



Written by [Rebecca Terrell](#) on October 6, 2022

Do Pro-life Laws Restrict Access to Arthritis Meds?

If major media are telling us the truth, the United States Supreme Court has left patients with autoimmune diseases in a lurch by removing federal protections for abortion.

“Teenage girl, 14, is denied life-saving arthritis medication in Arizona by Walgreens pharmacy days after state’s ban on abortion because it could potentially terminate a pregnancy — even though she is NOT pregnant,” reads a characteristically long-winded and hyperbolic headline at [DailyMail.com](#).



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“Arizona Teen Denied Lifesaving Medication Due to State’s Abortion Ban,” echoes a more succinct version of the story from [Newsweek](#).

Even the [Arthritis Foundation](#) is complaining. “In some states where laws banning or severely restricting abortion have already taken effect, some patients are reporting difficulty getting their prescriptions for methotrexate,” reads a statement issued only six days after SCOTUS reversed *Roe v. Wade* in June. The foundation conspicuously does not cite any cases.

The medication at issue, methotrexate (MTX), is a drug widely used to treat rheumatoid arthritis, among other chronic and autoimmune diseases. It is also used in combination with misoprostol to induce chemical abortion. Therefore, some blame certain pro-life state laws for restricting access to MTX for patients who need it to treat their autoimmune conditions.

The Arizona teen is a recent example. *Newsweek* explained that “Emma Thompson has been relying on low, weekly doses of MTX to treat her juvenile idiopathic arthritis, a form of the condition in children that can cause serious complications, including growth problems and joint damage, which MTX slows down.”

Thompson’s doctor, Deborah Jane Power, angrily tweeted that a pharmacist refused to refill MTX for her adolescent patient “purely because she’s a female, barely a teenager. Livid! No discussion, just a denial. Now to fight for what’s best for this pt.”

Since posting that on September 26, two days after Arizona’s abortion ban took effect, Power has garnered scads of attention — tens of thousands of “likes,” retweets, and replies, not to mention major media headlines. Many of her appalled respondents bristled at the pharmacist’s audacity in overriding a doctor’s order.

However, few bothered to ask this Tucson physician why the pharmacist should have concerns if she — the doctor — could prescribe MTX without fear of violating Arizona’s pro-life law.

It turns out that is just one of many details Power’s tweet did not include. After its verbose and cataclysmic headline, the *Daily Mail* admitted that the Walgreens pharmacy “delayed the refill,” not



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that it *denied* the drug. “Walgreens later administered the medication and blamed the various abortion ‘trigger laws’ enacted following the overturning of *Roe v. Wade* as to why pharmacists must be aware of ‘lawful’ and ‘clinically appropriate prescriptions.’” (Shouldn’t they always be aware of lawful and clinically appropriate prescriptions?)

The press statement that Walgreens released came from company spokesman Fraser Engerman and, as posted at [Peachtree TV](#), reads:

Trigger laws in various states require additional steps for dispensing certain prescriptions and apply to all pharmacies, including Walgreens. In these states, our pharmacists work closely with prescribers as needed, to fill lawful, clinically appropriate prescriptions. We provide ongoing training and information to help our pharmacists understand the latest requirements in their area, and with these supports, the expectation is they are empowered to fill lawful, clinically appropriate prescriptions.

Admittedly, Engerman’s statement raises more questions than it answers. Most importantly, just how does Arizona law “require additional steps” for pharmacies to “dispense certain prescriptions,” when those orders are written by licensed physicians?

Let’s look at the current law in Arizona. First enacted in 1901, it has been reinstated since *Roe v. Wade*’s demise. Physician Paul Isaacson and the Arizona Medical Association filed a [lawsuit](#) on October 3 seeking to overturn this “Territorial Law,” which reads as follows:

A.R.S. § 13-3603 (formerly § 13-211) – A person who provides, supplies or administers to a pregnant woman, or procures such woman to take any medicine, drugs or substance, or uses or employs any instrument or other means whatever, with intent thereby to procure the miscarriage of such woman, unless it is necessary to save her life, shall be punished by imprisonment in the state prison for not less than two years nor more than five years.

A.R.S. § 13-3605 (formerly § 13-213) – A person who willfully writes, composes or publishes a notice or advertisement of any medicine or means for producing or facilitating a miscarriage or abortion, or for prevention of conception, or who offers his services by a notice, advertisement or otherwise, to assist in the accomplishment of any such purposes, is guilty of a misdemeanor.

A.R.S. § 13-3604 (formerly § 13-212) – A woman who solicits from any person any medicine, drug or substance whatever, and takes it, or who submits to an operation, or to the use of any means whatever, with intent thereby to procure a miscarriage, unless it is necessary to preserve her life, shall be punished by imprisonment in the state prison for not less than one nor more than five years.

The statutes clearly apply to substances administered solely “with intent to procure a miscarriage,” not to treat autoimmune diseases. Perhaps that explains why pharmacists might find it expedient to confirm a patient’s diagnosis with the prescribing physician prior to distributing a medicine known to be used as a chemical abortifacient.

A [statement](#) on the subject from CVS Pharmacy spokesman Amy Thibault confirms that supposition. She explains that “laws in certain states restrict the dispensing of medications for the purpose of inducing



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an abortion. These laws, some of which include criminal penalties, have forced us to require pharmacists in these states ... to validate that the intended indication is not to terminate a pregnancy before they can fill a prescription for methotrexate or misoprostol.” She also wrote that to “help ensure patients have quick and easy access to medications, we encourage providers to include their diagnosis on the prescriptions they write.”

This seems a likely scenario in the Arizona teen’s case, especially because the pharmacist filled the prescription within 24 hours, according to Tucson’s CBS affiliate [KOLD](#). It is conceivable that the delay could have been exacerbated by the pharmacist waiting for Dr. Power to finish tweeting her social-media followers and confirm the diagnosis of juvenile idiopathic arthritis. But it is hardly worth the national coverage it’s getting from media intent on demonizing laws that protect unborn life in states willing to defend their most vulnerable citizens.

Moreover, it is hardly an unusual practice for pharmacists to contact physicians when they need clarification about prescriptions. The United States Department of Justice [urges](#) them to do so in an effort to help combat the “serious social and health problem” of prescription drug abuse, not to mention the responsibility they have to ensure the health and safety of their clients.

That is particularly true when it comes to a dangerous chemotherapeutic agent like [methotrexate](#). It is an antineoplastic (cancer) drug that comes with more than a dozen black box warnings, which is the strongest measure taken by the U.S. Food and Drug Administration short of pulling a medication from the market. Top on the list is a pregnancy warning. Women who are pregnant or lactating should not take it; “contraceptive measures are recommended during therapy and for at least 8 weeks following cessation of therapy,” warns Mosby’s [Drug Guide for Nursing Students](#). Even men are advised to “use a reliable method of birth control” while taking MTX because of possible toxic effects on a pregnancy.

These facts shine a revealing light on this quote from the Tucson CBS [affiliate](#): “Emma’s doctor, Dr. Deborah Jane Power, said some women in their 30’s have also been denied methotrexate until they proved they are taking contraception that is proven effective.”

That has been true since methotrexate’s market debut, and has nothing to do with 2022 abortion bans. A quote from Thompson herself reveals another twist: “It’s not right,” she told CBS. “They’re trying to make any girl who’s on this medication drop a pregnancy test when they get their medicine, and I feel like it’s really unfair.”

Is she saying that the pharmacist wanted to check with Thompson’s physician to ensure that she — a minor — was not pregnant before filling the prescription for a drug known to kill or injure a developing embryo or fetus? In that case, the pharmacist’s hesitation could well have nothing to do with abortion laws and everything to do with commonsense clinical practice.

Can the pharmacist speak for and explain himself in this case? No, that would be a violation of federal patient privacy laws. So we’re left to rely on Power’s clinical comments.

“My 25 years as a physician, what I’ve learned, what I’ve trained, all the extra hours of study, is just being tossed away by lawmakers,” Power told CBS. “For some patients, it’s incredibly serious. It’s the medication that’s keeping their disease under control.”

Could she ease her worries by heeding Thibault’s advice and noting the proper diagnosis on prescriptions she writes for methotrexate? Could she also include a note on the pregnancy status of female patients? Perhaps these measures might help prevent potential future delays at the pharmacy.



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However, there is no excuse for accusing pro-life laws of endangering patients like Thompson. Obviously, filling a prescription for that medication for an arthritis patient in Arizona does not violate state law, or Walgreens wouldn't have done it.

(A side note about juvenile idiopathic arthritis (JIA): "Idiopathic" is a term that indicates there is no known cause for the disease. JIA is the most common form of the chronic pediatric malady, which afflicts "about 1 child in every 1,000," according to the [American College of Rheumatology](#). It also states that "because the causes of JIA are unknown, no one knows how to prevent these conditions."

However, it is worth noting that the National Academy of Medicine identifies chronic arthritis as one of many health problems "causally related to vaccination," per a summary of its reports at the National Vaccine Information Center. [NVIC](#) also states that despite an ever-expanding one-size-fits-all childhood vaccination schedule touted by the U.S. Centers for Disease Control and Prevention, no comprehensive safety study of that schedule has ever been undertaken. Nevertheless, federal law protects vaccine manufacturers from liability should patients be injured by their products, and the patient-physician relationship, as well as informed consent, must bow to bureaucratic dictate.)



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