

The state of abortion rights in the US

Martha F. Davis

Northeastern University School of Law,
Boston, Massachusetts, USA

Correspondence

Martha F. Davis, Northeastern University
School of Law, 416 Huntington Avenue,
Boston, MA 02115, USA.
Email: m.davis@northeastern.edu

Abstract

In *Dobbs v. Jackson Women's Health Organization* (2022), the US Supreme Court reversed longstanding court precedents that protected abortion as a fundamental right. Without that federal baseline, many states are passing restrictive laws that threaten providers and complicate patient care. The legal issues raised by these state restrictions are complex, including questions such as the extraterritorial application of state restrictions and federal authority to regulate access to medication abortion. Meanwhile, providers who risk criminal or civil penalties for violating these laws may be deterred from providing services to those seeking care, including for ectopic pregnancies and miscarriages. State variations are dramatic, with some states taking steps to strengthen their abortion protections while others are eliminating abortion access even in situations of rape or incest. As dire as these developments are, it is hoped that they can serve as a wake-up call heard worldwide, to avoid complacency and maintain vigilance to protect abortion rights.

KEYWORDS

abortion, constitution, criminalization, *Dobbs v. Jackson Women's Health Organization*, fetal rights, *Planned Parenthood v. Casey*, *Roe v. Wade*

1 | THE US SUPREME COURT'S OPINION IN *DOBBS v. JACKSON WOMEN'S HEALTH ORGANIZATION*

On June 24, 2022, the United States Supreme Court issued its decision in *Dobbs v. Jackson Women's Health Organization*,¹ a constitutional challenge to a restrictive abortion law enacted by the state of Mississippi. Under longstanding Supreme Court precedents, particularly *Roe v. Wade* (1973)² and *Planned Parenthood v. Casey* (1992),³ the federal constitution set a baseline for abortion access as a fundamental right nationwide. All states in the US were required to provide access to abortion at least until fetal viability, although government-imposed obstacles that the courts deemed to fall short of an “undue burden”—such as a mandatory waiting period—were permitted³ (pp. 874, 885–886). The Mississippi law at issue in *Dobbs* barred all abortions after the 15th week of pregnancy, many weeks

short of the viability standard upheld in *Casey* (which is usually identified as 24 weeks)⁴ (para. 4). Mississippi provided narrow exceptions to permit abortions after 15 weeks only in cases of medical emergencies or “a severe fetal abnormality”⁴ (para. 4).

Before the law went into effect, *Jackson Women's Health Organization*—the last remaining abortion clinic in Mississippi⁵—challenged the state's 15-week restriction, arguing that it violated clinic patients' fundamental constitutional right to abortion access¹ (p. 2244). In a series of prior Supreme Court rulings, including *Roe* and *Casey*, this fundamental right had been grounded in the liberty provision of the federal constitution as a matter of substantive due process, reflecting the constitution's underlying values of liberty, dignity, equality, and bodily integrity³ (pp. 851, 912).

The specific issue before the Court was whether Mississippi's 15-week ban was constitutional¹ (p. 2243). However, encouraged by the state of Mississippi and its allies, the majority of the Court

went further, striking down the fundamental right altogether and reversing both Roe and Casey. Impatient to end what they termed “the turmoil wrought by Roe and Casey,” the five justices explicitly rejected any “middle way”¹ (p. 2283). Justice Alito's opinion for the Court found the earlier decisions upholding abortion rights to be “egregiously wrong” and therefore undeserving of precedential weight¹ (p. 2243). The upshot of the Dobbs decision was that the US joined the tiny handful of countries worldwide that have increased abortion restrictions in the past few decades, a time when more progressive abortion measures have been much more common¹ (pp. 2340–2341).

A more judicious approach was urged by Chief Justice Roberts, who concurred in the judgment. The Chief Justice would have examined whether a 15-week ban could be reconciled with the fundamental abortion right without reaching the question of whether there was such a right in the first instance¹ (p. 2310). Chief Justice Roberts' approach would have jettisoned the viability standard without rejecting the fundamental right. However, led by Justice Alito, five justices resoundingly rejected the judicial virtue of incrementalism, and essentially excised the right to abortion out of the Constitution¹ (p. 2242).

One of the five justices in the majority, Justice Clarence Thomas, also wrote separately to make clear that he would support elimination of the fundamental rights to contraception access, marriage equality, and personal choices regarding same-sex intimacy, all of which had previously been upheld by the Supreme Court under the doctrine of substantive due process¹ (pp. 2301–2302). In another separate concurrence, Justice Kavanaugh asserted that women would still be able to travel across state lines to obtain legal abortions under the doctrine of the “right to travel,” a legal doctrine intended to knit together the United States by giving out-of-state visitors the same access to rights as state citizens¹ (p. 2309). As discussed further below, the issue is more complicated than Justice Kavanaugh seemed to appreciate, and it is not at all clear that providers will be able to freely assist women traveling from states where abortion has been criminalized⁶ (pp. 16–38).

Three justices—Justices Kagan, Breyer, and Sotomayor—authored a rare 3-judge dissent which they each signed¹ (p. 2317). The three dissenters criticized the majority for their cavalier treatment of precedent, and the legal instability caused by reversals of venerable cases such as Roe and Casey that had been repeatedly reaffirmed by prior justices¹ (pp. 2319–2320). The dissenters stressed the dire impacts on women of allowing states to criminalize abortion, noting the particularly harsh consequences for women with low incomes and women of color who disproportionately risk poor health outcomes and may be unable to travel to obtain abortion services¹ (p. 2338). The dissenting justices also took the majority to task for insisting that the Constitution must be interpreted in accordance with a narrow vision of 18th and 19th century history that consigns women to second-class citizenship; at the time the Constitution was written, women were not allowed to vote, few women were allowed to hold property, and married women were under the legal control of their husbands¹ (pp. 2324–2325).

2 | IMMEDIATE IMPLICATIONS FOR HEALTHCARE PROVIDERS

Legal observers predicted a chaotic period of uncertainty should Roe and Casey be summarily overruled⁷ (p. 28), and that is what ensued in many states. Eager to criminalize abortion procedures as soon as possible after the Dobbs ruling, a number of states enacted so-called “trigger laws” to do just that, some of which took effect immediately upon the issuance of the Dobbs decision without any further action by the state.⁸ In those states, bans were put in place immediately when the Dobbs decision was issued. Appointments were hastily canceled and worried patients sought the means to obtain abortions in other states where it remained legal.⁸

In the days and weeks following Dobbs, more states—but not all—adopted new abortion restrictions. Many of these laws are vaguely worded and provide inadequate guidance to providers and patients confronted with complex medical issues who want to know how to avoid criminal prosecution and costly civil suits by conforming to the law. The challenges facing providers and patients are myriad, and will depend to some extent on the outcome of litigation. The discussion below highlights some of the emerging complexities.

2.1 | State variations

State-to-state variations in abortion laws have been a fixture in the US for a very long time, but while the Roe decision was in force, the range of variations was moderated by the federal constitutional right to abortion, which served as a baseline. With that baseline removed, the variations between states are dramatic. In Massachusetts, for example, state legislation protects a right to abortion through 24 weeks of pregnancy, and the state legislature is increasing protections of providers in order to meet the moment.⁹ Alaska protects the abortion right as a matter of state constitutional law, with no gestational limit.¹⁰ The Florida state constitution protects the right to abortion, but the state legislature has enacted a ban after 15 weeks; litigation in Florida is ongoing.¹⁰ South Carolina enacted a so-called “fetal heartbeat” law, banning abortion after detectable cardiac activity, usually occurring in the sixth week of pregnancy; criminal penalties are imposed on providers who violate the ban.¹¹ In Alabama, abortion is completely banned except to save the life of the pregnant person, with no exceptions for rape or incest.¹² Notably, states where the law allows exceptions for rape or incest often permit the abortions only if the victim has filed a police report.¹³

While most states focus penalties on abortion providers, in nine states, vague statutory language could allow a zealous prosecutor to test the possibility of criminal charges against a pregnant person seeking an abortion, for example as an accessory or for conspiracy.¹⁴ A few local prosecutors have indicated that they will not pursue such criminal charges, but because these prosecutors (sometimes known as district attorneys) operate at the county level, interest in such prosecutions may vary from one county to the next.¹⁵ Georgia,

for example, has 50 district attorneys, each of whom can exercise independent discretion regarding whether to initiate criminal prosecutions in their county for violations of state abortion laws.¹⁶ In addition, state-level prosecutors will also have discretion to initiate proceedings.

Enforcement mechanisms also vary by state. While most states opt to rely on their criminal justice systems and government prosecutors, a few have enacted mechanisms to allow private citizens to sue those who assist with abortions. For example, Texas incentivizes citizens by offering a cash “bounty” or reward if they successfully sue anyone who has helped a person get an illegal abortion.¹⁷ Idaho has also adopted this type of enforcement mechanism.¹⁷ The broad definitions in these laws leave many wondering whether the bounty would extend to anyone in the abortion access chain, including unwitting helpers like taxi drivers or arms-length abortion funds providing financial assistance.¹⁷ While those issues await resolution in courts or legislatures, these laws have a broad deterrent effect that reaches far beyond patients and providers.

2.2 | Federal “fixes”

The breadth of the Dobbs decision, the dynamics of the federal system itself, and political stalemates in Congress leave the federal government with few options to restore abortion access to pre-Dobbs levels.

The US Supreme Court has the final word on the construction of the US Constitution.¹⁸ Absent the Court's own reversal of Dobbs or the passage of a Constitutional amendment, there is little chance that abortion will be reinstated as a fundamental constitutional right.¹⁹ In theory, there are alternative sources for the right other than substantive due process. For example, some scholars have cited the constitution's 13th Amendment, which ended slavery, as a possible basis for a right to abortion.²⁰ Similarly, the 9th amendment, which explicitly contemplates the existence of additional unspecified rights, has been cited by both scholars and individual jurists.²¹ The Privileges and Immunities Clause has also been suggested, based on the argument that liberty and bodily integrity are privileges of citizenship.²² However, even if claims under those constitutional provisions made it to the high court, it is unlikely that a majority of the current justices would be swayed by such arguments.

The US Constitution is notoriously difficult to amend, but there is one relevant amendment that is already going through the ratification process and may eventually be added to the Constitution: the Equal Rights Amendment (ERA).²³ Promising equality on the basis of sex, the ERA would seem to hold some possibility for restoring abortion rights, given the disparate impact of abortion restrictions on women. However, in the Dobbs opinion, the Supreme Court majority went out of its way to reaffirm case law stating that pregnancy-based policies, including abortion, are not sex-based¹ (p. 2235). Since the equality issue was not before the Dobbs court, one can only assume that Justice Alito reached out to address it in order to ensure that any ERA-based arguments would be nipped in the bud.

Congress could use its legislative authority to re-establish a national abortion baseline.²⁴ Congress might invoke its power to regulate interstate commerce as a basis for regulating abortion services, or it might use its spending power to condition federal funds on states' adoption of more progressive abortion regimes, or it could seek to regulate states as a matter of enforcing equality rights²⁴ (pp. 2–5). These approaches may have legal merit, but they have so far lacked political viability. Further, these provisions are available to both sides of the issue. It is just as likely that anti-abortion forces could use these mechanisms to support nationwide abortion bans, establishing a new federal baseline that eliminates flexibility for states that want to preserve abortion access²⁴ (p. 6).

With Congress stymied, the US President has tried to exercise some authority around the margins. For example, in an Executive Order, President Biden sought to clarify that the emergency services provided by hospitals in accordance with the federal Emergency Medical Treatment and Labor Act (EMTALA) could include abortions, regardless of state law.²⁵ This clarification of existing law has already drawn a legal challenge from the state of Texas.²⁶ While the challenge is pending, it will have a clear deterrent effect on providers, who are the ones who must decide in the moment whether a patient's case qualifies as an “emergency” and whether to take the risk of relying on the federal interpretation to conduct a medically indicated abortion in a state that criminalizes such procedures.

President Biden has also asserted that expanded availability of medication abortion might alleviate the impacts of Dobbs, at least for those in the early stages of pregnancy.²⁵ These drugs, which can be delivered to people's homes by mail, might bypass state law entirely⁶ (pp. 65–74). Yet it is also possible that state law might frustrate access to medication abortion. The three dissenting justices raised this very question in Dobbs, asking “Can a state interfere with the mailing of drugs used for medication abortions?”¹ (p. 2337). Their inconclusive answer pointed toward more litigation to come: “The Constitution protects travel and speech and interstate commerce, so today's ruling will give rise to a host of new constitutional questions”¹ (p. 2337).

2.3 | Extraterritorial complications

So far, most states have been reluctant to levy criminal charges directly against abortion seekers. However, states that have banned abortion within their borders are well aware that pregnant people may avoid these bans by crossing state lines to obtain medical care in less restrictive states. As Justice Kavanaugh's concurrence indicated, the right to travel would likely protect such abortion seekers at a basic level; that is, a state government could not deny abortion access that is available to state residents solely because the patient seeking the procedure is from out-of-state¹ (p. 2309). However, some states are debating ways to impose civil liability or criminal punishments on out-of-state abortion providers who assist people who have crossed state lines. Such extraterritorial applications might be based on in-state effects of an out-of-state abortion. For

example, if State A criminalizes abortion, State A might seek interstate extradition of a provider in State B who assisted a State A resident with an abortion, even if the State B provider never set foot in State A⁶ (pp. 34–35).

But interstate extradition is not the only way that State A can reach the State B provider. Suppose the State B provider passes through State A for unrelated reasons, perhaps simply changing planes in State A's airport. State A will be theoretically able to obtain personal jurisdiction over the State B provider and initiate proceedings⁶ (p. 31 n.179). As a practical matter, then a provider in State B who sees out-of-state patients may eventually be unable to travel freely throughout the United States without fear of incurring criminal liability, even though State B permits abortions.

For the same reason, proposals to offer abortion services on federal property or indigenous territories would have practical limitations. While the procedure might be legal in the location where it takes place, the provider might not be able to leave the federal or tribal holding without risking criminal prosecution or civil penalties under the law of the surrounding state⁶ (p. 64).

3 | INTERFERENCE WITH MEDICAL JUDGMENTS

The legal complexities created by a federal system with 50-plus jurisdictions and variations in abortion policy are compounded when they intersect with the complex medical judgments that providers will need to make in order to comply with applicable laws.

Again, the emerging state laws vary widely. For example, Oklahoma prohibits abortion from the moment of fertilization—a singular point that is usually difficult to detect with complete certainty.¹⁰ Emergency contraceptives are still legal in Oklahoma, since they work to prevent fertilization, but medication abortion is prohibited even at an early stage of pregnancy because it operates post-fertilization.²⁷ Modeled on Texas's bounty law, Oklahoma's statute is enforceable through civil suits against providers and those who “aid and abet” an abortion.²⁸

Oklahoma's restriction is among the most extreme, but many other states have adopted shortened timeframes for legal abortions. “Fetal heartbeat” laws, such as those in South Carolina, Ohio, and Texas, generally bar abortions after 6 weeks or whenever cardiac activity is detected.¹¹ Florida is among the states adopting a 15-week ban.¹⁰ These time limits put a premium on knowing the exact starting point of the pregnancy. Pregnancy is generally measured from the first day of an individual's most recent menstrual period to the current date. Given common issues of menstrual irregularity, many people will not realize that they are pregnant until very near (or even after) 6 weeks into the pregnancy, leaving little to no time to arrange for a legal abortion in a restrictive “fetal heartbeat” jurisdiction. Other post-Dobbs bans, like the 15-week limit, also require precise timekeeping to avoid liability—a mandate that presents inherent risks to abortion providers, and will certainly deter providers from coming close to the line drawn by the legislature, given the stakes.

The practical effect of the penalties associated with these strict time limitations will be to further limit abortion access. Violations of Florida's 15-week ban, for instance, could trigger up to 5 years in prison; medical professionals could lose their licenses and face administrative fines of \$10 000 for each violation.²⁹ Other states' penalties range up to 15 years in prison, with Texas imposing life imprisonment for violations of its abortion law in certain circumstances.³⁰ In states that restrict or ban abortion, doctors may not even be able to receive training in how to conduct abortions, with significant impacts on medical standards and patient care.³¹

Miscarriages are common during pregnancy and can occur up to the point of fetal viability, but new state-level restrictions on abortion do not always make distinctions for treatment of miscarriage, with dangerous consequences for pregnant people.³² The medical treatment required for a miscarriage is, in many cases, identical to the procedures used for an abortion.³³ News reports are already surfacing that women experiencing miscarriages have been denied treatment in abortion-restrictive states because of providers' concerns that their actions might violate abortion restrictions.³³ Similar confusion has arisen regarding ectopic pregnancies, which are non-viable but which may be covered by the literal language of the law in abortion-restrictive states.³⁴ For example, an ectopic pregnancy may exhibit cardiac activity, which could have implications for treatment in “fetal heartbeat” regimes.³⁴ Providers who are concerned about criminal prosecution might feel pressure to wait to treat an ectopic pregnancy until the point that the pregnant person's life is in danger as a result of a ruptured fallopian tube.³⁴

4 | ADDITIONAL IMPACTS OF DOBBS

4.1 | In vitro fertilization

The language adopted in some states, barring abortion after fertilization, might be interpreted to encompass fertilized embryos used, and often stored for use, in the context of in vitro fertilization (IVF).³⁵ To date, state attorneys general and other government actors have denied any intention to affect IVF procedures, but given the ambiguity of new restrictive laws, IVF providers have expressed serious concerns and news reports indicate that some clients are moving their embryos to states with less restrictive laws.^{35,36}

4.2 | Criminalizing contraception

The constitutional provision that supported Roe and Casey is the same provision that protects the right to access contraception. The majority opinion in Dobbs attempted to distinguish abortion and argued that the Dobbs decision did not have implications for other fundamental rights¹ (pp. 2280–2281). However, Justice Thomas's concurrence specifically identified *Griswold v. Connecticut*, the case establishing the constitutional right of married couples to access contraception, as a case that should be reconsidered¹ (p. 2301).

4.3 | Fetal life law

The Dobbs decision opens the door for states to explicitly adopt the proposition that life begins with fertilization, or even earlier. Adoption of a “fetal life” law would have significant implications for pregnant people, whose dignity and autonomy could be violated by laws designed to protect fetal life at the expense of the pregnant person. The state of Georgia recently amended its definition of a “natural person” to include a fetus or an embryo.³⁷ Questions to be resolved range from whether a miscarriage might be charged as murder, to whether the fetus can be claimed as a dependent on federal tax returns.³⁸

5 | CONCLUSION

In Dobbs, the majority suggested that by eliminating the right to abortion and reversing Roe and Casey, the courts would bow out of abortion controversies and the issues would be resolved at the state level by “the people”¹ (p. 2284). Instead, many abortion issues have moved to the state courts, and there is no doubt that claims involving extraterritoriality of restrictive abortion laws will be in the federal courts very soon.

Meanwhile, abortion providers and patients have to deal daily with realities of pregnancy and medical complications that do not fit neatly into the ideological boxes newly enshrined in many state laws. The laws in each state are different, and the risks for providers who make a misstep in a restrictive state are high. Providers should consult legal counsel with expertise on the laws of the relevant state to fully understand the risks that these new post-Roe laws pose to both caregivers and patients.

As US activists struggle to maintain abortion access despite the hurdles, these developments should be a wake-up call for abortion rights activists worldwide to avoid complacency and to organize to maintain broad and active support for abortion rights as a matter of basic dignity and equality.

CONFLICT OF INTEREST

The author has no conflicts of interest.

REFERENCES

- Dobbs v. Jackson Women's Health Organization, 142 S.Ct. 2228-2354; 2022.
- Roe v. Wade, 410 US 113-178; 1973.
- Planned Parenthood v. Casey, 505 US 833-1002; 1992.
- Mississippi Gestational Age Act, Miss. Code Ann. §41-41-191.
- Shepherd K. Mississippi's last abortion clinic shuts as trigger ban begins. *Washington Post*. July 6, 2022. Accessed August 15, 2022. <https://www.washingtonpost.com/nation/2022/07/06/mississippi-abortion-clinic-closure/>
- Cohen D, Donley G, Rebouché R. The new abortion battleground. *122 Columbia Law Rev*; 2023. Accessed August 15, 2022. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4032931
- Dobbs v. Jackson Women's Health Organization, No. 19-1392 (US Sept. 20, 2021). Brief of Constitutional Law Scholars Lee C. Bollinger, Erwin Chemerinsky, Sherry F. Kolb, et al., as Amici Curiae Supporting Respondents.
- 'Trigger Laws' set off a scramble for abortion services. *New York Times*. June 25, 2022. Accessed July 26, 2022. <https://www.nytimes.com/live/2022/06/25/us/abortion-roe-wade-supreme-court-abortion-decision-reaction>
- State facts about abortion: Massachusetts. Guttmacher Institute. June 2022. Accessed August 15, 2022. <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-massachusetts>
- Tracking the states where abortion is now banned. *New York Times*. July 22, 2022. Accessed July 26, 2022. <https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html>
- State facts about abortion: South Carolina. Guttmacher Institute. June 2022. Accessed July 26, 2022. <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-south-carolina>
- State facts about abortion: Alabama. Guttmacher Institute. June 2022. Accessed July 26, 2022. <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-alabama>
- Quay G. Briefing: how do rape and incest abortion exceptions work? *The Week*. July 20, 2022. Accessed July 26, 2022. <https://theweek.com/feature/briefing/1015189/how-do-rape-and-incest-exceptions-work>
- Ali S. Prosecutors in states where abortion is now illegal could begin building criminal cases against providers. *NBC News*. June 24, 2022. Accessed July 26, 2022. <https://www.nbcnews.com/news/us-news/prosecutors-states-abortion-now-illegal-begin-prosecute-abortion-provi-rcna35268>
- Goodman JD, Healy J. In states banning abortion, a growing rift over enforcement. *New York Times*. June 29, 2022. Accessed July 26, 2022. <https://www.nytimes.com/2022/06/29/us/abortion-enforcement-prosecutors.html>
- Prosecuting attorneys Council of Georgia. About PACGA. Accessed July 26, 2022. <https://pacga.org/about-pacga/>
- Bowman E. As states ban abortion, the Texas Bounty Law offers a way to survive legal challenges. *National Public Radio*. July 11, 2022. Accessed July 26, 2022. <https://www.npr.org/2022/07/11/1107741175/texas-abortion-bounty-law>
- Marbury v. Madison, 5 US 137-180 (1803).
- Massie G. Can Roe v. Wade be reinstated after being overturned by the supreme court? *Independent*. June 27, 2022. Accessed July 26, 2022. <https://www.independent.co.uk/news/world/americas/us-politics/supreme-court-roe-v-wade-b2109117.html>
- Koppelman A. Originalism, abortion, and the thirteenth amendment. *Columbia Law Rev*. 2012;112:1917.
- Kruschke A. Finding a new home for the abortion right under the ninth amendment. *ConLawNOW*. 2020;12:128.
- Balkin JM. Abortion and original meaning, 24. *Constitutional Commentary*. 2007;291:328-336.
- Kelly K. Op ed: the best way to protect abortion rights? Finalize the Equal Rights Amendment. *Los Angeles Times*. May 23, 2022. Accessed July 26, 2022. <https://www.latimes.com/opinion/story/2022-05-23/roe-abortion-equal-rights-amendment>
- Congressional research service legal sidebar: congressional authority to regulate abortion. July 8, 2022.
- The White House, fact sheet: President Biden to sign executive order protecting access to reproductive health care services. July 8, 2022. Accessed July 26, 2022. <https://www.whitehouse.gov/briefing-room/statements-releases/2022/07/08/fact-sheet-president-biden-to-sign-executive-order-protecting-access-to-reproductive-health-care-services/>
- Larson E. Texas sues to block Biden rule on hospital emergency abortions. *Bloomberg Law*. July 15, 2022. Accessed July 26, 2022. <https://news.bloomberglaw.com/health-law-and-business/texas-sues-to-block-biden-rule-on-emergency-abortions-procedure>
- Branham D. What are abortion pills? Are they legal in Oklahoma? Here's what you need to know. *The Oklahoman*. June 29, 2022.

- Accessed July 26, 2022. <https://www.oklahoman.com/story/news/2022/06/29/oklahoma-abortion-pills-law-what-to-know/7768333001/>
28. Ploeg LV, Zernike K. Oklahoma governor signs bill that bans most abortions. *New York Times*. May 25, 2022. Accessed July 26, 2022. <https://www.nytimes.com/2022/05/25/us/oklahoma-abortion-ban-law-governor.html>
 29. Izaguirre A. Florida 15-week abortion ban reinstated after legal appeal. *Associated Press*. July 5, 2022. Accessed July 26, 2022. <https://apnews.com/article/abortion-health-florida-government-and-politics-e8bdb85e6736085606ba2661c186a1d5>
 30. Messerly M, Ollstein AM. Abortion bans and penalties would vary widely by state. *Politico*. May 6, 2022. Accessed July 26, 2022. <https://www.politico.com/news/2022/05/06/potential-abortion-bans-and-penalties-by-state-00030572>
 31. Brown C. Abortion ruling pits state bans against OB-GYN training rules. *Bloomberg Law*. June 27, 2022. Accessed July 29, 2022. <https://news.bloomberglaw.com/health-law-and-business/abortion-ruling-pits-state-bans-against-ob-gyn-training-rules>
 32. Belluck P. They had miscarriages, and new abortion laws obstructed treatment. *New York Times*. July 17, 2022. Accessed July 26, 2022. <https://www.nytimes.com/2022/07/17/health/abortion-miscarriage-treatment.html>
 33. Evans ML, Bradley ET, Ireland L, Zera C. Commentary: how the fall of Roe could change abortion care in Massachusetts. *WBUR Cognoscenti*. July 26, 2022. Accessed August 15, 2022. <https://www.wbur.org/cognoscenti/2022/07/26/dobbs-roe-abortion-massachusetts-megan-l-evans-erin-t-bradley-luu-ireland-chloe-zera>
 34. Munoz ND, Uribe MR. How treatment of ectopic pregnancy fits into post-Roe medical care. *Politifact*. June 30, 2022. Accessed July 26, 2022. <https://www.politifact.com/article/2022/jun/30/how-treatment-ectopic-pregnancy-fits-post-roe-medi/>
 35. Hoffman J. Infertility patients and doctors fear abortion bans could restrict I.V.F. *New York Times*. July 5, 2022. Accessed July 26, 2022. <https://www.nytimes.com/2022/07/05/health/ivf-embryos-roe-dobbs.html>
 36. Bendix B. States say abortion bans don't affect IVF. Providers and lawyers are worried anyway. *NBC News*. June 29, 2022. Accessed July 26, 2022. <https://www.nbcnews.com/health/health-news/states-say-abortion-bans-dont-affect-ivf-providers-lawyers-worry-rcna35556>
 37. Weiss DC. Georgia can immediately enforce abortion law defining fetus as 'natural person,' 11th circuit rules. *ABA Journal*. July 20, 2022. Accessed July 26, 2022. <https://www.abajournal.com/news/article/georgia-can-enforce-abortion-law-defining-fetus-as-natural-person-11th-circuit-rules>
 38. Bunch R. Georgia's abortion law likely to raise flurry of questions in court. *GPB*. July 23, 2022. Accessed July 26, 2022. <https://www.gpb.org/news/2022/07/23/georgias-abortion-law-likely-raise-flurry-of-questions-in-court>

How to cite this article: Davis MF. The state of abortion rights in the US. *Int J Gynecol Obstet*. 2022;159:324-329. doi: [10.1002/ijgo.14392](https://doi.org/10.1002/ijgo.14392)