

119TH CONGRESS
1ST SESSION

H. RES. 611

Expressing the importance of accurate information for medical professionals treating pregnant women and their unborn children in the emergency department, and for informing the general public, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 25, 2025

Mrs. CAMMACK (for herself, Mr. ONDER, Mr. HARRIS of Maryland, Mrs. BIGGS of South Carolina, Mrs. FISCHBACH, and Mr. SMITH of New Jersey) submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Expressing the importance of accurate information for medical professionals treating pregnant women and their unborn children in the emergency department, and for informing the general public, and for other purposes.

Whereas, in June 2022, the United States Supreme Court returned authority to regulate, and even limit, elective-induced abortion to the people, through their elected representatives, in *Dobbs v. Jackson Women's Health Organization*;

Whereas 22 States now protect unborn children from elective-induced abortion at or before 12 weeks gestation, and most States limit abortion at some point in pregnancy;

Whereas, under Federal guidance and Department of Health and Human Services (HHS) policy, “abortion” is defined as the intentional termination of a pregnancy with an outcome other than live birth or the removal of a dead fetus, and this definition excludes medical treatment for miscarriage or ectopic pregnancy;

Whereas every State’s law permits abortion in the rare and heartbreaking circumstances where it is required to save the life of the mother, and every State’s law permits medical professionals to intervene in a life-threatening situation, even if such intervention may end the life of the unborn child;

Whereas an ectopic pregnancy occurs when the embryo implants somewhere other than the uterine lining and therefore cannot mature and will eventually rupture, and the Mayo Clinic describes the seriousness of an ectopic pregnancy diagnosis thusly: “ectopic pregnancy can’t proceed normally. The fertilized egg can’t survive, and the growing tissue may cause life-threatening bleeding, if left untreated”;

Whereas the vast majority of obstetricians and gynecologists do not perform elective-induced abortions, and there is no such disagreement within the profession regarding treatment of life-threatening conditions such as ectopic pregnancy;

Whereas the indicated treatments for ectopic pregnancy and the types of abortion both fall into 2 categories (drug-induced and surgical), and the medications used and types of surgery used for abortion are different than those used to treat ectopic pregnancy;

Whereas the clinical treatment of an ectopic pregnancy pharmaceutically uses the medication methotrexate, and induced abortion as approved by the Food and Drug Administration (FDA) uses 2 different drugs, mifepristone and misoprostol;

Whereas the mifepristone and misoprostol abortion drug regimen is contraindicated for ectopic pregnancy because they will not remove an ectopic embryo or resolve the life-threatening risk of ectopic rupture;

Whereas, similarly, the surgical procedures performed to treat an ectopic pregnancy (salpingectomy or salpingostomy) differ clinically from any of the methods of surgical abortion which include aspiration, dilation and curettage, dilation and evacuation, and partial-birth abortion;

Whereas, despite longstanding recognition that treating a medical emergency and performing an elective-induced abortion are different, medically, ethically, and legally, some medical groups have blurred the lines post-Dobbs for political reasons, leading to confusion on the part of well-meaning medical professionals who were not performing abortions prior to the abortion laws changing;

Whereas, for example, the American College of Obstetricians and Gynecologists (ACOG) describes an ectopic pregnancy on its FAQ page as “a life-threatening emergency that needs immediate surgery”;

Whereas medical professionals affiliated with the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) affirm that “treatment of an ectopic pregnancy is not the same thing as performing an abortion”, that ectopic pregnancy is a life-threatening condition re-

quiring prompt medical intervention, and that failure to treat it would constitute malpractice;

Whereas States apply the same standards to abortion law exceptions, reasonable medical judgment or, less commonly, good faith judgment, that are used in many other areas of law governing medical professionals, including mental competence, end-of-life decisions, medical malpractice, informed consent, and Federal laws like the Americans with Disabilities Act and the Emergency Medical Treatment and Labor Act (EMTALA), and in most States, the evaluating standard of whether the exception applies did not change from the pre-Dobbs laws;

Whereas, due to consensus on the ethical difference between abortion and treatment for ectopic pregnancy, some States have explicitly excluded this condition from the State's definition of "abortion", including Alabama ("does not include a procedure or act to treat an ectopic pregnancy"), Georgia ("shall not be considered an abortion if the act is performed with the purpose of removing an ectopic pregnancy"), Nebraska ("shall under no circumstances be interpreted to include removal of an ectopic pregnancy"), Wyoming ("shall not include any use, prescription or means done with the intent to treat a woman for an ectopic pregnancy"), and Florida, which defines "abortion" as "the termination of human pregnancy with an intention other than to produce a live birth or to remove a dead fetus" (Fla. Stat. § 390.011(1)), thereby excluding treatment for ectopic pregnancies; and

Whereas the laws governing abortion do not affect treatment for ectopic pregnancy, and conflating emergency medical treatment with elective-induced abortion causes delays in care, confusion among medical professionals and their pa-

tients, and even inappropriate treatment that is not clinically indicated: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) recognizes the need to help guide future pol-
3 icy so medical professionals know that they can act
4 to treat an ectopic pregnancy or miscarriage;

5 (2) calls for medical providers to ensure that
6 the public knows that treatment for ectopic preg-
7 nancy and miscarriage is legal in every State;

8 (3) calls for medical organizations to accurately
9 advise their members on the differences between
10 elective-induced abortion and medical intervention
11 for ectopic pregnancy or miscarriage; and

12 (4) calls for institutions of higher education
13 training doctors, nurses, and other emergency de-
14 partment personnel to accurately instruct their stu-
15 dents about the differences between elective-induced
16 abortion and treatment for ectopic pregnancy or
17 miscarriage, and the critical-thinking processes they
18 need to make these decisions with their future pa-
19 tients.

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