
UNITED WOMEN IN FAITH TEXAS LEGISLATIVE EVENT

CHARLES E. L. BROWN, MD, MBA, FACOG
LEGISLATIVE CHAIR, DISTRICT XI, ACOG
JANUARY 27, 2025





DISCLOSURES

- I have been asked to participate for this event in my role as an officer of District XI of The American College of Obstetricians and Gynecologists (ACOG)
- I have no financial conflicts of interest to disclose
- Opinions are wholly mine and may not represent those of my employer, Texas A&M College of Medicine

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS



DXI (Texas)-ACOG's agenda:

1. Reproductive Health
 Decriminalize evidence-based medicine
2. Rural Health
 “maternity care deserts”
3. Physician payments





OBJECTIVES

- Background -- overview of medical education, including medical ethics
- Review some recent events in Texas
- Ask a few questions



BACKGROUND

- I was born and raised in Dallas
- 1971-1975 Tulane University – B.S. in Chemistry
 - 1975-1976 Cancer research lab – Tulane Medical School and USPS Hospital, New Orleans
- 1976-1980 Tulane Medical School – worked in OR at Charity Hospital
- 1980-1984 Ob/Gyn Residency at UTMB in Galveston
- 1984-1986 MFM Fellow at UTSW/Parkland Hospital, Dallas
- 1984-1994 Faculty at UTSW
- 1994-2014 Medical Director of Ob/Gyn at Seton, Brackenridge, and Austin Women’s Hospital
- Teaching programs:
 - Ob/Gyn Clerkship Director for UTSW 1986-1994; UTMB-Austin 1999-2005
 - Family Practice OB Fellowship Director and Assoc. Director of St. Joseph’s, Houston Ob/Gyn program , Brackenridge Hospital 1999-2005
 - Ob/Gyn Residency Program Director for UTMB,UTSW, and UT Dell 2004-2016
 - MFM Fellowship Director at UTSW 2016-2022
 - Texas A&M College of Medicine 2022-present



BACKGROUND: MEDICAL EDUCATION TIMELINE

- College/undergraduate degree 2-4 years
- Medical school 4 years
- Residency training 2-7 years
- Sub-specialty training (Fellowships) 1-4 years
- Specialty Board Certification 0-3 years

■ TOTAL

9-22 years!

BACKGROUND: MEDICAL EDUCATION TIMELINE

- College/undergraduate degree 2-4 years
- Medical school 4 years
- Residency training 3-7 years
- Sub-specialty training (Fellowships) 1-4 years (+/-)
- Specialty Board Certification 0-3 years

■ TOTAL

9-22 years!

■ Mine was 17 years (1971-1988)



BACKGROUND: MEDICINE IS A PROFESSION GUIDED BY ETHICS

Medical Ethics Principles

- Beneficence
- Non-maleficence
- Patient autonomy
- Justice

Required actions

- Do good for the patient
- Do not harm the patient
- The patient, or their chosen agent, gets to decide
- Be treated impartially, fairly, properly and reasonably

BACKGROUND: CURRENT TEXAS ABORTION LAWS VIOLATE MEDICAL ETHICS

Medical Ethics Principles

- Beneficence
- Non-maleficence
- Patient autonomy
- Justice

Current status in the State of Texas

- The current legal environment is preventing care
- Pregnant women are being harmed -- current laws create harm and delay of care of patients, and risk to physicians for practicing the standard of care
- The pregnant patient has no agency over her health, or that of her embryo/fetus
- Actions by any party to address the above are now criminal offenses



BACKGROUND: APPROACHES TO ADDRESS CURRENT LEGAL PROBLEMS

- Courts – No action (2021-2024)
- Governor/Texas Medical Board – No action (2024)
- Texas Legislature -- opportunity



QUESTION #1

- What is the impact of abortion laws on Texas women and families?

LETTER FROM TEXAS

DID AN ABORTION BAN COST A YOUNG TEXAS WOMAN HER LIFE?

*As many conservatives hail the fall of Roe for saving unborn
lives, high-risk pregnancy becomes even more perilous.*

By **Stephanía Taladrid**

January 8, 2024



YENIIFER ALVAREZ-ESTRADA GLICK

PROGRESS
TEXAS ★

ABOUT

EMAIL

DONATE

 CATHOLICVOTE

THE LOOP

READ

MISSION

VOLUNTEER

GIVE



Hannah Hlester on January 16, 2024

No, Pro-Life Laws in Texas Didn't Kill Yeni Glick

[HTTPS://CATHOLICVOTE.ORG/NO-PRO-LIFE-LAWS-IN-TEXAS-DIDNT-KILL-YENI-GLICK/](https://catholicvote.org/no-pro-life-laws-in-texas-didnt-kill-yeni-glick/)

ABORTION ACCESS

ACCOUNTABILITY

HEALTH CARE

A Baby Shower Turned Funeral



TATUM OWENS

JANUARY 12, 2024

[HTTPS://PROGRESSTEXAS.ORG/BABY-SHOWER-TURNED-FUNERAL](https://progresstexas.org/baby-shower-turned-funeral)

THIS IS A CASE OF A MATERNITY CARE DESERT



Search the site

STATE SUMMARIES 

REPORTS 

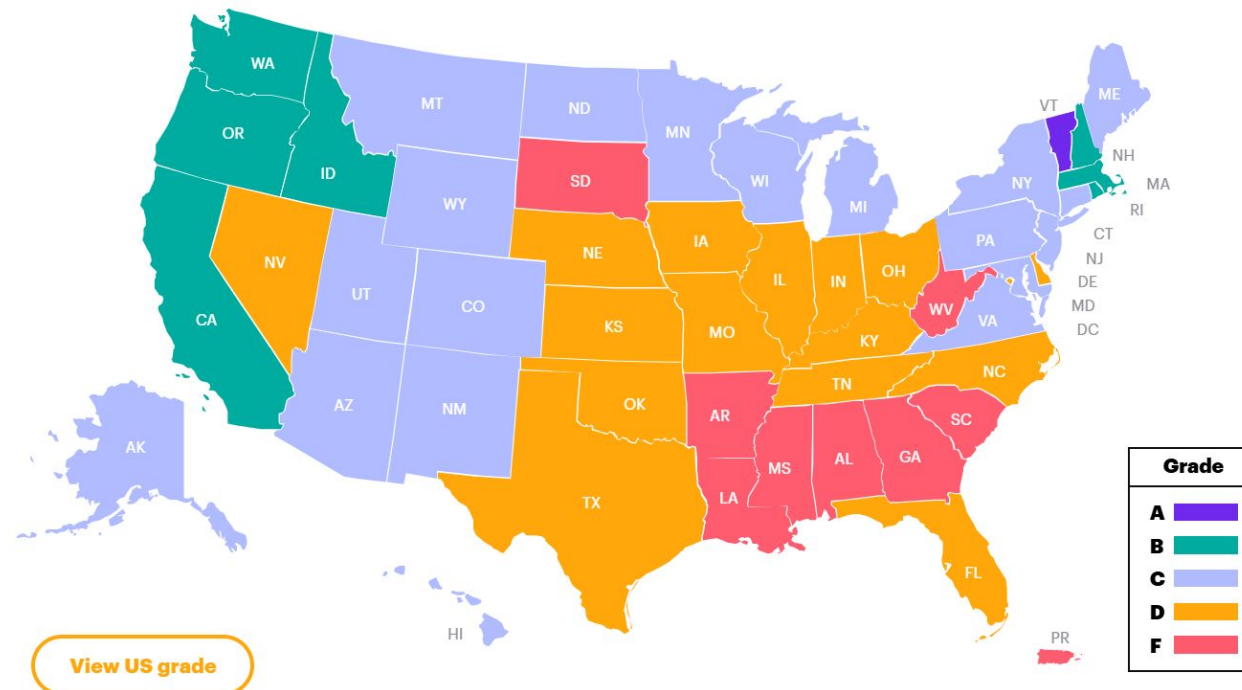
DATA 

Data > [Maternity Care Desert](#)

MATERNITY CARE DESERT

MARCH OF DIMES REPORT CARD -- MATERNAL AND INFANT MORTALITY AND MORBIDITY

TEXAS GRADE IS A “D”



MARCH OF DIMES REPORT CARD -- MATERNAL AND INFANT MORTALITY AND MORBIDITY

TEXAS GRADE IS A “D” -- 22ND OF 52 IN INFANT MORTALITY (KEPT US FROM “F”)

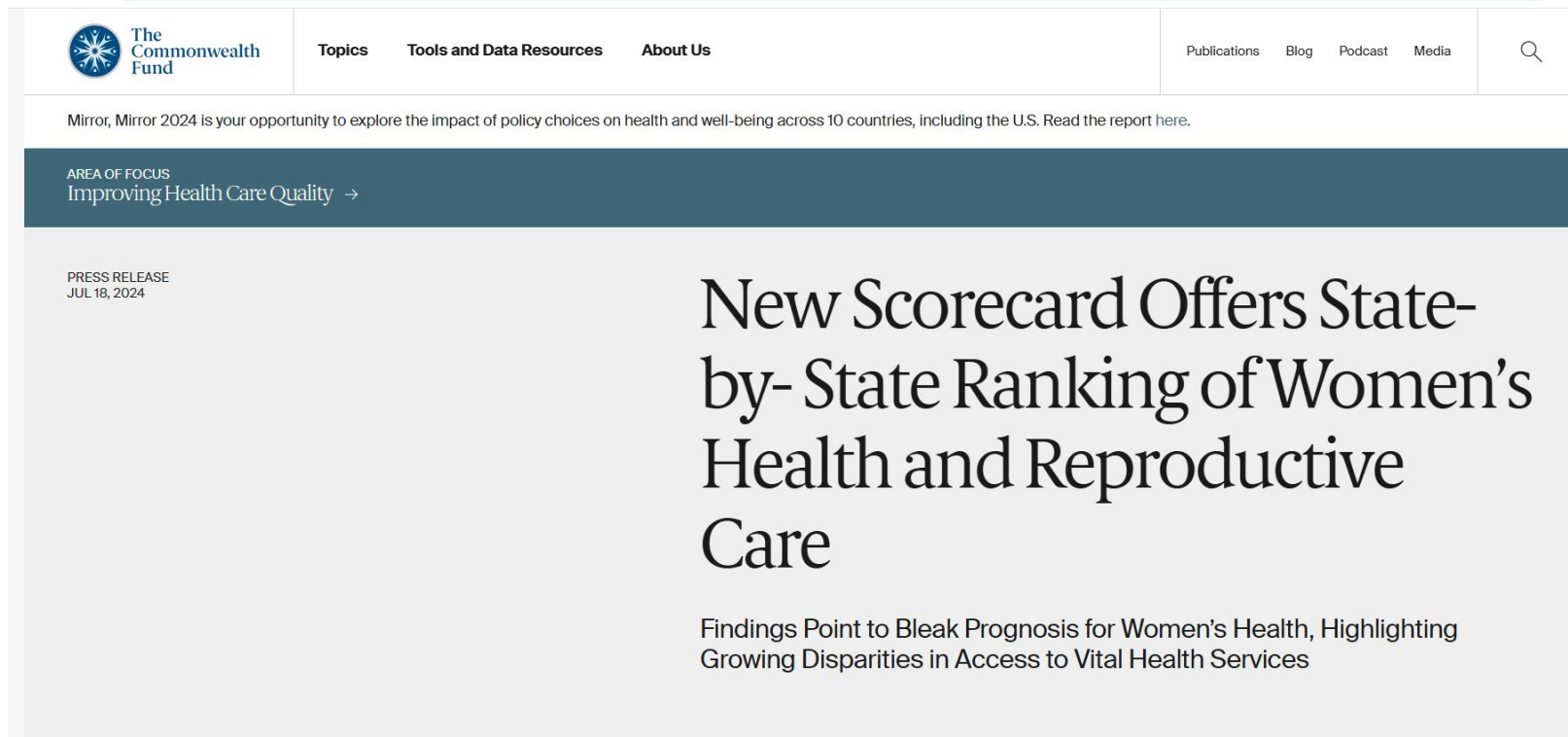
This table is a summary of report card measures.

Refer to each individual section for more info on each measure.

	Preterm birth	Preterm disparity ratio	Infant mortality	Maternal mortality	Low-risk Cesarean	Adequate PNC
Measure	11.1%	1.28	5.7 deaths per 1K births	28.2 deaths per 100K births	27.8%	68.8%
Rank	40th of 52	26th of 47	22nd of 52	27th of 40	38th of 52	47th of 52
Direction from prior year	Improved	Worsened	Worsened	Worsened	Worsened	Worsened
HP2030 Target	9.4%	1.00	5.0 deaths per 1k births	15.7 deaths per 100k births	23.6%	80.5%

Note: All policies were assessed on October 15, 2024. Adequate PNC measure differs from inadequate PNC. Adequate is presented here to align with Healthy People 2030 target. Ranks are determined for all states with available data with 1 being the best.

TEXAS RANKS #50 (OF 51) IN 32 MEASURES OF WOMEN'S HEALTH



The Commonwealth Fund

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Mirror, Mirror 2024 is your opportunity to explore the impact of policy choices on health and well-being across 10 countries, including the U.S. Read the report here.

AREA OF FOCUS
Improving Health Care Quality →

PRESS RELEASE
JUL 18, 2024

New Scorecard Offers State-by-State Ranking of Women's Health and Reproductive Care

Findings Point to Bleak Prognosis for Women's Health, Highlighting Growing Disparities in Access to Vital Health Services

[HTTPS://WWW.COMMONWEALTHFUND.ORG/PUBLICATIONS/SCORECARD/2024/JUL/2024-STATE-SCORECARD-WOMENS-HEALTH-AND-REPRODUCTIVE-CARE](https://www.commonwealthfund.org/publications/scorecard/2024/jul/2024-state-scorecard-womens-health-and-reproductive-care)

JULY 18, 2024

JOSSELI BARNICA

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Health Care

A Woman Died After Being Told It Would Be a “Crime” to Intervene in Her Miscarriage at a Texas Hospital

Josseli Barnica is one of at least two pregnant Texas women who died after doctors delayed emergency care. She'd told her husband that the medical team said it couldn't act until the fetal heartbeat stopped.



Josseli Barnica and her daughter in 2020. Courtesy of the Barnica family



NEVEAH CRAIN



Health Care

A Pregnant Teenager Died After Trying to Get Care in Three Visits to Texas Emergency Rooms



PORSHA NGUMEZI

 PROPUBLICA

Health Care

A Third Woman Died Under Texas' Abortion Ban. Doctors Are Avoiding D&Cs and Reaching for Riskier Miscarriage Treatments.

Thirty-five-year-old Porsha Ngumezi's case raises questions about how abortion bans are pressuring doctors to avoid standard care even in straightforward miscarriages.





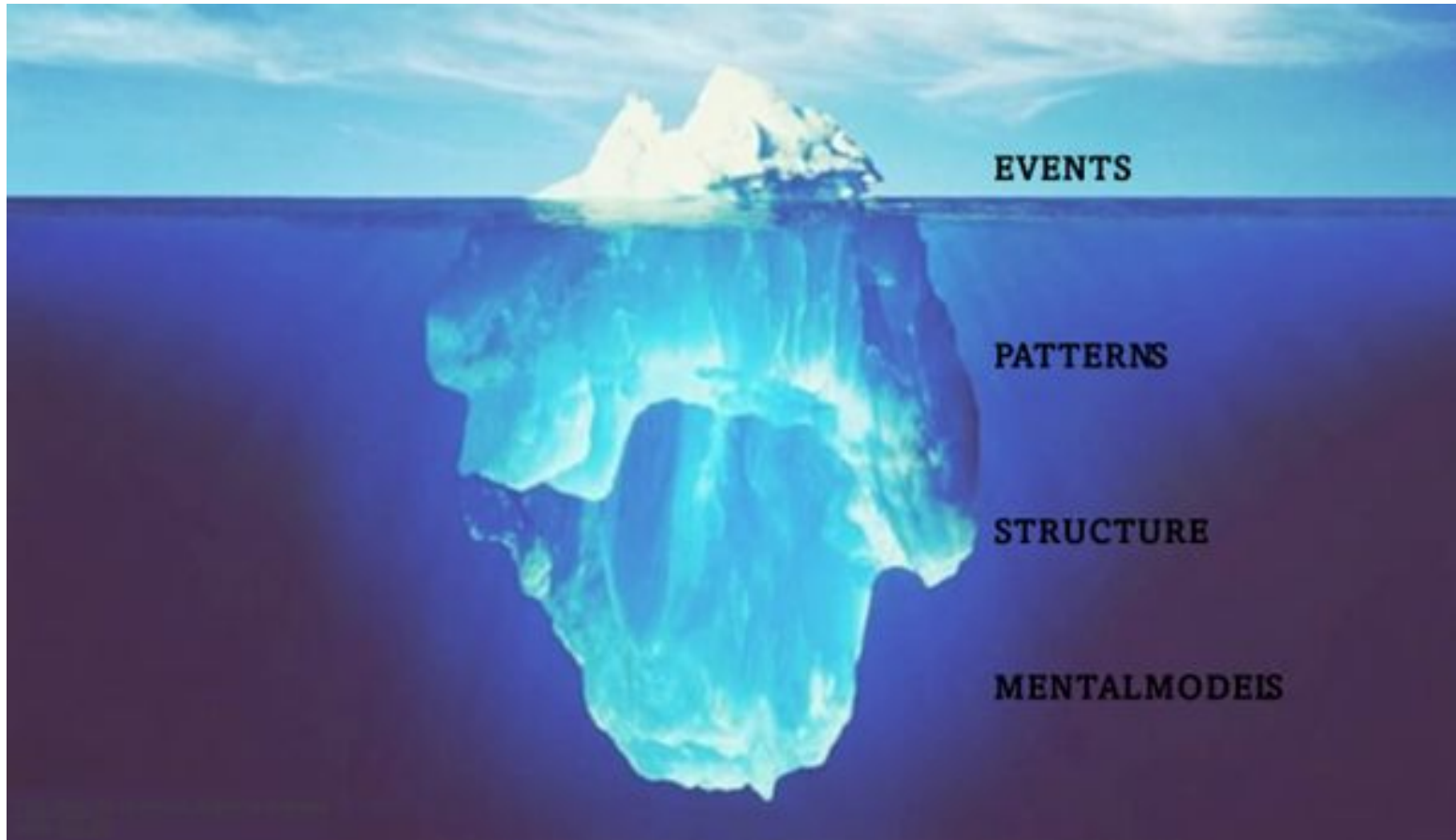
MEDICAL MANAGEMENT – MY OPINION

- I personally reviewed the medical record of the Glick case – I only read the newspaper description of the other cases.
- Every case would have had a >99% chance of resulting in a living mother before the heartbeat bill (2021) in Texas and Dobbs v Jackson (2022). Two of those cases resulted in stillborn fetuses which likely would have survived, and done well as a premature delivery, if appropriate care would have been available.
- None had the complications in the Texas “affirmative defense” bill – TX HB3058 88(R)
- These laws have created an environment where at least 4 mothers, and 2 potentially viable fetuses have died needlessly.

THESE CASES ARE THE TIP OF THE ICEBERG!



MATERNITY CARE DESERTS + RESTRICTIVE ABORTION LAWS





QUESTION #1

- What is the impact of abortion laws on Texas women and families?
- ANSWER – women and their families are being harmed



SOLUTION; STARTING POINT IS TO DECRIMINALIZE MEDICAL CARE

- **Remove the criminal penalties for evidence-based health care** – leave it up to the civil courts and the Texas Medical Board
- <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/opposition-criminalization-of-individuals-pregnancy-and-postpartum-period>



QUESTION #2

- What is the impact of abortion laws on workforce and broader care?

\$1 a week for one year.

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LETTER FROM THE RIO GRANDE VALLEY

THE TEXAS OB-GYN EXODUS

*Amid increasingly stringent abortion laws, doctors who provide
maternal care have been fleeing the state.*

By **Stephania Taladrid**

November 25, 2024



PHYSICIAN WORKFORCE STUDIES

- Manatt: Texas Ob/Gyn Physician Workforce Study

- AAMC

The screenshot shows the AAMC website's navigation bar with links for AAMC.ORG, STUDENTS & RESIDENTS, CAREERS IN MEDICINE (CIM), and AAMC STORE. Below the navigation is a search bar and a main menu with links for Home, Resources & Services, News, Data & Reports, Advocacy & Policy, Career Development, and About. The breadcrumb trail indicates the current page is 'Home / Data & Reports / Physician Workforce Projections'. The main content area features the heading 'REPORT Physician Workforce Projections' with the subtitle 'The Complexities of Physician Supply and Demand'. A brief description states: 'Annual physician workforce supply & demand projections for primary & specialty care in the US. Looks at potential future shortages, impact of demographic, health system, policy changes on future workforce. Includes multiple scenarios, updated data each year, section on health care utilization equity.' Two links are provided: '1. The Complexities of Physician Supply and Demand: Projections From 2021 to 2036' and '2. Summary Report: The Complexities of Physician Supply and Demand: Projections From 2021 to 2036'. The footer includes the copyright notice '© Association of American Medical Colleges' and social media sharing icons for LinkedIn, X, Facebook, and Email.

[HTTPS://WWW.MANATT.COM/MANATT/MEDIA/DOCUMENTS/ARTICLES/FINAL-TX-OBGYN-WORKFORCE-STUDY_2024-10_F.PDF](https://www.manatt.com/manatt/media/documents/articles/final-tx-obgyn-workforce-study_2024-10_f.pdf)

[HTTPS://WWW.AAMC.ORG/DATA-REPORTS/WORKFORCE/REPORT/PHYSICIAN-WORKFORCE-PROJECTIONS](https://www.aamc.org/data-reports/workforce/report/physician-workforce-projections)

OCTOBER 2024

The Texas OB/GYN Physician Workforce Early Assessment of the Impact of Abortion Restrictions on the Workforce Pipeline

Alex Morin, Managing Director
Deborah Bachrach, Partner
Annie Fox, Manager
Darrell G. Kirch, M.D., National Advisor
Joy Madubonwu, Consultant
Manatt Health



THE FOLLOWING SLIDES ARE USED WITH PERMISSION OF THE
AAMC 11/12/2024

- Question #2.a. – Who is the AAMC?

BACKGROUND: MEDICAL EDUCATION TIMELINE

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC)
FACILITATES THE APPLICATION PROCESS FOR MEDICAL STUDENTS
TO APPLY TO RESIDENCY PROGRAMS –
THEY HAVE THE DATA!!!

- College/undergraduate degree 2-4 years
- Medical school 4 years
- Residency training 2-7 years
- Sub-specialty training (Fellowships) 1-4 years
- Specialty Board Certification 0-3 years

■ TOTAL

9-22 years!



Real health care problems deserve realistic policy solutions

Straightforward analysis of the nation's health care and how to improve it.

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From the Executive Director

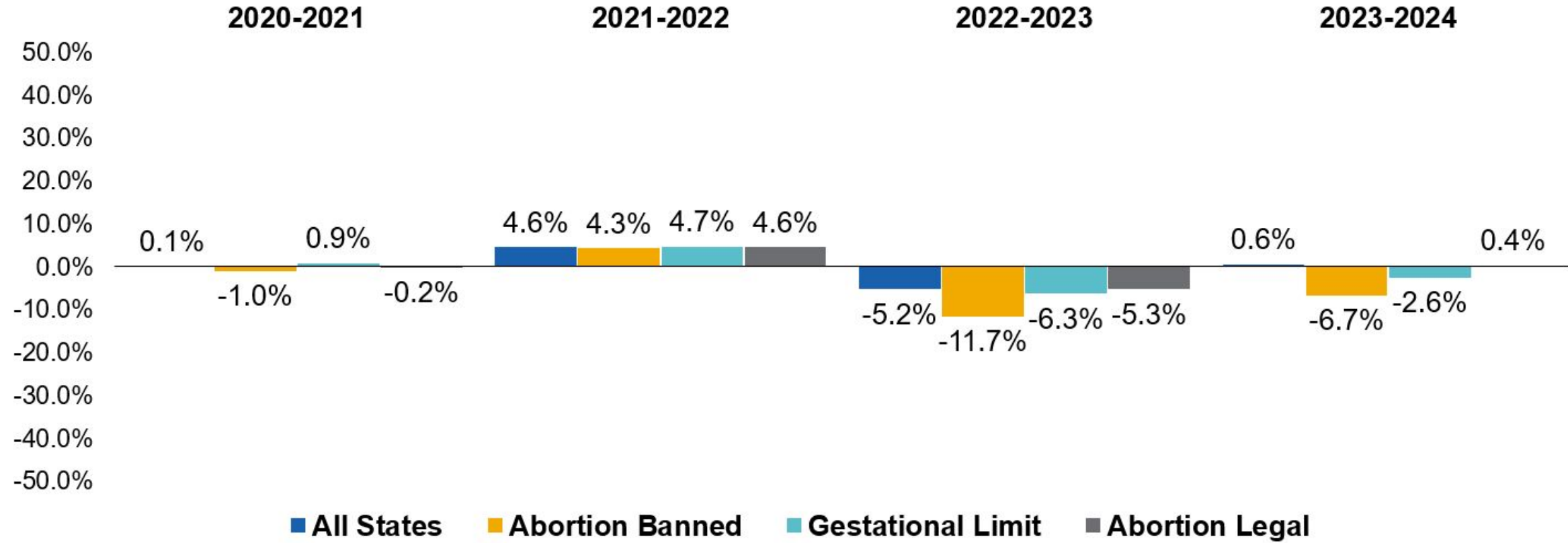


"To really address the policy changes needed to relieve shortages, we must first look at the projections that guide them."

Executive Director Atul Grover, MD, PhD

[Read more about improving health workforce projection models](#)

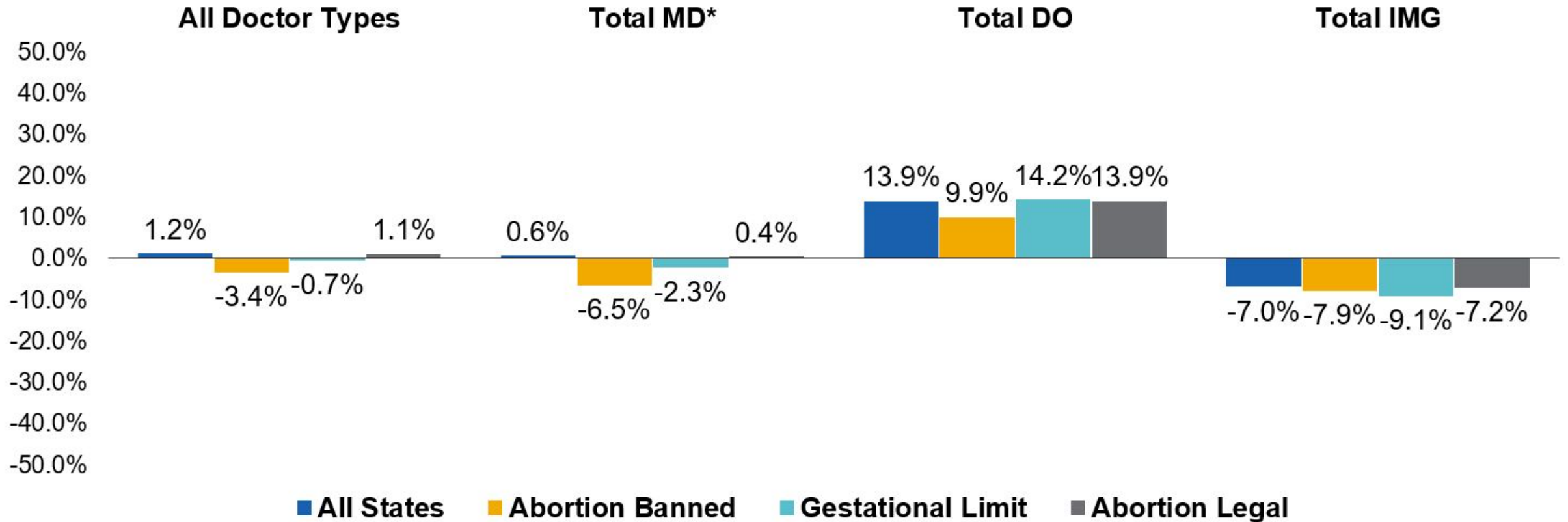
States With Abortion Bans See Continued Decrease in U.S. MD Senior Residency Applicants



Percent change in U.S. MD senior **OB/GYN applicants** from the previous application cycle by state abortion-ban status.

Source: 2022-2023 Electronic Residency Application Service (ERAS).
 Note: State abortion ban status has been updated as of April 1, 2024, and will not be identical to previous publications.

States With Abortion Bans See Continued Decrease in U.S. MD Senior Residency Applicants



Percent change from 2023 to 2024 in **OB/GYN applicants** by graduate type and state abortion-ban status.

Note: *Includes seniors and previous medical school graduates.

SELECT STATE

Texas

SELECT SPECIALTY

All Specialties

View All States

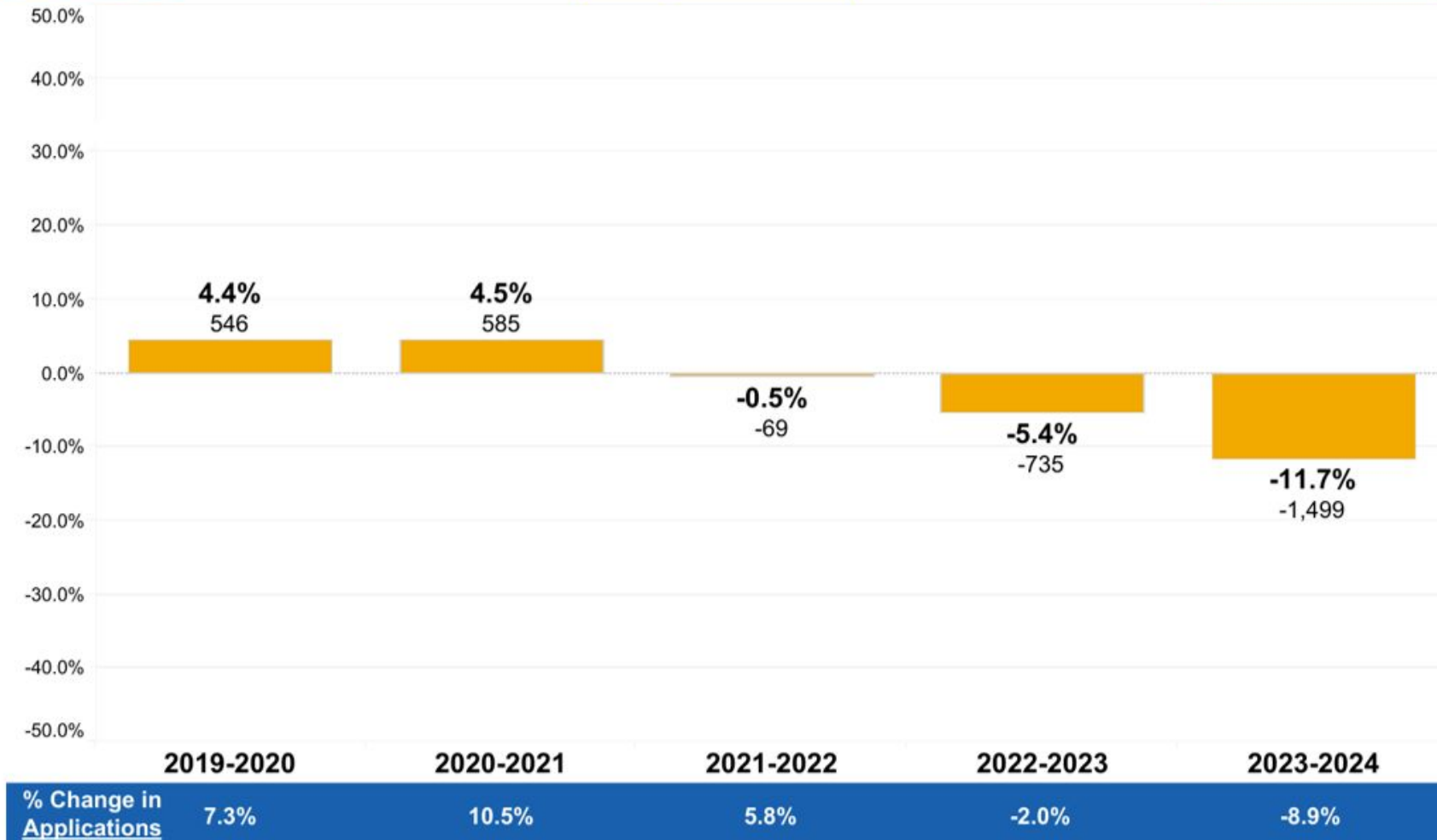


Figure 1: Percent Change in U.S. MD Senior Applicants From the Previous Application Cycle By Year, Specialty, and State. Note: N/A signifies insufficient sample.

Figure 7. Impact of Texas Abortion Laws on OB/GYN Practice—Detailed

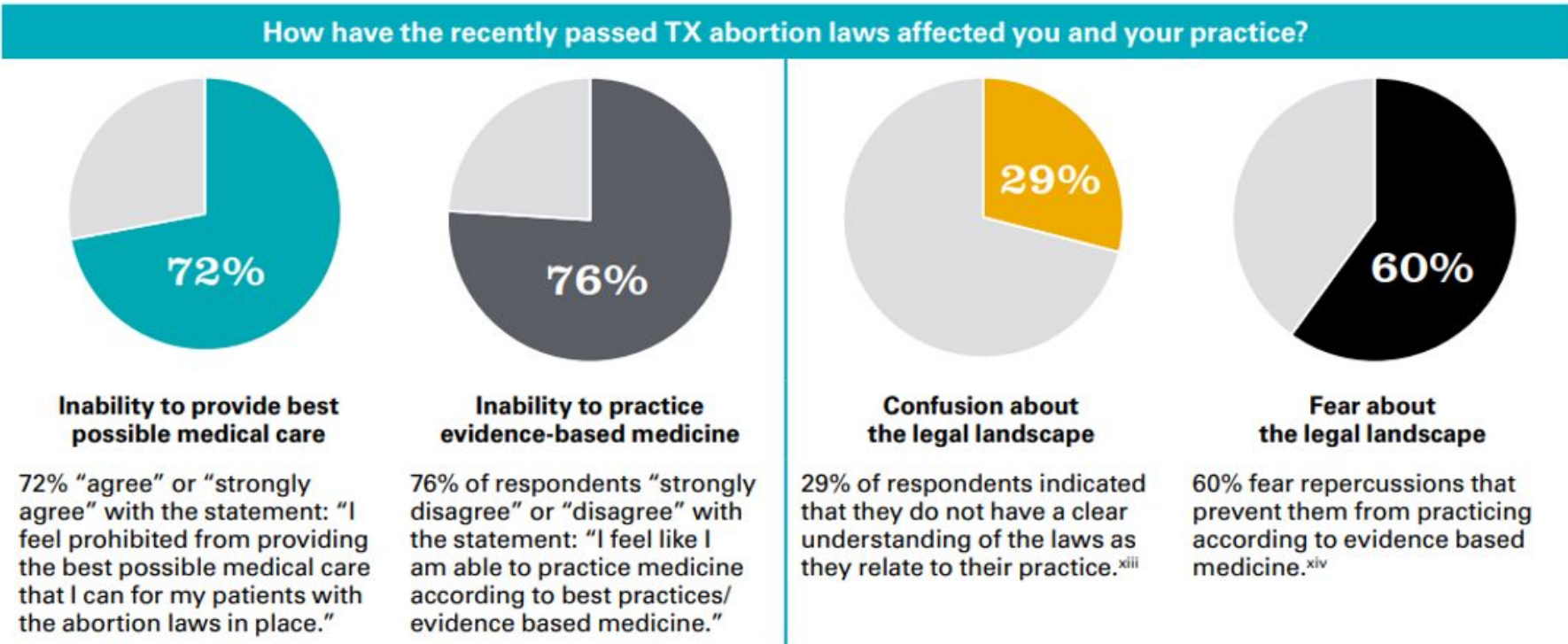
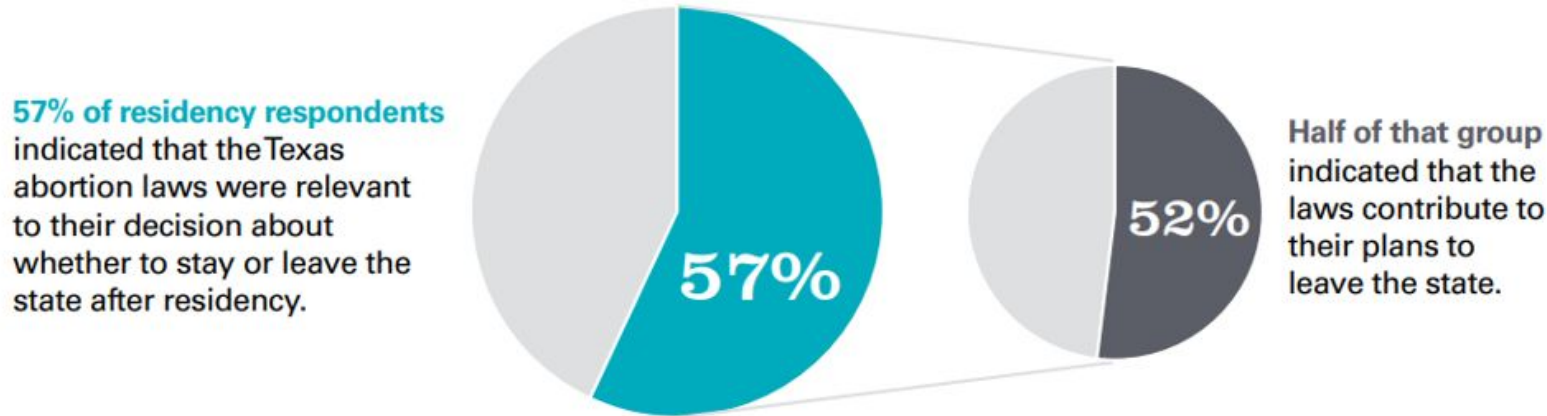


Figure 9. Practice Changes Due to Abortion Laws in TX—Resident Physicians



Source: The Texas OB/GYN Physician Workforce Early Assessment of the Impact of Abortion Restrictions on the Workforce Pipeline. Manatt Health. October 2024.

IMPACT ON OB/GYN APPLICATIONS IN TEXAS

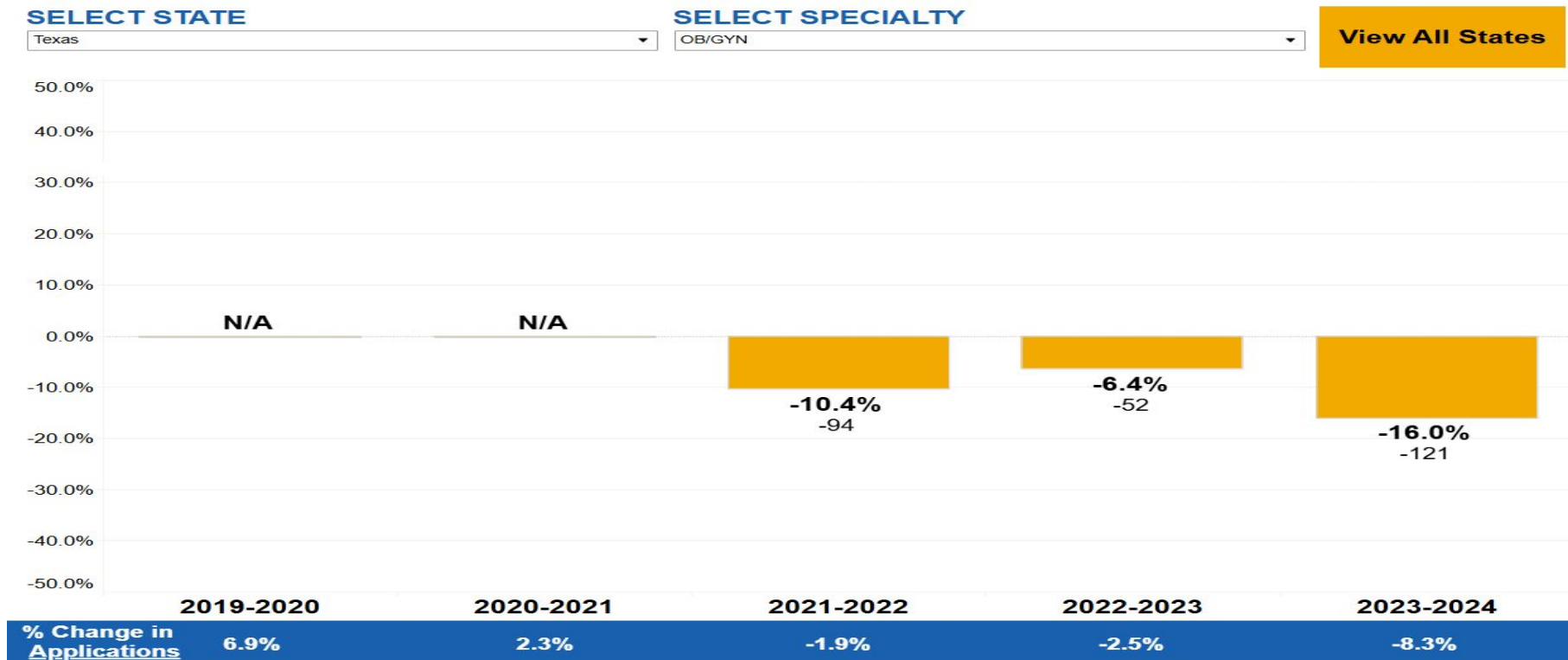


Figure 1: Percent Change in U.S. MD Senior Applicants From the Previous Application Cycle By Year, Specialty, and State. Note: N/A signifies insufficient sample.



THIS IS NOT JUST OB/GYN: GRAPH FROM ALL SPECIALTIES FOR TEXAS

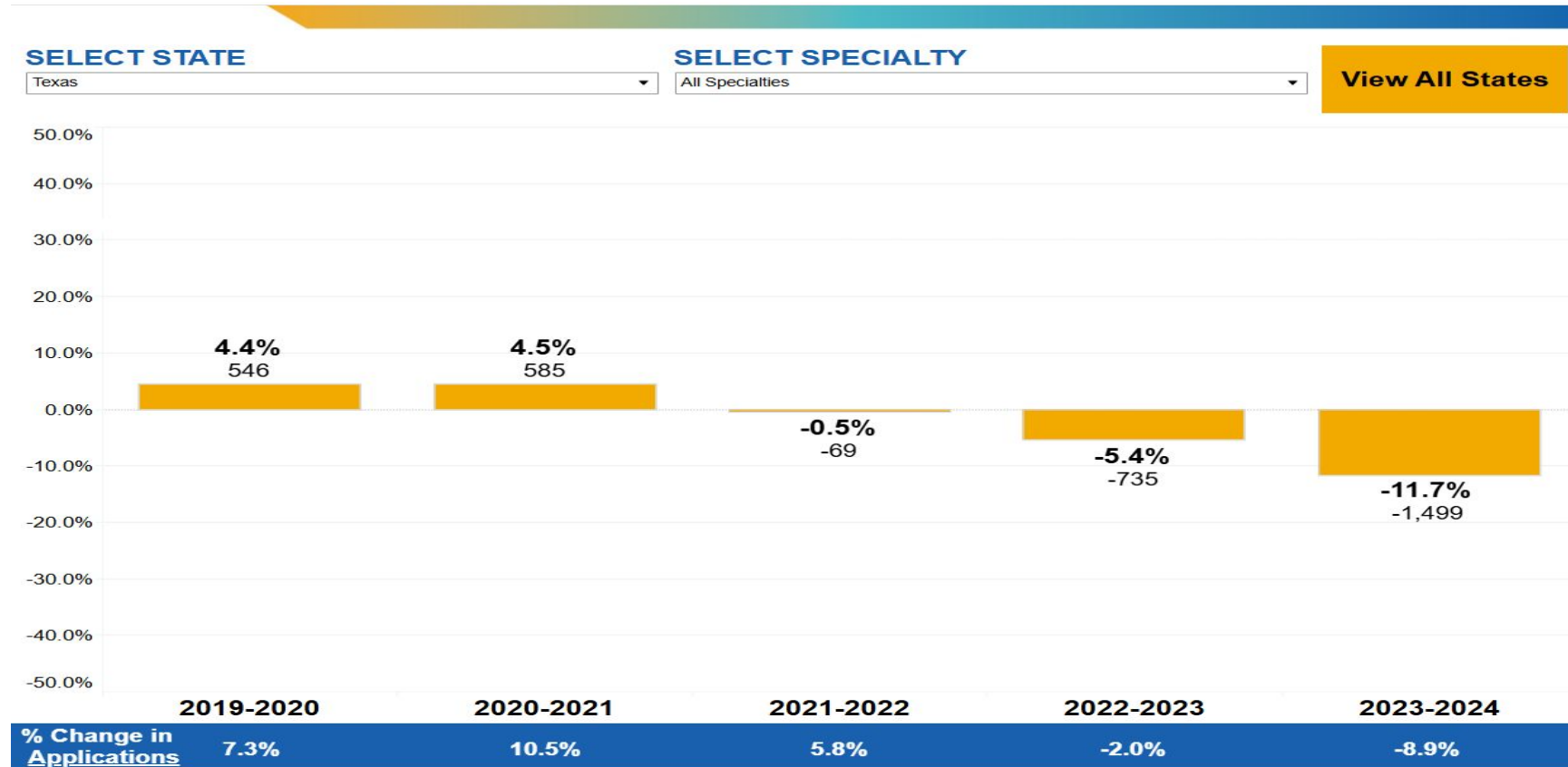


Figure 1: Percent Change in U.S. MD Senior Applicants From the Previous Application Cycle By Year, Specialty, and State. Note: N/A signifies insufficient sample.



THIS IS NOT JUST OB/GYN: GRAPH FOR EMERGENCY MEDICINE FOR TEXAS

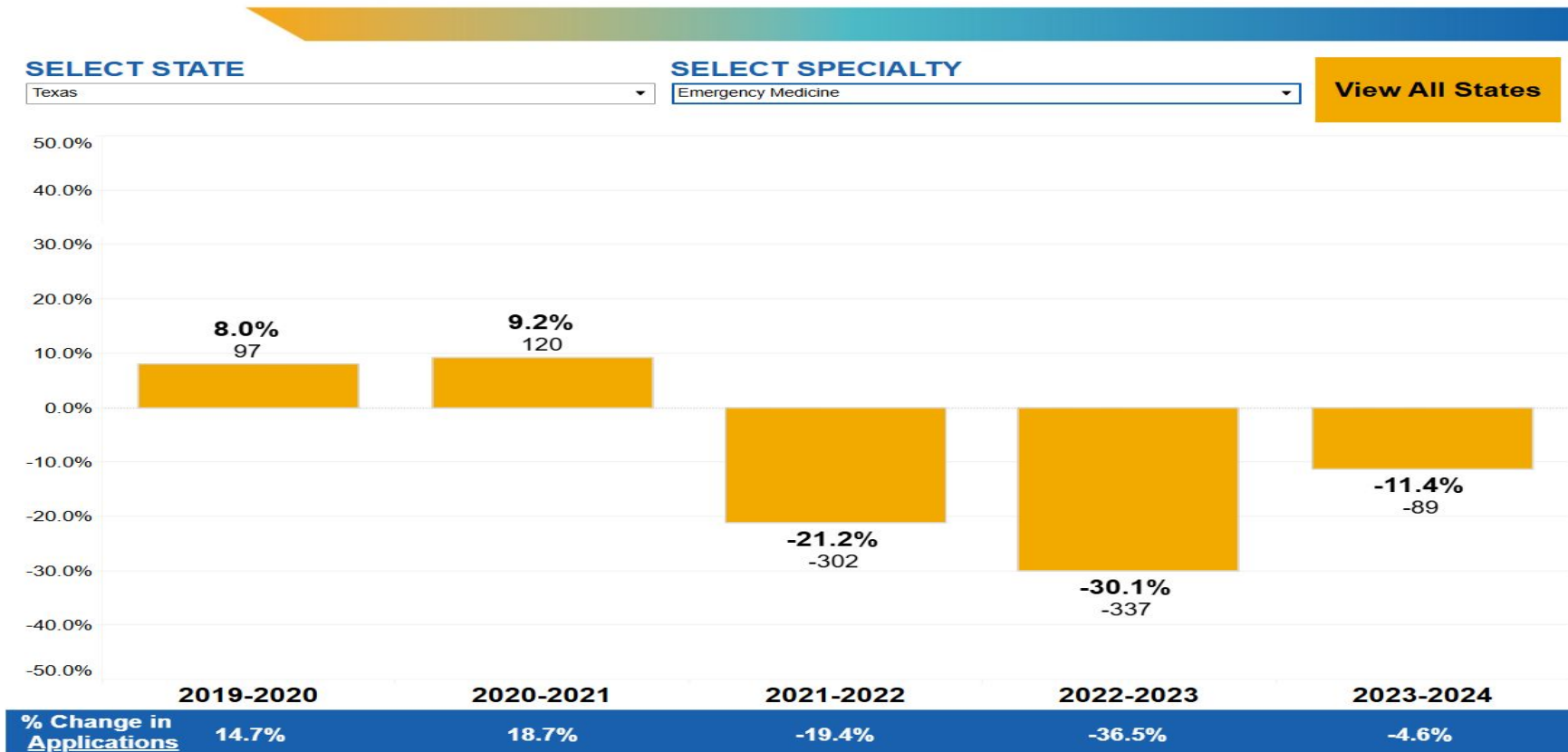


Figure 1: Percent Change in U.S. MD Senior Applicants From the Previous Application Cycle By Year, Specialty, and State. Note: N/A signifies insufficient sample.



THIS IS NOT JUST OB/GYN: GRAPH FROM FAMILY MEDICINE FOR TEXAS

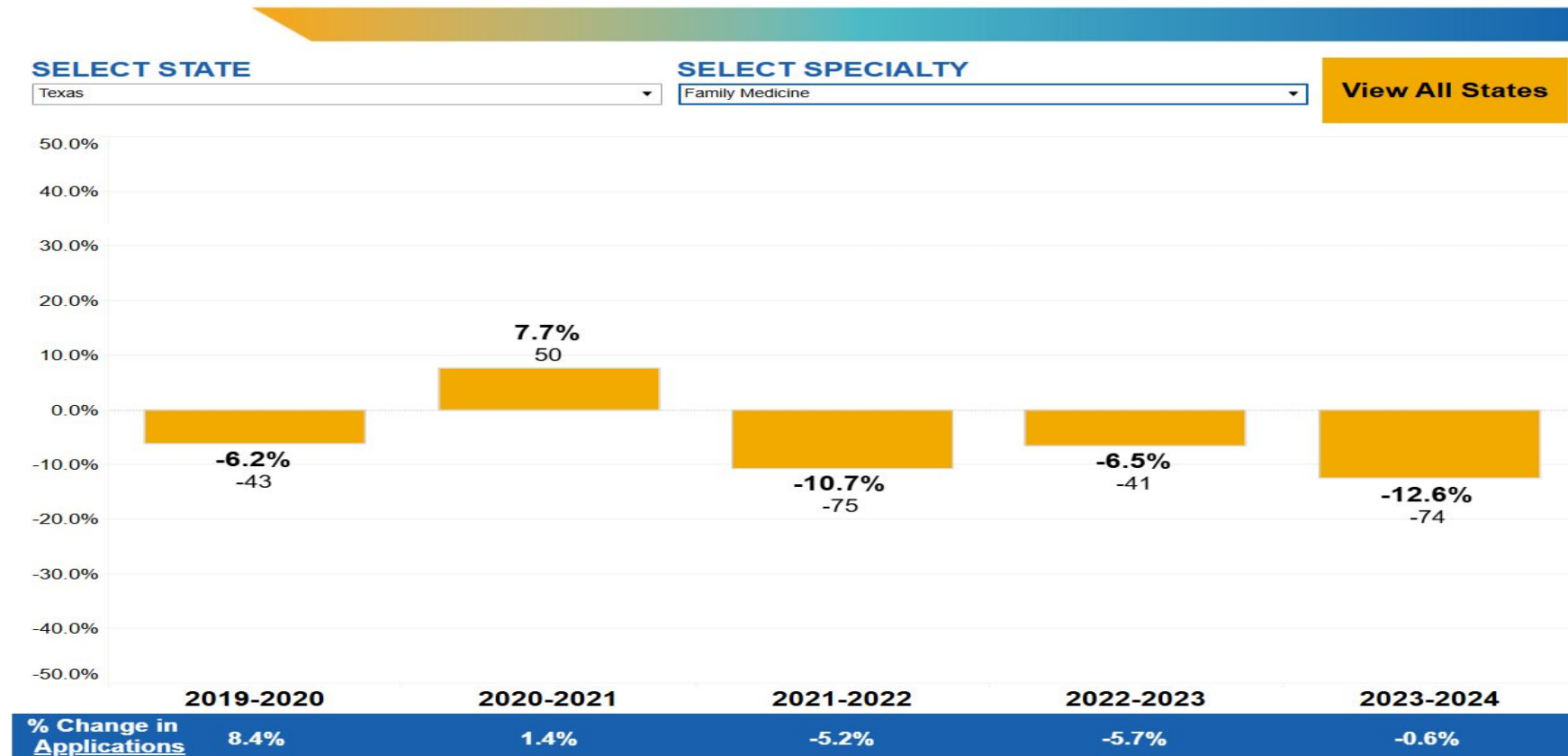


Figure 1: Percent Change in U.S. MD Senior Applicants From the Previous Application Cycle By Year, Specialty, and State. Note: N/A signifies insufficient sample.



THIS IS NOT JUST OB/GYN: GRAPH FROM INTERNAL MEDICINE FOR TEXAS

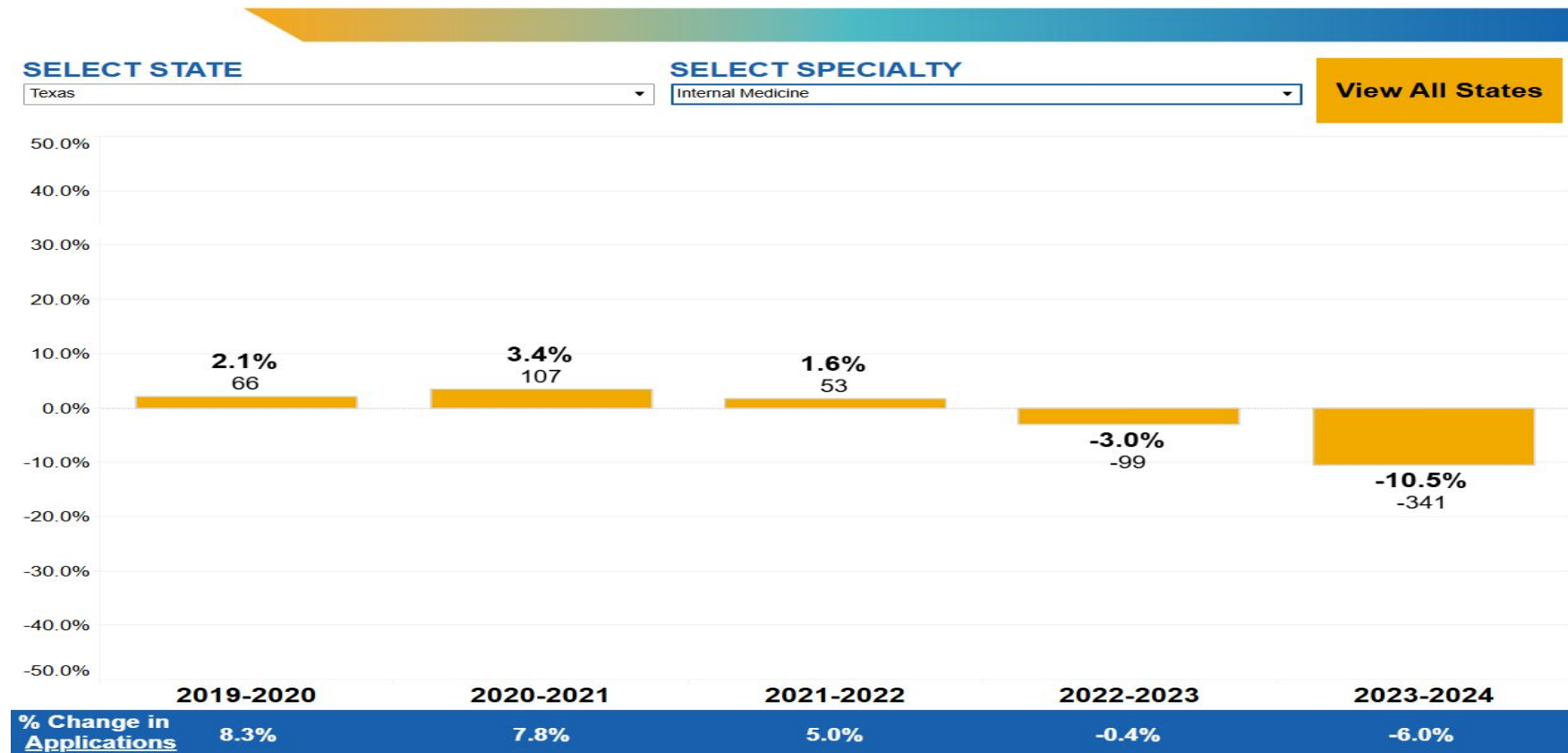


Figure 1: Percent Change in U.S. MD Senior Applicants From the Previous Application Cycle By Year, Specialty, and State. Note: N/A signifies insufficient sample.



THIS IS NOT JUST OB/GYN: GRAPH FROM OTHER SPECIALTIES FOR TEXAS

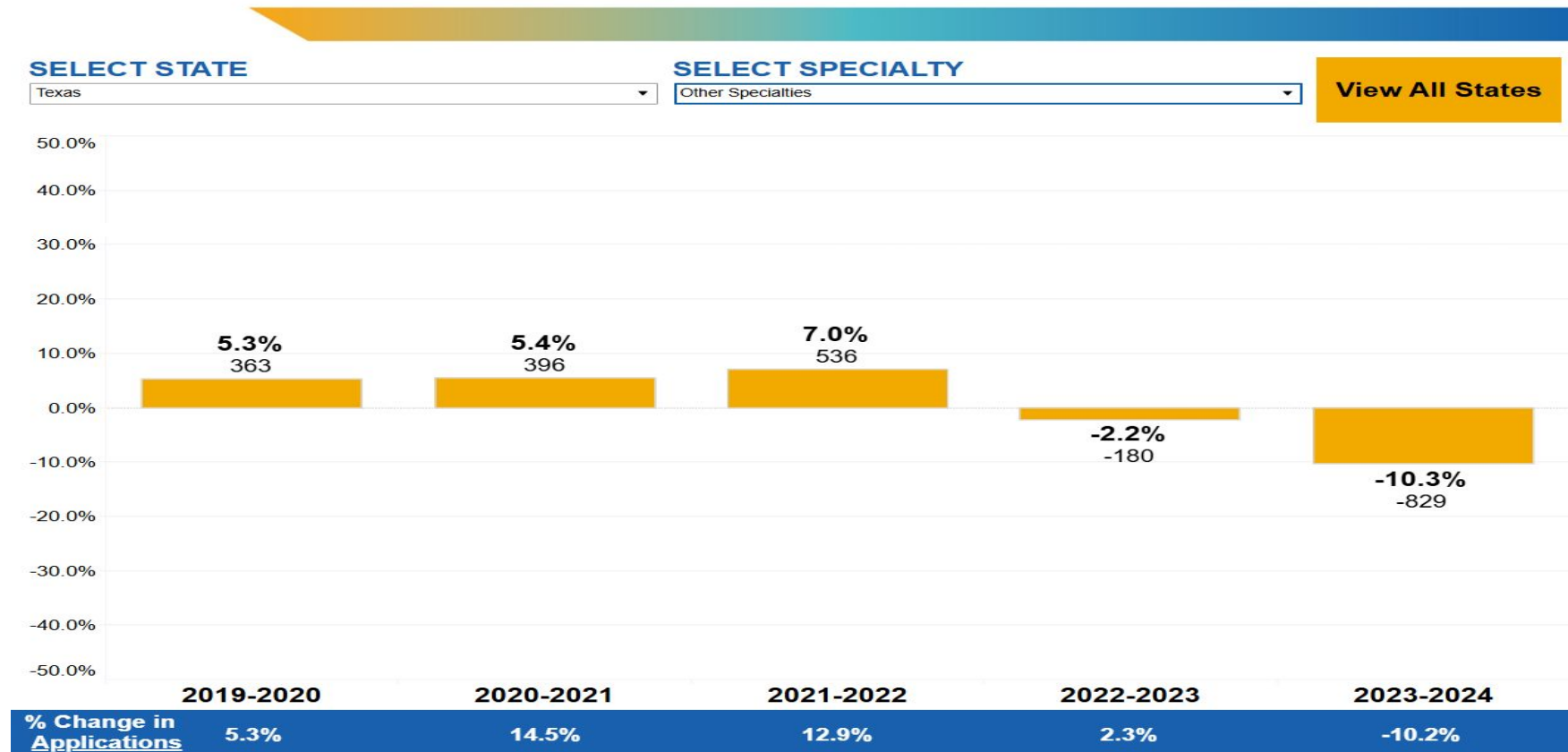


Figure 1: Percent Change in U.S. MD Senior Applicants From the Previous Application Cycle By Year, Specialty, and State. Note: N/A signifies insufficient sample.

THIS IS NOT JUST OB/GYN: GRAPH FROM PEDIATRICS FOR TEXAS

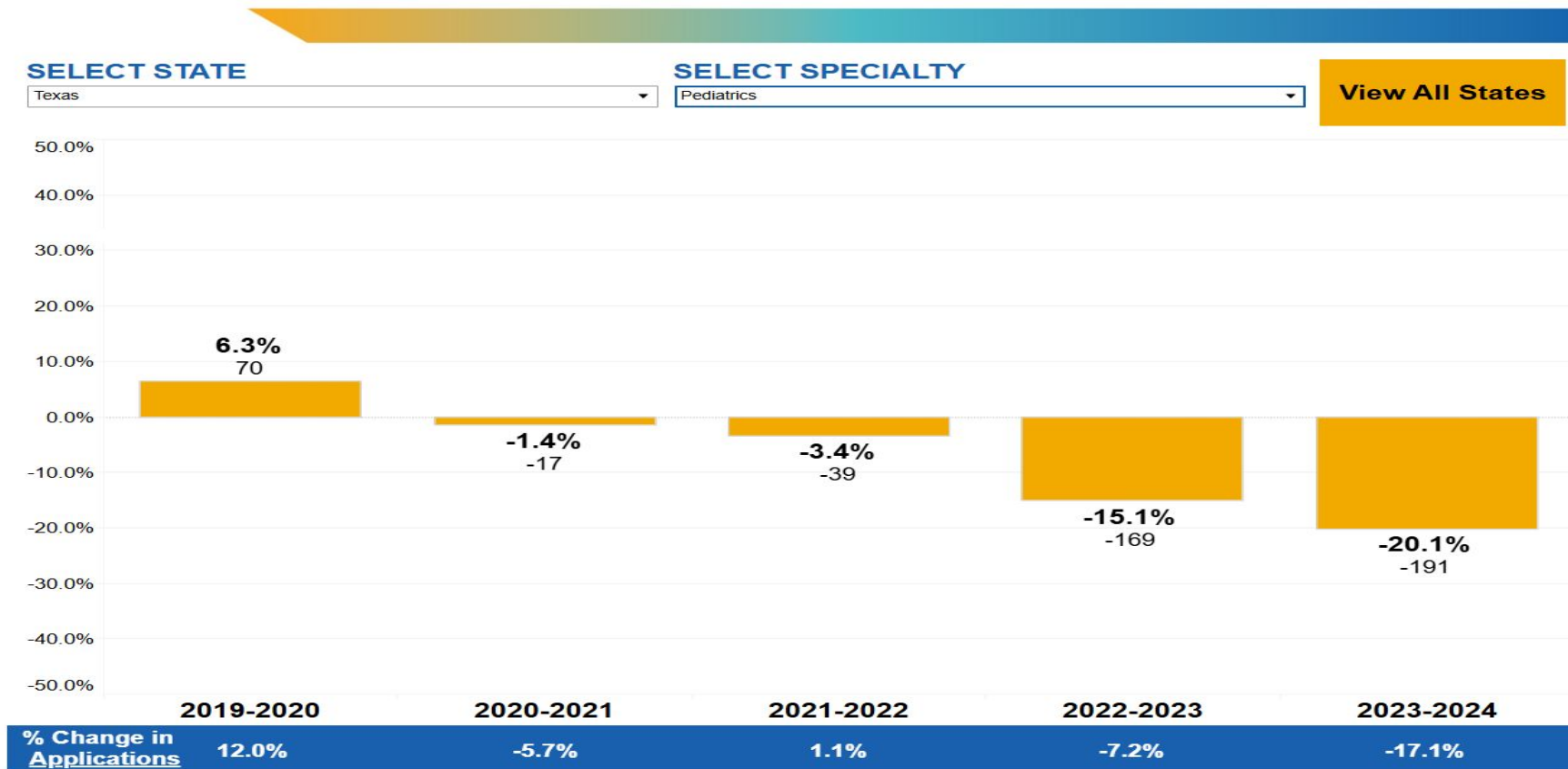


Figure 1: Percent Change in U.S. MD Senior Applicants From the Previous Application Cycle By Year, Specialty, and State. Note: N/A signifies insufficient sample.



VITAL SIGNS: THE ECONOMIC IMPACT OF PHYSICIANS IN TEXAS¹



Jobs

670,172

Direct jobs 246,714

Indirect jobs 423,458

Average jobs supported by each physician..... 13.1



Economic activity

\$117.9 billion

Direct economic output \$55.2 billion

Indirect economic output \$62.7 billion

Percent of total GSP/GDP² 7.3%

Average economic output generated by each physician..... \$2.3 million



Wages and benefits

\$55.4 billion

Direct wages and benefits \$34.0 billion

Indirect wages and benefits \$21.4 billion

Average wages and benefits supported by each physician..... \$1.1 million



State and local tax revenue

\$3.5 billion

Average state and local tax revenue generated by each physician..... \$68,599

1. *The economic impact of physicians in Texas (QuintilesIMS, January 2018).*

2. *US Bureau of Economic Analysis: Current-Dollar GDP by State, 2015.*

Source: The National Economic Impact of Physicians. AMA. January 2018.

Mean wait time for appointment by type of care and location, 2018 to 2023

		2018	2019	2020	2021	2022	2023
Primary Care	Urban	7.4	6.5	8.1	10.8	12.1	10.9
	Suburban	4.6	8.1	4.0	9.8	8.1	10.3
	Rural	7.5	4.6	3.3	6.3	12.8	9.8
Specialty Care	Urban	9.0	7.3	4.5	18.2	12.4	15.5
	Suburban	6.0	8.6	7.1	14.0	15.5	20.4
	Rural	10.6	16.6	11.0	9.2	19.1	11.6

Wait times in days.

WORKFORCE – THE ONE THAT REALLY CONCERNS ME




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CRITICAL CARE: RESEARCH LETTERS · [Volume 167, Issue 1, P160-163, January 2025](#) · [Open Access](#)

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The Impact of *Dobbs v Jackson* on Future Critical Care Workforce

A Cross-Sectional Survey

[Neelima Navuluri, MD, MPH](#) ^a  · [Jessica Zimo, MD](#) ^b · [Kaitland Byrd, PhD](#) ^c · [Kathleen Tiffany Lee, MPH](#) ^c · [Elizabeth Viglianti, MD, MPH](#) ^c

GENDER OF SAMPLE = 54% FEMALE; 45% MALE

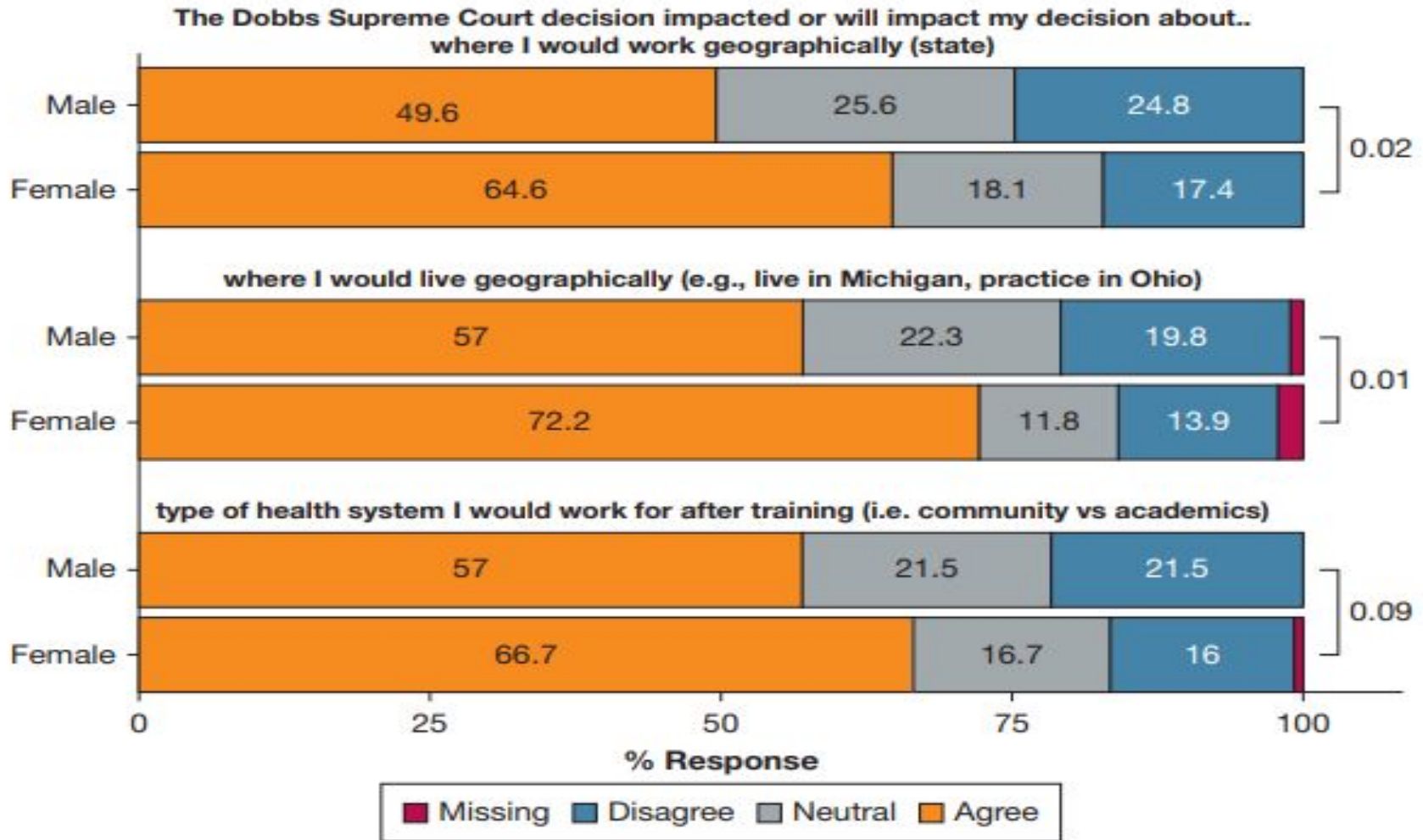


Figure 1 – Impact of the Dobbs Supreme Court decision.

CHEST. 2025; 167(1): 160-163

- 65% -- Dobbs influenced or will influence their region of residence
- 57.7% -- Dobbs will influence their work region
- 62% -- Dobbs will influence the type of health system they would work within

Most of both female and male fellows agreed that Dobbs influenced or will influence their region of residence (total, 65.3%; female fellows, 72.2%; male fellows, 57.0%), work region (total, 57.7%; female fellows, 64.6%; male fellows, 49.6%), and the type of health system (eg, community, religiously affiliated) they would work within (total, 62.3%; female fellows, 66.7%; male fellows, 57.0%)(Fig 1). The impact of Dobbs was greater for female fellows on residence region ($P = .01$) and work region ($P = .02$).



QUESTION #2

- What is the impact of abortion laws on workforce and broader care?
- ANSWER – the future of the healthcare system in Texas is at risk, and this will cost Texas billions of dollars



SOLUTION; STARTING POINT IS TO DECRIMINALIZE MEDICAL CARE

- **Remove the criminal penalties for evidence-based health care** – leave it up to the civil courts and the Texas Medical Board
- Allow residency applicants to feel personally safe for their own healthcare, and for that of their family
- Restore a culture of medical ethics to the practice of medicine in Texas



ARRANGE TO HAVE POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTION (**LARC**) AVAILABLE IN LABOR AND DELIVERY UNITS

- Contraception is a proven way to avoid abortion
- Unintended pregnancies are an important reason for some women to seek abortion
- There is a federal pricing gap for these devices to be used in-patient as opposed to out-patient
- There is good evidence that they are more effective than post partum visits, especially in underserved communities
 - <https://www.acog.org/programs/long-acting-reversible-contraception-larc/activities-initiatives/postpartum-contraceptive-access-initiative>



PERSONAL STORIES

- Zurawski v Texas
- Cox v Texas
- Articles in the lay press
- Personal stories
 - Here's one of many from me...



MY NEIGHBOR'S SON --2023

- Board certified anesthesiologist with fellowship in obstetrical anesthesia at an Ivy League University Hospital
- Interviewed to be director of anesthesia at Texas Children's Hospital - Austin
- He declined the offer because he felt he could not practice appropriate care in Texas due to abortion restrictions

MY NEIGHBOR'S SON...THEN IT GOT PERSONAL IN 2024

- Board certified anesthesiologist with fellowship in obstetrical anesthesia at an Ivy League University Hospital
- Interviewed to be director of anesthesia at Texas Children's Hospital - Austin
- He declined the offer because he felt he could not practice appropriate care in Texas due to abortion restrictions
- A few months later, his wife, who was about 20-22 weeks gestation (about 5 months along) with their second child, had some bleeding due to a low-lying placenta
- She was hospitalized – after a few days the bleeding stopped, and she was discharged to home
 - Discharge instructions by hospital team:
 - The usual medical instructions for placental bleeding at 20-22 weeks gestation
 - If you travel, be close to or within a large city where a major hospital has a blood bank
 - **DO NOT GO TO TEXAS!!!**



QUESTION #2.B. (CONTINUED – BROADER CARE)

- What is the impact of abortion laws on workforce and broader care?



QUESTION #3

- What can you do?



QUESTION #3

- What can you do?
- ANSWER –
 - Go back home and ask your friends and family for their stories...
 - Tell these stories until everyone is talking about it



OBJECTIVES

- Background -- overview of medical education, including medical ethics
- Review some recent events in Texas
- Ask a few questions



VERY USEFUL LINKS

- https://www.manatt.com/Manatt/media/Documents/Articles/FINAL-TX-OBGYN-Workforce-Study_2024-10_f.pdf
- <https://www.aamc.org/data-reports/workforce/report/physician-workforce-projections>
- <https://www.aamcresearchinstitute.org/our-work/data-snapshot/post-dobbs-2024>
- <https://www.acog.org/programs/long-acting-reversible-contraception-larc/activities-initiatives/postpartum-contraceptive-access-initiative>

REFERENCES CITED

- <https://www.newyorker.com/magazine/2024/01/15/abortion-high-risk-pregnancy-yeni-glick>
- <https://catholicvote.org/no-pro-life-laws-in-texas-didnt-kill-yeni-glick>
- <https://progresstexas.org/baby-shower-turned-funeral>
- <https://www.marchofdimes.org/peristats/data?top=23>
- <https://www.marchofdimes.org/report-card>
- <https://www.commonwealthfund.org/publications/scorecard/2024/jul/2024-state-scorecard-womens-health-and-reproductive-care>
- <https://www.propublica.org/article/josseli-barnica-death-miscarriage-texas-abortion-ban>
- <https://www.propublica.org/article/nevaeh-crain-death-texas-abortion-ban-emptala>
- <https://www.propublica.org/article/porsha-ngumezi-miscarriage-death-texas-abortion-ban>
- <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/opposition-criminalization-of-individuals-pregnancy-and-postpartum-period>
- <https://www.newyorker.com/magazine/2024/12/02/the-texas-ob-gyn-exodus>
- https://www.manatt.com/Manatt/media/Documents/Articles/FINAL-TX-OBGYN-Workforce-Study_2024-10_f.pdf
- <https://www.aamc.org/data-reports/workforce/report/physician-workforce-projections>
- <https://journal.chestnet.org/action/showPdf?pii=S0012-3692%2824%2904844-X>
- <https://www.acog.org/programs/long-acting-reversible-contraception-larc/activities-initiatives/postpartum-contraceptive-access-initiative>



THANK YOU



Questions?

