

# Your Playbook to Advocacy

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# Agenda

- **Op-Ed Writing**
- **Internal Policies**
- **State Advocacy**
- **Federal Advocacy**
- **Scholarship**

# Op-Ed Writing



# Case 1

- 28 year old female, G2P1, 17 weeks pregnant, presents to the emergency department with cramping, and loss of fluid.
- Bedside ultrasound shows absent amniotic fluid, dilated cervix, +FCA
- Nitrazine test is positive
  
- Diagnosis and treatment?

# Case 1

- You practice in Idaho where there is a total abortion ban with no exception for the health of the mother, just the life of the mother.
- Are there any laws that can help the ED physician?

# Case 1

- EMTALA
- **Obligation to stabilize someone with an emergency medical condition**
- (3) (A) The term “to stabilize” means, with respect to an emergency medical condition described in paragraph (1)(A), to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility, or, with respect to an emergency medical condition described in paragraph (1)(B), to deliver (including the placenta)

# Op-Ed

AMERICA'S ABORTION DIVIDE

## How to Save Women's Lives After *Roe*

A federal law exists that could protect women having life-threatening pregnancy complications—but only if the Biden administration decides to use it.

By Greer Donley and Kimberly Chernoby



Getty

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality

Ref: QSO-22-22-Hospitals

Revised 8/25/2022

**DATE:** July 11, 2022

**TO:** State Survey Agency Directors

**FROM:** Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

**SUBJECT:** Reinforcement of EMTALA Obligations specific to Patients who are Pregnant or are Experiencing Pregnancy Loss (QSO-21-22-Hospitals- UPDATED JULY 2022)

### Memorandum Summary

*Pursuant to the preliminary injunction in Texas v. Becerra, No. 5:22-CV-185-H (N.D. Tex.), HHS may not enforce the following interpretations contained in the July 11, 2022, CMS guidance (and the corresponding letter sent the same day by HHS Secretary Becerra):*

*(1) HHS may not enforce the Guidance and Letter's interpretation that Texas abortion laws are preempted by EMTALA; and  
(2) HHS may not enforce the Guidance and Letter's interpretation of EMTALA—both as to when an abortion is required and EMTALA's effect on state laws governing abortion—within the State of Texas or against the members of the American Association of Pro Life Obstetricians and Gynecologists (AAPLOG) and the Christian Medical and Dental Association (CMDA).*

- **The Emergency Medical Treatment and Labor Act (EMTALA)** provides rights to any individual who comes to a hospital emergency department and requests examination or treatment. In particular, if such a request is made, hospitals must provide an appropriate medical screening examination to determine whether an emergency medical condition exists or whether the person is in labor. If an emergency medical condition is found to exist, the hospital must provide available stabilizing treatment or an appropriate transfer to another hospital that has the capabilities to provide stabilizing treatment. The EMTALA statute requires that all patients receive an appropriate medical screening examination, stabilizing treatment, and transfer, if necessary, **irrespective of any state laws or mandates that apply to specific procedures.**

# Internal Policies



# Case 2

- You are the chief resident and you find out one of your residents is working a shift while actively miscarrying.
- You also know that multiple residents in your program have had pregnancy complications such as pre-eclampsia and preterm labor while working overnight shifts.
- You learn that studies show the physical demands of the ED, specifically overnight shifts and 28 hour shifts, lead to pregnancy complications.
- Do you do anything?

# Internal Policies

ORIGINAL CONTRIBUTION

## Flexible Scheduling Policy for Pregnant and New Parent Residents: A Descriptive Pilot Study

Kimberly A. Chernoby, MD, JD, MA, Katie E. Pettit, MD, Jaelyn H. Jansen, MD, MS , and Julie L. Welch, MD

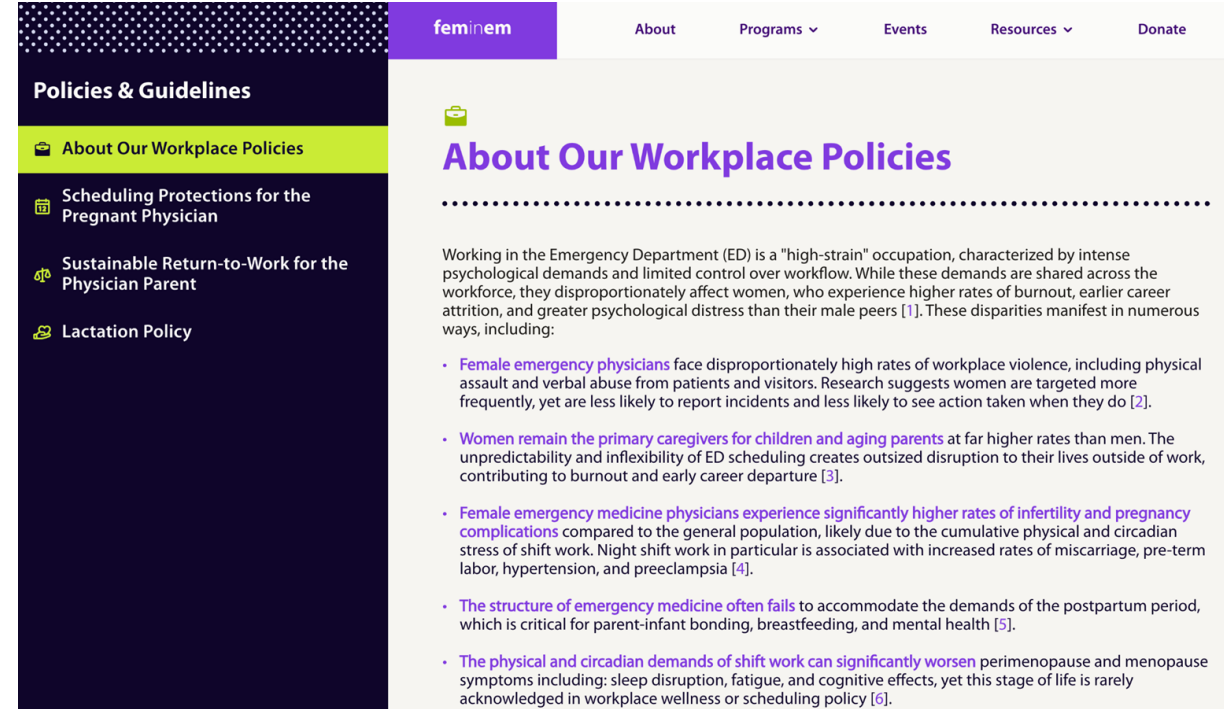
### ABSTRACT

**Objectives:** Many physicians complete residency training during optimal childbearing years. The literature shows that working nights or on call can lead to pregnancy complications including miscarriage, preterm labor, and preeclampsia. In addition, infant–parent bonding in the postpartum period is crucial for breastfeeding, health, and well-being. No national standards exist for flexible scheduling options for pregnant or new parent residents. Our project objectives are 1) to describe a policy for scheduling pregnant and new parent residents in an emergency medicine (EM) residency and 2) to report pilot outcomes to assess feasibility of implementation, resident satisfaction, and pregnancy outcomes.

**Methods:** An EM residency task force developed a proposal of scheduling options for pregnant and new parent residents based on best practice recommendations and resident input. The policy included prenatal scheduling options for pregnant residents and postpartum scheduling options for all new resident parents. Resident support for the policy was evaluated via an anonymous survey. It was piloted for 2 months in an EM residency program.

**Results:** Policy development resulted in 1) an opt-out prenatal pregnancy work hour option policy with no nights or call during the first and third trimesters, 2) a 6-week new parent flexible scheduling policy, and 3) clarified sick call options. A majority of residents approved the new policy. During the 2-month pilot period, four residents (of 73 total) utilized the policy. The chief residents reported no added burden in scheduling. Of the residents who utilized the policy, all reported high satisfaction. There were no reported pregnancy or postpartum complications.

**Conclusions:** We successfully adopted a new scheduling policy for pregnant residents and new parents in one of the largest EM residency training programs in the country. This policy can serve as a national model for other graduate medical education programs.



**Policies & Guidelines**

- About Our Workplace Policies
- Scheduling Protections for the Pregnant Physician
- Sustainable Return-to-Work for the Physician Parent
- Lactation Policy

## About Our Workplace Policies

Working in the Emergency Department (ED) is a "high-strain" occupation, characterized by intense psychological demands and limited control over workflow. While these demands are shared across the workforce, they disproportionately affect women, who experience higher rates of burnout, earlier career attrition, and greater psychological distress than their male peers [1]. These disparities manifest in numerous ways, including:

- **Female emergency physicians** face disproportionately high rates of workplace violence, including physical assault and verbal abuse from patients and visitors. Research suggests women are targeted more frequently, yet are less likely to report incidents and less likely to see action taken when they do [2].
- **Women remain the primary caregivers for children and aging parents** at far higher rates than men. The unpredictability and inflexibility of ED scheduling creates outsized disruption to their lives outside of work, contributing to burnout and early career departure [3].
- **Female emergency medicine physicians experience significantly higher rates of infertility and pregnancy complications** compared to the general population, likely due to the cumulative physical and circadian stress of shift work. Night shift work in particular is associated with increased rates of miscarriage, pre-term labor, hypertension, and preeclampsia [4].
- **The structure of emergency medicine often fails** to accommodate the demands of the postpartum period, which is critical for parent-infant bonding, breastfeeding, and mental health [5].
- **The physical and circadian demands of shift work can significantly worsen** perimenopause and menopause symptoms including: sleep disruption, fatigue, and cognitive effects, yet this stage of life is rarely acknowledged in workplace wellness or scheduling policy [6].

# Internal Policies



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# State Advocacy



# Case 3

- You are an intern on labor and delivery nights
- 17 year old patient, 3 cm dilated, requests an epidural
- Next steps?

# Case 3

- **Your chief resident tells you that in the state you are practicing, pregnant minors are not emancipated and cannot consent to their own medical care.**
- **Next steps?**

# State Advocacy



## Senate Approves Bill To Allow Minors To Consent To Pregnancy Care

By Brandon Smith  
Published April 3, 2019 at 12:00 AM EDT



Lauren Chapman/IPB News



# Federal Advocacy



# Federal Advocacy



**LAC26** | April 26–28, 2026

# Fellowships

## George Washington University Residency Fellowship in Health Policy

### Upcoming Dates

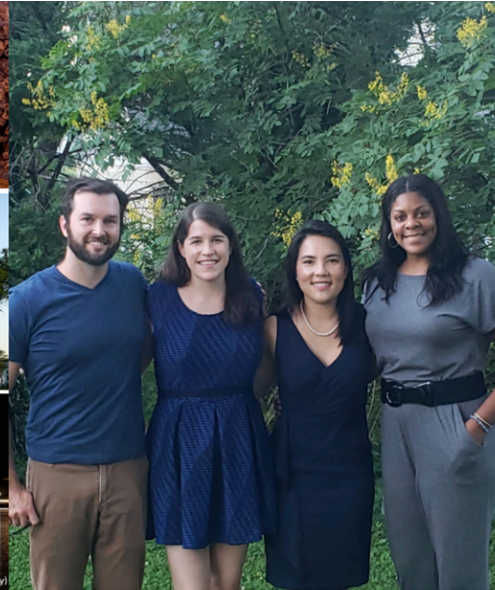
**Spring 2026:** March 23 - April 10

**Fall 2026:** September 21 - October 9

**Spring 2027:** March 22 - April 9

[LEARN MORE](#)

# Fellowships



## Clinical Medicine

Fellows work an average of 6 to 7 eight-hour shifts per month as clinical faculty at one or more affiliated hospital emergency departments. Fellows also teach residents and students at each site.

- ▲ United Medical Center
- ▲ Washington DC Veterans Affairs
- ▲ George Washington University Hospital
- ▲ National Naval Medical Center

## Contact

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# Federal Advocacy

## PRIVILEGES OF THE FLOOR; Congressional Record Vol. 167, No. 132 (Senate - July 28, 2021)

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Text available as: [TXT](#) | [PDF \(198KB\)](#)

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[\[Page S5146\]](#)

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### PRIVILEGES OF THE FLOOR

Mrs. MURRAY. Mr. President, I ask unanimous consent that Kimi Chernoby and Daniel Elchert, fellows who are assigned to my office, be granted floor privileges for the remainder of this year.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mrs. MURRAY. Mr. President, I ask unanimous consent that Andrew Zacher and Hannah Oakley, fellows who are assigned to my office, be granted floor privileges through September 1, 2022.

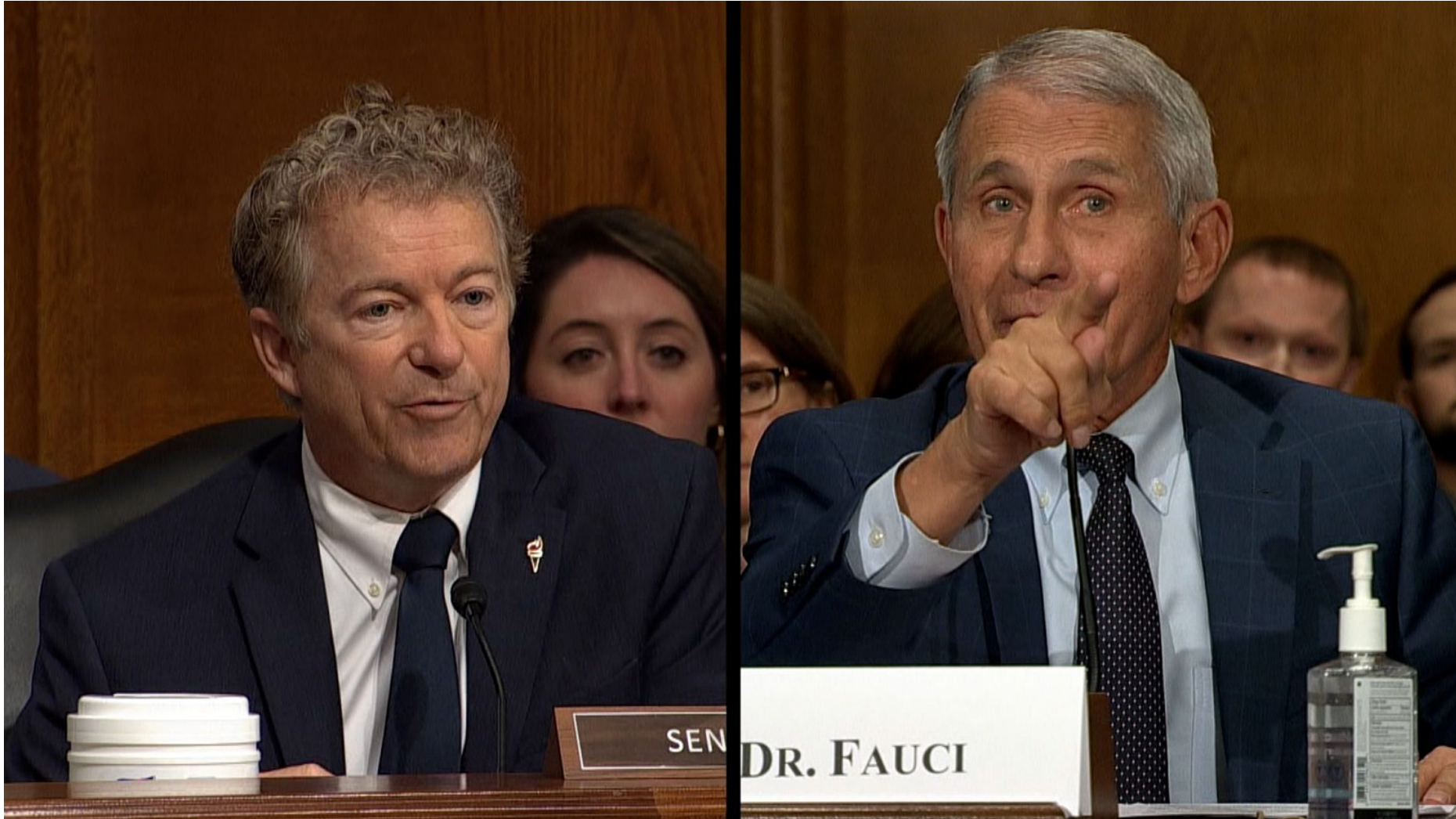
The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CASSIDY. Mr. President, I ask unanimous consent that the following interns in my office be granted floor privileges today, July 28, 2021: Bryce Billiot and Will Sirmon.

The PRESIDING OFFICER. Without objection, it is so ordered.

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# Federal Advocacy



# Federal Advocacy

Nos. 25A1207, 25A1208

IN THE

*Supreme Court of the United States*

DANCO LABORATORIES, L.L.C., AND GENBIOPRO, INC.,  
*Applicants,*

v.

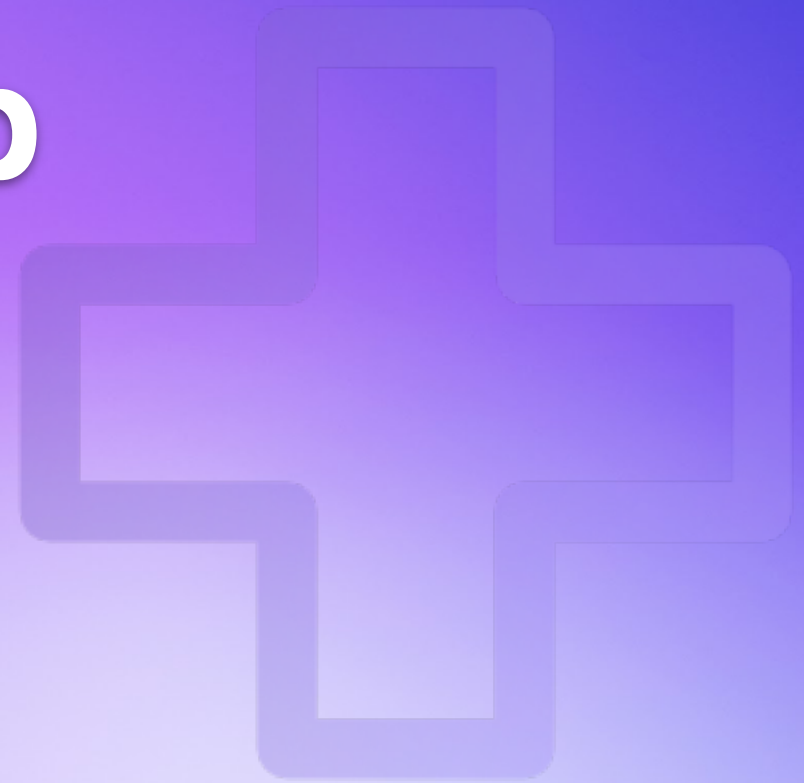
THE STATE OF LOUISIANA, BY & THROUGH ITS ATTORNEY  
GENERAL, LIZ MURRILL, ET AL.,  
*Respondents.*

**On Application to Stay the Judgment of the  
United States Court of Appeals  
for the Fifth Circuit and Request for an  
Administrative Stay**

**BRIEF OF FEMINEM AS *AMICUS CURIAE* IN  
SUPPORT OF APPLICATIONS BY DANCO  
LABORATORIES, L.L.C., AND GENBIOPRO, INC.**

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# Scholarship



# Academic Writing

Nos. 23-726 & 23-727

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IN THE  
**Supreme Court of the United States**

MIKE MOYLE, SPEAKER OF THE IDAHO HOUSE OF  
REPRESENTATIVES, ET AL.,

v.

UNITED STATES.

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IDAHO,

v.

UNITED STATES.

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**On Writs Of Certiorari To The United States  
Court Of Appeals For The Ninth Circuit**

**BRIEF OF THE AMERICAN HOSPITAL  
ASSOCIATION, THE ASSOCIATION OF  
AMERICAN MEDICAL COLLEGES, AND  
AMERICA'S ESSENTIAL HOSPITALS AS  
AMICI CURIAE IN SUPPORT OF  
RESPONDENT**

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John Cannan, <i>A Legislative History of the Affordable Care Act</i> , 105 L. LIB. J. 131 (2013) .....	20
Ariana Eunjung Cha, <i>Physicians face confusion and fear in post-Roe world</i> , WASH. POST (June 28, 2023) .....	13
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# Grand Rounds

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Programs ▾

The Physician Outreach & Education Program


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to me, Dara, Asia ▾

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Please forward asap to talk with him.  
His name is Dr.   
Thank you for your help!!!  
Gail

 **MLS | Health Science Librarian | CME Coordinator**

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# In summary



**There are  
opportunities  
for advocacy  
everywhere**

- **Op-Ed Writing**
- **Internal Policies**
- **State Legislation**
- **Federal Legislation**
- **Scholarship**

# Thank You!

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