

June 24, 2022

Via email to: Waunita.Schwandtner@health.mo.gov;
BAC@health.mo.gov

Waunita Schwandtner
Chief, Bureau of Ambulatory Care
Department of Health & Senior Service
P.O. Box 570, 920 Wildwood
Jefferson City, MO 65102-0570

Dear Ms. Schwandtner:

For nearly 50 years, Reproductive Health Services of Planned Parenthood of the St. Louis Region (RHS) has proudly provided abortion services in the state of Missouri.¹ Our work in providing abortion care has empowered the lives of countless Missourians who have built the lives and families unique to them. That is what reproductive freedom affords people. Today, the freedom to control our own bodies, lives, and futures has ended for Missourians. We are writing this letter to notify your department that RHS is forced to cease abortion services in Missouri effective immediately. This letter is the end of a chapter that will be part of the shameful history of dismantling abortion access in the state of Missouri.

As you know, earlier today, a newly constituted U.S. Supreme Court upended 50 years of settled law, overruling *Roe v. Wade*, 410 U.S. 113 (1973). And moments after the Supreme Court's action, Attorney General Eric Schmitt activated Missouri's so-called "trigger ban" by issuing an opinion to the Revisor of Statutes, notifying the Revisor that the U.S. Supreme Court had overruled *Roe*, and thereby putting into effect section 188.017, RSMo. That statute makes it unlawful to knowingly provide an abortion in the state of Missouri, except in cases of medical emergencies. *See* § 188.017.2, RSMo.

¹ Reproductive Health Services was formed in 1973, one month after *Roe v. Wade*, 410 U.S. 113 (1973), was decided, and later became Reproductive Health Services of Planned Parenthood of the St. Louis Region in 1996.

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While this is an end of an era, it is the beginning of a new frontier to build back access to basic health care because every person who lives in Missouri deserves to access all health care, including abortion, in the state in which they live. This should be a goal your department shares as the overseer of public health in this state. Regardless, our fight continues.

While we are deeply saddened we can no longer provide abortion care in Missouri, the reality is abortion has been virtually inaccessible in the state since 2019, when your Department embarked on a politically motivated crusade to shut us down. We challenged the Department, exposing its paternal “period-tracking” spreadsheet, stood up against your new mandate to force patients to undergo medically unnecessary vaginal examinations, and corrected your lies about the high-quality care we provide.

Our collective history has shown that the State’s obsession with abortion comes with high costs. As politicians and Department bureaucrats devote outsized attention to abortion, public health emergencies emerge and worsen.

For far too long, the State has willfully ignored the growing maternal mortality crisis that disproportionately afflicts Black communities. Black Missourians are **four** times more likely to die from pregnancy than white Missourians.² Missouri ranks an abysmal 44th in the nation for maternal mortality.³ Missouri also continues to lead the nation in rates of sexually transmitted infections. Banning abortion will only worsen these already dire public health outcomes.

We have longed for a Department that centers evidence and lives up to its mission statement — to be a “leader in promoting, protecting and partnering for health.” It is our hope that, with today’s decision, the State will refocus its efforts on protecting the health, safety, and security of all Missourians. Anything short is counter to pro-life proclamations.

And while we await that day, make no mistake: Our doors have not closed. We will continue providing high-quality sexual and reproductive health care at our seven health centers across Missouri. And we remain open to all abortion patients at our health center in Fairview Heights, Illinois, in the

² Mo. Dep’t Health & Senior Servs, Missouri Pregnancy-Associated Mortality Review: 2018 Annual Report 21 (June 2021), <https://health.mo.gov/data/pamr/pdf/annual-report.pdf>.

³ United Health Foundation, America’s Health Rankings https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/MO?edition-year=2019.

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Metro East. It is our commitment to serve any patient who comes through our doors. No. Matter. What.

Sincerely,

A handwritten signature in black ink, appearing to read "Yamelsie Rodríguez". The signature is fluid and cursive, with a large initial "Y" and "R".

Yamelsie Rodríguez
President & CEO



REGULATION OF MISSOURI ABORTION FACILITIES

Frequently Asked Questions

Does DHSS determine whether a termination of a pregnancy is conducted legally or illegally?

No. DHSS regulates abortion facilities within the state to ensure procedures are conducted safely and consistent with health standards of facilities care and in compliance with the statutory framework for licensure and regulation. The enforcement of the criminal provisions of state statute are left to local law enforcement agencies, local prosecuting attorneys, and the Missouri Attorney General's Office for enforcement.

Can DHSS provide legal advice so that medical professionals and patients can know what is and is not legal?

No. DHSS is not authorized to provide legal advice to third parties. The relevant statutory provisions regarding abortion can be found within [Chapter 188 of the Revised Statutes of Missouri](#).

What constitutes a “medical emergency” that allows a doctor to provide an abortion?

The legal definition of a “medical emergency” can be found [here](#). The statutory language is found [here](#). Whether a particular condition fits this definition depends on what constitutes “reasonable medical judgment.” The definition is intended to protect pregnant women from a severe risk of substantial and irreversible physical impairment of a major bodily function or death.

What constitutes reasonable medical judgment in regards to whether a doctor can provide an abortion?

The legal definition of “reasonable medical judgment” can be found [here](#). The definition is intended to allow [reasonably prudent physicians](#) who have studied the conditions and treatments flexibility to tailor their recommendations to the unique health care needs of individual patients. Oftentimes what is reasonable depends on acceptable standards of care developed by doctors and medical professionals.

From: [Thompson, Jenean](#)
To: [Higgins, Christy](#)
Subject: Re Sunshine Request Re Pregnancy Deaths
Date: Wednesday, December 14, 2022 4:51:48 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image010.jpg](#)
[image007.png](#)

Jenean L. Thompson

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From: DHSS Public Info <PublicInfo@health.mo.gov>
Sent: Thursday, December 8, 2022 6:35 AM
Subject: News Release: Missouri launches interactive dashboard displaying pregnancy-associated deaths

For Immediate Release:
Dec. 8, 2022

Media Contact:
Lisa Cox
Missouri Department of Health and Senior Services
[Media Inquiry Form](#)

Missouri launches interactive dashboard displaying pregnancy-associated deaths

JEFFERSON CITY, MO – Annually, an average of 61 Missouri women die while pregnant or within one year of pregnancy, making Missouri rank 44th in maternal mortality. The Missouri Department of Health and Senior Services (DHSS) is leading the nation in launching the first statewide, [interactive dashboard](#) displaying maternal mortality data.

"The road to becoming a mother is not always easy. DHSS and the PAMR Board are looking to help ease what should be a joyful journey from becoming one of grief and loss," said Paula Nickelson, acting director for DHSS. "Focusing on increasing awareness of new mothers' needs and providing postpartum care are a few factors that can impact another new mother from becoming a mortality statistic. With the dashboard, DHSS is hoping to further awareness, discussions and the need to improve obtainable resources for mothers to prevent these tragic deaths."

From a global standpoint, the United States has the highest rate of maternal mortality among 11 developed nations. Additionally, Black women are greater than three times more likely to die from pregnancy-related causes than white women.

The dashboard summarizes three years (2017-2019) of data from the state Maternal Mortality Review Committee. The Committee operates using a standardized, comprehensive and evolving system to understand the context and causes surrounding a woman's death. Accompanying visualizations of data highlight the information aiding in comprehension of the following:

- Two leading causes of pregnancy-related deaths are mental health conditions and cardiovascular disease.
- The majority of all maternal deaths occur in the time period between 43 days to one year postpartum.

The PAMR Board continues to review cases and provide recommendations for prevention. View the online PAMR dashboard and the latest PAMR annual report at Health.Mo.Gov/Data/Pamr. Women's health resources supported by DHSS can be located at health.mo.gov/WomensHealth.

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[New DHSS branding downloadable here.](#)

About the Missouri Department of Health and Senior Services (DHSS): The department seeks to be the leader in protecting health and keeping people safe. More information about DHSS can be found at health.mo.gov or find us on Facebook and Twitter @HealthyLivingMo.

