



Written by [Rebecca Terrell](#) on November 8, 2022

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Do Pro-life Laws Restrict Access to Life-saving Meds?

Since the U.S. Supreme Court removed federal protections for abortion, some patients claim they cannot get their necessary medicines for non-pregnancy-related conditions in states with strict abortion bans. The media teem with stories of pharmacies refusing to fill prescriptions for vital drugs because pro-life laws restrict their use. It's just one more example, they say, of pro-life laws discriminating against women.

"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.

"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 did not cite any cases.

The medication at issue, methotrexate (MTX), is a drug often used to treat autoimmune diseases such as rheumatoid arthritis and lupus. It can also be used in combination with misoprostol to induce abortion. Therefore, some erroneously blame pro-life state laws for restricting access to MTX for patients with autoimmune conditions.

The Arizona teen's case 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." ("Idiopathic" is a generic term that indicates there is no known cause for a disease.)

On September 26, two days after Arizona resurrected its 1901 abortion ban protecting unborn life at conception, Thompson's doctor, Deborah Jane Power, angrily tweeted that a pharmacist refused to refill MTX for the girl. "Welcome to AZ. Today a pharmacist denied the MTX refill for my adolescent patient. She's on 5 mg/wk to prevent AHCA Ab production. MTX denied 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."

The news left Thompson's mother, Kaitlin Preble, in tears. She told Tucson's CBS affiliate KOLD that



[facebook.com/kaitlin.preble](https://www.facebook.com/kaitlin.preble)

Mother-daughter mix-up: Kaitlin Preble and daughter Emma Thompson said that the teen's juvenile arthritis meds were in jeopardy because of pro-life laws, but the pharmacy had no difficulty filling her prescription.



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her daughter has been ill most of her life. Now the high-school freshman is no longer restricted to a wheelchair. “She has a social life and friends for the first time and a life all young people should have,” Preble said, crediting MTX. “I was scared, I was really scared. I’m like, if they deny this, then we’ll have to find a different medication, and we don’t know if it’s going to work.”

Power’s tweet garnered scads of attention — tens of thousands of “likes,” retweets, and replies, not to mention major media headlines. Many of her appalled Twitter respondents bristled at the pharmacist’s audacity in overriding a doctor’s order. Few bothered to ask the Tucson physician why the pharmacist should have concerns if she — the doctor — could prescribe MTX without fear of breaking Arizona’s law. (Violators would face up to five years in prison.) This correspondent posed the question, but Power did not respond.

However, she did answer a post from Grant Fankhauser, who identifies himself as an M.D. and surgeon. He wrote, “I don’t buy it. There is more to the story that explains it or this never happened. Quite a convenient recounting to fit your narrative.”

Power’s retort revealed more of Thompson’s private medical information: “Patient has been getting monthly refills for MTX for over 6 years. Current Rx has refills remaining. Pharmacist denied refills yesterday. Facts.”

Six years? The teen has been taking MTX since she was eight years old? Didn’t Thompson’s mother indicate that the girl’s quality of life only recently changed, allowing her to discard her wheelchair and have “a social life and friends for the first time”? Perhaps it took six years for Power to find the right combination of meds for her patient, or maybe Fankhauser was on to something.

The Rest of the Story

It turns out there is an important detail that Power’s tweets omitted. After its verbose and cataclysmic headline, the *Daily Mail* admitted that Walgreens “delayed the refill,” not that it denied the drug. According to KOLD News 13, Thompson’s pharmacy filled the prescription within 24 hours. State law did not change during that time. However, the company blamed pro-life laws for the holdup.

“Trigger laws in various states require additional steps for dispensing certain prescriptions and apply to all pharmacies, including Walgreens,” reads a press statement from company spokesman Fraser Engerman. “In these states, our pharmacists work closely with prescribers as needed, to fill lawful, clinically appropriate prescriptions.”

Admittedly, Engerman’s ambiguous statement raises more questions than it answers. How does a 1901 law, enacted when Arizona was still a territory, “require additional steps” for pharmacies in 2022, especially when those orders are written by licensed physicians? It is difficult to envision an apothecary in turn-of-the-20th-century frontier Arizona grappling with this “Territorial Law.” In fact, its three statutes are simple and straightforward:

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.



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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. [Emphasis added.]

Emphasis has been added here to highlight the fact that the law applies to substances administered “with intent to procure a miscarriage,” not to treat autoimmune diseases. Contrary to Engerman’s claim, the law does not specify “additional steps” required of pharmacists. However, it could be in the pharmacist’s best interest to confirm a patient’s diagnosis with the prescribing physician prior to distributing a medicine known to be used as a chemical abortifacient.



Clinical confusion? Arizona physician Deborah Jane Power erroneously blames pro-life laws for restricting a teen patient’s meds for juvenile arthritis.

A more lucid statement on the subject from CVS Pharmacy spokesman Amy Thibault validates that companies are exercising common-sense caution. “Laws in certain states restrict the dispensing of medications for the purpose of inducing 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.” Thibault also suggested a simple solution: to “help ensure patients have quick and easy access to medications, we encourage providers to include their diagnosis on the prescriptions they write.”

Indeed, Laura Weiss reported for *The New Republic* in July that after the demise of *Roe v. Wade*, CVS implemented new policies in pro-life states “which explicitly instruct pharmacists to refuse to fill



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prescriptions for misoprostol, mifepristone and methotrexate until they can confirm these drugs will not be used for abortion.” (Mifepristone is also known as RU-486, or the abortion pill.) Company policy requires documentation on all “female patients under the age of 60.”

The same three medications were named in an internal memo to Walgreens pharmacists, leaked to Weiss. It explains that the computer system will automatically flag prescriptions for those meds until the pharmacist double-checks factors such as age, gender, prescription history, and diagnosis, “to determine whether the prescriber intended the drug to be used as an abortifacient.” The pharmacist can override the computer’s rejection once he confirms that abortion is not the goal.

Computer-prompted drug verification is standard procedure in relation to many controlled substances, and doctors are accustomed to hearing from pharmacists when they need clarification about prescriptions. Indeed, *Pharmacy Times* wrote in 2018 that “there is no step in the prescription filling process more critical than the final verification performed by a pharmacist,” due to the responsibility he has in ensuring the health and safety of his clients. The point is that these professionals are accustomed to act as gatekeepers for prescription drugs.

Now that *Roe v. Wade* is overturned, pro-aborts claim that a pharmacist’s routine workflow has morphed into a crippling and catastrophic burden. “For patients, the consequences range from frustrating to life-threatening,” laments Weiss, who also weeps for healthcare providers merely trying to “escape criminal liability and fines” imposed by “unprecedented new abortion restrictions.” She said some physicians are even shying away from or refusing to prescribe MTX.

“This is a notice to let you know that we are pausing all prescriptions and subsequent refills of methotrexate,” read a message from lupus patient Becky Schwarz’s rheumatologist. “This decision has been made in response to the reversal of *Roe vs. Wade*.” The *Los Angeles Times* recounted her story in July, describing the “shocking” experience of this 27-year-old Virginia resident. It’s an odd choice of anecdote since that state’s law is notoriously pro-abortion, allowing the murder of helpless infants until the moment of birth thanks to exceptions even for the mental health of the mother. Blaming the U.S. Supreme Court decision for denying MTX is more than a bit of a stretch.

Could there be another motive behind the rheumatologist’s decision? The *Los Angeles Times* attributes it to “confusion over rules about who is permitted to prescribe drugs ‘qualified as abortifacients.’” Has the U.S. Supreme Court so baffled doctors that they can no longer effectively practice medicine?

“There is no pro-life law in the United States that restricts the use of medication for purposes unrelated to an abortion,” counters Joy Stockbauer, policy analyst for the Center for Human Dignity at the Family Research Council. She told *The New American*, “Pro-life protections exist solely to protect children from being intentionally killed in the womb.”

“These stories are not based in fact,” agrees Dr. Christina Francis, CEO-elect of the American Association of Pro-Life Obstetricians and Gynecologists. She told *The New American* that no state law, no matter how strict, prevents doctors or pharmacists from dispensing medications used for treatments other than abortion, even if they have the potential side effect of impacting a pregnancy.

As for delays in filling prescriptions, Francis pointed out that for insurance to cover a medication, a physician must assign a diagnosis code. “In doing that, you’re clarifying that it’s not being used to induce an abortion.” She cautioned against blaming pro-life laws for certain providers’ misunderstanding of them. “It does require healthcare professionals to do a little bit of educating of



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themselves now that the laws in their state are potentially changing.”



Common practice: Certain pharmacies in pro-life states now require their staff to confirm diagnoses before dispensing medications known to impact pregnancy.

Pregnancy Black Box

Educating herself may be all that Power needs to do for any of her patients for whom she prescribes MTX — along with including a simple diagnosis notation that fulfills a procedural requirement set by the pharmacy to shield itself from legal liability. Such action might not garner national headlines or “likes” on social media, but it would certainly help “fight for what’s best” for her patients.

However, the pharmacy’s new company policy does seem extreme. Even if unfamiliar with Thompson’s history, any pharmacist would know that the low, recurring dose Power specified of 5 milligrams per week is typical for treating juvenile arthritis. It’s a far cry from the abortion-inducing, one-time intramuscular dose of 50 milligrams per square meter of body-surface area, followed by an 800-microgram intravaginal dose of misoprostol given about a week later. (These doses are per Mosby’s nursing drug reference manual.)

No news accounts point out a more logical reason for the pharmacist’s delay in filling this particular prescription. That motive has nothing to do with abortion laws, and a quote from Thompson herself hints at what it is.

“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.”

Pregnancy test? How did we go from a simple confirmation of arthritis diagnosis to a pregnancy test? No pharmacy spokesman mentioned that requirement.

The answer is that methotrexate is dangerous chemotherapy known to jeopardize pregnancy. It comes with more than a dozen black-box warnings, which denote serious or life-threatening risks and are the strongest measures taken by the U.S. Food and Drug Administration (FDA) short of pulling a medication from the market. Top on the list is a pregnancy warning. Women who are pregnant or breastfeeding should not take MTX under any circumstances; “contraceptive measures are recommended during therapy and for at least 8 weeks following cessation of therapy,” warns Mosby’s drug guide. The



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medication is so toxic that even men are advised to “use a reliable method of birth control” while taking MTX because of possible adverse effects on offspring.

These facts reveal the deceptiveness of this quote from the Tucson CBS affiliate: “Emma’s doctor, Dr. Deborah Jane Power, said some women in their 30s have also been denied methotrexate until they proved they are taking contraception that is proven effective.”

That has everything to do with common clinical practice and nothing to do with 2022 abortion laws. In fact, Arizona’s abortion ban has been temporarily stayed as of October 7, when a state appeals court enjoined the law while court battles wage. Yet even now a healthcare provider would caution a patient about pregnancy risks when taking MTX and would inquire about birth control, both before and during treatment since both pregnancy status and contraceptive use can change at any time.

“It is part of informed consent for a medical professional to ask a patient if she is pregnant or planning to become pregnant prior to giving her medication that could lead to a miscarriage or severe birth defects,” noted Stockbauer. “When a woman is pregnant, it is the responsibility of a medical professional to ensure that the health and wellbeing of both patients are taken into account.”

There is no excuse for healthcare providers pinning blame on pro-life laws for denying medicine to patients. The fact that Walgreens filled Thompson’s prescription, even when one of the toughest abortion bans in the country held sway, belies the claim that patients can’t get their meds. The national coverage of such specious accounts is perpetrated by media intent on demonizing laws that protect unborn life in states willing to defend their most vulnerable citizens.



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