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Shielding Providers: State Shield Laws are put to the Test

by **Sofia Espinoza, Legal Fellow, CRHLP**

On June 30, a Texas man, Jerry Rodriguez, quietly dropped and then refiled a substantially similar lawsuit he brought against California-based Dr. Remy Coeytaux for allegedly providing medication abortion through telehealth to Rodriguez's former partner in Texas. This latest filing highlights both the tenuous and persistent nature of growing legal attacks on shield laws and the provision of abortion care by telehealth across state lines.

The new filing in the Texas case adds Rodriguez's daughter, whom he shares with a different partner, as an additional plaintiff. The original lawsuit, filed in July 2025, brought civil claims against Dr. Coeytaux under Texas's HB 7 "vigilante" law and wrongful death law and challenged a California shield law providing a right to a "clawback lawsuit," which allows individuals to recover damages incurred from defending against legal actions related to protected care. Because, as Dr. Coeytaux's counsel argued, Rodriguez's prior family-violence conviction statutorily bars him from bringing any legal action under HB 7, adding his daughter as a plaintiff in the refiled suit is an apparent attempt to fend off dismissal of that claim. Whether or not this new version of the case survives, it is only one of a handful that have been filed recently as states and private citizens aim to prosecute and penalize health care providers for allegedly providing telehealth abortion care to individuals in states with abortion restrictions.

At the center of this interstate legal battle are shield laws—legal protections for health care providers, patients, and people supporting reproductive and gender-affirming health care in states where that care is legal against the reach of states with criminal, civil, and professional consequences related to that care. These laws, first created in 2022, now exist in 23 states and D.C. to protect reproductive care, and in 19 states and D.C. to protect gender-affirming care. In these states, shield laws have thus far served as an effective bulwark against efforts by anti-abortion actors to impose severe criminal and civil penalties on providers offering care protected under their state's laws. Indeed, our analysis tracking all legal actions in which shield laws have been or may be used has found no successful challenge to these laws to date.

Most notably, shield laws have decisively thwarted two criminal actions brought within the last few years against health care providers based in New York and California for allegedly providing medication abortion through telehealth to individuals in Louisiana, in violation of the state's abortion ban. New York and California both have shield laws that protect providers from extradition to ban states for providing reproductive health care that is legal in New York and California. The New York and California doctors were each indicted by a grand jury, and both Governors Kathy Hochul of New York and Gavin Newsom of California refused to extradite each doctor, citing their state's respective shield laws.

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In three active state civil cases, defendants have already invoked or are likely to invoke other components of shield law protections designed to prevent civil liability for providing legal abortion care. The first of these three cases involves claims filed in December 2024 against New York-based provider Dr. Carpenter for providing abortion care via telehealth to a Texas resident. Because Dr. Carpenter did not respond to the complaint, the Texas state court imposed a default judgment of $100,000 in February 2025. When Texas tried to enforce the judgment in New York, the county clerk refused the request, citing New York's shield law prohibiting government employees from cooperating in an out-of-state proceeding seeking to impose liability for legally protected health activity. Although Texas filed a petition to compel the clerk to enforce Texas's judgment, the New York trial court dismissed the petition, once again citing New York's shield law. The court reasoned that Dr. Carpenter's medical services were "the precise type of conduct" that New York's shield law was designed to protect, and the language of the shield law "covers all local municipal employees," including the county clerk. Texas appealed that decision in May 2026.

Texas has also filed two civil actions in 2026—one against Aid Access, Aid Access's founder Dr. Rebecca Gomperts, and California-based Dr. Remy Coeytaux, and another against Delaware-based nurse practitioner Debra Lynch and her company, Her Safe Harbor and Delaware Community Health—alleging they provided abortion care via telehealth to individuals in Texas. California and Delaware both have shield laws that may be invoked to protect the health care providers against civil liability related to abortion care that is legal under both states.

Any final judicial decisions in these civil cases could ultimately affect the legal force of shield laws in those states. But for now, shield laws are operating as intended and have already had a tremendous impact on access in their short existence. Society for Family Planning's #WeCount report estimates that 15,000 abortions per month are provided via telehealth under shield laws for individuals living in states with bans or restrictions. These numbers illustrate the critical role shield laws have played in ensuring that access remains possible throughout the country.

CRHLP will continue to monitor these cases, along with other shield law developments throughout the country. Stay up to date by visiting our shield law guide.

California State Funding Update

California's 2026–27 state budget makes new and renews significant investments in reproductive health and gender-affirming care to continue some large post-*Dobbs* investments and to address federal threats, federal funding reductions, and changing legal and regulatory landscapes. This includes:

- $30 million for the Uncompensated Care Fund, to support providers delivering abortion and contraception, and now gender-affirming care, to eligible patients.
- $10 million for the Abortion Practical Support Fund, which helps patients overcome financial and logistical barriers to accessing abortion care, including transportation, lodging, and childcare.
- $26 million to protect gender-affirming care for transgender youth and stabilize providers serving them.
- $3.4 million for perimenopause research and education campaigns and to expand comprehensive menopause programs in the UC system, as well as $1.1 million to improve access to menopause education and care for incarcerated people.
- $1.1 million for a study to expand midwifery education and training.

We are proud to share that the state budget also includes $5 million in renewed multi-year funding for

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Assemblymember Rick Zbur with strong support from Senator Sasha Renee Perez and 40 other legislators, "fuels our work to develop new legal frameworks and data that move from academia into courtrooms and legislatures."

In the News


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KFF HEALTH NEWS

California Lawmakers Look to Make Abortion Shield Laws Less Dependent on Who's Governor

As states with abortion bans target California physicians who prescribe abortion pills across state lines, Democrats want to lock in protections for doctors, no matter who the next governor is.

Jul 13, 2026 Updated 11:05 am PT

By Jackie Fortiér, KFF Health News

CRHLP Senior Staff Attorney Amanda Barrow was featured in coverage by KQED on California legislation that would strengthen the state's shield laws by codifying protections requiring the state governor to deny an extradition request for someone who allegedly violates another state's laws by providing, receiving, or supporting reproductive and gender-affirming health care legal in California. As Amanda explains, although an executive order currently provides protections against extradition, cementing these protections in legislatively enacted law would provide more durable safeguards because an executive order "could be revoked by a governor who is anti-abortion or anti-gender-affirming-care."

Read the full article here.


COMMENTARY

A new escalation in the state abortion wars

Stephanie K. Pell
July 8, 2026

- On May 1, the 5th Circuit intensified the state abortion wars, temporarily preventing providers nationwide from mailing mifepristone, even in states where abortion is legal.
- The safety of mifepristone is not actually in question. Rather, Louisiana's lawsuit to reverse FDA rules that permit mifepristone to be prescribed via telehealth and delivered by mail is an attempt to prevent providers in abortion-protective states from furnishing medication abortion to women living in Louisiana and across the nation.
- It is unlikely that the resolution of the lawsuit will occur before November, so the Trump administration will avoid any potentially negative political fallout from a decision rendered prior to the midterm congressional elections.

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A Brookings piece published this week relies on CRHLP's resources in breaking down Louisiana's legal case against the FDA challenging access to mifepristone. It traces how Louisiana's suit—along with its indictments of out-of-state doctors and reclassification of mifepristone and misoprostol as controlled substances—is part of a broader effort to obstruct medication abortion access, including in states where it remains legal. The article references CRHLP's shield law guide in discussing the protections states throughout the country have passed to shield providers from these out-of-state attacks and also examines the Trump administration's abortion policy ahead of the 2026 midterms.

Read the full piece here.

NATIONAL | *News*

Medicaid again to cover non-abortion care at Planned Parenthood as GOP ban ends

D.C. BUREAU, GOV & POLITICS | Jul 02, 2026 | 6:00 am ET | By Jennifer Shutt

SHARE

A volunteer clinic escort holds a sign outside a Planned Parenthood clinic in Columbia, South Carolina, on March 28, 2025. (Photo by Skylar Laird/SC Daily Gazette)

CRHLP Research Director Subasri Narasimhan, PhD, MPH was featured in coverage by States Newsroom on the expiration of the one-year federal ban on Medicaid reimbursement for non-abortion care at Planned Parenthood.

The article examines what the end of the ban means for patients and providers, while noting that many Planned Parenthood health centers have already closed and some states may continue restricting Medicaid reimbursements. It also highlights the challenges patients face in accessing reproductive healthcare, particularly in communities where alternative providers are limited. As Suba explains, "We're looking at folks who are quite vulnerable and often use Planned Parenthood as their primary source of care. And so there's no option to look for another health center."

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Read the full article here.

Policy News

President Trump's nominee for U.S. attorney general, Todd Blanche, told the Senate Judiciary Committee that he would review the legality of mailing abortion medications under the federal Comstock Act if confirmed. In response to questioning, Blanche said he would reconsider the Biden administration's 2022 legal opinion concluding that the Comstock Act does not prohibit mailing mifepristone and other abortion medications when the sender lacks the intent that they be used unlawfully. Blanche also committed to evaluating "every lawful action" available to enforce the Comstock Act and other federal anti-abortion laws.

The Comstock Act, an 1800s law enacted to curb “obscenity,” has always exempted health care and Congress, the courts, and the U.S. Postal Service have long understood that the Comstock Act does not apply to the mailing of materials or information for lawful abortion care. A radical new misreading of Comstock is the antiabortion movement’s attempt to create a national abortion ban they know they could never achieve through a vote in Congress. Misuse of the Comstock Act would threaten abortion access everywhere in the country, not just states that have banned abortion.

Legal News

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A Virginia circuit court has dismissed one of two lawsuits challenging a proposed Reproductive Freedom Amendment to the state constitution that would protect reproductive rights, including abortion, contraception, and fertility care, if approved by voters this November. The lawsuit alleged that the state failed to follow the required constitutional amendment process by not distributing copies of the proposed amendment to circuit court clerks for public posting. The court rejected that argument, allowing the amendment to remain on the November ballot. The decision preserves Virginians' opportunity to vote on the proposed amendment this fall, but the litigation is not over. The plaintiffs have indicated they will appeal to the Virginia Supreme Court, meaning the amendment could continue to face legal challenges even if it is approved by voters. A separate lawsuit challenging the amendment remains pending.

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In Michigan, a federal district court has issued a preliminary injunction in favor of two anti-abortion organizations challenging the application of the state's civil rights law to their hiring and employee benefits practices. The lawsuit argues that 2023 amendments to the state's Civil Rights Act, to explicitly prohibit sex discrimination against employees who terminate a pregnancy, violate their federal First Amendment associational rights by preventing them from hiring only individuals who share their anti-abortion views and by requiring employee health plans to cover abortion care. The court concluded that the organizations are likely to succeed on at least some of their claims and temporarily barred the state from enforcing those provisions against them while the litigation proceeds.

Because the federal claim involves questions about how to interpret state law, the judge also asked the Michigan Supreme Court to interpret how the amended law applies to the organizations. This request, known as certification of statutory construction, could help the federal court determine whether the state law can be enforced in a way that avoids the alleged First Amendment violations and thus the need to reach the constitutional claim in the case. The federal district court indicated it was seeking this "binding determination" from the state high court before reaching a final decision on the merits of the federal claim.

Food for Thought

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With so much going on in the world of reproductive health, law, and policy, every week we'll share articles, books, and media you might have missed.

[Book Recommendation: Judge Stone by James Patterson and Viola Davis]

[I Don't Want To Die': Texas Patients Are Afraid To Get Pregnant]

[Four Years After Dobbs, Anti-abortion Lawmakers Keep Coming For Online Speech]

[No, Your Drinking Water Isn't Contaminated By Abortion Pills]

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UCLA Center on Reproductive Health, Law, and Policy is a think tank and research center created to develop long-term, lasting solutions that advance all aspects of reproductive justice, and address the current national crisis of abortion access.

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