answer.  
 4 A. Yes.  
 5 Q. And does NWAAF include, if it's an Idaho  
 6 minor who has called in, does NWAAF provide  
 7 practical and financial assistance to that Idaho  
 8 minor?  
 9 MR. CRAIG: Object to form.  
 10 THE WITNESS: Yes.  
 11 Q. BY MS. OLSON: Because they have called  
 12 in just like anyone else; is that correct?  
 13 MR. CRAIG: Object to form.  
 14 THE WITNESS: That's correct.  
 15 Q. BY MS. OLSON: I'm sorry, just to make  
 16 sure. I know that Mr. Craig is going to have an  
 17 objection, but I think he was talking over the top  
 18 of you.  
 19 Is it correct that NWAAF would provide  
 20 those same services to an Idaho minor if it was an  
 21 Idaho minor who called in?  
 22 MR. CRAIG: Object to form.  
 23 THE WITNESS: Yes.  
 24 Q. BY MS. OLSON: All right. And does  
 25 NWAAF also provide the emotional assistance and

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1 emotional support services that you have described  
 2 to Idaho minors if it's an Idaho minor who has  
 3 contacted NWAAF?  
 4 MR. CRAIG: Object to form.  
 5 THE WITNESS: Yes.  
 6 Q. BY MS. OLSON: And with respect to that  
 7 tabling activities and the providing of information  
 8 that you have just described and that, sort of,  
 9 education and use of the word "abortion" in the way  
 10 you described earlier, would you provide that kind  
 11 of information to Idaho minors if they were at an  
 12 event or at one of the places where you make that  
 13 information available?  
 14 MR. CRAIG: Object to form.  
 15 THE WITNESS: We would provide that  
 16 information to anyone at the event.  
 17 Q. BY MS. OLSON: All right. And then,  
 18 Ms. Snyder, do you recall Mr. Craig asking you  
 19 questions about a document they called "Exhibit 1"?  
 20 A. Yes.  
 21 Q. All right. I am going to hopefully  
 22 share that same document that -- the document that  
 23 was sent to counsel, of course, doesn't have the  
 24 exhibit sticker on it. I'm not sure if the one  
 25 that was put up on the screen does either. But I

1 A. No.

2 MR. CRAIG: All right. Thank you. I don't

3 have any other questions.

4 MS. OLSON: All right. I am going to lodge

5 an objection to the manner in which Mr. Craig

6 concluded this deposition. He misled counsel and

7 the witness regarding having finished his

8 deposition and he continued to ask questions that

9 were outside the scope.

10 We will read and sign.

11 MR. CRAIG: Okay. You can lodge that

12 objection. I obviously disagree with you.

13 At this point I don't have any other

14 questions and I don't see a need to keep the

15 deposition open. She answered the question I was

16 asking. Thank you.

17

18 (Deposition Concluded at 2:33 p.m.)

19 \* \* \*

20 (Signature was requested.)

21

22

23

24

25

1 REPORTER'S CERTIFICATE

2

3 STATE OF IDAHO )

4 ) ss.

5 COUNTY OF ADA )

6

7 I, VANESSA S. GOSNEY, Certified Shorthand Reporter

8 and Notary Public in and for the State of Idaho, do

9 hereby certify:

10 That prior to being examined, the witness named in

11 the foregoing deposition was by me duly sworn to testify

12 to the truth, the whole truth and nothing but the truth;

13 That said deposition was taken down by me in

14 shorthand at the time and place therein named and

15 thereafter reduced to typewriting under my direction,

16 and that the foregoing transcript contains a full, true

17 and verbatim record of said deposition.

18 I further certify that I have no interest in the

19 event of the action.

20 WITNESS my hand and seal this 2nd day of March,

21 2026.

22

23

24

25 My Commission Expires: 10-29-31




VANESSA S. GOSNEY  
RPR and Notary  
Public in and for the  
State of Idaho.

VERIFICATION

STATE OF  
COUNTY OF

I, Dara Snyder, do hereby declare that I am the witness in the foregoing deposition, taken February 17, 2026. I have made any corrections, additions, or changes I deemed necessary as noted below to be appended hereto, and that the same is a true, correct, and a complete transcript of the testimony given by me.

Page	Line	Currently Reads	Should Read	Reason
20	19	he	they	correction

*Dara Snyder*  
Dara Snyder

On this 20 day of March, 2026, Dara Snyder personally appeared before me and did execute the above record for the purposes stated herein.



(Seal)

*Tyrah McGill*  
Notary Public  
My commission expires March 5, 2030

Treasure Valley Reporting  
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208.495.4022

**Exhibit 10**

**Exhibit 10**

In The Matter of:

Lourdes Matsumoto, Northwest Abortion  
Access Fund, and Indigenous Idaho Alliance

v.

Raul Labrador, in his capacity as the  
Attorney General of the State of Idaho

**DEPOSITION OF  
TAI SIMPSON  
January 13, 2026**



999 W. Main Street, Ste. 100

Boise, Idaho 83702

208.495.4022

[www.treasurevalleyreporting.com](http://www.treasurevalleyreporting.com)

LOURDES MATSUMOTO vs RAUL LABRADOR  
SIMPSON, TAI 01/13/2026

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO

LOURDES MATSUMOTO, NORTHWEST )  
ABORTION ACCESS FUND, and )  
INDIGENOUS IDAHO ALLIANCE, ) Case No.  
 ) 1:23-cv-00323-DKG  
 )  
 ) Plaintiffs, )  
 )  
 )  
 ) vs. )  
 )  
 )  
 ) RAUL LABRADOR, in his capacity as )  
 ) the Attorney General of the State )  
 ) of Idaho, )  
 )  
 )  
 ) Defendant. )  
 )  
 \_\_\_\_\_ )

DEPOSITION OF TAI SIMPSON

January 13, 2026

Boise, Idaho

Reported by:  
Rebecca Martin, CSR #1108, RPR, CRR

Page 2

1 DEPOSITION OF TAI SIMPSON

2

3 BE IT REMEMBERED that the deposition of

4 TAI SIMPSON was taken by the Defendant at the law

5 offices of STOEL RIVES LLP, located at 101 S. Capitol

6 Boulevard, Suite 1900, Boise, Idaho, before Treasure

7 Valley Reporting, Rebecca Martin, Court Reporter and

8 Notary Public in and for the State of Idaho, on Tuesday,

9 the 13th day of January, 2026, commencing at the hour of

10 10:00 a.m. in the above-entitled matter.

11

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13

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Page 3

1 Appearances (Cont.)

2

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Page 4

1 I N D E X

2 E X A M I N A T I O N

3

4 TAI SIMPSON PAGE

5 By: MR. GREEN.....5

6 MS. OLSON.....47

7 MR. GREEN.....49

8 MS. OLSON.....50

9 MR. GREEN.....51

10 MS. OLSON.....51

11

12 E X H I B I T S

13

14 No. Page

15 Exhibit 1 Declaration of tai simpson .....5

16 (11 pages)

17

18

19

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23

24

25

Page 5

1 P R O C E E D I N G S

2

3 TAI SIMPSON,

4 a witness having been first duly sworn to tell the

5 truth, the whole truth and nothing but the truth,

6 was examined and testified as follows:

7

8 E X A M I N A T I O N

9 BY MR. GREEN:

10 Q. Good morning.

11 A. Good morning.

12 Q. My name is Aaron Green. As we

13 mentioned, I'm the deputy attorney general, and

14 I'll be taking your deposition today.

15 Have you ever been deposed before?

16 A. I have not been deposed.

17 Q. Okay. So we'll just go over a couple of

18 ground rules so we can have a productive

19 conversation today.

20 A. Okay.

21 Q. You understand that you just took an

22 oath to tell the truth, right?

23 A. I understand the oath.

24 Q. You understand that while that's less

25 formal than court, that will be the same oath you

Page 14

1 it is work, it is labor.  
 2 Q. Okay. That was all in a volunteer  
 3 capacity?  
 4 A. Yes.  
 5 Q. Okay.  
 6 A. Yes.  
 7 Q. You mentioned a sociology degree.  
 8 Have you published anything in  
 9 sociology?  
 10 A. No. Undergraduates don't often publish.  
 11 Q. Have you published any other articles?  
 12 A. I have -- yes, actually. I have --  
 13 Q. Sorry. Let me back up and clarify.  
 14 By "articles," I mean in a scholarly  
 15 journal.  
 16 A. Scholarly, no.  
 17 Q. Okay.  
 18 A. No.  
 19 Q. Is there anything else you've published?  
 20 A. I -- it's actually relevant to this  
 21 work. Following the Gabby Petito missing persons  
 22 case, I was invited to publish an article in Cosmo  
 23 magazine regarding missing and murdered Indigenous  
 24 women and the lack of attention afforded to Native  
 25 communities when similar experiences take place for

Page 15

1 missing women and girls.  
 2 Q. Okay. Is there anything else that  
 3 you've published?  
 4 A. No.  
 5 Q. Okay.  
 6 A. I take that back. I have one or two  
 7 pieces in anthologies of books, if that's relevant.  
 8 And I can't remember the titles of those things.  
 9 Q. The titles of -- well, let me ask --  
 10 A. Of the anthologies themselves.  
 11 Q. Okay. Do you remember the general  
 12 subject matter of what you published?  
 13 A. Yeah. One is about land-based  
 14 sovereignty in social justice spaces, and then the  
 15 other was about my own experience with my abuser.  
 16 Q. Okay. Where are you currently employed?  
 17 A. At the Idaho Coalition Against Sexual  
 18 and Domestic Violence.  
 19 Q. Okay. Do you also hold a role with the  
 20 Indigenous Idaho Alliance?  
 21 A. I do. I'm a community organizer, and  
 22 for the purposes of the Secretary of State, listed  
 23 as a director.  
 24 Q. Okay. We'll start with the Idaho  
 25 Coalition.

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1 You've been employed since 2019, right?  
 2 A. Correct.  
 3 Q. What is your salary?  
 4 A. \$120,000 a year.  
 5 Q. Okay. What are your duties there?  
 6 A. I'm the executive director.  
 7 Q. And what does that entail?  
 8 A. Well, yes. The purpose of an Idaho  
 9 Coalition is, again, very similar to the national  
 10 OYW model where we provide training and technical  
 11 assistance to the 27 domestic violence and sexual  
 12 assault shelters and programs across the state of  
 13 Idaho.  
 14 In addition to that, we support capacity  
 15 building, which is a fancy word for sharing  
 16 knowledge, information, and very often being a  
 17 partner in their programmatic work if they can't  
 18 hold it entirely within their own program.  
 19 And then the last piece, of course, is  
 20 resource sharing and creating a peer-to-peer  
 21 network for learning.  
 22 In addition to that, I maintain and  
 23 manage a staff, I maintain and manage operations in  
 24 human resources, I'm responsible for budget and  
 25 reporting on a federal level, responsible for

Page 17

1 budgeting and reporting to our foundations, also  
 2 maintaining relationships with our board of  
 3 directors.  
 4 Q. Tell me about the peer-to-peer network.  
 5 What do you mean by that?  
 6 A. So the executive directors or managing  
 7 directors of the programs of domestic violence and  
 8 sexual assault programs across the state will join  
 9 us virtually month-to-month for a call for them to  
 10 share their questions or concerns. They will share  
 11 their needs, whether it's staffing or information,  
 12 best practices.  
 13 We have one program, for example, that's  
 14 building a shelter and then are trying to determine  
 15 what their policies and procedures will be. We  
 16 connect them with another program that has a  
 17 stronger, longer-standing shelter for them to be  
 18 thought partners in that work.  
 19 Q. As director of -- I'll just call it IIA,  
 20 you'll understand I'm talking about Indigenous  
 21 Idaho Alliance, one of the plaintiffs in this case,  
 22 what are your duties there?  
 23 A. Community organizing entails a number of  
 24 things. It is resource sharing. It is providing  
 25 care. It is being a thought partner and mentor for

Page 18

1 young people. It is also honoring our culture in  
 2 the way that we respond to community needs.  
 3 Sometimes it is planning and executing cultural  
 4 events. It is building libraries and providing  
 5 those resources to students who don't have access  
 6 because of socioeconomic status.  
 7 Community organizing is really  
 8 all-encompassing, just making sure that our  
 9 communities are cared for and well-resourced.  
 10 Q. All right. Is there anything else?  
 11 A. No.  
 12 Q. Okay. I meant to ask that same question  
 13 related to the Idaho Coalition.  
 14 Any other duties we haven't covered?  
 15 A. No, we've covered them all.  
 16 Q. Okay. You've been disclosed as an  
 17 expert witness in this case, correct?  
 18 A. Correct.  
 19 Q. Okay. What do you consider to be your  
 20 area of expertise relevant to this case?  
 21 A. Thank you for asking that.  
 22 I believe myself to be an expert in --  
 23 as an anti-oppression and antiracism educator. I  
 24 have a strong understanding of the impacts of  
 25 colonization and historical racism on how violence

Page 19

1 is enacted against women and girls or Native  
 2 communities in general, especially at the  
 3 intersections of socioeconomic status, political  
 4 access, sociopolitical oppression, et cetera.  
 5 Q. Okay. Are there journals -- strike  
 6 that.  
 7 Are there academic journals that cover  
 8 this field?  
 9 A. Rarely. Very rare.  
 10 Q. Are you aware of any specifically?  
 11 A. I'm -- where my brain went is the  
 12 self-published articles that have come out since  
 13 about 2015 through now that focus on decolonizing  
 14 data -- data sovereignty.  
 15 And then the Urban Indian Health  
 16 Institute based in Seattle also self-publishes, but  
 17 is really centering in uplifting Native scholars  
 18 in, I would say, public health-related issues,  
 19 generally speaking.  
 20 Q. Have you published in any of those  
 21 spaces?  
 22 A. I have not.  
 23 Q. Okay. Are there any other sources of  
 24 authority in the fields in which you claim  
 25 expertise for this case?

Page 20

1 MS. OLSON: Objection; form.  
 2 You can answer.  
 3 THE WITNESS: Okay.  
 4 Q. (BY MR. GREEN) Just for clarification,  
 5 Counsel is going to object, but unless she  
 6 instructs you not to answer, please answer the  
 7 question I've posed.  
 8 A. Thank you.  
 9 I think the thing that's missing in your  
 10 line of questioning is that Native communities do  
 11 not share knowledge traditionally speaking. You  
 12 are thinking very academically and Western, in  
 13 which case you would look for degrees, you would  
 14 look for certifications, you would look for  
 15 scholarly publishing, but that's not how expertise  
 16 and knowledge is passed generation to generation.  
 17 We do it through storytelling, we do it  
 18 through mentorship, we do it through matriarchy and  
 19 our kinship -- and our kinship models.  
 20 I am very often, at least 10 times a  
 21 year, invited to speak to rooms of hundreds of  
 22 people to speak on the ways that we address  
 23 violence against women and girls. I am a trainer  
 24 very often, at least two dozen times a year, on how  
 25 do we translate our cultural practices into

Page 21

1 Ovw-coded language so that our community needs are  
 2 translated where the funds and resources are  
 3 available to us.  
 4 Q. Okay.  
 5 A. Those conferences are hosted by all of  
 6 the resource centers that I listed in addition to  
 7 Native-led programs, sometimes non-Native-led  
 8 coalitions in other states. I think it's worth  
 9 naming there are 56 other state and territory  
 10 coalitions across the country and I have trained  
 11 probably at close to 15 of them.  
 12 Q. Okay. And would it be -- would you  
 13 agree, then, that the area of expertise you bring  
 14 to this case does not have -- wouldn't rely on the  
 15 Western method of establishing scientific  
 16 knowledge?  
 17 MS. OLSON: Objection; form.  
 18 THE WITNESS: Can you repeat that -- well,  
 19 can you rephrase that question for me, please?  
 20 Q. (BY MR. GREEN) Sure.  
 21 I guess what I'm asking is -- you said  
 22 my initial question reflected, as I gathered, a  
 23 very Western understanding of knowledge.  
 24 One way to ask this question would be:  
 25 Does the area of expertise you bring to this case

Page 26

1 element in addition to other principles and  
2 methods?  
3 A. Correct.  
4 Q. And that cultural and historical  
5 knowledge impacts the conclusions you draw?  
6 A. Correct.  
7 Q. Okay. What is that cultural and  
8 historical knowledge?  
9 MS. OLSON: Objection; form.  
10 THE WITNESS: I -- please repeat the  
11 question for me.  
12 Q. (BY MR. GREEN) What is the cultural and  
13 historical knowledge that, as you put it, is  
14 attached to that principle?  
15 MS. OLSON: Objection; form.  
16 THE WITNESS: Okay. Let's name the  
17 principles. Are we basing this answer on the  
18 principles of Western academic thesis evidence  
19 implications asserting a hypothesis and  
20 synthesizing knowledge in addition to cultural?  
21 So you -- what I want to hear you ask  
22 me, like, is the cultural -- how does the culture  
23 impact those things or you want what is the  
24 additional culture?  
25 Q. (BY MR. GREEN) No, how does the cultural

Page 27

1 and historical knowledge impact the Western  
2 traditional academic way of gaining knowledge? How  
3 does the culture impact those conclusions?  
4 MS. OLSON: Objection; form.  
5 THE WITNESS: Cultural knowledge-keepers are  
6 not relegated to a monolith. Our cultures across  
7 500-plus Indigenous nations in this community  
8 cannot be relegated to a monolith.  
9 I carry specifically the culture of the  
10 Nimiipuu community in addition to the shared  
11 knowledge of close to two or three dozen nations  
12 across this country that impact my ability to  
13 assess and synthesize academic knowledge impacting  
14 our communities in relation to violence against  
15 women and girls, our access to healthcare, our  
16 access to resources and education.  
17 What you're asking is in fact cultural  
18 knowledge that is about 23,000 years old, and I  
19 think what's relevant in this particular line of  
20 questioning -- and you can correct me if I'm wrong  
21 here -- is wanting to establish or not that somehow  
22 cultural knowledge is irrelevant to the  
23 conversation that we're having here.  
24 My job and what makes me an expert, as  
25 named and identified by my peers in this work, is

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1 that I do a good job of bridging our culture and  
2 our language and our history, which has never  
3 existed in Western white academic spaces, and  
4 synthesizing it so that we can be resourced, that  
5 we can expand the needs of our community, and that  
6 we can continue our culture into the future.  
7 So I'll pause there. Does that feel  
8 like an answer that makes sense to you?  
9 Q. (BY MR. GREEN) Let me just ask a  
10 different question.  
11 You mentioned that you -- I'll  
12 paraphrase a little bit. You carry within yourself  
13 a particular set of knowledge from the Nimiipuu  
14 people.  
15 Is that a fair restatement?  
16 A. Yes.  
17 Q. Okay. Is it fair to say, then, in these  
18 areas of expertise that we've been discussing, that  
19 each individual people is going to bring a  
20 particular set -- or particular -- yeah, a  
21 particular set of cultural knowledge?  
22 MS. OLSON: Objection; form.  
23 THE WITNESS: Cultural knowledge is as fluid  
24 as rivers.  
25 Q. (BY MR. GREEN) Okay. And that cultural

Page 29

1 knowledge is going to impact the conclusions that  
2 an expert in your fields is going to draw, correct?  
3 A. Absolutely.  
4 Q. Okay. You said you were named and  
5 identified as an expert by your peers.  
6 Who are the peers you're talking about?  
7 A. Well, let's -- all of the -- I call them  
8 all aunties because they are my elders, who  
9 run/operate MIWSAC, Alaskan Native Women's Resource  
10 Center, the National Indigenous Women's Resource  
11 Center, each of their programs that they are EDs  
12 of. So this is a large community of aunties  
13 nationwide.  
14 Q. Can I ask you to pause and identify what  
15 an "ED" is?  
16 A. An executive director.  
17 Q. Oh. Thank you.  
18 A. Uh-huh.  
19 Q. How were you named and identified as an  
20 expert?  
21 A. Invitations to our spaces for education,  
22 referrals to offer testimony and white paper at  
23 senate committee, weighing in on policy, adding our  
24 names to policy, supporting and copublishing work  
25 for magazines and -- well, any periodical, really,

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1 July of 2023.

2 MR. GREEN: Yes, which was also disclosed to

3 us as her expert declaration.

4 MS. OLSON: Right. But when it was done

5 with that, it had additional documents attached to

6 it.

7 MR. GREEN: Yes. Yes, it did.

8 Q. (BY MR. GREEN) Did you draft this

9 declaration?

10 A. I did draft it.

11 Q. How did you use your expertise in

12 drafting this declaration?

13 MS. OLSON: Objection; form.

14 THE WITNESS: Can you ask that question

15 differently?

16 Q. (BY MR. GREEN) Well, let me ask you:

17 What don't you understand about the question so

18 that I can clarify it?

19 A. Well, it was -- you know what? Let me

20 answer it this way: I am the expert of my own

21 experience and my own life and the impact of this

22 law. In addition to that, this declaration was

23 drafted in such a way where I did not separate my

24 expertise from the way I drafted the document.

25 Q. So you would say -- well, do you agree,

Page 35

1 then, that you used the expertise you discussed

2 earlier with me in addition to, as you put it, your

3 own expertise and your own experience?

4 A. My expertise and my experience are not

5 separate, and my document was drafted in that way.

6 Q. Okay. Would you look at paragraph 15

7 for me?

8 How did you use your experience

9 specifically in drafting this report or can you

10 separate that out?

11 MS. OLSON: Objection; form.

12 THE WITNESS: Repeat your --

13 Q. (BY MR. GREEN) Yeah, that was a bad

14 question. I'll cop to that one.

15 Can you separate how you used your

16 experience in this report from the other elements

17 in paragraph 15?

18 MS. OLSON: Objection; form.

19 THE WITNESS: No. I will reassert, again,

20 my experience and my expertise are not separate in

21 the way that I drafted this --

22 Q. (BY MR. GREEN) Okay.

23 A. -- and I believe that that statement

24 reflects exactly that.

25 Q. Okay. And would the same be true of the

Page 36

1 cultural knowledge you mention in paragraph 15?

2 A. Correct.

3 Q. All right. Paragraph 16, you mention a

4 statistical rate.

5 Where might I find that statistic?

6 A. The Urban Indian Health Institute

7 published a report in 2016 regarding violence

8 against women and girls.

9 Q. Okay. Paragraph 17 -- I'll just go

10 ahead and read it.

11 You state that: Gender-based violence

12 perpetuated -- strike that.

13 Gender-based violence perpetrated

14 against Indigenous women and girls is almost always

15 power-focused with the use of sexual assault and

16 sexual battery, including forcible intercourse, by

17 male perpetrators.

18 Did I read that correctly?

19 A. You did.

20 Q. You use the phrase "almost always

21 power-focused"?

22 A. Correct.

23 Q. Where do you get that?

24 MS. OLSON: Objection; form.

25 Q. (BY MR. GREEN) Let me ask it another

Page 37

1 way: Is that a statistic?

2 MS. OLSON: Objection; form.

3 THE WITNESS: Statistically, yes.

4 Q. (BY MR. GREEN) Okay. Where is that

5 from?

6 A. Same report. Also, there is a book

7 entitled "The Beginning and End of Rape" by

8 Dr. Sarah Deer where she explored those statistics

9 as well. I believe that book was written in 2018,

10 give or take.

11 Q. Are there any other areas in this report

12 where you cite the 2016 report you mentioned a

13 moment ago?

14 MS. OLSON: Objection; form.

15 THE WITNESS: I mean, it's woven into the

16 entire declaration --

17 Q. (BY MR. GREEN) Okay.

18 A. -- in addition to other articles.

19 Q. Okay. You don't indicate anywhere in

20 your report where you cite to those articles, do

21 you?

22 A. No. No.

23 Q. Okay. And so a person reading this

24 report would not be able, just by looking at the

25 report, to go get that information, correct?

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1 I'll read it: IIA sometimes applies for  
2 and receives funding through federal and  
3 nongovernmental grant programs, but unsolicited  
4 gifts through "word of mouth" are the primary  
5 sources of the financial assistance we provide to  
6 pregnant people and girls seeking abortion.  
7 Did I read that right?  
8 A. You did.  
9 Q. Have you ever used grant funds to  
10 procure an abortion for a minor?  
11 A. No.  
12 Q. Paragraph 50: Sometimes in the past --  
13 strike that.  
14 I'm reading paragraph 50: Sometimes in  
15 the past when we have provided direct or financial  
16 assistance to a pregnant minor seeking an abortion,  
17 the parents or guardians may or may not have been  
18 aware about the minor's intent to seek an abortion.  
19 Did I read that right?  
20 A. You did.  
21 Q. Again, in this paragraph, in any of the  
22 circumstances you're describing, did you intend to  
23 conceal that abortion from the parents or  
24 guardians?  
25 MS. OLSON: Objection; form.

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1 THE WITNESS: No. No intention to conceal.  
2 Q. (BY MR. GREEN) Okay. I'll ask you the  
3 same question about whether that intent to  
4 conceal -- strike that.  
5 I'll ask you the same question about  
6 whether or not you had an intent to conceal in  
7 paragraph 53.  
8 MS. OLSON: Objection; form.  
9 THE WITNESS: No intent to conceal.  
10 Q. (BY MR. GREEN) Okay. Do you ever intend  
11 to conceal the assistance you provide to a minor?  
12 MS. OLSON: Objection; form.  
13 Q. (BY MR. GREEN) From the parents or  
14 guardians of that minor?  
15 A. No, our intention is to support the  
16 community as they make requests of us.  
17 Q. Okay. And that includes not hiding it  
18 from parents or guardians, right?  
19 A. There is no --  
20 MS. OLSON: Objection; form.  
21 THE WITNESS: There is no intent to conceal.  
22 Q. (BY MR. GREEN) Okay. I did want to go  
23 back just a little bit.  
24 Would you consider yourself an expert  
25 with respect -- strike that.

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1 Well, actually, would you consider  
2 yourself an expert in the areas of expertise we  
3 previously discussed with respect to all Indigenous  
4 people groups in Idaho?  
5 A. If I understand your question, you are  
6 asking: In addition to my named expertise, am I  
7 also an expert of the Indigenous communities in the  
8 state of Idaho?  
9 Q. I'm going to slightly correct that.  
10 I'm asking you: With respect to the  
11 cultural knowledge that you previously mentioned,  
12 does that include cultural knowledge from all of  
13 the recognized tribes in Idaho?  
14 MS. OLSON: Objection; form.  
15 THE WITNESS: I have a strong knowledge of  
16 all of the cultural practices of the tribes in  
17 Idaho.  
18 Q. (BY MR. GREEN) Okay. But it's fair to  
19 say you don't have the personal experience of all  
20 of the other tribes in Idaho, correct?  
21 A. That is not fair to say. I have  
22 personal experience with all the tribes in Idaho.  
23 Q. Let me ask it this way: Are you  
24 considered a member of any tribes in Idaho?  
25 A. I am.

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1 Q. Which ones?  
2 A. I am a citizen of the Nez Perce Tribe.  
3 Q. Okay. Are there any others?  
4 A. No.  
5 Q. And so you would -- you're not -- strike  
6 that.  
7 You don't have personal experience as a  
8 citizen of any of those other tribes, correct?  
9 A. That's accurate.  
10 Q. Okay. As an officer of one of the  
11 plaintiffs in this -- strike that.  
12 You're a director of IAA, right?  
13 A. I am a named director, yes.  
14 Q. Okay. You want Plaintiffs -- by "named  
15 director," you're recognized as a director by the  
16 Secretary of State, right?  
17 A. Correct.  
18 Q. Are there any other directors?  
19 A. There are three others.  
20 Q. Okay.  
21 A. Three others.  
22 Q. As a director of IIA, is it fair to say  
23 that you want Plaintiffs to prevail in their  
24 lawsuit in this case?  
25 MS. OLSON: Objection; form.

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1 FURTHER EXAMINATION

2 BY MS. OLSON:

3 Q. The person that you were dealing with,

4 what was -- to your understanding, what was her

5 relationship to the minor?

6 A. She was her maternal grandmother.

7 Q. And do you know whether that maternal

8 grandmother actually had formal guardianship over

9 her granddaughter?

10 A. I am not aware. I will offer that in

11 our communities, it is rare when formal

12 guardianship takes place through the court systems

13 because culturally that's inaccessible and costs

14 money that they don't have, and it is widely

15 accepted for guardianship to be taken over in a

16 cultural way and in a practical human needs way for

17 a child when the parent is unavailable or otherwise

18 engaged in substance misuse or other ailments.

19 Q. And so when you're referring to

20 "guardianship," you're referring to that cultural

21 way and not the legal formal court way where

22 someone would go and have the legal ability to

23 direct the child; is that right?

24 A. That's correct.

25 MS. OLSON: All right. Nothing else.

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1 MR. GREEN: One moment.

2

3 FURTHER EXAMINATION

4 BY MR. GREEN:

5 Q. In the single circumstance we've been

6 discussing, did you know one way or the other

7 whether or not the guardianship in question was

8 legal or not formal?

9 A. I did not know at that time one way or

10 the other.

11 Q. Did anyone represent to you one way or

12 the other whether that guardianship was legal or

13 not formal?

14 MS. OLSON: Objection; form, foundation.

15 THE WITNESS: If I hear the question you're

16 asking, did the guardian represent themselves as a

17 formal relationship?

18 MR. GREEN: Did they represent -- I'll

19 withdraw the question.

20 Nothing further.

21

22 FURTHER EXAMINATION

23 BY MS. OLSON:

24 Q. Did they make a representation one way

25 or the other? Did you have a discussion with them

Page 52

1 whether they'd been to court --

2 MR. GREEN: Object to form.

3 Q. (BY MS. OLSON) -- and obtained legal

4 guardianship over the person in question?

5 MR. GREEN: Sorry. Object to form.

6 THE WITNESS: That conversation did not

7 happen.

8 MR. GREEN: No further questions, and so we

9 can close the individual and expert deposition.

10

11 (The deposition concluded at 11:31 a.m.)

12 \* \* \*

13 (Signature was requested.)

14

15

16

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25

Page 53

1 REPORTER'S CERTIFICATE

2

3 STATE OF IDAHO )

4 ) ss.

5 COUNTY OF ADA )

6 I, REBECCA MARTIN, Certified Shorthand Reporter and

7 Notary Public in and for the State of Idaho, do hereby

8 certify:

9 That prior to being examined, the witness named in

10 the foregoing deposition was duly sworn by me to testify

11 to the truth, the whole truth and nothing but the truth;

12 That said deposition was taken down by me in

13 shorthand at the time and place therein named and

14 thereafter reduced to text under my direction, and that

15 the foregoing transcript contains a full, true

16 and verbatim record of said deposition.

17 I further certify that I have no interest in the

18 event of the action.

19 WITNESS my hand and seal this 21st day of January,

20 2026.


21

22


23

24

25 My Commission Expires: 08-27-2030



REBECCA MARTIN  
RPR and Notary  
Public in and for the  
State of Idaho



# Exhibit 11

# Exhibit 11

In The Matter of:

Lourdes Matsumoto, Northwest Abortion  
Access Fund, and Indigenous Idaho Alliance

v.

Raul Labrador, in his capacity as the  
Attorney General of the State of Idaho

**DEPOSITION OF  
LOURDES MATSUMOTO  
March 05, 2026**



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LOURDES MATSUMOTO vs RAUL LABRADOR  
MATSUMOTO, LOURDES 03/05/2026

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO

LOURDES MATSUMOTO, NORTHWEST )  
ABORTION ACCESS FUND, and )  
INDIGENOUS IDAHO ALLIANCE, ) Case No.  
 ) 1:23-cv-00323-DKG  
 )  
 ) Plaintiffs, )  
 )  
 ) vs. )  
 )  
 ) RAUL LABRADOR, in his capacity as )  
 ) the Attorney General of the State )  
 ) of Idaho, )  
 )  
 ) Defendant. )  
 )  
 \_\_\_\_\_ )

DEPOSITION OF LOURDES MATSUMOTO

March 5, 2026

Boise, Idaho

Reported by:  
Rebecca Martin, CSR #1108, RPR, CRR

<p style="text-align: right;">Page 2</p> <p>1 DEPOSITION OF LOURDES MATSUMOTO</p> <p>2</p> <p>3 BE IT REMEMBERED that the deposition of</p> <p>4 LOURDES MATSUMOTO was taken by the Defendants at the</p> <p>5 OFFICE OF THE ATTORNEY GENERAL, located at 514 W.</p> <p>6 Jefferson Street, Boise, Idaho, before Treasure Valley</p> <p>7 Reporting, Rebecca Martin, Court Reporter and Notary</p> <p>8 Public in and for the State of Idaho, on Thursday, the</p> <p>9 5th day of March, 2026, commencing at the hour of</p> <p>10 10:00 a.m. in the above-entitled matter.</p> <p>11</p> <p>12</p> <p>13 APPEARANCES:</p> <p>14</p> <p>15 For the Defendants:</p> <p>16 OFFICE OF THE ATTORNEY GENERAL</p> <p>17 By: JAMES E.M. CRAIG, Esq.</p> <p>18 AARON M. GREEN, Esq.</p> <p>19 514 W. Jefferson Street</p> <p>20 Post Office Box 83720</p> <p>21 Boise, Idaho 83720-0010</p> <p>22 Telephone: (208) 854-8088</p> <p>23 Facsimile: (208) 854-8073</p> <p>24 james.craig@ag.idaho.gov</p> <p>25 aaron.green@ag.idaho.gov</p>	<p style="text-align: right;">Page 4</p> <p>1 I N D E X</p> <p>2 E X A M I N A T I O N</p> <p>3</p> <p>4 LOURDES MATSUMOTO PAGE</p> <p>5 By: MR. CRAIG.....5</p> <p>6 MS. O'NEILL.....56</p> <p>7 MR. CRAIG.....64</p> <p>8</p> <p>9 E X H I B I T S</p> <p>10 No. Page</p> <p>11 Exhibit 1 Complaint for Declaratory .....32</p> <p>12 Judgment (34 pages)</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 3</p> <p>1 Appearances (Cont.)</p> <p>2 For the Plaintiffs:</p> <p>3 LEGAL VOICE</p> <p>4 By: KELLY O'NEILL, Esq.</p> <p>5 WILLIAM G. MITCHELL, Esq.</p> <p>6 WENDY S. HEIPT, Esq. (via Zoom)</p> <p>7 907 Pine Street, Ste. 500</p> <p>8 Seattle, Washington 98101</p> <p>9 Telephone: (206) 682-9552</p> <p>10 Facsimile: (206) 6829556</p> <p>11 koneill@legalvoice.org</p> <p>12 wmitchell@legalvoice.org</p> <p>13 wheipt@legalvoice.org</p> <p>14</p> <p>15 For the Plaintiffs:</p> <p>16 THE LAWYERING PROJECT</p> <p>17 By: PAIGE SUELZLE, Esq. (via Zoom)</p> <p>18 RONELLE TSHIELA, Esq. (via Zoom)</p> <p>19 JAMILA JOHNSON, Esq. (via Zoom)</p> <p>20 41 Schermerhorn Street, Ste. 1056</p> <p>21 Brooklyn, New York 11201</p> <p>22 Telephone: (646) 490-10-53</p> <p>23 psuelzle@lawyeringproject.org</p> <p>24 rtshiel@lawyeringproject.org</p> <p>25 jjohnson@lawyeringproject.org</p> <p>Also Present: Candi Larsen</p> <p>Rebecca Hulst (via Zoom)</p>	<p style="text-align: right;">Page 5</p> <p>1 P R O C E E D I N G S</p> <p>2</p> <p>3 LOURDES MATSUMOTO,</p> <p>4 a witness having been first duly sworn to tell the</p> <p>5 truth, the whole truth and nothing but the truth,</p> <p>6 was examined and testified as follows:</p> <p>7</p> <p>8 E X A M I N A T I O N</p> <p>9 BY MR. CRAIG:</p> <p>10 Q. Good morning, Ms. Matsumoto. My name is</p> <p>11 Jim Craig. I'm a deputy attorney general with the</p> <p>12 Attorney General's Office. Appreciate you coming</p> <p>13 here today.</p> <p>14 Have you ever done a deposition before?</p> <p>15 A. I've never been deposed before.</p> <p>16 Q. Have you conducted a deposition before?</p> <p>17 A. I have.</p> <p>18 Q. Okay. So you're well familiar with the</p> <p>19 rules, but I'll just go through them anyway.</p> <p>20 Obviously, this is less formal than</p> <p>21 court, but you just took an oath to tell the truth,</p> <p>22 which is the same oath you would take in court.</p> <p>23 Do you understand that?</p> <p>24 A. Yes.</p> <p>25 Q. My goal here is not to trick you, not to</p>

Page 26

1 yeah, I've had every level of school.  
 2 Q. All right. So you described Title IX  
 3 representation, employment actions, some  
 4 irrigation -- immigration -- I can't read my own  
 5 notes. Sorry. Immigration.  
 6 What other types of civil work did you  
 7 do for them?  
 8 A. Civil protection order requests. Off  
 9 the top of my head, that's all I can remember. I  
 10 would have to refer to something, check files to  
 11 give you anything else.  
 12 Q. So civil protection orders, immigration,  
 13 employment actions, and Title IX, that's what you  
 14 can remember right now for the legal work you did?  
 15 A. Yes.  
 16 Q. So going back to the Title IX area, was  
 17 that primarily students or did you also help  
 18 employees with the Title IX issues?  
 19 A. I did help both employees and students,  
 20 yes.  
 21 Q. Any other type of legal work that we  
 22 have not talked about?  
 23 A. Not that I can remember at the moment.  
 24 Q. So your work with survivors, did you  
 25 work, ever, with victims of human trafficking?

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1 MS. O'NEILL: Objection; form.  
 2 You can answer.  
 3 THE WITNESS: Well, not as an attorney, I  
 4 didn't represent anyone in a human trafficking  
 5 case, no.  
 6 Q. (BY MR. CRAIG) Did you do any work in  
 7 the human trafficking area at all through your work  
 8 with the Idaho Coalition?  
 9 A. We certainly would get questions or  
 10 people that would reach out, and I would refer them  
 11 to our resource partners who have more specific  
 12 human trafficking resources.  
 13 Q. And when you say "people would reach  
 14 out," who do you mean by "people"? Like, what are  
 15 your --  
 16 A. Members of the community, advocates that  
 17 heard -- or had a question that somebody came to  
 18 them regarding a human trafficking issue.  
 19 Sometimes people would send messages through --  
 20 like, social media for the Coalition would get  
 21 forwarded to me.  
 22 There's, again, no individual person  
 23 that I can recall I represented, but the subject  
 24 did come up. The Anti-Trafficking Coalition is a  
 25 member of the Idaho Coalition, and so they were

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1 always a resource and we would work in concert with  
 2 them as broader resource partners.  
 3 Q. Did you ever work with victims of sex  
 4 trafficking?  
 5 MS. O'NEILL: Objection; form.  
 6 You can answer.  
 7 THE WITNESS: Again, it would be the same  
 8 answer. It would be people that had questions, or  
 9 the same type of information that came through  
 10 concerning human trafficking was also questions of  
 11 sex trafficking, and followed the same process.  
 12 Q. (BY MR. CRAIG) All right. Let's talk a  
 13 little bit about your qualifications for doing this  
 14 type of work.  
 15 Did you go to trainings on working with  
 16 survivors of domestic violence and sexual assault?  
 17 A. Yes, I had multiple trainings. The  
 18 Office of Violence Against Women requires that any  
 19 attorneys that work on the grant -- or, actually,  
 20 anyone that is going to work under the specific  
 21 legal services grant attend or view, participate  
 22 in, a number of trainings.  
 23 So I completed all of those before  
 24 beginning my contract, and then throughout the  
 25 contract would regularly attend or participate in

Page 29

1 other trainings that came up either as required by  
 2 the DOJ or just that our technical assistance  
 3 partners nationwide would present.  
 4 Q. What was the nature of those trainings?  
 5 A. Representing survivors of DVSA at  
 6 various levels. Some of them were specific to  
 7 those with disabilities; some of them were specific  
 8 to indigenous populations; some of them were  
 9 specific types of abuse; some of them were about  
 10 immigration, but they all involved representing  
 11 survivors in some capacity.  
 12 Q. And did any of that training include  
 13 training on human trafficking or sex trafficking?  
 14 A. Yes. I can't tell you specifically what  
 15 the training was or when it was, but yes.  
 16 Q. All right. So let's talk specifically  
 17 about your work with minors during that period of  
 18 time.  
 19 Did you ever work with minors who became  
 20 pregnant?  
 21 A. Not to my knowledge.  
 22 Q. Did you ever advise minors on resources  
 23 for abortions?  
 24 A. Not that I can recall. Well, I guess I  
 25 will say not that I can recall specifically. There

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1 were educational materials that were created also  
 2 as part of the grant that provided general resource  
 3 -- resources and knowledge and referrals. So it  
 4 would be like if you need assistance, here are  
 5 various different resource providers that you could  
 6 contact.

7 So generally, those education materials  
 8 were made and distributed and discussed in  
 9 presentations that would have been public or minors  
 10 would have been receiving that information, but as  
 11 a case-specific, clients specifically, I have not  
 12 discussed that.

13 Q. I'm going to back up a little bit  
 14 actually. I kind of got us off track. I want to  
 15 talk more about your employment.

16 So you said you worked with Idaho  
 17 Coalition until December of 2025.

18 What have you been doing since then?

19 A. I've been self-employed in my own firm.

20 Q. And why did you leave work with the  
 21 Idaho Coalition?

22 A. There's just a number of factors.  
 23 Primarily it was just a good time to move on to  
 24 something different.

25 Q. Did you leave voluntarily?

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1 A. Yes.

2 Q. Were you ever disciplined, from an  
 3 employment standpoint, during your work with Idaho  
 4 Coalition?

5 A. No.

6 Q. Ever have any complaints filed against  
 7 you?

8 A. No.

9 Q. And what type of cases have you been  
 10 working on since you left in December 2025?

11 A. I just did a three-week-long murder  
 12 trial, so that took up most of January and  
 13 February for me.

14 Q. Who was the defendant on that case?

15 MS. O'NEILL: Objection; form.  
 16 You can answer.

17 THE WITNESS: Brian Moreno.

18 Q. (BY MR. CRAIG) Since December of 2025,  
 19 have you been representing victims of domestic  
 20 violence or sexual assault?

21 A. I have not since December, no.

22 Q. And since December 2025, have you  
 23 represented any minor children in any way?

24 A. No.

25 Q. I want to talk about some specific

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1 things in your complaint, and I printed off copies  
 2 of the complaint and left it in my office, so if we  
 3 could take a five-minute break so I can go get that  
 4 and then come back.

5 MS. O'NEILL: That's fine.

6 MR. CRAIG: Or ten minutes, if you guys need  
 7 a little bit longer time.

8 THE WITNESS: Sure.

9 MS. O'NEILL: Let's do ten. We'll take a  
 10 break.

11 (A recess was taken from 10:34 a.m. to 10:45 a.m.)  
 12 (Deposition Exhibit No. 1 was marked.)

13 Q. (BY MR. CRAIG) Ms. Matsumoto, you should  
 14 have in front of you what's been marked as  
 15 Exhibit 1.

16 Do you recognize that?

17 A. Yes.

18 Q. And what is that?

19 A. The complaint.

20 Q. The complaint in this case?

21 A. Yes.

22 Q. Can you look at paragraph 1 of the  
 23 complaint and just read that to yourself and then  
 24 let me know when you're done?

25 It's under "Parties." So the

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1 introduction doesn't have paragraph numbers, but  
 2 under "Parties," there's that paragraph. So just  
 3 read it to yourself and let me know when you're  
 4 done.

5 A. Finished.

6 Q. Okay. Here in paragraph 1, it describes  
 7 that -- the third sentence says "In her work with  
 8 minors who become pregnant."  
 9 So I want to talk about that. Describe  
 10 specifically what your work is with minors who  
 11 become pregnant.

12 MS. O'NEILL: Objection; form.  
 13 You can answer.

14 THE WITNESS: So at the time of the filing  
 15 my work with minors would be, again, broadly minors  
 16 who are survivors of sexual assault who would seek  
 17 assistance or representation through that process.  
 18 It's foreseeable that somebody who  
 19 suffers sexual violence could become pregnant, so  
 20 that is something that is foreseeable that would  
 21 happen to a minor that seeks my help for  
 22 representation.

23 Q. (BY MR. CRAIG) So how many minors who  
 24 are pregnant did you work with?

25 A. Again, I didn't have any, to my

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1 knowledge. Again, not to say that any of the  
 2 educational materials that I provided wouldn't have  
 3 been viewed or received by a minor who became  
 4 pregnant.  
 5 Q. Okay. And outside of your work with the  
 6 Idaho Coalition, how many minors have you worked  
 7 with who are pregnant?  
 8 A. None yet.  
 9 Q. I want you to turn to paragraph 43 of  
 10 the complaint and just read it to yourself and then  
 11 let me know when you're done reading it.  
 12 A. You said 43?  
 13 Q. 43, yes.  
 14 A. Okay.  
 15 Q. You write on paragraph 43, it says that  
 16 you were "driven by your belief in bodily autonomy  
 17 for every citizen."  
 18 What do you mean by that?  
 19 A. It seems self-explanatory. I believe  
 20 that every person, every citizen, should have the  
 21 right to make their own choices as to their bodily  
 22 autonomy.  
 23 Q. What do you mean by "bodily autonomy"?  
 24 What does that mean to you?  
 25 A. Choices that affect them personally and

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1 their body.  
 2 Q. And by that, do you mean, like, medical  
 3 decisions?  
 4 A. Healthcare would be a very big factor,  
 5 yes.  
 6 Q. Are there other parts of bodily autonomy  
 7 that you think -- yeah. Are there other parts of  
 8 bodily autonomy other than healthcare?  
 9 A. Yes. Everything that affects the body  
 10 of a person is bodily autonomy, dying my hair a  
 11 certain color, piercing my ears.  
 12 Q. And then you write in there that your  
 13 "words and actions seek to convey this belief."  
 14 How do your words and actions convey  
 15 that belief?  
 16 A. I don't completely understand the  
 17 question. I think, again, it's kind of  
 18 self-explanatory. I supported my belief that  
 19 everybody can see my actions by trying to support  
 20 those who seek to make decisions for themselves.  
 21 Q. So specifically what actions have you  
 22 taken to convey your belief in bodily autonomy for  
 23 every citizen?  
 24 A. I've provided advice to the community,  
 25 I've provided educational trainings, I've been

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1 asked to speak on the matter, I've provided  
 2 interviews to the media on how important it is,  
 3 especially for survivors of DVSA, I've -- in my  
 4 work as an attorney representing minors, I have  
 5 made it a cornerstone that the minors are the  
 6 clients and they get to determine, as any client  
 7 would, the decisions that they make pertaining to  
 8 their case.  
 9 Q. So when you work with minors, do you  
 10 work with their parents or guardians as well?  
 11 MS. O'NEILL: Objection; form.  
 12 You can answer.  
 13 THE WITNESS: If the minor wishes to involve  
 14 their parents and they give permission to, I do.  
 15 Generally that has been the case.  
 16 Q. (BY MR. CRAIG) I want you to turn to  
 17 paragraph 57 of the complaint. Again, read that to  
 18 yourself and then let me know when you're done.  
 19 A. Okay.  
 20 Q. So what support and aid have you  
 21 provided to pregnant minors?  
 22 A. Well, again, the information and  
 23 resources that I have provided is general education  
 24 or talks where I know minors are part of the  
 25 audience, and my assumption is that some of them or

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1 someone they know, the information would get back  
 2 to them.  
 3 Q. Are you able to provide any information  
 4 on specific pregnant minors that you've provided  
 5 support and aid to?  
 6 A. No.  
 7 Q. Is that because you've not helped any  
 8 specific minors who are pregnant?  
 9 A. I've not --  
 10 MS. O'NEILL: Objection; form.  
 11 You can answer.  
 12 THE WITNESS: I've not helped any specific  
 13 minors where pregnancy or healthcare was a concern  
 14 that they needed my advice on.  
 15 Q. (BY MR. CRAIG) You talked about  
 16 materials that you -- that the Idaho Coalition  
 17 would provide on various topics.  
 18 Did you help create those materials?  
 19 A. I did help create and I was in the  
 20 process of recreating new information materials to  
 21 be updated after Dobbs and after this law was  
 22 passed, but because of the law and my -- my lack of  
 23 clarity on definitionally what actions could be  
 24 prohibited, I stopped my work, and I didn't proceed  
 25 in disseminating the information.

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1 Q. So is there any published material from  
 2 the Idaho Coalition that you did help create?  
 3 A. Yeah. Yes, there's information. I  
 4 don't know specifically where it is or -- I don't  
 5 have access to it.  
 6 Q. And so what would that publication -- or  
 7 what would those publications be, like, generally?  
 8 Are they, like, pamphlets or, you know, legal  
 9 rights questions or those types of things? What  
 10 type of stuff did you work on creating?  
 11 A. There are pamphlets. Again, under the  
 12 grant, there are specific requirements for  
 13 completing the grant, and under the newest  
 14 iteration of the legal services grant that I worked  
 15 under, it was required as a grant condition that  
 16 throughout the grant period at least two different  
 17 publications would be created. So this would have  
 18 been part of that.  
 19 There's also presentations, PowerPoint  
 20 presentations, and other materials that I created  
 21 and then presented to different groups of people.  
 22 Q. And what were the pamphlets discussing?  
 23 A. A broad range of legal services, letting  
 24 people know about options to seek civil legal  
 25 services, and then also providing resources and

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1 information on various resources that are important  
 2 for survivors to know and to understand where to  
 3 access help.  
 4 Q. Did any of those publications or  
 5 pamphlets or PowerPoint presentations discuss  
 6 abortion?  
 7 A. Yes.  
 8 Q. And what was the nature of the ones  
 9 talking about abortion?  
 10 A. It varied. Some -- as you can imagine,  
 11 after Dobbs and then the following year with the  
 12 different state legislation that came up during the  
 13 state legislative session, there was a lot of  
 14 confusion and there was a lot of fear and questions  
 15 that occurred from the various different partners,  
 16 advocates.  
 17 So specifically I do recall having  
 18 created a presentation at one point in time to try  
 19 and give updates to the newest status as to where  
 20 everything was regarding abortion and what was  
 21 legal and not legal and what information could be  
 22 shared, should be shared, might be questionable,  
 23 might be over the line now so that advocates and  
 24 programs can understand where their liability was.  
 25 Q. And did you end up doing that

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1 presentation?  
 2 A. Yes.  
 3 Q. And who was the audience for that  
 4 presentation?  
 5 A. Primarily advocates, program staff,  
 6 those who serve kind of the front-line triage of  
 7 survivors seeking assistance.  
 8 Q. Do you know when you gave that  
 9 presentation?  
 10 A. Approximately September of '22? Was '22  
 11 right? Yeah. I think Dobbs was '22. So it would  
 12 have been September.  
 13 Q. So you said that the audience was  
 14 primarily advocates, program staff, those that are  
 15 providing services.  
 16 Is there anyone other than those?  
 17 A. I don't know because, again, there was  
 18 saved information that was disseminated to people  
 19 who participated in that. We did ask that it  
 20 wasn't shared widely or publicly at the time  
 21 because of the ever-evolving situation with the law  
 22 and that it could be outdated. But to the extent  
 23 that somebody didn't honor that, I wouldn't know.  
 24 Q. Was that an online presentation or was  
 25 it an in-person presentation?

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1 A. It was virtual.  
 2 Q. Do you know how many people  
 3 participated?  
 4 A. I don't. I do know that during that  
 5 presentation, there were three other attorneys  
 6 involved, and we had discussions about the state of  
 7 abortion rights and the legality of what actions  
 8 could take place, and we did not have a consensus  
 9 on every issue. There were some that were more  
 10 risk-averse and some that thought that it was --  
 11 some actions were more appropriate than others. It  
 12 was a confusing -- it was probably confusing.  
 13 Q. To your knowledge, were there any minors  
 14 who participated in that presentation?  
 15 A. Again, to my knowledge, I don't think so  
 16 because during that presentation, I don't recall  
 17 there being any minors. But to the extent that the  
 18 information was maybe disseminated after the fact,  
 19 I don't know, and a minor may have seen it. I have  
 20 no way of knowing that.  
 21 Q. How many times did you do that  
 22 particular presentation?  
 23 A. That one, once.  
 24 Q. Were there any other pamphlets or  
 25 presentations on abortion that you helped create or

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1 **presentation that you did?**

2 A. No. Like I said, we were in the

3 process -- I was in the process of redoing the

4 brochures and pamphlets that are required for the

5 grant, and my plan was to update the resources and

6 the information in order to account for Dobbs and

7 the trigger ban and everything that happened during

8 that very short period of time.

9 The other thing to understand is that

10 before all of this happened, abortion was not a

11 legal question. It was strictly a healthcare

12 question. So somebody who was seeking an abortion

13 had no reason to seek my advice because there's --

14 I'm not a medical professional. I can't give you

15 healthcare advice on that situation.

16 So it didn't become a legal question

17 until the law changed. So to the extent that we

18 needed to update information that now did implicate

19 maybe legal education where it was not previously

20 required, that was something that I was thinking

21 through and needed to account for but wasn't able

22 to distribute those before.

23 **Q. Now, you said you were in the process of**

24 **updating the materials.**

25 **Did you ever complete those updates?**

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1 A. No. Like I said, this law passed and

2 I -- in the interest of safety and not putting

3 myself or others at risk, I had to stop that

4 process.

5 **Q. And you said that you had to create**

6 **materials as part of the grant; is that correct?**

7 A. It's a grant requirement, yes.

8 **Q. And the grant was from the Department of**

9 **Justice Violence Against Women program; is that**

10 **right?**

11 A. Yes.

12 **Q. How much was the grant?**

13 MS. O'NEILL: Objection; form.

14 You can answer if you know.

15 THE WITNESS: I don't know. I know the

16 newest was somewhere in the, like -- actually, I'm

17 not going to guess. I don't know. I don't

18 remember. I'm not going to guess.

19 **Q. (BY MR. CRAIG) Was the grant over a**

20 **million dollars?**

21 MS. O'NEILL: Objection; form.

22 THE WITNESS: No.

23 **Q. (BY MR. CRAIG) Over half a million?**

24 MS. O'NEILL: Objection; form.

25 THE WITNESS: I don't know. I don't

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1 remember. I couldn't speak with any certainty on

2 that.

3 **Q. (BY MR. CRAIG) And were you involved in**

4 **applying for the grants?**

5 A. I was involved with applying for the

6 newest one that would start later this year. It

7 would have started in the fall of last year, but we

8 were -- we hadn't spent all the money down, so we

9 were given a grant extension, which is, like, nine

10 months.

11 So then at the end of that nine months,

12 the new grant would begin, and I was involved in

13 the writing of that grant.

14 **Q. And were there specific topics that the**

15 **grant said you had to cover or were not allowed to**

16 **cover on these pamphlets that you were creating?**

17 A. No. However, anything that was created

18 or published, including PowerPoint presentations,

19 had to first get approved by the OYW, the Office of

20 Violence Against Women, prior to being able to

21 disseminate that. So the brochures would have had

22 to have OYW approval.

23 **Q. Was that a Department of Justice office?**

24 A. Yes.

25 **Q. So you were in the process of creating**

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1 **some pamphlets, but then you stopped.**

2 **Can you give me more details on the**

3 **specific topics of the pamphlets that you were**

4 **creating or the publications?**

5 A. Well, I think I described them already.

6 Like I said, they were educational materials that

7 were primarily aimed at the different age groups.

8 I believe the plan was one for the younger side of

9 that group and then one towards the older side.

10 **Q. What were the age groups?**

11 A. 11 to 24. So it would be basically

12 those who were probably before high school

13 graduation and then those who were older, and just

14 creating -- they were informational. They would be

15 educational as to things that survivors should

16 know, places they could contact, letting them know

17 that they had legal rights, letting them know that

18 there were various avenues they could pursue.

19 The thing that is difficult when it

20 comes to survivors, oftentimes, is that there's

21 very -- it gets narrowed down very much to the

22 public and to whether you report or you don't

23 report, and a lot of people's understanding of that

24 is whether there is a criminal investigation or not

25 a criminal investigation.

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1 The part that is lacking in knowledge  
 2 that primarily these brochures and other  
 3 information was trying to get out was that there  
 4 are other avenues that are not strictly criminal or  
 5 not criminal. You also have civil legal rights,  
 6 like the Title IX process if something happened at  
 7 school, or a CPOR or other things in order to  
 8 educate the differences between legal -- or civil  
 9 and criminal because some people are not ready to  
 10 go through criminal representation or they're  
 11 distrustful of the criminal justice system.

12 Q. All right. So these pamphlets were to  
 13 describe their other legal rights.

14 Like, if you're in school, you could go  
 15 through the Title IX process or you could get a  
 16 civil protection order or those types of things?

17 A. Right. And other resources. So even to  
 18 the extent that you don't want to follow a legal  
 19 process, but you still maybe are the victim of a  
 20 sexual assault and you need mental health  
 21 assistance or medical assistance or where you can  
 22 go to get, like, a forensic exam or something like  
 23 that, because, once again, the decision to pursue  
 24 any legal recourse is not one that can be made in  
 25 that strict amount of time.

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1 So things like having resources to  
 2 programs or things like Faces of Hope or somewhere  
 3 they can do, like, a rape kit where you can  
 4 preserve that information and then decide later if  
 5 you'd like to pursue it or not.

6 So that's all important information that  
 7 my plan was to disseminate. And I would still like  
 8 to, not in concert with the Coalition necessarily,  
 9 but that's still information I think is valid and  
 10 important for everyone to have, and I would gladly  
 11 participate and hope to have the opportunity to  
 12 continue those education efforts.

13 Q. And how much of the -- these pamphlets  
 14 talked about abortion? Like, what kind of  
 15 information would you include on abortion?

16 A. Well, once again, I was in the process  
 17 of redoing the pamphlets, so I don't know how to  
 18 answer that, because I would have included  
 19 information probably on abortion. But, once again,  
 20 prior to late 2022, early 2023 -- actually, I think  
 21 January 2023 the Idaho Supreme Court made their  
 22 final determination on this issue.

23 It wasn't a legal issue. That was  
 24 strictly a medical issue. So providing resources  
 25 in the past, like, here's where you can go for

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1 medical advice, is just a matter of a one-liner  
 2 providing a list of resources to go seek medical  
 3 advice.

4 It then became a legal issue, and that's  
 5 something that, foreseeably, a victim of sexual  
 6 assault is going to have to encounter or could have  
 7 to encounter, and so information on that was likely  
 8 going to be -- there was going to be more.

9 Q. And these brochures that you were  
 10 working on would have had to have gone to the  
 11 Department of Justice and received approval from  
 12 them before publishing; is that right?

13 A. Yes.

14 Q. Did any of the pamphlets that didn't  
 15 exist or brochures or questions or anything like  
 16 that talk about abortion?

17 A. Again, outside of the providing  
 18 information and resources, which included medical  
 19 resources like Planned Parenthood or other places  
 20 to go for medical assistance, no, I don't believe  
 21 so; because prior to this time, it was not a legal  
 22 issue, so we had no business in going into abortion  
 23 discussions.

24 We're not medical educators. I'm not a  
 25 medical educator. I don't know anything about

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1 medicine other than whatever the doctor tells me to  
 2 do.

3 Q. From January 1st, 2021, through the  
 4 present, have you in any way helped any Idaho minor  
 5 obtain an abortion?

6 A. No.

7 Q. From January 1, 2021, through the  
 8 present, have you in any way helped an Idaho minor  
 9 obtain an abortion-inducing drug?

10 MS. O'NEILL: Objection; form.  
 11 THE WITNESS: No.

12 Q. (BY MR. CRAIG) From January 1, 2021,  
 13 through the present, have you ever recruited a  
 14 minor child within Idaho to obtain an abortion?

15 A. I have no idea how to answer that  
 16 question. I don't understand the definition of  
 17 "recruit." I have clearly disseminated  
 18 information. To the extent that that has got  
 19 around to a minor who has then used the information  
 20 to seek an abortion, I don't know. If I would have  
 21 been a part of that, I don't know. I don't know  
 22 what the meaning of "recruit" is.

23 Q. Have you ever talked to a specific minor  
 24 about a specific situation involving the minor's  
 25 pregnancy and needing to get an abortion?

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1 MS. O'NEILL: Objection; form.  
 2 THE WITNESS: Can you restate your --  
 3 Q. (BY MR. CRAIG) Yes. That was a bad  
 4 question.  
 5 I believe you stated that, to your  
 6 knowledge, you have never worked with a minor who  
 7 is pregnant; is that correct?  
 8 A. Directly. Yes, that's correct.  
 9 Q. And so you have never talked to a minor  
 10 about -- directly to a minor who is pregnant about  
 11 abortion resources; is that correct?  
 12 A. I don't know. I will say I have never,  
 13 to my knowledge, talked to a minor who is pregnant  
 14 about abortion resources. I have talked to minors  
 15 about abortion resources. Whether or not they are  
 16 pregnant, I have no idea.  
 17 Q. From January 1, 2021, through the  
 18 present, have you ever harbored a minor within the  
 19 state of Idaho to help the minor obtain an  
 20 abortion?  
 21 MS. O'NEILL: Objection; form.  
 22 THE WITNESS: No, not to my knowledge.  
 23 Q. (BY MR. CRAIG) From January 1, 2021,  
 24 through the present, have you ever physically  
 25 transported a minor girl within the state of Idaho

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1 to help the minor obtain an abortion?  
 2 MS. O'NEILL: Objection; form.  
 3 THE WITNESS: No.  
 4 And going back to your harboring  
 5 question, I just want to add that, like, I don't  
 6 completely understand what that means either, but  
 7 I'm going to stick with "not to my knowledge" as  
 8 the answer.  
 9 Q. (BY MR. CRAIG) You're an attorney,  
 10 right?  
 11 A. I am.  
 12 Q. And you've been licensed for almost  
 13 10 years now, right?  
 14 A. Yes.  
 15 Q. And you know how to read statutes?  
 16 A. I do.  
 17 Q. You've represented criminal defendants  
 18 who have been charged with very serious crimes?  
 19 A. Yes.  
 20 Q. Including murder?  
 21 A. Correct.  
 22 Q. And you know how to read appellate court  
 23 opinions?  
 24 A. Yes.  
 25 Q. And you know how to interpret appellate

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1 court opinions?  
 2 A. Broadly. I don't think it's my job to  
 3 interpret anything. It's my job to absorb the  
 4 information and --  
 5 Q. Well, it's your job to give your clients  
 6 legal advice, correct?  
 7 A. Yes.  
 8 Q. And that includes legal advice on what  
 9 they can or cannot do under statutes?  
 10 A. Correct.  
 11 Q. And that includes reading legal opinions  
 12 that interpret those statutes?  
 13 A. Correct.  
 14 Q. Have you read the Ninth Circuit opinion  
 15 in this case?  
 16 A. I have. It's been a while, but I have.  
 17 Q. And you know how to interpret the Ninth  
 18 Circuit's opinion in this case?  
 19 A. Yes.  
 20 Q. And you know that they have found that  
 21 the abortion trafficking statute is not vague?  
 22 MS. O'NEILL: Objection; form.  
 23 Answer if you understand the question.  
 24 THE WITNESS: Yeah, could you restate the  
 25 question?

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1 Q. (BY MR. CRAIG) You understand that the  
 2 Ninth Circuit Court of Appeals has said that the  
 3 abortion trafficking statute is not  
 4 unconstitutionally vague?  
 5 A. I don't believe that they said that that  
 6 broadly. I, again, would need to re-read, but it's  
 7 not my understanding that it was as broad -- as  
 8 it's not vague because, to my understanding, the  
 9 preliminary injunction was renewed as to portions  
 10 relating to, like, recruiting, so that, obviously,  
 11 was unclear.  
 12 Q. And do you know the reason why they  
 13 allowed the injunction to go forward on the  
 14 recruiting part?  
 15 MS. O'NEILL: Objection; form.  
 16 THE WITNESS: I can't recall off the top of  
 17 my head. I haven't read the decision in a while.  
 18 Q. (BY MR. CRAIG) Has any law enforcement  
 19 officer threatened to enforce Idaho's abortion  
 20 trafficking statute against you?  
 21 MS. O'NEILL: Objection; form.  
 22 THE WITNESS: No.  
 23 Q. (BY MR. CRAIG) Have you been charged  
 24 with violating the abortion trafficking statute?  
 25 A. No.

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1 Q. Have you ever been interviewed by any  
2 law enforcement officer related to the statute?  
3 A. No.  
4 Q. To your knowledge, are you under  
5 investigation or ever been under investigation by a  
6 law enforcement officer for an alleged violation of  
7 the statute?  
8 A. Not to my knowledge.  
9 Q. Are you aware of any investigations that  
10 any law enforcement officers have done anywhere  
11 across the state on investigating allegations of  
12 violations of the abortion trafficking statute?  
13 A. Sorry, could you say that slower? I  
14 didn't completely understand.  
15 Q. Yes, I can talk slower. I was talking  
16 fast. I'm surprised Becky didn't kick me under the  
17 table.  
18 Are you aware of any investigation  
19 anywhere in the state of Idaho for an alleged  
20 violation of the abortion trafficking statute?  
21 A. No, I'm not.  
22 Q. Are you aware of any county prosecutor  
23 who has expressed a refusal to enforce Idaho Code  
24 18-623, the abortion trafficking statute, without  
25 regard to the facts or circumstances of a

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1 particular case?  
2 MS. O'NEILL: Objection; form.  
3 THE WITNESS: I'm sorry, could you repeat  
4 that? That was a lot of information.  
5 Q. (BY MR. CRAIG) Are you aware of any  
6 county prosecutor who has expressed a refusal to  
7 enforce the abortion trafficking statute?  
8 A. No.  
9 Q. Do you have any current plans to help  
10 any minors within Idaho obtain an abortion?  
11 MS. O'NEILL: Objection; form.  
12 THE WITNESS: Yes. In the future I would  
13 like to, as I stated. I would like to do that.  
14 That's my plan is to go forward and be able to  
15 provide minors with that assistance.  
16 Q. (BY MR. CRAIG) Okay. And what are those  
17 specific plans?  
18 A. Well, to continue in my advocacy as an  
19 individual, to continue in providing information,  
20 and to the extent that this all would be  
21 overturned, to continue to provide everything that  
22 I mentioned in the paragraphs that we read earlier  
23 about transportation or assistance.  
24 MR. CRAIG: Let's take a short break. I'll  
25 probably be done, but I just want to review my

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1 notes and then come back. So if we could take --  
2 you guys want 15 minutes so you can plan whatever?  
3 MS. O'NEILL: Sure.  
4 MR. CRAIG: Okay. So we'll come back at  
5 11:35.  
6 (A recess was taken from 11:19 a.m. to 11:37 a.m.)  
7 MR. CRAIG: So just one thing for the record  
8 before I rest, and that's just that: But for the  
9 Court's protective order prohibiting us from asking  
10 questions about our own clean hands defense, I  
11 would ask a whole bunch more questions on that.  
12 But I just want to preserve that for the record.  
13 Other than that, we will rest.  
14 MS. O'NEILL: If we could have five, ten  
15 minutes.  
16 (A recess was taken from 11:37 a.m. to 11:42 a.m.)  
17 EXAMINATION  
18 BY MS. O'NEILL:  
19 Q. Ms. Matsumoto, I just have a few  
20 questions for you.  
21 What do you envision your current law  
22 practice doing or involving?  
23 A. So I am obviously doing some criminal  
24 law right now, but I want to expand on my expertise  
25 as somebody who knows and understands and serves

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1 survivors of DVSA. And I am doing that in my  
2 current practice. I've been involved in some cases  
3 in -- as an investigator in order to provide some  
4 mitigating information to the judge and prosecution  
5 as to defendants who are survivors of DVSA and how  
6 it impacts criminality and how punishment is  
7 appropriate or not because of mitigating factors.  
8 That's something that I intend to continue to do.  
9 And then as a part of that, it makes it  
10 so that I have to continue my relationships with  
11 advocates; and through those relationships, I have  
12 and plan to continue to let them know that I'm  
13 available to serve survivors of DVSA.  
14 I do know that right now at the  
15 Coalition there's not an attorney -- any attorney  
16 on staff that is providing that, so there's  
17 definitely a vacuum for services. As I said  
18 earlier, it was already an underserved area in the  
19 state, and so I'm happy to and plan to and would  
20 like to continue doing that type of work.  
21 Q. When Mr. Craig was asking you about your  
22 prior legal work with the Coalition, when you were  
23 working with survivors of domestic violence, is it  
24 your practice to ask clients if they are pregnant?  
25 A. No, absolutely not.

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1 Q. If they were or were not pregnant, would  
 2 you know?  
 3 A. No, not unless they disclose it to me or  
 4 was physically --  
 5 Q. Okay. And you had also talked about  
 6 when you'd work with other Coalition partners and  
 7 advising them about certain issues.  
 8 Was there ever a situation where they  
 9 would come to you with an example or a hypothetical  
 10 situation?  
 11 A. Yeah. So --  
 12 MR. CRAIG: Object to form.  
 13 THE WITNESS: Sorry.  
 14 So because I was not representing them,  
 15 and that is something I made clear, is that I was  
 16 not their attorney, they understood that  
 17 communications were not protected under  
 18 attorney-client privilege, and so every question  
 19 that had to do with a specific fact pattern was  
 20 posed as hypotheticals, so there was -- but never  
 21 any kind of identifying information.  
 22 But those hypotheticals were posed to me  
 23 and did involve minors who were potentially human  
 24 trafficked, sex trafficked, became pregnant, wanted  
 25 to seek abortion resources, wanted to know those

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1 types of things.  
 2 But again, they're presented as  
 3 hypotheticals. That information isn't protected,  
 4 and the advocates know that, so I would not have  
 5 any specific details about specific individuals.  
 6 Q. (BY MS. O'NEILL) But do you have any  
 7 reason to believe that they were asking about  
 8 pregnant minors?  
 9 MR. CRAIG: Object to form.  
 10 THE WITNESS: Absolutely. I don't think  
 11 they would waste the time calling me about a very  
 12 specific hypothetical fact pattern if it wasn't  
 13 something they were facing.  
 14 Q. (BY MS. O'NEILL) In your current  
 15 practice, what kind of steps are you taking --  
 16 granted it's only been a couple months -- to put  
 17 yourself out there to show that you're willing to  
 18 help pregnant minors navigate these laws?  
 19 A. So, again, in my practice so far, even  
 20 doing, like, criminal defense, I've come on two  
 21 defense teams specifically for my expertise with  
 22 survivors. I have expressed a willingness to  
 23 continue to do that type of work and that type of  
 24 mitigation work, which would include minors who  
 25 need legal representation, and then have discussed

Page 60

1 my plans.  
 2 I've let a lot of people in my life that  
 3 are advocates, other people know, that I'm no  
 4 longer with the Coalition, but I do intend to keep  
 5 doing this type of work.  
 6 I've contacted professionals inside and  
 7 outside of the state as it pertains to mitigation  
 8 work and DVSA expertise and let them know that I'm  
 9 still very much planning to be in this realm, and  
 10 really the shift is just away from being connected  
 11 to the organization and doing it as -- as an  
 12 individual through my practice, and then also just  
 13 being able to expand the ways in which I  
 14 represent the -- at the Coalition I wouldn't have  
 15 been able to do the mitigation work as it involves  
 16 criminal stuff, for example.  
 17 So that's something that is -- really my  
 18 plan is to expand what I was already doing beyond  
 19 the confines of whatever the grantor required.  
 20 Q. (BY MS. O'NEILL) How does this law,  
 21 18-623, abortion trafficking law, impact your  
 22 personal activities?  
 23 A. Well, personally, again, I hold myself  
 24 out there. I talk to friends, neighbors, family  
 25 members all the time, right? I've never tried to

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1 hide the ball about my stance on this subject. And  
 2 my ability to be able to put myself out there as a  
 3 friend and advocate, a trusted individual who could  
 4 help a minor who is -- finds themselves in this  
 5 situation to help them to safely and legally access  
 6 all their healthcare options, that's something that  
 7 I am prevented from doing right now.  
 8 Q. Have you actually talked to minors in  
 9 your life about abortion?  
 10 A. Yes, I have. I have lots of family  
 11 members that are minors, and they have friends, and  
 12 they come to me. They trust me, again, as an adult  
 13 with information who is family but not necessarily  
 14 their parents, so things that they can be -- ask  
 15 questions about or be more forthcoming about, and  
 16 I've always made clear to them that I'm a resource  
 17 and I hope to be a resource and that they could  
 18 come to me with anything. Because as an adult who  
 19 is safe and trusted, their safety is going to be my  
 20 primary function. I'm not worried about getting  
 21 them in trouble or anything like that.  
 22 So, yeah, I've had lots of  
 23 conversations.  
 24 Q. And part of your intent with those  
 25 conversations is to show yourself that you could be

Page 62

1 a resource to those minors in the future?

2 A. Correct.

3 MR. CRAIG: Object to form.

4 Q. (BY MS. O'NEILL) Last few questions

5 here. Mr. Craig and you had talked extensively

6 about the pamphlets you're in the process of

7 creating.

8 Do you recall that?

9 A. Yes.

10 Q. And why, particularly, is a printed

11 pamphlet important to get information out?

12 A. So, yeah, the reason why these -- these

13 relationships with survivors directly or with

14 minors in schools or in the community is important

15 is because the rate of survivors at any age that

16 actually report DV, or especially SA, sexual

17 assault, is so low already. And in particular, in

18 communities that are traditionally marginalized or

19 have other -- there's a deep, deep distrust of the

20 justice system, of authority, of themselves getting

21 into trouble, and so just avoiding institutional

22 authority figures in general is a practice that is

23 common.

24 So the idea behind creating a written

25 communication or educational pamphlet, brochure,

Page 63

1 whatever it is, there's an intent behind that.

2 These people are going to share -- particularly

3 minors, particularly students, people with friends,

4 they're going to share with their friends, with

5 their community, with people who would not

6 themselves go to the school counselor or to the

7 police or to the doctor, even, and get this

8 information because they have a personal fear of

9 what could happen to them.

10 So it's a very common practice for them

11 to disseminate information amongst each other, and

12 to the extent that they're disseminating

13 information, I want that to be correct, legal,

14 safe, and healthy information that is going to have

15 -- anyone whose hands touch it is going to have

16 their best interests.

17 Q. When you said kind of a fear of these

18 groups of institutional authority figures, could

19 that also include law enforcement, in your

20 experience?

21 A. Yes. Absolutely.

22 MR. CRAIG: Object to form.

23 MS. O'NEILL: I don't think I have anything

24 further. Thank you.

25 ///

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1 FURTHER EXAMINATION

2 BY MR. CRAIG:

3 Q. I think you said you talked to minors

4 who were family members or friends of your kids.

5 Any of them pregnant when you're talking

6 to them?

7 A. I don't know. Not to my knowledge, but

8 I don't know.

9 MR. CRAIG: All right. Thank you. I don't

10 have any other questions.

11 MS. O'NEILL: Nothing further.

12

13 (The deposition concluded at 11:52 a.m.)

14 \* \* \*

15 (Signature was requested.)

16

17

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Page 65

1 REPORTER'S CERTIFICATE

2

3 STATE OF IDAHO )

4 ) ss.

5 COUNTY OF ADA )

6 I, REBECCA MARTIN, Certified Shorthand Reporter and

7 Notary Public in and for the State of Idaho, do hereby

8 certify:

9 That prior to being examined, the witness named in

10 the foregoing deposition was duly sworn by me to testify

11 to the truth, the whole truth and nothing but the truth;

12 That said deposition was taken down by me in

13 shorthand at the time and place therein named and

14 thereafter reduced to text under my direction, and that

15 the foregoing transcript contains a full, true

16 and verbatim record of said deposition.

17 I further certify that I have no interest in the

18 event of the action.

19 WITNESS my hand and seal this 17th day of March,

20 2026.


21

22

23

24

25 My Commission Expires: 08-27-2030


  
*Rebecca Martin*
  
 REBECCA MARTIN
   
 RPR and Notary
   
 Public in and for the
   
 State of Idaho

**Exhibit 12**

**Exhibit 12**

In The Matter of:

Lourdes Matsumoto, Northwest Abortion  
Access Fund, and Indigenous Idaho Alliance

v.

Raul Labrador, in his capacity as the  
Attorney General of the State of Idaho

**DEPOSITION OF  
KERRY UHLENKOTT  
February 27, 2026**



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LOURDES MATSUMOTO vs RAUL LABRADOR  
UHLENKOTT, KERRY 02/27/2026

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF IDAHO

LAURDES MATSUMOTO, NORTHWEST )  
ABORTION ACCESS FUND, and )  
INDIGENOUS IDAHO ALLIANCE, )

Plaintiffs, )

vs. )

RAUL LABRADOR, in his )  
capacity as the Attorney )  
General of the State of )  
Idaho, )

Defendant. )

Case No.  
1:23-cv-00323-DKG

REMOTE VIDEOTAPED DEPOSITION OF KERRY UHLENKOTT

February 27, 2026

Reported by:  
Vanessa S. Gosney, CSR, RPR, CRR

LOURDES MATSUMOTO vs RAUL LABRADOR  
UHLENKOTT, KERRY 02/27/2026

Page 2

1 REMOTE VIDEOTAPED DEPOSITION OF KERRY UHLENKOTT

2

3 BE IT REMEMBERED that the remote videotaped

4 deposition of KERRY UHLENKOTT was taken by the

5 Plaintiffs before Treasure Valley Reporting, Vanessa S.

6 Gosney, Court Reporter, Idaho CSR No. 752, Oregon CSR

7 No. 20-0472, Utah CSR No. 14255184-7801, Washington CSR

8 No. 20122235, National RPR No. 8515, and Notary Public

9 in and for the County of Ada, State of Idaho, on Friday,

10 the 27th day of February, 2026, commencing at the hour

11 of 1:14 p.m. in the above-entitled matter.

12

13

14 APPEARING REMOTELY:

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24 Videographer: Chris Ennis

25 Also Present: Joy Williams

Page 4

1 I N D E X

2 E X A M I N A T I O N

3

4 KERRY UHLENKOTT PAGE

5 By: MS. O'NEILL.....6

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8

9

10 E X H I B I T S

11 NO.

12 EXHIBIT 1. Idaho statue 18-623.....20

13 (1 page)

14 EXHIBIT 2. NRLC Post-Roe Model Abortion Law.....25

15 (2 pages)

16 EXHIBIT 3. Stateline News Article.....28

17 (1 page)

18 EXHIBIT 4. Facebook Post. (2 page).....35

19 EXHIBIT 5. Facebook Post. (3 pages).....40

20 EXHIBIT 6. About H 242 - Abortion Trafficking....42

21 (2 pages)

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23

24

25

Page 5

1 P R O C E E D I N G S

2

3 THE VIDEOGRAPHER: We are recording and we

4 are on the record. Today's date is February 27th,

5 2026. The time is 1:14 p.m. Mountain Time.

6 For the record, this is the videotaped

7 deposition of Kerry Uhlenkott. It is taken by the

8 plaintiffs in the matter of Matsumoto, et al.,

9 versus Labrador. It's case number

10 123-CV-00323-DKG. It's in the United States

11 District Court For the District of Idaho.

12 The videotaped deposition is being held

13 remotely via Zoom video conference. The videotaped

14 deposition is being recorded by Chris Ennis and

15 reported by Vanessa Gosney of Treasure Valley

16 Reporting.

17 And if counsel will please state their

18 appearances and any stipulations for the record.

19 MS. O'NEILL: Kelly O'Neill, Legal Voice.

20 O'Neill spelled O-'-N-E-I-L-L. No stipulations at

21 this time that I'm aware of.

22 MR. GREEN: Aaron M. Green and James E.M.

23 Craig for the attorney general's office.

24 MR. BOPP: James Bopp, Jr., for Idaho Right

25 to Life and lawyer for Kerry Uhlenkott.

Page 18

1 information. And in this case, the issue of what  
 2 does the legislation say or mean is a question of  
 3 law. And what any opinions of anyone, including  
 4 legislators themselves, as well as, most  
 5 importantly here, private citizens, is completely  
 6 irrelevant to the Court determining what the  
 7 statute means. I will call that the relevance  
 8 privilege.  
 9 Now, with your permission, rather than  
 10 repeating what I just said ad nauseam in this  
 11 deposition, which may, in fact, be the situation,  
 12 with your permission, when I make an objection, if  
 13 I say I object on the basis of the First Amendment,  
 14 that will be my -- I have already given my little  
 15 speech on that. And when I say based on relevance,  
 16 then I have explained that as well.  
 17 So I will just use the shorthand of we  
 18 object based upon the First Amendment and  
 19 relevance, but the context and the explanation of  
 20 that I have just provided rather than having to  
 21 repeat it each time.  
 22 So is that permissible, Kelly, or do you  
 23 want me to repeat it?  
 24 MS. O'NEILL: Mr. Bopp, I think that's fine  
 25 if you want to do a shorthand of just those two

Page 19

1 titles. We do have a question pending right now.  
 2 MR. BOPP: Yes.  
 3 MS. O'NEILL: So I am clarifying, are you  
 4 ordering your witness not to answer?  
 5 MR. BOPP: No. I was going to that next.  
 6 MS. O'NEILL: Okay.  
 7 MR. BOPP: No. I am not ordering -- and I  
 8 understand when I can do that and when I shouldn't.  
 9 And I will follow-up any objection I make with  
 10 instructions to my client on whether to answer or  
 11 not. All right?  
 12 So that will be how I will handle this.  
 13 So you may answer, Kerry.  
 14 Now, she may not remember the question.  
 15 MS. O'NEILL: Could you repeat the question?  
 16 (The requested record was read.)  
 17 THE WITNESS: How do I provide input to the  
 18 legislators, is that what you're talking about?  
 19 Q. BY MS. O'NEILL: Sure.  
 20 MR. BOPP: Kerry, you're not to rephrase the  
 21 question. It's her obligation to frame the  
 22 question. If you don't understand it, you should  
 23 just say, "I don't understand the question, can you  
 24 rephrase it or provide me more information." All  
 25 right?

Page 20

1 But go ahead, you may complete your  
 2 answer.  
 3 THE WITNESS: I would talk to the  
 4 legislators, meet them one on one, send out e-mails  
 5 to them, texts. But especially with the sponsors,  
 6 I would have probably more communication with them.  
 7 Q. BY MS. O'NEILL: And were you the  
 8 legislative coordinator in 2022?  
 9 A. Correct, I was.  
 10 Q. And how about in 2023?  
 11 A. Yes. Yes, I was still legislative  
 12 coordinator then.  
 13 Q. Were you a registered lobbyist in 2022?  
 14 A. Yes, I was.  
 15 Q. And in 2023 as well?  
 16 A. Correct.  
 17 Q. Okay. I am now going to show you what  
 18 we'll mark as Exhibit 1. My co-counsel is going to  
 19 show that on the screen by sharing her screen. So  
 20 just take a minute to review it when it shows up.  
 21 (Deposition Exhibit No. 1 marked.)  
 22 Q. BY MS. O'NEILL: Ms. Uhlenkott, can you  
 23 see that there?  
 24 A. I can see part of it.  
 25 Q. Okay. And the part that you can see,

Page 21

1 are you familiar with what this document is?  
 2 A. The abortion trafficking bill.  
 3 Q. Are you familiar with the legislation  
 4 that led to this statute?  
 5 A. Yes.  
 6 Q. So you are familiar with House Bill 98,  
 7 correct?  
 8 A. Yes.  
 9 Q. And Idaho House Bill 242; is that right?  
 10 A. Correct.  
 11 Q. Okay. And you were involved in the  
 12 passing of this legislation in your role as  
 13 legislative coordinator, correct?  
 14 A. Correct.  
 15 Q. Okay. When did you become involved in  
 16 this legislation?  
 17 A. It was probably in 2022 when I first  
 18 became aware of this type of legislation.  
 19 Q. Do you recall the month of when you  
 20 became involved?  
 21 A. I don't recall the exact month.  
 22 Q. Okay. Can you recall the season, if it  
 23 was summer, fall, spring?  
 24 A. It was probably fall.  
 25 Q. Okay. Did you work with anyone else on

Page 22

1 this legislation?

2 A. I worked with National Right to Life.

3 And then I -- yeah. And then other groups that

4 are -- that we worked closely with would be the

5 Catholic Diocese, Idaho Family Policy Alliance.

6 That was basically it.

7 Q. Okay. Let's start with the National

8 Right to Life.

9 What was the context of their

10 contributions?

11 A. They provided the model legislation.

12 Q. And what is the model legislation? You

13 know, strike that. We will come back to that in a

14 moment. Strike that question.

15 We how did Idaho Family Policy

16 contribute?

17 MR. BOPP: Kerry, I'm sorry. I am going to

18 object on the basis of both the First Amendment and

19 on the basis of relevance. But you may answer.

20 THE WITNESS: How did they contribute?

21 Q. BY MS. O'NEILL: How were they involved?

22 How did they contribute?

23 A. I don't recall if they actually

24 testified for the bill, but I think they did. I'm

25 not positive, but I think they did.

Page 23

1 Q. And how about the Catholic Diocese, how

2 were they involved?

3 A. Yes. They would have lobbied for it and

4 testified in support of it.

5 Q. We can take this exhibit down now.

6 Did you work with any legislators for

7 this legislation?

8 A. The sponsors of the bill, yes.

9 Q. And who were the sponsors of this bill?

10 A. In the house it was Representative

11 Barbara Ehardt. And in the senate it was Senator

12 Cindy Carlson.

13 Q. Any other legislators that you worked

14 with in Idaho that weren't necessarily cosponsors?

15 A. The cosponsor in the house was Kevin

16 Andrus. And then the senate cosponsor was Senator

17 Lakey.

18 Q. Was there any other legislators that

19 were involved that weren't necessarily in a

20 sponsorship role but were still involved?

21 A. I don't recall. I think I just -- those

22 were basically it.

23 Q. What is a legislative sponsor?

24 A. What is a legislative sponsor?

25 Q. Yes.

Page 24

1 A. They are the ones that sponsor the bill,

2 get it on the docket, are the prime sponsors in

3 debating for the bill in the committees and on the

4 floor.

5 Q. Were you the one to seek out a state

6 legislative sponsor for the legislation that

7 ultimately became 18-623 that we just looked at?

8 A. Yes, I did.

9 Q. Was anyone else involved with seeking

10 out a legislative sponsor or was that tasked to you

11 alone?

12 A. I think that was basically my job to do

13 that.

14 Q. Okay. You mentioned earlier that the

15 National Right to Life submitted the model

16 legislation used for this legislative process for

17 the statute that became 18-623; is that right?

18 MR. GREEN: Object to form.

19 THE WITNESS: That is correct.

20 Q. BY MS. O'NEILL: When did you receive

21 that model legislation?

22 A. It would have been probably sometime in

23 2022.

24 Q. Can you recall the month?

25 A. It would have been probably fall, but I

Page 25

1 don't recall the month.

2 Q. Okay. I am now going to show you what

3 we'll mark as Exhibit 2, which is the National

4 Right to Life proposed legislation, a section

5 specific from that.

6 (Deposition Exhibit No. 2 marked.)

7 Q. BY MS. O'NEILL: Take a minute to review

8 it when it comes on your screen.

9 MR. KEENAN: Is it possible to expand that?

10 THE WITNESS: It's hard for me to read.

11 MS. SUELZLE: Did that help zooming in a

12 little?

13 THE WITNESS: Yeah, that did help. Thank

14 you.

15 Q. BY MS. O'NEILL: Ms. Uhlenkott, if you

16 need my co-counsel to scroll, please let us know.

17 MR. KEENAN: Go ahead and scroll down a

18 little bit.

19 THE WITNESS: Okay. I think I have looked

20 at what you wanted me to look at.

21 Q. BY MS. O'NEILL: Have you completed

22 Section 6?

23 A. Section 6.

24 Q. Okay. Thank you.

25 MS. O'NEILL: You can stop sharing your

Page 26

1 screen.

2 Q. BY MS. O'NEILL: Was that the model

3 legislation that you were referring to from the

4 National Right to Life?

5 A. Well, we had to take the model

6 legislation and codify it to Idaho Code.

7 Q. And how did you go about doing that?

8 A. As I recall, we had to go to the

9 legislative data services and make sure that --

10 that this legislation was in accordance with Idaho

11 Code, basically. I think that's what we had to do

12 with most legislation.

13 Q. And to clarify, that was the model that

14 you received from National Right to Life, correct?

15 A. Correct.

16 Q. Okay. How involved was National Right

17 to Life, in addition to submitting that model

18 legislation, with getting it up to Idaho Code, as

19 you said?

20 MR. GREEN: Object to form.

21 THE WITNESS: That was -- as I recall, that

22 was pretty much it.

23 Q. BY MS. O'NEILL: So National Right to

24 Life provided the model legislation; is that right?

25 A. Yes.

Page 27

1 Q. And gave instructions to change it to

2 match Idaho's laws?

3 A. No, they didn't.

4 MR. GREEN: Object to form. You can still

5 answer. I can't instruct you not to answer.

6 THE WITNESS: Oh, all right. Could you

7 repeat the question, please?

8 MS. O'NEILL: Could you read that back?

9 (The requested record was read.)

10 THE WITNESS: No, National Right to Life did

11 not do that.

12 Q. BY MS. O'NEILL: I can see now that that

13 wasn't a great question. I apologize.

14 After National Right to Life gave you

15 the legislation, did they give you any further

16 instructions on what to do with it?

17 A. I don't recall.

18 Q. Okay. How did you know it might need to

19 be modified to match Idaho's laws?

20 MR. GREEN: Object to form.

21 MR. BOPP: You may answer, Kerry.

22 THE WITNESS: Okay. Thank you.

23 Well, that was based on taking it to the

24 legislative data services and they would make

25 recommendations, as I recall.

Page 28

1 Q. BY MS. O'NEILL: I am now going to show

2 you what we will mark as Exhibit 3. Take a minute

3 to review it once it's on the screen. And what

4 we're going to pay attention to is the last two

5 paragraphs.

6 (Deposition Exhibit No. 3 marked.)

7 Q. BY MS. O'NEILL: So the paragraph

8 starting, "In Idaho," and then the following

9 paragraph too.

10 A. All right.

11 Q. So that section of Exhibit 3 says, "In

12 Idaho, Kerry Uhlenkott, legislative coordinator for

13 Right to Life Idaho, said she and the new law's

14 sponsors were motivated by a story they heard from

15 a single mother whose teen daughter

16 was 'trafficked' to an abortion clinic in Oregon

17 without her knowledge.

18 "A school counselor became aware that

19 the girl was pregnant and took her to a clinic in

20 Oregon without the mother's consent, Uhlenkott

21 said. The mother was horrified that this happened

22 without her knowledge or consent, and she was just

23 heartbroken that she wasn't involved in the

24 decision. That's what got us involved."

25 Did I read that correctly?

Page 29

1 A. That is correct.

2 Q. Who first told you about this alleged

3 incident, of this situation?

4 MR. GREEN: Object to form.

5 THE WITNESS: I don't recall exactly who

6 told us, we just became aware of that situation.

7 Q. When did you first -- I'm sorry, go

8 ahead.

9 A. No, go ahead.

10 Q. When did you first learn about the

11 situation?

12 A. I don't recall, but it was early on in

13 our pursuing legislation.

14 Q. When you say "early on," you mean early

15 2022?

16 A. Yeah. That's why we pursued this

17 legislation.

18 Q. So would you say earlier than fall of

19 2022?

20 A. I don't recall.

21 Q. When you say "early," can you remember a

22 point in time of where it was regarding the life of

23 this legislation?

24 A. It was at the beginning of this

25 legislation. That's why we did it.

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1 Q. So 2022?  
2 A. Uh-huh.  
3 Q. Is that a yes?  
4 A. I believe so, yes.  
5 Q. Okay. And how did you learn about it?  
6 A. We were told about it. I don't remember  
7 exactly how we were told, but we were told -- we  
8 were told that this had happened and that the  
9 mother was heartbroken because she wasn't told  
10 until after it had happened.  
11 Q. And you noted earlier, you said "we were  
12 told." Who is the "we"?  
13 A. Well, it would have been myself, myself  
14 and -- as I recall it was just myself and perhaps  
15 another person in Right to Life of Idaho.  
16 Q. You can't recall who that was?  
17 A. I think it was a board member, as I  
18 recall. Another board member.  
19 Q. Do you remember a name?  
20 A. I don't recall. It was a board member,  
21 her name is Tammy.  
22 Q. Do you recall her last name?  
23 A. Right now I just can't, I'm sorry.  
24 Q. Okay. That's all right.  
25 And you said "we were told."

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1 Do you recall who told you or if an  
2 organization told you about this incident?  
3 A. No. It was a private conversation.  
4 Private -- we were privately told.  
5 Q. Who privately told you?  
6 A. Again, I think -- as I recall, it came  
7 through Tammy.  
8 Q. That Tammy told you?  
9 A. Yes. As I recall.  
10 Q. Okay. Do you know who Tammy heard it  
11 from?  
12 A. As I recall, it was the mother.  
13 Q. Did you ever verify this story with that  
14 mother?  
15 A. I don't recall.  
16 Q. Did you get any kind of documentation  
17 about the story in any way?  
18 A. The documentation would have been from  
19 the mother.  
20 Q. Did you receive any kind of  
21 documentation from the mother yourself?  
22 A. No, but a board member did.  
23 Q. Is that the same board member, Tammy?  
24 A. Yes.  
25 Q. Do you know what kind of documentation

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1 she received?  
2 A. Just from talking to her.  
3 Q. Just a verbal story?  
4 A. Right.  
5 Q. Is anyone else besides you and Tammy  
6 aware of this situation?  
7 A. I don't recall.  
8 Q. Do you know how Tammy knew this mother?  
9 A. I don't recall.  
10 Q. Did you share this story with other  
11 legislators?  
12 MR. BOPP: I object on the basis of the  
13 First Amendment and relevancy.  
14 But you may answer, Kerry.  
15 THE WITNESS: I probably shared it with the  
16 sponsors.  
17 Q. BY MS. O'NEILL: And is that all the  
18 same sponsors you referenced earlier?  
19 A. Yes, correct.  
20 Q. Can you recall which ones? Any  
21 additional ones?  
22 MR. GREEN: Object to form.  
23 Q. BY MS. O'NEILL: I apologize, I will  
24 rephrase that question.  
25 Did you share this story with any other

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1 legislators that you did not mention previously  
2 today?  
3 A. I don't recall, but I probably did.  
4 Q. Do you recall how you shared it with  
5 them?  
6 MR. BOPP: I object to the question on the  
7 basis of the First Amendment and on relevancy.  
8 MR. GREEN: Object to form also.  
9 MR. BOPP: You may answer.  
10 THE WITNESS: It was probably by talking to  
11 our legislators. Perhaps I sent an e-mail, I don't  
12 remember. I don't recall. We didn't share any  
13 private information.  
14 Q. BY MS. O'NEILL: When you say "private  
15 information," what do you mean by that?  
16 A. Any names.  
17 Q. And without sharing it, do you know the  
18 name of the mother and daughter involved today?  
19 MR. BOPP: I object on the basis of the  
20 First Amendment and relevancy.  
21 But you may answer.  
22 THE WITNESS: No, I did not.  
23 Q. BY MS. O'NEILL: Did you think that this  
24 story related to the legislation that you were  
25 seeking that session?

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1 MR. GREEN: Object to form.  
 2 THE WITNESS: Yes.  
 3 Q. BY MS. O'NEILL: Was that a yes?  
 4 A. Yes.  
 5 Q. How did you see this story related to  
 6 the legislation?  
 7 A. This was a minor that was taken out of  
 8 state for an abortion without parental consent.  
 9 Q. Did you believe that that legislation  
 10 would have made it so that this event would have  
 11 been unlawful?  
 12 MR. GREEN: Object to form.  
 13 THE WITNESS: Yes.  
 14 MR. BOPP: And I object on the basis of  
 15 relevance. And she's not -- she's not either  
 16 qualified nor is it relevant, her legal opinion, on  
 17 the effect of the legislation.  
 18 But you may answer.  
 19 THE WITNESS: What was the question again?  
 20 MS. O'NEILL: Ms. Gosney, could you read  
 21 back the last question?  
 22 (The requested record was read.)  
 23 THE WITNESS: Yes.  
 24 MS. O'NEILL: We have been going almost an  
 25 hour now. Would it be okay to take a short break

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1 right now, about five minutes?  
 2 MR. GREEN: Can we do ten, please?  
 3 MS. O'NEILL: Sure. Come back at 2:10  
 4 Mountain Time just to keep it easy.  
 5 MR. GREEN: Sounds good to me.  
 6 MS. O'NEILL: All right.  
 7 MR. BOPP: Thank you.  
 8 THE VIDEOGRAPHER: Okay. So the time is  
 9 2 p.m. Mountain and we are off the record.  
 10 (Break taken from 2:00 p.m. to 2:16 p.m.)  
 11 THE VIDEOGRAPHER: We are recording. The  
 12 time is 2:16 p.m. and we are back on the record.  
 13 Q. BY MS. O'NEILL: Ms. Uhlenkott, do you  
 14 know if Right to Life Idaho has a Facebook account?  
 15 A. Yes, we do.  
 16 Q. And are you familiar with the content of  
 17 that account?  
 18 A. I look at it once in a while, yeah.  
 19 Q. I will show you now what we will mark as  
 20 Exhibit 4. So take a moment to review it once it  
 21 gets on the screen.  
 22 (Deposition Exhibit No. 4 marked.)  
 23 MR. KEENAN: Can you expand it, please?  
 24 Thank you.  
 25 Q. BY MS. O'NEILL: And when you need to

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1 scroll, please let Ms. Suelzle know.  
 2 Ms. Uhlenkott, do you know what this  
 3 document is?  
 4 A. Yes, I do.  
 5 Q. And what is it?  
 6 A. It was an e-mail that was sent out, as I  
 7 recall, to our mailing list.  
 8 Q. Okay. Was it also a Facebook post?  
 9 MR. GREEN: Object to form.  
 10 THE WITNESS: It was also added to Facebook,  
 11 yes.  
 12 Q. BY MS. O'NEILL: Did you have a role  
 13 posting this message?  
 14 A. As I recall, yes.  
 15 Q. All right. And your name is at the  
 16 bottom of the post; is that right?  
 17 A. Right.  
 18 Q. Okay.  
 19 A. Correct.  
 20 Q. So Exhibit 4 says, "Friends of life!  
 21 Great news! After undergoing some recommended  
 22 changes, The Unlawful Abortion Trafficking of a  
 23 Pregnant Minor Bill is on the move again and has a  
 24 new bill number. It is now HB 242." Then has a  
 25 legislative link.

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1 "In Idaho in 2021 alone there were at  
 2 least 9 reported cases of human trafficking for sex  
 3 and slave trafficking involving minors. These are  
 4 just the reported cases." And there is another  
 5 link there.  
 6 "We are also aware of at least one Idaho  
 7 case of a pregnant minor being taken out of state  
 8 for an abortion without her parent's knowledge or  
 9 consent.  
 10 "HB 242 would make abortion trafficking  
 11 of a pregnant minor illegal in Idaho. Please  
 12 contact your Idaho legislators now to support HB  
 13 242." And there's another link.  
 14 And then at the bottom here signed  
 15 multiple people, including Kerry Uhlenkott, RTLI,  
 16 legislative coordinator.  
 17 Did I read that correctly?  
 18 A. Correct.  
 19 Q. Ms. Uhlenkott, the changes here, what  
 20 were the recommended changes that were made?  
 21 A. That was a while ago, but I think it had  
 22 language to do with trafficking across state  
 23 lines -- traveling across state lines. Traveling,  
 24 yes.  
 25 Q. Do you remember the exact language that

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1 EXAMINATION

2 BY MR. BOPP:

3 Q. The first question is, "Does this bill

4 criminalize abortions in other states? No. H 242

5 criminalizes certain adult actions in Idaho." And

6 that's in italics. "The abortion assistance must

7 happen in Idaho," italics, "even if the abortion

8 ultimately occurs in another state."

9 Did I correctly read that?

10 A. Could you repeat it, Jim?

11 Q. I read the first paragraph on the top of

12 this.

13 Did you hear that?

14 A. Yes.

15 Q. Okay. My question was, did I correctly

16 read that paragraph?

17 A. Yes, you did.

18 Q. Okay. And so this says, repeatedly,

19 that the action must happen in Idaho. Now the

20 action is transporting, right?

21 A. Correct.

22 Q. Okay. And as long as the transporting

23 is in Idaho, it doesn't matter where you end up,

24 right?

25 MS. O'NEILL: Objection. Form.

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1 THE WITNESS: That is my understanding.

2 Q. BY MR. BOPP: So it explicitly says,

3 even if the abortion occurred in another state.

4 That doesn't matter as long as the transport

5 occurred in Idaho.

6 A. Correct.

7 Q. Okay. So for instance, if there was an

8 illegal abortion clinic in Idaho, it would apply to

9 the transport to that clinic in Idaho, correct?

10 A. Yes, without parental consent.

11 Q. Right. Without parental consent. And

12 if they end up in another state where the abortion

13 occurred, what is being punished is the transport

14 in Idaho, in Idaho?

15 A. Correct.

16 Q. All right.

17 MR. BOPP: I have no further questions.

18 Thank you.

19 MS. O'NEILL: We have no further follow-up

20 questions. Thank you.

21 MR. GREEN: Nothing from us.

22 THE VIDEOGRAPHER: So then this concludes

23 our video deposition with Kerry Uhlenkott. It is

24 February 27th, 2026. The time is 2:51 p.m.

25 Mountain and we are off the record.

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1 (The deposition concluded at 2:51 p.m.)

2 \* \* \*

3 (Signature was requested.)

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1 REPORTER'S CERTIFICATE

2

3 STATE OF IDAHO )

4 ) ss.

5 COUNTY OF ADA )

6

7 I, VANESSA S. GOSNEY, Certified Shorthand Reporter

8 and Notary Public in and for the State of Idaho, do

9 hereby certify:

10 That prior to being examined, the witness named in

11 the foregoing deposition was by me duly sworn to testify

12 to the truth, the whole truth and nothing but the truth;

13 That said deposition was taken down by me in

14 shorthand at the time and place therein named and

15 thereafter reduced to typewriting under my direction,

16 and that the foregoing transcript contains a full, true

17 and verbatim record of said deposition.

18 I further certify that I have no interest in the

19 event of the action.

20 WITNESS my hand and seal this 11th day of March,


21 2026.


22

23

24

25 My Commission Expires: 10-29-31





VANESSA S. GOSNEY  
 RPR and Notary  
 Public in and for the  
 State of Idaho.

# Exhibit 13

# Exhibit 13

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*Attorneys for Plaintiffs*

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

LOURDES MATSUMOTO, NORTHWEST	)	Case No.: 1:23-
ABORTION ACCESS FUND, and INDIGENOUS	)	CV-00323-DKG
IDAHO ALLIANCE,	)	
	)	DECLARATION OF
<i>Plaintiffs,</i>	)	IRIS ALATORRE
	)	
v.	)	
	)	
RAÚL LABRADOR, in his capacity as the Attorney	)	
General for the State of Idaho,	)	
	)	
<i>Defendant.</i>	)	

I, Iris Alatorre, declare and state as follows:

1. I am older than 21 years of age. I have personal knowledge of the facts contained in this declaration, and am competent to testify about them.
2. The statements herein are true and correct.
3. I am the program manager of the Northwest Abortion Access Fund (“NWAAF”).
4. In this role, I oversee and support case managers who coordinate assistance for individuals seeking access to abortion care in states where such care is lawful.
5. NWAAF is a non-profit entity comprised of a working board, paid staff, and trained volunteers.
6. NWAAF provides emotional, financial, logistical, practical, and informational assistance to those who may become pregnant and need or choose to consider abortion as an option.
7. This includes booking and paying for bus tickets, plane tickets, and rideshare services, and has included arranging for volunteer drivers. It also includes assistance with lodging,

food, and other logistical needs associated with obtaining abortion care, and connecting abortion seekers with an abortion doula for remote emotional support.

8. In the past, NWAAF volunteers—including volunteers in Idaho—have driven individuals, including minors, to abortion appointments, including across state lines when necessary.
9. In fact, when I was a NWAAF volunteer I drove an Idaho minor who needed abortion care to her appointment, which happened to be across state lines.
10. NWAAF—the only independent abortion fund serving the Pacific Northwest—operates in Idaho as well as in Washington, Oregon, and Alaska.
11. NWAAF has always provided its services to abortion seekers of all ages, including minors.
12. NWAAF recognizes that Idaho callers face additional and more complex barriers because they live in a state with a hostile political climate that does not allow them to exercise their choices around their reproductive health.
13. This makes it especially important to support Idahoans to convey solidarity and support.
14. The burden is even higher for Idaho minors, but we seek to treat all Idahoans equally.
15. Idaho Code § 18-623 seeks to criminalize our support for Idaho minors, which impacts our ability to do our work in line with our mission to support all Idahoans.
16. NWAAF used to drive Idaho adults or minors who needed to be transported in order to access abortion health care.
17. This generally happened when other modes of transport were not available to the caller.

18. We did this to make it possible for Idaho callers to reach practitioners and AND as to express our solidarity for the choices Idahoans make about their own bodies.
19. Idaho Code § 18-623 criminalized this behavior as regards Idaho minors.
20. NWAAF values the autonomy of each individual to make the reproductive choices that are right for them whether they are a minor or adult.
21. Therefore, NWAAF paused transporting all Idahoans, a decision we had to make to stay in alignment with our values and comply with the law.
22. We have assisted multiple pregnant Idaho minors to access lawful abortion care, sometimes in situations where one or more parents may or may not have been aware of the minors' pregnancies or abortions, and in circumstances where the minor's abortion appointment required travel to other states. I am aware of at least eight instances in the last five years where we assisted Idaho minors needing to travel for abortion care. In those instances, most were instances where the parent may not have been aware.
23. NWAAF does not believe one is more or less entitled to decide one's reproductive future based on parental involvement and it deliberately does not have policies that would require inquiry into parent involvement and certainly not policies requiring parental approval.
24. My organization and I wish to continue providing pregnant people throughout the region, including minors, with information regarding reproductive health care options, including abortion, without fear of criminal prosecution or imprisonment.
25. My organization and I would like to do so without concern about who else may know or approve of a minor's decision to obtain abortion.

26. Forcing myself and my organization to convey a message to a young person that a minor's abortion decisions are less valid without parental involvement is contrary to our values and deeply held beliefs.
27. Idaho Code § 18-623, the so-called "Abortion Trafficking" statute in Idaho directly impacts the mission and the work of NWAAF.
28. NWAAF, and staff members including myself, wish to continue funding legal, out-of-state abortions for pregnant minor Idahoans (i.e., including directly paying and/or reimbursing out-of-state licensed providers of abortion services and providing financial aid to pregnant Idahoans for that purpose) without the legal requirement of seeking or obtaining consent from any parent or guardian.
29. NWAAF, and staff members including myself, wish to continue providing practical support (such as organizing and funding transportation and lodging) to pregnant minor Idahoans for obtaining legal, out-of-state abortions.
30. NWAAF, and staff members including myself, wish to restart transporting pregnant minor Idahoans who ask for us to drive them to out-of-state licensed providers of safe, legal abortion and accompanying those who want the support of a trusted adult on their journey.
31. All of the actions we have taken, and wish to continue taking, rely on the financial support we receive from donors. NWAAF's donors contribute to our organization because they believe in and want to support our work ensuring that individuals in our region, including minors, are able to access abortion care, if that is the choice they make. Our donors contribute to our organization with the knowledge that when we have supported

pregnant minors, including pregnant minors in Idaho, access abortions, we do not know if that minor's parents or guardian did or did not consent to the abortion.

32. NWAAF's continued ability to fulfill our mission and attract donors depends on our continued ability to support (financially, logistically and otherwise) pregnant people to access abortion care, including pregnant minors in Idaho, even if others disagree with their choice.
33. Our work also relies on the support we have from values-aligned volunteers, who work with us specifically to support our mission of ensuring that all persons, including minors in Idaho, are able to access the full range of reproductive options, including abortion care.
34. Idaho Code § 18-623 is so vague that neither NWAAF, nor I, are certain of which of our usual activities and statements would run afoul of the law.
35. The term "procure" in Idaho Code § 18-623 is vague, confusing, ambiguous, and illogical as applied to the work we do at NWAAF. Is paying for an abortion procuring that abortion if the funds are pledged before an abortion and provided after? Is it procuring by "recruiting" if we give a young person the information they need to find care, and they find that care? If NWAAF provides a gas card that a young person needs for the drive, was that procuring by recruiting? If a caller talks through their travel plans with a volunteer and the volunteer gives them affirmation is that recruiting?
36. I am the one who has to answer the questions that case managers have on their shifts. I find this statute confusing, ambiguous, and illogical in the context of our daily work.

37. NWAAF wants to develop and share a zine with abortion seekers across the region with information and cartoons. Will that be seen as recruiting or targeting minors? Must we not distribute that zine in Idaho?
38. The term “harbor” in I.C. 18-623 is confusing to us too. From the decisions in the case to date it seems it does not cover our booking of hotels or paying for accommodations on the trip, but what if the room is booked under a volunteer’s name because the traveler is a minor?
39. The phrase “intent to conceal” in Idaho Code § 18-623 is confusing to me. We believe that a pregnant person has full control over who to tell or not to tell. We are vocal about this. We don’t think that is an intent to conceal, but in some cases we know that, but for our assistance, a minor may need to tell a parent, and that doing so may not be safe. Is our providing assistance with this knowledge sufficient to show an intent to conceal? How does one procure, recruit, transport, or harbor with an intent to conceal?
40. Most often, the pregnant minors that we work with have the support of their parents in their abortion decisions, even when or if access to funds or broader economic circumstances remain as obstacles.
41. We also understand that parental involvement in a minor’s abortion decision is not always possible or safe or could lead to stigma, isolation, trauma, delay, or abuse.
42. Due to NWAAFs public statements and actions, we expect that minors, including minors in Idaho, will continue to seek our information and our support for help obtaining abortions.

43. Because we are committed to this and believe strongly in this mission, we want to continue to provide all of our usual services to pregnant people and minors, including pregnant people and minors in the state of Idaho without the threat of criminal prosecution.
44. We sometimes set up informational tables at community or public events, where our staff or volunteers share details about our mission and our values, provide information about our work, and request donations to continue to improve access to abortion.
45. We have done this, and want to continue to do so, as a show of support and solidarity with pregnant minors; to let them and to let the community at large know that they are not alone.
46. Without relief from this court, NWAAF's ability to speak about abortions, including speaking with Idaho minors who contact us, in accordance with our mission and with my own personal beliefs, will be irreparably harmed.
47. Without relief from this court, the ability of NWAAF to act in accordance with our mission and beliefs, will be irreparably harmed. These actions include, but are not limited to, providing financial, transportation and logistical assistance to pregnant Idaho minors seeking legal abortions, with or without the knowledge or consent of their parents or guardians.
48. I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

Dated: 4/13/26

*Iris Alatorre*  
Iris Alatorre

**Exhibit 14**

**Exhibit 14**

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**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

LOURDES MATSUMOTO, NORTHWEST  
ABORTION ACCESS FUND, and INDIGENOUS  
IDAHO ALLIANCE,

*Plaintiffs,*

v.

RAÚL LABRADOR, in his capacity as the Attorney  
General for the State of Idaho,

*Defendant.*

) Case No.: 1:23-CV-  
) 00323-DKG  
)  
) DECLARATION OF  
) DARA SNYDER  
)  
)  
)  
)  
)  
)  
)  
)

I, Dara Snyder, declare and state as follows:

1. I am older than 21 years of age. I have personal knowledge of the facts contained in this declaration, and I am competent to testify about them.
2. I am now, and at all times pertinent to this Declaration, have been a resident of the State of Oregon.
3. The statements within this Declaration are within my personal knowledge, and are true and correct.
4. I am the executive director of the Northwest Abortion Access Fund (“NWAAF”).
5. NWAAF is a non-profit entity comprised of a working board, paid staff, and trained volunteers.
6. NWAAF provides emotional, financial, logistical, practical, and informational assistance to those who may become pregnant and need or choose to consider abortion as an option.
7. Idaho’s political and legal landscape has a direct effect on the operations of our organization.
8. Idaho’s political and legal landscape impact our large volunteer base, our donor community, and the assistance we provide to individuals seeking abortion care.
9. One of the core functions at the heart of NWAAF is to send a message in communities that abortion is lawful health care and that people deserve the freedom and support necessary to exercise their reproductive autonomy.
10. NWAAF’s mission is to fund abortion and break down barriers to abortion access.
11. Our stated values emphasize autonomy, reproductive justice, and respect for individuals’ decisions about their bodies and lives.

DECLARATION OF DARA SNYDER

12. We seek to shift culture and public understanding about abortion, advancing our belief that abortion should be normalized and seen as part of ordinary, regular, and necessary health care and to break down barriers to abortion access, including when those barriers are caused by social stigma over abortion.
13. The practical support and funding that NWAAF offers pregnant people is a practical expression of the messages NWAAF seeks to send, in the political climate present in Idaho: that abortion care is legitimate, necessary health care, and that individuals seeking it deserve dignity, compassion, and community support.
14. By paying clinics directly for abortion care, arranging transportation to appointments, and providing lodging for those traveling to obtain abortions, NWAAF publicly manifests our commitment to reproductive autonomy.
15. We believe that abortion access should be facilitated rather than obstructed.
16. Observers—including patients, volunteers, and the public—readily understand this conduct as an expression of solidarity with people seeking abortions and as an affirmation that abortion care should be accessible and supported.
17. Our funding decisions, the way we coordinate travel, and the ways we render assistance for housing or lodging are the mechanisms through which we communicate and advance that message.
18. We believe that our activities embody and convey our core message that individuals should be free to decide whether to continue a pregnancy and should be able to receive support and affirmation in exercising that autonomy. We undertake funding, transportation coordination, and lodging assistance to convey messages of solidarity, as well.

19. At public and community events and gatherings across the states we serve in Pacific Northwest, we also regularly set up information tables where we share information about these services to anyone who needs them, and with any other interested members of the public.

I swear (or affirm) that the foregoing Declaration is true and correct.

Executed on: 4/8/26

(Date)

  
\_\_\_\_\_

Dara Snyder

# Exhibit 15

# Exhibit 15

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*Attorneys for Plaintiffs*

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

LOURDES MATSUMOTO, NORTHWEST  
ABORTION ACCESS FUND, and INDIGENOUS  
IDAHO ALLIANCE,

*Plaintiffs,*

v.

RAÚL LABRADOR, in his capacity as the Attorney  
General for the State of Idaho,

*Defendant.*

) Case No.: 1:23-CV-00323-DKG  
)  
)  
) **DECLARATION OF**  
) **TAI SIMPSON**  
)  
)  
)  
)  
)  
)  
)

I, TAI SIMPSON, hereby declare under penalty of perjury that the following statements  
are true and correct:

1. I am over 21 years of age, I have personal knowledge of the facts contained in this declaration, and I am competent to testify about them.

2. I am a member of the Nimiipuu Nation, also called the Nez Perce Tribe of Idaho. The traditional, usual, and accustomed lands of my people, like those of other tribes whose territory encompasses land within Idaho, are often recognized as transecting and incorporating land within the U.S. state/Canadian provincial boundaries of Washington, Idaho, Montana, Wyoming, British Columbia, and Alberta.

3. My life's calling is to continue to serve the storied culture of my people through trust-based mutual care and aid.

4. To that end, I co-founded and helped organize Indigenous Idaho Alliance (IIA), under the laws of the state of Idaho, in order to facilitate that mutual care and aid.

5. I have been an officer or director of Indigenous Idaho Alliance, Inc., an Idaho 501(c)(3) non-profit organization, since 2012.

6. IIA's work includes serving the five tribes whose traditional, usual, and accustomed lands encompass territory within Idaho, and whose traditional, usual, and accustomed lands are often recognized as transecting and incorporating land within the U.S. state/Canadian provincial boundaries of Washington, Idaho, Montana, Nevada, Utah, Wyoming, California, British Columbia, and Alberta. In this declaration, I may occasionally refer to these lands as "the region."

7. The region has one of the highest per capita populations of Indigenous people in the political boundaries of the United States. IIA's work also includes serving Indigenous people from other tribes across the U.S. who are in this area and far from their reservations and homelands.

8. Our work at IIA is centered around asserting the sovereignty of all Indigenous people by focusing on education, community care, awareness, and collaboration in order to empower a healthy and just Indigenous community in Idaho.

9. IIA does this work in accordance with the storied culture of the Indigenous communities we serve and our tradition of trust-based mutual care and aid.

10. Our priorities and efforts also involve seeking justice for the Missing and Murdered Indigenous People (MMIP) and their families as well as providing support to survivors of gender-based violence.

11. As part of its work prioritizing the health and wellness of the Indigenous communities we serve, IIA provides mutual aid and financial support to community members throughout the region. This includes distributing cash and gift cards to community members, including those assisting minors.

12. IIA has also provided financial and educational support through trusted Indigenous community members working on behalf of young people, including survivors of gender-based violence.

13. Our work in support of our communities' health and well-being also includes assisting individuals seeking medical care in states where such care is lawful.

14. IIA communicates our commitment to mutual aid and to supporting access to legal health care for all people, including minors, at community events, which include sweat lodge, longhouse, and pow wows. These are multigenerational spaces and the information we share is available to community members of all ages.

15. IIA also tables at community events and provides information regarding abortion and other necessary community care needs through pamphlets, Post-Its, condoms, and stickers.

These are also multigenerational spaces and the information we share is available to community members of all ages.

16. Some of IIA's financial assistance has been used by Idaho minors to obtain abortion care outside of Idaho.

17. For example, on or around March 18, 2023, I received a request for mutual aid funds in my role with IIA. I facilitated IIA's provision of funds to a community member, who used those funds to assist a pregnant minor in obtaining a lawful abortion outside of Idaho.

18. I do not know whether those funds were used for the cost of the procedure, travel, or related expenses. I do know that IIA provided funds that enabled the minor to obtain medical care, and that the care sought in this instance was an abortion.

19. Although IIA's funds were used to support abortion access, at the time the funds were provided, I did not know the specific care that would be sought. That is often the case when working under IIA's traditional model. This model is based on community trust, rather than the Western practice of detailed disclosures. This approach reflects our belief that those in need are best positioned to determine what support they require, and that aid can be provided without interrogation.

20. Our work depends on maintaining trust within the community. It is also consistent with our cultural practices to receive information that is voluntarily shared, rather than demand additional details.

21. Because of our Indigenous model of community-based care, in many instances, we learn how funds are used during or after assistance is provided.

22. This is particularly true when we provide support to individuals, including minors, who have experienced gender-based violence. Between 2018 and 2021, IIA provided

financial assistance to three minors seeking care after sexual assault. In each of those instances, a community member close to the minor contacted us and implied the type of assistance needed. In one of these instances, IIA provided financial assistance where we understood that a parent was not aware of the minor's abortion. In the other instances, parents or guardians may or may not have known.

23. We have continued to provide mutual aid to members of the community who continue to help minors, in line with our trust-based model. If the community continues to deeply trust us we will continue to receive specifics about how our aid is used.

24. Because the communities we serve have experience gender-based violence at high rates and because needs in our community often arise as a result of socioeconomic oppression, we foresee being called upon to provide support in situations like these in the future, and in situations where it would not be safe for a parent or guardian to know.

25. These observations are grounded in my experience and informed by research, including work from the Urban Indian Health Institute and related scholarship on violence against Indigenous women and girls.

26. We are approached for support in cases involving abortion health care in part because IIA holds itself out as an advocate and trusted resource for the community. We openly share our belief that all pregnant people, including minors, should be able to access lawful abortion care, and that modern state lines—imposed on lands long inhabited and traversed freely by Indigenous communities—should not restrict movement. Consistent with that role, IIA provides abortion-related information and support through community interactions, including gatherings, ceremonies, and public events.

27. IIA has a long history working with access to reproductive care. We are frequently called upon to help connect people with emergency contraceptives, including through

overnight couriers. IIA distributes emergency contraception to all community members who request it, including to minors.

28. Since the injunction was lifted on transporting or harboring, I have not driven across state lines with a minor. However, I have previously driven adults. Absent Idaho Code § 18-623, IIA would be able to provide the same forms of support to minors that we currently provide to adults, consistent with our existing practices.

29. Since the decision in *Dobbs v. Jackson Women's Health Organization* and Idaho's abortion ban, the communities we serve have needed more support to access lawful abortion care. We do not believe we can withhold information about such care based on age or level of parental involvement.

30. Since *Dobbs*, we have also partnered with other tribal organizations to obtain grant funding to educate our community about abortion options and intend to continue those partnerships following this litigation.

31. To serve our community, we work with a large group of advisors and "aunties" and matriarchs and kinship models, who are closest to those in need. Our work with these trusted adults expresses our shared commitment to protecting vulnerable youth.

32. If we cannot work closely with these trusted individuals—who often understand whether parental involvement is safe—or if we fear prosecution, the mutual aid network we have built will be disrupted. IIA would no longer be trusted. Young people could be exposed to increased harm. This will prevent us from serving young people who seek our support and will hinder our broader work.

33. We routinely coordinate transportation or arrange accommodations for adults seeking abortion or other medical care. We also do this for minors' medical care. The fact that

adults with greater resources have required this assistance for abortion care suggests that such requests from minors would arise.

34. While we do not understand exactly where the line between illegal and legal conduct is under this law, IIA understands that Idaho Code § 18-623 seeks to prohibit and criminalize aspects of our work, including assisting minors in traveling for lawful abortion care and providing information or advice related to abortion access when we know a parent is unaware.

35. Our activities and the mutual aid we provide are undertaken, in part, to convey a message that abortion is lawful health care and that individuals should be able to access such care with dignity, autonomy, and community support.

36. We understand our actions—particularly providing assistance without requiring approval from others—as expressing a clear message about individual autonomy in health care decisions in line with our traditions and beliefs.

37. Our message of support—expressed through our mutual aid—is disrupted and altered if we must assess or inquire into a parent’s involvement in that decision. We cannot change our message or our aid practices to investigate whether funds are being used for an abortion as opposed to another medical need without disrupting the traditions and culture we uphold.

38. IIA does not determine or manage whether a parent or guardian is informed. Those decisions live within the community and with the individuals closest to the situation. Our role is to respond to requests for support, not to direct communication.

39. Our work depends on networks of trusted staff, volunteers, advocates, and community members who collaborate to support individuals seeking abortion care. Through these relationships, we convey a shared message that abortion is lawful medical care in other

states, that personal autonomy matters, and that our communities will support its members without stigma, judgment, or interrogation.

40. Idaho Code § 18-623 has disrupted and continues to disrupt these networks by exposing those within our network, and IIA, to potential criminal liability, particularly where a minor seeks abortion care without clearly defined parental involvement.

41. As a result, the law forces us to choose between chilling, curtailing, modifying, or ceasing our activities, including assisting minors and collaborating with others, or risking prosecution.

42. This harm is compounded by uncertainty about the scope of prohibited conduct, including the meaning of terms such as “procure.” For example, we do not know whether providing a credit card that is used to pay for care, a gas card used for travel to a clinic in another state, or funds to support a trusted adult providing housing and food would be considered procuring, transporting, or harboring. This uncertainty makes it difficult to determine what conduct is lawful and chills our work so that we do not risk inadvertent violations.

43. Our desired activities—including providing information, coordinating care, offering logistical support, and assisting with travel—would continue to expand but for Idaho Code § 18-623. We have the contacts and support networks necessary to provide transportation and housing assistance.

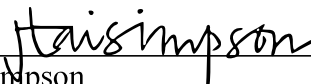
44. Members of IIA’s community networks, including organizers and trusted adults, have in the past provided or facilitated transportation for individuals seeking abortion care, including across state lines. I have done so too. I cannot travel with a minor if I wanted to, which is a restriction on my cross-state movement.

45. When I traveled with a pregnant person for lawful abortion care, it was not merely an act of transportation. I am conveying to that person that I am there for them. That their decision is important and meaningful and theirs to make, but also that that person is not alone and has the support of the community.

46. Actions in our work speak louder than words, particularly in communities often let down by words. Physical accompaniment is a message in the community IIA serves. I see this as particularly important with those who have experienced gender-based violence.

47. The politicization of the bodies of people capable of reproduction in Idaho impacts our efforts to provide messages of support and solidarity to minor survivors of gender-based violence and also disrupts our messages about solidarity across the tribal communities in the Pacific Northwest that may not conform to modern boundaries.

4/13/2026  
Date

  
tai simpson

**Exhibit 16**

**Exhibit 16**



1. I am a Plaintiff in this action. I submit this declaration based on my personal knowledge.

2. I have long worked with young people, ages 11 to 24, who have experienced domestic violence, sexual assault, and related harms. Through that work, I have supported individuals both through legal representation of minors and young adults and by providing information to service providers and advocates who are assisting them.

3. As part of my work and professional interests, I have sought to provide information, guidance, and support to individuals navigating difficult circumstances. I have supported pregnant minors dealing with abortion by providing education, information, and best practices to trusted adults who work with pregnant minors. This support, on the minors' behalf, has included know-your-rights information about accessing abortion in states where it is lawful.

4. In some instances, I have counseled minor individuals or service providers without knowing whether the person seeking assistance was pregnant, including in situations involving survivors of violence. I have never directly asked a minor client or potential client about their pregnancy status.

5. I have spoken publicly and provided education and training on abortion rights. I do not know whether pregnant minors did or did not attend or obtained any written materials I distributed.

6. I may or may not have not provided legal services directly to a pregnant minor, but I have supported pregnant minors through other trusted adults, sharing information on abortion rights and access to help the service provider direct the minor to lawful care.

7. When I filed this lawsuit, I had a different employment position than I do now. I no longer work at the Idaho Coalition Against Sexual & Domestic Violence. I left approximately two months before my deposition in this case, ending my employment in December 2025.

8. Since leaving, I have turned full-time to my private law practice, which I am building up intentionally to continue providing services to young people who have experienced domestic violence, sexual assault, and related harms. While I will provide my services to a wide range of people, those in the 11 to 24 age range whom I have supported for years are important to me and my private practice.

9. Because my name has become well-known among survivor advocacy groups, I have found that young people seeking advice and support are able to locate me due to my professional reputation working for and with young survivors of sexual assault.

10. I have spoken to advocates and others throughout the community about my private practice.

11. For the first months of this year, I was in a trial that took much of my time.

12. Because I will no longer be at the Idaho Coalition Against Sexual & Domestic Violence, I will have fewer restrictions on representing young people following domestic violence and sexual assault.

13. I also am devoting part of my private legal practice to advising individuals who are survivors of domestic violence and sexual assault. This includes support such as helping individuals understand their legal options, connecting them with resources, and, where appropriate, assisting with logistics.

14. If a young person I am assisting tells me that they do not want their parents to know about their reproductive health decisions, including their decision to access abortion care, I would abide by their decision.

15. I have always been active in the lives of young people in my family, and their friends. I have told young people they could come to me for help if they need abortion care. This would include support such as helping understand their options, connecting them with resources, and, where appropriate, assisting with logistics.

16. I worry one of these young people will come to me and I won't be able to provide the support and solidarity I offered because Idaho Code § 18-623 would criminalize that support. The message I have always shared is that I would be a confidential, trusted adult, and I am available and accessible in this capacity.

17. From my work, I know that often no one knows what goes on in a family when no one is watching. No one should be afraid to seek support for reproductive choices out of fear.

18. I understand that organizations like my co-Plaintiffs provide similar forms of support, including financial assistance, transportation coordination, and community-based care, often through networks of volunteers and trusted individuals.

19. I believe engaging in these activities would be a way I could communicate a message that abortion is lawful health care and that individuals deserve dignity, autonomy, and support in accessing it, much louder and more effectively to minors than I can through words.

20. After changes in Idaho's abortion laws, I began taking concrete steps to support minor Idahoans and others who might need help accessing lawful abortion care outside the state.

21. My plan included drafting two separate materials for distribution to the community – one specifically for college-age and one for high school- and middle school-age students.

22. I had also begun taking steps to develop advocate training materials to support and update advocates on how they could legally support abortion care.

23. I also began planning to provide direct support in my personal capacity, including transportation and other forms of assistance, and I started communicating with individuals I know working with organizations who support young people seeking reproductive care.

24. These activities were important to me not only as a matter of practical support, but also because they express a message: that young people have trusted adults who will stand with them, that they are not alone in this political climate, and that they are entitled to make decisions about their own lives and bodies.

25. However, after Idaho enacted Idaho Code § 18-623, I had to stop these efforts.

26. I understood Idaho Code § 18-623 to prohibit or criminalize conduct such as driving minors to appointments for lawful abortion care outside of Idaho, providing accommodations, or offering information or advice related to abortion access where a parent is not involved or where someone might think I have the intent to conceal.

27. I do not believe a minor who does not have parental support is any less entitled to make decisions about their body. I have publicly expressed this. I am concerned this expression would be all that a prosecutor might need to say my assistance reflects an intention to conceal.

28. As a result, I have refrained from engaging in activities that I would otherwise undertake, including serving as a trusted adult for young people seeking support in more physical ways, such as accompanying to appointments or making my home available.

29. I am particularly concerned about the uncertainty surrounding the scope of the law. I do not understand what conduct may be considered “procuring,” “harboring,” or “transporting” under the statute.

30. Because I cannot determine what conduct is prohibited, I am concerned that providing advice, sharing information, or assisting with logistics could expose me to criminal liability. The preliminary injunction has been helpful, but I cannot express all the messages I wish to express without the ability to show my support in accompanying young people to appointments. Organizations do not seem to be facilitating such accompaniment right now with the restrictions on Idaho Code § 18-623. Further, while the preliminary injunction shields me to engage in some speech, it does not presently shield those I would associate with to share the messages I seek to share.

31. This uncertainty has chilled my willingness to communicate with advocates, service providers, and trusted adults who may be supporting young people, particularly where I might learn that a parent is not aware of a pregnancy or abortion decision.

32. No person exists in a vacuum. It often takes many people to support a pregnant minor who has experienced domestic violence, sexual assault and associated harms. I have always thought of the beneficiary of my work and who I help as the young person through the work I do within my professional and personal networks, whether my client is the young person or I am providing community resources to other helpers.

33. It is still my intention to serve as a trusted adult for pregnant young people and to provide support to those seeking lawful abortion care, but for Idaho Code § 18-623.

34. Idaho Code § 18-623 interferes with my ability to share my message and to participate in networks of advocates, community members, and trusted adults who support individuals seeking abortion care.

35. The networks I would want to work within depend on collaboration and trust. If individuals within those networks face potential criminal liability, it fractures those relationships

and prevents people from working together to support those in need. While I have the protection of a preliminary injunction for some of my desired activities, I recognize others do not, which continues to make it difficult for me to work with the networks I need to provide the support that I want to.

36. I would resume and expand my intended activities—including advising individuals, supporting young people, and participating in these networks—if Idaho Code § 18-623 were not in effect.

37. I declare under penalty of perjury that the foregoing is true and correct.

April 13, 2026  
Date

  
Lourdes Matsumoto

**Exhibit 17**

**Exhibit 17**

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*Attorneys for Plaintiffs*

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO

LOURDES MATSUMOTO, NORTHWEST  
ABORTION ACCESS FUND, and  
INDIGENOUS IDAHO ALLIANCE,

Plaintiffs,

v.

RAÚL LABRADOR, in his capacity as the  
Attorney General for the State of Idaho,

Defendant.

Case No. 1:23-cv-00323-DKG

**DECLARATION OF NATIONAL  
RIGHT TO LIFE COMMITTEE  
CERTIFYING RECORDS PURSUANT  
TO FEDERAL RULE OF EVIDENCE  
902(4) & (5)**

**DECLARATION OF NATIONAL RIGHT TO LIFE COMMITTEE, INC. CERTIFYING  
RECORDS PURSUANT TO FEDERAL RULE OF EVIDENCE 902(4) & (5) - 1**

I, Scott Fischbach, certify and declare as follows:

1. I am over the age of 18, am competent to testify to the matters set forth herein, and make these statements based on my own personal knowledge.

2. I am employed by the National Right to Life Committee, Inc., in the position of Executive Director. In this role, I am the duly authorized custodian of records and am authorized to make this certification, and others like it.

3. Attached hereto as **Exhibit 1** is a true and correct copy of the public memoranda sent from James Bopp, Jr., NRLC General Counsel, Courtney Turner Milbank, Joseph D. Maughon to National Right to Life Committee and Whom It May Concern, dated June 15, 2022 regarding “NRLC Post-Roe Model Abortion Law” and previously made available online at <https://nrlc.org>.

4. **Exhibit 1** is a business record created and maintained in the ordinary course of regularly conducted business activity of the National Right to Life Committee. It was first published to the nrlc.org website on or about June 16, 2022.


6. Attached hereto as **Exhibit 2** is a true and correct copy of the public memoranda sent from James Bopp, Jr., NRLC General Counsel, Courtney Turner Milbank, Joseph D. Maughon to National Right to Life Committee and Whom It May Concern, on July 4, 2022, regarding “NRLC Post-Roe Model Abortion Law Version 2,” made available online at: <https://nrlc.org/wp-content/uploads/NRLC-Post-Roe-Model-Abortion-Law-Version-2-1.pdf>.

6. **Exhibit 2** is a business record created and maintained in the ordinary course of regularly conducted business activity of the National Right to Life Committee. It was first published to the nrlc.org website on or about July 14, 2022.

7. Attached hereto as **Exhibit 3** is a true and correct copy of the release for the public memorandum at Exhibit 1 available online at <https://nrlc.org/communications/national-right-to-life-committee-proposes-legislation-to-protect-the-unborn-post-roe/>.

8. **Exhibit 3** is a business record created and maintained in the ordinary course of regularly conducted business activity of the National Right to Life Committee. It was first published to the nrlc.org website on June 15, 2022.

DATE: 3/18/26

  
\_\_\_\_\_  
Scott Fischbach  
Executive Director  
National Right to Life Committee, Inc.

# EXHIBIT 1

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To: National Right to Life Committee and Whom It May Concern

From: James Bopp, Jr., NRLC General Counsel, Courtney Turner Milbank, Joseph D. Maughon

Date: June 15, 2022

Re: NRLC Post-*Roe* Model Abortion Law

**INTRODUCTION**

In the event *Roe v. Wade* is overturned, most States will act to protect unborn life by limiting and prohibiting abortion. This memorandum proposes a model abortion law for a post-*Roe* Nation that builds on the substantial experience the right-to-life movement has had in protecting unborn lives through pro-life legislation.<sup>1</sup>

There are two major parts to legislation to protect unborn life. First is the substantive part: which abortions will be prohibited by the law and which abortions will be allowed and under what conditions. We recommend prohibiting abortion except to prevent the death of the pregnant woman, which has been the accepted policy choice by the pro-life movement since 1973 and for many years before.

The second part is an effective enforcement regime. Traditionally, abortion laws relied on crimi-

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<sup>1</sup> The National Right to Life Committee would like to express its appreciation to the pro-life lawyers and organizations that offered suggestions on previous drafts. Their input was invaluable, but NRLC has the sole responsibility for the final product.

nal enforcement to make pro-life laws effective in protecting unborn life. However, current realities require a much more robust enforcement regime than just reliance on criminal penalties.

In the current environment, criminal penalties have three substantial drawbacks. First, radical Democrat prosecutors have been elected in several counties in almost every State, who regularly refuse to enforce laws that do not meet their social-justice agenda. These include a wide variety of laws, such as immigration laws, drug laws, sex-crime laws, minor criminal offenses and offenses against property.<sup>2</sup> In addition, they will not enforce laws against favored groups such as (recently) Antifa and BLM members who have committed serious and violent acts such as arson and assault on police officers.<sup>3</sup> Abortion-rights advocates are conspiring on how abortion-on-demand can be protected in States that will adopt pro-life laws.<sup>4</sup> A key part of that strategy is for radical Democrat prosecutors to refuse to enforce pro-life laws post-*Roe*.<sup>5</sup> And the reality is that most abortion clinics have already moved to large urban centers and college towns where these radical Democrat prosecu-

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<sup>2</sup> <https://www.usnews.com/news/politics/articles/2021-10-19/district-attorneys-refuse-to-prosecute-some-gop-led-laws>.

<sup>3</sup> <https://www.the-sun.com/news/3123181/hundreds-blm-rioters-looters-vandals-charges-dropped/>; <https://www.ksdk.com/article/news/local/st-louis-riots-missouri-attorney-general-says-circuit-attorney-not-prosecuting-criminals/63-3cf5934f-623d-4f71-ac9f-05c2c2882b78>.

<sup>4</sup> <https://slate.com/news-and-politics/2022/05/red-state-abortion-access-post-roe.html>.

<sup>5</sup> As of 2020, at least 68 local Prosecuting Attorneys from 29 States had declared they would never prosecute individuals performing abortions, <https://fairandjustprosecution.org/wp-content/uploads/2020/10/Joint-Statement-from-Elected-Prosecutors-on-Abortion-Laws-10-14-20.pdf>, and the number is growing. <https://www.texastribune.org/2022/04/21/abortion-texas-lizelle-herrera-prosecutors/>; <https://www.wtae.com/article/allegheeny-county-district-attorney-vows-to-protect-abortion-rights/22107988#>; <https://www.cbsnews.com/pittsburgh/news/dazappala-vows-to-protect-abortion-rights/>; [https://www.nola.com/news/courts/article\\_84ec82aec60-11ec-89a0-6ffddf70f03d.html](https://www.nola.com/news/courts/article_84ec82aec60-11ec-89a0-6ffddf70f03d.html); <https://www.michiganradio.org/criminal-justice-legal-system/2022-05-05/if-roe-goes-some-michigan-county-prosecutors-vow-not-to-prosecute-abortion-cases>.

tors are likely to be elected. If we rely only on criminal penalties, these counties will be sanctuaries for abortion-on-demand. As a result, to effectively enforce pro-life laws, a wide variety of enforcement measures will need to be adopted to supplement criminal enforcement, including licensing penalties, civil remedies, and criminal enforcement by State officials.

Second, as we realized in our Nation's efforts to combat organized crime, prosecuting individual members of an organized criminal enterprise has limited effectiveness. The whole criminal enterprise needs to be dealt with to effectively prevent criminal activity, so RICO-style laws were adopted to provide effective remedies against the whole criminal enterprise.<sup>6</sup> Unfortunately, much of the abortion industry is likely to reemerge and perform illegal abortions, sheltered by radical Democrat prosecutors and other local Democrat officials.<sup>7</sup> This illegal abortion industry will be well-funded and well-organized, operating as an illegal abortion enterprise that will need to be stopped to prevent illegal abortions from occurring.<sup>8</sup>

Finally, the abortion industry can be expected to exploit existing State laws on telehealth and the proximity of States with less protective laws to circumvent pro-life laws in a particular State. Laws preventing telehealth laws from being exploited for illegal abortions and new laws to prevent traf-

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<sup>6</sup> <https://www.justia.com/criminal/docs/rico/>.

<sup>7</sup> At least four cities in three states have already declared themselves abortion "sanctuary cities": San Diego, Oakland, Baltimore, and Ithaca, NY. <https://fox5sandiego.com/news/health/city-council-declares-san-diego-safe-city-for-access-to-abortion/>; <https://www.oaklandca.gov/news/2022/city-of-oakland-declares-itself-a-pro-choice-sanctuary-city>; <https://www.wmar2news.com/news/local-news/baltimore-city-council-unanimously-approves-resolution-supporting-abortion-rights>; <https://ithacavoices.com/2022/05/ithaca-looks-to-become-an-abortion-sanctuary/>.

<sup>8</sup> We are not referring to pro-abortion advocacy groups, whose advocacy for abortion rights is protected by the First Amendment. We are referring to entities that will be performing illegal abortions.

ficking of minors for illegal abortions will be needed.

Our specific recommendations follow, including a Model Abortion Law (*infra* p. 10).

## PROPOSED MODEL ABORTION LAW

### **I. Substantive Part: Abortions, Except to Prevent the Death of the Pregnant Woman; Conspiring to Cause, Aiding or Abetting Illegal Abortions; Trafficking in Abortifacients; and Illegal Abortion Trafficking of a Minor Prohibited**

We recommend prohibitions on (A) performing an abortion except to prevent the death of the pregnant woman, (B) conspiring to cause, or aiding or abetting, illegal abortions, (C) trafficking in abortifacients, and (D) illegal abortion trafficking of a minor, all enforced by criminal penalties.

#### **A. Abortions Prohibited, Except to Prevent the Death of the Pregnant Woman**

We recommend that a person who causes an abortion—subject to an affirmative defense by a physician that the abortion was necessary to prevent the death of the pregnant woman, with safeguards—should be subject to a Level 2 Felony,<sup>9</sup> if the unborn child dies as a result thereof, or a Level 3 Felony, if the unborn child survives.<sup>10</sup> The law should explicitly state that such criminal pen

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<sup>9</sup> Herein, including the draft statutory language, “Level 2 Felony” and “Level 3 Felony” (for example) refer, respectively, to the second and third most severe felony levels in a given criminal-law framework.

<sup>10</sup> It may be necessary in certain states to have additional exceptions, such as for a woman pregnant as a result of rape or incest. In that event, the following language is suggested:

Amended Section 11(a)(1)(C):

(C) an attending physician determines:

(i) based on reasonable medical judgment, that the abortion was necessary to prevent the death of the pregnant woman. No abortion shall be deemed permitted under this Section if performed on the basis of a claim or a diagnosis that the woman will engage in conduct that would result in her death; or

(ii) that the pregnancy results from rape under [state criminal rape statute] or incest under [state criminal incest statute] when documentation is presented to the attending physician that demonstrates that the crime has been reported to law enforcement. The physician shall file the

alties shall not apply to a pregnant woman seeking or procuring an abortion.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 3, 12(a), 12(f).

### **B. Prohibition on Conspiring to Cause, or Aiding or Abetting, Illegal Abortions**

To ensure that all parties participating in an illegal abortion are subject to enforcement, we recommend that the above criminal penalties for performing an illegal abortion should be extended to anyone, except for the pregnant woman, who (a) conspires to cause an illegal abortion or (b) aids or abets<sup>10</sup> an illegal abortion.

Aiding or abetting an illegal abortion should include, but not be limited to: (1) giving instructions over the telephone, the internet, or any other medium of communication regarding self-administered abortions or means to obtain an illegal abortion; (3) hosting or maintaining a website, or providing internet service, that encourages or facilitates efforts to obtain an illegal abortion; (4) offering or providing illegal “abortion doula” services; and (5) providing referrals to an illegal abortion provider. The penalties for such conspiracy, and for such aiding or abetting, would be subject to the affirmative defense for a physician to perform a life-saving abortion.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 4.

### **C. Prohibition on Trafficking in Abortifacients**

We recommend that manufacture of abortifacients and the selling or distributing of

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documentation that a crime has been reported to law enforcement in the pregnant woman's medical record and in the report filed with the [state agency receiving abortion reports].

<sup>10</sup> While this memo, including the draft statutory language, refers to “conspiring” or “aiding or abetting” a crime, we recognize that different States employ different language to refer to this conduct. The language of the prohibition should match the relevant State’s statutes describing such acts.

abortifacients, when a person knows, or has reason to believe, that the person to whom the person sells or distributes an abortifacient intends to use it to cause an abortion, be prohibited.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 5.

**D. Prohibition on Illegal Abortion Trafficking of a Minor**

Finally, we recommend that a person who recruits, harbors, or transports a pregnant minor with the intent to deprive the pregnant minor’s parent of knowledge of, and to procure, an illegal abortion commits illegal abortion trafficking of a minor, a Level 3 Felony.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 6.

**E. Attorney General Criminal Enforcement Authority**

To ensure that prosecutions for illegal abortions occur throughout the State, we recommend that, in addition to the prosecutorial authority granted to local Prosecuting Attorneys to enforce the State’s criminal code, the Attorney General be granted the authority to prosecute any criminal violations of the abortion law either concurrently with Prosecuting Attorneys or under certain circumstances.

For draft statutory language of this provision, *see* Model Abortion Law, Section 7.

## **II. Medical Licensing Board Enforcement**

In addition to the criminal penalties provided above, we recommend requiring the State's medical licensing board to revoke the license of a physician to practice medicine in the State if the Board determines that the physician has violated any provision of the act and to suspend the license of a physician if the Board determines that the physician has failed to make any of the required certifications or reports.

For draft statutory language of this provision, *see* Model Abortion Law, Section 8.

## **III. Civil Actions for Violating the Abortion Law**

In addition to criminal penalties and medical license revocation, civil remedies will be critical to ensure that unborn lives are protected from illegal abortions.

### **A. Civil Remedies to Enforce the Abortion Law**

To further ensure meaningful enforcement against the performance of illegal abortions, we recommend establishing civil remedies to be brought by appropriate state or local officials and by persons related to the pregnant woman. This would permit a civil action against a person or entity that violates any provision of the abortion law for injunctive relief sufficient to prevent future violations; for compensatory damages if the plaintiff has suffered actual injury or harm from the defendant's conduct; for punitive damages, payable to the not-for-profit organization of the plaintiff's choice that provides services to pregnant women; and for costs and reasonable attorney fees.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 9.

### **B. Wrongful Death of an Unborn Child**

We recommend that a civil action for Wrongful Death of an unborn child be available to the woman upon whom an illegal abortion has been performed, the father of the unborn child, and the parents of a minor, permitting recovery of compensatory and punitive damages, and court costs and reasonable attorney fees.

For draft statutory language of this provision, *see* Model Abortion Law, Section 10.

#### **IV. Criminal Penalties for and Civil Remedies Against the Illegal Abortion Industry**

In order to further stem illegal abortion, we further recommend that States disincentivize the receipt of proceeds from illegal abortions. Therefore, we recommend both criminal penalties and civil remedies against a person who receives proceeds from a pattern (two or more instances) of violating the provisions of the abortion law and uses such proceeds to establish or to operate an entity to perform illegal abortions. Such knowing or intentional conduct should be subject to a Level 5 Felony, as well as civil enforcement actions.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 11.

#### **V. Physician Reporting Requirements**

We recommend that reports be required for an abortion to the appropriate state agency by the attending physician, including requiring the physician to certify the facts on the basis of which the physician made the determination that the abortion was necessary to prevent the death of the pregnant woman. Failure to do so should constitute a Class A misdemeanor.<sup>11</sup>

For draft statutory language of these provisions, *see* Model Abortion Law, Section 15.

#### **Model Abortion Law**

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<sup>11</sup> Herein, including the draft statutory language, “Class A misdemeanor” refers to the most severe misdemeanor level in a given criminal-law framework.

**Section 1. Policy**

It is the policy of this state to protect unborn children from individuals and organizations that would cause, [conspire to], or [aid or abet in] the unjust killing of unborn children, unless a termination of a pregnancy is necessary to prevent the death of the pregnant woman, and to protect pregnant women from illegal abortions, to the maximum extent permissible under federal law.

**Section 2. Definitions**

As used in this [act]:

(1) “Abortifacient” means mifepristone, misoprostol or any other chemical or drug dispensed with the intent of causing an abortion.

(2) “Abortion” means the use or prescription of any instrument or device or of an abortifacient:

(A) to intentionally kill, or attempt to kill, the unborn child of a woman known to be pregnant; or

(B) to intentionally terminate, or attempt to terminate, the pregnancy of a woman known to be pregnant, with an intention other than:

(i) to produce a live birth and preserve the life and health of the child if born alive; or

(ii) to remove a dead unborn child or an ectopic pregnancy.

(3) “Action” means any criminal, civil, or administrative proceeding brought under this [act].

(4) “Civil action” means an action under Section 9, 10, 11( c).

(5) “Entity” means an estate, for-profit or nonprofit organization, or other legal organization, including a public corporation, a government, and a governmental subdivision, agency, or instrumentality.

(6) “Fertilization” means the time when the penetration of a male human sperm into a zona pellucida occurs.

(7) “Illegal abortion” means an abortion in violation of Section 3 that is not subject to an affirmative defense under Section 12(a).

(8) “Medical emergency” means a condition that, in reasonable medical judgment, so complicates the medical condition of the 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 physical impairment of a major bodily function, not including psychological or emotional conditions. A condition is not a medical emergency if based on a claim or diagnosis that the woman will engage in conduct which she intends to result in her death or in substantial and irreversible physical impairment of a major bodily function.

(9) “Person” means an individual or entity.

(10) “Physician” means an individual who holds the degree of doctor of medicine or doctor of osteopathy or its equivalent and who holds a valid unlimited license to practice medicine or osteopathic medicine in this state.

(11) “Pregnant” or “pregnancy” means the female reproductive condition of having a living unborn child within her uterus.

(12) “Pregnant minor” means a pregnant woman who is less than eighteen (18) years of

age.

(13) “Reasonable medical judgment” means a medical judgment, based upon the facts known to the physician at the time, that would be made by a reasonably prudent physician who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

(14) “Unborn child” means a living individual organism of the species homo sapiens throughout all stages of the unborn child’s development within a pregnant woman’s uterus from fertilization until birth.

(15) “Woman” means a living, born, and biologically female individual organism of the species homo sapiens.

**Section 3. Prohibition on Causing an Illegal Abortion**

(a) A person who knowingly or intentionally causes an abortion of a pregnant woman that results in the death of the unborn child commits a [Level 2 Felony]. If the unborn child is born alive, the person commits a [Level 3 Felony].

(b) Medical treatment provided to a pregnant woman by a physician that results in the accidental death of or unintentional injury to or death of the unborn child is not a violation of this Section.

**Section 4. [Conspiring] to Cause and [Aiding or Abetting] an Illegal Abortion Prohibited**

(a) It is unlawful for a person to [conspire] to cause an illegal abortion or to [aid or abet] an illegal abortion.

(b) Under [state statute covering conspiracy, generally], a person who knowingly or in-

tentionally [conspires] to cause an illegal abortion violates Section 3 and is subject to the penalties under Section 3.

(c) Under [state statute prohibiting aiding or abetting a crime, generally], a person who knowingly or intentionally [aids or abets] an illegal abortion violates Section 3 and is subject to the penalties under Section 3. The prohibition in this subsection includes, but is not limited to:

(1) knowingly or intentionally giving information to a pregnant woman, or someone seeking the information on her behalf, by telephone, the internet, or any other medium of communication, regarding self-administered abortions or the means to obtain a illegal abortion, knowing that the information will be used, or is reasonably likely to be used, for a self-administered abortion or an illegal abortion;

(2) knowingly or intentionally hosting or maintaining an internet website, providing access to an internet website, or providing an internet service, purposefully directed to a pregnant woman who is a resident of this state, that provides information on how to obtain an illegal abortion, knowing that the information will be used, or is reasonably likely to be used, for an illegal abortions;

(3) knowingly or intentionally offering or providing abortion doula services, knowing that the services will be used, or is reasonably likely to be used, for an illegal abortion;

(4) knowingly or intentionally providing a referral to an illegal abortion provider, knowing that the referral will result, or is reasonably likely to result, in an illegal abortion.

and

(5) knowingly or intentionally providing a referral to an illegal abortion provider and receiving monetary remuneration, or other compensation, from an illegal abortion provider for the referral.

**Section 5. Trafficking in Abortifacients Prohibited**

(a) A person may not:

(1) purposely manufacture an abortifacient; or

(2) possess for sale or distribution, advertise, or hold one's self out as possessing for sale or distribution, offer to sell or distribute, or sell or distribute, an abortifacient when the person knows, or has reason to know, that a person to whom the person sells or distributes an abortifacient intends to use it to cause an abortion.

(b) This Section does not prohibit a pharmacist or a manufacturer or distributor of drugs or surgical supplies from lawfully manufacturing, possessing, offering, selling, or distributing, in the usual course of that person's business or profession, any drug, medicine, instrument, or thing intended for any lawful medical purpose.

(c) A person who knowingly or intentionally violates this Section commits trafficking in abortifacients, a [Level 3 Felony].

**Section 6. Prohibition on Illegal Abortion Trafficking of Minor**

Regardless of where an illegal abortion occurs, a person who knowingly or intentionally recruits, harbors, or transports a pregnant minor who is a resident of this state, with the intent to deprive the pregnant minor's parent of knowledge of, and to procure, an illegal abortion or to obtain an abortifacient, commits promotion of illegal abortion trafficking of a minor, a [Level 3 Felony].

**Section 7. Authority of [Attorney General] to Prosecute Criminal Violation**

Alternative One

[The [Attorney General] has the concurrent authority with a [Prosecuting Attorney] to prosecute a person for a criminal violation of this [act].]

Alternative Two

[The [Attorney General] has the authority, at the [Attorney General's] sole discretion, to prosecute a person for a criminal violation of this [act], if the [Prosecuting Attorney] authorized to prosecute criminal violation of this [act] refuses to prosecute violations of any of the provisions of this [act] by any person without regard to the facts or circumstances.]

Alternative Three

[The [Attorney General] has the concurrent authority with a [Prosecuting Attorney] to prosecute a person for a criminal violation of this [act] in any county where there is a city of the [First or Second class] or an [institution of higher learning] with more than [10,000] students.]

**Section 8. [State Medical Licensing Board] Authority to Revoke or Suspend Medical License for Violation of this [act].**

(a) The [State Medical Licensing Board] shall revoke the license of a physician to practice medicine in this state if the [Board] determines by a preponderance of the evidence (or by a certified copy of the physician's conviction) that the physician committed a violation of this [act], and shall suspend for at least six months the license of a physician to practice medicine in this state if the [Board] determines by a preponderance of the evidence (or by a certified copy of the physician's conviction) that the physician has failed to make any of the certifications required by Section 12(d) or a report required by Section 15.

(b) It is not a defense in any proceeding to revoke or suspend a physician's license under this Section that the physician was not prosecuted for committing a criminal offense under this [act] or, if prosecuted, was acquitted.

**Section 9. Civil Action for Equitable Relief and Damages**

(a) The [Attorney General], a [Prosecuting Attorney], the father of the unborn child, a maternal or paternal grandparent of the unborn child, and a parent or guardian of a pregnant minor may bring an action against a person for violating, for attempting to violate, or for threatening to violate, this [act].

(b) If the person who brings a civil action under this Section prevails in the civil action by proving, by a preponderance of the evidence, that a person has violated, has attempted to violate, or is threatening to violate, this [act], the court shall award:

(1) injunctive relief sufficient to prevent a person from violating, or to remedy a violation of, this [act];

(2) compensatory damages if the person bringing the action has suffered injury or harm from the person's conduct, including, but not limited to, loss of parental care, custody and companionship of the child and emotional distress;

(3) punitive damages, payable to a not-for-profit organization of the choice of the person bringing the action, that provides services to pregnant women; and

(4) court costs and reasonable attorney fees.

**Section 10. Action for Wrongful Death of an Unborn Child**

(a) A woman who obtained an illegal abortion may bring an action for wrongful death of her unborn child against the person who caused the illegal abortion, if the illegal abortion was a proximate cause of the death of her unborn child.

(b) An action for wrongful death of an unborn child is subject to the same defenses and requirements of proof, except any requirement of a live birth, as would apply to an action for wrongful death of a child who had been born alive in this state.

(c) In an action for wrongful death of an unborn child, the person who brings the action may recover:

(1) compensatory damages if the person bringing the action has suffered injury or harm from the person's conduct, including, but not limited to, loss of parental care, custody and companionship of the child and emotional distress;

(2) punitive damages, payable to a not-for-profit organization of the choice of the person bringing the action, that provides services to pregnant women; and

(3) court costs and reasonable attorney fees.

(d) An action for wrongful death of an unborn child may be brought against the person who caused an illegal abortion, if the illegal abortion was the proximate cause of the death of the unborn child and if an action for wrongful death of an unborn child has not been brought by the pregnant woman, by:

(1) the father of the unborn child;

(2) a parent or guardian of a pregnant minor who obtained an illegal abortion;

and

(3) the estate of the pregnant woman, if the pregnant woman died as a result of an illegal abortion.

**Section 11. Criminal Penalties and Civil Remedies Against Persons Associated with Entities Engaging in Illegal Abortion Activity.**

(a) As used in this Section:

(1) “Illegal abortion activity” means an activity that a person knowingly or intentionally:

(A) causes an illegal abortion in violation of Section 3;

(B) [conspires] to cause an illegal abortion in violation of Section 4;

(C) [aids or abets] an illegal abortion in violation of Section 4;

(D) engages in trafficking in an abortifacient in violation of Section 5; or

(E) engages in illegal abortion trafficking of a minor in violation of Section 6.

(2) “Pattern of illegal abortion activity” means that an individual, an entity, or an entity acting through its agents or others that the entity acted in concert with, engaged in at least two (2) incidents of illegal abortion activity that occurred after [the effective date of this [act]].

(3) “Whistle blower” means an employee who brings wrongdoing by an employer or by other employees to the attention of a person authorized to bring an action for a violation of this [act].

(b) A person who:

(1) knowingly or intentionally receives any proceeds directly or indirectly derived

from a pattern of illegal abortion activity;

(2) knowingly or intentionally uses or invests any proceeds directly or indirectly derived from a pattern of illegal abortion activity to acquire an interest in property of, or to establish or to operate, an entity engaged in a pattern of illegal abortion activity;

(3) through a pattern of illegal abortion activity, knowingly or intentionally acquires or maintains, either directly or indirectly, an interest in or control of an entity, or the property of an entity, engaged in a pattern of illegal abortion activity;

(4) is employed by or associated with an entity known by the person to engage in a pattern of illegal abortion activity; or

(5) knowingly or intentionally conducts or otherwise participates in the activities of an entity engaged in a pattern of illegal abortion activity;

commits illegal abortion business activity, a [Level 5 Felony].

(c) The [Attorney General] or a [Prosecuting Attorney] may bring an action to prevent, restrain, or remedy a violation of Section 11(b) by seeking appropriate orders, including, but not limited to:

(1) ordering a person to be divested of any proceeds directly or indirectly derived from a pattern of illegal abortion business activity and of an interest, direct or indirect, in any entity engaged in a pattern of illegal abortion business activity;

(2) imposing reasonable restrictions on the future activities or investments of a person, including, but not limited to, prohibiting a person from engaging in illegal abortion business activity; and

(3) ordering the dissolution or reorganization of an entity engaged in a pattern of illegal abortion business activity, making provision for the rights of innocent persons.

(d) A person may not take any action to impede a whistle blower from communicating with a [Prosecuting Attorney], the [Attorney General], or any other person authorized to bring an action for a violation of this [act], about a possible violation of this [act], including by:

(1) enforcing, or threatening to enforce, a confidentiality agreement or a predispute arbitration agreement with respect to such communications; or

(2) discharging, demoting, suspending, threatening, harassing, directly or indirectly, or in any other manner discriminating against a whistle blower in the terms and conditions of employment.

A person who knowingly or intentionally violates this subsection commits whistle blower tampering, a [Level 5 Felony].

## **Section 12. Protections for a Pregnant Woman**

(a) It is an affirmative defense to any violation of this [act] if a person proves, by a preponderance of the evidence, each of the following:

(1) the abortion was performed by a physician;

(2) the physician obtained in person the informed consent of the pregnant woman, and, if the pregnant woman is a minor, the consent of a parent or guardian of the pregnant minor; however, the consent is not valid if the pregnant woman is coerced into having an abortion;

(3) the physician determined, based on reasonable medical judgment, that the

abortion was necessary to prevent the death of the pregnant woman. An abortion is not permitted under this paragraph if performed on the basis of a claim or a diagnosis that the pregnant woman will engage in conduct that would result in her death;

(4) the physician, based on reasonable medical judgment, performed the abortion in the manner that provided the best opportunity for the unborn child to survive, unless the physician determined that termination of the pregnancy in that manner poses a greater risk of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions, of the pregnant woman than would other available methods. A greater risk under this paragraph does not exist, if based on a claim or diagnosis that the pregnant woman will engage in conduct that would result in her death;

(5) the abortion was performed in a hospital or other health care facility, that has appropriate neonatal services for premature infants; and

(6) the physician who performed the abortion had arranged for the attendance, in the same room in which the abortion was to be performed, of another physician who was to take control of, provide immediate medical care for, and take all steps reasonably necessary to preserve the life and health of the unborn child immediately upon the child's expulsion or extraction from the pregnant woman.

(b) A physician who performs an abortion that is permitted under this subsection need not comply with:

(1) subsection 12(a)(5) and (6), if the post-fertilization age of the unborn child at

the time the abortion was performed was less than twenty (20) weeks;

(2) subsection 12(a)(5), if a medical emergency prevents compliance with subsection 12(a)(5); or

(3) subsection 12(a)(6), if a medical emergency prevents compliance with subsection 12(a)(6).

(c) A physician who performs an abortion that is allowed under Section 12(a) on a pregnant minor shall notify a parent or the guardian of the pregnant minor within twenty-four (24) hours of the abortion and shall so certify in the pregnant minor's medical record.

(d) A physician who performs an abortion that is allowed under subsection 12(a) shall certify in writing in the pregnant woman's medical record the facts on the basis of which the physician made the determinations required by subsection 12(a)(3) and (4), and, if applicable, the facts on the basis of which the physician made the determinations required by subsections 12(a)(5) and (6) and (b). A physician who fails to make a certification required by this subsection commits a [Class A misdemeanor].

(e) A person who knowingly or intentionally coerces a pregnant woman to have an abortion commits a [Level 6 Felony].

(f) This [act] may not be construed to subject a pregnant woman to a criminal penalty or civil liability for any violation of this [act].

### **Section 13. Limitations on Actions Under this [act]**

(a) In a civil action, a court may not award compensatory or punitive damages if a person demonstrates that the person paid, or has been ordered to pay, compensatory or punitive dam-

ages, respectively, in a previous civil action for that particular violation of this [act].

(b) Notwithstanding any other law, a damage award may not be:

(1) paid for, or reimbursed, by an insurance policy, except to the extent that the person against whom the damage award is assessed has insufficient personal assets to pay the total damage award; and

(2) subject to any limitations provided in [state law limiting medical malpractice awards].

(c) Notwithstanding any other law, a civil action may not be brought by a person who, through an act of rape, sexual assault, incest or criminal conduct, impregnated the pregnant woman seeking an illegal abortion.

(d) Notwithstanding any other law, the following are not defenses to an action brought under this [act]:

(1) that the pregnant woman or, if the pregnant woman is minor, a parent or guardian, consented to an illegal abortion.

(2) ignorance or mistake of law;

(3) a person's belief that any provision of this [act] is or was unconstitutional;

(4) a person's reliance on a state or federal court decision that is not binding on the court in which the action has been brought;

(5) non-mutual issue preclusion or non-mutual claim preclusion;

(6) contributory or comparative negligence;

(7) assumption of risk; or

(8) a claim that an action under the [act] will violate a constitutional right of a third party.

(f) Notwithstanding any other law, a court may:

(1) not award attorney fees or costs to a person subject to an action under this [act], unless the action is frivolous, without foundation, or brought in bad faith or for the sole reason for delay;

(2) not award attorney fees or costs to a person who prevails in challenging the constitutionality of this [act] under state law, unless the defense of this [act] is frivolous, without foundation, or brought in bad faith or for the sole reason for delay; and

(3) award attorney fees or costs to a person who prevails in defending the constitutionality of this [act] under state law, even though the challenge to the constitutionality of this [act] was not frivolous, without foundation, or brought in bad faith or for the sole reason for delay.

(g) This [act] may not be construed to impose liability on speech or conduct protected by the First Amendment of the United States Constitution or by [this state's constitution provision on free speech].

(h) Notwithstanding any other law, a person may bring an action not later than six years after the date the action accrues.

#### **Section 14. Miscellaneous Provision**

(a) [Telehealth] under [state statute authorizing telehealth] may not be used to cause an abortion, or to prescribe, sell, or distribute an abortifacient. A person who violates this subsection

commits a [Level 3 Felony].

(b) Notwithstanding any other law, the courts of this state have personal jurisdiction over a person in an action to the maximum extent permitted by the Fourteenth Amendment to the United States Constitution.

(c) In any action brought to challenge the constitutionality of this [act] under state law or the constitutionality or legality of this [act] under federal law:

- (1) the [Attorney General] has the sole authority to defend any state or local public officials or governmental body that are the subject of such suit; and
- (2) the [Attorney General] may retain private attorneys for the defense of such suits and the payment for the attorney fees and costs of such retained private attorneys must be paid out of [the state fund for claims].

**Section 15. Reporting Requirements to [state board of health]**

(a) Every physician who performs an abortion permitted under Section 12(a) shall report the abortion on a form prepared by the [applicable state agency]. For each abortion performed, the report shall include, among other things as determined by the [applicable state agency], the following:

- (1) the full name and address of the physician;
- (2) the date and location, including the facility name and city or town, of the abortion;
- (3) the pregnant woman's:
  - (A) county and state of residence;

- (B) marital status;
  - (C) age; and
  - (D) obstetrical history, including dates of other abortions;
- (4) a certification that the physician obtained in person the informed consent of the pregnant woman, and, if the pregnant woman is a minor, the consent of a parent or guardian of the pregnant minor;
- (5) the following information concerning the abortion:
- (A) the post-fertilization age of the unborn child (in weeks) and the method used for the determination;
  - (B) the gender of the fetus, if detectable;
  - (C) the medical indication by diagnosis code for the unborn child and the pregnant woman;
  - (D) the method of the abortion;
  - (E) if the method of the abortion is by administration of an abortifacient, the precise drugs provided, prescribed, administered, or dispensed, and the means of delivery of the drugs to the pregnant woman;
  - (F) the results of pathological examinations if performed;
  - (G) whether the unborn child was delivered alive, and if so, how long the unborn child lived outside the pregnant woman; and
  - (H) whether the pregnant woman survived the abortion, and if so, for how long;

(6) a certification of the facts on the basis of which the physician made a determination that:

(A) the informed consent of the pregnant woman had been obtained, and, if the pregnant woman is a minor, the consent of a parent or guardian of the pregnant minor, to the abortion and that the consent of the pregnant woman was not coerced;;

(B) a parent or the guardian of the pregnant minor upon whom an abortion had been performed were notified within twenty-four (24) hours of the abortion;

(C) the abortion was necessary to prevent the death of the pregnant woman;

(D) the abortion was performed in the manner which provided the best opportunity for the unborn child to survive, unless the physician determined that termination of the pregnancy in that manner poses a greater risk of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions, of the pregnant woman than would other available methods;

(E) the abortion was performed in a hospital or other health care facility, that has appropriate neonatal services for premature infants;

(F) the physician had arranged for the attendance, in the same room in which the abortion was to be performed, of another physician, including the

name of the second physician, who was to take control of, provide immediate medical care for, and take all steps reasonably necessary to preserve the life and health of the unborn child immediately upon the child's expulsion or extraction from the pregnant woman; and

(G) a medical emergency prevents compliance with subsections 15(a)(6)(E) or (F).

(b) The physician shall complete the form provided for in subsection 15(a) and shall transmit the completed form to the [applicable state agency], in the manner specified on the form, no later than thirty (30) days after the date of each abortion. However, if pregnant woman is a minor, the physician shall transmit the form to the [applicable state agency] and separately to the [state child protection agency] not later than (3) days after the abortion is performed.

(c) The dates supplied on a form under this Section may not be redacted for any reason before the form is transmitted as provided in this Section.

(d) Each failure to complete or timely transmit a form, as required under this Section, for each abortion is a [Class B misdemeanor].

(e) Not later than June 30 of each year, the [applicable state agency] shall compile a public report providing the following:

(1) statistics for the previous calendar year from the information submitted under this Section; and

(2) statistics for previous calendar years compiled by the [applicable state agency] under this subsection, with updated information for the calendar year that

was submitted to the [applicable state agency] after the compilation of the statistics.

The state department shall ensure that no identifying information of a pregnant woman is contained in the report.

(f) The [applicable state agency] shall:

(1) summarize aggregate data from all data submitted under this Section; and

(2) submit the data, before July 1 of each year, to the United States Centers for

Disease Control and Prevention for its inclusion in the annual Vital Statistics Report.

#### **Section 16. Severability**

This [act] is severable under [state statute concerning severability].

#### **Section 17. Effective Date**

This [act] takes effect [date].

#### **NOTE TO LEGISLATIVE DRAFTERS**

Text that appears in brackets in the text of the Act [like this] indicates that the draft should include text that is appropriate for the state. For example, “this [act]” should be changed to “this chapter”, “this article”, “this title”, according to usage in the state. Similarly, “[Level 3 Felony]” should be changed to “Class 3 Felony” or “Level C Felony,” as appropriate.

# EXHIBIT 2

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To: National Right to Life Committee and Whom It May Concern

From: James Bopp, Jr., NRLC General Counsel, Courtney Turner Milbank, Joseph D. Maughon

Date: Independence Day, July 4, 2022

Re: NRLC Post-*Roe* Model Abortion Law Version 2

**INTRODUCTION**

Since *Roe v. Wade* has been overturned, most States will act to protect unborn life by limiting and prohibiting abortion. This memorandum proposes a model abortion law for a post-*Roe* Nation that builds on the substantial experience the right-to-life movement has had in protecting unborn lives through pro-life legislation.<sup>1</sup>

There are two major parts to legislation to protect unborn life. First is the substantive part: which abortions will be prohibited by the law and which abortions will be permitted and under what conditions. We recommend prohibiting abortion except to prevent the death of the pregnant woman, which has been the accepted policy choice by the pro-life movement since 1973 and for many years before.

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<sup>1</sup> The National Right to Life Committee would like to express its appreciation to the pro-life lawyers and organizations that offered suggestions on previous drafts. Their input was invaluable, but NRLC has the sole responsibility for the final product.

The second part is an effective enforcement regime. Traditionally, abortion laws relied on criminal enforcement to make pro-life laws effective in protecting unborn life. However, current realities require a much more robust enforcement regime than just reliance on criminal penalties.

In the current environment, criminal penalties have three substantial drawbacks. First, radical Democrat prosecutors have been elected in several counties in almost every State, who regularly refuse to enforce laws that do not meet their social-justice agenda. These include a wide variety of laws, such as immigration laws, drug laws, sex-crime laws, minor criminal offenses and offenses against property.<sup>2</sup> In addition, they will not enforce laws against favored groups such as (recently) Antifa and BLM members who have committed serious and violent acts such as arson and assault on police officers.<sup>3</sup> Abortion-rights advocates are conspiring on how abortion-on-demand can be protected in States that will adopt pro-life laws.<sup>4</sup> A key part of that strategy is for radical Democrat prosecutors to refuse to enforce pro-life laws post-*Roe*.<sup>5</sup> And the reality is that most abortion clinics have already moved to large urban centers and college towns where these radical Democrat prosecutors are likely to be elected. If we rely only on criminal penalties, these counties will be sanctuaries for abortion-on-demand. As a result, to effectively enforce pro-life laws, a wide variety

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<sup>2</sup> <https://www.usnews.com/news/politics/articles/2021-10-19/district-attorneys-refuse-to-prosecute-some-gop-led-laws>.

<sup>3</sup> <https://www.the-sun.com/news/3123181/hundreds-blm-rioters-looters-vandals-charges-dropped/>; <https://www.ksdk.com/article/news/local/st-louis-riots-missouri-attorney-general-says-circuit-attorney-not-prosecuting-criminals/63-3cf5934f-623d-4f71-ac9f-05c2c2882b78>.

<sup>4</sup> <https://slate.com/news-and-politics/2022/05/red-state-abortion-access-post-roe.html>.

<sup>5</sup> After *Roe v Wade* was overturned, 90 Prosecuting Attorneys from 31 States declared that they would never prosecute individuals performing abortions. <https://fairandjustprosecution.org/wp-content/uploads/2022/06/FJP-Post-Dobbs-Abortion-Joint-Statement.pdf>.

of enforcement measures will need to be adopted to supplement criminal enforcement, including licensing penalties, civil remedies, and criminal enforcement by State officials.

Second, as we realized in our Nation's efforts to combat organized crime, prosecuting individual members of an organized criminal enterprise has limited effectiveness. The whole criminal enterprise needs to be dealt with to effectively prevent criminal activity, so RICO-style laws were adopted to provide effective remedies against the whole criminal enterprise.<sup>6</sup> Unfortunately, much of the abortion industry is likely to reemerge and perform unlawful abortions, sheltered by radical Democrat prosecutors and other local Democrat officials.<sup>7</sup> This unlawful abortion industry will be well-funded and well-organized, operating as an unlawful abortion enterprise that will need to be stopped to prevent unlawful abortions from occurring.<sup>8</sup>

Finally, the abortion industry can be expected to exploit existing State laws on telehealth and the proximity of States with less protective laws to circumvent pro-life laws in a particular State. Laws preventing telehealth laws from being exploited for unlawful abortions and new laws to prevent trafficking of minors for unlawful abortions will be needed.

Our specific recommendations follow, including a Model Abortion Law (*infra* p. 9).

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<sup>6</sup> <https://www.justia.com/criminal/docs/rico/>.

<sup>7</sup>

<https://www.bloomberg.com/news/articles/2022-06-24/from-washington-d-c-to-seattle-cities-establish-abortion-sanctuaries>

<sup>8</sup> We are not referring to pro-abortion advocacy groups, whose advocacy for abortion rights is protected by the First Amendment. We are referring to entities that will be performing unlawful abortions.

## PROPOSED MODEL ABORTION LAW

### **I. Substantive Part: Abortions, Except to Prevent the Death of the Pregnant Woman; Conspiring to Cause, Aiding or Abetting Unlawful Abortions; Trafficking in Abortion Inducing Drugs; and Unlawful Abortion Trafficking of a Minor Prohibited**

We recommend prohibitions on (A) performing an abortion except to prevent the death of the pregnant woman, (B) conspiring to cause, or aiding or abetting, unlawful abortions, (C) trafficking in abortion inducing drugs, and (D) unlawful abortion trafficking of a minor, all enforced by criminal penalties.

#### **A. Abortions Prohibited, Except to Prevent the Death of the Pregnant Woman**

We recommend that a person who causes an abortion—subject to an affirmative defense by a physician that the abortion was necessary to prevent the death of the pregnant woman, with safeguards—should be subject to a Level 2 Felony,<sup>9</sup> if the unborn child dies as a result thereof, or a Level 3 Felony, if the unborn child survives.<sup>10</sup> The law should explicitly state that such criminal

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<sup>9</sup> Herein, including the draft statutory language, “Level 2 Felony” and “Level 3 Felony” (for example) refer, respectively, to the second and third most severe felony levels in a given criminal-law framework.

<sup>10</sup> It may be necessary in certain states to have additional exceptions, such as for a woman pregnant as a result of rape or incest. In that event, the following language is suggested:

Amended Section 11(a)(1)(C):

(C) an attending physician determines:

(i) based on reasonable medical judgment, that the abortion was necessary to prevent the death of the pregnant woman. No abortion shall be deemed permitted under this Section if performed on the basis of a claim or a diagnosis that the woman will engage in conduct that would result in her death; or

(ii) that the pregnancy results from rape under [state criminal rape statute] or incest under [state criminal incest statute] when documentation is presented to the attending

penalties shall not apply to a pregnant woman seeking or procuring an abortion.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 3.

**B. Prohibition on Conspiring to Cause, or Aiding or Abetting, Unlawful Abortions**

To ensure that all parties participating in an unlawful abortion are subject to enforcement, we recommend that the above criminal penalties for performing an unlawful abortion should be extended to anyone, except for the pregnant woman, who (a) conspires to cause an unlawful abortion or (b) aids or abets<sup>10</sup> an unlawful abortion.

Aiding or abetting an unlawful abortion should include, but not be limited to: (1) giving instructions over the telephone, the internet, or any other medium of communication regarding self-administered abortions or means to obtain an unlawful abortion; (3) hosting or maintaining a website, or providing internet service, regarding how to obtain an unlawful abortion; (4) offering or providing unlawful “abortion doula” services; and (5) providing referrals to an unlawful abortion provider. The penalties for such conspiracy, and for such aiding or abetting, would be subject to the affirmative defense for a physician to perform a life-saving abortion.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 4.

**C. Prohibition on Trafficking in Abortion Inducing Drugs**

We recommend that the selling or distributing of abortion inducing drugs, when a person knows,

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physician that demonstrates that the crime has been reported to law enforcement. The physician shall file the documentation that a crime has been reported to law enforcement in the pregnant woman's medical record and in the report filed with the [state agency receiving abortion reports].

<sup>10</sup> While this memo, including the draft statutory language, refers to “conspiring” or “aiding or abetting” a crime, we recognize that different States employ different language to refer to this conduct. The language of the prohibition should match the relevant State’s statutes describing such acts.

or has reason to believe, that the person to whom the person sells or distributes an abortifacient intends to use it to cause an abortion, be prohibited.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 5.

**D. Prohibition on Unlawful Abortion Trafficking of a Minor**

Finally, we recommend that a person who recruits, harbors, or transports a pregnant minor with the intent to deprive the pregnant minor’s parent of knowledge of, and to procure, an unlawful abortion commits unlawful abortion trafficking of a minor, a Level 3 Felony.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 6.

**E. Attorney General Criminal Enforcement Authority**

To ensure that prosecutions for unlawful abortions occur throughout the State, we recommend that, in addition to the prosecutorial authority granted to local Prosecuting Attorneys to enforce the State’s criminal code, the Attorney General be granted the authority to prosecute any criminal violations of the abortion law either concurrently with Prosecuting Attorneys or under certain circumstances.

For draft statutory language of this provision, *see* Model Abortion Law, Section 7.

**II. Medical Licensing Board Enforcement**

In addition to the criminal penalties provided above, we recommend requiring the State’s medical licensing board to revoke the license of a physician to practice medicine in the State if the Board determines that the physician has violated any provision of the act and to suspend the license of a physician if the Board determines that the physician has failed to make any of the required certifications or reports.

For draft statutory language of this provision, *see* Model Abortion Law, Section 8.

### **III. Civil Actions for Violating the Abortion Law**

In addition to criminal penalties and medical license revocation, civil remedies will be critical to ensure that unborn lives are protected from unlawful abortions.

#### **A. Civil Remedies to Enforce the Abortion Law**

To further ensure meaningful enforcement against the performance of unlawful abortions, we recommend establishing civil remedies to be brought by appropriate state or local officials and by persons related to the pregnant woman. This would permit a civil action against a person or entity that violates any provision of the abortion law for injunctive relief sufficient to prevent future violations; for compensatory damages if the plaintiff has suffered actual injury or harm from the defendant's conduct; for punitive damages, payable to the not-for-profit organization of the plaintiff's choice that provides services to pregnant women; and for costs and reasonable attorney fees.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 9.

#### **B. Wrongful Death of an Unborn Child**

We recommend that a civil action for Wrongful Death of an unborn child be available to the woman upon whom an unlawful abortion has been performed, the father of the unborn child, and the parents of a minor, permitting recovery of compensatory and punitive damages, and court costs and reasonable attorney fees.

For draft statutory language of this provision, *see* Model Abortion Law, Section 10.

### **IV. Criminal Penalties for and Civil Remedies Against the Unlawful Abortion Industry**

In order to further stem unlawful abortion, we further recommend that States disincentivize the receipt of proceeds from unlawful abortions. Therefore, we recommend both criminal penalties and

civil remedies against a person who receives proceeds from a pattern (two or more instances) of violating the provisions of the abortion law and uses such proceeds to establish or to operate an entity to perform unlawful abortions. Such knowing or intentional conduct should be subject to a Level 5 Felony, as well as civil enforcement actions.

For draft statutory language of these provisions, *see* Model Abortion Law, Section 11.

### **V. Physician Reporting Requirements**

We recommend that reports be required for an abortion to the appropriate state agency by the attending physician, including requiring the physician to certify the facts on the basis of which the physician made the determination that the abortion was necessary to prevent the death of the pregnant woman. Failure to do so should constitute a Class A misdemeanor.<sup>11</sup>

For draft statutory language of these provisions, *see* Model Abortion Law, Section 14.

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<sup>11</sup> Herein, including the draft statutory language, “Class A misdemeanor” refers to the most severe misdemeanor level in a given criminal-law framework.

## **NRLC Model Abortion Law**

### **Section 1. Policy**

It is the policy of this state to protect unborn children from individuals and organizations that would cause, [conspire to], or [aid or abet in] the unjust killing of unborn children, unless a termination of a pregnancy is necessary to prevent the death of the pregnant woman, and to protect pregnant women from unlawful abortions, to the maximum extent permissible under federal law.

### **Section 2. Definitions**

As used in this [act]:

(1) “Abortion” means the use or prescription of any instrument or device or of an abortion inducing drug:

(A) to intentionally kill, or attempt to kill, the unborn child of a woman known to be pregnant; or

(B) to intentionally terminate, or attempt to terminate, the pregnancy of a woman known to be pregnant, with an intention other than:

(i) to produce a live birth and preserve the life and health of the child if born alive; or

(ii) to remove a dead unborn child or an ectopic pregnancy.

(1) “Abortion inducing drug” means

Alternative One

“mifepristone, misoprostol or any other chemical or drug dispensed with the intent of causing an abortion.”

Alternative Two

“a medicine, drug, or substance prescribed or dispensed with the intent of terminating a clinically diagnosable pregnancy with the knowledge that the termination will, with reasonable likelihood, cause the death of the fetus. The term includes the off-label use of a drug known to have abortion inducing properties if the drug is prescribed with the intent of causing an abortion.”

(3) “Action” means any criminal, civil, or administrative proceeding brought under this [act].

(4) “Civil action” means an action under Section 9, 10, 11(c).

(5) “Entity” means an estate, for-profit or nonprofit organization, or other legal organization, including a public corporation, a government, and a governmental subdivision, agency, or instrumentality.

(6) “Fertilization” means the time when the penetration of a male human sperm into a zona pellucida occurs.

(7) “Medical emergency” means a condition that, in reasonable medical judgment, so complicates the medical condition of the 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 physical impairment of a major bodily function, not including psychological or emotional conditions. A condition is not a medical emergency if it is based on a claim, diagnosis, or determination that the woman may engage in conduct which she intends to result in her death or in the substantial and irreversible physical impairment of a major bodily function.

(8) “Person” means an individual or entity.

(9) “Physician” means an individual who holds the degree of doctor of medicine or doctor of osteopathy or its equivalent and who holds a valid unlimited license to practice medicine

or osteopathic medicine in this state.

(10) “Pregnant” or “pregnancy” means the female reproductive condition of having a living unborn child within her uterus.

(11) “Pregnant minor” means a pregnant woman who is less than eighteen (18) years of age.

(12) “Reasonable medical judgment” means a medical judgment, based upon the facts known to the physician at the time, that would be made by a reasonably prudent physician who is knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved.

(13) “Unborn child” means a living individual organism of the species homo sapiens throughout all stages of the unborn child’s development within a pregnant woman’s uterus from fertilization until birth.

(14) “Unlawful abortion” means an abortion unless it is permitted under Section 3.

(15) “Unlawful abortion activity” means a violation, an attempted violation, or a threatened violation of:

- (A) Section 3 (unlawful abortion);
- (B) Section 4 [conspires to cause an unlawful abortion];
- (C) Section 4 [aids or abets an unlawful abortion];
- (D) Section 5 (trafficking in an abortion inducing drug); or
- (E) Section 6 (unlawful abortion trafficking of a minor).

(16) “Woman” means a living, born, and biologically female individual organism of the species homo sapiens.

**Section 3. Prohibition on Causing an Unlawful Abortion**

(a) A person who knowingly or intentionally causes an abortion, unless the abortion is permitted under subsection (c), that results in the death of the unborn child, commits unlawful abortion, a [Level 2 Felony]. If the unborn child is born alive, the person commits a [Level 3 Felony].

(b) Medical treatment provided to a pregnant woman by a physician that results in the accidental death of or unintentional injury to or death of the unborn child is not a violation of this Section.

(c) It is an affirmative defense to any violation of this section if a person proves, by a preponderance of the evidence, each of the following:

(1) the abortion was performed by a physician with admitting privileges at a hospital located in the county where the abortion is caused or in a contiguous county;

(2) the physician obtained in person the informed consent of the pregnant woman, and, if the pregnant woman is a minor, the consent of a parent or guardian of the pregnant minor, unless a medical emergency prevents the physician from obtaining consent of a parent or guardian of the pregnant minor; however, the consent is not valid if the pregnant woman is coerced into having an abortion;

(3) the physician determined, based on reasonable medical judgment, that the abortion was necessary to prevent the death of the pregnant woman. An abortion is not permitted under this paragraph if performed on the basis of a claim or a diagnosis that the pregnant woman will engage in conduct that would result in her death;

(4) the physician, based on reasonable medical judgment, performed the abortion

in the manner that provided the best opportunity for the unborn child to survive, unless the physician determined that termination of the pregnancy in that manner poses a greater risk of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function

(5) the abortion was performed in a hospital or other health care facility, that has appropriate neonatal services for premature infants; and

(6) the physician who performed the abortion had arranged for the attendance, in the same room in which the abortion was to be performed, of another physician who was to take control of, provide immediate medical care for, and take all steps reasonably necessary to preserve the life and health of the unborn child immediately upon the child's expulsion or extraction from the pregnant woman.

(d) A physician who performs an abortion that is permitted under subsection (c) need not comply with:

(1) subsection (c)(5) and (6), if the gestational age of the unborn child at the time the abortion was performed was less than twenty (20) weeks;

(2) subsection (c)(5), if a medical emergency prevents compliance with subsection (c)(5); or

(3) subsection (c)(6), if a medical emergency prevents compliance with subsection (c)(6).

(e) If the physician did not get the consent of a parent or guardian of a pregnant minor before an abortion because of a medical emergency, the physician shall notify a parent or the guardian of the pregnant minor within twenty-four (24) hours of the abortion and shall so certify in

the pregnant minor's medical record..

(f) A physician who performs an abortion that is permitted under subsection (c) shall inform the pregnant woman and shall certify in writing in the pregnant woman's medical record the facts on the basis of which the physician made the determinations required by subsection (c)(3) and (4), and, if applicable, the facts on the basis of which the physician made the determinations required by subsections (c)(5) and (6) and (d). A physician who fails to make a certification required by this subsection commits a [Class A misdemeanor].

(g) A person who knowingly or intentionally coerces a pregnant woman to have an abortion commits a [Level 6 Felony].

(h) A pregnant woman who sought or obtained an unlawful abortion shall not be subject to any criminal penalty or civil liability under any law of this state.

(i) A person shall not be subject to a violation of any other law if the act would constitute causing an unlawful abortion under this section.

(j) Any unborn child born alive shall be treated as a person under the law, and a birth certificate shall be issued certifying the child's birth even though the child may subsequently die, in which event a death certificate shall be issued.

**Section 4. [Conspiring] to Cause and [Aiding or Abetting] an Unlawful Abortion Prohibited**

(a) It is unlawful for a person to [conspire] to cause an unlawful abortion or to [aid or abet] an unlawful abortion.

(b) Under [state statute covering conspiracy, generally], a person who knowingly or intentionally [conspires] to cause an unlawful abortion violates Section 3 and is subject to the

penalties under Section 3.

(c) Under [state statute prohibiting aiding or abetting a crime, generally], a person who knowingly or intentionally [aids or abets] an unlawful abortion violates Section 3 and is subject to the penalties under Section 3. The prohibition in this subsection includes, but is not limited to:

(1) Knowingly or intentionally giving information to a pregnant woman who is a resident of this state, or someone seeking the information on her behalf, by telephone, the internet, or any other medium of communication, regarding self-administered abortions or the means to obtain a unlawful abortion, with the intent that the information will be used, or is reasonably likely to be used, for a self-administered abortion or an unlawful abortion.

(2) Knowingly or intentionally hosting or maintaining an Internet web site, providing access to an Internet web site, or providing an Internet service, directed to a pregnant woman who is a resident of this state, that provides information on how to obtain an unlawful abortion, with the intent that the information will be used, or is reasonably likely to be used, for an unlawful abortion in this state.

(3) Knowingly or intentionally offering or providing abortion doula services, with the intent that the services will be used, or is reasonably likely to be used, for an unlawful abortion.

(4) Knowingly or intentionally providing a referral to an unlawful abortion provider, with the intent that the referral will result, or is reasonably likely to result, in an unlawful abortion.

(5) Knowingly or intentionally providing a referral to an unlawful abortion provider and receiving monetary remuneration or other compensation from an unlawful abortion

provider for the referral.

**Section 5. Trafficking in Abortion Inducing Drugs Prohibited**

(a) This section does not apply to a pharmacist or a manufacturer or distributor of drugs or surgical supplies who lawfully manufactures, possesses, offers, sells, or distributes, in the usual course of that person's business or profession, any drug, medicine, instrument, or thing intended for any lawful medical purpose.

(b) A person who knows or has reason to know that another person intends to use the abortion inducing drug to cause an unlawful abortion and who knowingly or intentionally:

(1) delivers an abortion inducing drug to that person; or

(2) possesses an abortion inducing drug with the intent to deliver the abortion inducing drug to that person; or

(3) offers or advertises an abortion inducing drug for sale or delivery to that person;

commits trafficking in an abortion inducing drug, a [Level 3] felony.

**Section 6. Prohibition on Unlawful Abortion Trafficking of Minor**

(a) An adult who, with the intent to:

(1) conceal an unlawful abortion from the parents or guardian of a minor; and

(2) procure an unlawful abortion or obtain an abortion inducing drug for the pregnant minor to use for an unlawful abortion;

recruits, harbors, or transports a pregnant minor within this state, commits unlawful abortion trafficking of a minor, a [Level 3] felony.

(b) It is a defense to a prosecution under this section that a parent or guardian of the

pregnant minor consented to trafficking of the minor.

(c) It is not a defense to a prosecution under this section that the abortion provider or the abortion inducing drug provider is located in another state.

**Section 7. Authority of [Attorney General] to Prosecute Criminal Violation**

Alternative One

[The [Attorney General] has the concurrent authority with a [Prosecuting Attorney] to prosecute a person for a criminal violation of this [act].]

Alternative Two

[The [Attorney General] has the authority, at the [Attorney General's] sole discretion, to prosecute a person for a criminal violation of this [act], if the [Prosecuting Attorney] authorized to prosecute criminal violation of this [act] refuses to prosecute violations of any of the provisions of this [act] by any person without regard to the facts or circumstances.]

Alternative Three

[The [Attorney General] has the concurrent authority with a [Prosecuting Attorney] to prosecute a person for a criminal violation of this [act] in any county where there is a city of the [First or Second class] or an [institution of higher learning] with more than [10,000] students.]

**Section 8. [State Medical Licensing Board] Authority to Revoke or Suspend Medical License for Violation of this [act].**

(a) The [State Medical Licensing Board] shall revoke the license of a physician to practice medicine in this state if the [Board] determines by a preponderance of the evidence (or by a certified copy of the physician's conviction) that the physician committed a violation of this [act], and shall suspend for at least six months the license of a physician to practice medicine in this state

if the [Board] determines by a preponderance of the evidence (or by a certified copy of the physician's conviction) that the physician has failed to make any of the certifications required by Section 3(f) or a report required by Section 14.

(b) It is not a defense in any proceeding to revoke or suspend a physician's license under this Section that the physician was not prosecuted for committing a criminal offense under this [act] or, if prosecuted, was acquitted.

**Section 9. Civil Action for Equitable Relief and Damages**

(a) Except as provided in subsection (b), the:

- (1) attorney general;
- (2) the prosecuting attorney exercising jurisdiction in the county where the unlawful abortion was provided;
- (3) father of the unborn child;
- (4) maternal and paternal grandparent of the unborn child; and
- (5) parent or guardian of a pregnant minor;

may bring an action against a person for engaging in unlawful abortion activity.

(b) The person who impregnated the pregnant woman may not bring an action under this [act] if the pregnancy was the result of the person's criminal act.

(c) If the party who brings an action under this section prevails, the party is entitled to:

- (1) injunctive relief to remedy an unlawful abortion activity;
- (2) compensatory damages, including damages for loss of relationship, custody and companionship of the child and emotional distress from an unlawful abortion activity;
- (3) punitive damages, payable to a nonprofit organization that provides services

to the pregnant woman, to be selected by the prevailing party; and

(4) court costs and reasonable attorney's fees.

(d) A woman who obtained the unlawful abortion shall not be named as a defendant in an action under this section.

**Section 10. Civil Action for Wrongful Death of an Unborn Child**

(a) A woman who obtained an unlawful abortion may bring an action for wrongful death of her unborn child against the person who caused the unlawful abortion by engaging in unlawful abortion activity, if the unlawful abortion activity was a proximate cause of the death of her unborn child.

(b) The:

(1) father of the unborn child, if the woman described in subsection (a) or her estate does not bring an action within one (1) year;

(2) parent or guardian of a pregnant minor who obtained an unlawful abortion, if the woman described in subsection (a) or her estate does not bring an action within one (1) year; and

(3) estate of the pregnant woman;

may bring an action for wrongful death of the unborn child against the person who engaged in unlawful abortion activity if the unlawful abortion activity was the proximate cause of the unborn child's death.

(c) An action for wrongful death of an unborn child is subject to the same defenses and requirements of proof, except any requirement of a live birth, as would apply to an action for wrongful death of a child who had been born alive in this state.

(d) In an action for wrongful death of an unborn child, the person who brings the action may recover:

(1) compensatory damages if the person suffered injury or harm from the person's unlawful abortion activity, including, but not limited to, loss of relationship, custody and companionship of the child and emotional distress;

(2) punitive damages, payable to a not-for-profit organization of the choice of the person bringing the action, that provides services to pregnant women; and

(3) court costs and reasonable attorney fees.

**Section 11. Criminal Penalties and Civil Remedies Against Persons Associated with Entities Engaging in Unlawful Abortion Activity.**

(a) As used in this Section:

(1) "Pattern of unlawful abortion activity" means that an individual, an entity, or an entity acting through its agents or others that the entity acted in concert with, engaged in at least two (2) incidents of unlawful abortion activity that occurred after [the effective date of this [act]].

(2) "Whistle blower" means an employee who brings wrongdoing by an employer or by other employees to the attention of a person authorized to bring an action for a violation of this [act].

(b) A person who:

(1) knowingly or intentionally receives any proceeds directly or indirectly derived from a pattern of unlawful abortion activity;

(2) knowingly or intentionally uses or invests any proceeds directly or indirectly

derived from a pattern of unlawful abortion activity to acquire an interest in property of, or to establish or to operate, an entity engaged in a pattern of unlawful abortion activity;

(3) through a pattern of unlawful abortion activity, knowingly or intentionally acquires or maintains, either directly or indirectly, an interest in or control of an entity, or the property of an entity, engaged in a pattern of unlawful abortion activity;

(4) is employed by or associated with an entity known by the person to engage in a pattern of unlawful abortion activity; or

(5) knowingly or intentionally conducts or otherwise participates in the activities of an entity engaged in a pattern of unlawful abortion activity;

commits unlawful abortion business activity, a [Level 5 Felony].

(c) The [Attorney General] or a [Prosecuting Attorney] may bring an action to prevent, restrain, or remedy a violation of Section 11(b) by seeking appropriate orders, including, but not limited to:

(1) ordering a person to be divested of any proceeds directly or indirectly derived from a pattern of unlawful abortion business activity and of an interest, direct or indirect, in any entity engaged in a pattern of unlawful abortion business activity;

(2) imposing reasonable restrictions on the future activities or investments of a person, including, but not limited to, prohibiting a person from engaging in unlawful abortion business activity; and

(3) ordering the dissolution or reorganization of an entity engaged in a pattern of unlawful abortion business activity, making provision for the rights of innocent persons.

(d) A person may not take any action to impede a whistle blower from communicating

with a [Prosecuting Attorney], the [Attorney General], or any other person authorized to bring an action for a violation of this [act], about a possible violation of this [act], including by:

- (1) enforcing, or threatening to enforce, a confidentiality agreement or a predispute arbitration agreement with respect to such communications; or
- (2) discharging, demoting, suspending, threatening, harassing, directly or indirectly, or in any other manner discriminating against a whistle blower in the terms and conditions of employment.

A person who knowingly or intentionally violates this subsection commits whistle blower tampering, a [Level 5 Felony].

**Section 12. Limitations on Actions Under this [act]**

(a) In a civil action, a court may not award compensatory or punitive damages if a person demonstrates that the person paid, or has been ordered to pay, compensatory or punitive damages, respectively, in a previous civil action for that particular violation of this [act].

(b) Notwithstanding any other law, a damage award may not be:

(1) paid for, or reimbursed, by an insurance policy, except to the extent that the person against whom the damage award is assessed has insufficient personal assets to pay the total damage award; and

(2) subject to any limitations provided in [state law limiting medical malpractice awards].

(c) Notwithstanding any other law, a civil action may not be brought by a person who, through an act of rape, sexual assault, incest or criminal conduct, impregnated the pregnant woman seeking an unlawful abortion.

(d) Notwithstanding any other law, the following are not defenses to an action brought under this [act]:

- (1) that the pregnant woman or, if the pregnant woman is minor, a parent or guardian, consented to an unlawful abortion.
- (2) ignorance or mistake of law;
- (3) a person's belief that any provision of this [act] is or was unconstitutional;
- (4) a person's reliance on a state or federal court decision that is not binding on the court in which the action has been brought;
- (5) non-mutual issue preclusion or non-mutual claim preclusion;
- (6) contributory or comparative negligence;
- (7) assumption of risk; or
- (8) a claim that an action under the [act] will violate a constitutional right of a third party.

(f) Notwithstanding any other law, a court may:

- (1) not award attorney fees or costs to a person subject to an action under this [act], unless the action is frivolous, without foundation, or brought in bad faith or for the sole reason for delay;
- (2) not award attorney fees or costs to a person who prevails in challenging the constitutionality of this [act] under state law, unless the defense of this [act] is frivolous, without foundation, or brought in bad faith or for the sole reason for delay; and
- (3) award attorney fees or costs to a person who prevails in defending the

constitutionality of this [act] under state law, even though the challenge to the constitutionality of this [act] was not frivolous, without foundation, or brought in bad faith or for the sole reason for delay.

(g) This [act] may not be construed to impose liability on speech or conduct protected by the First Amendment of the United States Constitution or by [this state's constitution provision on free speech].

(h) Notwithstanding any other law, a person may bring an action not later than six years after the date the action accrues.

### **Section 13. Miscellaneous Provision**

(a) [Telehealth] under [state statute authorizing telehealth] may not be used to cause an abortion, or to prescribe, sell, or distribute an abortion inducing drug unless the abortion is permitted under, and complies with the requirements of, Section 3. A person who violates this subsection commits a [Level 3 Felony].

(b) Notwithstanding any other law, the courts of this state have personal jurisdiction over a person in an action to the maximum extent permitted by the Fourteenth Amendment to the United States Constitution.

(c) In any action brought to challenge the constitutionality of this [act] under state law or the constitutionality or legality of this [act] under federal law:

(1) the [Legislature or Legislative Council] may appoint one or more of its members, in his or her official capacity, to intervene as a matter of right on behalf of the [Legislature} to defend the constitutionality or legality of this [act];

(2) the [Attorney General] has the sole authority to defend any state or local

public officials or governmental body that are the subject of such suit; and

(3) the [Attorney General] [and Legislature or Legislative Council] may retain private attorneys for the defense of such suits and the payment for the attorney fees and costs of such retained private attorneys shall be paid out of [the state fund for claims].

**Section 14. Reporting Requirements to [state board of health]**

(a) Every physician who performs an abortion shall report the abortion on a form prepared by the [applicable state agency]. For each abortion performed, the report shall include, among other things as determined by the [applicable state agency], the following:

- (1) the full name and address of the physician;
- (2) the date and location, including the facility name and city or town, of the abortion;
- (3) the pregnant woman's:
  - (A) county and state of residence;
  - (B) marital status;
  - (C) age; and
  - (D) obstetrical history, including dates of other abortions;
- (4) a certification that the physician obtained in person the informed consent of the pregnant woman, and, if the pregnant woman is a minor, the consent of a parent or guardian of the pregnant minor;
- (5) the following information concerning the abortion:
  - (A) the gestational age of the unborn child (in weeks) and the method used

for the determination;

(B) the gender of the fetus, if detectable;

(C) the medical indication by diagnosis code for the unborn child and the pregnant woman;

(D) the method of the abortion;

(E) the results of pathological examinations if performed;

(F) whether the unborn child was delivered alive, and if so, how long the unborn child lived outside the pregnant woman; and

(G) whether the pregnant woman survived the abortion, and if so, for how long;

(6) a certification of the facts on the basis of which the physician made a determination that:

(A) the informed consent of the pregnant woman had been obtained, and, if the pregnant woman is a minor, the consent of a parent or guardian of the pregnant minor, to the abortion and that the consent of the pregnant woman was not coerced;;

(B) a parent or the guardian of the pregnant minor upon whom an abortion had been performed were notified within twenty-four (24) hours of the abortion;

(C) the abortion was necessary to prevent the death of the pregnant woman;

(D) the abortion was performed in the manner which provided the best opportunity for the unborn child to survive, unless the physician determined

that termination of the pregnancy in that manner poses a greater risk of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions, of the pregnant woman than would other available methods;

(E) the abortion was performed in a hospital or other health care facility, that has appropriate neonatal services for premature infants;

(F) the physician had arranged for the attendance, in the same room in which the abortion was to be performed, of another physician, including the name of the second physician, who was to take control of, provide immediate medical care for, and take all steps reasonably necessary to preserve the life and health of the unborn child immediately upon the child's expulsion or extraction from the pregnant woman; and

(G) a medical emergency prevents compliance with subsections 3(c)(2), (5) or (6).

(b) The physician shall complete the form provided for in subsection (a) and shall transmit the completed form to the [applicable state agency], in the manner specified on the form, no later than thirty (30) days after the date of each abortion. However, if pregnant woman is a minor, the physician shall transmit the form to the [applicable state agency] and separately to the [state child protection agency] not later than (3) days after the abortion is performed.

(c) The dates supplied on a form under this Section may not be redacted for any reason before the form is transmitted as provided in this Section.

(d) Each failure to complete or timely transmit a form, as required under this Section, for each abortion is a [Class B misdemeanor].

(e) Not later than June 30 of each year, the [applicable state agency] shall compile a public report providing the following:

- (1) statistics for the previous calendar year from the information submitted under this Section; and
- (2) statistics for previous calendar years compiled by the [applicable state agency] under this subsection, with updated information for the calendar year that was submitted to the [applicable state agency] after the compilation of the statistics.

The state department shall ensure that no identifying information of a pregnant woman is contained in the report.

(f) The [applicable state agency] shall:

- (1) summarize aggregate data from all data submitted under this Section; and
- (2) submit the data, before July 1 of each year, to the United States Centers for Disease Control and Prevention for its inclusion in the annual Vital Statistics Report.

#### **Section 15. Severability**

This [act] is severable under [state statute concerning severability].

#### **Section 16. Effective Date**

This [act] takes effect [date].

#### **NOTE TO LEGISLATIVE DRAFTERS**

Text that appears in brackets in the text of the Act [like this] indicates that the draft should

include text that is appropriate for the state. For example, “this [act]” should be changed to “this chapter”, “this article”, “this title”, according to usage in the state. Similarly, “[Level 3 Felony]” should be changed to “Class 3 Felony” or “Level C Felony,” as appropriate.

# EXHIBIT 3

# National Right to Life Committee Proposes Legislation to Protect the Unborn Post-Roe

Jun 15, 2022 | 2022 Press Releases, Press Releases, Press Room

## NATIONAL RIGHT TO LIFE PRESS RELEASE



WASHINGTON — In a memo distributed today by James Bopp, Jr. of The Bopp Law Firm, PC, general counsel for the National Right to Life Committee, NRLC proposed a Post-Roe Model Abortion law for the states to adopt, in the event that, in the upcoming decision in *Dobbs v. Jackson Women’s Health Organization* or some future decision, the United States Supreme Court substantially expands states’ authority to legislate regarding abortion by overturning *Roe v. Wade*.

**“For decades, National Right to Life and its state affiliates have led the effort to pass life-affirming laws at the state level that protect unborn children and their mothers – efforts that have drastically reduced the number of abortions and brought us to this moment in our nation’s history,”** said Carol Tobias, president of National Right to Life. **“With this model law, we are laying out a roadmap for the right-to-life movement so**

**that, in a post-Roe society, we can protect many mothers and their children from the tragedy of abortion.”**

The model law recommended by the National Right to Life Committee would first protect the lives of unborn children from abortion except when necessary to prevent the death of the mother, which has been the accepted policy of the pro-life movement since 1973 and for many years before. In addition, the model law ensures that no criminal or civil penalty will be imposed on a pregnant woman.

Second, because current realities require that abortion laws have a robust enforcement mechanism to ensure that they are effective, the model law provides criminal penalties, but also broad criminal enforcement authority—granted to both local prosecutors and states’ attorneys general—and civil remedies and licensing revocation for physicians who perform illegal abortions.

The model law also reaches well beyond the actual performance of an illegal abortion. It also includes aiding and abetting an illegal abortion, and a variety of other acts in furtherance of illegal abortion; trafficking in abortifacients; trafficking minors to obtain illegal abortions; and, in a RICO-style provision, the use of proceeds from a pattern of illegal abortion activity to engage in such activity.

On the civil side, the model law would allow state or local officials and affected persons to bring a civil action against any person or entity that violates any provision of the model law, permitting a court to enjoin the offender to prevent future violations; permitting compensatory damages if the plaintiff has suffered actual injury or harm from the defendant’s conduct; punitive damages, payable to the not-for-profit organization of the plaintiff’s choice, that provides services to pregnant women; and costs and reasonable attorney’s fees.

**“In the event *Roe v. Wade* is overturned, states will have a significant opportunity to protect the unborn,”** said James Bopp, Jr., general counsel for National Right to Life. **“In doing so, it is important that such states not only prohibit illegal abortions, but also employ a robust enforcement regime, so that these laws are sure to be enforced.”** He continued, **“Our model law does just that. It builds on the substantial experience the**

**right-to-life movement has had in developing pro-life legislation and we believe it presents the best opportunity to protect the unborn.”**

*Founded in 1968, the National Right to Life Committee (NRLC), the federation of affiliates in each of the 50 states and the District of Columbia and more than 3,000 local chapters, is the nation’s oldest and largest grassroots pro-life organization. Recognized as the flagship of the pro-life movement, National Right to Life works through legislation and education to protect innocent human life from abortion, infanticide, assisted suicide and euthanasia.*

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### [Kathy Hochul Signs New York’s Assisted Suicide Bill](#)

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**Exhibit 18**

**Exhibit 18**

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**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

LOURDES MATSUMOTO, NORTHWEST  
ABORTION ACCESS FUND, and INDIGENOUS  
IDAHO ALLIANCE,

*Plaintiffs,*

v.

RAÚL LABRADOR, in his capacity as the Attorney  
General for the State of Idaho,

*Defendant.*

) Case No.: 1:23-CV-00323-DKG  
)  
)  
) **DECLARATION OF**  
) **AMANDA STEVENSON,**  
) **PH.D.**  
)  
)  
)  
)  
)

AMANDA STEVENSON, PH.D., hereby declares under penalty of perjury that the following statements are true and correct:

1. I am an expert witness for Plaintiffs in this case. I am a demographer and sociologist specializing in abortion, contraception, fertility, reproduction, demographic methods, statistics, and policy evaluation.

2. Attached hereto as Exhibit A is a true and correct copy of the expert report I prepared for this case in accordance with Federal Rule of Civil Procedure 26(a)(2)(B). All of the statements in the expert report are true and correct to the best of my knowledge. The expert report provides a summary of the opinions that I would offer if called to testify at trial.

Dated: 30 March, 2026

  
Amanda Stevenson, Ph.D.

# EXHIBIT A

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

LOURDES MATSUMOTO, NORTHWEST  
ABORTION ACCESS FUND, and  
INDIGENOUS IDAHO ALLIANCE,

Plaintiffs,

v.

RAÚL LABRADOR, in his capacity as the  
Attorney General for the State of Idaho,

Defendant.

Case No. 1:23-cv-00323-DKG

**EXPERT REPORT OF AMANDA STEVENSON, PH.D.**

Pursuant to Federal Rule of Civil Procedure 26(a)(2)(B), AMANDA STEVENSON, Ph.D., makes the following disclosures:

1. I am a demographer and sociologist specializing in abortion, contraception, fertility, reproduction, demographic methods, statistics, and policy evaluation. I have done extensive work on the impact of laws mandating parental involvement in adolescents' abortion decisions and the judicial bypass process, including original research on the impacts and scopes of these laws in many states, including Texas, Florida, and Colorado.

2. The facts I state here and the opinions I offer are based on my education, years of practice as a demographer and sociologist, my expertise as a researcher leading and collaborating on interdisciplinary studies of the impact of abortion and contraception policies, and my familiarity with the relevant scientific literature and statistical data and methods for their analysis.

3. I understand that 2023 Idaho Laws Ch. 310 (Idaho Code § 18-623) criminalizes adults who help minors travel for abortion care if the adult intends to conceal the abortion from a parent or guardian.

**STATEMENT OF MY OPINIONS AND THE BASIS AND REASONS FOR THEM**

4. Based on my extensive expertise studying the impact of laws that mandate parental involvement in minors' abortion decisions in other states and my review of all relevant literature, it is my opinion that criminalizing adults who help minors access abortion care will hurt Idaho minors by severely restricting and delaying abortion care, causing them emotional harm, and ultimately preventing some young people from obtaining an abortion at all. Research demonstrates that the majority of young people seek support from their parents when making an abortion decision regardless of whether it is required by law, and those that do not involve a parent have rational and well-supported reasons for not doing so, including their fears of rejection, causing irreversible damage to their relationship with their parents, physical or emotional abuse, or being forced to carry a pregnancy to term against their will. Requiring that those who help young Idahoans access abortion do not intend to conceal this help from parents does not ensure that young people will confide in their parents about their abortion decision. Instead, it forces them to endure possibly insurmountable logistical challenges without any countervailing benefits. If this law is not enjoined, it will harm young Idahoans and prevent some young Idahoans from traveling to access abortion.

5. Based on my analysis of abortion statistics and the peer-reviewed literature, Idahoans have increased their travel to other states to access abortion care since Idaho's total abortion ban in 2022. Based on the academic literature, this increased travel likely imposes substantial and sometimes catastrophic costs on Idaho residents who are forced to undertake it to access abortion care. Research shows that economic and logistical hardships especially burden adolescents because they have less access to resources (money, networks, transportation, privacy) than do

adults. This makes the economic and logistical burdens of having to travel for abortion care especially consequential for adolescents.

6. Based on my analysis of Idaho demography and travel data, Idahoans regularly travel across state lines as part of their economic and social lives because many of them live in areas where economic and social linkages cross state lines. More than half (60.0%) of Idaho residents live in regions in which their county is combined with counties from another state for statistical purposes by the U.S. Census Bureau and U.S. Office of Management and Budget. Based on the definitions of statistical areas many of these residents are likely to travel regularly to other states as part of the regular course of their lives. A large fraction (15% of Idaho residents) lives in counties for which the population center in their statistical area is in another state. Based on the definitions of statistical areas, substantial fractions of residents of these areas travel out of state for work and analyses of survey data finds that out-of-state travel for non-work purposes is also frequent. Research shows that longer distance travel for health care services is common in rural areas and in the western census region.

7. Decades of highly scrutinized, rigorous research and a robust statistical system have demonstrated that abortion is very safe, and far safer than remaining pregnant or delivering. By contrast, being denied a wanted abortion is robustly associated with a variety of adverse health, economic, and social outcomes. Preventing people from getting wanted abortions—particularly in adolescence when secondary education is not complete and the life course trajectory is not yet secure—is highly likely to damage their outcomes in the short and long term.

## FACTS OF DATA CONSIDERED IN FORMING MY OPINIONS

### Academic literature on mandatory parental involvement in abortion

8. I understand that 2023 Idaho Laws Ch. 310 (H.B. 242, codified at Idaho Code § 18-623) requires any adult who helps a minor travel for abortion care to not intend to conceal the abortion from a parent or guardian. This has strong similarity to the family of laws I have studied that mandate parental involvement in abortion care.

9. Based on my review of the relevant literature, including research spanning multiple states over the past three decades, it is my opinion that mandating parental involvement in minors' abortion decisions, delays, denies, and restricts young people's access to abortion care without changing or improving parent-child relationships, decisional certainty or satisfaction, or parental support.

### Patterns of parental involvement

10. Proponents of parental involvement laws believe that the laws will foster parent-child communication and improve pregnancy decision-making. Yet extensive evidence disproves these claims. In a recent study in Colorado, my colleagues found that forced parental involvement did not improve already unhealthy or unsupportive parent-child relationships.<sup>1</sup> Other research has found that the laws do not increase adolescents' decisional certainty or decisional satisfaction,<sup>2</sup> nor do they increase parental support for the abortion decision among adolescents who obtained an

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<sup>1</sup> Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>2</sup> Zabin LS, Hirsch MB, Emerson MR, Raymond E. To Whom do Inner-City Minors Talk About Their Pregnancies? Adolescents' Communication with Parents and Parent Surrogates. *Family Planning Perspectives*. 1992;24(4):148. doi:10.2307/2136017.

abortion.<sup>3</sup> A study in Illinois assessed the emotions adolescents anticipated feeling after the abortion (e.g., relieved, happy, a little sad) and how they thought they might cope with those emotions.<sup>4</sup> Adolescents who reported “It will probably be VERY hard for me afterward” or “I’m afraid I’ll wish I never went through with the abortion” were considered to anticipate poor coping.<sup>5</sup> The authors found that adolescents whose mothers were not supportive of their decision anticipated more negative emotions (e.g., sad, ashamed) and poorer coping after the abortion.<sup>6</sup> Thus, the laws do not improve decisional certainty or parental support for adolescents who chose and obtained abortion. The laws also may harm adolescents through poorer emotional health after the abortion, including sadness and shame, because they were forced to tell a parent they knew will not support their decision.

11. Research from national level, state level, and clinic-based surveys has found that most adolescents (60–70%) seek support from their parents when making abortion decisions and voluntarily involve at least one of their parents.<sup>7</sup> The younger the adolescent is, the more likely

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<sup>3</sup> Ralph LJ, Gould H, Baker A, Foster DG. The Role of Parents and Partners in Minors’ Decisions to Have an Abortion and Anticipated Coping After Abortion. *J Adolesc Health*. 2014;54(4):428–434. doi:10.1016/j.jadohealth.2013.09.021.

<sup>4</sup> Ralph LJ, Foster DG, Kimport K, Turok D, Roberts SCM. Measuring decisional certainty among women seeking abortion. *Contraception*. 2017;95(3):269-278. doi:10.1016/j.contraception.2016.09.008.

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> Ralph LJ, Gould H, Baker A, Foster DG. The Role of Parents and Partners in Minors’ Decisions to Have an Abortion and Anticipated Coping After Abortion. *J Adolesc Health*. 2014;54(4):428-434. doi:10.1016/j.jadohealth.2013.09.021; Zabin LS, Hirsch MB, Emerson MR, Raymond E. To Whom do Inner-City Minors Talk About Their Pregnancies? Adolescents’ Communication with Parents and Parent Surrogates. *Fam Plann Perspect*. 1992;24(4):148. doi:10.2307/2136017; Henshaw SK, Kost K. Parental Involvement in Minors’ Abortion Decisions. *Fam Plann Perspect*. 1992;24(5):196. doi:10.2307/2135870;1. Resnick MD, Bearinger LH, Stark P, Blum RW. Patterns of Consultation Among Adolescent Minors Obtaining an Abortion. *American Journal of Orthopsychiatry*. 1994;64(2):310-316. doi:10.1037/h0079523.

they are to voluntarily involve a parent. Most adolescents who feel they cannot involve a parent usually involve another trusted adult (>70%).<sup>8</sup>

12. For the minority of adolescents who cannot involve a parent, evidence shows they report rational reasons, correctly anticipate the reactions of their parents and others, and often want to involve a parent but believe their parent will not support them or would harm them. Many adolescents report fearing irreversible damage to their relationship with a parent, physical or emotional abuse, abandonment, or being forced to carry the pregnancy to term.<sup>9</sup> In interview studies, some participants report that their parents make their feelings about sexual activity and/or

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<sup>8</sup> Zabin LS, Hirsch MB, Emerson MR, Raymond E. To Whom do Inner-City Minors Talk About Their Pregnancies? Adolescents' Communication with Parents and Parent Surrogates. *Fam Plann Perspect.* 1992;24(4):148. doi:10.2307/2136017; Henshaw SK, Kost K. Parental Involvement in Minors' Abortion Decisions. *Fam Plann Perspect.* 1992;24(5):196. doi:10.2307/2135870; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas. *J Adolesc Health.* 2019;64(1):20-25. doi:10.1016/j.jadohealth.2018.07.017; Hasselbacher LA, Dekleva A, Tristan S, Gilliam ML. Factors Influencing Parental Involvement Among Minors Seeking an Abortion: A Qualitative Study. *Am J Public Health.* 2014;104(11):2207-2211. doi:10.2105/AJPH.2014.302116; Ralph LJ, Chaiten L, Werth E, Daniel S, Brindis CD, Biggs MA. Reasons for and Logistical Burdens of Judicial Bypass for Abortion in Illinois. *J Adolesc Health.* Published online October 2020. doi:10.1016/j.jadohealth.2020.08.025; Resnick MD, Bearinger LH, Stark P, Blum RW. Patterns of Consultation Among Adolescent Minors Obtaining an Abortion. *Am J Orthopsychiatry.* 1994;64(2):310-316. doi:10.1037/h0079523; 1. Resnick MD, Bearinger LH, Stark P, Blum RW. Patterns of Consultation Among Adolescent Minors Obtaining an Abortion. *American Journal of Orthopsychiatry.* 1994;64(2):310-316. doi:10.1037/h0079523.

<sup>9</sup> Ehrlich JS. Choosing abortion: Teens who make the decision without parental involvement. *Gend Issues.* 2003;21(2):3-39. doi:10.1007/s12147-003-0014-z; Henshaw SK, Kost K. Parental Involvement in Minors' Abortion Decisions. *Fam Plann Perspect.* 1992;24(5):196. doi:10.2307/2135870; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas. *J Adolesc Health.* 2019;64(1):20-25. doi:10.1016/j.jadohealth.2018.07.017; Hasselbacher LA, Dekleva A, Tristan S, Gilliam ML. Factors Influencing Parental Involvement Among Minors Seeking an Abortion: A Qualitative Study. *Am J Public Health.* 2014;104(11):2207-2211. doi:10.2105/AJPH.2014.302116; Ralph LJ, Chaiten L, Werth E, Daniel S, Brindis CD, Biggs MA. Reasons for and Logistical Burdens of Judicial Bypass for Abortion in Illinois. *J Adolesc Health.* Published online October 2020. doi:10.1016/j.jadohealth.2020.08.025; 1. Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. *Perspectives on Sexual and Reproductive Health.* 2020;52(1):15-22. doi:10.1363/psrh.12132; Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health.* Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

pregnancy, premarital or in adolescence, clear, including threats of abandonment or abuse if the adolescent were to engage in that activity.<sup>10</sup> Some adolescents recalled a parent telling them they would kick them out if they ever become pregnant.<sup>11</sup> And some young people watch their parents' unsupportive or abusive reactions to an older sibling's pregnancy or their parents' reactions to other behaviors or events, like having a boyfriend or using contraception.<sup>12</sup> Adolescents also report knowing their parents do not support abortion rights and are religiously or morally opposed to abortion and individuals who seek abortion.<sup>13</sup> This means even adolescents who report supportive

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<sup>10</sup> Ehrlich JS. Choosing abortion: Teens who make the decision without parental involvement. *Gend Issues*. 2003;21(2):3-39. doi:10.1007/s12147-003-0014-z; Henshaw SK, Kost K. Parental Involvement in Minors' Abortion Decisions. *Fam Plann Perspect*. 1992;24(5):196. doi:10.2307/2135870; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas. *J Adolesc Health*. 2019;64(1):20-25. doi:10.1016/j.jadohealth.2018.07.017; Hasselbacher LA, Dekleva A, Tristan S, Gilliam ML. Factors Influencing Parental Involvement Among Minors Seeking an Abortion: A Qualitative Study. *Am J Public Health*. 2014;104(11):2207-2211. doi:10.2105/AJPH.2014.302116; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. *Perspectives on Sexual and Reproductive Health*. 2020;52(1):15-22. doi:10.1363/psrh.12132; Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>11</sup> *Id.*

<sup>12</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas. *J Adolesc Health*. 2019;64(1):20-25. doi:10.1016/j.jadohealth.2018.07.017; Hasselbacher LA, Dekleva A, Tristan S, Gilliam ML. Factors Influencing Parental Involvement Among Minors Seeking an Abortion: A Qualitative Study. *Am J Public Health*. 2014;104(11):2207-2211. doi:10.2105/AJPH.2014.302116; Ralph LJ, Chaiten L, Werth E, Daniel S, Brindis CD, Biggs MA. Reasons for and Logistical Burdens of Judicial Bypass for Abortion in Illinois. *J Adolesc Health*. Published online October 2020. doi:10.1016/j.jadohealth.2020.08.025; 1. Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. *Perspectives on Sexual and Reproductive Health*. 2020;52(1):15-22. doi:10.1363/psrh.12132; Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>13</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas. *J Adolesc Health*. 2019;64(1):20-25. doi:10.1016/j.jadohealth.2018.07.017; Hasselbacher LA, Dekleva A, Tristan S, Gilliam ML. Factors Influencing Parental Involvement Among Minors Seeking an Abortion: A Qualitative Study. *Am J Public Health*. 2014;104(11):2207-2211. doi:10.2105/AJPH.2014.302116; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and

and close relationships with a parent, may feel unable to involve them because they know their parent will not support their decision to get an abortion.

13. Some adolescents do not feel they can involve a parent in their pregnancy decision because they do not have a supportive relationship with a parent, describe a “toxic relationship,” or have been emotionally or physically abused by a parent.<sup>14</sup> Others were not raised by or may not be living with a parent or even with a legal guardian. For example, they could be in temporary foster care or living with another relative or trusted adult. Finally, some adolescents do not want to involve a parent to protect their parent from additional stress.<sup>15</sup> For example, one study participant’s father had recently suffered a major injury and others’ parents were experiencing severe economic hardship—in these cases minors sought judicial bypass (permission from a judge to bypass parental involvement, see below) to protect their parents who were already suffering from having to manage additional burdens.

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Experiences of Social Support. *Perspectives on Sexual and Reproductive Health*. 2020;52(1):15-22. doi:10.1363/psrh.12132; Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents’ and Young Adults’ Abortion Disclosure and Adolescents’ Experiences Navigating Colorado’s Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>14</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women’s Experiences Obtaining Judicial Bypass for Abortion in Texas. *J Adolesc Health*. 2019;64(1):20-25. doi:10.1016/j.jadohealth.2018.07.017; Hasselbacher LA, Dekleva A, Tristan S, Gilliam ML. Factors Influencing Parental Involvement Among Minors Seeking an Abortion: A Qualitative Study. *Am J Public Health*. 2014;104(11):2207-2211. doi:10.2105/AJPH.2014.302116; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. *Perspectives on Sexual and Reproductive Health*. 2020;52(1):15-22. doi:10.1363/psrh.12132; Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents’ and Young Adults’ Abortion Disclosure and Adolescents’ Experiences Navigating Colorado’s Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>15</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. *Perspect Sex Reprod Health*. 2020;52(1):15–22. doi:10.1363/psrh.12132; Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents’ and Young Adults’ Abortion Disclosure and Adolescents’ Experiences Navigating Colorado’s Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

14. Research, including several studies I have conducted in different states, demonstrates that adolescents accurately anticipate parental reactions to the pregnancy itself and their pregnancy decision.<sup>16</sup> This is true for adolescents who voluntarily involve a parent, those who feel compelled to disclose to a parent due to a lack of support elsewhere or a parental involvement law, as well as those who choose not to involve a parent and experience unwanted disclosure.<sup>17</sup> For example, many adolescents who voluntarily disclosed their pregnancy and abortion decision to a parent were met with support or validation of the decision and were often supported during the abortion seeking process by a parent.<sup>18</sup> Adolescents who feared telling a parent but felt they had no other choice described that their parent reacted as they feared, including telling them “abortion was not an option.”<sup>19</sup> My colleagues and I have found that adolescents who obtained judicial bypass, but

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<sup>16</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. *Perspectives on Sexual and Reproductive Health*. 2020;52(1):15-22. doi:10.1363/psrh.12132; Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents’ and Young Adults’ Abortion Disclosure and Adolescents’ Experiences Navigating Colorado’s Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013; Henshaw SK, Kost K. Parental Involvement in Minors’ Abortion Decisions. *Family Planning Perspectives*. 1992;24(5):196. doi:10.2307/2135870; Resnick MD, Bearinger LH, Stark P, Blum RW. Patterns of Consultation Among Adolescent Minors Obtaining an Abortion. *American Journal of Orthopsychiatry*. 1994;64(2):310–316. doi:10.1037/h0079523.

<sup>17</sup> Henshaw SK, Kost K. Parental Involvement in Minors’ Abortion Decisions. *Fam Plann Perspect*. 1992;24(5):196. doi:10.2307/2135870; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women’s Experiences Obtaining Judicial Bypass for Abortion in Texas. *J Adolesc Health*. 2019;64(1):20-25. doi:10.1016/j.jadohealth.2018.07.017; Hasselbacher LA, Dekleva A, Tristan S, Gilliam ML. Factors Influencing Parental Involvement Among Minors Seeking an Abortion: A Qualitative Study. *Am J Public Health*. 2014;104(11):2207-2211. doi:10.2105/AJPH.2014.302116; Ralph LJ, Chaiten L, Werth E, Daniel S, Brindis CD, Biggs MA. Reasons for and Logistical Burdens of Judicial Bypass for Abortion in Illinois. *J Adolesc Health*. Published online October 2020. doi:10.1016/j.jadohealth.2020.08.025; 1. Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. *Perspectives on Sexual and Reproductive Health*. 2020;52(1):15-22. doi:10.1363/psrh.12132; Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents’ and Young Adults’ Abortion Disclosure and Adolescents’ Experiences Navigating Colorado’s Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>18</sup> *Id.*

<sup>19</sup> *Id.*

whose parents found out about the pregnancy and abortion anyway, described experiencing the emotional abuse or abandonment they had feared.<sup>20</sup>

15. Finally, research suggests some adolescents who report feeling they could not disclose their pregnancy and/or abortion decision wished they could have involved a parent. This is especially true for adolescents who have close and supportive relationships with a parent and know the parent does not support abortion rights, or who want to protect their parent from additional stress.<sup>21</sup>

16. In summary, research spanning multiple states over the last three decades has found parental involvement laws do not change or improve parent-child relationships, decisional certainty or satisfaction, or parental support. Most adolescents voluntarily involve a parent in their pregnancy decision, regardless of the state laws, and those who do not live with or have a supportive relationship with a parent, fear damage to their relationship with a parent, physical or emotional abuse, abandonment, or being forced to continue the pregnancy. Adolescents accurately anticipate parent reactions and thus forced parental involvement exposes them to harm, including abuse and abandonment.

*Harms of parental involvement laws*

17. Although there is no evidence showing any benefit of parental involvement laws for adolescents, there is a wealth of evidence documenting various harms, including delayed access to

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<sup>20</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas. *J Adolesc Health*. 2019;64(1):20-25. doi:10.1016/j.jadohealth.2018.07.017; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. *Perspectives on Sexual and Reproductive Health*. 2020;52(1):15-22. doi:10.1363/psrh.12132.

<sup>21</sup> Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025.

care, stress, and risk of harm from parents, including abuse. Because it effectively seeks to mandate some form of the involvement of minors' parents in their travel for abortion, Idaho's law is likely to have similar consequences to other parental involvement mandates we have studied.

18. Parental involvement laws delay access to abortion care.<sup>22</sup> A recent study found that after Massachusetts repealed its parental consent mandate for adolescents 16 and 17 years old, length of gestation at the time of abortion decreased by more than five days.<sup>23</sup> A delay of five days could increase the cost of care, push adolescents past the gestational limit of the clinic or state, limit their choice of abortion methods available for certain gestations, and even though still safe, may result in increased physical risks of procedures performed later in pregnancy. Further, scholars have documented that some 17-year-olds will delay abortion care until they turn 18 as a result of parental involvement laws, resulting in pregnancy termination at later gestational ages.<sup>24</sup>

19. Simply requiring notification or securing confirmation of disclosure to parents can delay care. Staff at abortion providing organizations have reported delayed access to care even for adolescents who voluntarily involve a parent due to the administrative burden of complying with such requirements, including staff time explaining the process to families, validating identification, and documenting compliance with the law. Delays can also occur due to the burden the law places on parents, including the need to find identification and/or guardianship documentation or

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<sup>22</sup> Joyce T, Kaestner R, Colman S. Changes in Abortions and Births and the Texas Parental Notification Law. *N Engl J Med*. 2006;354(10):1031-1038. doi:10.1056/NEJMsa054047; Henshaw SK. The Impact of Requirements for Parental Consent on Minors' Abortions in Mississippi. *Fam Plann Perspect*. 1995;27(3):120-122. doi:10.2307/2136110.

<sup>23</sup> Fulcher I, Kimball K, Rosen Z, et al. Changes to Parental Consent Requirements for Abortion in Massachusetts and Impact on Timeliness of Care for Adolescents Aged 16 to 17 Years. *Am J Public Health*. 2025;115(3):397-402. doi:10.2105/AJPH.2024.307918.

<sup>24</sup> Joyce T, Kaestner R, Colman S. Changes in Abortions and Births and the Texas Parental Notification Law. *N Engl J Med*. 2006;354(10):1031-1038. doi:10.1056/NEJMsa054047.

rearrange work schedules to come to the abortion visit.<sup>25</sup> A recent study in Colorado found some adolescents received inaccurate information from clinic staff about complying with the law, which delayed their care, and some adolescents, including those who voluntarily involved a parent, experienced stress and confusion about how to comply with the law. One participant described how her mother had to interrupt her day and drive to the clinic to prove she had been notified since the adolescent didn't realize she needed to request a letter be sent to the home.<sup>26</sup>

20. Adolescents whose parents would not consent to or support an abortion have few options. They could travel to a state without a parental involvement law, attempt to self-manage an abortion, wait until they turn 18 (if they are 17 years old), or be forced to continue the pregnancy. Due to many logistical hurdles, adolescents who travel out of state often obtain their abortion at later pregnancy gestation than those who receive care in their own state.<sup>27</sup> In a Colorado study, one young woman, who felt she could not involve a parent considered taking over-the-counter medications, such as ibuprofen, and actually tried supplements, such as Vitamin C. Although Vitamin C will not cause harm, some medications, like ibuprofen, could be life-threatening for the adolescent.<sup>28</sup>

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<sup>25</sup> White, K., Narasimhan, S., A. Hartwig, S. et al. Parental Involvement Policies for Minors Seeking Abortion in the Southeast and Quality of Care. *Sex Res Soc Policy* (2021). <https://doi.org/10.1007/s13178-021-00539-0>.

<sup>26</sup> Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>27</sup> Ralph LJ, King E, Belusa E, Foster DG, Brindis CD, Biggs MA. The Impact of a Parental Notification Requirement on Illinois Minors' Access to and Decision-Making Around Abortion. *Journal of Adolescent Health*. 2018;62(3):281–287. doi:10.1016/j.jadohealth.2017.09.031/.

<sup>28</sup> Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

21. After implementation of Illinois' parental notification law, researchers compared decisional certainty (i.e., "how SURE are you about your decision to have an abortion?" Less than 50% sure, only 50% sure, 75–90% sure, and 90–100% sure) among adolescents obtaining abortion before and after the law changed. The authors found a potential decrease in decisional certainty after the law went into place among minors obtaining abortion, and although parental awareness of the pregnancy increased, parental support did not change.<sup>29</sup> Moreover, minors who tell a mother who isn't supportive are more likely to anticipate poor coping after the abortion than those who tell a supportive mother or who do not tell their mother at all.<sup>30</sup> Adolescents in Colorado, including those who voluntarily involved a parent, reported confusion and stress about complying with Colorado's parental involvement law. The stress was more profound for those who felt they could not disclose to a parent or guardian.<sup>31</sup> These findings indicate that parental involvement laws not only do not benefit adolescents, they also increase the risk of emotional harm.

22. Studies have found that adolescents will involve a parent when they believe the parent will support their pregnancy decision. Adolescents have described physical and emotional abuse and have been kicked out of their homes when a parent found out about a pregnancy and abortion. Thus, forcing minors to involve a parent when they feel it is unsafe for them to do so has resulted in emotional and physical abuse, abandonment, and long-term damage to the parent-child

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<sup>29</sup> Ralph LJ, King E, Belusa E, Foster DG, Brindis CD, Biggs MA. The Impact of a Parental Notification Requirement on Illinois Minors' Access to And Decision-Making Around Abortion. *J Adolesc Health*. 2018;62(3):281–287. doi:10.1016/j.jadohealth.2017.09.031.

<sup>30</sup> Ralph LJ, Gould H, Baker A, Foster DG. The Role of Parents and Partners in Minors' Decisions to Have an Abortion and Anticipated Coping After Abortion. *J Adolesc Health*. 2014;54(4):428–434. doi:10.1016/j.jadohealth.2013.09.021.

<sup>31</sup> Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

relationship. Moreover, unwanted abortion disclosure is associated with negative mental health outcomes, like stress and depression.<sup>32</sup>

23. Finally, it is likely that at least some adolescents will be forced to continue the pregnancy because involving a parent who would not support abortion is not feasible for them. Indeed, research shows some young people consider continuing the pregnancy not because they want to parent, but because they do not have a supportive parent or guardian and feel they have no other choice.<sup>33</sup> Thus, parental involvement laws may harm some adolescents by delaying care, forcing them to consider or attempt unsafe methods of ending a pregnancy on their own, or forcing them to continue the pregnancy.

24. Evidence suggests that parental involvement laws disproportionately harm adolescents of low-income and adolescents of color. Adolescents of color have higher abortion rates than non-Hispanic white adolescents largely because they have higher pregnancy rates.<sup>34</sup> Thus, adolescents of color have greater exposure to parental involvement laws than non-Hispanic white adolescents. Research with staff at abortion providing organizations suggests complying with parental involvement laws is more burdensome for families of low-income, who are often families of color, who may have difficulty obtaining identification and guardianship documents.<sup>35</sup> Adolescents who have experienced family trauma and adverse childhood experiences, often due

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<sup>32</sup> Biggs MA, Driver M, Kaller S, Ralph LJ. Unwanted abortion disclosure and social support in the abortion decision and mental health symptoms: A cross-sectional survey. *Contraception*. Published online October 29, 2022:S0010-7824(22)00417-6. doi:10.1016/j.contraception.2022.10.007.

<sup>33</sup> Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>34</sup> Jones RK, Jerman J. Abortion Incidence and Service Availability in the United States, 2014. *Perspect Sex Reprod Health*. 2017;49(1):17-27. doi:10.1363/psrh.12015.

<sup>35</sup> White K, Narasimhan S, A. Hartwig S, et al. Parental Involvement Policies for Minors Seeking Abortion in the Southeast and Quality of Care. *Sex Res Soc Policy*. Published online February 13, 2021. doi:10.1007/s13178-021-00539-0.

to structural inequity, are disproportionately burdened by parental involvement laws because they are less likely to live with or have a supportive relationship with a parent.<sup>36</sup> In states with both parental involvement laws and a judicial bypass system adolescents of color are more likely to use judicial bypass rather than involve a parent,<sup>37</sup> creating additional burdens and delays to abortion care.

*Burdens and harms of the judicial bypass process*

25. Idaho has a judicial bypass law, but it is my understanding that it does not apply to Idaho Code § 18-623. However, examining judicial bypass processes is helpful to reach certain conclusions about the challenged law.

26. In states that mandate parental involvement in abortion decisions, it is typically possible to obtain a judicial bypass from a judge. Research has found that instead of serving as a viable alternative to obtaining parental consent and notice, the judicial bypass process further delays access to abortion care, is logistically difficult for young people to navigate, creates a serious risk of unwanted disclosure to a young person's parents, and emotionally harms young people. This is important to note in the case of Idaho because it demonstrates that even providing alternative pathways to compliance with parental involvement harms the minors that these laws seek to protect.

27. Research suggests that adolescents' reliance on judicial bypass to obtain abortion is not rare. My colleagues and I have calculated the percentage of adolescents who obtained judicial

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<sup>36</sup> Puzanchera C, Hockenberry S, Sickmund M. Youth and the Juvenile Justice System: 2022 National Report. National Center for Juvenile Justice; 2022. Accessed February 13, 2024. <https://ojjdp.ojp.gov/publications/2022-national-report.pdf>.

<sup>37</sup> Janiak E, Fulcher IR, Cottrill AA, et al. Massachusetts' Parental Consent Law and Procedural Timing Among Adolescents Undergoing Abortion: Obstet Gynecol. Published online April 2019:1. doi:10.1097/AOG.0000000000003190; Altindag O, Joyce T. Judicial Bypass for Minors Seeking Abortions in Arkansas Versus Other States. Am J Public Health. 2017;107(8):1266–1271.

bypass among all adolescents who received abortion care in four states. Percentages range from 6% in Illinois (2017–2018) to 23% in Massachusetts (2010–2016), with Florida at 14-15% (2018–2021) and Texas at 10–15% (2018–2021). In highly populated states like Florida and Texas between 2018 and 2021, the number of adolescents relying on judicial bypass per state was 107 to 216 adolescents each year.<sup>38</sup>

28. Idaho Code § 18-623 provides no alternative channel for minors to obtain travel assistance and support without potentially criminalizing an adult providing assistance when parental involvement is absent, and a similar proportion of minors would likely be completely blocked from help, not just delayed.

29. Although states' judicial bypass requirements vary, the process is similar across states. The adolescent must first figure out that judicial bypass is an option and how to request one. This can be time consuming, especially in the absence of coordinated support organizations that assist with judicial bypass. After connecting with a coordinated support organization or finding out through the clinic or local courthouse how the process works, the adolescent must connect with and be interviewed by an attorney, and in some states, a separate guardian-ad-litem. The adolescent must fill out paperwork requesting a judicial bypass (or provide the information to the guardian-ad-litem or attorney). The adolescent must prepare for the hearing, go to a courthouse, and attend the hearing in-person or remotely, depending on the state. As all these steps take time, the process

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<sup>38</sup> Stevenson AJ, Coleman-Minahan K. Use of Judicial Bypass of Mandatory Parental Consent to Access Abortion and Judicial Bypass Denials, Florida and Texas, 2018–2021. *Am J Public Health*. 2023;113(3):316–319; doi:10.2105/AJPH.2022.307173; 1. Ralph LJ, Chaiten L, Werth E, Daniels S, Brindis CD, Biggs MA. Reasons for and logistical burdens of judicial bypass for abortion in Illinois. *Journal of Adolescent Health*. 2021;68(1):71–78.1; Janiak E, Fulcher IR, Cottrill AA, et al. Massachusetts' parental consent law and procedural timing among adolescents undergoing abortion. *Obstetrics & Gynecology*. 2019;133(5):978–986.

creates logistic and emotional burdens for adolescents, often delaying and sometimes eliminating access to care.

30. A major harm of the judicial bypass process is the possibility of a judge denying a judicial bypass petition and thus the adolescent's ability to have a wanted abortion, at least in their home state. Reasons for denials are not publicly released, but research with adolescents and attorneys in Texas has shown some judges deny judicial bypass petitions on grounds outside the law, such as gestational duration and socioeconomic status.<sup>39</sup> When an adolescent's petition for judicial bypass is denied, they can attempt to appeal the decision, which only further delays access to health care, travel to another state, attempt to end the pregnancy on their own, or they may be forced to continue the pregnancy and parent (at which point they can legally consent to all of their child's medical care).

31. If even the *existence* of an alternative route in parental involvement states still imposes severe burdens, then a law like Idaho Code § 18-623—which offers no functional alternative for minors seeking lawful out-of-state care—creates an even greater barrier. Any reasons for seeking judicial bypass would be reasons minors may need to seek non-parental adult support to access abortion. Therefore the burdens of the challenged laws are not just those of bypass, but are magnified because there is no bypass at all.

#### Delays

32. Like parental involvement laws generally, the judicial bypass process delays access to abortion care.<sup>40</sup> In Massachusetts and Illinois, adolescents relying on judicial bypass had an

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<sup>39</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Judicial bypass attorneys' experiences with abortion stigma in Texas courts. *Social Science & Medicine*. 2021;269:113508. doi:10.1016/j.socscimed.2020.113508.

<sup>40</sup> Ralph LJ, Chaiten L, Werth E, Daniel S, Brindis CD, Biggs MA. Reasons for and logistical burdens of judicial bypass for abortion in Illinois. *Journal of Adolescent Health*. 2021 Jan 1;68(1):71-8; Janiak E, Fulcher IR, Cottrill AA, Tantoco N, Mason AH, Fortin J, Sabino J, Goldberg AB. Massachusetts' parental

average of a 6-day delay in abortion care compared to those who notified (Illinois) or obtained consent from a parent (Massachusetts).<sup>41</sup> In a small Texas study, the median delay was two weeks and 3 days, with an 8-week delay for one adolescent who experienced rescheduled hearings and appeals.<sup>42</sup> These studies did not assess how long it took for the adolescent to learn they needed and how to start the judicial bypass. Thus, it is likely the average delay caused by judicial bypass is even greater.<sup>43</sup> For a participant in a recent study in Colorado, the 2–3-week delay caused by the judicial bypass process pushed her past the gestational limit of the clinic where she sought care. After receiving misinformation about the safety of abortion later in pregnancy and the location of a clinic that could provide care after 25 weeks, she felt she had no choice but to continue the pregnancy.<sup>44</sup> The parental involvement law and judicial bypass process contributed to her inability to obtain a wanted abortion.

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consent law and procedural timing among adolescents undergoing abortion. *Obstetrics and gynecology*. 2019 May;133(5):978; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young women's experiences obtaining judicial bypass for abortion in Texas. *Journal of Adolescent Health*. 2019 Jan 1;64(1):20-5;1. Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>41</sup> Janiak E, Fulcher IR, Cottrill AA, Tantoco N, Mason AH, Fortin J, Sabino J, Goldberg AB. Massachusetts' parental consent law and procedural timing among adolescents undergoing abortion. *Obstetrics and gynecology*. 2019 May;133(5):978; Ralph LJ, Chaiten L, Werth E, Daniel S, Brindis CD, Biggs MA. Reasons for and Logistical Burdens of Judicial Bypass for Abortion in Illinois. *J Adolesc Health*. 2021 Jan;68(1):71-78. doi: 10.1016/j.jadohealth.2020.08.025. Epub 2020 Oct 8. PMID: 33041202.

<sup>42</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas. *J Adolesc Health*. 2019;64(1):20-25. doi:10.1016/j.jadohealth.2018.07.017.

<sup>43</sup> *Id.*

<sup>44</sup> Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

33. The states in these studies have organized, free support for the bypass process in which adult lawyers help minors plan, prepare, and get to their appointments and hearings.<sup>45</sup>

34. If even a bypass process *with a defined procedure* and organized, free logistical support for the bypass process causes harmful delays, a total prohibition on adult assistance without parental involvement is likely to cause longer and more insurmountable delays—especially when travel across state lines is involved. It is also likely that Idaho Code § 18-623 will predictably increase minors' reliance on incomplete, inaccurate, or hostile information, further reducing their ability to obtain timely, lawful care. By criminalizing assistance from non-parental adults, Idaho Code § 18-623 eliminates the only practical source of help for many minors, leaving them more vulnerable to precisely the harms (delays, misinformation, loss of choice) documented in bypass states.

#### Logistical burdens

35. The judicial bypass process is logistically challenging to navigate. Even in states with coordinated judicial bypass support,<sup>46</sup> research shows that it takes time for adolescents to learn judicial bypass exists and how to request it.

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<sup>45</sup> Ralph LJ, Chaiten L, Werth E, Daniel S, Brindis CD, Biggs MA. Reasons for and logistical burdens of judicial bypass for abortion in Illinois. *Journal of Adolescent Health*. 2021 Jan 1;68(1):71-8; Janiak E, Fulcher IR, Cottrill AA, Tantoco N, Mason AH, Fortin J, Sabino J, Goldberg AB. Massachusetts' parental consent law and procedural timing among adolescents undergoing abortion. *Obstetrics and gynecology*. 2019 May;133(5):978; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young women's experiences obtaining judicial bypass for abortion in Texas. *Journal of Adolescent Health*. 2019 Jan 1;64(1):20-5;1. Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>46</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas. *J Adolesc Health*. 2019;64(1):20-25. doi:10.1016/j.jadohealth.2018.07.017; Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

36. After gathering information about the bypass process, young people must arrange transportation to meetings with the attorneys and to the hearing, which may be rescheduled by the court. A study found that Illinois adolescents had to travel 24 miles one way to their hearing, some traveling up to 270 miles.<sup>47</sup> Adolescents take time away from school, sports, home and family responsibilities, and paid work, which could interfere with classwork, grades, income, and job security.

37. While Idaho does not have a judicial bypass process to circumvent Idaho Code § 18-623, it is reasonable to infer that if minors struggle to manage judicial bypass steps even when support is lawful and available, banning trusted adults from providing assistance without parental involvement will magnify the logistical barriers to the point that many minors will be unable to complete the necessary travel at all. It is further logical to infer that removing the ability of trusted non-parental adults to provide transportation will make such trips impossible for many minors, especially those without parental support, a driver's license, or financial means. It is logical to infer that Idaho Code § 18-623 would exacerbate these harms by requiring minors to navigate complex, long-distance travel without trusted adult help, likely increasing missed school/work days and related consequences. Lastly, from reviewing how judicial bypass processes have worked, it is logical to infer by criminalizing assistance, Idaho Code § 18-623 directly removes a key source of timely and accurate information, increasing the likelihood that minors will learn about their pregnancy status and pregnancy options too late to arrange travel within gestational limits.

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<sup>47</sup> Ralph LJ, Chaiten L, Werth E, Daniel S, Brindis CD, Biggs MA. Reasons for and Logistical Burdens of Judicial Bypass for Abortion in Illinois. *J Adolesc Health*. Published online October 2020. doi:10.1016/j.jadohealth.2020.08.025.

Unwanted Disclosure

38. The judicial bypass process itself increases the risk that adolescents' pregnancy and abortion decision will be disclosed to their parents or others against their will. Studies by me and my colleagues in both Texas and Colorado found that several young women experienced a forced disclosure when a parent found out about the pregnancy due to the amount of time it took to navigate the judicial bypass process.<sup>48</sup> When forced disclosure occurred, adolescents reported that they experienced exactly what they feared would happen if a parent found out, including emotional abuse and/or being temporarily sequestered in or forced out of their homes.<sup>49</sup> One young woman's boyfriends' parents sequestered both the young woman and her boyfriend in the home to prevent them from going to the abortion appointment after the judicial bypass was granted.<sup>50</sup>

39. Research on the impacts of the judicial bypass process highlights how fragile young people's privacy and safety are when they are navigating pregnancy decision making. In Texas and Colorado, young women reported that being required to go to courthouses put them at risk of someone in their social network, including a parent, identifying them while they were near or inside the courthouse. Each additional visit to the courthouse would thus increase this risk.<sup>51</sup>

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<sup>48</sup> Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. *Perspect Sex Reprod Health*. 2020;52(1):15-22. doi:10.1363/psrh.12132; Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013.

<sup>49</sup> *Id.*

<sup>50</sup> *Id.*

<sup>51</sup> Coleman-Minahan K, Galvez Seminario M, Ralph LJ. Exploring Adolescents' and Young Adults' Abortion Disclosure and Adolescents' Experiences Navigating Colorado's Parental Notification Law. *Journal of Adolescent Health*. Published online January 27, 2025. doi:10.1016/j.jadohealth.2024.12.013; Coleman-Minahan K, Stevenson AJ, Obront E, Hays S. Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas. *Journal of Adolescent Health*. 2019;64(1):20–25. doi:10.1016/j.jadohealth.2018.07.017.

40. While Idaho does not have a judicial bypass process to circumvent Idaho Code § 18-623, we can infer that the delays for setting care without adult assistance may have similar outcomes.

### **Reproductive demography of Idaho**

41. Abortion is a common form of health care. As of 2021–2022, as states began to implement abortion bans early in pregnancy, an estimated 25% of U.S. women currently in their reproductive years had had or would have an abortion by the age of 45.<sup>52</sup> Scholarship on abortion has identified a consistent set of reasons people seek abortion care, including a lack of financial resources to support a child, it not being the right time to have a baby (e.g., being too young or too old), concerns about a partner (e.g., in violent relationship, not trusting a partner), health concerns about self or fetus, obligations to existing children, or that a birth would interfere with career or educational plans.<sup>53</sup> Most people report multiple reasons for seeking abortion.

42. Idaho had a total 2024 population of 2,001,619, of whom approximately 20.1% or 394,979 were reproductive age (15–44 years old) women.<sup>54</sup>

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<sup>52</sup> Jones RK. An estimate of lifetime incidence of abortion in the United States using the 2021–2022 Abortion Patient Survey. *Contraception*. 2024;135:110445. doi:10.1016/j.contraception.2024.110445.

<sup>53</sup> Chae S, Desai S, Crowell M, Sedgh G. Reasons why women have induced abortions: a synthesis of findings from 14 countries. *Contraception*. 2017 Oct;96(4):233-241. doi: 10.1016/j.contraception.2017.06.014. Epub 2017 Jul 8. PMID: 28694165; PMCID: PMC5957082.; Biggs, M.A., Gould, H. & Foster, D.G. Understanding why women seek abortions in the U.S.. *BMC Women's Health* 13, 29 (2013). <https://doi.org/10.1186/1472-6874-13-29>; Finer, L.B., Frohworth, L.F., Dauphinee, L.A., Singh, S. and Moore, A.M. (2005), Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives. *Perspectives on Sexual and Reproductive Health*, 37: 110–118. <https://doi.org/10.1111/j.1931-2393.2005.tb00045.x>; Coleman-Minahan, K., Jean Stevenson, A., Obront, E. and Hays, S. (2020), Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. *Perspect Sex Repro H*, 52: 15–22. <https://doi.org/10.1363/psrh.12132>; Kirkman, M., Rowe, H., Hardiman, A. et al. Reasons women give for abortion: a review of the literature. *Arch Womens Ment Health* 12, 365–378 (2009). <https://doi.org/10.1007/s00737-009-0084-3>. Chibber KS, Biggs MA, Roberts SCM, Foster DG. The role of intimate partners in women's reasons for seeking abortion. *January 2014. Women's Health Issues*, 24(1):e131–e138.

<sup>54</sup> U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP05*,

43. As of 2018–2023, about 3,500 (8.5%) of female Idaho residents aged 15–17 live in households with incomes below the Federal Poverty Line.<sup>55</sup>

44. As of 2018–2023, about 3,400 (8.2%) of female Idaho residents aged 15–17 had no health insurance coverage.<sup>56</sup>

45. As of 2018–2023, about 1,500 (3.8%) of female Idaho residents aged 15–17 lived with neither of their parents.<sup>57</sup>

46. Not all exposure to the risk of pregnancy is consensual. Large numbers and fractions of women nationally and in Idaho experience gender-based violence. As of 2017, in a high-quality federally-administered survey, 29% of Idaho women reported having experienced attempted or completed rape victimization.<sup>58</sup> Most sexual victimization occurs during adolescence and early adulthood.<sup>59</sup>

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<https://data.census.gov/table/ACSDP1Y2024.DP05?q=idaho+population>. Accessed on 13 August 2025.

<sup>55</sup> Percentages created using IPUMS USA SDA online tabulation of American Community Survey 2023 5-year file. Steven Ruggles, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia A. Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari C.W. Williams. IPUMS USA: Version 16.0 [dataset]. Minneapolis, MN: IPUMS, 2025. <https://doi.org/10.18128/D010.V16.0>.

<sup>56</sup> Percentages created using IPUMS USA SDA online tabulation of American Community Survey 2023 5-year file. Steven Ruggles, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia A. Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari C.W. Williams. IPUMS USA: Version 16.0 [dataset]. Minneapolis, MN: IPUMS, 2025. <https://doi.org/10.18128/D010.V16.0>.

<sup>57</sup> Percentages created using IPUMS USA SDA online tabulation of American Community Survey 2023 5-year file. Steven Ruggles, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia A. Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari C.W. Williams. IPUMS USA: Version 16.0 [dataset]. Minneapolis, MN: IPUMS, 2025. <https://doi.org/10.18128/D010.V16.0>.

<sup>58</sup> Tables 3.1b and 6.1b. in Smith SG, Khatiwada S, Richardson L, Basile KC, Friar NW, Chen J, Zhang Kudon H, & Leemis RW. The National Intimate Partner and Sexual Violence Survey: 2016/2017 State Report. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2023.

<sup>59</sup> The National Intimate Partner and Sexual Violence Survey: 2016/2017 State Report. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2023.

47. Teen births have declined dramatically in recent decades, concentrating teen birth among the most disadvantaged in general.<sup>60</sup> In recent years Idaho minors have experienced birth rates similar to or lower than the national average, with a 2023 Idaho rate of 3.6/1,000 female residents 15-17, compared to a national rate of 5.5/1,000.<sup>61</sup>

#### Maternal health

48. Pregnancy-related mortality is defined by the Centers for Disease Control Pregnancy Mortality Surveillance System (PMSS) as a “death during or within 1 year of the end of pregnancy from any cause related to or aggravated by the pregnancy.” It is measured using the Pregnancy-Related Mortality Ratio (PRMR), which is calculated by dividing the number of verified pregnancy-related deaths by the number of live births and multiplying by 100,000. At the national level this ratio has increased from 7.2 deaths per 100,000 live births in 1987 to 18.7 in 2023.<sup>62</sup>

49. Some racial and ethnic groups have consistently experienced much higher risk of dying due to pregnancy-related causes than have non-Hispanic white pregnant people. In 2023, non-Hispanic Black pregnant people died at a rate of 49.4 deaths per 100,000 live births, while non-Hispanic white pregnant people died at a rate of 14.9 deaths per 100,000 live births. Non-Hispanic Native Hawaiian and Other Pacific Islander and non-Hispanic American Indian and

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<sup>60</sup> Diaz, C. J., & Fiel, J. E. (2016). The effect (s) of teen pregnancy: Reconciling theory, methods, and findings. *Demography*, 53(1), 85–116.; Ray, J. G., Fu, L., Austin, P. C., Park, A. L., Brown, H. K., Grandi, S. M., ... & Cohen, E. (2024). Teen pregnancy and risk of premature mortality. *JAMA network open*, 7(3), e241833-e241833.; Mollborn, S. (2017). Teenage mothers today: what we know and how it matters. *Child development perspectives*, 11(1), 63–69; Garwood, S. K., Gerassi, L., Jonson-Reid, M., Plax, K., & Drake, B. (2015). More than poverty: The effect of child abuse and neglect on teen pregnancy risk. *Journal of Adolescent Health*, 57(2), 164-168.

<sup>61</sup> Births: Final data for 2023. National Vital Statistics Reports, March 2025. <https://www.cdc.gov/nchs/data/nvsr/nvsr74/nvsr74-1.pdf> Table 8.

<sup>62</sup> Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. Rates from figure “Pregnancy-related mortality ratio in the United States: 1987–2023” available at <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html>. Accessed June 18, 2025.

Alaska Native pregnant people are small enough populations that PRMRs for their group are typically only calculated for spans of multiple years together. The most recent such span is from 2017–2019, when the PRMR was 62.8 deaths per 100,000 live births for Non-Hispanic Native Hawaiian and Other Pacific Islander pregnant people and 32.0 deaths per 100,000 live births for non-Hispanic American Indian and Alaska Native pregnant people. During 2017–2019 non-Hispanic Black PRMR was 39.9 and non-Hispanic white PRMR was 14.1.

50. A precipitous rise in PRMR in 2020 (24.9 deaths per 100,000 live births), 2021 (33.2 deaths per 100,000 live births), and 2022 (21.5 deaths per 100,000 live births) coincided with the COVID-19 pandemic.<sup>63</sup>

51. While smaller racial and ethnic groups have too few pregnancy-related deaths in most years to allow the calculation of stable reliable rates for single years, the dramatic increase in pregnancy-related death during the height of the COVID-19 pandemic made it possible to calculate single-year PRMRs for smaller populations. In 2022, the last single year with data for American Indian or Alaska Native pregnant people, that racial group had the highest PRMR of 54.4 deaths per 100,000 live births.<sup>64</sup> Also in 2022, rates were elevated for other groups, non-Hispanic Black people (69.3), Hispanic people (31.4), non-Hispanic white people (24.3) and Asian people (22.4).<sup>65</sup> In general, the stratification in the risk of death by race and ethnicity is likely due to inequitable

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<sup>63</sup> Stevenson AJ, Root L. Trends in Maternal Death Post- Dobbs v Jackson Women’s Health. JAMA Netw Open. 2024;7(8):e2430035. doi:10.1001/jamanetworkopen.2024.30035.

<sup>64</sup> Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. Rates from figure “Pregnancy-related deaths by race-ethnicity, 2022” available at <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html>. Accessed June 18, 2025.

<sup>65</sup> Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. Rates from figure “Pregnancy-related deaths by race-ethnicity, 2022” available at <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html>. Accessed June 18, 2025.

access to and quality of reproductive healthcare, prevalence of chronic diseases, structural racism, and other factors.<sup>66</sup>

52. The Idaho Maternal Mortality Review Committee report provides state-level PRMR based on the state's Maternal Mortality Review Committee findings.<sup>67</sup> The review of deaths is labor-intensive, and thus reporting is delayed. The report states that Idaho's PRMR rose from 18.7 in 2018, 13.6 in 2019 to 41.8 and 40.1 in 2020 and 2021, respectively, before falling to 22.6 in 2023. The 2018–2019 PRMRs are similar in magnitude to another measure of maternal death, the Maternal Mortality Rate (MMR), which the National Center for Health Statistics publishes by state for multiyear periods. This measure only includes deaths up to 42 days postpartum and relies on death certificates alone, rather than case-by-case epidemiological investigations. The most recent state-level National Center for Health Statistics report is for 2018–2022, when Idaho's MMR was 20.0 and the national MMR was 23.2.<sup>68</sup> The PRMR and the MMR are defined in different ways and the period for the MMR includes the height of the pandemic, so a slightly higher number is not surprising. But their general similarity provides further evidence that Idaho's reported crude (unadjusted) maternal death rate is similar to the national average.

53. There is evidence that, similar to how pregnancy-related death is stratified by race in the rest of the U.S., pregnancy-associated death is stratified by race in Idaho. Because the numbers of deaths for small populations are small, the Maternal Mortality Review Committee's confirmed

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<sup>66</sup> Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet*. 2017;389(10077):1453–1463. doi:10.1016/S0140-6736(17)30569-X; Howell EA. Reducing disparities in severe maternal morbidity and mortality. *Clin Obstet Gynecol* 2018;61:387–99. <https://doi.org/10.1097/GRF.0000000000000349>.

<sup>67</sup> Idaho MMRC Annual Report 2023, Board of Medicine, Division of Occupational and Professional Licenses. (n.d.). <https://dopl.idaho.gov/wp-content/uploads/2025/01/Maternal-Mortality-Report-2023.pdf>.

<sup>68</sup> National Center for Health Statistics, Maternal deaths and mortality rates: Each state, the District of Columbia, United States, 2018-2022 Available at <https://www.cdc.gov/nchs/maternal-mortality/mmr-2018-2022-state-data.pdf>.

pregnancy-related deaths for 2018–2023 are not disaggregated by race, but pregnancy-associated deaths are. These are all the deaths of pregnant or recently pregnant people investigated by the Maternal Mortality Review Committee. The report states, “Hispanic Whites account for 27% of Pregnancy-Associated Deaths in 2023, while accounting for 13.8% of the population. American Indians/Alaskan Natives account for 18% of Pregnancy-Associated Deaths in 2023, while accounting for 1.7% of the population. Asians account for 9% of Pregnancy-Associated Deaths in 2023, while accounting for 1.7% of the population.”<sup>69</sup>

54. On a population basis, this indicates that in Idaho, Hispanic Whites are 1.96 times as likely to die in pregnancy-associated deaths compared with the general population, American Indian/Alaska Natives are 10.6 times as likely to die in pregnancy-associated deaths compared with the general population, and Asians are 5.3 times as likely to die in pregnancy-associated deaths compared with the general population.<sup>70</sup>

55. Nationally, maternal death is more common among rural or noncore<sup>71</sup> residents (2023 noncore PRMR was 26.8, compared to 20.2-14.5 in other geographic designations).<sup>72</sup> This is consistent with the Idaho Maternal Mortality Review Committee’s report, which found that 36% of maternal deaths were among rural residents, modestly disproportionate considering that 26.7% of the state’s 2023 residents lived in rural counties.

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<sup>69</sup> Page 17 <https://dopl.idaho.gov/wp-content/uploads/2025/01/Maternal-Mortality-Report-2023.pdf>.

<sup>70</sup> Calculations are  $27/13.8 = 1.96$ ,  $18/1.7=10.6$ ,  $9/1.7=5.3$ .

<sup>71</sup> Noncore or nonmetro counties are not included in a metropolitan statistical area. See for example the USDA Economic Research Service: <https://www.ers.usda.gov/data-products/urban-influence-codes>.

<sup>72</sup> Centers for Disease Control and Prevention. Pregnancy Mortality Surveillance System. Rates from figure “Pregnancy-related deaths by urban-rural classifications, 2023” available at <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance-data/index.html>. Accessed June 18, 2025.

56. For every maternal death, about 20–30 people who were pregnant experience acute or chronic morbidity or disability due to pregnancy.<sup>73</sup> The most common measure of non-fatal but severe maternal health outcomes is Severe Maternal Morbidity (SMM). SMM is often considered a “near miss” maternal death and it is defined based on hospitalization data.

57. SMM is stratified by race and socioeconomic status. At the national level in 2016–2020, rates of SMM among non-Hispanic Black pregnant people are more than twice as high as those among non-Hispanic white pregnant people (226 vs. 105 SMM events per 10,000 delivery hospitalizations).<sup>74</sup>

#### *Demography of abortion in Idaho*

58. The last full calendar year before Idaho banned abortion was 2021. In that year the Idaho Department of Health and Welfare reported 1,454 abortions for Idaho residents occurring in Idaho and 99 abortions for non-residents occurring in Idaho, or roughly 120 resident abortions per month.<sup>75</sup> In 2021, a total of 47 abortions were provided in Idaho to individuals under 18. These numbers were similar to the 2020 year, when the total number of abortions provided in Idaho was 1,680, 53 of which were for individuals under 18.

59. The Guttmacher Institute, a reproductive health research organization, estimates based on its periodic nationwide Abortion Provider Survey that the number of abortions in Idaho in 2020 was 1,690, similar to the number reported by the Idaho Department of Health and

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<sup>73</sup> Firoz, T., Chou, D., von Dadelszen, P., et al. (2013). Measuring maternal health: focus on maternal morbidity. *Bulletin of the World Health Organization* 93:794-796.

<sup>74</sup> Brown, Clare C. PhD, MPH; Adams, Caroline E. BS; George, Karen E. MD, MPH; Moore, Jennifer E. PhD, RN. Associations Between Comorbidities and Severe Maternal Morbidity. *Obstetrics & Gynecology* 136(5):p 892-901, November 2020. | DOI: 10.1097/AOG.0000000000004057.

<sup>75</sup>Induced abortions occurring in Idaho, accessed 12 August 2025  
<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=28265&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>.

Welfare.<sup>76</sup> Because of complexities in abortion reporting, survey-based estimates like that generated by Guttmacher and surveillance data like those from states do not always align at the state level. The consistency of the Guttmacher estimate and the Idaho Department of Health and Welfare report increases my confidence in the completeness of the data received by the Idaho Department of Health and Welfare. The Guttmacher estimates do not disaggregate by age.

60. Neither Guttmacher nor the Idaho Department of Health and Welfare provide counts or estimated counts of the number of abortions received by Idahoans out of state.

61. The year 2020 is the most recent for which abortion and pregnancy rates by age are available for comparison across all states. These statistics are estimated via publicly accessible methods using all publicly available state and national data, as well as Guttmacher's survey data on abortions and are shared publicly.<sup>77</sup> In 2020, the most recent year, Idaho pregnancy, abortion, and fertility rates were lower than the overall rates for the U.S. at ages 15–17, but the pregnancy and birth rates were higher than the national average at ages less than 15. Among 15–17-year-olds the Idaho pregnancy rate was 7.7/1,000, compared to 11.3/1,000 nationally. Among those under 15 the pregnancy rate was 4.3/1,000, compared to 2.1/1,000 nationally. Among 15–17-year-olds the Idaho abortion rate was 1.4/1,000, compared to 3.4/1,000 nationally. Among those under 15 the abortion rate was about 1/1,000 both in Idaho and nationally.

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<sup>76</sup> Maddow-Zimet I and Forouzan K, *Stability in the Number of Abortions from 2023 to 2024 in US States Without Total Bans Masks Major Shifts in Access*, New York: Guttmacher Institute, 2025, <https://www.guttmacher.org/report/stability-number-abortions-2023-2024-....DOI>: <https://doi.org/10.1363/2025.300659>.

<sup>77</sup> Chiu DW, Maddow-Zimet I, Kost K. *Pregnancies, Births and Abortions in the United States, 1973–2020: National and State Trends by Age*. Guttmacher Institute; 2024. <https://www.guttmacher.org/report/pregnancies-births-abortions-in-united-states-1973-2020> Pregnancy, birth, and abortion rates (Tables 8, 9, 18, 19, 28, & 29) Data on number of pregnancies, births, and abortions accessed 13 August, 2025 from <https://data.guttmacher.org/states/table?state=MO&topics=168+173+181&dataset=data>.

**Idaho residents use of abortion care outside the state since 2022**

62. While comprehensive data on in-clinic abortions for Idahoans in other states are not available, peer-reviewed studies and statistics from other states indicate that since Idaho's total abortion ban went into effect in 2022, Idahoans have increased their travel to other states to receive abortion care.

63. Idaho borders Oregon, Utah, Montana, Nevada, Wyoming, and Washington. Wyoming itself has restrictions on abortion access, as do Nevada and Utah and all three also border states with restrictive or changing abortion laws. But Oregon and Washington enforce few or no abortion restrictions and do not border other states with restrictive abortion laws. So, while it is not always possible to identify which states out-of-state residents are coming from to access abortion, it is reasonable, given what we know about how people travel for abortion care, that many out-of-state abortions in both Oregon and Washington are provided to residents of Idaho. It is also reasonable to conclude that increases in out-of-state abortion in those states from before Idaho's total abortion ban went into effect until after it went into effect likely include at least some increase due to increased travel of Idaho residents to access abortion in those states.

64. The Centers for Disease Control and Prevention publishes annual reports of abortion surveillance in the United States based on voluntary data reported by the states. These include states' reports of abortion incidence disaggregated by residence in or out of state. The most recent report is for 2022.<sup>78</sup> In 2022, Oregon reported 1,036 abortions provided to out-of-state residents, Utah reported 215 abortions provided to out-of-state residents, Montana reported 164 abortions provided to out-of-state residents, Nevada reported 1,578 abortions to out-of-state residents,

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<sup>78</sup> Ramer S, Nguyen AT, Hollier LM, Rodenhizer J, Warner L, Whiteman MK. Abortion Surveillance — United States, 2022. *MMWR Surveill Summ* 2024;73(No. SS-7):1–28. DOI: <http://dx.doi.org/10.15585/mmwr.ss7307a1>

Wyoming reported 32 abortions to out-of-state residents, and Washington reported 1,440 abortions provided to out-of-state residents. These numbers are increases from 2021 (entirely before Idaho's total abortion ban), when Oregon reported 695 abortions provided to out-of-state residents, Utah reported 151 abortions provided to out-of-state residents, Montana reported 160 abortions provided to out-of-state residents, Nevada reported 545 abortions to out-of-state residents, Wyoming reported 166 abortions to out-of-state residents, and Washington reported 988 abortions provided to out-of-state residents.

65. Based on the Centers for Disease Control and Prevention Abortion Surveillance Reports, compared to 2021, the number of abortions provided to out-of-state residents in 2022 increased by 49.1% in Oregon, 42.4% in Utah, 2.5% in Montana, 189.5% in Nevada, 419% in Wyoming, and 45.7% in Washington State. These are all statistically significant increases at the 0.05 level of significance with the exception of the very small Montana increase.

66. The Centers for Disease Control and Prevention Abortion Surveillance Reports also include crosstabulations<sup>79</sup> of area of residence and area of clinical service, which are not always universally recorded, but whose recording is relatively stable across time. These tables also reflect an increase. Comparing these crosstabulations from 2021 to 2022 yields a picture consistent with that provided in the overall out-of-state data. In the crosstabulations no counts are reported below 50. Oregon's reported number of abortions for Idaho residents was not reportable in 2021 but was reported as 194 in 2022, an increase of at least 145 or 296%. Utah reported 63 abortions for Idaho residents in 2021 and 115 in 2022, an increase of 52 or 83%. Washington State reported 407 abortions for Idaho residents in 2021 and 571 in 2022, an increase of 164 or 40%. Wyoming

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<sup>79</sup> Abortion Surveillance Findings and Reports, Division of Reproductive Health, Centers for Disease Control and Prevention, 2024. <https://www.cdc.gov/reproductive-health/data-statistics/abortion-surveillance-findings-reports.html>.

abortions for Idaho residents were unreportable (i.e. below 50) in 2021, but it reported 61 abortions for Idaho residents in 2022, an increase of at least 29 (since the state only reported a total count of abortions to out of state residents in 2021 of 32) or a minimum increase of 91%.

67. While the Centers for Disease Control and Prevention Abortion Surveillance Reports are standardized, sometimes states publish different abortion numbers than they share with the federal government because standardized definitions can lead to data system challenges. For this reason, I also describe states' own reporting of the numbers of abortions to out-of-state residents as possible below.

68. Oregon Health Authority publishes statistical abstracts of that state's Induced Termination of Pregnancy data. Its data are complete through 2023. The total number of abortions provided in Oregon to out-of-state residents is available before and after Idaho's total abortion ban. In 2020 and 2021 the numbers of abortions provided in Oregon to out-of-state residents were 672<sup>80</sup> and 695<sup>81</sup> respectively. In 2022 and 2023 the numbers of abortions provided in Oregon to out of state residents were 1,036 and 1,661 respectively. Oregon's preliminary abortion statistics for 2024 are available and the number of abortions provided to out-of-state residents in that report is 1,669.<sup>82</sup>

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<sup>80</sup> Month of occurrence and county of residence, Oregon occurrence abortions, 2020 final data. State of Oregon Vital Statistics, available at: <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/InducedAbortion/abortion20.pdf>.

<sup>81</sup> Month of occurrence and county of residence, Oregon occurrence abortions, 2021 final data. State of Oregon Vital Statistics, available at: <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/InducedAbortion/abortion21.pdf>.

<sup>82</sup> Month of occurrence and county of residence, Oregon occurrence abortions, 2024 quarterly year-to-date (Run date February 13, 2025). State of Oregon Vital Statistics, available at: <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/InducedAbortion/abortion24.pdf>.

69. Utah Vital Statistics report abortions occurring in Utah by state of residence.<sup>83</sup> In 2021, 63 abortions were provided to Idaho residents in Utah. More recent Vital Statistics Abortion reports are not available online.

70. Montana Vital Statistics reports annual abortions occurring in Montana and annual abortions occurring in Montana for Montana residents.<sup>84</sup> From these numbers it is possible to calculate annual abortions occurring in Montana for out-of-state residents. In recent years this number has increased, from 177 in 2020 to 234 in 2023.

71. Washington does not publish its own abortion statistics for out-of-state residents,<sup>85</sup> but a high-quality study using robust causal inference published in the *Journal of the American Medical Association*<sup>86</sup> based on data from a large abortion clinic system in Washington State provides evidence that Idahoans increased their utilization of Washington State in-clinic abortion services after *Dobbs v. Jackson Women's Health Organization*. After the decision and accounting for pre-decision levels and trends, the study found that the weekly number and total percent of patients from outside Washington increased significantly and the average gestational duration of patients at the time of procedure also increased. These results are consistent with literature from other states, which has found that people who live in states that banned abortion travel out of state

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<sup>83</sup> Abortions, 2021. Utah Vital Statistics Reports, <https://vitalrecords.utah.gov/wp-content/uploads/Abortion-Report-2021.pdf>.

<sup>84</sup> Annual report 2023, Montana Vital Statistics, March 2025. Table S1 and S5 <https://dphhs.mt.gov/assets/publichealth/Epidemiology/VSU/2023VitalStatsAnnualReportFinal.pdf>.

<sup>85</sup> Washington State Department of Health Pregnancy and Abortion Dashboard, accessed August 11, 2025. <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/pregnancy-and-abortion/county-dashboard>.

<sup>86</sup> Riley T, Fiastro AE, Benson LS, Khattar A, Prager S, Godfrey EM. Abortion Provision and Delays to Care in a Clinic Network in Washington State After Dobbs. *JAMA Netw Open*. 2024;7(5):e2413847. doi:10.1001/jamanetworkopen.2024.13847 <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2819135>.

for abortion care after the ban and increases in gestational duration at abortion after neighboring states banned abortion.<sup>87</sup>

72. Given that Idaho is the only state near Washington that banned abortion following *Dobbs v. Jackson Women's Health*, and the fact people forced to travel for abortion choose the closest providers in order to minimize their costs and facilitate more timely care,<sup>88</sup> the increase in provision in the Washington study is evidence that Idahoans are likely traveling to Washington for abortion care.

73. Traveling out of state for abortion care leads to greater costs and barriers for patients. This is noteworthy in the present case because all burdens on and barriers to abortion access layer upon each other, so the barriers inherent in minors' attempts to access abortion even when care is nearby<sup>89</sup> are compounded by the extraordinary costs of interstate travel.

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<sup>87</sup> Trevino J, Paul R, King E, Reeves J, Madden T. P035 - Change in clinic volume and gestational age at time of abortion in southern Illinois before and after *Dobbs v Jackson Women's Health Organization*. *Contraception*. 2023;127:110202. doi:10.1016/j.contraception.2023.110202; Keefe-Oates B, Fulcher I, Fortin J, et al. Use of abortion services in Massachusetts after the *Dobbs* decision among in-state vs out-of-state residents. *JAMA Netw Open*. 2023;6(9):e2332400. doi:10.1001/jamanetworkopen.2023.32400.

<sup>88</sup> Joyce T. The supply-side economics of abortion. *N Engl J Med*. 2011 Oct 20;365(16):1466-9. doi: 10.1056/NEJMp1109889; Sierra G, Berglas NF, Hofler LG, Grossman D, Roberts SCM, White K. Out-of-State Travel for Abortion among Texas Residents following an Executive Order Suspending In-State Services during the Coronavirus Pandemic. *Int J Environ Res Public Health*. 2023 Feb 19;20(4):3679. doi: 10.3390/ijerph20043679. PMID: 36834376; PMCID: PMC9967543; White K, Arey W, Whitfield B, Dane'el A, Dixon L, Potter JE, Ogburn T, Beasley AD. Abortion patients' decision making about where to obtain out-of-state care following Texas' 2021 abortion ban. *Health Serv Res*. 2024 Feb;59(1):e14226. doi: 10.1111/1475-6773.14226. Epub 2023 Sep 12. PMID: 37700552; PMCID: PMC10771901; Sierra G, Lerma K, Perez GA, Beasley A, White K. Abortion care preferences and trade-offs when traveling out-of-state for facility-based services: findings from a discrete choice experiment. *BMC Health Serv Res*. 2024 Dec 18;24(1):1573. doi: 10.1186/s12913-024-12005-9. PMID: 39695667; PMCID: PMC11653969.

<sup>89</sup> Hoopes AJ, Maslowsky J, Baca MA, Goldberg J, Harrison ME, Hwang LY, Romano M, Tebb K, Tyson N, Grubb LK. Elevating the Needs of Minor Adolescents in a Landscape of Reduced Abortion Access in the United States. *J Adolesc Health*. 2022 Nov;71(5):530-532. doi: 10.1016/j.jadohealth.2022.08.007. Epub 2022 Sep 10. PMID: 36096900; PMCID: PMC10511203.

74. In a recent cross-sectional study also in the *Journal of the American Medical Association*,<sup>90</sup> among 675 abortion patients after *Dobbs v. Jackson Women's Health Organization*, patients who traveled out of state to seek abortion care were twice as likely to experience catastrophic health expenses (65% compared with 32% of those receiving in-state care). Catastrophic expenses are considered those over 40% of monthly income after subsistence needs met. Average (mean) expenses were higher for out-of-state patients in terms of travel (\$1319 vs. \$411), procedure costs (\$838 vs. \$135) and for additional non- health care (for example childcare, \$569 vs. \$327).

75. Some of the greater expense among those who traveled out of state was explained by the fact that more of those who traveled out of state received abortion care at a greater gestational duration than those who received care in-state, but this disparity did not explain the entire difference in cost. In fact, among those who received care at or before 12 weeks gestation, 59% of those who traveled out of state for care experienced catastrophic health expenses, far greater than the 25% of those at the same gestational duration range who did not have to travel out of state.

### **Interstate travel**

76. To assess the commonness of interstate travel among Idahoans, I considered data on state population and metropolitan, micropolitan, and combined statistical areas in the state from the U.S. Census Bureau Population Division. The statistical areas are described by the Census Bureau in their reports available publicly. Specific resources are: State intercensal population estimates,<sup>91</sup> definitions of metropolitan statistical area and combined metropolitan statistical

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<sup>90</sup> Wasser O, Ralph LJ, Kaller S, Biggs MA. Catastrophic Health Expenditures for In-State and Out-of-State Abortion Care. *JAMA Netw Open*. 2024;7(11):e2444146. doi:10.1001/jamanetworkopen.2024.44146.

<sup>91</sup> National Population by Characteristics 2020-2024, June 2025 vintage. United States Census Bureau. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>.

area,<sup>92</sup> the map “Idaho: 2020 Core Based Statistical Areas and Counties,”<sup>93</sup> the table “Metropolitan and Micropolitan Statistical Areas Population Totals: 2020–2024 (Vintage 2024),”<sup>94</sup> and the table “Estimates of the Total Resident Population and Resident Population Age 18 Years and Older for the United States, Regions, States, District of Columbia, and Puerto Rico: July 1, 2024.”<sup>95</sup>

77. Metropolitan Statistical Areas and Combined Statistical Areas are designations used by the U.S. Census Bureau and the U.S. Office of Management and Budget to describe areas where residents are linked socially and economically. These areas are counties or sets of counties combined based on prespecified and publicly-debated rules, which include adjacency (i.e. they share borders), economic ties (i.e. residents commute to counties in the Combined Statistical Area other than their own), and social ties (i.e. if local opinion supports the combination of counties into a statistical area).

78. There are five combined statistical areas with counties in Idaho, of which four include counties both in Idaho and in another state. These are Boise City-Mountain Home-Ontario, ID-OR; Idaho Falls-Rexburg-Blackfoot, ID; Pullman-Moscow, WA-ID; Salt Lake City-Provo-Orem, UT-ID; Spokane-Spokane Valley-Coeur d’Alene, WA-ID.

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<sup>92</sup> Metropolitan and micropolitan. United States Census Bureau. <https://www.census.gov/programs-surveys/metro-micro.html>. Standards for Defining Metropolitan and Micropolitan Statistical Areas. Office of Management and Budget. Federal Register 82228 Vol. 65, No. 249 / Wednesday, December 27, 2000. <https://www.govinfo.gov/content/pkg/FR-2000-12-27/pdf/00-32997.pdf>.

<sup>93</sup> Idaho: 2020 Core Based Statistical Areas. U.S. Census Bureau, Population Division. [https://www2.census.gov/programs-surveys/metro-micro/reference-maps/2020/state-maps/16\\_Idaho\\_2020.pdf](https://www2.census.gov/programs-surveys/metro-micro/reference-maps/2020/state-maps/16_Idaho_2020.pdf).

<sup>94</sup> Metropolitan and Micropolitan Statistical Areas Population Totals: 2020-2024, U.S. Census Bureau, Population Division. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-total-metro-and-micro-statistical-areas.html> Specific resources include Methodology, Annual Estimates of the Resident Population for Combined Statistical Areas in the United States and Puerto Rico: April 1, 2020 to July 1, 2024.

<sup>95</sup> National Population by Characteristics 2020-2024, June 2025 vintage. United States Census Bureau. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>.

79. The only combined statistical area in Idaho that does not include counties in other states is Idaho Falls-Rexburg-Blackfoot, ID.

80. The U.S. Census Bureau estimates that the 2024 resident population of Idaho was 2,001,619. Of these residents, the U.S. Census Bureau estimates that 60.0% (1,201,604 residents) reside in counties in combined statistical areas that include other states.

81. The only combined statistical area in Idaho that is dominated by Idaho counties is the Boise City-Mountain Home-Ontario, ID-OR, whose only non-Idaho component is an Oregon county (Malheur). However, the Oregon county is of substantial size with an estimated 32,315 residents.

82. In 2023 about 20% of abortion patients crossed state lines to access abortion care, about twice as many as did so in 2020.<sup>96</sup>

83. Three combined statistical areas that include part of Idaho are named for cities in other states, reflecting that the major population and economic center for that area is in another state (Pullman-Moscow, WA-ID; Salt Lake City-Provo-Orem, UT-ID (which includes Oneida County, south of Pocatello); Spokane-Spokane Valley-Coeur d'Alene, WA-ID). In all three, more than half of the area's population lives in another state. An estimated 14.9% of Idaho residents (298,336 residents) live in one of these combined statistical areas.

#### **Travel for health care in the rural west**

84. Data from the Federal Highway Administration show that a large fraction of the trips originating in Idaho are to surrounding states, consistent with the combined statistical areas in

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<sup>96</sup> The high toll of US abortion bans: nearly one in five patients are now traveling out of state for abortion care. Kimya Forouzan et al. <https://www.guttmacher.org/2023/12/high-toll-us-abortion-bans-nearly-one-five-patients-now-traveling-out-state-abortion-care>.

which many Idaho residents live including adjacent states.<sup>97</sup> And unsurprising to any resident of the western United States, research shows that residents of rural areas and in the western census region travel much longer distances on average than do their urban and non-western counterparts and are much less likely to have access to public transportation and less likely to use public transportation for health care travel.<sup>98</sup>

85. The Federal Highway Administration administers a periodic National Household Travel Survey, providing the most reliable data on the travel behavior of the American public. Surveys were administered in 2017 and 2022.<sup>99</sup> The 2022 administration was among a smaller sample, making generalization by the purpose of the trip unrepresentative at lower levels of geography than the nation.<sup>100</sup> For example, fewer than 700 trips for health care services nationwide were collected in the 2022 survey. It is only possible to disaggregate trips by work or nonwork below the national level in the 2022 data. Even though the 2017 survey was larger, questions using individual data are not representative at regions below the census region.<sup>101</sup>

86. Here I use the 2022 survey data<sup>102</sup> to describe nonwork interstate and intrastate travel from Idaho origin points and then summarize results from a peer-reviewed publication using the

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<sup>97</sup> Federal Highway Administration. (2022). 2022 NextGen NHTS National Passenger OD Data, U.S. Department of Transportation, Washington, DC. Available online: <https://nhts.ornl.gov/od/>.

<sup>98</sup> Labban M, Chen CR, Frego N, Nguyen DD, Lipsitz SR, Reich AJ, Rebbeck TR, Choueiri TK, Kibel AS, Iyer HS, Trinh QD. Disparities in Travel-Related Barriers to Accessing Health Care From the 2017 National Household Travel Survey. *JAMA Network Open*. 2023 Jul 3;6(7):e2325291. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807664>.

<sup>99</sup> Federal Highway Administration. (2022). 2022 NextGen NHTS National Passenger OD Data, U.S. Department of Transportation, Washington, DC. Available online: <https://nhts.ornl.gov/od/>.

<sup>100</sup> *Id.*

<sup>101</sup> Federal Highway Administration. (2017). 2017 National Household Travel Survey, U.S. Department of Transportation, Washington, DC. Available online: <https://nhts.ornl.gov>.

<sup>102</sup> Federal Highway Administration. (2022). 2022 NextGen NHTS National Passenger OD Data, U.S. Department of Transportation, Washington, DC. Available online: <https://nhts.ornl.gov/od/>.

2017 data to describe travel for health care services in the rural west.<sup>103</sup> The Federal Highway Administration uses spatial designations that exclude more cross-state regions from combination than does the Combined Statistical Area definition used by the Census Bureau and Office of Management and Budget, so names in this section vary slightly to follow the specific conventions of the data source. For example, Coeur d'Alene is part of a Combined Statistical Area with Spokane and Spokane Valley, but here it is its own zone.

87. Because the purpose of the trip is only available at the subnational level as work or nonwork in the 2022 survey, I focus on nonwork trips here, which include trips for health care services.<sup>104</sup>

88. The 2022 National Household Travel Survey Passenger data demonstrate that interstate travel is common among nonwork trips originating in some of Idaho's areas.<sup>105</sup> For comparison, 99% of non-work trips in the Idaho zones contained mostly within the state have Idaho destinations (Boise City, ID zone, Idaho Falls, ID zone, and Pocatello, ID zone). By contrast, 84% of trips originating in Idaho from the Logan, UT-ID zone (which includes Oneida County, south of Pocatello) have Idaho destinations, while 15% have Utah destinations. Similarly, 84% of the trips originating in Idaho from the Lewiston, ID-WA zone have Idaho destinations and 16%

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<sup>103</sup> Labban M, Chen CR, Frego N, Nguyen DD, Lipsitz SR, Reich AJ, Rebbeck TR, Choueiri TK, Kibel AS, Iyer HS, Trinh QD. Disparities in Travel-Related Barriers to Accessing Health Care From the 2017 National Household Travel Survey. *JAMA Network Open*. 2023 Jul 3;6(7):e2325291. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807664>.

<sup>104</sup> Federal Highway Administration. (2022). 2022 NextGen NHTS National Passenger OD Data, U.S. Department of Transportation, Washington, DC. Available online: <https://nhts.ornl.gov/od/>.

<sup>105</sup> *Id.*

have Washington destinations. In the Coeur d'Alene, ID zone 93% of trips have Idaho destinations and 6% of trips have Washington destinations.<sup>106</sup>

89. Peer-reviewed analysis of the 2017 National Household Travel Survey<sup>107</sup> finds that on average, rural residents travel about three times as far as urban residents for health services. Data from the same survey also demonstrates that rural residents were 7% as likely (odds ratio 0.07) as urban residents to use public transportation on trips to access health care services.<sup>108</sup> Residents of the western census region were less than one third as likely (odds ratio 0.31) as residents of the northeastern census region to use public transportation on trips to access health care services.<sup>109</sup>

### **Abortion Safety**

90. As described above, pregnancy in the U.S. is risky and has gotten substantially riskier with time. The decision to seek abortion is only made if an individual is pregnant, and as such it is a decision that the alternative of is remaining pregnant. This means the abortion decision includes weighing the relative risk associated with remaining pregnant and that of having an abortion. It is

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<sup>106</sup> All calculations performed in Excel, data all from Federal Highway Administration. (2022). 2022 NextGen NHTS National Passenger OD Data, U.S. Department of Transportation, Washington, DC. Available online: <https://nhts.ornl.gov/od/>.

<sup>107</sup> Labban M, Chen CR, Frego N, Nguyen DD, Lipsitz SR, Reich AJ, Rebbeck TR, Choueiri TK, Kibel AS, Iyer HS, Trinh QD. Disparities in Travel-Related Barriers to Accessing Health Care From the 2017 National Household Travel Survey. JAMA Network Open. 2023 Jul 3;6(7):e2325291. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807664>.

<sup>108</sup> *Id.*

<sup>109</sup> *Id.*

therefore salient that abortion is very safe<sup>110</sup> and more than 30 times safer than remaining pregnant.<sup>111</sup>

91. In the most recent years for which data are available (2013–2021), the crude case-fatality rate for legal induced abortion was 0.46 deaths per 100,000 abortions.<sup>112</sup> Because abortion fatalities are so rare, many years must be aggregated to yield what epidemiologists and demographers call a stable rate, one which is not subject to fluctuations because of anomalies in rare events.

92. High-quality U.S. abortion case-fatality estimates for abortion are generated by the Centers for Disease Control and Prevention Division of Reproductive Health. The division’s rigorous system for generating estimates uses all abortion-related deaths from the Pregnancy Mortality Surveillance System’s rigorous epidemiological investigations of pregnancy-related deaths and total national abortion incidence estimates from the Guttmacher Institute. The abortion surveillance system in the U.S. does not mandate abortion surveillance reporting and some states (including California) do not collect abortion statistics, so abortion statistics collected from states are incomplete by definition. Therefore, national estimates from the Guttmacher Institute provide the necessary denominators for the case-fatality rates. While Guttmacher provided the only

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<sup>110</sup> “During 2013–2021, the national case-fatality rate for legal induced abortion was 0.46 deaths related to legal induced abortions per 100,000 reported legal abortions. This case-fatality rate was lower than the rates for the previous 5-year periods.” Division of Reproductive Health. Pregnancy Mortality Surveillance System. Published online March 21, 2024. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>.

<sup>111</sup> AJ Stevenson, E Raymond, D Grossman, Comparing mortality risk of induced abortion with mortality risk of staying pregnant, *Contraception*, Volume 127, 2023, 110150, <https://doi.org/10.1016/j.contraception.2023.110150>.

<sup>112</sup> “During 2013–2021, the national case-fatality rate for legal induced abortion was 0.46 deaths related to legal induced abortions per 100,000 reported legal abortions. This case-fatality rate was lower than the rates for the previous 5-year periods.” Division of Reproductive Health. Pregnancy Mortality Surveillance System. Published online March 21, 2024. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>.

national abortion incidence estimates for many decades, in recent years alternative national abortion incidence estimates have become available<sup>113</sup> and these estimates are quite similar to Guttmacher's, increasing the already-high confidence in the Guttmacher Institute's estimation procedures.

93. The most recent estimates of abortion case fatality by gestational duration are for 1998–2010.<sup>114</sup> In these estimates, the rate of death after abortions at or before 8 weeks since the last menstrual period is 0.3 deaths per 100,000 induced abortions. For abortions at 9 to 13 weeks since last menstrual period, the rate is 0.5 deaths per 100,000 induced abortions. For abortions at 14–17 weeks since last menstrual period, the rate is 2.5 deaths per 100,000 induced abortions. And for abortions at or after 18 weeks since last menstrual period, the rate is 6.7 deaths per 100,000 induced abortions.

94. Abortion has also shifted to earlier gestational durations over recent decades,<sup>115</sup> which likely contributes to observed declines in crude abortion case-fatality rates, since earlier abortions incur less risk than do ones at later gestational durations.<sup>116</sup>

### **Research on the impact of abortion denial**

95. Turnaway Study is a prospective 5-year cohort study of 667 women who received abortion care at 30 facilities in the United States from 2008–2010.<sup>117</sup> The study followed

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<sup>113</sup> For example, the #WeCount project of the Society of Family Planning: <https://societyfp.org/research/wecount/>.

<sup>114</sup> Zane S, Creanga AA, Berg CJ, et al. Abortion-related mortality in the United States 1998–2010. *Obstet Gynecol.* 2015;126(2):258.

<sup>115</sup> Division of Reproductive Health. Pregnancy Mortality Surveillance System. Published online March 21, 2024. <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>.

<sup>116</sup> Zane S, Creanga AA, Berg CJ, et al. Abortion-related mortality in the United States 1998–2010. *Obstet Gynecol.* 2015;126(2):258.

<sup>117</sup> Biggs MA, Upadhyay UD, McCulloch CE, Foster DG. Women's Mental Health and Well-being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study. *JAMA*

established epidemiological and demographic standards for study design, protection of human subjects, sample design, recruitment, and data collection, including broad site selection, sequential enrollment, and effective recruitment and retention of participants.

96. Evidence from the study found that nearly all abortion seekers reported that their decision was the right one—and they maintain this conviction over time.<sup>118</sup> About one week after their abortions, about 97.5% reported their decision to seek abortion was the right one and 99% reported their decision was the right one five years later.<sup>119</sup>

97. The study's investigation of emotions after abortion revealed that positive emotions about the abortion dominated negative emotions, with about half reporting mostly positive emotions one week after abortion and 20% reporting few or no emotions, with the most common emotion following abortion being relief.<sup>120</sup> Over time, the fraction who reported few or no emotions about the abortion grew, reflecting that most participants experienced a diminished

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*Psychiatry*.2017;74(2):169–178. doi:10.1001/jamapsychiatry.2016.3478; Corinne H. Rocca, Goleen Samari, Diana G. Foster, Heather Gould, Katrina Kimport, Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma, *Social Science & Medicine*, Volume 248, 2020, <https://doi.org/10.1016/j.socscimed.2019.112704>.

<sup>117</sup> J Corinne H. Rocca, Goleen Samari, Diana G. Foster, Heather Gould, Katrina Kimport, Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma, *Social Science & Medicine*, Volume 248, 2020, <https://doi.org/10.1016/j.socscimed.2019.112704>.

<sup>118</sup> Julia R. Steinberg, Decision rightness and relief predominate over the years following an abortion, *Social Science & Medicine*, Volume 248, <https://doi.org/10.1016/j.socscimed.2020.112782>. Corinne H. Rocca, Goleen Samari, Diana G. Foster, Heather Gould, Katrina Kimport, Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma, *Social Science & Medicine*, Volume 248, 2020, <https://doi.org/10.1016/j.socscimed.2019.112704>.

<sup>119</sup> See abstract of Corinne H. Rocca, Goleen Samari, Diana G. Foster, Heather Gould, Katrina Kimport, Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma, *Social Science & Medicine*, Volume 248, 2020, <https://doi.org/10.1016/j.socscimed.2019.112704>.

<sup>120</sup> Julia R. Steinberg, Decision rightness and relief predominate over the years following an abortion, *Social Science & Medicine*, Volume 248, <https://doi.org/10.1016/j.socscimed.2020.112782>. Corinne H. Rocca, Goleen Samari, Diana G. Foster, Heather Gould, Katrina Kimport, Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma, *Social Science & Medicine*, Volume 248, 2020, <https://doi.org/10.1016/j.socscimed.2019.112704>.

salience of the abortion as the life course advanced. By 5 years after the abortion, 65% reported no or few emotions about their abortion five years ago.<sup>121</sup>

98. In the same longitudinal study, which was unique in its investigation of abortion patients' subjective assessments and emotional states, about half of abortion seekers reported that their decision was not difficult.<sup>122</sup> Forty-six percent reported their abortion decision was not difficult, while 27% reported it was somewhat difficult and 27% reported it was very difficult. The study included a disproportionate fraction of abortion seekers at later gestations, with 62% near the gestational duration limit at the clinic where they sought care. Most limits were at or near the second trimester of pregnancy, when abortion is much less common overall. So this 62% of the study's sample occurred at durations that account for fewer than 10% of abortions in recent years.<sup>123</sup> This is important because most of the participants who reported their abortion decision was very difficult were in this later gestational duration group. Specifically, 71.9% of those who reported their decision was very difficult were near the gestational duration limit at the clinic where they presented for care, despite comprising 61.9% of study participants. Put another way, patients who presented for care near the gestational duration limit were 57% more likely to report having a very difficult decision.

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<sup>121</sup> Figure 1 of Corinne H. Rocca, Goleen Samari, Diana G. Foster, Heather Gould, Katrina Kimport, Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma, *Social Science & Medicine*, Volume 248, 2020, <https://doi.org/10.1016/j.socscimed.2019.112704>.

<sup>122</sup> Julia R. Steinberg, Decision rightness and relief predominate over the years following an abortion, *Social Science & Medicine*, Volume 248, <https://doi.org/10.1016/j.socscimed.2020.112782>. Corinne H. Rocca, Goleen Samari, Diana G. Foster, Heather Gould, Katrina Kimport, Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma, *Social Science & Medicine*, Volume 248, 2020, <https://doi.org/10.1016/j.socscimed.2019.112704>.

<sup>123</sup> Ramer S, Nguyen AT, Hollier LM, Rodenhizer J, Warner L, Whiteman MK. Abortion Surveillance — United States, 2022. *MMWR Surveill Summ* 2024;73(No. SS-7):1–28. DOI: <http://dx.doi.org/10.15585/mmwr.ss7307a1>.

99. The Turnaway Study was rigorously designed to provide high quality causal evidence of the impact of abortion access vs. abortion denial on women’s subsequent life course trajectory. Comparing the lives of individuals who did and did not get abortions does not provide such evidence because the life circumstances leading to seeking an abortion are meaningful and the population of people using abortion is statistically different from the general population.<sup>124</sup> Therefore, to construct a plausible counterfactual for causal inference, it is necessary to compare otherwise indistinguishable groups whose abortion access is decided as close to randomly as possible. The Turnaway Study does this by comparing individuals who presented for abortion care and were just below the gestational duration threshold of the clinic where they sought care with individuals whose pregnancies were just above the gestational duration threshold of the clinic where they sought care. The study’s key findings are that receiving abortion does not harm the health or wellbeing of women and that being denied a wanted abortion damages economic, health, and familial outcomes.

100. The Turnaway Study found that being denied a wanted abortion was associated with greater adverse psychological outcomes. Specifically, one week after seeking care, women denied abortion had greater anxiety, lower self-esteem, lower life satisfaction, compared with those who received their wanted abortion,<sup>125</sup> though differences attenuated over time.<sup>126</sup> In the short and long

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<sup>124</sup> Jones RK, Chiu DW, Kohn JE. Characteristics of people obtaining medication vs procedural abortions in clinical settings in the United States: Findings from the 2021–2022 Abortion Patient Survey. *Contraception*. 2023 Dec;128:110137. doi: 10.1016/j.contraception.2023.110137. Epub 2023 Aug 6. PMID: 37544573. Jerman J, Jones RK and Onda T, Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008, New York: Guttmacher Institute, 2016, <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>.

<sup>125</sup> Biggs MA, Upadhyay UD, McCulloch CE, Foster DG. Women’s Mental Health and Well-being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study. *JAMA Psychiatry*. 2017;74(2):169–178. doi:10.1001/jamapsychiatry.2016.3478.

<sup>126</sup> Biggs, M.A., Upadhyay, U.D., Steinberg, J.R. *et al.* Does abortion reduce self-esteem and life satisfaction?. *Qual Life Res* 23, 2505–2513 (2014). <https://doi.org/10.1007/s11136-014-0687-7>.

term, suicidal ideation was low and declining among both those who received and were denied wanted abortions.<sup>127</sup>

101. Women denied abortion experienced worse economic outcomes for years after the abortion denial, compared with women who received their wanted abortions.<sup>128</sup> Adverse effects of abortion denial included a 400% increase in the likelihood of poverty, greater debt, lower credit scores, and worse financial security, even years after the denial.

102. Women denied abortion experienced worse physical health in the short and long term, compared with women who received their wanted abortions. Specifically, they experienced more life-threatening complications of pregnancy in the short term and in the long term they rated their overall health as worse and their pain as higher.<sup>129</sup>

103. There was no difference in whether individuals remained in or otherwise were in relationships with the man involved in the pregnancy, whether the pregnancy ended in abortion or birth.<sup>130</sup> But for women who were denied abortion and gave birth, exposure to relationship violence

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<sup>127</sup> Biggs MA, Gould H, Barar RE, Foster DG. Five-Year Suicidal Ideation Trajectories Among Women Receiving or Being Denied an Abortion. *American Journal of Psychiatry*. 2018;175(9):845–852. doi:[10.1176/appi.ajp.2018.18010091](https://doi.org/10.1176/appi.ajp.2018.18010091).

<sup>128</sup> Miller S, Wherry L, Foster DG. The Economic Consequences of Being Denied an Abortion. 2023. "The Economic Consequences of Being Denied an Abortion." *American Economic Journal: Economic Policy* 15 (1): 394–437. DOI: 10.1257/pol.20210159; Foster DG, Ralph LJ, Biggs MA, Gerdts C, Roberts SCM, Glymour MA. Socioeconomic outcomes of women who receive and women who are denied wanted abortions. March 2018. *American Journal of Public Health*, 108(3):407-413.; Miller S, Wherry LR, Foster DG. What happens after an abortion denial? A Review of Results from the Turnaway Study. January 2020. *AEA Papers and Proceedings*, 110:1-6.

<sup>129</sup> Biggs MA, Upadhyay UD, Steinberg JR, Foster DG. Does abortion reduce self-esteem and life satisfaction? *Qual Life Res*. 2014 Nov;23(9):2505-13. doi: 10.1007/s11136-014-0687-7. Epub 2014 Apr 17. PMID: 24740325; PMCID: PMC4186981.; Caitlin Gerdts, Loren Dobkin, Diana Greene Foster, Eleanor Bimla Schwarz, Side Effects, Physical Health Consequences, and Mortality Associated with Abortion and Birth after an Unwanted Pregnancy, *Women's Health Issues*, Volume 26, Issue 1, 2016, Pages 55-59, ISSN 1049-3867, <https://doi.org/10.1016/j.whi.2015.10.001>.

<sup>130</sup> Mauldon J, Foster DG, Roberts SC. Effect of abortion vs. carrying to term on a woman's relationship with the man involved in the pregnancy. *Perspect Sex Reprod Health*. 2015 Mar;47(1):11-8. doi: 10.1363/47e2315. Epub 2014 Sep 8. PMID: 25199435.; Upadhyay UD, Foster DG, Gould H, Biggs MA. Intimate relationships after receiving versus being denied an abortion: A 5-year prospective study in the

persisted longer because of ongoing contact.<sup>131</sup> Women who received their wanted abortions were more likely to describe themselves as having very good relationships compared to women who were denied their wanted abortions.<sup>132</sup>

104. Women's existing children fared better in terms of economic security and maternal relationships if their mothers received an abortion compared to were denied a wanted abortion.<sup>133</sup>

105. While the Turnaway Study did not include adolescents, its findings were consistent across participants of different ages at the time of denial. Life course research and theory support the conclusion that adolescents denied abortions will suffer harms at least as great as those experienced by adults in the Turnaway Study. Because most adolescents have not yet completed their basic human capital formation — education and career training — and they are especially vulnerable to long-term, downward impacts, particularly economic ones.

#### **EXHIBITS USED TO SUMMARIZE OR SUPPORT MY OPINIONS**

106. Attached at **Exhibit 1** please find a map of the combined statistical areas discussed in the section entitled “Travel for health care in the rural west.” I also reserve the right to create demonstrative exhibits that summarize my opinions for use at trial.

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United States. *Perspect Sex Reprod Health*. 2022 Dec;54(4):156-165. doi: 10.1363/psrh.12216. Epub 2022 Nov 22. PMID: 36414233.

<sup>131</sup> Roberts, S.C., Biggs, M.A., Chibber, K.S. *et al.* Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. *BMC Med*12, 144 (2014). <https://doi.org/10.1186/s12916-014-0144-z>.

<sup>132</sup> Upadhyay UD, Foster DG, Gould H, Biggs MA. Intimate relationships after receiving versus being denied an abortion: A 5-year prospective study in the United States. *Perspect Sex Reprod Health*. 2022 Dec; 54(4):156-165. doi: 10.1363/psrh.12216. Epub 2022 Nov 22. PMID: 36414233.

<sup>133</sup> Foster DG, Biggs MA, Raifman S, Gipson JD, Kimport K, Rocca CH. Comparison of health, development, maternal bonding, and poverty among children born after denial of abortion vs after pregnancies subsequent to an abortion. September 2018. *JAMA Pediatrics*, 172(11):1053-1060. Foster DG, Raifman SE, Gipson JD, Rocca CH, Biggs MA. Effects of carrying an unwanted pregnancy to term on women's existing children. October 2018. *The Journal of Pediatrics*, 205:183-189.e1.

## MY QUALIFICATIONS AND PUBLICATIONS

107. In 2016, I received a Ph.D. in Sociology with a Demography specialization from the University of Texas at Austin. I currently serve as an Associate Professor with Tenure in the Department of Sociology at the University of Colorado Boulder, and as Director of Population at the Institute of Behavioral Science, where I am a Faculty Fellow and serve on the Executive Committee of the University of Colorado Population Center. I teach undergraduate and graduate students on topics including statistics, demography and demographic methods, and fertility and reproduction. I received the Early Career Award from the 2024 International Union for the Scientific Study of Population.

108. I teach statistics, causal inference, demographic methods, and reproduction at the undergraduate, doctoral, and post-doctoral level. I also co-lead the only U.S. training program in the formal demography of pregnancy and pregnancy outcomes, including conception, miscarriage, abortion, and birth.

109. I have conducted original research on judicial bypass published in peer-reviewed journals, including supervising projects and collecting original data. For example, I am lead author of “Denials of judicial bypass petitions for abortion in Texas before and after Texas 2016 bypass process change (2001–2018),” published in *American Journal of Public Health* in 2020, which involved a review of monthly internal reports from Jane’s Due Process, an organization providing legal representation to pregnant minor’s seeking bypass from 2001 to 2018 and analysis of Texas state records in order to estimate the percentage of judicial bypass petitions denied annually and statistically assess the impact of changes in judicial bypass law on the percentage of bypass petitions denied. I co-authored “Judicial bypass attorneys’ experiences with abortion stigma in Texas courts,” published in *Social Science and Medicine* in 2020, which used data from in-depth

interviews with attorneys who participate in judicial bypass cases to describe how stigma is generated in the judicial bypass process. In addition, I co-authored “Adolescents choosing abortion without parental consent: Their reasons and experiences of social support,” published in *Perspectives on Sexual and Reproductive Health* in 2020, which used data from in-depth interviews with adolescents who sought judicial bypass in Texas between 2015 and 2016 to describe how adolescents decide to seek judicial bypass and the nature of the social support they seek and receive. I also co-authored “Young women’s experiences obtaining judicial bypass for abortion in Texas,” published in the *Journal of Adolescent Health* in 2019, which used in-depth interview data to describe adolescents’ experiences with the judicial bypass process.

110. I also conduct and publish demographic research using population-level data and surveys. I am lead author of “The educational impact of expanded contraceptive access,” published in *Science Advances* in 2021, which uses linked Census and American Community Survey data and difference-in-differences methods to assess the population-level impact of a Colorado contraceptive policy. I am likewise lead author of “The impact of excluding Planned Parenthood from a fee-for-service family planning program in Texas,” published in the *New England Journal of Medicine* 2016, which used linked administrative data to assess the impact of a family planning policy. Since 2017, I have led a collaborative initiative to use linked administrative and survey data held by the U.S. Census Bureau to evaluate the impact of family planning policy at the population level, work which is based on using survey and full-population microdata to describe fertility and demographic phenomena.

111. My research has been supported by the Eunice Shriver National Institute for Child Development at the National Institutes of Health, the William and Flora Hewlett Foundation, the

Society of Family Planning Research Fund, the University of Texas at Austin, and the University of Colorado Boulder.

112. I have served as a peer reviewer for leading scientific journals, including *Population Research and Policy Review*, *Journal of Marriage and Family*, *Contraception*, *Perspectives in Sexual and Reproductive Health*, *BMJ*, *Annals of Internal Medicine*, and *Women's Health Reports*.

113. My curriculum vitae, which is attached hereto as **Exhibit 2**, provides further details about my education, professional experience, scholarship, and teaching. It contains a complete list of the publications that I have authored or co-authored during the past ten years.

**CASES IN WHICH I HAVE TESTIFIED AS AN EXPERT DURING  
THE PAST FOUR YEARS**

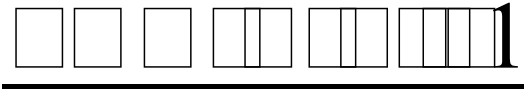
114. I have not testified as an expert witness during the past four years.

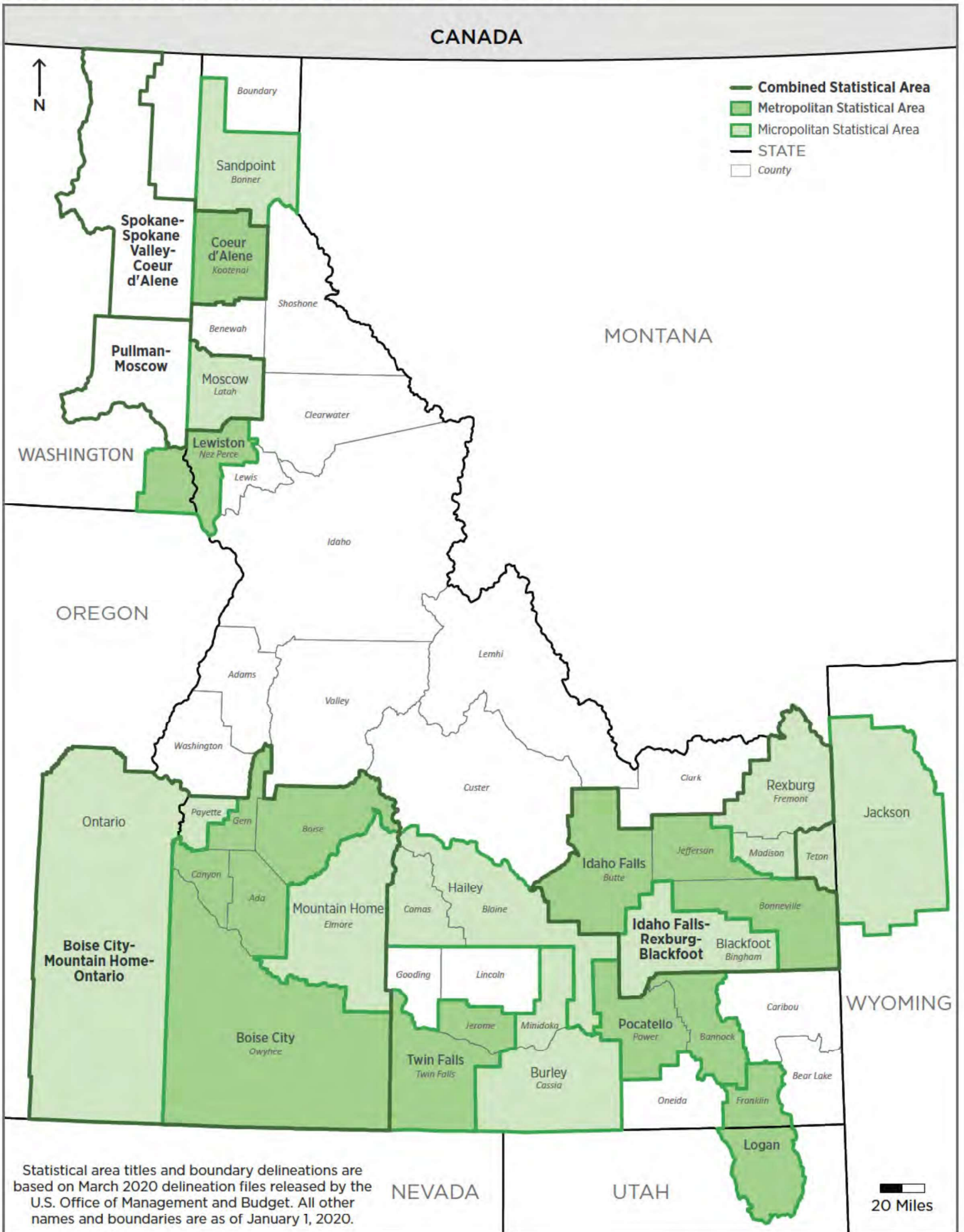
**COMPENSATION**

115. I am being compensated \$200 an hour for my preparation and \$1,000 a day for testimony and travel days.

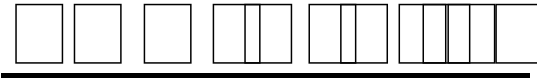
Dated: August 20, 2025

  
AMANDA STEVENSON, PH.D.





Statistical area titles and boundary delineations are based on March 2020 delineation files released by the U.S. Office of Management and Budget. All other names and boundaries are as of January 1, 2020.



18 August 2025

**AMANDA JEAN STEVENSON**

Department of Sociology  
University of Colorado Boulder

**ACADEMIC EMPLOYMENT**

**University of Colorado Boulder**

Associate Professor (August 2025 – present)

Assistant Professor (January 2017 – August 2025, parental leave Fall 2020)

Department of Sociology  
Fellow and Director of Population Program, Institute of Behavioral Science  
Affiliate, University of Colorado Population Center  
Affiliate, Department of Women and Gender Studies and Information Science

**EDUCATION**

**University of Texas at Austin**

Ph.D., Sociology with Demography specialization (December 2016)

M.A., Sociology (May 2012)

**The Evergreen State College**

B.S., Math and Computer Science (June 2002)

**RESEARCH**

**PEER-REVIEWED ARTICLES**

- 2024 **Amanda Jean Stevenson**, Leslie Root. “A cautionary note on trends in maternal death post-*Dobbs v. Jackson Women’s Health*.” *JAMA Network Open*, 7(8):e2430035. <https://doi.org/10.1001/jamanetworkopen.2024.30035>
- 2024 Abigail Humphries, **Amanda Stevenson**, Sara Yeatman. “Changes in contraceptive use following the Colorado Family Planning Initiative.” *Contraception*, 134(110422). <https://doi.org/10.1016/j.contraception.2024.110422>
- 2023 Leslie Root, **Amanda Jean Stevenson**, Katie Genadek, Sara Yeatman, Stefanie Mollborn, Jane Menken. “U.S. fertility in life course context: a research note on using Census-held linked administrative records for geographic and sociodemographic subgroup estimation,” *Demography*, 61(2):251–266. <https://doi.org/10.1215/00703370-11234861>
- 2023 **Amanda Jean Stevenson**, Coleman-Minahan, Kate, “Denials of judicial bypass of parental consent for abortion and percentage of abortions obtained by minors after bypass in Florida and Texas.” *American Journal of Public Health*, 113(316-319). <https://doi.org/10.2105/AJPH.2022.307173>.
- 2022 Sara Yeatman, James Flynn, **Amanda Jean Stevenson**, Katie Genadek, Stefanie Mollborn, Jane Menken. “Expanded contraceptive access linked to an increase in college completion among women in Colorado.” *Health Affairs*, 41:12. <https://doi.org/10.1377/hlthaff.2022.00066>
- 2022 Katie Genadek, Joshua Sanders, **Amanda Jean Stevenson**. “Using the Census Numident and Census Household Composition Key for fertility related research in the United States.” *Demographic Research*, 47:37-58. <https://doi.org/10.4054/DemRes.2022.47.2>

- 2021 **Amanda Jean Stevenson**. “The pregnancy-related mortality impact of a total abortion ban in the United States: a research note on increased deaths due to remaining pregnant,” *Demography*, 58(6):2019-2028. <https://doi.org/10.1215/00703370-9585908>.
- 2021 **Amanda Jean Stevenson**, Katie Genadek, Sara Yeatman, Stefanie Mollborn, Jane Menken. “The educational impact of expanded contraceptive access,” *Science Advances*, 7(19). eabf6732. <https://doi.org/10.1126/sciadv.abf6732>
- 2020 Coleman-Minahan, Kate, **Amanda Jean Stevenson**, Emily Obront, and Susan Hays. “Judicial bypass attorneys' experiences with abortion stigma in Texas courts,” *Social Science and Medicine* 269:113508. <https://doi.org/10.1016/j.socscimed.2020.113508>
- 2020 Coleman-Minahan, Kate, **Amanda Jean Stevenson**, Emily Obront, and Susan Hays. “Adolescents choosing abortion without parental consent: Their reasons and experiences of social support,” *Perspectives on Sexual and Reproductive Health*, 52(1):15-22. <https://doi.org/10.1363/psrh.12132>
- 2020 **Amanda Jean Stevenson**, Coleman-Minahan, Kate, and Susan Hays. “Denials of judicial bypass petitions for abortion in Texas before and after Texas 2016 bypass process change (2001-2018),” *American Journal of Public Health*, 110(3):351-353. <https://doi.org/10.2105/AJPH.2019.305491>
- 2019 Potter, Joseph E., **Amanda Jean Stevenson**, Kate Coleman-Minahan, Kristine Hopkins, Kari White, Sarah E. Baum, and Daniel Grossman. "Challenging unintended pregnancy as an indicator of reproductive autonomy." *Contraception*, 100(1):1-4. <https://doi.org/10.1016/j.contraception.2019.02.005>
- 2019 Coleman-Minahan, Kate, **Amanda Jean Stevenson**, Emily Obront, and Susan Hays. "Young women's experiences obtaining judicial bypass for abortion in Texas." *Journal of Adolescent Health*, 64(1):20-25. <https://doi.org/10.1016/j.jadohealth.2018.07.017>
- 2018 Hopkins, Kristine, Celia Hubert, Kate Coleman-Minahan, **Amanda Jean Stevenson**, Kari White, Daniel Grossman, Joseph Potter. "Unmet demand for short-acting hormonal and long-acting reversible contraception among community college students in Texas." *American Journal of College Health*, 66(5), 360–368. <https://doi.org/10.1080/07448481.2018.1431901>
- 2017 White, Kari, Daniel Grossman, **Amanda Jean Stevenson**, Kristine Hopkins, Joseph E. Potter. “Does information about abortion safety affect Texas voters’ opinions about restrictive laws? A randomized study.” *Contraception*, 96(6):381-387. <https://doi.org/10.1016/j.contraception.2017.08.007>
- 2017 Potter, Joseph E., Kate Coleman-Minahan, Kari White, Daniel A. Powers, Chloe Dillaway, **Amanda Jean Stevenson**, Kristine Hopkins, Daniel Grossman. “Contraception after delivery among publicly insured women in Texas: Use compared with preference.” *Obstetrics and Gynecology*, 130(2) 393-402. <https://doi.org/10.1097/AOG.0000000000002136>
- 2016 White, Kari, Joseph E. Potter, **Amanda J. Stevenson**, Liza Fuentes, Kristine Hopkins, and Daniel Grossman. "Women's knowledge of and support for abortion restrictions in Texas: Findings from a statewide representative survey." *Perspectives on Sexual and Reproductive Health*, 48(4). <https://doi.org/10.1363/48e8716>
- 2016 **Stevenson, Amanda Jean**, Imelda M. Garcia-Vazquez, Richard L. Allgeyer, Pete Schenkkan, and Joseph E. Potter, “The impact of excluding Planned Parenthood from a fee-for-service family planning program in Texas,” *The New England Journal of Medicine*, 374:853-860. <https://dx.doi.org/10.1056%2FNEJMsa1511902>
- 2015 Potter, Joseph E., Celia Hubert, **Amanda Jean Stevenson**, Kristine Hopkins, Abigail R. A. Aiken, Kari White, and Daniel Grossman, “Barriers to Postpartum Contraception in Texas and Pregnancy within Two Years of Delivery.” *Obstetrics and Gynecology*, 127(2):289-296. <https://dx.doi.org/10.1097%2FAOG.0000000000001201>

- 2015 **Stevenson, Amanda Jean** and Joseph E. Potter, "Abortion access and state variation in measured unintended pregnancy," *Contraception*, 92(3):227-33.  
<https://doi.org/10.1016/j.contraception.2015.04.003>
- 2015 White, Kari, Joseph E. Potter, Kristine Hopkins, **Amanda Jean Stevenson**, Celia Hubert, Abigail R. A. Aiken, and Daniel Grossman. "The impact of reproductive health legislation on family planning clinic services in Texas," *The American Journal of Public Health*, 105(5):851-8.  
doi: [10.2105/AJPH.2014.302515](https://doi.org/10.2105/AJPH.2014.302515)
- 2014 **Stevenson, Amanda Jean**. "Finding the Twitter users who stood with Wendy," *Contraception*, 90:502-507. <https://doi.org/10.1016/j.contraception.2014.07.007>
- 2014 Potter, Joseph E., Kristine Hopkins, Abigail R. A. Aiken, Celia Hubert, **Amanda Jean Stevenson**, Kari White, and Daniel Grossman. "Unmet demand for highly effective postpartum contraception in Texas," *Contraception*, 90:488-495.  
<https://doi.org/10.1016/j.contraception.2014.06.039>
- 2014 Grossman, Daniel, Sarah Baum, Liza Fuentes, Kari White, Kristine Hopkins, **Amanda Jean Stevenson**, and Joseph E. Potter, "Change in abortion services after implementation of a restrictive law in Texas," *Contraception*, 90:496-501.  
<https://doi.org/10.1016/j.contraception.2014.07.006>
- 2013 Potter, Joseph E., **Amanda Jean Stevenson**, Kari White, Kristine Hopkins, and Daniel Grossman. "Hospital Variation in Postpartum Tubal Sterilization Rates in California and Texas," *Obstetrics and Gynecology* 121(1): 152-158. DOI: <http://10.1097/AOG.0b013e318278f241>
- 2010 Olds, David L., Harriet J. Kitzman, Rebecca E. Cole, Carole Hanks, Elizabeth E. Arcoleo, Elizabeth Anson, Dennis W. Luckey, Michael D. Knudtson, Charles R. Henderson Jr, Jessica Bondy, **Amanda Jean Stevenson**. "Enduring Effects of Prenatal and Infancy Home Visiting by Nurses on Maternal Life Course and Government Spending: Follow-up of a Randomized Trial Among Children at Age 12 Years," *Archives of Pediatric Medicine*, 164(5):419-424. doi:10.1001/archpediatrics.2010.49
- 2007 Olds, David L., Harriet J. Kitzman, Carole Hanks, Rebecca E. Cole, Elizabeth Anson, Elizabeth E. Arcoleo, Dennis W. Luckey, Charles R. Henderson Jr, John Holmberg, Robin Tutt, **Amanda Jean Stevenson**, Jessica Bondy, "Effects of nurse home visiting on maternal and child functioning: age-9 follow-up of a randomized trial," *Pediatrics*, 120(4), pp.e832-e845.  
[www.pediatrics.org/cgi/doi/10.1542/peds.2006-2111](http://www.pediatrics.org/cgi/doi/10.1542/peds.2006-2111)

#### SELECTED MANUSCRIPTS UNDER REVIEW AND IN PREPARATION

**Amanda Jean Stevenson**, Elizabeth Raymond, and Daniel Grossman. "The relative mortality risk of abortion compared to staying pregnant." In preparation, abstract published at:  
<https://doi.org/10.1016/j.contraception.2023.110150>

**Amanda Jean Stevenson**, "Decline in abortions by age group in the first six months of Texas Senate Bill 8 enforcement," preprint available: <https://osf.io/preprints/socarxiv/c5sdw/>

**Amanda Jean Stevenson**, Leslie Root. "Quantifying years lived after abortion, abortion denial, and delivery due to abortion denial." Preprint available upon request.

James Flynn, **Amanda Jean Stevenson**, Leslie Root. "A model schedule of parameters to describe ASFR curves over time." Preprint available upon request.

**Amanda Jean Stevenson**, Root, Leslie, "Abortion incidence increase 2017-2020 due to abortions occurring at earlier gestational durations." Preprint available upon request.

**Amanda Jean Stevenson**, Leslie Root, Jane Menken. "The maternal mortality consequences of losing abortion access." Preprint available: <http://10.31235/osf.io/7g29k>

Leslie Root, **Amanda Stevenson**, Erika Christensen, Gavin Marschall. “Estimating demand for later abortions after *Dobbs*.” Preprint available: <https://osf.io/preprints/socarxiv/mey4f/>, abstract published at: <https://doi.org/10.1016/j.contraception.2023.110261>.

Root, Leslie, Kate Coleman-Minahan, **Amanda Stevenson**. “Colorado’s parental notification law for abortion care affects many thousands of young people.” Preprint available: <https://10.31235/osf.io/rvc6q>

**Amanda Jean Stevenson**, Coleman-Minahan, Kate, “Estimated increase in severe maternal morbidity due to a total abortion ban in the United States.” Preprint available upon request, abstract published at <https://doi.org/10.1016/j.contraception.2023.110206>.

Leslie Root, **Amanda Jean Stevenson**. “A rationale for and demonstration of all-sex fertility rates in the U.S. context.” Preprint available upon request.

Joshua Sanders, Katie Genadek, **Amanda Stevenson**. “A probabilistic strategy to infer missing geographic locations in administrative records using decennial Census data.” Preprint available upon request.

**Amanda Jean Stevenson**, Liyang Xie, Katie Genadek, Sara Yeatman, Stefanie Mollborn, Jane Menken. “The impact of contraceptive access on poverty.” In preparation.

Root, Leslie, **Stevenson, Amanda Jean**, Genadek, Katie. “Using US administrative and Census Bureau data to generate fertility estimates to measure the impact of COVID-19.” In preparation.

James Flynn, Liyang Xie, **Amanda Jean Stevenson**, Katie Genadek. “Measuring poverty among young women using Census administrative data.” In preparation.

**Amanda Jean Stevenson**, “National pregnancy life tables for the United States, 2015-2020.” In preparation.

**Amanda Jean Stevenson**, “Population panics and restrictions on abortion and contraception.” In preparation.

**Amanda Jean Stevenson**, Leslie Root, Jane Menken. The state-level correlation between abortion restrictions and maternal mortality. In preparation.

**Amanda Jean Stevenson**. “Guide to abortion statistics in the post-*Dobbs* era,” Distributed to data users.

**Amanda Jean Stevenson**, Joshua Sanders, Leslie Root. “First order fertility rates for subnational geographies and demographic subgroups.” In preparation.

**Amanda Jean Stevenson**, Leslie Root. “While the nation converges: State-level variation in fertility schedule disparities.” In preparation.

**Amanda Jean Stevenson**. “State-level variation in the age pattern of abortion.” In preparation.

## SELECTED PRESENTATIONS AT PROFESSIONAL MEETINGS

**Amanda Jean Stevenson**, Katie Genadek, Sara Yeatman, Stefanie Mollborn, Jane Menken. “Does access to contraception impact exposure to household poverty? Evidence from Colorado.” Annual Meeting of the American Sociological Association, August 2024.

**Amanda Jean Stevenson**. “What abortion and the population bomb can teach us about the coming fight over contraception.” Annual Meeting of the Population Association of America, April 2024.

Leslie Root, Abigail Humphreys, **Amanda Stevenson**, Katie Genadek, Sara Yeatman, Jane Menken “Access to family planning services and fertility over 30: evidence from the Colorado Family Planning Initiative.” Annual Meeting of the Population Association of America, April 2024.

Leslie Root, Joshua Sanders, **Amanda Stevenson**, Katie Genadek, Jane Menken, “Fertility and Residential Mobility in the United States.” Annual Meeting of the Population Association of America, April 2024.

**Amanda Jean Stevenson**, Elizabeth Raymond, and Daniel Grossman. “The relative mortality risk of abortion compared to staying pregnant.” Society of Family Planning Annual Meeting, October 2023.

**Amanda Jean Stevenson**. “The stigmatization of contraception: theory, evidence, and action.” Plenary at Society of Family Planning Annual Meeting, October 2023.

**Amanda Jean Stevenson**, Coleman-Minahan, Kate, “Estimated increase in severe maternal morbidity due to a total abortion ban in the United States.” Society of Family Planning Annual Meeting, October 2023.

**Amanda Jean Stevenson**. “What the fight over abortion can teach us about the coming fight over contraception: applying stigmatization theory.” Annual Meeting of the American Sociological Association, August 2023.

**Amanda Jean Stevenson**, Liyang Xie, Katie Genadek, Sara Yeatman, Stefanie Mollborn, Jane Menken. “The impact of contraceptive access on poverty.” Annual Meeting of the Population Association of America April 2023.

Leslie Root, **Amanda Jean Stevenson**. “Including everyone who can have a birth in the denominator: All-sex fertility rates for the United States.” Annual Meeting of the Population Association of America April 2023.

Joshua Sanders, Katie Genadek, **Amanda Stevenson**. “A probabilistic strategy to infer missing geographic locations in administrative records using decennial Census data.” Annual Meeting of the Population Association of America April 2023.

Abigail Humphries, Sara Yeatman, **Amanda Stevenson**. “Changes in contraceptive use following the Colorado Family Planning Initiative.” Annual Meeting of the Population Association of America April 2023.

**Amanda Jean Stevenson**, “Abortion policy research: current status and emerging challenges,” American Statistical Association’s International Conference on Health Policy Statistics January 10, 2023.

**Amanda Jean Stevenson**, Coleman-Minahan, Kate, “Indicators of the consequences of parental involvement laws illustrate the extent of need for and denials of judicial bypass—post-Roe implications.” Society of Family Planning Forum November 2022.

Root, Leslie, **Stevenson, Amanda Jean**, Genadek, Katie. “Using US administrative and Census Bureau data to generate fertility estimates to measure the impact of COVID-19.” Annual Meeting of the Population Association of America April 2022.

James Flynn and **Amanda Jean Stevenson**, “A parameterization to describe change in modern US fertility schedules.” Annual Meeting of the Population Association of America April 2022.

**Amanda Jean Stevenson**, Liyang Xie, Katie Genadek, Sara Yeatman, Stefanie Mollborn, Jane Menken. “Using tax filings to estimate women’s exposure to on poverty in early adulthood.” Annual Meeting of the Population Association of America April 2022.

**Stevenson, Amanda Jean**. “Banning induced abortion in the United States would increase pregnancy-related deaths even without increases in unsafe abortion” Annual Meeting of the Population Association of America May 2021.

**Stevenson, Amanda Jean**, Katie Genadek, Sara Yeatman, Stefanie Mollborn, Jane Menken. “The impact of expanded contraceptive access on poverty” Annual Meeting of the Population Association of America May 2021.

**Stevenson, Amanda Jean**. “Estimating impact of abortion funding bans by state.” Psychosocial Workshop May 2021.

**Stevenson, Amanda Jean.** “The long-term impacts of expanded contraceptive access.” Thirty-first Annual Kavli Frontiers of Science Symposium, Virtual due to COVID-19, July 2020.

**Stevenson, Amanda Jean.** “While the nation converges: State-level variation in fertility schedule disparities.” Annual Meeting of the American Sociological Association, New York, NY, August 2019.

**Stevenson, Amanda Jean,** Katie Genadek, Sara Yeatman, Stefanie Mollborn, Jane Menken. “The educational impact of expanded contraceptive access.” IUSSP Population and Poverty Meetings, Ann Arbor, MI, July 2019.

**Stevenson, Amanda Jean,** Katie Genadek, Sara Yeatman, Stefanie Mollborn, Jane Menken. Annual Meeting of the Population Association of America, “The educational impact of expanded contraceptive access.” Austin, TX, April 2019.

**Stevenson, Amanda Jean,** Joshua Sanders. Annual Meeting of the Population Association of America, “The role of states in changing disparities in the age-specific risk of first birth.” Austin, TX, April 2019.

Coleman-Minahan, Kate, **Amanda Jean Stevenson,** Emily Obront, and Susan Hays. North American Forum on Family Planning. “Attorney experiences representing adolescents seeking judicial bypass of parental consent for abortion care.” New Orleans, LA, October 2018.

**Stevenson, Amanda Jean,** Katie Genadek, Sara Yeatman, Stefanie Mollborn, Jane Menken. “Using administrative data to assess life course impacts of expanded access to Long Acting Reversible Contraception.” Annual Meeting of the Population Association of America, Denver, CO, April 2018.

Kristine Hopkins, **Amanda Jean Stevenson,** Kari White, Daniel Grossman, and Joseph E. Potter. “Unplanned birth and postpartum contraception preference and use.” Annual Meeting of the Population Association of America, Denver, CO, April 2018.

Coleman-Minahan, Kate, **Amanda Jean Stevenson,** Emily Obront, and Susan Hays. North American Forum on Family Planning. “Minors seeking abortion without parental consent: How they decide and who they involve.” Annual Meeting of the Population Association of America, Denver, CO, April 2018.

**Stevenson, Amanda Jean.** “Measuring and communicating impacts: the Case of reproductive health policy in Texas.” Council on Contemporary Families. Austin TX, March 2018.

**Stevenson, Amanda Jean.** North American Forum on Family Planning. “Epistemological diversity in family planning research” Atlanta, GA, October, 2017.

Coleman-Minahan, Kate, **Amanda Jean Stevenson,** Emily Obront, and Susan Hays. “Young women's experiences obtaining judicial bypass for abortion in Texas.” North American Forum on Family Planning. Atlanta, GA, October, 2017.

**Stevenson, Amanda Jean.** “Emotions and abortion organizing on Twitter.” Annual Meeting of the American Sociological Association, Montreal Quebec, August, 2017.

Hopkins, Kristine, **Amanda Jean Stevenson,** Chloe Dillaway, Kari White, Daniel Grossman, Joseph Potter. “Change in unmet demand for long-acting and permanent methods of contraception in Texas, 2012–2016.” Annual Meeting of the Population Association of America, Chicago, IL, April 2017.

**Stevenson, Amanda Jean,** Imelda M. Garcia-Vazquez, Richard L. Allgeyer, Pete Schenkkan, and Joseph E. Potter. “The impact of excluding Planned Parenthood from a state family planning program.” North American Forum on Family Planning. Chicago, IL, November, 2015.

**Stevenson, Amanda Jean.** “Emotions, engagement, and social movement ties among Texas abortion activists.” Annual Meeting of the American Sociological Association, Chicago, IL, August, 2015.

**Stevenson, Amanda Jean.** “Emotions and social movement engagement on Twitter.” International Conference on Web and Social Media. Oxford, UK. May, 2015.

**Stevenson, Amanda Jean.** “Spatial variation in medical abortion: a component of abortion access.” Annual Meeting of the Population Association of America. San Diego, CA. April 30 - May 2, 2015.

**Stevenson, Amanda Jean** and Joseph E. Potter. “Abortion access and state variation in unintended pregnancy.” North American Forum on Family Planning. Miami, FL, October, 2014.

**Stevenson, Amanda Jean.** “Putting Abortion Opinions into Place: A spatial-temporal analysis of Twitter data.” Annual Meeting of the Population Association of America. Boston, MA. May, 2014.

**Stevenson, Amanda Jean** and Joseph E. Potter. “The effect of Catholic hospitals on rates of postpartum sterilization in California and Texas.” Annual Meeting of the Population Association of America. Boston, MA. May, 2014.

**Stevenson, Amanda Jean** and Joseph E. Potter. “Spatial analysis of access to postpartum sterilization in two U.S. States.” XXVII International Population Conference, Busan, South Korea, September, 2013.

**Stevenson, Amanda Jean.** "The effect of first interbirth interval and union status on women’s poverty at midlife" Annual Meeting of the Population Association of America. New Orleans, LA. April, 2013.

Potter, Joseph E., **Amanda Jean Stevenson**, Kari White, and Daniel Grossman. "Hospital variation in postpartum tubal sterilization rates in California and Texas." North American Forum on Family Planning. Denver, CO. October 2012.

Potter, Joseph E., **Amanda Jean Stevenson**, Kari White, Kristine Hopkins, and Daniel Grossman. "Hospital variation in postpartum tubal sterilization rates in California and Texas." Annual Meeting of the Population Association of America, San Francisco, CA. May 2012.

#### **INVITED RESEARCH PRESENTATIONS (NON-CU BOULDER)**

“Why has abortion increased in the United States? An application of new national pregnancy life tables,” University of Texas at Austin Population Research Center Seminar Series, November 8, 2024.

“The socioeconomic impact of access to contraception in the US: Using linked restricted data from Censuses, surveys, and IRS tax filings,” Berkeley Demography Brown Bag, October 18, 2023.

“Abortion and contraception in the post-Dobbs era,” ScienceWriters National Meeting, October 8, 2023.

“Relative risk of death due to abortion compared with remaining pregnant: a multiple decrement life table approach,” Berkeley Formal Demography Workshop, June 8, 2023.

“The socioeconomic impact of access to contraception in the US: Using linked restricted data from Censuses, surveys, and IRS tax filings,” Brown University Population Studies and Training Center, March 2, 2023.

“Abortion policy research: current status and emerging challenges,” American Statistical Association International Conference on Health Policy Statistics, January 10, 2023.

“The socioeconomic impact of access to contraception in the US: Using linked restricted data from Censuses, surveys, and IRS tax filings” NICHD Science Friday, September 30, 2022.

“The socioeconomic impact of access to contraception in the US: Using linked restricted data from Censuses, surveys, and IRS tax filings” NICHD Reproductive Health Symposium, September 16, 2022.

“The socioeconomic impact of access to contraception in the US: Using linked restricted data from Censuses, surveys, and IRS tax filings” Center for Demography & Ecology, University of Wisconsin Madison, April 19, 2022.

“The socioeconomic impact of access to contraception in the US: Using linked restricted data from Censuses, surveys, and IRS tax filings” David Rogers Colloquium at Weill Cornell Medicine, February 16, 2022.

“Assessing the impact of access to contraception on poverty: Measuring families, households, and poverty using linked restricted data from Censuses, surveys, and IRS tax filings” Center for Family and Demographic Research, Bowling Green State University, October 20<sup>th</sup>, 2021.

“The socioeconomic impact of access to contraception in the US: Using linked restricted data from Censuses, surveys, and IRS tax filings” Center for Demography and Population Health, Florida State University, April 9<sup>th</sup>, 2021.

“Using full-count administrative data to assess the impacts of access to contraception on women’s life course outcomes” Cornell Population Center Seminar, Cornell University, March 6<sup>th</sup>, 2020

“Differences-in-differences and the evaluation of Texas family planning policy,” Statistics Research Seminar, Department of Mathematical and Statistical Sciences, University of Colorado Denver, April 17, 2018.

## **RESEARCH GRANT SUPPORT**

### **EXTERNAL RESEARCH GRANT SUPPORT - ACTIVE**

Principal Investigator – Life course impacts of reduced access to contraception, R01 NICHD, 2024-2029. \$3,119,691.

Principal Investigator - Increased access to highly effective contraception: an opportunity dividend? R01 NICHD, 2020-2025. \$3,173,411.

Co-Investigator (PI, Leslie Root) – Beyond boom and bust: Heterogeneous fertility effects of the COVID-19 pandemic. R03 NICHD, 2022-2024. \$156,404.

Co-Investigator (PI, Katie Massey Combs) – Examining contraceptive access and use among youth with child welfare involvement. R03 NICHD, 2023-2024. \$156,500.

### **EXTERNAL RESEARCH GRANT SUPPORT - COMPLETED**

Principal Investigator –The long-term impact of access to contraception, William and Flora Hewlett Foundation, 2019-2024. \$705,000.

Principal Investigator – Assessing the life course impacts of expanded access to LARCs in Colorado, William and Flora Hewlett Foundation, 2017-2021. \$450,000.

Principal Investigator – Assessing the life course impacts of expanded access to LARCs in Colorado, Society of Family Planning Research Fund, 2017-2018. \$120,000.

Sub-study Co-Principal Investigator (with Kate Coleman-Minahan) – Omnibus Grant (PI, Joseph E. Potter): Evaluating the Impact of Texas Family Planning Policy, Sub-study: Research on judicial bypass restrictions, Anonymous Foundation, 2016-2019.

### **INTERNAL RESEARCH GRANT SUPPORT**

Principal Investigator – Countering pronatalism with rigorous demography and social science, Colorado Population Center Seed Grant, 2023-2024.

Co-investigator (PI, Leslie Root) – Advancing social science research on abortion: demographic methods and perspectives, University of Colorado Workshop Grant, 2023-2024.

Co-investigator (PI, Leslie Root) – Quantifying the impact of abortion restrictions in Colorado, University of Colorado Population Center Seed Grant, 2022-2023.

Principal Investigator – Assessing life course impacts of expanded access to highly effective contraception in Colorado, CU Boulder Innovative Seed Grant Fund, 2017-2018. Completed.

Principal Investigator – Assessing life course impacts of expanded access to highly effective contraception in Colorado, Colorado Population Center Seed Funding, 2018. Completed.

## AWARDS AND HONORS

2023	International Union for the Scientific Study of Population (IUSSP) North American Early Career Award
2020	National Academy of Sciences Kavli Frontiers of Science Fellow
2015	Sociology Department Graduate Excellence Award
2015	University of Texas at Austin College of Liberal Arts University Continuing Fellowship
2015	ICWSM Student award, Association for the Advancement of Artificial Intelligence
2012-13	University of Texas at Austin College of Liberal Arts University Continuing Fellowship
2012	Academic Fellowship, Western Users of SAS Software
2011-12	National Institute of Child Health and Human Development Traineeship - Population Studies
2010-13	University of Texas College of Liberal Arts Fellowship in Quantitative Research Methods
2011	University of Texas College of Liberal Arts Fellowship (declined)
2011	Academic Fellowship, Western Users of SAS Software

## SELECTED POPULAR APPEARANCES

Organizer and panelist, Webinar sponsored by Colorado and Wisconsin Population Centers, [“Demographers respond to pronatalism,”](#) October 30, 2024.

Quoted in *CNN*, [“US Infant mortality increased in 2022 for the first time in decades, CDC report shows.”](#) July 25, 2024.

Quoted in *STAT news*, [“Infant deaths increased after Texas banned abortion early in pregnancy.”](#) June 24, 2024

Expert panelist, American Association for the Advancement of Science SciLine [media briefing](#) on Reproductive health and abortion for journalists, July 11, 2024.

Quoted in *The 19<sup>th</sup>*, [“Abortion bans and divorce restrictions can be a dangerous combination for pregnant people,”](#) April 11, 2024.

Featured scientist, *Scientific American Podcast*, [Racism in Health: the Roots of the US Black Maternal Mortality Crisis](#), August 10, 2023.

Featured in coverage of paper “The pregnancy-related mortality impact of a total abortion ban in the United States: a research note on increased deaths due to remaining pregnant” including in: [American Journal of Public Health podcast](#), [Popular Science](#), [Mic](#), [Colorado Times Recorder](#), [The Conversation podcast](#), and others, throughout 2022 and 2023.

Quoted *New York Times*, [“Half of U.S. women risk losing abortion access without Roe,”](#) May 7, 2022.

Op-ed in *The Conversation*, [If Roe v. Wade is overturned, there’s no guarantee that people can get abortions in liberal states, either.](#) May 5, 2022.

Expert panelist, American Association for the Advancement of Science SciLine [media briefing](#) for journalists on abortion in the United States, November 18, 2021.

Op-ed in *The Conversation*, [“Study shows an abortion ban may lead to 21% increase in pregnancy-related deaths,”](#) September 22, 2021.

Op-ed in *Salon*, [“Pregnancy is much more dangerous than abortion – meaning abortion bans like Texas’ will be deadly,”](#) September 11, 2021.

Op-ed in *NBC News*, [“The feminist victory at the heart of America’s falling fertility rates.”](#) August 10, 2021.

Quoted in *New York Times*, [“Why American women everywhere are delaying motherhood,”](#) June 16, 2021.

Featured in coverage of paper “The educational impact of expanded contraceptive access” including: [The Denver Channel](#), [KDVR](#), [KOAA](#), [Colorado Public Radio](#), [Univision](#), [Boulder Daily Camera](#), [All Things Considered](#), [Wired Magazine](#), [Jezebel](#), and others.

Featured in coverage of paper “Denials of judicial bypass petitions for abortion in Texas before and after Texas 2016 bypass process change (2001-2018)” including: [Dallas Morning News](#), [Houston Public Media](#), [Austin Chronicle](#), and others.

Quoted in *Rewire*, “[When it comes to birth control and eugenics, Clarence Thomas gets it all wrong](#),” May 26, 2019.

Quoted in *Denver Post/Daily Camera*, “[Coloradans are having fewer kids...](#)” November 26, 2018.

*Denver Post* op-ed, Amanda Stevenson and Sara Yeatman, “Administration targets family planning programs,” May 28, 2018. <https://www.pressreader.com/usa/the-denver-post/20180528/281818579504508>

## TEACHING

### UNDERGRADUATE COURSES TAUGHT

- SOCY 1016 Sex, Gender, and Society  
Spring 2021 (101 students), Spring 2019 (83 students), Fall 2019 (94 students)
- SOCY 2061 Introduction to Social Statistics  
Fall 2024 (250 students), Spring 2024 (250 students), Spring 2023 (256 Students), Fall 2022 (256 students), Spring 2021 (210 students), Spring 2018 (83 students), Spring 2017 (73 students)
- SOCY 2092 Sex, Power, and Reproduction  
Spring 2017 (19 students, as SOCY 2091), Fall 2017 (38 students)

### GRADUATE COURSES TAUGHT

- SOCY 7171 Special Topics: Demographic Methods  
Spring 2025 (6 students)
- SOCY 6016 Topics in Sex and Gender (Fertility and reproduction)  
Fall 2017 (11 students)
- SOCY 7111 Data 3: Advanced Data Analysis (Causal inference)  
Fall 2019 (11 students)

## ADVISING

Pre-dissertation primary advisor: Sara Veljic (2018-2020), Tara Streng-Schroeter (2017-2023), Jessica Harrison (2017, co-advised).

Dissertation committee member: Tara Streng-Schroeter (chair), Candace Evans, Hannah Lyden, Luke Novack, Saigeetha Narasimhan (2024, economics), James Flynn (2023, economics), Marley Olson (2022), Andrea Tilstra (2021), Bethany Rigles (2018), Elizabeth Whalley (2017).

Ph.D. specialty comprehensive exam committee member: Theresa Edwads-Capen (2024), Tara Streng-Schroeter (2022, chair), Hannah Lyen (2022), Candace Evans (2021), Adenife Modile (2019), Marley Olson (2018), Andrea Tilstra (2017).

Postdoctoral fellow advisor: Leslie Root (2021-2024), Liyang Xie (2021-2022).

Teaching mentor: Hillary Steinberg (Fall 2019), Benjamin Hutcherson (Spring 2019).

Research project mentor (Ph.D. student funded through collaborative research): James Flynn (Economics, 2020- 2023), Tara Streng-Schroeter (2018-present)

Honors thesis advisor: Julia Olsen (2023-2024, Sociology), Gale Prinster (2022-2023, Sociology)

Honors thesis committee member: Abdullah Helal (2019, Economics), Griffen Everett Rowe-Gaddis (2018, Economics).

### **SHORT COURSES TAUGHT**

Organizer and instructor, Abortion demography workshop, University of Colorado Boulder, December 6-8, 2023.

Instructor, Research Course: Conducting Research with Policy Impact, Fellowship in Family Planning, July 12-15, 2018.

### **SERVICE**

#### **CU BOULDER SOCIOLOGY**

Strategic Action for Equity Committee (2021 – present, chair 2022 – 2024)

Member, Graduate committee (2023 – present)

Reviewer, Preliminary exams (Third year papers) (2021-2024)

Member, Hiring committee (Spring 2020, Spring 2023, Fall 2023, Fall 2024)

Member/chair, Betsy Moen Award committee (2017-present)

Faculty participant, Population health workshop (2017-2023)

Member, ARPAC culture committee (Fall 2019)

Member, ARPAC interdisciplinary teaching and research committee (Fall 2019)

Member, Seminar series committee (Spring 2019)

Member, Future hires committee (Spring 2019)

Data committee (Spring 2017 – Fall 2018)

#### **CU BOULDER INSTITUTE OF BEHAVIORAL SCIENCE**

Director, Population Program (July 2024 – present)

Member, Hiring committee (2024)

Member, University of Colorado Population Center Director Search Committee (Fall 2022, Summer 2024)

Member and reproductive health research area lead, University of Colorado Population Center Executive Committee (2022-present)

Member, Hiring committee, System Administrator (2018)

#### **CU BOULDER COLLEGE OF ARTS AND SCIENCES**

Member, Social Sciences Diversity, Equity, and Inclusion Hiring Guide Working Group (2022-2023)

Organizer and instructor, Interdisciplinary Training in Social Science (ITSS) dissertation proposal workshop (Fall 2019 – Spring 2020)

#### **UNIVERSITY OF COLORADO BOULDER**

Panelist, [Center for Humanities and the Arts Difficult Dialogues: Abortion](#), March 2023

Research and Innovation Office Innovative Seed Grant program reviewer (2018, 2019)

### **DISCIPLINE**

#### **SERVICE TO PROFESSIONAL ORGANIZATIONS**

National Academies workshop panelist, “[Why is it Challenging to Measure Reproductive Health Equity and What are Promising Practices?](#),” November 21, 2024.

Panelist, Population Association of America congressional briefing “[Maternal mortality in America: Understanding the challenges and crafting population based solutions](#),” July 22, 2024.

Member, 2024 American Sociological Association Population Section Nominations Committee.

Member, 2025 IUSSP Early Career Awards Jury.

Panelist, “Person, place, and policy: understanding health equity implications of a Changing abortion landscape,” Minnesota Population Center, March 27-28, 2023.

Organizer, “Workshop on Social Science Methods after Dobbs,” Society of Family Planning Annual Forum 2022.

Society of Family Planning research impact committee (2019 – 2023).

Technical Expert Panel member, Systematic Review on Contraceptive Care, Oregon Health & Sciences University, (2020 – 2022)

Research mentor for underrepresented new principal investigators, Society of Family Planning Research Fund (2019 – 2021)

Measuring Abortion in the United States Advisory Committee Member 2018, Guttmacher Institute

#### **CONFERENCE ACTIVITIES**

Annual Meeting Program Committee, Population Association of America, 2023-2024

Chair, *Special Presidential Plenary: How the reproductive justice movement can inform demographic research*, Population Association of America 2024 Annual Meeting.

Plenary panel organizer, *The stigmatization of contraception: theory, evidence, and action*, Society of Family Planning Research Meeting, 2023.

Chair and organizer, *Presidential panels on abortion and maternal mortality (two panels)*, Annual Meetings of the Population Association of America, 2023.

Discussant, *Maternal Mortality*, Annual Meetings of the Population Association of America 2023.

Discussant, *Maternal Morbidity*, Annual Meetings of the Population Association of America 2022.

Discussant, *Adolescent Fertility and Contraceptive Use*, Annual Meetings of the Population Association of America 2019.

Session Organizer, *Adolescent Abortion*, Annual Meetings of the Population Association of America 2019.

Poster Judge, Annual Meetings of the Population Association of America (2023, 2018, 2017).

#### **GRANT REVIEW ACTIVITIES**

Reviewer, National Institutes of Health Special Emphasis Panel – November 25, 2024.

Participant, NICHD Strategic plan refresh listening session, July 11, 2024

Large grant scientific reviewer, Society of Family Planning Research Fund (2019 – 2021, 2024)

Reviewer, National Institutes of Health Special Emphasis Panel – Population Science Study Section, March 5, 2024.

Short-term reviewer, National Institutes of Health Social Sciences and Population Studies (B) Study Section, November 2-3, 2023.

Reviewer, National Institutes of Health Time-Sensitive Opportunities for Health Research Study Section, February 28, 2023.

#### **MANUSCRIPT REVIEW ACTIVITIES**

Reviewer, (*Population Research and Policy Review, Journal of Marriage and Family, Contraception, Perspectives in Sexual and Reproductive Health, BMJ, Annals of Internal Medicine, Women’s Health Reports*)

**COMMUNITY (WHILE AT CU BOULDER)**

Expert witness, Colorado SB 9 (2021)

Expert Advisory Group on Goals for US Abortion Access, Resources for Abortion Delivery (2021)

Expert witness, Florida Senate Hearing on Judicial Bypass (2020)

Expert witness, Texas v. Planned Parenthood (2017)

**PROFESSIONAL AFFILIATIONS**

American Sociological Association (Since 2011)

Population Association of America (Since 2011)

Society of Family Planning (Since 2013)

International Union for the Scientific Study of Population (Since 2013)



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*Attorneys for Plaintiffs*

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

LOURDES MATSUMOTO, NORTHWEST  
ABORTION ACCESS FUND, and INDIGENOUS  
IDAHO ALLIANCE,

*Plaintiffs,*

v.

RAÚL LABRADOR, in his capacity as the Attorney  
General for the State of Idaho,

*Defendant.*

) Case No.: 1:23-CV-00323-DKG  
)  
)  
) **DECLARATION OF RAE**  
) **TAYLOR, PH.D.**  
)  
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)

RAE TAYLOR, PH.D., hereby declares under penalty of perjury that the following  
statements are true and correct:

1. I am an expert witness for Plaintiffs in this case. I have expertise in lethal and non-lethal domestic violence, familial abuse, and intimate partner violence.

2. Attached hereto as Exhibit A is a true and correct copy of the expert report I prepared for this case in accordance with Federal Rule of Civil Procedure 26(a)(2)(B). All of the statements in the expert report are true and correct to the best of my knowledge. The expert report provides a summary of the opinions that I would offer if called to testify at trial.

Dated: 3/29/26

*Rae Taylor, Ph.D.*  
\_\_\_\_\_  
Rae Taylor, Ph.D.

# EXHIBIT A

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO**

LOURDES MATSUMOTO, NORTHWEST  
ABORTION ACCESS FUND, and  
INDIGENOUS IDAHO ALLIANCE,

Plaintiffs,

v.

RAÚL LABRADOR, in his capacity as the  
Attorney General for the State of Idaho,

Defendant.

Case No. 1:23-cv-00323-DKG

**EXPERT REPORT OF RAE TAYLOR, PH.D.**

Pursuant to Federal Rule of Civil Procedure 26(a)(2)(B), RAE TAYLOR PH.D., makes the following disclosures:

**STATEMENT OF MY OPINIONS AND THE BASIS AND REASONS FOR THEM**

1. My expertise is in lethal and non-lethal domestic violence, familial abuse, and intimate partner violence.
2. In my opinion, Idaho Code § 18-623<sup>1</sup> will have a negative and disproportionate impact on minor victims of Intimate Partner Violence (“IPV”) and Domestic Violence (“DV”),

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<sup>1</sup> Idaho Code § 18-623 provides:

(1) An adult who, with the intent to conceal an abortion from the parents or guardian of a pregnant, unemancipated minor, either procures an abortion, as described in section 18-604, Idaho Code, or obtains an abortion-inducing drug for the pregnant minor to use for an abortion by recruiting, harboring, or transporting the pregnant minor within this state commits the crime of abortion trafficking. As used in this subsection, the terms “procure” and “obtain” shall not include the providing of information regarding a health benefit plan.

(2) It shall be an affirmative defense to a prosecution under subsection (1) of this section that a parent or guardian of the pregnant minor consented to trafficking of the minor.

in part by enabling and exacerbating “reproductive coercion.” By restricting access to resources, severing connections to community support, and deepening the isolation of minor victims, the law is likely to precipitate violence in relationships where it has not yet occurred and to worsen violence in those relationships where it already exists.<sup>2</sup>

#### **A. Established Dynamics of Domestic Violence and Intimate Partner Violence**

3. DV generally refers to physical, sexual, psychological/emotional, and/or economic abuse, stalking, harassment, and other behaviors perpetrated by one family or household member against another.<sup>3</sup>

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(3) It shall not be an affirmative defense to a prosecution under subsection (1) of this section that the abortion provider or the abortion-inducing drug provider is located in another state.

(4) The Idaho attorney general has the authority, at the attorney general’s sole discretion, to prosecute a person for a criminal violation of this section if the prosecuting attorney authorized to prosecute criminal violations of this section refuses to prosecute violations of any of the provisions of this section by any person without regard to the facts or circumstances.

(5) Any person who commits the crime of abortion trafficking, as provided in subsection (1) of this section, shall be punished by imprisonment in the state prison for no less than two (2) years and no more than five (5) years.

<sup>2</sup> D’Angelo, D. V., Bombard, J. M., Lee, R. D., Kortsmitt, K., Kapaya, M., & Fasula, A. (2022). Prevalence of experiencing physical, emotional, and sexual violence by a current intimate partner during pregnancy: population-based estimates from the pregnancy risk assessment monitoring system. *Journal of family violence*, 38(1), 117-126; Keegan G, Hoofnagle M, Chor J, Hampton D, Cone J, Khan A, Rowell S, Plackett T, Benjamin A, Bhardwaj N, Rogers SO, Zakrisson TL, Cirone JM. State-Level Analysis of Intimate Partner Violence, Abortion Access, and Peripartum Homicide: Call for Screening and Violence Interventions for Pregnant Patients. *J Am Coll Surg*. 2024 May 1;238(5):880-888. doi: 10.1097/XCS.0000000000001019. Epub 2024 Feb 8. PMID: 38329176; Dave, Dhaval and Dave, Dhaval and Durrance, Christine and Erten, Bilge and Wang, Yang and Wolfe, Barbara L., Abortion Restrictions and Intimate Partner Violence in the Dobbs Era (June 2025). NBER Working Paper No. w33916, Available at SSRN: <https://ssrn.com/abstract=5296548> or <http://dx.doi.org/10.2139/ssrn.5296548>; Neff K, Hall SV, Owda R, Pangori A, Zivin K, Montoya A, McDonnaugh-Eaddy L, Kusunoki Y, Zeoli AM, Davis-Wilson K, Courant A and Dalton VK (2025). State abortion restrictiveness and prevalence of intimate partner violence and domestic violence among recently birthing black and white individuals. *Front. Reprod. Health* 7:1535865. doi: 10.3389/frph.2025.1535865.

<sup>3</sup> E.g., Huecker MR, King KC, Jordan GA, et al. Domestic Violence. 2023. StatPearls Publishing. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499891/>.

4. IPV involves the same types of abuse and violence as defined in DV, but pertains to a pattern of those acts committed by a former or current intimate partner against another for the purpose of exerting and maintaining power and control.<sup>4</sup>

5. A central dynamic of DV and IPV is coercive control<sup>5</sup>—a methodical pattern of behavior on the part of abusers by the use of tactics that may include any or all of the following: intimidation, emotional abuse, social isolation, financial abuse, denying responsibility for the abuse, using children as part of the abuse, and/or threats or actual physical and sexual violence.

6. Sometimes referred to as “intimate terrorism,”<sup>6</sup> coercive control is used by clinicians and researchers to understand and explain the dynamics of abuse in intimate relationships and the ways in which this abuse is also often experienced by other family or household members and even by those close to the victim who do not reside in the home.

7. Isolation is a core tactic of abusers to exert power and control over their victims. It can be imposed financially, geographically, socially, and professionally, cutting victims off from sources of support.<sup>7</sup> Isolation also silences or blocks affirming messages victims might receive from loved ones, their community, and—particularly relevant here—trusted adults who could help them escape an abusive situation.

## **B. Reproductive Coercion Is a Recognized Component of Abuse**

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<sup>4</sup> E.g., Huecker MR, King KC, Jordan GA, et al. Domestic Violence. 2023. StatPearls Publishing. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499891/>.

<sup>5</sup> Stark, E. (2007). *Coercive Control. How Men Entrap Women in Personal Life*. Oxford University Press. This work, along with thousands of studies, offer empirical support for the use of coercive control to subjugate partners.

<sup>6</sup> Johnson, M.P. (2008). *Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. University Press of New England.

<sup>7</sup> Stark, E. (2007).

8. Reproductive coercion is a frequent component of coercive control.<sup>8</sup> It refers to behaviors that strip those capable of reproduction of a key aspect of their bodily autonomy. This form of abuse is widely recognized, including by the American College of Obstetricians and Gynecologists, as encompassing any interference with contraception use or pregnancy decisions. This is consistent with decades of social science research findings that reveal a significant increase in risk for violence against pregnant girls and women.<sup>9</sup>

9. Common tactics include hiding, withholding, or destroying birth control; damaging condoms; removing condoms during intercourse to promote pregnancy; tampering with or removing other contraceptive devices; and pressuring or forcing a partner into sex, unprotected sex, or pregnancy. Reproductive coercion can also involve sabotaging or preventing an abortion—for example, by restricting a victim’s access to travel, money, or medical care. In extreme cases, abusers may use rape to force pregnancies and thereby increase the victim’s dependency and isolation.<sup>10</sup>

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<sup>8</sup> *E.g.*, Committee on Healthcare for Under Served Women. (February 2013) Reproductive and sexual coercion. Committee Opinion No. 554. The American College of Obstetrics and Gynecology. Elizabeth Miller et al., *Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy*, 81 *Contraception* 316, 316–17, note 23 (Jan. 29, 2010); Anne M. Moore et al., *Male Reproductive Control of Women Who Have Experienced Intimate Partner Violence in the United States*, 70 *Soc. Sci. & Med.* 1737, 1738 note 23 (2010); *see also* ACOG Committee Opinion No. 554: *Reproductive and Sexual Coercion*, 121 *Obstetrics & Gynecology* 411, 411–15 (2013, *reaffirmed* 2022), <https://pubmed.ncbi.nlm.nih.gov/23344307>. Plaintiffs’ Complaint paragraphs 37 through 39 accurately describe reproductive coercion and the relevant literature to support this.

<sup>9</sup> *Violence in the United States*, 70 *Soc. Sci. & Med.* 1737, 1738 note 23 (2010); *see also* ACOG Committee Opinion No. 554: *Reproductive and Sexual Coercion*, 121 *Obstetrics & Gynecology* 411, 411–15 (2013, *reaffirmed* 2022), <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2013/02/reproductive-and-sexual-coercion.pdf>. Plaintiffs’ Complaint paragraphs 37 through 39 accurately describe reproductive coercion and the relevant literature to support this.

<sup>10</sup> Stark, 2007; Committee on Healthcare for Under Served Women. (February 2013) Reproductive and sexual coercion. Committee Opinion No. 554. The American College of Obstetrics and Gynecology. Elizabeth Miller et al., *Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy*, 81 *Contraception* 316, 316–17, note 23 (Jan. 29, 2010); Anne M. Moore et al., *Male Reproductive Control of Women Who Have Experienced Intimate Partner*.

10. When the National Domestic Violence Hotline surveyed over 3,000 women seeking help, more than 25% reported that their abusive partner sabotaged birth control and tried to coerce pregnancy.<sup>11</sup>

**C. Why Victims of IPV, DV, and Other Forms of Familial Abuse Will Be Disproportionately Harmed**

11. Idaho Code § 18-623 increases the power of abusers. By restricting trusted adults from traveling with young people or assisting them in obtaining lawful abortion care, Idaho Code § 18-623 fortifies the control abusers already exert.<sup>12</sup> It erects additional barriers for victims attempting to escape or resist coercive relationships, leaving victims of IPV, DV, and other forms of familial abuse uniquely vulnerable.<sup>13</sup>

12. There is evidence of rising IPV and homicide post-*Dobbs*. Scholars have begun documenting the effects of abortion restrictions since *Dobbs*. One study finds that rates of IPV against women and girls of childbearing age have increased by 7–10% with the rise linked to their distance from abortion care.<sup>14</sup> Another documents a 3.4% increase in IPV-perpetrated homicides of pregnant girls and women since *Dobbs*.<sup>15</sup> Moreover, domestic violence in general

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<sup>11</sup> Nat'l Domestic Violence Hotline, *1 in 4 Callers to the National Domestic Violence Hotline Report Birth Control Sabotage and Pregnancy Coercion* (Feb. 15, 2011), <https://www.thehotline.org/news/1-in-4-callers-to-the-national-domestic-violence-hotline-report-birth-control-sabotage-and-pregnancy-coercion/>; see also Heike Thiel de Bocanegra et al., *Birth Control Sabotage and Forced Sex: Experiences Reported by Women in Domestic Violence Shelters*, 16 *Violence Against Women* 601 (2010).

<sup>12</sup> D'Angelo et al., 2022; Dhaval et al., 2025; Neff et al., 2025.

<sup>13</sup> *E.g.*, D'Angelo et al., 2022; Dhaval et al., 2025; Neff et al., 2025.

<sup>14</sup> Dhaval et al., 2025.

<sup>15</sup> Wallace ME. Trends in Pregnancy-Associated Homicide, United States, 2020. *Am J Public Health*. 2022 Sep;112(9):1333-1336. doi: 10.2105/AJPH.2022.306937. Epub 2022 Jul 7. PMID: 35797500; PMCID: PMC9382166; Wallace ME, Vilda D, Dyer L, Johnson I, Funke L. Health care use and health consequences of geographic lack of access to abortion and maternity care. *Birth*. 2024; 51: 363-372. doi:10.1111/birt.12792.

has increased in states with restrictive abortion laws.<sup>16</sup> While no study has yet examined Idaho Code § 18-623 specifically, Idaho's law imposes even more severe restrictions on minors' access to abortion, raising grave safety concerns.

13. Pregnancy itself increases the risk that a girl will experience violence, including in her home, intimate relationships, community, and other key social settings. For roughly one-third of pregnant women who experience IPV or DV, the abuse begins with pregnancy.<sup>17</sup> Some young people can reduce or prevent such violence by covertly obtaining abortion care, but this law is likely to foreclose that option for some young people, removing a critical mechanism for self-protection and increasing the risk and severity of abuse.

14. For those already experiencing abuse, Idaho Code § 18-623 is likely to intensify the frequency and severity of IPV/DV, including the risk of homicide, by cutting off access to essential resources and isolating victims from support systems.<sup>18</sup> This increased risk may include lethal or non-lethal violence, suicide, and any number of sources of maternal mortality and/or fetal or infant mortality.<sup>19</sup>

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<sup>16</sup> Wallace et al., 2024.

<sup>17</sup> D'Angelo et al, 2022.

<sup>18</sup> D'Angelo et al., 2022; Dhaval et al., 2025; Neff et al., 2025; Wallace et al., 2022; Wallace, M., Gillispie-Bell, V., Cruz, K., Davis, K., & Vilda, D. (2021). Homicide During Pregnancy and the Postpartum Period in the United States, 2018-2019. *Obstetrics and gynecology*, 138(5), 762–769.

<sup>19</sup> Burch, R. L., & Gallup, Jr., G. G. (2004). Pregnancy as a stimulus for domestic violence. *Journal of Family Violence*, 19(4), 243-247; D'Angelo et al., 2022; Helton, A. S., & Snodgrass, F. G. (1987). Battering during pregnancy: Intervention strategies. *Birth*, 14, 142-147; Martin, S. L., Harris-Britt, A., Li, Y., Moracco, K. E., Kupper, L. L., & Campbell, J. C. (2004). Changes in intimate partner violence during pregnancy. *Journal of Family Violence*, 19(4), 201-210; Richardson, J., Coid, J., Petruckevitch, A., Chung, W. S., Moorey, S., & Feder, G. (2002). Identifying domestic violence: Cross sectional study in primary care. *BMJ (British Medical Journal)*, 324, 1-6; Stewart & Cecutti, 1993; Hotaling, G., Finkelhor, D., Kirkpatrick, J., & Straus, M. (eds.). (1988). *Family abuse and its consequences*. Newbury Park, CA: Sage.

15. Deleterious outcomes of unintended pregnancy are also likely to increase as access to abortion is made difficult or impossible, and the risks for these kinds of outcomes are significantly higher for girls and women in abusive contexts. Some of these effects on women and babies are a direct result of trauma from abuse, such as blunt force abdominal trauma, while some may be products of the physiological and psychological stress and fear that pregnant people endure because of the abuse.<sup>20</sup> Studies have identified the following as other outcomes associated with pregnancies in abusive relationship: Miscarriage,<sup>21</sup> poor or no prenatal healthcare,<sup>22</sup> maternal and fetal trauma,<sup>23</sup> medical conditions like high blood pressure, vaginal bleeding, nausea, kidney or urinary tract infections,<sup>24</sup> medical conditions like increased sexually

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<sup>20</sup> Centers for Disease Control and Prevention Department of Health and Human Services. (2006). Intimate partner violence during pregnancy, a guide for clinicians. Retrieved from <http://www.cdc.gov/ReproductiveHealth/violence/IntimatePartnerViolence/index.htm>; Pallitto, C.C., Campbell, J.C., & O'Campo, P. (2005). Is intimate partner violence associated with unintended pregnancy?: A review of the literature. *Trauma, Violence, & Abuse*, 6(3), 217-235.

<sup>21</sup> Pallitto et al., 2005; Jasinski, J. L. (2004). Pregnancy and domestic violence: A review of the literature. *Trauma, Violence, & Abuse*, 5(1), 47-64.; Morland, L.A., Leskin, G.A., Block, C.R., Campbell, J.C., Friedman, M.J. (2008). Intimate partner violence and miscarriage: Examination of the role of physical and psychological abuse and posttraumatic stress disorder. *Journal of Interpersonal Violence*, 23(5), 652-669; Stark, E., & Flitcraft, A. (1996). *Women at risk: Domestic violence and women's health*.

<sup>22</sup> Bacchus, L., Mezey, G., & Bewley, S. (2006). A qualitative exploration of the nature of domestic violence in pregnancy. *Violence Against Women*, 12(6), 588-604; Dietz, P. M., Gazmararian, J. A., Goodwin, M. M., Brucf, F. C., Johnson, C. H., & RoCHAT, R.W. (1997). Delayed entry into prenatal care: Effects of physical violence. *Obstetrics & Gynecology*, 90(2), 221-224; Jasinski, 2004.

<sup>23</sup> Centers For Disease Control, 2006; Campbell, J.C., & Dienemann, J.D. (2001). Ethical issues in research on violence against women. In C.M. Renzetti, J.L. Edleson, & R.K. Bergen (Eds). *Sourcebook on violence against women*. Thousand Oaks, CA: Sage Publications; Agarwal, S., Prasad, R., Mantri, S., Chandrakar, R., Gupta, S., Babhulkar, V., Srivastav, S., Jaiswal, A., & Wanjari, M. B. (2023). A Comprehensive Review of Intimate Partner Violence During Pregnancy and Its Adverse Effects on Maternal and Fetal Health. *Cureus*, 15(5), e39262; Hill, A., Pallitto, C., McCleary-Sills, J., & Garcia-Moreno, C. (2016). A systematic review and meta-analysis of intimate partner violence during pregnancy and selected birth outcomes. *International Journal of Gynecology & Obstetrics*, 133(3), 269-276.

<sup>24</sup> Silverman, J.G., Decker, M.R., Reed, E., & Raj, A. (2006). Intimate partner violence victimization prior to and during pregnancy among women residing in 26 U.S. states: Associations with maternal and neonatal health. *American Journal of Obstetrics & Gynecology*, 195, 140-148.

transmitted diseases,<sup>25</sup> low maternal weight gain and poor diet,<sup>26</sup> low birth weight,<sup>27</sup> premature labor and/or delivery,<sup>28</sup> closely spaced subsequent pregnancies,<sup>29</sup> breastfeeding refusal or difficulties,<sup>30</sup> unhealthy maternal behaviors such as smoking, alcohol, and drug use,<sup>31</sup> depression,<sup>32</sup> child abuse,<sup>33</sup> postpartum abuse,<sup>34</sup> suicidal ideation, suicide attempt and actual suicide,<sup>35</sup> fetal death,<sup>36</sup> and femicide or attempted femicide.<sup>37</sup>

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<sup>25</sup> Silverman et al., 2006.

<sup>26</sup> Jasinski, 2004; Pallitto et al., 2005.

<sup>27</sup> Macy, R.J., Martin, S.L., Kupper, L.L., Casanueva, C., & Guo, S. (2007). Partner violence among women before, during, and after pregnancy: Multiple opportunities for intervention. *Women's Health Issues*, 17, 290-299; Bacchus et al., 2006; Jasinski, 2004; Pallitto et al., 2005; Silverman et al., 2006.

<sup>28</sup> Bacchus et al., 2006; Jasinski, 2004; Pallitto et al., 2005; Silverman et al., 2006.

<sup>29</sup> Pallitto et al., 2005; Jasinski, 2004.

<sup>30</sup> Pallitto et al., 2005; Jasinski, 2004.

<sup>31</sup> Centers for Disease Control and Prevention Department of Health and Human Services. (2006). Intimate partner violence during pregnancy, a guide for clinicians. Retrieved from <http://www.cdc.gov/ReproductiveHealth/violence/IntimatePartnerViolence/index.htm>; Jasinski, 2004; Steele-Baser M, Brown AL, D'Angelo DV, et al. Intimate Partner Violence and Pregnancy and Infant Health Outcomes — Pregnancy Risk Assessment Monitoring System, Nine U.S. Jurisdictions, 2016–2022. *MMWR Morb Mortal Wkly Rep* 2024;73:1093–1098.

<sup>32</sup> Jasinski, 2004; Martin, S.L., Li, Y., Casanueva, C., Harris-Britt, A., Kupper, L.L., & Cloutier, S. (2006). Intimate partner violence and women's depression before and during pregnancy. *Violence Against Women*, 12(3), 221-239.; Steele-Baser et al., 2024.

<sup>33</sup> Stark & Flitcraft, 1996.

<sup>34</sup> Martin, S. L., Mackie, L., Kupper, L. L., Buescher, P. A., & Moracco, K. E. (2001). Physical abuse of women before, during, and after pregnancy. *Journal of the American Medical Association*, 285(12), 1581-1584; Shadigian & Bauer, 2003.

<sup>35</sup> Shadigian, E. M., & Bauer, S. T. (2005). Pregnancy-associated death: A qualitative systematic review of homicide and suicide. *Obstetrical and Gynecological Survey*, 60(3), 183-190; Stark & Flitcraft, 1996.

<sup>36</sup> Centers for Disease Control, 2006.

<sup>37</sup> Campbell, J. C., Garcia-Moreno, C., & Sharps, P. (2004). Abuse during pregnancy in industrialized and developing countries. *Violence Against Women*, 10(7), 770-789; Horon, I. L., & Cheng, D. (2001). Enhanced surveillance for pregnancy-associated mortality: Maryland 1993-1998. *Journal of the American Medical Association*, 285, 1455-1459; Keegan et al., 2024; McFarlane, J., Campbell, J. C., Sharps, P., & Watson, K. (2002). Abuse during pregnancy and femicide: Urgent implications for women's health. *The American College of Obstetricians and Gynecologists*, 100(1), 27-36; Palladino, C. L., Singh, V., Campbell, J., Flynn, H., & Gold, K. (2011). Homicide and suicide during the perinatal period: findings from the National Violent Death Reporting System. *Obstetrics and gynecology*, 118(5), 1056; Wallace et al., 2022; Wallace et al., 2021.

16. For many young people, parents are not the trusted adults they ideally should be; parents or guardians are often the perpetrators of abuse, including sexual abuse. In such cases, an extra-familial trusted adult can be a literal lifeline. Yet this law criminalizes those adults, cutting off a vital source of safety and guidance. For girls ages 15–19, intimate partners are the most common perpetrators of sexual violence—surpassing parents or guardians—yet the latter often remain unsafe as well, and thus not a viable source of care.<sup>38</sup>

17. The defendants emphasize that parents have a right to control their children’s bodies and medical procedures, but they assume that all minors have trustworthy, safe parents who act in their child’s best interest.<sup>39</sup> They seemingly disregard the likelihood that minors who seek guidance from trusted adults instead of their parents do so because of the lack of trust they have in and/or fear of their parents/guardians.<sup>40</sup>

18. This law also reduces the availability of services for young people seeking confidential guidance on pregnancy and related issues. Plaintiffs in this case have already reported that after the law took effect and before the injunction, they had begun reducing or

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<sup>38</sup> E.g., Devries K, Knight L, Petzold M, Merrill KG, Maxwell L, Williams A, Cappa C, Chan KL, Garcia-Moreno C, Hollis N, Kress H, Peterman A, Walsh SD, Kishor S, Guedes A, Bott S, Butron Riveros BC, Watts C, Abrahams N. Who perpetrates violence against children? A systematic analysis of age-specific and sex-specific data. *BMJ Paediatr Open*. 2018 Feb 7;2(1):e000180. doi: 10.1136/bmjpo-2017-000180. PMID: 29637183; PMCID: PMC5842994; U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2007* (Washington, DC: U.S. Government Printing Office, 2009).

<sup>39</sup> Preliminary Injunction Tr. 28:11–14, 37:18–38:4, 39:20–23, 45:1–12.

<sup>40</sup> Henshaw SK, Kost K. Parental involvement in minors’ abortion decisions. *Fam Plann Perspect*. 1992;24(5):196–207, 213; Ralph LJ, King E, Belusa E, Foster DG, Brindis CD, Biggs MA. The impact of a parental notification requirement on Illinois minors’ access to and decision-making around abortion. *J Adolesc Health*. 2018;62(3):281–287; Alisha Kramer, Angeline Ti, Lisa Travis, Adrienne Laboe, Walter O Ochieng, Marisa R Young, The impact of parental involvement laws on minors seeking abortion services: a systematic review, *Health Affairs Scholar*, Volume 1, Issue 4, October 2023, qxad045, <https://doi.org/10.1093/haschl/qxad045>.

discontinuing such services out of fear of criminal liability.<sup>41</sup> The chilling effect undermines trusted networks that otherwise protect youth from abuse.

19. Moreover, to the extent this law restricts services for minors who have experienced sexual assault, it harms boys as well as girls, since many of the same organizations provide support to all youth survivors. Every pregnancy involves a male, yet this law explicitly targets young women and the adults who assist them—entrenching gendered harms.<sup>42</sup>

**D. Idaho Code § 18-623 Interferes with Important Messages Provided to People Experiencing DV and IPV**

20. Those experiencing DV and IPV long for messages of solidarity and support and are likely to perceive these messages from the type of aid provided by the Indigenous Idaho Alliance, Lourdes Matsumoto, and Northwest Abortion Access Fund.

21. “Silence is violence” is a slogan used by the movement to end gender-based violence for decades. The slogan refers to the tendency for victims of violence in their homes or in relationships to remain silent about the abuse they are enduring for a number of reasons, including shame, self-blame, fear of retaliation, lack of resources for help, and so on.<sup>43</sup> The phenomenon is more accurately described as a silencing of victims of abuse through cultural

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<sup>41</sup> Decl. of Lourdes Matsumoto ¶¶ 39–40, 47, 50–51, 53 (Dkt. 12-7); Decl. of tai simpson ¶¶ 40, 58 (Dkt. 12-8); Decl. of Megan Kovacs ¶¶ 14, 20–23, 27 (Dkt. 12-9).

<sup>42</sup> Hoopes AJ, Maslowsky J, Baca MA, Goldberg J, Harrison ME, Hwang LY, Romano M, Tebb K, Tyson N, Grubb LK. Elevating the Needs of Minor Adolescents in a Landscape of Reduced Abortion Access in the United States. *J Adolesc Health*. 2022 Nov;71(5):530-532. doi: 10.1016/j.jadohealth.2022.08.007. Epub 2022 Sep 10. PMID: 36096900; PMCID: PMC10511203.

<sup>43</sup> Gammeltoft, 2016; Pokharel et al., 2020; National Domestic Violence Hotline, retrieved from <https://www.thehotline.org/resources/why-didnt-you-say-anything/>.

norms that tend to lead to victim blame generally, but especially blaming women for their own gender-based violence victimization.<sup>44</sup>

22. Victims of domestic violence, including physical and sexual violence, are typically reluctant to seek help through formal (e.g., law enforcement, social services) or informal (e.g., friends and family) sources. When they do, it is often a complicated process that depends on the victim of the abuse first acknowledging that what is happening is indeed abuse and then overcoming a number of barriers, such as fear of retaliation, mistrust of available resources, and a lack of available resources.<sup>45</sup>

23. The plaintiffs in this case provide critical services to the people of Idaho, including legal services and policy counsel to individuals and non-profits (including minors and survivors of sexual assault resulting in pregnancy), statewide training for attorneys, advocates, educators, and service providers, reproductive healthcare information to minors and non-minors (especially those in marginalized populations with fewer resources in general and higher rates of unwanted and/or forced pregnancy), financial assistance, contraceptives, Plan B, transportation and/or logistical and financial support for access to legal abortion, lodging, emotional support, and other physical, financial, and emotional needs of girls and women facing pregnancy and seeking their

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<sup>44</sup> *E.g.*, Taccini F, Mannarini S. (2005) Exploring the Phenomenon of Victim Blaming Toward Women With an Intimate Partner Violence Experience and the Role of Empathy. *J Interpers Violence*. doi: 10.1177/08862605241307224.

<sup>45</sup> *E.g.*, Dufour, G.K., Gerhardt, E., McArthur, J., Ternes, M. (2023). Help-Seeking Behavior and Domestic Violence. In: Shackelford, T.K. (eds) *Encyclopedia of Domestic Violence*. Springer, Cham. [https://doi.org/10.1007/978-3-030-85493-5\\_741-1](https://doi.org/10.1007/978-3-030-85493-5_741-1); Pijlman, Valérie & Eichelsheim, Veroni & Pemberton, A. & de Waardt, Mijke. (2024). "I Did Not Want to Make a Bigger Deal Out of It than It Was": A Mixed-Method Study on the Help-Seeking Behavior of Victims of Image-Based Sexual Harassment and Abuse. *Journal of interpersonal violence*. 40. 8862605241258996. 10.1177/08862605241258996.

trusted support.<sup>46</sup> The declarations from the plaintiffs in this case make evident that their priority is the wellbeing of the individuals who explicitly solicit their support. They note that their experience and expertise has shown that minors who seek their help without a parent are usually doing so because safe, trusted parental support is not available to them. Being required to disclose to the minor client's parents information that their child may not have wanted disclosed for myriad reasons (most critically when the parent is the source of danger) impedes their ability to serve as a trusted source of potentially life-saving information and services. Requiring the plaintiffs to ask minor clients whether they have informed their parents of a pregnancy risks undermining the trust essential to those minors seeking help. In addition, they note their fear of being prosecuted for performing their work when a minor seeks their services. This lack of services stemming from fear of prosecution removes potentially the only support and services the minor may have.

24. Not only does Idaho Code § 18-623 interfere with vital messages of support and solidarity, it also has the impact of exacerbating isolation through removal of critical resources and perpetuating the problematic silencing of victims of abuse. As noted previously, this can contribute to life-threatening outcomes for these young people who rely on the services of the plaintiffs.

25. The loss of support that has and will continue to result from this legislation represses decades of progress where girls and women (and, as noted, boys and men) have been encouraged not to suffer in silence when faced with abuse in their homes. When a young woman

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<sup>46</sup> Decl. of Lourdes Matsumoto ¶¶ 10, 20–23 (Dkt. 12-7); Decl. of tai simpson ¶¶ 38, 41, 43–44, 52–53 (Dkt. 12-8); Decl. of Megan Kovacs ¶¶ 5–6, 12, 15–17 (Dkt. 12-9).

is faced with an unintended pregnancy and has no one to turn to, she has no choice but to suffer in silence, endanger herself by turning to a non-trusted adult, or find an unsafe solution herself.

### FACTS OF DATA CONSIDERED IN FORMING MY OPINIONS

26. My opinions are based on my experience, education and training, research, attendance at professional conferences, and knowledge of the relevant literature, including the sources identified in the footnotes of this report.

27. I have also reviewed Idaho Code § 18-623, the plaintiffs' declarations submitted with their Motion for Preliminary Injunction, the transcript of the Motion Hearing from September 14, 2023, the preliminary injunction in effect on the date of my report, and the opinion of 9th Circuit Court of Appeals regarding the Preliminary Injunction. I watched legislative hearings on the law, and I reviewed media coverage of the law.<sup>47</sup>

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<sup>47</sup> I reviewed the following articles: Anna Claire Vollers, *Helping a minor travel for an abortion? Some states have made it a crime.*, Idaho Capital Sun (Aug. 26, 2024), <https://idahocapitalsun.com/2024/08/26/helping-a-minor-travel-for-an-abortion-some-states-have-made-it-a-crime/>; Idaho governor signs 'abortion trafficking' bill into law, AP News (Apr. 6, 2023), <https://apnews.com/article/idaho-abortion-minors-criminalization-b8fb4b6feb9b520d63f75432a1219588>; Kimberlee Kruesi, *Mother, son charged with kidnapping after police say they took a teenager to Oregon for an abortion*, AP News (Nov. 1, 2023), <https://apnews.com/article/abortion-idaho-oregon-republican-256e670e729782c7fb0fcfb12af4c491>; Geoff Mulvihill & John Hanna, *Idaho law could criminalize helping minors get abortions*, AP News (Mar. 29, 2023), <https://apnews.com/article/idaho-abortion-trafficking-travel-ban-08f6b75e87da990d88c39a372885ad5a>; Aria Bendix, *Idaho becomes one of the most extreme anti-abortion states with law restricting travel for abortions*, NBC News (Apr. 6, 2023), <https://www.nbcnews.com/health/womens-health/idaho-most-extreme-anti-abortion-state-law-restricts-travel-rcna78225>; Carter Sherman & Reuters, *Idaho's 'abortion trafficking' law partly revived by US appeals court*, The Guardian (Dec. 3, 2024), <https://www.theguardian.com/us-news/2024/dec/02/idaho-abortion-trafficking-law>; *Crossing state lines to get an abortion is a new legal minefield, with courts to decide if there's a right to travel*, The Conversation (Sept. 6, 2024), <https://theconversation.com/crossing-state-lines-to-get-an-abortion-is-a-new-legal-minefield-with-courts-to-decide-if-theres-a-right-to-travel-238167>; Caroline Kitchener, *Highways are the next antiabortion target. One Texas town is resisting.*, Washington Post (Sept. 1, 2023), <https://www.washingtonpost.com/politics/2023/09/01/texas-abortion-highways/>; Brief: *Idaho's Abortion "Travel Ban" Is Illegal, Maryland Joins 20 States Urging Court to Block Idaho Law*, Office of the Maryland Attorney General (Aug. 3, 2023), <https://www.marylandattorneygeneral.gov/press/2023/080323.pdf>; *Attorney General Tong Argues Idaho's Abortion "Travel Ban" is Illegal*, Office of the Attorney General of Connecticut (Aug. 1, 2023), <https://portal.ct.gov/ag/press-releases/2023-press-releases/attorney-general-tong-argues-idaho-abortion-travel-ban-is-illegal>; Sarah Varney & Maea Lenei Buhre, *Idaho criminalizes helping minors travel out of state to get an abortion*, PBS (May 5, 2023), <https://www.pbs.org/newshour/show/idaho-criminalizes->

28. As the plaintiffs explained in their declarations supporting the motion for a preliminary injunction, the scope of Idaho Code § 18-623 is difficult to ascertain; it is unclear precisely what conduct the law permits and what it criminalizes. My opinions are therefore based on my interpretations of the statute as informed by my review of the case materials, along with my education, training, and experience. Specifically, I determined that, to the best of my ability given the vagueness of this law, “intent to conceal” may be interpreted to mean that in practice, a trusted adult, like Plaintiff Matsumoto and those who work for the plaintiff organizations, may need to inquire into parental/guardian knowledge or inform the parent/guardian that their minor child has come to them in their capacity as a trusted adult seeking information and/or other services regarding abortion care.<sup>48</sup>

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[helping-minors-travel-out-of-state-to-get-an-abortion](#); Sarah Varney & Maea Lenei Buhre, Idaho’s strict abortion laws create uncertainty for OB-GYNs in the state, PBS (May 1, 2023), <https://www.pbs.org/newshour/show/idahos-strict-abortion-laws-create-uncertainty-for-ob-gyns-in-the-state>; Joseph Choi & The Hill, *Advocacy group sues Idaho over ‘abortion travel ban,’* WJTV (July 12, 2023), <https://www.wjtv.com/hill-politics/advocacy-group-sues-idaho-over-abortion-travel-ban/amp/>; *Idaho’s ‘abortion trafficking’ law mostly can be enforced as lawsuit proceeds, court rules,* AP News (Dec. 2, 2024), <https://apnews.com/article/abortion-trafficking-law-idaho-ff113c3dc858dd58e95498e5558b2729>; Aria Bendix, *Women suing Idaho after they were denied abortions will tell their stories in court,* NBC News (Nov. 11, 2024), <https://www.nbcnews.com/health/health-news/women-suing-idaho-abortion-ban-testify-court-rncal79226>; Gabrielle Gurley, *The Right to Travel Under Siege,* The American Prospect (May 10, 2024), <https://prospect.org/justice/2024-05-10-abortion-right-to-travel-under-siege/>; Meg Tirrell & John Bonifield, *‘Fleeing under the cover of darkness’: How Idaho’s abortion ban is changing pregnancy in the state,* CNN (Feb. 10, 2024), <https://www.cnn.com/2024/02/10/health/idaho-abortion-laws>; *The Quickie: Idaho Introduces First Abortion-Related Travel Ban in the Country,* Planned Parenthood Action Fund (Feb. 9, 2023), <https://www.plannedparenthoodaction.org/tipsheets/the-quickie-idaho-introduces-first-abortion-related-travel-ban-in-the-country>.

<sup>48</sup> Preliminary Injunction Tr. 32:10–21, 33:16–24; *Matsumoto v. Labrador*, 122 F.4th 787, 797 (2024) (“Their declarations stated that they ‘have been willing to help pregnant minors obtain reproductive options counseling and healthcare, including abortion, without the consent of the minors’ parents,’ and noted that ‘[t]he parents and guardians of the minors to whom we provide information about abortion may or may not be aware of, or consent to, the provision of information regarding abortions.’ Idaho has never signaled that such conduct does not violate the statute, and in the district court, it asserted that such a ‘pattern’ of ‘purposely not informing the parents’ could contribute to a finding of intentional concealment under Section 18-623.”).

### **EXHIBITS USED TO SUMMARIZE OR SUPPORT MY OPINIONS**

29. I have not used any exhibits to support my opinions, but I reserve the right to create demonstrative exhibits that summarize my opinions for use at trial.

### **MY QUALIFICATIONS AND PUBLICATIONS**

30. I am an associate professor in the Department of Criminology and Justice at Loyola University New Orleans, where I have worked for the past 16 years. I serve as the founder and the director of the Gendered Violence Research Project at Loyola University, where I lead researchers and receive grant and endowment funding supporting my research on gendered violence.

31. Prior to my career in academia, I was a victim witness liaison for the Office of the State Attorney in Orlando, Florida.

32. I am a sociologist and criminologist specializing in domestic violence and have published my work in numerous scholarly journals, books, and encyclopedias. A list of these publications is attached within Exhibit 1.

33. I received my Ph.D. in Sociology from the University of Central Florida in Orlando, Florida, in 2009. My dissertation was entitled Pregnancy-Associated Intimate Partner Violence: An Examination of Multiple Dimensions of Intimate Partner Victimization Using Three Unique Data Sources. In that publication, my name is credited as Shauna Taylor.

34. I am a member of the Orleans Parish Fatality Review Team and as recently as April 2022, I served as a volunteer medical advocate for the New Orleans Family Justice Center.

35. I have provided technical assistance to the Orleans Parish District Attorney's office by training the office's assistant district attorneys on domestic violence and developing a class for survivors of domestic violence. The class for domestic violence survivors was developed to

provide education on domestic violence to those who are asking the district attorney's office to drop domestic violence charges.

36. I was invited to address the Louisiana District Attorney's Association's Annual Conference in 2023 on the utility of expert witness testimony. Attendees received CLEs.

37. I was invited to co-present at New Orleans Children's Hospital in October 2024 on the cooperation between scholars and legal and medical practitioners. Attendees received CLEs.

38. I have been qualified as an expert witness in domestic violence and intimate partner violence in numerous courts, as outlined in Exhibit 1, and I have consulted and testified for both prosecutors and defense attorneys in numerous state and federal criminal cases involving domestic violence in Louisiana, Texas, Florida, Arizona, Delaware, Pennsylvania, Iowa, and Missouri. In addition, I have also consulted on civil cases involving wrongful death in domestic violence cases.

39. In total, I have worked in the domestic violence field for 25 years.

40. Intimate partner violence, coercive control, and reproductive coercion are all within the purview of someone who has an expertise in domestic violence.

41. My teaching and scholarship center on domestic violence, including lethal and non-lethal intimate partner physical, sexual, and emotional/psychological violence, stalking, and reproductive coercion. I have taught numerous courses pertaining to child abuse, partner violence, sexual trauma, and polyvictimization, including "Sociology of Domestic Violence," "Crisis Intervention," and "Violence Against Women."

42. My curriculum vitae, which sets forth my qualifications and publications in more detail, is attached hereto as Exhibit 1.

**CASES IN WHICH I HAVE TESTIFIED AS AN EXPERT DURING  
THE PAST FOUR YEARS**

- Orleans Parish Criminal Court, 2025- Accepted as an expert in intimate partner violence (554-282-L, Judge Angel Harris)
- Calcasieu Parish District Court, June 2025- Accepted as an expert in intimate partner violence (24-01-0016-B, Judge Lee Hoffoss)
- St. Tammany Parish Criminal Court, March 2025- Accepted as an expert in intimate partner violence (2315-F-2023-B-2025, Judge Tara Zeller)
- St. Tammany Parish Criminal Court, February 2023- Accepted as an expert in domestic violence (4035-F-2021, Judge Richard Swartz)
- United States District Court, February 2025- Accepted as an expert in domestic violence (23-142-E, Judge Susie Morgan)
- Orleans Parish Criminal Court 2024- Accepted as an expert in domestic violence (561-206-D-2023, Judge Kimya Holmes)
- Orleans Parish Criminal Court, 2023- Accepted as an expert in domestic violence (553-512-K-2023, Judge Marcus DeLarge)
- East Baton Rouge Parish Criminal Court, October 2023- Accepted as an expert in domestic violence (DC-21-05852, Judge Louis R. Daniel pro tem)

**COMPENSATION**

43. I am being compensated at a rate of \$1,000 per day for time spent testifying or traveling for the purpose of testifying and the rate of \$350 per hour for time spent providing case review, court preparation, meetings, phone calls, interviews, and expert report services. This rate reflects a discount from the typical market rate.

Dated: August 19, 2025

*Rae Taylor, Ph.D.*

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RAE TAYLOR, Ph.D.



## **Curriculum Vita Rae Taylor, Ph.D.**

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### **Loyola University New Orleans, Department of Criminology and Justice**



### **Employment**

#### **Loyola University New Orleans**

2022-present: Rev. Joseph H. Fitcher, S. J. Distinguished Professor

2015-present: Associate Professor of Criminology and Justice

2022-present: Founder and Director, Gender Based Violence Research Project

2015-2023: Chair, Department of Criminology and Justice

2021-2023: Special Assistant to the Dean of the College of Arts and Sciences

2009-2015: Assistant Professor of Criminology and Justice

Fall 2013: Interim Chair, Department of Criminology and Justice

2011-2015: Graduate Coordinator for Masters of Criminal Justice Program

### **Education**

2009 Ph.D., Sociology, University of Central Florida, Orlando, FL.

2003 M.A., Applied Sociology, University of Central Florida, Orlando, FL.

2002 Graduate Certificate, Domestic Violence, University of Central Florida, Orlando, FL.

1997 B.A., Organizational Communication, University of Central Florida, Orlando, FL.

## Legal Consultation and Expert Witness Experience

Criminal prosecution, defense, and post-conviction expert witness and consultant work in cases pertaining to child homicide, intimate partner (IP) homicide, non-lethal IP battery, IP sexual battery, IP homicide in self-defense, IP coercive control, reproductive coercion, and child physical, sexual and emotional abuse and neglect.

### *Expert witness testimony:*

- Orleans Parish Criminal Court, 2025- Accepted as an expert in intimate partner violence (554-282-L, Judge Angel Harris)
- Calcasieu Parish District Court, June 2025- Accepted as an expert in intimate partner violence (24-01-0016-B, Judge Lee Hoffoss)
- St. Tammany Parish Criminal Court, March 2025- Accepted as an expert in intimate partner violence (2315-F-2023-B-2025, Judge Tara Zeller)
- St. Tammany Parish Criminal Court, February 2023- Accepted as an expert in domestic violence (4035-F-2021, Judge Richard Swartz)
- United States District Court, February 2025- Accepted as an expert in domestic violence (23-142-E, Judge Susie Morgan)
- Orleans Parish Criminal Court 2024- Accepted as an expert in domestic violence (561-206-D-2023, Judge Kimya Holmes)
- Orleans Parish Criminal Court, 2023- Accepted as an expert in domestic violence (553-512-K-2023, Judge Marcus DeLarge)
- Orleans Parish Criminal Court, 2019- Accepted as an expert in domestic violence (536-276-G-2019, Judge Dennis Waldron)
- East Baton Rouge Parish Criminal Court, October 2023- Accepted as an expert in domestic violence (DC-21-05852, Judge Louis R. Daniel pro tem)
- Jefferson Parish Criminal Court, January 2017- Accepted as an expert in domestic violence (15-01943-B)

### *Legal consultation/expert witness reports (pretrial and pre-sentencing):*

Delaware, Private defense attorney, 2024-present  
East Baton Rouge Parish, Private defense attorney, 2025-present  
Morehouse Parish, LA Public Defender's Office, 2024  
Orleans Parish District Attorney's Office, 2023-present, 2019, 2018  
Orleans Parish Public Defender's Office, 2023-present, 2022  
Orleans Parish Private defense attorney, 2023-present  
Washington Parish, LA, 2024-present  
Philadelphia, PA, Private defense attorney, 2024-2025  
Texas Regional Public Defender's Office for Capital Cases, 2022-2025  
St. John the Baptist Parish Public Defender's Office, 2023, 2022  
St. Tammany Parish District Attorney's Office, 2023-present, 2022, 2021  
Private defense attorney, Tallulah, LA, 2022-present  
Private defense attorney, New Orleans, LA, 2023-present  
East Baton Rouge Public Defender's Office, 2023-present, 2022  
Ascension Parish District Attorney's Office, 2018-2020  
Jefferson Parish District Attorney's Office, January 2017

Orange County, Florida 9<sup>th</sup> Judicial Circuit, 2023-2025

*Post-conviction expert witness work:*

Tulane Women's Prison Project, 2021-present (multiple cases)

Orleans Parish Public Defender's Office, 2023-2025, 2022

*Civil legal consultation:*

Wrongful death civil suit, consulting defendants, Arizona, current case

Divorce and custody associated with domestic violence, Louisiana, 2025-present

Wrongful death civil suit, consulted plaintiff, Missouri, July 2009

## Research and Teaching Interests

- Lethal and non-lethal intimate partner violence
- Incarcerated women and their experiences
- Homicide
- Criminal justice and other societal and organizational responses to violent crime
- Social inequalities

## Refereed Journal Articles

Frailing, K., Alfonso, B., & Taylor, R. (2020). Therapeutic jurisprudence in Swift and Certain probation. *American Behavioral Scientist*, 64(12), 1768-1785.

Frailing, K., Kennedy, J., Taylor, R., & Rapp, V. (2020). Swift and Certain probation: Assessing fidelity to the HOPE model." *European Journal of Probation*, 12(3), 265-281.

Frailing, K., Rapp., V., & Taylor, R. (2020). Swift and Certain probation as a HOPE-like model: Progress toward goals and lingering challenges. *Corrections: Policy, Practice and Research*. <https://doi.org/10.1080/23774657.2020.1807425>

Post, L.A., Raile, A. N. W, Zeoli, A. M., Taylor, R., Smith, P.K., Dziura, J.D., Biroscak, B.J. (2015). Domestic violence homicide: Validating a scale to measure implicit collusion with murder. *Health Sciences Research* 2(1), 1-8.

Taylor, R. (2012). The Importance of "Sexual proprietariness" in theoretical framing and interpretation of pregnancy-associated intimate partner violence and femicide: Through the eyes of a junior scholar. *Homicide Studies* 16(4), 346-358.

Taylor, R., & Jasinski, J.L. (2011). Femicide and the feminist perspective. *Homicide Studies* 15(4), 341-362.

Taylor, R., & Nabors, E.L. (2009). Pink or blue...black and blue? Examining pregnancy as a predictor of intimate partner violence and femicide. *Violence Against Women* 15(1), 1273-1293.

- Taylor, R. (2009). Slain and slandered: A content analysis of the portrayal of femicide in crime news. *Homicide Studies*, 13(1), 21-49.  
\*Reprinted in Hartley, R. (2011) *Snapshots of Research*, Chapter 9: Unobtrusive methods: Secondary analysis, content analysis, crime mapping, and meta analysis. Sage Publications p. 327-341.

## Book Chapters

- Frailing, K., Alfonso, B., & Taylor, R. (2022). Therapeutic jurisprudence in Swift and Certain probation. In M. Perlin and K. Frailing, (Eds). *Justice outsourced: The implications of judicial decision-making by non-judicial officers for therapeutic jurisprudence*. Philadelphia, PA: Temple University Press.
- Taylor, R., & Pedalino, J. (2020). From victimization to incarceration: IPV, cycles of abuse, addiction, and incarceration. In C. Marcum, L.M. Carter, L.M., and Blankenship, C.L. (Eds.) *Punishing Gender, Past and Present*. Cognella, Inc.191-201.
- Taylor, R. (2016). Domestic homicide in New Orleans. In L. Voigt, D.W Harper, and W.E. Thornton (Eds.). *Preventing Lethal Violence in New Orleans, a Great American City*.
- Taylor, R. (2013). Victim-blame and the media: The portrayal of femicide in newspaper stories. In D. W. Harper, W.E. Thornton, and L. Voigt (Eds.) *Violence: Do We Know it When we See It? A Reader*. Durham NC: Carolina Academic Press.
- Taylor, R. (2012). Who are the victims of violence? In W.E. Thornton, D. W. Harper, and L. Voigt (Eds.) *Why Violence? Leading Questions Regarding the Conceptualization and Reality of Violence in Society*. Durham NC: Carolina Academic Press.

## Refereed Encyclopedia Entries

- Taylor, R. (2016). Victim statements. In S. F. Sharp (Ed.) *The Encyclopedia of Corrections*. Wiley-Blackwell.
- Taylor, R. Homicide (2014). W. Jennings (Ed). *The Encyclopedia of Crime and Punishment*. Wiley-Blackwell.
- Taylor, R. Mass media and crime. (2014). J.M. Miller (Eds.), *Encyclopedia of Theoretical Criminology*. Jones & Bartlett.
- Taylor, R. Court advocates. (2010) B. Fisher, & S. Lab (Eds.), *Encyclopedia of Victimology and Crime Prevention*. Sage Publications.

## Book Reviews

Taylor, R. (2014). Book Review: *The Politics of Sorrow: Families, Victims, and the Micro-Organization of Youth Homicide* by D. D. Martin. 2013. *Humanity & Society*, 38(2), 209-211.

## Research Reports

New Orleans Health Department. (2023). “New Orleans Domestic Violence Fatality Review 2020 Incidents” <https://nola.gov/nola/media/Health-Department/Files/NODAFR-Report-2023.pdf>

Frailing, K., Alfonzo, B., Rapp, V., & Taylor, R. (2018). “24<sup>th</sup> JDC Swift and Certain Probation Two-Year Report.”

Frailing, K., Alfonzo, B., & Taylor, R. November (2017). “Eighteen Month Report on the Swift and Certain Probation Program in Jefferson Parish.”

Frailing, K. & Taylor, R. February (2017). “One Year Report on the Swift and Certain Probation Program in Jefferson Parish.”

Murphy, L.T., Taylor, R., & Bolden, C.L. (2015). “Trafficking and Exploitative Labor Among Homeless Youth in New Orleans.” Modern Slavery Research Project, Loyola University New Orleans.

## Manuscripts Submitted

Rapp, V. & Taylor, R. Self-Control and Dating Violence: Considering Offender Country Type and Sex of Victim and Offender. Submitted to *Violence and Victims*, January, 2024.

## Grant Awards

Louisiana Commission on Law Enforcement/Victims of Crime Act (VOCA), \$63,027 grant to Gendered Violence Research Project/Crime Survivors NOLA, 2023

Smart Supervision: Reducing Prison Populations, Saving Money, and Creating Safer Communities. U.S. Department of Justice, \$750,000 total, \$75,000 to Loyola University New Orleans over five years for Kelly Frailing and Rae Taylor to perform an evaluation of the reentry and swift and certain probation programs, beginning 2016- 2022

Women’s Studies Collaborative Student-Faculty Research Grant, \$500, Loyola University New Orleans, 2022

Strength in Diversity Grant, Loyola University New Orleans: \$500 for screening of documentary, “Finding Jenn’s Voice.” Fall 2015

Marquette Faculty Fellowship, Loyola University New Orleans: \$9,500 for “Human Trafficking in New Orleans: Covenant House Data Collection and Analysis” Summer 2014

Blue Cross Blue Shield of Louisiana Foundation Mini-Grant: Awarded \$500 in 2012 and 2013 for supplies and/or equipment to enhance service-learning efforts in the classroom.

First-Year Seminar for Non-Traditional Students Collaborative Grant, 2011: Awarded through the Common Curriculum Implementation Task Force Provost-Funded Grants to develop FYS for evening division students. \$1,500 per honoree.

Investigating Nature Collaborative Grant, 2011: Awarded through the Common Curriculum Implementation Task Force Provost-Funded Grants to develop interdisciplinary science course. \$1,500 per honoree.

Loyola University Faculty Development Grant, 2009: \$2,475 National Organization for Victim Assistance (NOVA) Basic and Advanced Crisis Response Training.

Loyola University Course Development Grant, 2010: \$1,876.00 Comparative Criminology and the Restorative Justice Movement: A Study of the United States and Scandinavia.

## Media

July 24, 2025 Times Picayune, quoted as expert, “Longing For Justice: Murder Cases in New Orleans...” [https://www.nola.com/interactive/murder-cases-new-orleans-families/article\\_5e6d3684-7340-4744-b22b-9d1e3d10883b.html#tncms-source=featured-top](https://www.nola.com/interactive/murder-cases-new-orleans-families/article_5e6d3684-7340-4744-b22b-9d1e3d10883b.html#tncms-source=featured-top)

November 3, 2023 WBOK AM radio “The Good Morning Show” discussing sexual assault and domestic violence.

February 15, 2023 “In Latest Harvey Murder- Suicide, Man Killed After Intervening In Couples’ Argument,” Times Picayune, quoted as expert, quoted as expert [https://www.nola.com/news/crime\\_police/wg-clemons-david-richardon-murder-suicide-jpso-jefferson-parish/article\\_53a95f64-ad7f-11ed-b73f-1b4fb02e3c20.html](https://www.nola.com/news/crime_police/wg-clemons-david-richardon-murder-suicide-jpso-jefferson-parish/article_53a95f64-ad7f-11ed-b73f-1b4fb02e3c20.html)

March 4, 2022 “Justice Delayed: New Orleans Crime Victims and Families Face Painful Wait for Trials Amid Pandemic,” Times Picayune, quoted as expert [https://www.nola.com/news/courts/article\\_2534990c-9af5-11ec-aabe-4fa1f8feef5.html](https://www.nola.com/news/courts/article_2534990c-9af5-11ec-aabe-4fa1f8feef5.html)

May 2021 Webinar panelist “The Shadow Pandemic,” Voices4Change.org: <https://www.youtube.com/watch?v=wDgAfMDX26U&feature=youtu.be>

March 2021 Podcast interview on “Inkandescent Women” radio and Voices4Change.org: <https://www.facebook.com/1070510727/videos/10222128379093057/>

December 2020 Interview with “Inkandescent Women” magazine: <https://inkandescentwomen.com/the-women/rae-taylor/>

March 13, 2019 “Longway Tavern Fires Rising Star Chef After Abuse Comes to Light,” Times Picayune, quoted as expert on domestic violence

[https://www.nola.com/entertainment\\_life/eat-drink/article\\_d7c3f798-f0e8-5cdb-b1e4-0ce4ce8d7d37.html](https://www.nola.com/entertainment_life/eat-drink/article_d7c3f798-f0e8-5cdb-b1e4-0ce4ce8d7d37.html)

Kelly Frailing, Brandi Alfonso,\* Victoria Rapp\* and Rae Taylor. (2018). Two Year Report on the Swift and Certain Probation Program in Jefferson Parish

<https://www.smartsupervision.us/judge/schlegel/swift-certain>.

October 18, 2017 “Me Too, Sexual Harassment, and Sexual Assault” guest expert on the radio show “What’s Your Revolution” on WBOK

October 21, 2015 “Finding Jenn’s Voice:” Expert consultant and featured throughout documentary on pregnancy-related domestic homicide

April 7, 2015 Angela Hill Radio Show: <http://media.wvl.com/a/103984231/4-7-3-10pm-angela-on-human-trafficking.htm?q=trafficking>

March 19, 2015 “Ringside Politics” WLAE TV PBS “Human Trafficking in New Orleans”

March 18, 2015 WHIVFM Radio “Sex Trafficking and Homeless Children”

## Teaching Experience

### Loyola University New Orleans:

#### Undergraduate courses taught:

Crisis Intervention (Service Learning Course)

Research Methods/Methods Lab

Murder, Mayhem, and the Media (regular semester and J-term online)

\*Violent Crime and the Media (First-Year Seminar/Service Learning course)

\*Domestic Violence (Service Learning course/Women’s Studies course)

Juvenile Delinquency

Criminology Fundamentals

Women and Crime (Women’s Studies course/Fulfills diversity requirement for Loyola Core)

Deviant Behavior

\*Crime and Inequality (Honors course)

Senior Capstone

Internship/Practicum

\*Sexual Assault

#### Graduate courses taught:

Research Methods

\*Responses to Crime Victimization

\*Crisis Management and Media Relations

\*Directed Readings - Victims of Violent Crime

Select Problems in Criminal Justice – Mass Incarceration

\*Violence Against Women

\*Indicates new course developed for Loyola University New Orleans

**Graduate Student and Adjunct Teaching, University of Central Florida**

Sociology of Murder	Sex Roles in Modern Society
Sociology of Domestic Violence	Women in Contemporary Society
Sociology of Gender	Criminology
Introduction to Sociology	

**Adjunct Faculty, Rollins College, Winter Park, FL.**

Sociological Perspectives - Spring, 2008, Fall 2007

**Student Advising**

- Since joining the faculty in 2009, I have maintained a student advising load of between 60 and over 100 students each semester.
- Faculty supervisor for over 40 graduate theses
- Faculty supervisor for 7 undergraduate University honors theses
- Faculty supervisor for over 100 undergraduate internships

**Awards and Honors**

2025 Carolyn Rebecca Block Award for Outstanding Contribution to Homicide or Lethal Violence Research, Homicide Research Working Group

2025 Women's Resource Center Community Leadership Service Award, Loyola University New Orleans

2025 College of Arts and Sciences/Office of Community Engaged Learning, Teaching, and Scholarship Fellowship, Loyola University New Orleans

2024 UCF Award for Distinguished Career in Applied Sociology

2024 Faculty Senate Award for Community Engagement, Loyola University New Orleans

2024 Community Partner Award, Women's Resource Center and Women's Studies Program, Loyola University New Orleans (won with my Domestic Violence students for Fall 2023 work)

2023 Champion of Change Award, STAR (Sexual Trauma Awareness and Response), Louisiana

2023 Faculty Excellence Award in Community Service, College of Arts and Sciences, Loyola University New Orleans

2023 Outstanding Feminist Faculty Award, Women's Resource Center and Women's Studies Program, Loyola University New Orleans

2022 Rev. Joseph H. Fitcher, S. J. Distinguished Professorship Award

2016 Ignatian Faculty Fellow, Loyola University New Orleans

2014 Graduate Faculty Scholar, University of Central Florida

2010 Faculty Senate Award for Research Excellence, Loyola University New Orleans

2008 University Award for Excellence in Graduate Student Teaching, University of Central Florida

2008 Department of Sociology Graduate Student Paper Competition Award Winner, University of Central Florida

2008 College of Sciences Graduate Student Teaching Excellence Award, University of Central Florida

2007 Department of Sociology Excellence in Teaching Award, University of Central Florida  
2006 Phi Kappa Phi Honor Society Inductee

2003 Alpha Kappa Delta Honor Society Inductee

### **Conference Presentations and Participation**

Taylor, Rae and Madison Korczyk. (2024). The Importance of Expert Witnesses in Domestic Violence Cases. American Society of Criminology: San Francisco, CA.

Taylor, Rae and Christian Bolden. (2023). A New Lease on Life: From LWOP to Redemption. American Society of Criminology: Philadelphia, PA.

Reframing “The Talk” from Sex Education to Relationship Education invited roundtable discussant. (2023) American Society of Criminology: Philadelphia, PA.

Bolden, Christian and Rae Taylor. (2023). Incarceration in Louisiana: Southern Sociological Society: Myrtle Beach, SC.

Fernandez-Siman, Daniela and Rae Taylor. (2022). The Shadow Pandemic: Domestic violence in the COVID era. American Society of Criminology: Atlanta, GA.

Bolden, Christian and Rae Taylor. (2022). The Forgotten: Stories from the formerly incarcerated. American Society of Criminology: Atlanta, GA.

Alfonso, Brandi,\* Kelly Frailing, and Rae Taylor. (2019). Therapeutic jurisprudence in Swift and Certain probation. American Society of Criminology: San Francisco, CA.

Rapp,Victoria,\* Kelly Frailing, and Rae Taylor. (2019). Implementation of Swift and Certain probation. American Society of Criminology: San Francisco, CA.

- Alfonso, Brandi,\* Kelly Frailing, and Rae Taylor. (2018). The Swift and Certain probation program in Jefferson Parish, LA: The first two years. Academy of Criminal Justice Sciences: New Orleans, LA.
- Frailing, Kelly, Victoria Rapp,\* and Rae Taylor. (2018). A process evaluation of the Swift and Certain Probation program in Jefferson Parish, LA. American Society of Criminology: Atlanta, GA.
- Taylor, Rae, Alexandra Cousins,\* and Kelly Frailing. (2018). "It means a whole lot:" In prison mentoring experiences in the Louisiana reentry program. American Society of Criminology: Atlanta, GA.
- Cousins, A. Smith, C. Frailing, K. Taylor, R. (2018). In Prison Mentoring and Recidivism Outcomes of the Louisiana Reentry Program. Academy of Criminal Justice Sciences: New Orleans, LA.
- Alfonso, B.\* Frailing, K. and Taylor, R. (2018). "The Swift and Certain Probation Program in Jefferson Parish, LA: The First Two Years." Academy of Criminal Justice Sciences: New Orleans, LA.
- Frailing, K., & Taylor, R. (2017). "Swift and Certain Probation: Jefferson Parish, LA. Successes and Challenges," Presented at the 73<sup>rd</sup> Annual Meeting of the American Society of Criminology, Philadelphia, PA.
- Bolden, C.L., Frailing, K., & Taylor, R. (2017). "Diversity and Community Engagement: The Honors Social Justice Seminar," Presented at the National Collegiate Honors Society Annual Conference, Atlanta, GA.
- Schlegel, S., Frailing, K., & Taylor, R. (2016). "Reentry Court: New Approach, New Insights," Presented at the 72<sup>nd</sup> Annual Meeting of the American Society of Criminology, New Orleans, LA.
- Stroh, L., Duet, M., Murphy, L. Taylor, R., & Bolden, C. (2016). "Trafficking and Exploitative Labor Among Homeless Youth in New Orleans and Beyond," Presented at the 72<sup>nd</sup> Annual Meeting of the American Society of Criminology, New Orleans, LA.
- Bolden, C., & Taylor, R. (2014). Easy Streets: Examining Gang-Involved Homicide in New Orleans. Homicide Research Working Group Annual Meeting, San Antonio, TX.
- Taylor, R. (2014). Femicide in the Big Easy: An Examination of Intimate Partner Femicide from 1977-2012. Western Society of Criminology Annual Conference, Honolulu, HI.
- Schildkraut, J., Donely, A.M., & Taylor, R. (2013). Headlines in White (Not Black): Examining Newsworthiness of Homicide in New Orleans, LA. Homicide Research Working Group Annual Meeting, Chicago, IL.

- Taylor, R. (2012). Intimate Partner Violence in New Orleans. Preventing Lethal Violence in New Orleans: A Public Symposium. Loyola University New Orleans, October, 2012.
- Taylor, R. (2012). Teaching Sensitive Subjects. Roundtable participant. American Society of Criminology Annual Meeting, Chicago, IL.
- Donley, A.M., & Taylor, R. (2012). Stand your Ground Laws: The Trayvon Martin Case and Implications for Research and Policy. Homicide Research Working Group Annual Meeting, Chicago, IL.
- Taylor, R. (2012). Sustaining Justice Through Standards for Court Ordered Domestic Violence Offenders, Roundtable participant. Academy of Criminal Justice Sciences Annual Meeting, New York, NY.
- Cantrell, J.\* & Taylor, R. (2011). Analyzing the Characteristics of Online Sex Offenders (poster). American Society of Criminology 2011 Annual Conference, Washington, D.C.
- Taylor, R. (2010). The Risks Associated with Pregnancy for Lethal and Non-Lethal Intimate Partner Violence: A Study of Multiple Dimensions of Abuse Using Multiple Data Sources, American Society of Criminology 2010 Annual Conference, San Francisco, CA.
- Bowler, J.\*, Harper, D., & Taylor, R. Neighborhood Level Covariates of Lethal and Non-Lethal Domestic Violence American Society of Criminology 2010 Annual Conference, San Francisco, CA.
- Taylor, R. Pregnancy-Associated Lethal and Non-lethal Intimate Partner Violence: The Importance of Wilson and Daly's "Sexual Proprietariness" in Theoretical Framing and Interpretation. Special Session in Honor of Margo Wilson, Homicide Research Working group 2010 Annual Meeting. Baltimore, MD.
- Donley, A., & Taylor, R. They Forget Where They Came From: The Treatment of the Currently Homeless by the Formerly Homeless. Southern Sociological Society 2010 Annual Meeting, Atlanta, GA.
- Taylor, R. (2009). Pregnancy-Associated Intimate Partner Violence: The Efficacy of Proxy Variables to Measure Pregnancy. American Society of Criminology 2009 Annual Conference, Philadelphia, PA.
- Taylor, R. (2009). Evaluating the Efficacy of the National Violent Death Reporting System for Femicide Research. Homicide Research Working Group 2009 Annual Summer Conference, Amherst, MA.
- Taylor, R., & Jasinski, J.L. (2008). Power and Control in Pregnancy: An Examination of Context in Intimate Partner Physical Violence and Stalking. American Society of Criminology 2008 Annual Conference, St. Louis, MO.

Taylor, R. (2008). Deadly Conclusions: Pregnancy as a Risk for Femicide. Presented at Homicide Research Working Group 2008 Annual Summer Conference, Huntsville, TX.

Taylor, R. (2007). Indirect Forms of Victim-Blame by the Media. Presented at the American Society of Criminology 2007 Annual Conference, Atlanta, GA.

Taylor, R. (2007). Slain and Slandered: A Content Analysis of the Portrayal of Femicide in Crime News. Homicide Research Working Group 2007 Annual Summer Conference, Minneapolis, MN.

\*Indicates a student contributor

## **Loyola Campus Panels and Presentations**

Moderator: Loyola Peace Conference, March 2025

Keynote Speaker: Omicron Delta Kappa Honors Society Induction, 2024

Speaker: "Sexual Assault and Domestic Violence Advocacy in the LGBTQ+ community," Student Government Association LGBTQ+ Soiree," March 2024

Panelist: "Conversations on Consent," Student Government Association, April, 2023

Critic: Loyola Peace Conference, April 2022

Panelist: "Consent and Title IX," April 2022

Magis Awards Evaluator, April 2022

Panelist: "Standing Against Domestic Violence," December, 2021

Panel Co-Organizer and Sponsor: "Know Your Title IX," October, 2021

Speaker: "Dating Violence," Loyola Women's Resource Center, March 2021

Moderator: Loyola Peace Conference, March 2021

Co-Presenter: Center for Faculty Innovation online conference session- June 2020

Panelist: "Standing in Solidarity with Survivors of Domestic Violence," Feminist Festival, March 2019

Moderator: Crime in the Crescent City, October 2017

Panelist: Issues in Human Subjects Research, October 2016

Panelist: "The Return" film screening, with panel on mass incarceration, September 2016

Panelist: Human Trafficking, March 2016

Panelist: Why We Still Need Feminism, March 2016

Speaker: Intimate Partner Violence: Prevalence and Dynamics, Alpha Chi Omega, March 2015

Speaker: Faculty Innovation Showcase: "Human Trafficking and Exploitative Labor in New Orleans," March, 2015

Speaker: Loyola University Black Student Union: "Domestic Violence in Marginalized Populations," February, 2015

Speaker: Loyola Faculty Connections Luncheon: "Power and Control in Intimate Partnerships," October, 2014

Speaker: Women's Resource Center Brownbag Speaker: "Gender Portrayals in the Media: A Culture Conducive to Violence," October, 2014

Speaker: Alpha Chi Omega Founders Day Ceremony Keynote Speaker: "Why Women Stay," October, 2014

Panelist: "Sexual Assault and Responses on Campus," February, 2015; October, 2014

Speaker: "Using Reflection in Your Service Learning Class" Office of Engaged Learning, Teaching, and Scholarship Brownbag Roundtable, September, 2014

Facilitator: Honors Thesis Workshop: "How to Make a Research Presentation Poster," with Dr. Chris Schaberg, March, 2014

Speaker: Loyola Residential Assistant Training: "Gender Norms and How They Relate to Sexual Violence" August, 2013

Speaker: Multicultural Awareness Competency Discussion Group: "Bridging Advocacy and Academia" for Master's in Counseling majors, October, 2012.

Guest Lecture: "Healthy Sexuality in the Hookup Culture" Packport Lecture Series, September, 2013 and 2012.

Panelist: "Being a Faculty Member at Loyola" New Faculty Orientation, August, 2012.

Speaker: "So You Want to go to Graduate School" panel for Loyola undergraduates, November, 2011.

Speaker: "Violence Against Women: From Research to Activism" Loyola University New Orleans Women's Resource Center, October 2010.

Speaker: Faculty Development Grants, New Faculty Seminar, September 2010

Speaker: “Declaring Your Future” Loyola University New Orleans College of Social Sciences event for undeclared majors, February 25, 2010

Speaker: “The Power to Kill: Power and Control as a Predictor of Homicide in Intimate Relationships” Loyola University New Orleans Women’s Resource Center, October 2009.

Speaker: Regular faculty presenter for prospective Loyola students and families in conjunction with the Office of Admissions

## **Community Presentations and Trainings**

Panelist: New Orleans Health Department film screening and panel, April 2025

Speaker: “Why Are Women So Angry?” Take Back the Night, October 2024

“Utilizing Expert Testimony in Domestic Violence Prosecutions,” co-presented with ADA Zachary Popovich at New Orleans Children’s Hospital, October 2024. (CLE’s for attendees)

Louisiana District Attorney’s Association Annual Conference: “Prosecution Without Victim Cooperation” invited keynote speaker, June 2023, San Destin, FL. (CLE’s for attendees)

Orleans Parish District Attorney’s Office Training: “Prevalence, Dynamics in DV, and the Use of Expert Witnesses to Explain Them to Juries,” April 2023 (CLE’s for attendees)

Speaker: “Supporting Survivors,” Take Back the Night, October 2023

Orleans Parish District Attorney’s Office: “Panel Discussion on Domestic Violence,” October 2022

Morris Jeff Community School: “Empowering Women,” Invited speaker to 8<sup>th</sup> grade girls, February 2019

Ursuline Academy of New Orleans: “Safe Dating,” Invited speaker to junior class, October 2018

Roundtable on Domestic Violence Legislation Progress and Needs, March 2016

United States Congressional Screening and Panel: Finding Jenn’s Voice, November 2015, Washington D.C.

Shir Chadash Synagogue, “Sex, Lies and Politics: A Panel on Human Trafficking,” April 2015

Delgado Community College, New Orleans, “Domestic Violence: Prevalence, Risk Factors, and Dynamics” Victimology course, September 2011

## Other Academic Services

Program Committee Member for American Society of Criminology Annual Conference, 2023

Invited critic for “Author meets Critic: Addressing Violence Against Women on College Campuses” at the Southern Criminal Justice Association Annual Meeting, New Orleans, LA., 2017.

Invited discussant for “Offender Characteristics and Patterns” at the Homicide Research Working Group Annual Meeting, San Antonio, TX., 2014.

Invited discussant for “Stand Your Ground Laws and Lethal Violence” at the Homicide Research Working Group Annual Meeting, Chicago, IL., 2012.

Invited discussant for “Violent Crime Thematic Panel: Studies of Risks, Portrayals, and Perceptions of Femicide,” at the American Society of Criminology Annual Meeting, San Francisco, CA., 2010.

### Peer Reviewer for:

*American Journal of Qualitative Research*

*Violence and Victims*

*Homicide Studies*

*Violence Against Women*

*Sexuality Research and Social Policy*

*Feminist Criminology*

*Gender Medicine*

*International Journal of Women’s Health*

*Sociological Spectrum*

*Journal of Distress and the Homeless*

*International Journal of Forensic Mental Health*

Reviewer for book prospectuses, manuscripts for Oxford University Press and Sage Publications

External Reviewer for tenure and promotion in 2021, 2018

## Community Service

New Orleans Fatality Review Team member, Orleans Parish, LA 2020-present

\*Launch Advisory Committee member, 2021-2022

\*Hosted National Domestic Abuse Fatality Training in June 2024

Tulane Family Law Clinic, Domestic Violence Expert Consultant, 2021-present

Legal consultant and expert witness, 2017-present

Crime Survivor’s NOLA research and service consultant, 2019-present

New Orleans Sexual Assault/Domestic Violence Action Coalition member 2019-present

Medical Victim Advocate, New Orleans Family Justice Center/University Medical Center, 2020-2022

Social Sciences Judge, Greater New Orleans Science and Engineering Fair, Tulane University, February 2018

The Phoenix Act research consultant, 2020-2022

Nola4Women Summit Planning Committee for Violence, 2015-2016  
Louisiana Sentencing Commission Working Group, Spring 2014-2016

Board of Directors, Louisiana Foundation Against Sexual Assault (LAFASA), 2012-2014  
\*Public Relations and Development Subcommittee, 2013-2014

Xavier University Criminology Advisory Board, 2014

Board of Directors, Metropolitan Center for Women and Children, New Orleans, LA., 2010-2013

\*Elected BOD Secretary in November, 2011; reelected November 2012

\*Finance Sub-Committee, 2012-2013

\*Executive Director Transition Committee, December 2012-2013

New Orleans Human Trafficking Working Group, 2012-2018

Coordinated Easter basket drive with undergraduate students for displaced children in Orleans and Jefferson Parishes, Spring 2014; Spring 2013, Spring 2012 and Spring 2010

## **Loyola University Committees and Other Service**

Senator: Loyola University Faculty Senate, 2025-present

Committee Member: Dean's Search Committee, College of Arts and Sciences, Spring 2024

Committee Member: Dean's Advisory Council, College of Arts and Sciences, 2015-2023

Committee Member: College Planning Team, College of Arts and Sciences, 2017-2023

\*Co-chair, 2022-2023

Committee Member: University Rank and Tenure Committee, 2015-present

Committee Member: Women's Studies Committee, 2010- present

Provost's Completion Task Force, 2021-2022

Loyola Student Success Center Advisory Board, 2021-2022

Committee Member: City College Planning Committee, 2017-2020

Faculty Senate Board of Appeals, 2020-2022

J-Term Course Selection Committee, Academic Affairs, Fall 2021

Public Health Committee Health Ambassador, 2020-2021

Committee Member: Dux Academicus Awards Committee, 2021; 2018

Session Co-Facilitator: Loyola Summer Teaching Conference: Engaging Students in the Online Environment, June 2020

Committee Member: University Board of Appeals, 2020-2022

Project Magis Online Work Stream member, 2017

External Member: Department of Sociology Faculty Search Committee, 2021, 2018

Interviewer: Ignatian Scholar candidate interviews, Spring 2017

Committee Member: College of Arts and Sciences Awards Committee, 2017-2019

\*Elected chair, spring 2018

Think Tank Member: Beyond Compliance- appointed by Vice Provost for Student Affairs to ensure compliance with and maximizing campus response to sexual assault, 2017

Faculty Advisor: Student Advocates for Gender Equality, 2015- 2018

Loyola Advocacy Initiative 2010- 2017: Consulted on the development of the program to offer advocacy for students, staff, and faculty victims of sexual assault, domestic violence, stalking, and hate crime. Co-trainer for new advocates each semester in 8-hour advocate training sessions (conducted seven trainings since 2010).

University Honors Program Social Justice Colloquium faculty mentor, 2016

President's Advisory Group for Long Term Financial Equilibrium: 2015

\*Faculty Workload Subcommittee member

Committee Member: Graduate Council, 2013

Committee Member: Council of Chairs and Directors, 2013

Advisory Board Member: Jesuit Social Research Institute, 2013

Advisory Board Member: Women's Resource Center Advisory Group, 2012- 2013

Chair: Faculty Search Committee, 2012

Committee Member: Orientation Committee, 2012

Committee Member: Standing Committee for Common Curriculum, 2011- 2012

Committee Member: University Honors Advisory Board, 2010- 2014

\*Curriculum Subcommittee member, 2011-2012

\*Curriculum Subcommittee member, 2010-2011

Committee Member: Common Curriculum Implementation Task Force 2009- 2012

\*Mission Statement Subcommittee member, 2010-2011

\*Philosophical Underpinnings and Learning Outcomes of the Common Curriculum Subcommittee member, 2009-2010

\*University-Wide Communication Plan Subcommittee member, 2009-2010

Committee Member: Professional and Continuing Studies Committee, 2015-2019; 2011- 2012

\*Subcommittee member- Ad hoc committee for development of First-Year Seminar for non- traditional students, 2010-2012

“Dating Violence Awareness Program” Spring 2012 working in conjunction with Residential Life and Women’s Resource Center in development of campus-wide program.

Discussion Group Member: Women’s Resource Center Discussion Group, 2012; 2009/2010

\*Discussion leader Feb., 2012: “When Did Domestic Violence Go Back Into the Closet?”

\*Discussion leader Oct., 2009: “Saving the World’s Women”

Committee Member: College of Social Sciences Faculty Awards Committee, 2011

Criminal Justice Library Liaison 2010-2014

Organized Resurrection after Exoneration (R.A.E.) performance for the Social Justice First Year Seminar Cluster, October 2010

Star Faculty Advisor Appreciation Dinner Invitee, April 2010

## **Professional Affiliations**

American Society of Criminology

+Division of Feminist Criminology

Academy of Criminal Justice Sciences

Homicide Research Working Group

\*2012-2014 ASC Coordination Committee member

\*2011-2012/2008-2009 Membership Committee member

\*2010-2011 Conference Host Chair, Local Arrangements Chair

\*2010-2011 Annual Meeting Program Committee member

Southern Sociological Society

National Organization for Victim Assistance (NOVA)

### **Professional Development: Trainings, Workshops, and Certifications**

2025 Faculty Development Conference, Tulane University

2024 National Domestic Abuse Fatality Training

2020 Suicide Education Training, New Orleans, LA, VIALink

2020 Medical Advocacy Training, New Orleans Family Justice Center, 40 hours

2019 Loyola Leadership Academy, New Orleans, LA

2016 Workshop for Department and Division Chairs, The Council of Independent Schools and Colleges, Portland, ME.

2012 Holistic Responses in the Torture Treatment Field, Tulane University, New Orleans, LA.

2010 National Organization for Victim Assistance (NOVA) Crisis Response Advanced Training (24 hours), Boulder, CO.

2010 National Organization for Victim Assistance (NOVA) Crisis Response Basic Training (24 hours), Longmont, CO.

2008 Femicide: Understanding and Preventing the Murder of Women in Intimate Relationships, John Jay College of Criminal Justice and the Urban Resource Institute, New York, NY.

2008 Danger Assessment Inventory: Certification Training, Conference on Femicide, John Jay College of Criminal Justice and the Urban Resource Institute, New York, NY.

2008 Role of Race, Class, and Gender in Intimate Partner Violence Education and Training Certification, Conference on Femicide, John Jay College of Criminal Justice and the Urban Resource Institute, New York, NY.

2007 Professional Workshop on Grant Writing, University of Central Florida

2007 Professional Workshop on Publishing, University of Central Florida

2006 Graduate Teaching Training, University of Central Florida

2004 Seminole County Child Protective Conference, Seminole Child Protection Team, Lake Mary, FL.

2004 Immigrant Women in Search of Justice 5<sup>th</sup> Annual Conference on Domestic Violence, Orlando, FL.

2004 “The Link: Identifying the Connection Between Animal Cruelty & Human Violence,” Victim Services Coalition of Central Florida, Orlando, FL.

2003 “Assisting Survivors of a Homicide Victim from An Advocate/Survivor’s Perspective,” Office of the Attorney General, State of Florida, Orlando, FL.

2003 Victim Services Practitioner Designation Training, Office of the Attorney General Florida Crime Prevention Training Institute, Ft. Lauderdale, FL.

2001 Comprehensive Victim Services Training, University of Central Florida Police Department, University of Central Florida.

## **Other Professional Experience**

### **Jan. 2005 – July 2009, Institute for Social and Behavioral Science, University of Central Florida**

#### *Research Assistant*

- Collected data for projects involving contracts with a variety of clients.
- Examples of clients include Homeless Trust of Miami, Florida; Orange County Coalition for the Homeless, Orlando, Florida; Florida Homeless Services Network; Jewish Federation of Orlando, Florida; City of Orlando, Florida; and Global Five Communications.

### **Aug. 2007 – Dec. 2008, CourtWatch Florida, Central Florida**

#### *Research Practicum - Data Analyst, Program Consultant*

- Constructed and maintained an electronic database using SPSS to include all data collected since the program began in 2006.
- Conducted statistical analyses periodically to determine program effectiveness, court personnel performance, and ensured appropriate victim services.
- Consulted program founder and coordinator on data collection, analysis, and program policies.
- Trained volunteers on data entry and court proceedings observation protocol.
- Facilitated recruitment of interns and volunteers.

### **Aug. 2007-May 2008, Adjunct Instructor, Rollins College,**

- Taught Sociological Perspectives

### **Summer 2007, Office of Faculty Relations, University of Central Florida**

#### *Research Manager*

- Conducted analyses for annual reports to the Provost concerning university faculty composition to ensure compliance with diversity requirements.
- Compiled reports to the Provost on faculty and administration workshops.
- Assisted the Assistant Vice-President and staff with a variety of other projects.

**June 2003 – Dec. 2004, Office of the State Attorney, 9<sup>th</sup> Judicial Circuit, Orlando, FL.**

*Victim Witness Liaison*

- Assisted violent crime victims through the entire criminal legal system process beginning immediately after victimization continuing throughout and beyond the duration of the court case.
- Maintained constant contact with crime victims to provide crucial information regarding the criminal case and court system, to offer emotional support, and to provide referrals for social services and civil justice.
- Accompanied crime victims to all court proceedings.
- Served as liaison between crime victims and criminal justice personnel, including law enforcement officers, prosecutors, judges, probation and home confinement officers, etc.
- Taught weekly course, “Domestic Violence Awareness,” on the cycle of violence and the criminal justice process.

**Exhibit 20**

**Exhibit 20**

**From:** Attorney General Labrador <aglabrador@ag.idaho.gov>

**To:** "Kimi White" <Kimi.White@ag.idaho.gov>

**Subject:** Labrador Letter - 01/12/2024

**Date:** Fri, 12 Jan 2024 23:52:11 +0000

**Importance:** Normal

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## Labrador Letter

January 12, 2024

Dear Friends,

I want to share some great news.

Last Friday, I was informed the Supreme Court accepted our emergency application and stayed the erroneous ruling from the Ninth Circuit on Idaho's criminal abortion law in *Idaho v. United States of America*. In addition, SCOTUS is also granting an uncommon *writ of certiorari*, taking the case completely out of the hands of the lower court. The stay itself is also significant because generally it is only issued if a majority of judges believes that the defendant (Idaho) is likely to prevail on the merits of the case.

This case was the Biden Administration's attempt to meddle in Idaho's statutes that protect the lives of both the unborn and pregnant women. The

Administration used a federal law – the Emergency Medical Treatment and Labor Act, or EMTALA - governing care for indigent patients as an excuse that abortions should be provided regardless of state laws prohibiting them. The federal government has been wrong from day one. Federal law does not preempt Idaho's Defense of Life Act. In fact, EMTALA and Idaho's law share the same goal: to save the lives of all women and their unborn children.

My Office of Solicitor General—together with the experienced and highly-respected supreme court advocacy firms I've selected to assist us—looks forward to representing the people of Idaho before the Supreme Court. The Administration's desperate attempt to override Idaho's statutes must be stopped as we work to preserve the lives of all our citizens.

The Supreme Court will hear *Idaho v. The United States of America* in April 2024. It will be the nation's first abortion ruling at that level since *Roe v. Wade* was repealed in 2022, which remanded abortion decisions back to the states where they belong.

The fight for Life in Idaho will never end. There is no legislation – state or federal – that can ever heal the hearts of individuals and help them understand the precious gift of life should be protected, not discarded as an inconvenience or burden. But we can offer every protection possible to the unborn. I'm very proud to carry this fight to the highest level in our legal system.

Best regards,



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## IN THE NEWS

- [Labrador Leads Coalition of States to File Amicus Brief in California Gun Controversy | KOZE](#)
- [Idaho Attorney General Raul Labrador leads nation in fight against California's newest gun ban \(msn.com\)](#)
- [A federal judge overturned Idaho's ban on children's access to "puberty blockers, hormones and surgeries" and the Idaho AG rained down pure 🔥 in response | Not the Bee](#)
- [Idaho AG Is Fired Up to Appeal Federal Judge's Overturning of](#)

- [Idaho Attorney General Raúl Labrador wants court to let state enforce its abortion 'trafficking' law \(msn.com\)](#)
- [A Conversation with Idaho Attorney General Raúl Labrador - Idaho Reports \(idahoptv.org\)](#)
- [State's Ban on Child Mutilation – HotAir](#)
- [Idaho Health Welfare official accused of child grants crime | Idaho Statesman](#)
- [Idaho abortion ban challenge to be heard by Supreme Court - The Washington Post](#)
- [Artificial intelligence and child exploitation in Idaho | ktvb.com](#)

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## ABOUT THE OFFICE

The Attorney General's Office provides legal representation to the State of Idaho. The Attorney General and his deputies represent state agencies and offices, to better the lives of Idahoans.

For more information about the Office, visit our website [here](#).



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**From:** Attorney General Labrador <aglabrador@ag.idaho.gov>

**To:** "Kimi White" <Kimi.White@ag.idaho.gov>

**Subject:** Labrador Letter - Abortion Trafficking Win

**Date:** Thu, 12 Dec 2024 21:40:20 +0000

**Importance:** Normal

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## Labrador Letter

*December 12, 2024*

Dear Friends,

Last week, we won a significant victory in Idaho's ongoing fight to protect Life. Idaho's Abortion Trafficking law can now be enforced, which prohibits anyone from taking a minor child out-of-state for an abortion or giving them drugs for a chemical abortion without parental consent. This law was the first of its kind in the nation.

To no one's surprise, this law was quickly challenged and subsequently enjoined by a federal magistrate in district court in the case *Matsumoto v. Labrador*. My office appealed this up to the Ninth Circuit Court of Appeals in May to allow Idaho's law to be enforced. A three-judge panel of the Ninth Circuit released their opinion last Monday, lifting the lower court's injunction on most aspects of Idaho's law. The Ninth Circuit held the statute's prohibition on

procuring an abortion by harboring and transporting minors with the intent to conceal the abortion from the minor's parents are likely to be found constitutional and can be enforced while the litigation proceeds. Unfortunately, the court also ruled that the specific language that discusses "recruiting" a minor for an abortion is overly broad. This was a split decision amongst the judges and the dissenting judge opined that he would have preferred to let the entire law go into full effect.

For now, we can add this law back into Idaho's expanding pro-life protections for mothers and their unborn babies. It seems odd that Idaho would even need to write a law that prohibited taking a minor out-of-state for a medical procedure without permission from that child's parents, as if parental consent or knowledge was an unnecessary or inconvenient afterthought.

But looking at the pro-abortion forces that lined up to oppose something so commonsense, it becomes apparent what we are fighting against. Those criticizing this positive outcome for Idaho tried to claim – and a complicit media happily repeated – that Idaho's law left minors who suffered a pregnancy from incest without any recourse. Nothing could be further from the truth. Idaho's Abortion Trafficking law in this case addresses a non-parent taking a minor out-of-state for an abortion. A different statute, Idaho's Defense of Life Act, specifically provides clear abortion exceptions for rape and incest without the need to take anyone out of the state. These laws work in harmony to mutually protect both unborn lives and the victims of unspeakable crimes like rape and incest. Despite how opponents might try to portray Idaho's laws, our goals of protecting life have been crafted with compassion, empathy and support, even in the worst of circumstances.

Our pro-life fight is far from over. While we can enjoy this hard-won victory, we know there is much more work to be done on behalf of the vulnerable. I will always fight to protect the lives of mothers and their unborn children here in Idaho and defend our state sovereignty and the rule of law.

Best regards,



Rail

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## IN THE NEWS

- [UPDATED: Supreme Court sides with Labrador on Phoenix lawsuit](#)
- [Labrador and Coalition of AG's Stop Biden Administration from Giving Obamacare to Illegal Aliens | KOZE](#)
- [Court lets Idaho abortion 'trafficking' law take effect | Idaho Statesman](#)
- [12 states get behind Utah's lawsuit to take over millions of acres of federally-controlled land • Idaho Capital Sun](#)
- [Idaho AG accuses pediatrics academy of possible consumer violations over gender care policies • Idaho Capital Sun](#)
- ['Abusive': Pediatrician group's support for trans therapies rebuked by state AGs | Fox News](#)
- [US loses bid to block Idaho water rights forfeiture laws | Reuters](#)
- [Attorney General Labrador Joins Effort to Protect First Amendment Rights \(kmvt.com\)](#)
- [Judge rules temporary H-2A visa workers do not have right to unionizing | Boise State Public Radio](#)
- [Republican AGs Celebrate as Judge Temporarily Blocks Biden-Harris Admin's 'Illegal Executive Amnesty Program' \(westernjournal.com\)](#)
- [GOP States Sue Biden-Harris Admin Over Latest Mass Amnesty Executive Order \(msn.com\)](#)
- [Idaho AG tells legislative committee his office would appeal Lava Ridge Wind Project decision | Local News | idahopress.com](#)
- [Following Supreme Court order, Idaho remains committed to protecting life | Fox News](#)

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## ABOUT THE OFFICE

The Attorney General's Office provides legal representation to the State of Idaho. The Attorney General and his deputies represent state agencies and offices, to better the lives of Idahoans.

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**From:** Attorney General Labrador <aglabrador@ag.idaho.gov>

**To:** <tim.frost@ag.idaho.gov>

**Subject:** Labrador Letter - 2024 Recap

**Date:** Fri, 10 Jan 2025 20:04:38 +0000

**Importance:** Normal

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## Labrador Letter

*January 10, 2025*

Dear Friends,

2024 was a great year for the Office of the Attorney General and I want to share some of the accomplishments we have delivered for the people of Idaho over the last year. Every day brings a new and interesting challenge, and the diversity and complexity of issues can be staggering. But regardless of the subject matter, defending the people and laws of Idaho unites everything we do, and is always our priority.

Nowhere is this priority more critical than in our Internet Crimes Against Children (ICAC) Unit. ICAC investigates and prosecutes predators who sexually exploit children and create and distribute child pornography. Over this last year, our restructured ICAC Unit eliminated a 1300-tip backlog of potential crimes of sexual exploitation and child pornography. Now, these cases are

getting triaged and evaluated within 24 hours for investigation. In 2024, our ICAC Unit averaged one arrest per week – more than has ever been done in the history of Idaho's ICAC. Our convictions on many of these cases are getting maximum sentences as judges around the state are realizing the danger these predators are presenting to children everywhere. ICAC has built solid partnerships with law enforcement agencies in every corner of the state and works tirelessly to protect kids from those who exploit and abuse them.

2024 also saw our office defend women's sports and keeping women from having to compete against biological males. Our lawsuit to protect women's sports is waiting at the Supreme Court of the United States. I'm proud of our Boise State women's volleyball team for taking the principled stand to not compete against transgendered opponents. No woman in any sport, whether it's college volleyball or a middle school track team, should be forced to make the choice between their own safety or potentially losing the opportunity to participate in the sport they love. Girls and women athletes deserve our wholehearted support on this issue and our office will continue to fight for them.

Similarly, we have protected women and girls in Idaho by defending the nation's first statute to keep women and girls safe in bathrooms, locker rooms, and other places in schools with expectations of privacy. The Biden Administration twisted Title IX to include "gender identity" as a new classification for sexual discrimination in schools, which allowed biological males into those places. Title IX was designed to protect women's opportunities and access in educational facilities, not turn our grade-school bathrooms and locker rooms into a social experiment.

We have defended Idaho's pro-life statutes against relentless lawsuits from the Biden Administration and their national and local advocacy allies. We have kept Idaho's Abortion Trafficking law largely intact making it illegal to take a minor out of state for an abortion without parental consent. We've also defended Idaho's Defense of Life Act at the Supreme Court against the Biden Administration and pro-abortion advocates' attempts to twist federal law into a mandate to provide abortions. Our state laws protect the lives of mothers and their unborn children, and those laws need the very best defense our office can provide.

We have defended Idaho's Vulnerable Child Protection Act, winning a 2024 U.S. Supreme Court ruling that allows Idaho to continue to protect our kids by

prohibiting sex-reassignment surgeries and puberty-blocking drugs for minors. Kids with gender dysphoria need love, support, and competent counseling, not irreversible surgeries and debunked treatments. As the narrative promoting these social experiments masquerading as medicine unravels, other states are looking to protect their children, and Idaho is leading the way.

We've pushed back relentlessly against the Lava Ridge Wind Project being forced on the Magic Valley by the BLM and out-of-state energy consortiums that would turn Idaho into a giant battery for California's electric car mandates and the Green New Deal. I was thrilled to see tremendous opposition to the Lava Ridge project, from groups across the political spectrum, from local farmers to conservation groups to our congressional delegation and everyone in between. It takes all of us working together to defend Idaho against this abuse of federal lands in our great state.

We've defended Idaho's election integrity laws which set the standard for secure identification when registering to vote. Our office delivered a victory at the Idaho Supreme Court in the Babe Vote case which threatened to undermine the election security demanded by the Legislature. We also fought against the Proposition 1 ranked-choice-voting initiative and their deceptive marketing. While our court fight did not go as hoped, I felt vindicated when Idaho citizens roundly rejected this initiative 69% to 31% and rejected the \$5.5 million in out-of-state campaign money sent into Idaho to change our election process.

We defended Idaho's Open Meeting law with another Idaho Supreme Court victory overturning a district court decision that completely turned the objective standard for holding a public meeting on its head. The controversy started when the University of Idaho attempted to purchase the University of Phoenix for \$680 million dollars without sufficient public notice or comment. I will continue to fight for transparency and openness for all of government's business and defend the people's right to be heard in public decisions.

One of the responsibilities of my office is to protect Idaho consumers. In 2024, we've won \$81.3 million in settlements against companies that have harmed Idaho consumers with deceptive marketing practices and dangerous products, like tobacco, opioids, and other pharmaceuticals. This brings our two-year total of settlements since I've been in office to \$161 million sent back to the general fund for schools, roads, and other legislative priorities. That's five times our annual office budget.

As 2024 ended, businesses across the country won a huge victory when a nationwide injunction was granted against the Corporate Transparency Act (CTA). The CTA required every business to disclose every person with a financial interest and turn it over to the federal government, and without protective measures in place for privacy and security. This is a massive violation of the principles of Federalism and even the district judge called it “quasi-Orwellian.” For now, more than 36 million businesses across the nation have been protected against another intrusive government program. This was a great victory for the businesses and people of Idaho, and I was proud to join many other conservative attorneys general in filing an amicus brief supporting the litigation.

My office not only defends Idaho’s laws, we also defend your freedoms when the Federal Government ignores the constitutional rights of Idahoans and all Americans. We led several successful lawsuits in 2024 to protect our borders, natural resources, and economic interests. One of these cases included a victory in a Texas federal court that stopped the Biden Administration’s illegal plan for mass parole for illegal immigrants. Another victory blocked the Administration from giving illegal immigrants access to federal Obamacare benefits. Also, we won against the Administration’s rule to change the federal minimum wage without the approval of Congress. If vigilance is the price for liberty, my office will always stand strong, ensuring your freedoms are not taken for granted.

As you can see, it’s been a busy year for our office and my team of talented attorneys and staff, and I’ve loved the opportunity to defend Idaho’s laws. Thank you for allowing me the privilege of serving as your Attorney General, giving me the responsibility to protect our people and our state’s sovereignty. I hope 2025 will be just as productive and I look forward to all it will bring.

Happy New Year!

A handwritten signature in black ink that reads "Rail". The signature is written in a cursive, flowing style.

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- [Idaho AG tells legislative committee his office would appeal Lava Ridge Wind Project decision | Local News | idahopress.com](#)

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## ABOUT THE OFFICE

The Attorney General's Office provides legal representation to the State of Idaho. The Attorney General and his deputies represent state agencies and offices, to better the lives of Idahoans.



For more information about the Office, visit our website [here](#).



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**STATE OF IDAHO**  
OFFICE OF THE ATTORNEY GENERAL  
Raúl R. Labrador

**For Immediate Release**  
**December 2, 2024**  
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## **Attorney General Labrador Successfully Defends Idaho's Abortion Trafficking Laws at Ninth Circuit**

**[BOISE]** – In a decision released today from the Ninth Circuit Court of Appeals in *Matsumoto v. Labrador*, Idaho Attorney General Raúl Labrador successfully defended Idaho's abortion trafficking laws against a lower court injunction. The 9<sup>th</sup> Circuit held that the statute's prohibition on procuring an abortion by harboring and transporting minors with the intent to conceal the abortion from the minor's parents are likely to be found constitutional and can be enforced while the litigation proceeds.

"This is a tremendous victory for Idaho and defending the rule of law as written by the people's representatives," said Attorney General Labrador. "Idaho's laws were passed specifically to protect the life of the unborn and the life of the mother. Trafficking a minor child for an abortion without parental consent puts both in grave danger, and we will not stop protecting life in Idaho."

While the 9<sup>th</sup> Circuit panel ruled that plaintiffs have proper standing in the case, and that the specific language of "recruiting" minors for abortion is overly broad, the Court ruled the balance of the statute addressing "harboring and

transporting” minors can be enforced.

The court opinion concluded, *“Because Challengers are not likely to succeed on the merits of their remaining claims—the void-for-vagueness and association claims, as well as the other First Amendment claims with respect to the remainder of the statute—we reverse the district court with respect to those claims and remand to the district court to modify the preliminary injunction consistent with this opinion.”*

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