

DECLARATION OF ELOISA LOPEZ

ELOISA LOPEZ hereby declares under penalty of perjury that the following statements are true and correct:

1. I am the Executive Director of Pro-Choice Arizona, a nonprofit organization that prioritizes community needs to advance reproductive equity, justice, and abortion access for all people living in Arizona through direct service programs, education, and research.

2. Pro-choice Arizona envisions a society where people and families live in thriving communities and every person is able to make reproductive decisions that are affordable and right for them, including but not limited to having children and choosing abortion. We work towards a future where reproductive healthcare is accessible, affordable, compassionate, and patient-centered. We dream of a future in which these choices are made not only free of barriers, but also free of stigma, shame, and judgement.

3. Pro-Choice Arizona has two main programs: the Rural Access Project, and the Abortion Fund of Arizona (“AFAZ”). The Rural Access Project aims to strengthen state-wide relationships while increasing abortion access and reproductive education to all Arizona counties, eighty percent of which lack an abortion provider. AFAZ supports individuals through their abortion experience by providing financial support for medical expenses and practical support, including meals, lodging, transportation, and childcare expenses. AFAZ also supports individuals who may need vaccinations before accessing abortion care.

4. I have been involved with Pro-Choice Arizona in some capacity for over four years. I have served as Executive Director two years, and as Acting Executive Director since 2018. Before becoming the Executive Director, I served as Pro-Choice Arizona’s Board Chair for AFAZ, as well as a volunteer for the AFAZ helpline.

5. As Executive Director, I am responsible for ensuring programmatic quality and growing AFAZ. I also conduct administrative duties and build and maintain relationships with partner organizations with whom we collaborate, such as the National Network of Abortion Funds (“NNAF”). Although I am the only paid employee of Pro-Choice Arizona, we have over a dozen volunteers, and hope to grow as an organization.

6. AFAZ primarily supports Arizona residents seeking abortion care in Arizona. In 2020, we disbursed over \$41,450 to 212 pregnant Arizona residents. We also provide support to residents of other states coming to Arizona for their abortion care.

7. Through our solidarity funding program, we also help abortion funds in other states support people from those states access abortion care. Often, those people need \$10,000 or more to fund their care. Since the start of the COVID-19 pandemic, we have had to scale back our solidarity funding because of increased need from Arizona residents. In 2019, we disbursed over \$20,000 in solidarity funding. In 2020, we disbursed just over \$18,000 in solidarity funding. However, we are currently exploring ways to expand solidarity funding because we anticipate an increase in callers from other states, particularly Mississippi and Texas, where the law challenged in this case and SB8, respectively, have derailed abortion access.

8. We also help Arizona residents travel out of the state for their abortion care. However, because Arizona permits legal abortion up to a gestational stage beyond most other states, few Arizona residents travel out-of-state for their abortion care. Arizona has recently passed a law banning abortion in cases of genetic abnormalities, which will take effect on September 29, 2021. We anticipate it will increase the number of Arizona residents who need to leave the state to access abortion care.

9. People seeking support in accessing abortion care generally find us through an internet search or directly from independent clinics¹, with whom we collaborate. They first contact us on our helpline and leave a voicemail, including their name and a safe phone number on which we can return their call and leave a voicemail, if needed. One of our helpline volunteers then returns their call, generally within twenty-four to forty-eight hours. On that call, the volunteer will walk the caller through the AFAZ intake form, determine the caller's eligibility for pledged funding and need for practical support, and provide other information and resources as needed. This can include referrals to local domestic violence services, support for people experiencing homelessness or housing instability, and referrals to free, non-judgmental options counseling talk lines run by All-Options and Exhale.

10. We fund callers who have already completed their legally required initial consultation with their abortion provider, during which they receive state-mandated information and a mandatory ultrasound. If a caller has not completed this initial consultation, we cannot process their funding, but an AFAZ helpline volunteer will provide the caller with additional resources as needed and assist the caller in moving forward with accessing their abortion care.

11. Because the cost of abortion care increases as the pregnancy progresses, AFAZ funding pledge amounts are scaled based on the gestational age of the caller's pregnancy. For callers who are under 16 weeks of pregnancy, dated from the last menstrual period ("lmp"), we pledge \$100-\$150. For callers at 17-19 weeks lmp, we pledge \$150-\$200. We pledge \$250 to callers who are beyond 20 weeks lmp. This amount is paid directly to the abortion provider upon confirmation of the patient's abortion.

¹ Independent clinics are those not affiliated with Planned Parenthood ("PP"). We refer callers seeking support for their abortion care at a PP clinic to their Justice Fund.

12. AFAZ may additionally provide funding for practical support. This may include funding for short- and long-distance transportation, lodging, meals, and childcare. All practical support is arranged directly with the vendor, and all funding is provided directly to the vendor. AFAZ also provides support through a volunteer ride-share program. Although we had to suspend the ride-share program at the onset of the COVID-19 pandemic, we resumed it around the start of 2021.

13. Our monthly pledge budget is \$5,000. Previously, it was \$3,000. However, the onset of the COVID-19 pandemic has brought greater financial insecurity, which led to an increase in callers, as well as more significant challenges for each of our callers in accessing abortion care. We were able to secure additional funding and increase our monthly pledge budget. The Helpline Manager monitors pledge amounts each month and implements limits on each pledge if we approach our monthly budget too early in the month. Nevertheless, we have had to go over the monthly pledge budget at times. AFAZ attempts to help every individual access the abortion care they need because the longer a caller must wait to access care, the more expensive that care will become.

14. Despite our efforts, there have been some callers whose abortion care we are simply unable to help fund because the need is simply too great: AFAZ receives approximately one hundred calls to the helpline each month. However, even if we cannot help fund a caller's medical expenses, we still try to provide practical support. We also help refer callers to other funds and organizations who may be able to provide funding support.

15. Our callers face numerous challenges in trying to access abortion care. Many callers live in rural areas, far from any providers of abortion care. Thus, in addition to overcoming financial barriers, they must navigate logistical challenges related to travel, and their attendant

financial costs, such as taking time off work and losing wages, scheduling and financing long-distance travel, and arranging and financing lodging.

16. Native and Indigenous communities also face steep challenges in accessing abortion care. Indeed, all reproductive healthcare needs of Indigenous people often go unmet due to systemic inequality in access to healthcare. For example, there is a lack of reproductive healthcare providers on many reservations. Systemic inequalities have also led the COVID-19 pandemic to disproportionately affect Tribal Nations. As a result, many have implemented stay-at-home orders, including curfews in some cases. While these measures have been helpful in curbing the pandemic's spread, they have compounded the challenges of access abortion care for people living on reservations, who must travel long distances and navigate related logistical burdens to access abortion care.

17. Almost three-quarters of callers are already parents. Many of them are already under financial strain and struggling to provide for their families. Parents who try to access abortion care must find childcare, a burden that is more significant the further they must travel for their abortion care.

18. Minors also have added difficulties in accessing abortion care. Under Arizona law, they must obtain parental consent for their care. This is impossible for some, particularly those who may have strained relationships with their parents, or those whose parents are abusive. Others fear intense disapproval or punishment from their parents, including the possibility of being forced out of their homes. Minors who do not obtain parental consent for their abortion care must navigate a daunting judicial bypass process, often with limited resources or support.

19. Many callers are experiencing homelessness or unstable housing. Others find themselves in abusive situations, such as those with an abusive partner, that they must carefully

navigate. Some of our callers are undocumented and face a number of barriers related to that immigration status.

20. State restrictions on abortion care add to these difficulties. For example, Arizona has banned the use of telemedicine in abortion care. It has also banned nurse practitioners and other qualified advance practice clinicians (“APCs”) from providing abortion care with a “physician-only law.” These restrictions result in a shortage of abortion providers. For example, when the physician-only law went into effect, multiple clinics throughout the state that had been providing only medication abortion—and thus only had APCs on staff—were forced to shut down. Arizona’s limited number of abortion providers is particularly burdensome for callers who live in rural areas. Most abortion clinics are clustered around Phoenix, AZ, and people who live in rural parts of the state have to travel further to access care. Arizona’s in-person counseling requirement and mandatory waiting period add to these difficulties.

21. These barriers do not act in isolation. Instead, they compound the challenges our callers must overcome to access abortion care. As a result, our callers are often delayed in accessing abortion care. Delays increase the funding our callers must secure, since the cost of abortion care increases with gestational age. Many of our callers often face a losing financial battle: they cannot afford the cost of care when they first discover their pregnancy, so they spend weeks saving up and searching for financial aid, only to be outpaced by the growing cost of care. Many callers are unable to receive the abortion care they need until well into the second trimester.

22. A 15-week ban on abortion care would only increase all these difficulties. As it is, some are unable to ultimately receive the abortion care they need, and must choose to self-manage their abortion or carry their pregnancy to term. If people are unable to access safe abortion care legally after fifteen weeks, even more people will find themselves making this difficult choice.

Dated: September 20, 2021

DocuSigned by:
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