ABORTION DEFENSE NETWORK

Know Your State's Abortion Laws

A Guide for Medical Professionals

IOWA

Since *Roe v. Wade* was overturned in June 2022, medical providers across the country have struggled to understand their state's abortion laws, which contain undefined terms and non-medical language.

Fear and confusion throughout the medical community has led some hospitals to adopt policies that are overly strict or burdensome, causing patients to be denied care in emergencies. While the law remains in flux and some questions have no clear answers, this document aims to provide clarification, where possible, of what conduct is still permitted in your state. Know what your state's law does and does not require, so you can advocate for yourself and your patients.

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Key Takeaways

Providing contraception, including emergency contraception, is legal.

Providing medical care for ectopic pregnancies, including cesarean scar ectopic pregnancies, molar pregnancies, and pregnancies with no cardiac activity is legal.

Providing information about how to obtain a legal abortion in another state is legal.

Abortion is prohibited under Iowa law unless:

(1) no fetal heartbeat is detected using a transabdominal pelvic ultrasound; or

(2) a “fetal heartbeat exception” (which includes rape, incest, incomplete miscarriage, and fetal abnormalities incompatible with life) exists; or

(3) in the physician’s reasonable medical judgment, a “physical” medical emergency exists; or

(4) in the physician’s reasonable medical judgment, an abortion in a multiples pregnancy after 20 weeks post fertilization is necessary to preserve the life of one of the fetuses.

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Definition of Abortion & Contraception

ABORTION

The legal definition of abortion in Iowa is "the termination of a human pregnancy with the intent other than to produce a live birth or to remove a dead fetus."[1] A physician in Iowa cannot lawfully perform an abortion on a pregnant person when it has been determined that there is a detectable heartbeat, unless "in the physician's reasonable medical judgment, a medical emergency or fetal heartbeat exception exists."[2] Additionally, in pregnancies of more than one fetus, abortions are permitted after 20 weeks post-fertilization, if, in the physician's reasonable medical judgment, an abortion is necessary to preserve the life of one of the fetuses.[3]

The term "dead fetus," while undefined, is generally understood to mean an embryo or fetus that lacks cardiac activity. As a result, treating a missed miscarriage, an incomplete miscarriage, a molar pregnancy, or an ectopic pregnancy is not considered providing an abortion under Iowa law as long as there is no fetal cardiac activity detected.

With respect to self-managed abortion, it is legal for providers to give medical care, including to complete an abortion, to a pregnant person who has initiated or recently completed a self-managed abortion provided there is no fetal cardiac activity, or the patient needs care that would fall within one of the exceptions to Iowa's abortion ban.

CONTRACEPTION

Contraception is not illegal in any state in the country. Iowa law does not contain specific provisions outlining the provision and use of any contraceptives, including intrauterine devices and birth control implants.

Abortion Bans

Abortion restrictions: Iowa restricts abortion after a detectable fetal heartbeat,[4] except when provided under certain exceptions.[5] A physician must make a "good faith" effort to detect a fetal heartbeat according to "standard medical practice and reasonable medical judgment."[6] A physician should perform a transabdominal pelvic ultrasound to determine whether there is a detectable fetal heartbeat, and such ultrasound "shall be performed in a manner consistent with standard medical practice."[7]

Abortion is also prohibited at twenty weeks post-fertilization, and in the third trimester, "unless in the physician's reasonable medical judgment the pregnant woman has a condition which the physician deems a medical emergency… or the abortion is necessary to preserve the life of an unborn child."[8] Providing an abortion in violation of these restrictions subjects a physician to license discipline pursuant to Iowa Code Section 148.6.[9] The Board of Medicine has adopted rules to administer the new law.[10] Nothing within the abortion ban statute can be construed to impose civil or criminal liability on a person upon whom an abortion is performed.[11]

Other Bans and Restrictions: Iowa's other abortion requirements include: a physician-only requirement;[12] pre-abortion disclosure requirement, consent and certification requirements;[13] mandatory ultrasound and bias counseling requirement;[14] and a mandatory 24-hour delay.[15] Additionally, a physician cannot perform an abortion on an unemancipated person under the age of 18 without notification of a parent, legal guardian, or custodian, or unless the young person is able to obtain a waiver of the requirement from any court in the state.[16]

Exceptions to Abortion Bans

There are a few exceptions to Iowa's restriction on

abortion after detectable fetal cardiac activity, including narrow exceptions for rape and/or incest, incomplete miscarriage, fetal abnormality incompatible with life, or where in the physician's reasonable medical judgment, a "medical emergency" exists.[17]

"Fetal Heartbeat Exception": Iowa further defines its "fetal heartbeat exception" to include very narrow and specific exceptions in the event of rape or incest. In the event of rape, a physician may perform an abortion after a detectable fetal heartbeat where the rape has been reported within 45 days to a law enforcement agency or to a public or private health agency, which includes a family physician.[18] To determine whether the pregnancy was the result of rape, a physician who intends to perform an abortion must use the following information: (1) the date the sex act that caused the pregnancy occurred; (2) the age of the person seeking an abortion at the time of that sex act; (3) whether the sex act constituted a rape; (4) whether the rape was perpetrated against the person seeking the abortion; and (5) if the rape was not initially reported to the physician, the original report date of the rape.[19] This information and its source shall be documented in the patient's medical record.[20]

In the event of incest, a physician may also perform an abortion after a detectable fetal heartbeat where the incest has been reported within 140 days of the incident to a law enforcement agency, or to a public or private health agency, which includes a family physician.[21] To determine whether the pregnancy was the result of incest, a physician who intends to perform the abortion must use the following information: (1) whether the sex act occurred between the woman and a "closely related person," which includes a "an ancestor, descendent, brother or sister of whole or half blood, aunt, uncle, niece, or nephew, including stepparents, stepchildren, or stepsiblings, as well as adopted siblings; (2) the date the act occurred; and (3) if the incest was not initially reported to the physician, the original report date of the incest.[22] The physician shall document this information and its source in the patient's medical record.[23]

The "fetal heartbeat exception" also includes any spontaneous abortion or miscarriage where all of the products of conception have not been expelled.[24]

Finally, an abortion may be performed after detection of fetal heartbeat if an attending physician certifies that the fetus has a fetal abnormality that in the physician's reasonable medical judgment is incompatible with life.[25] A certification from an attending physician that a fetus has a fetal abnormality must contain the following information: (1) the diagnosis of the abnormality; (2) the basis for the diagnosis, including tests and procedures performed, the results of those tests and procedures, and why those results support the diagnosis, and (3) a description of why the abnormality is incompatible with life.[26] The certification must be signed by the attending physician and must be included in the patient's medical records by the physician who intends to perform the abortion.[27]

"Medical Emergency": Iowa defines "reasonable medical judgment" as a medical judgment "made by a reasonably prudent physician who is knowledgeable about the case and treatment possibilities with respect to the medical conditions involved."[28] A "medical emergency" means "a situation in which an abortion is performed to preserve the life of the pregnant woman whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy… or when continuation of the pregnancy will create a serious risk of substantial and irreversible impairment of a bodily function of the pregnant woman."[29] Under Iowa law, a "medical emergency" does not include "psychological conditions, emotional conditions, familial

conditions, or the woman's age."[30]

Other Legal Requirements: Iowa requires certain consents and certifications before an abortion.[31] Physicians must obtain written consent from the pregnant person certifying that twenty-four hours prior to performing the abortion: (1) the pregnant person has undergone an ultrasound imaging that displays the approximate fetal age; (2) the pregnant person was given the opportunity to view the ultrasound image; (3) the pregnant person was given the option to hear a description of the fetus; and (4) the pregnant person was provided information regarding options relative to a pregnancy and risk factors related to an abortion.[32] However, these are not required when, in the judgment of the physician, there is a medical emergency.[33] Therefore, these consents and certifications are not required for lawful abortions performed after fetal cardiac activity has been detected in medical emergencies.

Access to Abortion For Young People Under 18: Physicians shall not perform an abortion on a pregnant young person under 18 in Iowa until at least 48 hours' prior notification is provided to the parent.[34] The physician who will perform the abortion must provide such notification either: (1) in person; or (2) by mailing the notification by restricted certified mail to a parent of the pregnant young person at the "usual place of abode of the parent."[35] The notification should contain the following: (1) the name of the young person; (2) notification of the intent to terminate the pregnancy; and (3) the name, address, and relationship of the person to be notified.[36] The physician who will perform the abortion should keep the original notification form as a part of the young person's medical record, and a copy should be provided to the pregnant patient.[37] Iowa law also permits notice to be issued to a grandparent, rather than a parent, if the pregnant young person issues a written statement to the physician requesting that the notice issue to a grandparent instead.[38] The same notice requirements apply.[39] Young people under 18 who object to the notification of a parent prior to the performance of an abortion may petition the court to authorize waiver of the notification requirement.[40]

Physicians may also perform an abortion on a pregnant young person under 18 without parental notification if: (1) the licensed physician who performs the abortion certifies in writing that a medical emergency exists and places that written certification in the young person's medical file;[41] (2) the young person declares that they are the victim of child abuse, the person responsible for the care of the child is a parent, and either the abuse has been reported, or a parent of the child is named in a report of founded child abuse;[42] or (3) the young person declares they are a victim of sexual abuse and has reported the sexual abuse to law enforcement.[43]

EMTALA

A federal law called the Emergency Medical Treatment & Labor Act ("EMTALA") requires the provision of abortion care when necessary to stabilize an emergency medical condition. Specifically, EMTALA requires hospitals with emergency departments that participate in Medicare (i.e., most hospitals) to perform a medical screening exam for any individual who comes to the emergency department and requests evaluation or treatment, in order to determine whether the individual has an emergency medical condition.[44] EMTALA defines "emergency medical condition" to include "acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—(i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part."[45] Additionally, "with respect to a pregnant woman who is having contractions," an "emergency

medical condition" is further defined to include when "there is inadequate time to effect a safe transfer to another hospital before delivery" or when "transfer may pose a threat to the health or safety of the woman or the unborn child."[46]

EMTALA requires stabilizing medical treatment be provided to any individual experiencing an emergency medical condition,[47] including people in labor or with emergency pregnancy complications,[48] unless the individual refuses to consent to such treatment.[49] Under the EMTALA statute, "to stabilize" means to provide medical treatment "as may be necessary" to ensure, "within reasonable medical probability, that no material deterioration of the condition is likely."[50] A person experiencing an emergency medical condition can be transferred to a different hospital only once they are stable or if certain other conditions are met, such as the medical benefits of transfer outweighing the increased risks to the person experiencing the emergency medical condition.[51] Even where a hospital is permitted to transfer such a person without first stabilizing them, the hospital still must provide "the medical treatment within its capacity which minimizes the risks to the individual's health."[52]

Where abortion, including the premature delivery of a non-viable fetus, is the medical treatment necessary to, within a reasonable probability, ensure no material deterioration of an individual's condition, EMTALA requires a covered hospital provide such care or, if the aforementioned criteria are met, an appropriate transfer. The U.S. Department of Health and Human Services ("HHS") has reaffirmed these requirements numerous times.[53]

Most recently, on June 13, 2025, HHS Secretary Robert F. Kennedy distributed a letter to health care providers reiterating that, notwithstanding the recent rescission of earlier guidance on the subject, "EMTALA continues to ensure pregnant women facing medical emergencies have access to stabilizing care."[54] The letter specifically states that EMTALA "applies equally to expectant mothers facing obstetric emergencies, including ectopic pregnancies, miscarriages, premature ruptures of membranes, trophoblastic tumors, and other similar conditions."[55] And, during a June 24, 2025, subcommittee hearing in the U.S. House of Representatives, Secretary Kennedy was asked explicitly about whether he agreed that in some circumstances abortion is the necessary stabilizing care that EMTALA requires hospitals to provide, to which he responded, "Yes, and that is what President Trump believes."[56] Further, as recently as May 2025, HHS announced that it had cited at least one hospital in Texas for violating EMTALA by failing to properly screen a patient with an ectopic pregnancy, an emergency medical condition that threatened the patient's life and future fertility.[57]

Notwithstanding EMTALA's clear requirements with respect to emergency abortion, state officials in Idaho and Texas have attempted to restrict hospitals from complying with their federal legal obligations, resulting in litigation, but with only varying degrees of success.

In January 2025, Idaho's largest hospital system, St. Luke's Health System, filed a lawsuit seeking to prevent the state of Idaho from enforcing its abortion ban, which creates criminal penalties for the provision of certain emergency abortions required under EMTALA.[58] St. Luke's was successful in obtaining a preliminary injunction that prevents the state of Idaho from enforcing its abortion ban "against St. Luke's or any of its medical providers as applied to medical care required by [EMTALA]."[59] Litigation in that case is ongoing. St. Luke's case is related to one brought in 2022 by the Biden Administration, *United States v. Idaho*, in which the federal government sued Idaho challenging its abortion ban to the extent that it conflicted with EMTALA.[60] That case made it all the way to the U.S. Supreme Court, where the appeal was ultimately

dismissed as prematurely granted in June 2024.[61] Following the change of presidential administrations, the United States dismissed that case entirely. [62]

And, in October 2024, the U.S. Supreme Court refused to review a Fifth Circuit decision that affirmed a lower court decision blocking federal enforcement of EMTALA in certain circumstances in Texas and as to other organizational plaintiffs in that case.[63] As a result, the Fifth Circuit's decision is final.[64] [65]

Other Federal Laws & Professional Guidelines

In addition to EMTALA, hospitals and/or medical providers are required to abide by the following:

Conditions of Participation in Medicare and Medicaid (COP): The federal COP regulations require hospitals that participate in Medicare and Medicaid to inform patients of their rights in advance of furnishing or discontinuing care which include: the right to be informed of their health status, be involved in care planning and treatment, and participate in the development of their plan of care.[66]

Protection Against Discrimination in Employment: The federal law known as the Church Amendments prohibits hospitals that receive certain federal funds from discriminating against health care providers who participate or are willing to participate in abortion care or sterilization procedures.[67]

Medical Malpractice: While this document does not detail state-specific medical malpractice law, medical providers should be aware that they risk liability under state medical malpractice law for failing to provide pregnant patients with the standard of care.[68]

Resident Training: The Accreditation Council for Graduate Medical Education (ACGME) requires that accredited programs provide access to training in the provision of abortion.[69] The federal law known as the Coats-Snowe Amendment both protects medical professionals in learning to provide abortion, and limits the government's ability to penalize programs or institutions that fail to comply with ACGME requirements.[70]

Documentation & Reporting

Generally, state law does not require documentation of irrelevant or non-medical information in patient charts. Nor does it explicitly require reporting to law enforcement patients who receive abortions out of state or self-manage their own abortion.[71] Some hospitals may impose additional documentation requirements for abortions performed as medical emergencies, including attestations by multiple physicians and/or approvals by an ethical review board. While intended to insulate the hospital from liability, these are not legal requirements.

Health care providers who identify and diagnose a spontaneous termination of pregnancy or who induce a termination of pregnancy are also required to file a Statistical Report of Termination of Pregnancy form for each termination with the Iowa Department of Health and Human Services.[72] Abortion providers are additionally required to document and obtain written certification from the pregnant person all of the requirements outlined in Iowa Code § 146A.1 and § 146E.2(3).

Other Mandatory Reporting: All other general mandatory reporting also applies for abortion patients.[73] This includes reporting of sexual abuse of young people, child abuse, and vulnerable adult abuse. Providers must report suspected child abuse or neglect to the Iowa Department of Health and Human Services or law enforcement within 24 hours when they reasonably believe a child or a dependent adult has suffered abuse.[74]

Electronic Medical Records: Many electronic

medical record systems (EMRs) allow healthcare providers to securely share patient records across healthcare institutions. Hospital and other healthcare systems often use their EMR's default settings that widely share patient records.[75] Though these settings are often helpful for continuity of care, they may put abortion providers and patients (or patients obtaining other sensitive care) at risk, and many patients do not know their records are shared in this way.[76, 77]

EMRs have settings that can limit sharing of certain records and/or allow patients to choose how and when their records are shared, but because these are not the default settings, healthcare systems often must take steps to implement them.[78] For example, one EMR, Epic, has a filter that each Epic healthcare system can choose to turn on that exclusively blocks abortion care information from patients' externally-shared medical records, while allowing each patient's other medical records to be transmitted in full, in line with their authorization. We encourage you to discuss with your institution's general counsel and/or compliance or technology officers counsel alternative settings such as this that can protect abortion patient information while also complying with any other legal requirements.[79]

Disposition of Fetal Tissue Remains

Iowa law requires individuals, hospitals, and ambulatory surgical centers to comply with requirements related to the disposition of fetal remains. Specifically, a hospital or ambulatory surgical center that has possession of embryonic or fetal remains is responsible for disposition, which must be done through "burial, interment, entombment, cremation, or incineration."[80] The law further restricts any person in the state from knowingly acquiring, providing, receiving, otherwise transferring, or using a fetal body part for any purpose, with exceptions for diagnostic or remedial tests, spontaneous abortions donated for medical research, pathological studies of body tissue, or actions taken in furtherance of the final disposition of the fetal remains.[81]

Violation of Iowa's fetal tissue remains statute results in a class "C" felony.[82]

Need legal advice?

This document should not be construed as legal advice. If you need individualized legal advice, please contact the Abortion Defense Network, where you will be matched with a pro bono attorney.

The Abortion Defense Network is managed by the Lawyering Project in partnership with the American Civil Liberties Union, Center for Reproductive Rights (CRR), National Women's Law Center (NWLC), and Resources for Abortion Delivery (RAD).

ACLU

CENTER for REPRODUCTIVE RIGHTS

THE LAWYERING PROJECT

NATIONAL WOMEN'S LAW CENTER
Justice for Her. Justice for All.

RAD RESOURCES FOR ABORTION DELIVERY

References

[1] IOWA CODE § 146E.1(1).
[2] IOWA CODE § 146E.2(2)(a); *Planned Parenthood of the Heartland, Inc v. Reynolds*, 05771 EQCE089066 (D. Polk Jul. 22, 2024). There were two 6-week bans challenged in Iowa. The courts enjoined the ban from 2018 (IOWA CODE §§ 146C.1, 146C.2) (2018), and that injunction remains operative. The ban from 2023 (IOWA CODE § 146E.2) is the ban that is currently in effect. See "Medical Emergency" section for further description of that term.
[3] IOWA CODE § 146B.2(2)(a)(2).
[4] IOWA CODE § 146E.2(1). Fetal heartbeat is defined as "cardiac activity, the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac." IOWA CODE § 146E.1(2).
[5] *Id.*
[6] Iowa Admin. Code r. 481-655.15(135L,146A,146E,147,148,272C).
[7] *Id.*
[8] IOWA CODE § 146E.2(2)(b). Before the fetal heartbeat abortion ban, Iowa had a ban on all abortions after 20-week LMP with very narrow exceptions. The exceptions to the current fetal heartbeat ban and the exceptions to the previous 20-week ban appear to be the same: in the event of fetal heartbeat, an abortion may only be performed in the case of a medical emergency, or to save the life of an unborn child. See "Medical Emergency" section for further description of that term.
[9] IOWA CODE § 146A.1(3).
[10] IOWA CODE § 146E.2(5); Iowa Admin. Code r. 481-655.15(135L,146A,146E,147,148,272C).
[11] IOWA CODE § 146E.2(4).
[12] IOWA CODE § 707.7(3) ("Any person who terminates a human pregnancy, with the knowledge and voluntary consent of the pregnant person, who is not a person licensed to practice medicine and surgery or osteopathic medicine and surgery under the provisions of chapter 148, commits a class "C" felony.").
[13] IOWA CODE § 146A.1(1).
[14] *Id.*
[15] *Id.*
[16] IOWA CODE § 135L.3.
[17] IOWA CODE § 146E.2(1)-(3).
[18] IOWA CODE § 146E.1(3)(a).
[19] Iowa Admin. Code r. 481-655.15(135L,146A,146E,147,148,272C).
[20] *Id.*
[21] IOWA CODE § 146E.1(3)(b).
[22] Iowa Admin. Code r. 481-655.15(135L,146A,146E,147,148,272C).
[23] *Id.*
[24] IOWA CODE § 146E.1(3)(c).
[25] IOWA CODE § 146E.1(3)(d).
[26] Iowa Admin. Code r. 481-655.15(135L,146A,146E,147,148,272C).
[27] *Id.*
[28] IOWA CODE § 146E.1(6).
[29] IOWA CODE § 146A.1(6)(a).
[30] *Id.*
[31] IOWA CODE § 146A.1(1).
[32] IOWA CODE § 146A.1(1).
[33] IOWA CODE § 146A.1(2).
[34] IOWA CODE § 135L.3(1).
[35] IOWA CODE § 135L.3(2).
[36] Iowa Admin. Code r. 641-89.2(135L).
[37] *Id.*
[38] Iowa Admin. Code r. 641-89.3(135L).
[39] *Id.*

[40] IOWA CODE § 135L.3(3).
[41] IOWA CODE § 135L.3(3)(m)(3).
[42] IOWA CODE § 135L.3(3)(m)(4).
[43] IOWA CODE § 135L.3(3)(m)(5).
[44] EMTALA, 42 U.S.C. § 1395dd(a).
[45] EMTALA, 42 U.S.C. § 1395dd(e)(1)(A).
[46] EMTALA, 42 U.S.C. § 1395dd(e)(1)(B).
[47] EMTALA, 42 U.S.C. § 1395dd(b)(1)(A).
[48] EMTALA, 42 U.S.C. § 1395dd(e)(1).
[49] EMTALA, 42 U.S.C. § 1395dd(b)(2).
[50] EMTALA, 42 U.S.C. § 1395dd(e)(3)(A).
[51] EMTALA, 42 U.S.C. § 1395dd(c)(2) (requiring hospital to use "qualified personnel and transportation equipment" when making a permitted transfer under EMTALA, among other requirements).
[52] EMTALA, 42 U.S.C. § 1395dd(c)(1)(B)–(c)(2)(A).
[53] For example, in 2022, the Biden Administration issued guidance reiterating past administrative statements that the treatment required by EMTALA includes abortion care when such care is necessary to stabilize a pregnant person's emergency medical condition. Ctrs. for Medicare & Medicaid Servs., *Reinforcement of EMTALA Obligations Specific to Patients who are Pregnant or are Experiencing Pregnancy Loss* (updated July 2022) ("2022 EMTALA Guidance"). While this guidance has since been rescinded, the requirements of EMTALA as outlined in it and other prior HHS statements have not changed. Indeed, in the Trump Administration's June 3, 2025 statement rescinding the 2022 guidance, the Administration stated that "CMS will continue to enforce EMTALA . . . including for identified emergency medical conditions that place the health of a pregnant woman or unborn child in serious jeopardy." Ctrs. for Medicare & Medicaid Servs., *CMS Statement on Emergency Medical Treatment and Labor Act (EMTALA)* (June 3, 2025); *see also* Letter from Robert F. Kennedy Jr., Sec'y, U.S. Dep't of Health & Hum. Servs., to Healthcare Providers (June 13, 2025) ("Kennedy Letter"), available at https://essentialhospitals.org/wp-content/uploads/2025/06/6.13.25-EMTALA-letter-final.pdf.pdf.
[54] Kennedy Letter.
[55] Kennedy Letter.
[56] *Hearing on the Fiscal Year 2026 Dep't of Health and Hum. Servs. Budget Before the H. Comm. on Energy & Com., Subcomm. on Health,* 119th Cong. (2025) (statement of Robert F. Kennedy Jr., Sec'y of Health & Hum. Serv.).
[57] Center for Reproductive Rights, *Complaints Against Texas Hospitals for Denying Emergency Care for Ectopic Pregnancies*, (updated May 8, 2025).
[58] *St. Luke's Health System, LTD. v. Labrador*, No. 1:25-cv-00015, ECF No. 1 (D. Idaho Jan 14, 2025).
[59] *St. Luke's Health System, LTD v. Labrador*, No. 1:25-cv-00015, ECF No. 49 at 59 (D. Idaho Mar. 20, 2025).
[60] *United States v. Idaho*, 623 F. Supp. 3d 1096, 1117 (D. Idaho 2022).
[61] *Moyle v. United States*, 144 S. Ct. 2015 (June 27, 2024) (per curiam).
[62] *Idaho v. United States*, No. 1:22-cv-00329, ECF No. 182 (D. Idaho Mar. 5, 2025).
[63] *Becerra v. Texas*, No. 23-1076 (U.S. Oct. 7, 2024) (denying certiorari).
[64] *Texas v. Becerra*, 89 F.4th 529, 546 (5th Cir. 2024) (affirming permanent injunction barring HHS from enforcing the 2022 EMTALA Guidance's "interpretation that Texas abortion laws are preempted by EMTALA" and "it's interpretation of EMTALA—both as to when an abortion is required and EMTALA's effect on state laws governing abortion—within the State of Texas or against [plaintiff organizations'] members."); *see also* Ctrs. for Medicare & Medicaid Servs., *Emergency Medical Treatment & Labor Act (EMTALA)*, https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act (last modified Dec. 6, 2024).
[65] A separate challenge to the guidance was filed by the Catholic Medical Association in Tennessee, Compl., *Catholic Med. Ass'n v. Dep't of Health & Hum. Servs.*, No 3:25-cv-00048, ECF No. 1 (M.D. Tenn. Jan. 10, 2025), but the plaintiff voluntarily dismissed that action on June 3, 2025.
[66] 42 C.F.R. §§ 482.13(a)(1), (b)(1), (b)(2).
[67] Know Your Rights: Existing Laws May Protect Health Care Professional Who Provide or Support Abortion from Discrimination in Employment, NAT'L WOMEN'S LAW CTR. (Feb. 9, 2023), https://nwlc.org/resource/know-your-rights-

existing-laws-may-protect-health-care-professionals-who-provide-or-support-abortion-from-discrimination-in-employment/.

[68] IOWA CODE § 147.136A.

[69] Accreditation Council for Graduate Med. Educ., *ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology* (Sept. 3, 2025).

[70] 42 U.S.C. § 238n.

[71] There is no reason to report a self-managed abortion to the police. Fact sheets from If/When/How with additional detail, including some state-specific fact sheets, are available here. If/When/How adds state-specific fact sheets to their website as they are finalized.

[72] IOWA CODE § 146B.2(3); IOWA ADMIN. CODE R. 641-100.5(144).

[73] Fact sheets from If/When/How with additional detail, including some state-specific fact sheets, are available here. If/When/How adds state-specific fact sheets to their website as they are finalized.

[74] IOWA CODE §§ 232.69, 235B.3; Iowa HHS – Mandatory Reporters.

[75] For example, an EMR may employ a tool that securely shares information among healthcare institutions that use the same EMR (e.g., from one hospital system to another) and allows robust sharing among affiliated healthcare institutions (e.g., a Texas hospital treating a patient may be able to see the patient's records from an Illinois hospital within the same health system).

[76] For example, if a patient travels from a ban state to an access state for abortion care or obtains an abortion in the ban state under an exception, then later obtains any type of healthcare at a different provider that uses the same EMR, the patient's records may be automatically shared with the second provider. If the second provider believes that the care violated the state's abortion ban, they may report it to authorities.

[77] Some states have taken steps to address vulnerabilities in information sharing, specifically for abortion and gender-affirming care. For example, Maryland and California, among other states, have enacted laws that restrict disclosure of abortion-related records and require EMRs to develop tools to limit or prohibit such disclosure. *See, e.g.,* H.B. 812, 445th Leg., Reg. Sess. (Md. 2023), A.B. 352, 2023 Leg., Reg. Sess. (Cal. 2023).

While the federal government under the Biden administration created additional HIPAA protections related to the disclosure of reproductive health care records by issuing a HIPAA Reproductive Health Rule, in 2025, a federal district court vacated the rule nationwide and the requirements of the rule are no longer in effect (except for the notice of privacy practices provisions related to substance use disorder treatment records, which go into effect on February 16, 2026). HIPAA Privacy Rule to Support Reproductive Health Care Privacy, 89 Fed. Reg. 32976 (2024) (modifying 45 C.F.R. §§ 160, 164), *Purl v. U.S. Dep't of Health & Hum. Servs.*, No. 2:24-cv-228-Z (N.D. Tex. Jun 18, 2025) (vacating the majority of the rule). All HIPAA protections that were in place prior to this rule remain in place.

[78] Many of these setting options are quite broad, blocking not only a subsequent provider's access to more "sensitive" information, but also to less sensitive information that is critical to continuity of care. For this reason, many patients may not want to limit access to their records.

[79] E.g., healthcare institutions must comply with interoperability rules that penalize certain information blocking (though exceptions are available). *See* 21st Century Cures Act: Interoperability, Information Blocking and the ONC Health IT Certification Program, 85 Fed. Reg. 25642 (May 1, 2020) (amending 45 C.F.R. §§ 170, 171), 21st Century Cures Act: Establishment of Disincentives for Health Care Providers That Have Committed Information Blocking, 89 Fed. Reg. 54662 (July 1, 2024) (amending 42 C.F.R. §§ 171 414, 425, 495). *See also* Health Data, Technology, and Interoperability: Protecting Care Access, 89 Fed. Reg. 102512 (Dec. 17, 2024) (adding 45 C.F.R. § 171.206 to except information blocking practices intended to reduce potential exposure to legal action based on lawful reproductive health care provision, subject to certain conditions). Not all healthcare providers are currently subject to the disincentives included in the 2024 rule. However, the Centers for Medicare & Medicaid Services (CMS) may apply disincentives to certain hospitals and merit-based incentive payment system (MIPS) eligible clinicians.

[80] IOWA CODE § 146.D.1.

[81] IOWA CODE § 146.D.1(1)-(2).

[82] IOWA CODE § 146.D.1(3).