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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

CITY AND COUNTY OF SAN FRANCISCO,
Plaintiff,

vs.

ALEX M. AZAR II, et al.,
Defendants.

STATE OF CALIFORNIA, by and through
ATTORNEY GENERAL XAVIER BECERRA,
Plaintiff,

vs.

ALEX M. AZAR, et al.,
Defendants.

COUNTY OF SANTA CLARA et al,
Plaintiffs,

vs.

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES, et al.,
Defendants.

No. C 19-02405 WHA
Related to
No. C 19-02769 WHA
No. C 19-02916 WHA

DECLARATION OF RACHAEL PHELPS, M.D., IN SUPPORT OF PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT AND IN SUPPORT OF THEIR OPPOSITION TO DEFENDANTS' MOTION TO DISMISS OR, IN THE ALTERNATIVE, FOR SUMMARY JUDGMENT

Date: October 30, 2019
Time: 8:00 AM
Dept: 12
Judge: Hon. William H. Alsup
Trial Date: None Set
Action Filed: 5/2/2019

1 I, Rachael Phelps, M.D., declare:

2 1. I am the Medical Director of Plaintiff Medical Students for Choice (“MSFC”).
3 MSFC is a 501(c)(3) non-profit that advocates for full integration of reproductive healthcare,
4 including contraception and abortion, into the curricula at medical schools and residency
5 programs. MSFC is comprised of student-led chapters at medical schools, and these grass-roots,
6 student activists are supported by the national MSFC staff who implement programming, manage
7 resources, and provide expertise. Medical student activists make up the majority of our Board of
8 Directors, and the MSFC student chapters provide data and information about the state of family
9 planning training at the local level to guide the strategic planning of the Board.

10 2. MSFC’s central mission is to expand access to health services that allow
11 patients to lead safe, healthy lives consistent with their own personal and cultural values,
12 including with respect to all aspects of sexual and reproductive health. MSFC furthers this
13 mission by supporting future generations of family planning providers in accessing training in
14 contraception and abortion.

15 3. MSFC has 163 chapters in 45 U.S. states, and another 55 chapters outside of the
16 U.S. We have thousands of current student members.

17 4. Despite the considerable number of students seeking family planning training and
18 the fact that outpatient abortion is simple, safe, and an extremely common procedure, one of the
19 most common medical procedures undergone by women,¹ most medical students do not receive
20 training in abortion, and some do not even receive training in contraceptive care. Less than half of
21 our members learned about first-trimester abortion from their schools. Many members learn
22 inaccurate and limited information about contraception.

23 5. I received my medical degree in 1997 from Johns Hopkins University School of
24 Medicine. I completed residency in Pediatrics in 2000 and a fellowship in Family Planning in

25 _____
26 ¹ National Academies of Science, Engineering, and Medicine, *The Safety and Quality of Abortion*
27 *Care in the United States* 77 (2018) (“The clinical evidence makes clear that legal abortions in the
28 United States—whether by medication, aspiration, D&E, or induction—are safe and effective.”). 1
in 4 women will seek abortion in their lifetime. See Jones RK & Jerman J, *Population Group*
Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014, 107(12) Am. J. of
Pub Health 1904 (2017).

1 2001. I was a resident and fellow at the University of Rochester, and only the second family
2 planning fellow at that hospital. I am board-certified in Pediatrics.

3 6. After finishing my fellowship, I joined Planned Parenthood of the
4 Rochester/Syracuse Region, which has now become Planned Parenthood of Central and Western
5 New York (“PPCWNY”), as an abortion provider. I served in a variety of roles there, Medical
6 Director of Surgical Services, Associate Medical Director and Medical Director, from 2001-2018.
7 I left that position to become the Medical Director of MSFC. I continue to provide family
8 planning and abortion care at Planned Parenthood.

9 7. At the University of Rochester, I am a Clinical Instructor in the OB/GYN
10 Department and a Clinical Instructor in the Department of Pediatrics. I train medical students and
11 residents in contraception and abortion. I am frequently invited by other institutions and
12 organizations to lecture on contraception and abortion.

13 8. I authored the chapter on unintended pregnancy and options counseling in the
14 Hillard textbook, *Practical Pediatric and Adolescent Gynecology*.

15 9. I have received awards in my field, including the National Council of Jewish
16 Women Hannah G. Solomon Humanitarian Award, the Dr. Barnett A. Slepian Memorial Fund
17 Clinical Training Award, Alpha Omega Alpha Honor Medical Society Alumni Induction by the
18 University of Rochester, and the American Medical Student Association: Women Leaders in
19 Medicine Award. My curriculum vitae, which sets forth my qualifications fully, is attached as
20 Exhibit A.

21 10. At MSFC, I lecture student chapters about contraceptive methods and abortion
22 care. I am also the coordinating director for MSFC’s intensive training program. I monitor the
23 state of family planning education in the United States.

24 11. I submit this Declaration in support of Plaintiffs’ challenge to the final rule
25 promulgated by the Department of Health and Human Services (“HHS”) relating to “Conscience
26 Rights in Health Care” (the “Rule”).

27 12. I understand that teaching hospitals and residency programs are considered “direct
28 recipients” under the Rule, and all of the institutions and programs currently training our student

1 members across the country would be subject to the Rule.

2 13. At MSFC, we run educational seminars. Each year, we run an intensive conference
3 over several days. Our current budget allows us to accept only 400 students a year for our
4 intensive conference. We also provide abortion training institutes, for which admission is
5 competitive, and we can only accept less than 50% of those who apply.

6 14. There are many ways to deny, delay, or obstruct patient care. Once healthcare is
7 delayed or denied, the harm is immediate and cannot be undone. To the extent the Rule enables
8 individual employees at healthcare facilities subject to the Rule, even those not trained as
9 healthcare providers, such as receptionists or cleaning staff, to refuse to assist in a variety of ways
10 with a patient's access to needed healthcare, it will harm patient health and reduce access to
11 contraception and abortion in family planning training programs throughout the nation.

12 15. Even without the Rule, reproductive healthcare is already being pushed out of
13 mainstream healthcare at numerous hospitals across the country, and patients face a multitude of
14 unnecessary barriers when trying to obtain basic family planning services. Abortion is a
15 fundamental part of healthcare: it is a common medical procedure—1 in 3 women in the U.S.
16 have undergone an abortion and an estimated 1 in 4 women will need an abortion in the future—
17 and it is extremely safe²—14 times safer than childbirth³ and even safer than a shot of penicillin.⁴

18 16. Even in progressive states, some hospitals fail to offer reproductive healthcare due
19 to the moral or religious objections of a few, and on occasion, even due to the moral or religious
20 objections of a lone individual. This is equally true for education about contraception and
21 abortion in medical schools and residencies. The small minority of individuals who object to
22 either education about or provision of reproductive healthcare often prevent the majority of
23 medical students who want this education and training from receiving it and ultimately block the

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25 ² National Academies of Science, Engineering, and Medicine, *supra* note 1.

26 ³ Raymond EG & Grimes DA, *The Comparative Safety of Legal Induced Abortion and Childbirth in the United States*, 119(2 Pt 1) *Obstetrics & Gynecology* 215 (2012).

27 ⁴ Compare Raymond EG & Grimes DA, *supra* note 3 with Neugut AI et al., *Anaphylaxis in the*
28 *United States: an Investigation into its Epidemiology*, 161(1) *Archives of Internal Med.* 15
(2001).

1 doctors who want to provide this care from serving their patients' healthcare needs.

2 17. For example, I have been informed of circumstances in which university teaching
3 hospitals do not provide certain types of abortion care, such as second trimester abortion care,
4 because of the opinion of a few or even one staff member in a position of power, despite the
5 presence of physicians trained in and willing to provide these desperately needed services. In one
6 instance, the chair of a department of one hospital refused to allow the hospital's doctors to
7 participate in abortion care, even though multiple doctors were willing to assist with abortions,
8 thus preventing the trained and willing OB/GYN physicians in this teaching hospital from
9 providing abortion care to the patients in their community. As a result, despite having trained and
10 willing OB/GYNs who want to provide this care, the hospital does not provide any abortion care
11 beyond 12 weeks.

12 18. First-trimester abortion providers serve patients at outpatient clinics in that region,
13 but, due to the anesthesia department chair's policy, there is now no second-trimester abortion
14 access for patients with Medicaid in the region and only extremely limited access for patients
15 with private insurance. Due to the lack of access to time-sensitive health-care imposed by this one
16 objection, patients must travel hours to obtain second-trimester abortions at a hospital in another
17 city. Because this one hospital must now meet the need for their own community, as well as the
18 unmet need created in another city by this one objection, all patients seeking an abortion beyond
19 13 weeks must wait up to 2-4 weeks to get an appointment for care. This means a woman seeking
20 an abortion at 14 or 15 weeks will often have to wait until she is 18 or 19 weeks to access an
21 abortion. Such delays harm patients. While the risk of morbidity and mortality remains
22 significantly lower than childbirth throughout the second trimester, it increases approximately
23 20% for each additional week that the procedure is delayed.⁵

24 19. As an example of harmful delay, I have seen some physicians suggest admitting a
25 woman experiencing placental abruption or a complication from an abortion procedure to the
26 Intensive Care Unit and transfusing the patient until fetal cardiac activity ceased. This is a

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28 ⁵ See Newmann S et al., *Clinical guidelines: Cervical preparation for surgical abortion from 20 to 24 weeks' gestation*, 77(4) *Contraception* 308 (2008).

1 dangerous and cruel practice. Continual transfusions are, themselves, dangerous. When a patient
2 loses a lot of blood and they are repeatedly given donated blood, they can lose their ability to clot
3 due to a serious condition called disseminated intravascular coagulopathy (“DIC”). If DIC sets in,
4 the patient requires other types of transfusions like plasma and platelets, and the end result can be
5 organ failure and even death. DIC is, unlike a 5-minute suction procedure, extremely dangerous
6 and poses a significant risk.

7 20. In another instance, I had a patient in her late teens who already had a child and
8 was scheduled to have an abortion in the first trimester. While awaiting her appointment, she
9 went to see her OB/GYN who, knowing she was planning to have an abortion, falsely informed
10 her that she was farther along in her pregnancy and that, in fact, she was too far along to have an
11 abortion, which was also untrue.

12 21. Another recent patient, already a mother, thanked me for treating her with
13 compassion and kindness. She explained that when she sought a referral for an abortion from her
14 long-time provider, he verbally abused her. Rather than respecting her decision, the staff at that
15 office gave her baby formula and prenatal supplies.

16 22. Under ethical principles and federal law, healthcare providers can refuse to
17 perform a procedure, even in an emergency, as long as there is an alternate provider available.⁶
18 Healthcare providers should not refuse to provide care, information, or referrals if doing so would
19 prevent the patient from obtaining the care they need.

20 23. As healthcare providers, we take an oath to put the needs of our patients above our
21 own. To the extent that the Rule tips the scale so far in favor of the provider (and non-medical
22 staff) that it enables almost anyone in a hospital to not only refuse to provide care but to obstruct
23

24 ⁶ See, e.g., American College of Obstetricians and Gynecologists Committee on Ethics, *Committee*
25 *Opinion No. 385: The Limits of Conscientious Refusal in Reproductive Medicine*, 110 *Obstetrics &*
26 *Gynecology* 1203 (2007) (“Physicians and other health care providers have the duty to refer patients
27 in a timely manner to other providers if they do not feel that they can in conscience provide the
28 standard reproductive services that patients request.”); American Medical Association, *Code of*
Medical Ethics Opinion 1.1.7: Physician Exercise of Conscience, Ethics, [https://www.ama-](https://www.ama-assn.org/delivering-care/physician-exercise-conscience)
assn.org/delivering-care/physician-exercise-conscience (last visited June 6, 2019) (“In general,
physicians should refer a patient to another physician or institution to provide treatment the
physician declines to offer.”).

1 the patient's ultimate access to care, it violates medical ethics and puts patients at risk.

2 24. There are countless individuals involved in the treatment of patients in any
3 hospital setting. It takes a coordinated effort of multiple individuals with varying levels of
4 training and professionalism to ensure that a patient receives care in a safe and timely manner:
5 schedulers making appointments, receptionists checking patients in, medical assistants rooming
6 patients, phlebotomists drawing blood for lab testing, technicians placing IVs, laboratory
7 technicians running lab testing and entering results, radiology technicians performing ultrasounds,
8 radiologists reviewing the resulting scans, technicians cleaning instruments, pharmacy technicians
9 stocking medicines, pharmacists filling prescriptions, housekeeping cleaning exam rooms, billing
10 staff getting pre-authorizations and billing for services, technicians transporting patients, and
11 nurses to recover patients and administer medications. To the extent that the Rule would
12 encourage or permit any of these individuals to object to what the Rule deems "assisting" in a
13 procedure, the Rule would harm patient care in the hospital setting. It only takes one objecting
14 individual at a hospital to bring the process to a grinding halt.

15 25. All of these scenarios discussed above describing harms to patients that result from
16 delayed or denied abortion care impact patients in need of miscarriage management as well. In
17 the context of miscarriage management, it is also often the case that patients are refused
18 appropriate and timely treatments for miscarriages, even when carrying non-viable fetuses with
19 no chance of survival, due to the presence of fetal cardiac activity.

20 26. When patients who need appropriate and timely treatments for miscarriages are
21 denied such care, they are at risk of infections, sepsis, hemorrhage, DIC due to repeated
22 transfusions as described above, and a greater risk of subsequent pregnancy complications or
23 infertility. These delays in care compound the already deeply painful experience of losing a much
24 wanted pregnancy.

25 27. As healthcare providers, we are in a position of power with respect to our patients.
26 We have knowledge that they do not. We control their access to diagnostic testing and therapeutic
27 treatments that they need to protect their health and lives. We hold the skills necessary to perform
28 the procedures and surgeries they need. With that power comes a fundamental duty—to use our

1 power only to benefit the patient who has entrusted us with their life and health. We have an
2 ethical responsibility to give them the information they need to make their own informed
3 decisions and to either provide the treatment they need or refer them to someone who can.
4 Withholding information or treatment, lying, or obstructing patient care is never the appropriate
5 exercise of our duty to our patients.

6 28. Those hospitals across the U.S. where abortion is offered or can be offered—*i.e.*,
7 not religiously-affiliated hospitals that provide no contraception or abortion services⁷—are
8 already under great pressure to avoid providing contraception and abortion.

9 29. Hospitals across the U.S. are large businesses that demand significant
10 administrative resources. The Rule, to the extent that it requires employers to permit an
11 unprecedented number and type of refusals, is extremely unworkable for any hospital. Many
12 hospitals already deem contraception and abortion too much trouble to protect because of the
13 effort required to accommodate refusals and the additional expense they entail. To the extent that
14 the Rule conflicts with policies requiring treatment of patients in emergencies and other
15 requirements for patient care, it is both practically and financially untenable. When hospital
16

17 ⁷ See, e.g., Adam Sonfield, *In Bad Faith: How Conservatives Are Weaponizing “Religious Liberty”*
18 *To Allow Institutions To Discriminate*, Guttmacher Policy Review (May 16, 2018)
19 [https://www.guttmacher.org/gpr/2018/05/bad-faith-how-conservatives-are-weaponizing-](https://www.guttmacher.org/gpr/2018/05/bad-faith-how-conservatives-are-weaponizing-religious-liberty-allow-institutions)
20 [religious-liberty-allow-institutions](https://www.guttmacher.org/gpr/2018/05/bad-faith-how-conservatives-are-weaponizing-religious-liberty-allow-institutions); United States Conference of Catholic Bishops, *Ethical and*
21 *Religious Directives for Catholic Health Care Services* (6th ed. 2018) [hereinafter *Ethical and*
22 *Religious Directives*]. The *Ethical and Religious Directives*, which govern all Catholic health
23 institutions and must be integrated into any hospital wishing to merge with a Catholic facility,
24 forbid doctors working in Catholic hospitals from participating in all abortion and contraception
25 procedures and counseling, except “natural family planning.” *Id.* at 19. The *Ethical and Religious*
26 *Directives* also significantly restrict postpartum and direct sterilization, elimination of ectopic
27 pregnancy, medical miscarriage management or other fetal loss, screening for fetal anomalies,
28 assisted reproductive technologies like IVF, and HIV and STI prevention counseling. *See id.* at 18-
19; see also Lois Uttley & Christine Khaikin, *Growth of Catholic Hospitals and Health Systems: 2016 Update of the Miscarriage Of Medicine Report*, MergerWatch 1 (2016),
[http://static1.1.sqspcdn.com/static/f/816571/27061007/1465224862580/MW_Update-2016-](http://static1.1.sqspcdn.com/static/f/816571/27061007/1465224862580/MW_Update-2016-MiscarrOfMedicine-report.pdf?token=XlfagUpjX2g9GXDKAyqHQHDUbig%3D)
MiscarrOfMedicine-report.pdf?token=XlfagUpjX2g9GXDKAyqHQHDUbig%3D (“Catholic
hospitals operate under ethical directives that prohibit the provision of key reproductive health
services (such as contraception, abortion, sterilization and infertility services). We documented
instances in which, as a result of these directives, women suffering reproductive health emergencies
— including miscarriages — have been denied prompt, appropriate treatment at Catholic
hospitals.” (citing *Ethical and Religious Directives*)).

1 administration is disrupted by refusals that threaten the organization and patient experience,
2 reproductive healthcare pays the price. This has been true across the country.

3 30. In my capacity as Medical Director of MSFC, I am aware of the curricula at
4 medical schools across the country in the 45 states where our chapters are located. Contraception
5 and abortion have been marginalized in medical education in many areas. By pushing training in
6 abortion and contraceptive services out of additional hospitals in the country, the Rule threatens
7 to significantly constrict education of future physicians in contraception and abortion in the areas
8 where it still exists.

9 31. A survey of our chapters at a cross-section of medical schools demonstrated that,
10 while 85% of U.S. medical schools covered erectile dysfunction drugs, like Viagra, one out of
11 four medical schools provide no education on IUDs, the most effective contraceptive method
12 available.⁸ And while almost 90% of medical students learn about counselling patients on
13 prenatal care, less than half learn about counselling their patients on family planning.⁹ This
14 meager training in contraception is not commensurate with the need for such training. A sexually
15 active woman who wants only two children will need contraception to prevent pregnancy for
16 more than 30 years,¹⁰ and 99% of American women aged 15-44 who have ever had sexual
17 intercourse have used at least one contraceptive method.¹¹ There is no other class of medication
18 that is more fundamental to the health and lives of the American population than contraception,
19 yet most doctors leave medical school with inadequate and often inaccurate education and
20 training in its provision. Despite the fact that almost half of all pregnancies in the U.S. are
21 unintended and that all of these patients need pregnancy options counselling, only 30% of
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23 _____
24 ⁸ See Steinauer J et al., *First impressions: what are preclinical medical students in the US and
Canada learning about sexual and reproductive health?*, 80(1) *Contraception* 74 (2008).

25 ⁹ *Id.*

26 ¹⁰ *Contraceptive Use in the United States*, Guttmacher Institute (July 2018),
27 <https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states>.

28 ¹¹ Daniels K & Mosher WD, *Contraceptive methods women have ever used: United States, 1982-
2010*, 62 *Nat'l Health Stat. Rep. 1* (2013).

1 medical schools cover this topic.¹² In addition, only a minority (40%) of medical schools covered
2 first trimester surgical abortion, and of those schools that did cover abortion care, one third spent
3 less than 30 minutes on the topic.¹³ More than a third of schools spent more class time on erectile
4 dysfunction drugs than on all methods of abortion.¹⁴

5 32. A student who participated in a lecture program I gave to 30-40 students at her
6 medical school recently told me that she only received a short lecture on birth control pills and
7 that much of the information conveyed during the lecture was medically inaccurate. Long Acting
8 Reversible Contraception (LARC) methods, like IUDs and implants, were not mentioned at all,
9 despite the fact that these methods are the most effective contraceptive methods available, 20
10 times more effective than birth control pills for adult women and 40 times more effective than
11 birth control pills for teens.¹⁵ When the student inquired of the professor about additional
12 instruction in family planning, the professor stated that they did not want to “risk offending” any
13 students opposed to contraception or abortion. Should the Rule go into effect, it will embolden
14 refusals that will result in full exclusion of these topics from medical education.

15 33. At my initial lecture at MSFC’s yearly intensive conference, I take the students
16 through the most up-to-date contraceptive methods. I always poll the audience. Of the percentage
17 of students who were taught anything about contraception, approximately half had learned
18 medically inaccurate information.

19 34. In short, some medical schools already deem contraception and abortion too
20 politically sensitive to include substantively. Others find it to be simply insignificant. This
21 exclusion of contraception and abortion from mainstream medical education disserves patients
22 because they will often see healthcare providers who are misinformed or underinformed about
23 contraception and abortion, even if those providers do not oppose contraception and abortion.

24 _____
25 ¹² See Steinauer, *supra* note 8.

26 ¹³ See *id.*

27 ¹⁴ See *id.*

28 ¹⁵ Brooke Winner et al., *Effectiveness of Long-Acting Reversible Contraception*, 366 New
England J. of Med. 1998 (2012).

1 When women are not offered the most effective birth control options because their doctors are
2 poorly trained in contraception, they have more unintended pregnancies, more abortions, and
3 more pregnancy complications due to lack of birth spacing. This leads directly to worse maternal
4 and child health outcomes as well decreased educational and professional attainment, and
5 increased poverty. The Rule will make matters worse, and the health of women and children will
6 suffer.

7 35. As described above, it is already the case that religious-based objections to care by
8 institutions and individuals are pushing abortion and contraception care and training out of
9 healthcare facilities across the country. There are, however, institutions and individuals that
10 remain committed to providing and championing this care. These institutions have implemented
11 thoughtful processes to accommodate religious refusals while protecting patient health and safety.
12 If permitted to go into effect, the Rule will undermine these thoughtful processes, because it
13 cannot be implemented in a manner that ensures patient health, and avoids liability for harms to
14 patients, without providers risking the loss of all HHS federal funding. The Rule therefore creates
15 extremely powerful incentives for even the most committed providers to stop providing abortion
16 and contraception. As a result, these hospitals will be incentivized, if not forced, to forego
17 providing contraception and abortion.

18 36. The provision of training in contraception has worsened since anti-choice
19 advocates have cast contraception as equivalent to abortion. This messaging and others that
20 emphasize the exceptionality or political sensitivity of contraception and abortion are fueled by
21 the anti-choice movement, which is highly organized and well-funded.¹⁶ The Rule is the
22 regulatory embodiment of a biased approach to family planning that prioritizes the beliefs of the
23 provider over the well-being of the patient, and it will impose this approach on every hospital in
24 the U.S.

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26 ¹⁶ See, e.g., White K et al., *The Impact of Reproductive Health Legislation on Family Planning*
27 *Clinic Services in Texas*, 105(5) Am. J. of Pub. Health 851 (2015); *Bad Medicine: How a Political*
28 *Agenda is Undermining Abortion Care and Access*, National Partnership for Women & Families
(Mar. 2018), <http://www.nationalpartnership.org/research-library/repro/bad-medicine-third-edition.pdf>.

1 37. Contraception and abortion are essential components of healthcare.¹⁷

2 38. Patients have autonomy and the right to make personal health decisions that we,
3 their healthcare providers, may disagree with. Our responsibility is to educate them about risks
4 and benefits of the available treatment options and to provide them with the care they choose. We
5 are free to practice medicine how we choose, as long as we stay within ethical boundaries and we
6 do no harm. Withholding information critical to a patient's care or impeding a patient from
7 receiving care when medically appropriate is unethical and causes harm. We have an ethical and
8 professional duty to provide our patients with complete and accurate medical information and
9 referrals to other providers for care that we are not capable or willing to provide.

10 39. OB/GYNs are specialists who serve pregnant persons. At least approximately half
11 of any OB/GYN's patients are of reproductive age. To fail to provide them with any information
12 or assistance with family planning, even by informing them that such options are available, is the
13 equivalent to obstructing or denying care and impedes a patient's fundamental right to bodily
14 autonomy.

15 40. Even outside the context of obstetrical and gynecological care, all manner of
16 physicians and other providers routinely order pregnancy tests for patients. For example,
17 pregnancy tests are performed routinely by all primary care providers, emergency physicians,
18 surgeons prior to surgery, sub-specialists prior to starting certain medications, radiologists before
19 imaging studies, and anesthesiologists prior to anesthesia. It is the most frequently ordered
20 laboratory test on women in medicine.

21 41. It is standard medical practice for any provider ordering a laboratory test to be able
22 to interpret the test results, to understand all potential treatment options based on the test results,
23 to counsel the patient on all of their treatment options, and then to either provide appropriate
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26 ¹⁷ See, e.g., American College of Obstetricians and Gynecologists Committee on Health Care for
27 Underserved Women, *Committee Opinion No. 615: Access to Contraception*, 125 *Obstetrics &*
28 *Gynecology* 250 (2015); American College of Obstetricians and Gynecologists College Executive
Board, *College Statement of Policy: Abortion Policy*, American College of Obstetricians and
Gynecologists (Nov. 2014), <https://www.acog.org/-/media/Statements-of-Policy/Public/sop069.pdf?dmc=1&ts=20190416T1311496019>.

1 treatment or refer for treatment based on the test results.¹⁸ The Rule's enforcement will press the
2 relatively few hospitals providing contraception and abortion, and education about those services,
3 to discontinue their commitment to reproductive healthcare, resulting in an expanding number of
4 physicians who will not know how to counsel a patient who is pregnant. Many patients will be
5 told they are pregnant by physicians who have little to no knowledge about contraception and
6 abortion. This is particularly worrisome given that almost half of all people with a positive
7 pregnancy test are experiencing an unintended pregnancy.¹⁹ Many patients in that situation will
8 not be told of all of their treatment options by their provider—no information about abortion
9 (although 25% of pregnant persons choose abortion in their lifetime)²⁰ and no information about
10 methods of contraception for future use.

11 42. When patients do not receive accurate or appropriate contraceptive counseling,
12 women are at greater risk of unintended pregnancy and thus in greater need of abortion services.²¹

13 43. These outcomes of the Rule will be problematic even if the provider is only
14 misinformed or underinformed. Other healthcare providers are opposed to contraception and
15 abortion and will be emboldened by the Rule to actively prevent their patients from obtaining that
16 care. To the extent that the Rule permits healthcare providers to obscure needed information, for
17 example, to decline to tell a patient that she has a fetal anomaly until it is too late for her to have
18 an abortion, it is unethical and threatens patient health and autonomy.

19 44. I have also encountered a resident in a rotation at a health center where I provide
20 care. He told me that if he encountered any patients with an unintended pregnancy, he would not
21 provide pregnancy options counselling himself or refer them to another healthcare provider who

22
23 ¹⁸ See American College of Obstetricians and Gynecologists Committee on Ethics, *Committee*
24 *Opinion No. 363: Patient Testing: Ethical Issues in Selection and Counseling*, 109 *Obstetrics &*
Gynecology 1021 (2007).

25 ¹⁹ See *Contraceptive Use in the United States*, Guttmacher Institute (July 2018),
26 <https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states>.

27 ²⁰ See Jones & Jerman, *supra* note 1.

28 ²¹ See Lawrence B. Finer & Mia R. Zolna, *Declines in unintended pregnancy in the United States, 2008–2011*, 374 *New England J. of Med.* 843 (2016).

1 could, but rather, he would send them to a crisis pregnancy center, which do not provide any
2 health care, so they could be convinced not to have an abortion. The Rule will encourage
3 physicians like this resident to obstruct patient care.

4 45. Patients denied care will face increased health risks and be funneled into more
5 expensive ports of entry into the healthcare system like emergency rooms or other acute care
6 facilities.

7 46. In the interest of preventing unintended pregnancies, medical schools should be
8 instructing students in evidence-based contraception.²² If the Rule goes into effect, many medical
9 schools will restrict their contraceptive education because they fear that they will be accused of
10 violating the rule and because they wish to avoid complaints from students, professors, board
11 members, or others who may object personally to the provision of contraception and abortion.

12 47. Some time ago, outpatient abortion clinics attempted to meet the educational needs
13 of students and residents in family planning with external rotations. Many clinics have now
14 closed due to increasing restrictions and political pressure.²³ The Rule will create and expand
15 areas of the country where patients simply cannot access abortion care at all, and providers cannot
16 become educated in effective family planning, creating both access and educational deserts.

17 48. MSFC strives to fill this gap. We already struggle to do so with our existing
18 resources. Almost all people need reproductive healthcare at some point in their lives. Should the
19 Rule go into effect, MSFC will be even less able to instruct the growing number of medical
20 students and residents who want and need education in contraception and abortion so that they
21 can meet the healthcare needs of their patients, and patients across America will pay the price.

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23
24 ²² See Blumenthal PD et al., *Strategies to prevent unintended pregnancy: increasing use of long-*
25 *acting reversible contraception*, 17(1) Hum. Reprod. Update 121 (2011); Jennifer J. Frost et al.,
26 *Contraceptive Needs and Services, 2013 Update*, Guttmacher Institute (July 2015),
<https://www.guttmacher.org/report/contraceptive-needs-and-services-2013-update>.

27 ²³ The number of U.S. abortion-providing facilities declined 3% between 2011 and 2014 (from
28 1,720 to 1,671). Jones RK & Jerman J, *Abortion Incidence and Service Availability In the United*
States, 2014, 49(1) Persp. on Sexual & Reprod. Health 17 (2017). The number of clinics providing
abortion services declined 6% over this period (from 839 to 788). *Id.*

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I declare under penalty of perjury under the laws of the United States and the State of California that the foregoing is true and correct to the best of my knowledge.

Executed on 8/30/19 in Rochester, New York,



Rachael Phelps, M.D., F.A.A.P.
Medical Director, Medical Students for Choice

EXHIBIT A

Curriculum Vitae
Rachael Phelps MD, FAAP

114 University Ave
Rochester, NY 14605

Rachael.phelps@ppcwny.org
(585)734-5379

EDUCATION:

The University of Rochester, Department of Family Medicine:

Fellowship in Family Planning (2000-2001)

The University of Rochester, Department of Pediatrics:

Residency in Pediatrics (1997-2000)

American Board of Pediatrics Certification (10/2000- present)

The Johns Hopkins University School of Medicine:

Doctor of Medicine (1997)

The Pennsylvania State University:

Bachelor of Science in Anatomy and Physiology (1992)

Minor in Fine Arts

University Scholars Program

Graduated Cum Laude

Dean's List (7/8 semesters)

Golden Key National Honors Society

Alpha Epsilon Delta Premedical Honors Society

Phi Lambda Upsilon National Honorary Chemical Society

Phi Sigma Eta Freshman National Honor Society

PROFESSIONAL EXPERIENCE:

- Medical Students for Choice (2019)
 - Medical Director
- Planned Parenthood of Central and Western New York (2014- present):
 - Medical Director (2014- 2018)
 - Program Director for the following clinical services (2014- 2018)
 - Medication Abortion
 - Surgical abortion
 - Basic Breast
 - Colposcopy
 - Early Pregnancy Evaluation and Management of Complications
 - Sedation
 - Ultrasound
 - Family planning staff physician (2014- 2018)
 - Abortion provider (2014- present)
- Planned Parenthood of the Rochester/Syracuse Region (2001- 2013):
 - Medical Director (2011- 2013)
 - Associate Medical Director (2009- 2010)
 - Medical Director of Surgical Services (2005-2009)
 - Program Director for Surgical services (2009-2013)
 - Program Director for Early Pregnancy Loss (2007-2013)
 - Program Director for Ultrasound (2005-2013)
 - Family planning staff physician (2002- 2013)
 - Abortion provider (2001-2013)
- University of Rochester Clinical Instructor in the Department of Obstetrics and Gynecology (2012-present)

- University of Rochester Clinical Instructor in the Department of Pediatrics (2001-present)
- Liletta trainer and Speaker's Bureau (2015- present)
- Implanon/Nexplanon Training Faculty (2006-present)
- Planned Parenthood Federation of America Accreditation Consultant Surveyor (2009-2013)
- University of Rochester- Department of Family Medicine- Reproductive Health Program: Clinical Faculty (2001-2005)
 - Provided clinical training and weekly seminars on contraception, abortion and ultrasound
- Visiting Faculty for National Institute of Health/ National Institute Child Health and Human Development: Preventing Unplanned Pregnancy: Advances in Hormonal Contraception (2003)
- Pediatric Links with the Community: Co-director (2001-2005)
- Anthony Jordan Teen Center: Clinician (1998-2002) Clinical Director (2001-2002)

LEADERSHIP and COMMUNITY SERVICE:

- Healthy Baby Network Board of Directors (2017-present)
- Planned Parenthood Federation of America's Medical Director's Council (2006-present)
 - Board of Trustees (2017-present)
 - CEO/Medical Director Partnership taskforce (2016-present)
- Physicians for Reproductive Health: Adolescent Reproductive and Sexual Health Education Project Faculty ARSHEP (2005-present)
- Planned Parenthood Medical Director Mentor (2012-present)
- Columbia University: New York Promoting and Advancing Teen Health (NYPATH) Initiative: Advisory Council (2011-2016)
- VOXENT Clinical Advisory Group (2013-2016)
- Planned Parenthood Federation of America's National Medical Committee Member (2008- 2014 & 2017)
 - Executive Subcommittee (2010-2014)
 - Nominating Subcommittee Chair (2014)
 - Nominating Subcommittee (2012 &2013)
 - Subcommittee Chair (2013 &2014)
- Actavis Women's Health Advisory Board (2014)
- ANSIRH Early Abortion Training Workbook 4th addition: Advisory Committee (2012)
- Association of Reproductive Health Professionals' Expert Medical Advisory Committee: Non-Hormonal Contraception Quick Reference Guide (2012)
- Association of Reproductive Health Professionals' Expert Medical Advisory Committee: Choosing a Birth Control Method Quick Reference Guide (2009 & 2011)
- Association of Reproductive Health Professionals and the National Campaign to Prevent Teen Pregnancy Expert Advisory Committee: Providers' Perspectives: perceived barriers to contraceptive use in youth and young adults (2007)
- University of Rochester Adolescent Medicine Fellowship Scholarship Oversight Committee (2007-2009 & 2011-2014)
- National Board of Directors for Medical Students for Choice (2006-2009)
 - Chair of Fundraising Committee (2006-2009)
- Centers for Disease Control Expert Focus Group: Hepatitis B Vaccination in Teens (3/02)

Medical School:

- AMSA's Women's Rights Month: Chairperson (1992)
- Women's Fund Association: President (1993-1995)
- Johns Hopkins Medical Students for Choice: Founder and Co-President (1994-1995)
- Johns Hopkins American Medical Women's Association Chapter: Founder (1994-1995)
- Educator in Dunbar Teen Sexuality Education Program (1993-1995)
- Hotline Crisis Counselor at the House of Ruth Shelter for Battered Women (1993)

Undergraduate:

- Collegians Helping Aid Rescue Missions: Director (1990-1992)

AWARDS:

- National Council of Jewish Women Hannah G. Solomon Humanitarian Award (2017)
- The Dr. Barnett A. Slepian Memorial Fund Clinical Training Award (2012)
- Alpha Omega Alpha Honor Medical Society Alumni Induction by the University of Rochester (2011)
- The Medical Students For Choice Alumni Award (2010)
- American Medical Student Association: Women Leaders in Medicine (2010)
- Rochester Business Journal: Forty Under 40 (2009)
- University of Rochester Pediatric Residency Program: Blue Wig Award (1998)

PUBLICATIONS/RESEARCH:

Hillard: Practical Pediatric and Adolescent Gynecology 2013. Chapter author: Unintended pregnancy: options and counseling

Coles MS, Makino KK, **Phelps RH**. Knowledge of Medication Abortion Among Adolescent Medicine Providers. *J Adol Health*. 2012;50:383-388.

Coles MS, Makino KK, **Phelps RH**. Medication abortion knowledge among Adolescent Medicine providers. Poster presentation. Society for Adolescent Health and Medicine Annual Meeting. March 30, 2011. Seattle, WA.

Coles MS, Makino KK, **Phelps RH**. Barriers and supports to medication abortion provision by adolescent medicine providers. Poster presentation. North American Forum on Family Planning. 2011. Washington, DC.

Phelps RH, Dream Team: The European Approach to Teens, Sex and Love, in pictures. *Slate Magazine* (2010)

Phelps RH, Schaff E.A., and Fielding S.L. Mifepristone abortion in minors. *Contraception* 64 (2001) 339-344.

TRAINING OF RESIDENTS AND MEDICAL STUDENTS:

- University of Rochester Department of OB/GYN residency program- abortion training (2010-present)
- University of Rochester Family Medicine Residency program- pregnancy options counseling and abortion shadowing (2014-present)
- University of Rochester Division of Adolescent Medicine- pregnancy options counseling and abortion shadowing for all pediatric and internal medicine-pediatric residents during required adolescent medicine rotation (2007-present)
- University of Rochester Department of Internal Medicine Residency Program- women's health elective (2007-present)
- University of Rochester Department of Family Medicine Chief Resident- abortion and ultrasound training to competency (2007-2009)
- University of Rochester Division of Adolescent Medicine fellowship- abortion and ultrasound training to competency for 2 fellows, month elective for all others (2007-present)
- Rochester General Hospital Department of OB/GYN Residency Program- abortion and ultrasound training to competency (2005-present)
- University of Rochester Department of Family Medicine Ryan Family Planning fellowship- abortion and ultrasound training to competency (2005-2006)

- University of Rochester School of Medicine- reproductive health summer externship-2 students per summer (2005-present)
- University of Rochester Department of Emergency Medicine Residency Program- first trimester transvaginal ultrasound (2005-2009)
- University of Rochester Pediatric Links with the Community (Pediatrics, Family medicine and Internal Medicine-Pediatrics residents)- pregnancy options counseling (2001-present)

NATIONAL INVITED LECTURES AND GRAND ROUNDS:

- Albany Planned Parenthood Day of Action: Rally Keynote Speaker (2018)
- American Academy of Pediatrics National Conference: Contraception for Teens: Tips, Tricks and Tools (2017)
- Alfred State University: One in 3: This Common Secret (2017)
- Albany Planned Parenthood Day of Action: Rally Keynote Speaker (2017)
- MSFC Annual Conference: (2016)
 - Plenary: Reflections on the Election and the Future of Women's Access to Reproductive Health Care
 - Emergency Contraception: It's Complicated! Providing Our Patients with a Last Chance to Prevent Pregnancy
 - One in 3: This Common Secret... How to have a Conversation about Abortion
 - Practitioners' Perspectives Panel
- University of Rochester Annual Anne E. Dyson Pediatrics Grand Rounds and Child Advocacy Forum (2016)
 - Panel Discussion: "Solutions Summit: Making Progress against Poverty, School Failure and Childhood Disease by Investing in Effective Teen Pregnancy Prevention"
 - Preventing Teen Pregnancy with Long-Acting Reversible Contraception (LARC)
- Duval County, FL: Teens and LARC: Fact, Fiction & First Line Contraception (2016)
- Duval County, FL: Providing Evidence Based Contraception for Adolescent Patients (2016)
- American Academy of Pediatrics National Conference: Evidence Based Contraception for Adolescents (2015)
- Indian Health Service National Webinar: Teens and LARC: Fact, Fiction & First Line Contraception (2015)
- Adolescent Reproductive and Sexual Health Education Project Annual Faculty Conference (2014)
 - EC Update
 - Evidence Based Contraception
 - LARC and Teens
- MSFC Annual Conference: (2013)
 - Beyond Abstinence and Risk: Exploring a New Paradigm for Teen Pregnancy Prevention
 - Evidence Based Contraception: Providing the Best Birth Control To Your Patients
 - Practitioners' Perspectives Panel
- National Abortion Federation Annual Conference: Beyond Abstinence and Risk: Exploring a New Paradigm for Adolescent and Young Adult Sexual Health (2013)
- Adolescent Reproductive and Sexual Health Education Project Annual Faculty Conference: Adolescent Medicine Specialists and Abortion Care: Overcoming Barriers (2013)
- American Medical Student Association Annual Conference (2013)
 - Abortion Provision: What It Means To Make It a Part of Your Career
 - Clinical Session: Manual Vacuum Aspiration Papaya Workshop
- Medical Students for Choice Annual Conference (2012)
 - Barriers to the Best Birth Control: What Stands in Women's
 - Evidence Based Contraception: Providing the Best Birth Control to your Patients
 - Practitioner's Perspectives Panel
- Champlain Valley Physician's Hospital Grand Rounds David McDowell Reproductive Health Lectureship Series: Lessons from Europe: Adolescent Pregnancy Prevention (2012)

NATIONAL INVITED LECTURES (cont.):

- Bassett Medical Center (2012)
 - Pediatric Grand Rounds: Evidence Based Contraceptive Care for Adolescents
 - Interdisciplinary Grand Rounds: Contraceptive Counseling: Dispelling Myths and Assessing Risk

- SUNY Upstate Department of Pediatrics Grand Rounds: Evidence Based Contraception for Teens (2012)
- American Medical Student Association Annual Conference: We Can Do Better: Proven Practices to Prevent Teen Pregnancy (2012)
- SUNY Upstate Pediatrics Grand Rounds: We Can Do Better : Proven Practices to Prevent Teen Pregnancy (2011)
- Medical Students for Choice Annual Conference (2011)
 - Intrauterine Contraception: The BMW of Birth Control
 - Evidence Based Contraception: Providing the Best Birth Control to your Patients
 - Practitioner's Perspectives Panel
- Northern Ontario School of Medicine: Evidence Based Contraception (2011)
- Funders Network on Population, Reproductive Health and Rights
Washington Briefing: Keynote address: Why I am an Abortion Provider (2011)
- Planned Parenthood of Southeastern Pennsylvania Annual Fundraiser: Keynote speaker: Why I am an Abortion Provider (2011)
- George Washington University School of Medicine: Current and Future Barriers to Abortion Access (2011)
- NAF Annual Conference Closing Plenary: "Owning Our Moral Center" (2011)
- PPFA National Leadership Conference: Why I am an Abortion Provider (2010)
- Medical Students for Choice Annual Conference (2010)
 - Keynote Address: An MSFCer's Personal Reflections: Current and Future Barriers to Abortion Access for Women
 - Evidence Based Contraception
 - Practitioner's Perspectives Panel

- American Medical Student Association Annual Conference: Post Abortion Care: Improving Maternal Mortality in the Developing World (2010)
- University of Rochester Department of OB/Gyn Grand Rounds: We Can Do Better: Proven Practices to Prevent Teen Pregnancy (2010)
- RGH Department of Pediatrics Grand Rounds : We Can Do Better : Proven Practices to Prevent Teen Pregnancy (2009)
- Indian Health Service Adolescent Health Conference on the Navajo Nation (2009)
 - Contraception for Adolescents
 - Pregnancy Options Counseling for Teens
- University of Utah School of Medicine MSFC: Unplanned Pregnancy and Abortion in the U.S. (2009)
- ARHP Webinar: Choosing a Birth Control Method (2009)
- Medical Students for Choice National Leadership Training Conference (2009)
 - Keynote Address: Why I Provide Abortions
 - Abortion 101
 - Practitioner's Perspectives Panel
- University of Buffalo: American Medical Student Association: We Can Do Better: Proven Practices to Prevent Teen Pregnancy (2009)

- Western Regional Medical Students for Choice Conference: Keynote: Better than a Ban: Proven Practices to Decrease Abortion through the Prevention of Unplanned Pregnancy (2009)

NATIONAL INVITED LECTURES (cont.):

- American Medical Student Association Annual Conference: Fear and Loathing: How the U.S. Approach to Adolescent Sexuality Differs from the Rest of the World and What We Can Do About It (2009)
- University of Rochester Department of Pediatrics Annual Dyson Day Grand Rounds: We Can Do Better: Proven Practices to Prevent Teen Pregnancy (2009)
- University of Rochester Annual Anne E. Dyson Pediatrics Grand Rounds: We Can Do Better : Proven Practices to Prevent Teen Pregnancy (2009)
- Vanderbilt School of Medicine Women's Health Week: We Can Do Better: Proven Practices in the Prevention of Unplanned Pregnancy (2008)
- Medical Students for Choice Annual Conference (2008):
 - The BMW of Birth Control: Implanon Workshop
 - Practitioner's Perspectives
 - How Late is "Too Late"? Considering Our Comfort with Gestational Age and Abortion
- Brown School of Medicine's Annual Reproductive Health Donor Lecture: We Can Do Better: Proven Practices to Decrease Abortion through the Prevention of Unplanned Pregnancy (2008)
- University of South Dakota: Better than a Ban: Proven Practices in the Prevention of Unplanned Pregnancy (2008)
- South Dakota State University: Better than a Ban: Proven Practices in the Prevention of Unplanned Pregnancy (2008)
- Children's National Medical Center: Options Counseling for Pregnant Adolescents (2008)
- Medical Students For Choice Annual Conference (2008):
 - EC Advanced Edition: The Controversy, the Evidence and Remaining Questions
 - Practitioner's Perspectives
 - Closing Plenary: Preventing Unplanned Pregnancy and Abortion in the U.S. and Canada: What Can We Learn from Europe?
- Medical Students For Choice Annual Conference (2007):
 - International Family Planning and Reproductive Health
 - Practitioner's Perspectives
 - How Late is "Too Late"? Considering Our Comfort with Gestational Age and Abortion
- American Medical Students Association 57th Annual Convention: The Right to Reproductive Choice: Bringing it Home to Our Curricula (2007)
- Medical Students for Choice Southeastern Regional Conference (2006):
 - Keynote Address
 - Abortion Provider Panel
 - Manual Vacuum Aspiration Workshop
- Medical Students for Choice National Leadership Training Program: Keynote address: Physicians as Leaders for Choice (2006)
- Southeastern Regional Medical Students for Choice Conference(2005):
 - Unplanned Pregnancy: Why is the U.S. Failing?
 - Preventing Maternal Mortality through Post Abortion Care
- American Academy of Physician Assistants Annual Conference: Advanced Gynecologic Procedures Workshop (2004)
- National Abortion Federation Mifepristone Early Options Series (2001):
 - Continuum of Patient Care
 - Patient Management
- National Abortion Federation Annual Conference: Advanced Medical Abortion Management (2001)

LOCAL INVITED LECTURES:

- Rochester General Hospital Department of OB/GYN Residency Program:
 - Unplanned Pregnancy and Abortion in the U.S. (annually 2005-present)
 - Medication Abortion (annually 2005-present)
 - Surgical Abortion Techniques (annually 2005-present)
- University of Rochester Department of Pediatrics Community Advocacy in Residency Education Program: How to Advocate through Speaking to the Media (annually 2002- present)
- MCTP Youth Leaders: Teens and LARC: Fact, Fiction and First Line Contraception (2017)
- Highland Family Medicine Leadership Track: Political Advocacy and Reproductive Health (2017)
- PPCWNY Rochester Donor event: Panel Discussion with Dr. Willie Parker (2017)
- Trillium Outreach Staff: Teens and LARC: Fact, Fiction and First Line Contraception (2017)
- NCJW: One in 3: This Common Secret (2017)
- Healthy Baby Network Annual Meeting Keynote: Life, Liberty & the Pursuit of Happiness: Why health care should be a right not a privilege (2017)
- URMC Pediatric Residency: Teens and LARC: Fact, Fiction and First Line Contraception (2017)
- MCTP Youth Workers: Teens and LARC: Fact, Fiction and First Line Contraception (2017)
- Delaware Pediatrics: Evidence Based Birth Control for Adolescents (2016)
- St. John Fisher College: School of Nursing: Teens and LARC: Fact, Fiction and First Line Contraception (2016)
- The WNY Women's Bar Association & SUNY Buffalo Law School: Whole Women's Health Care V. Cole: Will Administrative Regulations be the Undoing of Roe v. Wade? (2016)
- Pediatric Emergency Medicine Fellows Conference: Teens and LARC: Fact, Fiction and First Line Contraception (2016)
- Rochester City School District: Teens and LARC: Fact, Fiction and First Line Contraception (2016)
- MSFC SUNY Upstate: Evidence Based Contraception (2016)
- URMC Annual Pediatric Nursing Conference: STIs and Adolescents: Screening, Diagnosis and Treatment (2016)
- PPCWNY Annual Cocktail Reception: One in 3: This Common Secret (2016)
- Ithaca Ending Abortion Stigma: Pro-Choice and the Medical Professional: How to Live it. How to Support it (2016)
- PPCWNY Former Board Member Luncheon: Reflections on the Election and the Future of Women's Access to Reproductive Health Care (2016)
- Nurse Family Partnership: Teens and LARC: Fact, Fiction and First Line Contraception (2015)
- Roe v Wade Anniversary Panel (2015)
- A Path Appears: Panel discussion at The Little on teen pregnancy and poverty (2015)
- Perinatal Network: Teens and LARC: Fact, Fiction and First Line Contraception (2015)
- SOAR youth leaders: Teens and LARC: Fact, Fiction and First Line Contraception (2015)
- Pediatric Nursing Conference: Teens and LARC: Fact, Fiction and First Line Contraception (2015)
- University of Rochester Pediatrics Residency: Teens and LARC: Fact, Fiction and First Line Contraception (2015)
- Teens' Health and Success Partnership: Teens and LARC: Fact, Fiction and First Line Contraception (2015)
- NYPATH statewide webinar: Teens and LARC: Fact, Fiction & First Line Contraception (2014)
- AAP Contraceptive Updates for the Pediatrics Practice: Evidence Based Contraception (2014)
- The Susan B. Anthony Institute of Women and Gender Studies: Women's History Month Panel: The Last Clinic (2014)
- Chatterbox Luncheon Lecture: 1 in 3: Dispelling Myths About the "A" Word (2014)
- SUNY Upstate School of Medicine: Evidence Based Contraception (2014)

- Rochester Village Educators Network: LARC and Teens (2014)
- Perinatal Network: LARC and Teens (2014)
- Youth Services Quality Council: LARC and Teens (2014)

LOCAL INVITED LECTURES (cont.):

- March of Dimes Mothers To Be: Choosing the Best Birth Control Postpartum (2013)
- University of Rochester MSFC: Pregnancy Prevention: Lessons from Europe (2013)
- SUNY Upstate School of Medicine: Evidence Based Birth Control (2013)
- Onondaga County Pediatric Society: Barriers to Birth Control Access: What Stands in Teens' Way (2012)
- Finger Lakes Perinatal Network Forum: Evidence Based Contraception: How to Advocate for the Best Contraception for Women (2012)
- SUNY Upstate School of Medicine MSFC: Abortion Provider panel (2012)
- University of Rochester School Of Medicine MSFC: Advocating for Abortion Care (2012)
- SUNY Upstate School of Medicine MSFC: Evidence Based Contraception (2012)
- Finger Lakes Regional Perinatal Network Forum: Evidence Based Contraception (2011)
- Monroe County Case Workers: We Can Do Better: Proven Practices to Prevent Teen Pregnancy (2011)
- Rochester City School Summit on Condoms in Schools: Panelist (2011)
- University of Rochester Family Medicine: Evidence Based Contraception (2011)
- RIT Osher Pfaudler Lecture Series: We Can Do Better : Proven Practices to Prevent Teen Pregnancy (2011)
- University of Rochester Department of Pediatrics Leadership Education in Adolescent Health Fellowship Seminar: Unplanned Pregnancy, Abortion, and Adolescents (annually 2002-2011)
- University of Rochester Adolescent Medicine Education Series:
 - Evaluation and Management of Abnormal Pregnancy (2007-2010)
 - Follow-up and Management of Medical and Surgical Abortion Complications (2007-2010)
- Orgasm Inc. "Talk Back at The Little" Panelist (2010)
- University of Rochester Medical Students for Choice Chapter: We Can Do Better: Proven Practices to Prevent Teen Pregnancy (2010)
- Rochester Area Tipsters Club: We Can Do Better: Proven Practices to Prevent Teen Pregnancy (2010)
- University for Rochester Internal Medicine- Pediatrics Noon Conference : Evidence Based Contraception (2010)
- Albion Correctional Facility : Evidence Based Contraception (2010)
- University of Rochester Medical Students for Choice Chapter: Introduction to surgical abortion techniques and Papaya workshop (2010)
- University of Rochester Med/Peds Noon Conference: Evidence Based Contraception (2010)
- Roe v. Wade Anniversary Celebration: Keynote: Protecting Our Future: A Report form the Front Lines (2010)
- Metro Council for Teen Potential: Contraception Update (2009)
- Nurse Family Partnership: Birth Control Update (2009)
- Batavia Community Lecture: We Can Do Better: Proven Practices to Prevent Teen Pregnancy (2009)
- University of Rochester Medical Students for Choice Chapter: Why I Became an Abortion Provider (2009)
- Building Healthy Children: We Can Do Better: Proven Practices to Prevent Teen Pregnancy (2009)
- Strong Memorial Hospital Inpatient Adolescent Psychiatric Department: Birth Control Workshop (2009)
- Threshold Adolescent Clinic : Options Counseling (2009)

- University of Rochester School of Medicine: 2nd year medical student OB/GYN core lecture: Medical Aspects of Abortion (2008-2012)
- University of Rochester Department of Pediatrics Noon Conference: Pregnancy Options Counseling (2009)

LOCAL INVITED LECTURES (cont.):

- University of Rochester Medical Students for Choice Chapter: Why I Became an Abortion Provider (2009)
- Lifetime Care Visiting Nurses: Evidence Based Postpartum Contraception (2009)
- University of Rochester Department of Family Medicine Residency lecture: Evidence Based Contraception: Providing the Best Birth Control to Your Patients (2008)
- Barnett Slepian's 10th Anniversary Memorial Service: Guest Speaker (2008)
- University of Rochester Department of Pediatrics Community Advocacy in Residency Education Program: Preventing Teen Pregnancy (2007 & 2008)
- University of Rochester Medical Students for Choice Chapter: Provider Panel (2008)
- Rochester General Hospital Department of OB/GYN Grand Rounds: Emergency Contraception and Adolescents (2007)
- Nazareth College Undergraduate Human Sexuality Course Guest Lecturer: Reproductive Health Care Access in the US (2007)
- The Western New York Council Of Child and Adolescent Psychiatry: Adolescent Reproductive Health Care Update (2007)
- University of Rochester Medical Students for Choice: Manual Vacuum Aspiration Papaya Workshop (2006)
- Nazareth College Graduate Global Feminism Seminar (2006):
 - Improving Maternal Mortality through Post Abortion Care
 - Unplanned Pregnancy and Abortion: Why is the U.S. Failing?
- SUNY Upstate Medical Students for Choice: Unplanned Pregnancy and Abortion: Why is the U.S. Failing (2006 & 2007)
- University of Rochester Medical Students for Choice: Physicians as Leaders for Choice (2006)
- University of Rochester Department of Pediatrics Community Advocacy in Residency Education Program: International Work that Makes a Difference: Keys to Success (2006)
- University of Rochester Department of Pediatrics Resident Conference: HPV and Pap Management (2006)
- University of Rochester Women's Caucus: Panel on female sexuality and the double standard (2006)
- University of Rochester Pediatric Resident Conference: Hormonal Contraception in Adolescents (2006)
- University of Rochester Department of Pediatrics Resident Conference: Unplanned Pregnancy and Abortion in Adolescents (2006)
- SUNY Upstate Medical University Department of OB/GYN Grand Rounds: Unplanned Pregnancy and Abortion in the U.S. (2005)
- University of Rochester Department of Family Medicine Reproductive Health Program Seminar Series (weekly 2001-2005):
 - Week 1: Contraception: Evidence Based Use of Oral Contraceptives, Emergency Contraception, and New Contraceptive Technologies
 - Week 2: Vaginal Ultrasound: Normal Anatomy, Normal and Abnormal Pregnancy
 - Week 3: Medical Abortion: Regimens, Counseling, and Patient Management
 - Week 4: Surgical Abortion: Surgical Technique, Complications, Tissue Examination and International Post Abortion Care
- University of Rochester Department of OB/GYN 3rd year medical student lecture: Introduction to Abortion (monthly 2003-2005)
- Planned Parenthood of the Southern Finger Lakes: First Trimester Ultrasound: Lecture and Clinical Practicum (2004)

- Planned Parenthood community lecture: Politicians Prescribing Women's Health Care without a License (2004)
- University of Rochester Medical Students for Choice: Improving Maternal Mortality in the Developing World through Post Abortion Care (2004)

LOCAL INVITED LECTURES (cont.):

- Planned Parenthood Chatterbox Society Luncheon: Understanding Teen Sexuality (2003)
- University of Rochester Medical Students for Choice: Preventing Teen Pregnancy (2003)
- 30th Anniversary of Roe v. Wade (Rochester, NY): Keynote Address (2003)
- University of Rochester Department of Pediatrics Resident Conference: Unplanned Pregnancy and Abortion in Adolescents (2003)
- University of Rochester Department of Family Medicine: Unplanned Pregnancy in Adolescence (2001)

- University of Rochester Amnesty International Panel: The Impact of the "Global Gag Rule" (2001)
- University of Rochester School of Medicine: Interviewing the Adolescent Patient (2001)
- University of Buffalo Medical Students For Choice: Introduction to Mifepristone Medical Abortion (2001)
- University of Rochester Pediatric Resident Conference: Hormonal Contraception in Adolescents (2001)
- University of Rochester Health Services: Introduction to Medical Abortion (2001)
- Roe v Wade Anniversary Panel: Medical Abortion and Emergency Contraception (2001)
- Annual Nurse Practitioner Conference: Adolescent Contraception (2000)

MEDIOGRAPHY:

- NPR WXXI Evan Dawson Connections: Pro-choice advocates discuss a possible post-Roe v. Wade world (2018)
- NPR WXXI Evan Dawson Connections: Dr. Willie Parker and Reproductive Rights (2017)
- NPR WXXI: "When to Get Your Next Mammogram or Cervical Cancer Screening? Most Women Don't Know" (2016)
- NPR WXXI: Radio Guest on Connections w/ Evan Dawson: "The Future of Women's Health if Roe v. Wade is Overturned" (2016)
- Syracuse Post Standard Letter to the Editor "Family planning is key to solving the world's problems" (2016)
- Rochester Democrat and Chronicle: Guest Essay "Info to know about Zika" (2016)
- Vox: "The biggest myth about abortion that you probably believe is true" (2016)
- Syracuse Post Standard Commentary: "Congress must reject move to gut family planning aid" (2015)
- NPR WXXI: Radio Guest on Connections w/ Evan Dawson: Access to Abortion (2014)
- Time Warner Cable: LARC and Teens (2014)
- Slate Magazine: Quoted in "The Cleverest New Anti-Abortion Law" (2013)
- NPR WXXI radio interview: EC over the counter for teens (2013)
- Syracuse Post Standard Letter to the Editor "Stay Healthy by getting STD tests and treatment" (2012)
- ABC News online: Quoted in "Teens Should be Offered IUDs, Top Doctors Group Says" (2012)
- Rochester Democrat and Chronicle Letter to the Editor "Access to Contraception Good for Women's Health" (2011)
- Syracuse Post Standard Letter to the Editor "Stop Playing Politics with Women's Lives" (2011)
- Syracuse Post Standard Letter to the Editor "Medication Abortion Can Save Lives of Women" (2010)
- NPR Pat Morrison Show "The New Abortion Providers" (2010)
- New York Times Magazine: Profiled in "The New Abortion Providers" (2010)

- Syracuse Post Standard: In defense of Roe v. Wade: Dr. Rachael Phelps, associate medical director of Planned Parenthood of the Rochester/Syracuse Region, comments on 37th anniversary of Supreme Court ruling (2010)
- Youth Pages: Shifting the Paradigm of Adolescent Sexual Health (2009)

MEDIOGRAPHY (cont.):

- Rochester Democrat and Chronicle: Guest editorial on the New York State Reproductive Health and Privacy Protection Act (2008)
- WHEC Channel 10: New York State Reproductive Health and Privacy Protection Act (2008)
- The Citizen, Auburn, NY: Editorial on federal abortion ban (2007)
- In Good Health: "IUDs and Implanon: Birth Control's Best Kept Secrets" (2007)
- Rochester Democrat and Chronicle Friday Face-off: Guest editorial and on-line debate on federal abortion ban (2007)
- Syracuse University Newspaper interview: Implanon (2007)
- Syracuse University Newspaper interview: HPV (2006)
- In Good Health interview: Abortion Access in Western New York (2006)
- In Good Health interview: Medication Abortion (2006)
- Syracuse Post Standard: Editorial on pharmacist provision of emergency contraception (2005)
- WHEC Channel 10: Teens and sex (2005)
- R News: HPV and HSV in adolescents (2004)
- Rochester Democrat and Chronicle interview: Herpes (2004)
- R News: Teen pregnancy (2003)
- Syracuse NPR: Partial birth abortion (2003)
- WROC Channel 8: Teen sexuality (2003)
- WHEC Channel 10: Condoms and HIV(2003)
- WARM radio Hillside Family Forum: Planning a healthy pregnancy (2003)
- WROC Channel 8: Jordan Teen Center's future (2002)

MEDIA TRAINING:

- Fellowship in Family Planning Communications Workshop (2012)
- PPFA Media Training Workshop at NMC (2010)
- Medical Students for Choice Media Training Workshop (2006)
- National Abortion Federation Media Training Workshop (2001)

INTERNATIONAL EXPERIENCE:

- **Kenya:** Policy work to legalize abortion with IPAS (2001)
- **Bangladesh:** Post-abortion care clinical trainer with Engender Health /AVSC International (2001)
- **Philippines:** Post-abortion care clinical trainer with Engender Health / AVSC International (2001)
- **Pakistan:** Post-abortion care clinical trainer with Engender Health / AVSC International and International Rescue Committee in Afghan refugee camps in Tribal Belt of Northwest Frontier Province (2000)
- **Kenya:** Introduction to post-abortion care and the management of complications of illegally induced abortion with IPAS (2000)