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Fellowship Capstone | Policy Brief

Implementing Interstate Shield Laws to Protect Virginia's Reproductive Healthcare Providers

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I. Executive summary

The attack on reproductive health access, including abortion access, in post-Dobbs America poses a great legal risk to healthcare providers and organizations offering these services to out-of-state patients. This risk particularly impacts Virginia, as it is the last state in the south without extreme abortion restrictions, serving as a key "safe haven" for patients seeking reproductive care in neighboring states. This brief will cover the consequences of the Dobbs v. Jackson Supreme Court ruling on the legal risks Virginia's healthcare providers and organizations face, and how these risks can be mitigated through the implementation of shield laws.

II. Overview

Dobbs v. Jackson Women's Health Organization was a landmark case regarding abortion as a Constitutional right. After the ruling in 2022, Roe v. Wade (1973) and Planned Parenthood v. Casey (1992) were subsequently overturned (National Constitution Center). This ruling effectively granted states the authority to enforce their own abortion laws, leading to the closing of 43 clinics providing abortion services in 11 southern states within 30 days of the decision (Baden et al. 2024). The loss of these local providers has led to a substantial increase in patients crossing state borders to access abortion care. This subsequently has led to the rapid expansion of telemedicine abortion care, where healthcare providers practicing in states supporting abortion rights may provide medication abortion services to patients living in states with extreme restrictions (Baden et al. 2024).

A. Relevance

This shift has made the issue particularly relevant for states such as Virginia. The increased reliance on out-of-state care has created legal risks for healthcare providers and organizations that assist individuals in accessing abortion care. For instance, some states have passed abortion trafficking laws, laws that criminalize "conduct that helps a patient obtain an out-of-state abortion." "Conduct" is broadly defined, encompassing various possible actions and placing organizations such as Planned Parenthood at legal risk (Mercury and Ernat; Baden et al. 2025). Though many states such as New York and California have taken steps to protect healthcare providers and organizations to ensure they can provide proper care to out-of-state patients through policy actions, including the implementation of Shield Laws (Harris; Baden et al. 2024).

Virginia, as the only southern state without extreme abortion restrictions, has had a substantial increase in the number of individuals traveling to Virginia for an abortion, acting as a "safe haven" for the region. Despite this, there are very limited to no protections for Virginia's providers and organizations aiding those out-of-state seeking abortions. Therefore, this brief explores the consequences and legal risks Virginia's healthcare providers and organizations face from out-of-state extradition related to abortions and how Virginia can implement shield laws to reduce these risks.

III. History

A. Current Stances

The post-Dobbs legal landscape has been described as "chaotic." It has exacerbated inequalities in health access and worsened maternal health outcomes – particularly for Black and Indigenous individuals. A study interviewing obstetrician gynecologists practicing in states with near total bans on abortion reports potentially life-threatening delays in care for patients due to "legal fears and uncertainties," leading to around 60% considering leaving to practice in another state. The reliance on telehealth abortion care post-Dobbs is also very apparent, with around 16,000 performed per month between October and December 2023 (Baden et al. 2024). Virginia's role as an entry-point for abortion care in the South is also very clear, with a 50% increase in telehealth abortions and a 13% increase in in-person abortions, translating to about 9,000 women traveling to Virginia in 2024 alone for abortion care (Pittella).

Certain policies and practices for investigation of abortion law violations by states with extreme abortion restrictions have brought up concerns. One concern regards patient privacy. States have attempted to subpoena patient health records as a part of their abortion reporting requirements. This has raised concerns related to the targeting of abortion care providers, putting Virginia's providers at a considerable real and perceived risk (Baden and Dreweke 2025; Sherman).

Abortion trafficking laws also put providers and organizations that assist individuals in abortion restricted states from accessing care at risk. Abortion trafficking laws criminalize "conduct that helps a patient obtain an out-of-state abortion, not limited to aiding in travel." These terms are reported to be extremely broad, including aid that could be considered unrelated to the "provision of care" as grounds for conviction of a felony (Mercury and Ernat). This introduces an additional layer of ambiguity and legal risk to Virginia's organizations, with patients from states with similar abortion trafficking-type laws giving them a substantial legal risk. In 2022, post-Dobbs decision, Alabama's attorney general reportedly stated that he would look "closely" at "individuals or groups that assist patients in obtaining out-of-state abortion care" (Mercury and Ernat).

Though, even with the expansion of telehealth abortion care, as of 2025, six states have also banned the use of telehealth for abortion care and as a way to access abortion medication remotely. Some states, such as South Dakota, have gone to the extent of making it a felony to "advertise,

distribute or sell abortion pills." Reports also display the impact of these laws, with reports saying that legal battles are also "centered on pills," posing another legal threat to Virginia's providers and organizations supporting abortion care (PBS; Pittella).

IV. Policy Problem

A. Stakeholders

The primary stakeholders are healthcare providers from Virginia, particularly abortion providers. The legal uncertainty around the risk of extradition, lawsuits, or medical licensing penalties impacts their ability to practice. This uncertainty creates a climate of fear among providers, threatening their ability to provide abortion services. Enacting policies, like shield laws, could directly address these concerns. Additionally, advocacy and reproductive health non-profits, clinic escorts and abortion funds that connect patients to care are stakeholders for similar reasons. They face continuous risks from threats of lawsuits and funding cuts, putting their health support networks at risk. Policy protections would protect them significantly from out-of-state legal harassment.

There's also patients from states with severe abortion bans. Due to restrictions, they face significant travel burdens and are vulnerable to a loss of continuity of care. The risk is higher if Virginia providers stop offering services due to legal threats. The legal protections from shield laws would protect their travel and help ensure they get necessary care in Virginia.

The Virginia state government is a key policymaker stakeholder, upholding state laws and navigating interstate legal conflicts. It must manage the influx of out-of-state patients seeking abortion care and protect its healthcare providers, reproductive health organizations, and its own right to uphold its own reproductive rights legislation. Clarity and stronger protections for these services in state law would help shield the state from external legal pressure.

Abortion restrictive states are important opposing stakeholders. They attempt to enforce abortion restrictions and civil lawsuits outside their personal jurisdiction, putting direct legal pressure on Virginia's healthcare system. Shield laws would strengthen state sovereignty and prevent this overreach.

B. Risks of Indifference

Indifference to this issue will lead to short-term and long-term consequences at both the state and regional levels. In the near term, provider hesitation to provide services will reduce telehealth availability, leading to delayed care and an increased travel burden for many patients. Long term, the state risks losing its "safe haven" status, eliminating an immediate access point to care for Southern and Southeastern states. Ultimately, inaction establishes a precedent for overreach and out-of-state litigation, leading to escalating interstate conflicts over Virginia's healthcare.

C. Nonpartisan Reasoning

Beyond individual providers and patients, abortion restrictions negatively impact entire communities. As the only Southern state without extreme abortion bans, Virginia faces significant pressure to maintain its role as a point of care for out-of-state patients. Thus, nonpartisan intervention is essential. The primary benefits of enacting Virginia shield laws include:

1) **Protecting patient privacy:** They protect sensitive reproductive health data from out-of-state warrants and subpoenas. This prevents patient information from being used in interstate investigations and extradition attempts for procedures that aree legal in Virginia. These measures fill a gap not explicitly mentioned by HIPAA privacy laws, strengthening overall privacy rights and assuring patients that their data will remain secure.

2) **Improving health outcomes:** They reduce providers' confusion and fear around having legal action taken against them for treating out-of-state patients. This encourages providers to be more open to accepting these patients, establishing stronger connections and referral systems with out-of-state providers. Which consequently improves continuity of abortion care for out-of-state patients, and therefore health outcomes.

3) **Preserving economic competitiveness:** Stronger protections against out-of-state litigation remove uncertainty and risk of extradition for telehealth companies and health providers working in Virginia. This reduces "brain drain," where skilled providers leave states due to fear of legal risks. Conversely, it makes Virginia highly attractive to health companies and providers. This encourages them to relocate in-state, and consequently improves Virginia's economy through increased economic activity.

V. Tried Policy

Currently, over 20 states and Washington, D.C. have enacted shield laws of varying degrees. These laws include protections against out-of-state investigations and prosecution, protections against professional discipline, and civil liability. With some states extending "protections to telehealth provision" (Shield Laws Related to Sexual and Reproductive Health Care; Barrow and Towne).

Virginia lawmakers have also previously attempted to pass similar legislation. During the 2024 legislative session, bills such as HB1539/SB15 that aimed to protect providers from being extradited, along with SB716/HB519 which shielded medical professionals Virginia licenses "if they faced penalties from a hostile state for the provision of abortion" were passed by the General Assembly but ultimately vetoed by former Governor Glenn Youngkin (Planned Parenthood).

While Virginia currently provides some protection for reproductive health data, the lack of interstate legal defense creates major limitations. For example, in 2024, Texas targeted a New York physician (Dr. Margaret Carpenter) with civil penalties for prescribing telehealth abortion pills. Restrictive states like Texas in this instance rely primarily on the Constitution's Full Faith and Credit clause (FFC), which requires states to respect (or give Full faith and Credit) to the judicial proceedings of other states (Constitution Annotated | Library of Congress). However, shield laws also heavily rely on the penal exception to this clause, as it exempts states from the FFC when the purpose of the judgment

"is to punish an offense against the public justice of the state," and not to "afford a private remedy to a person injured by the wrongful act" (Sri-Kumar). The scope of the penal exception remains a point of contention in today's political landscape, following Texas's appeal of the ruling in Dr. Margaret Carpenter's case this month (May 2026). This has led many to believe that the dispute could go to the Supreme Court, considering its implications for future interpretations of the FFC. The volatility and uncertainty in today's political landscape demonstrates that without specific legislation blocking these civil lawsuits and out-of-state subpoenas, Virginia providers remain vulnerable to similar aggressive actions.

VI. Policy Options

Virginia can shield providers, patients, and advocacy groups by implementing these protections:

Protecting against civil lawsuits

1) **Telehealth specific provisions:** Reproductive healthcare services given or received in Virginia will be governed by the state if the provider was located in Virginia "where the care was legal at the time," and the legality of abortions or other protected health activities in the location of the patient at the time of the alleged service is not to be considered.

This provision aims to counter restrictive states seeking to enforce legal penalties against health providers on the basis of telehealth abortion care. It explicitly states that the location of the patient during the time of the abortion would not matter. If the physician was physically located in Virginia, then the alleged healthcare encounter falls under Virginia's jurisdiction.

2) **Enforcing another state's judgments:** Out-of-state civil action "for receiving, seeking, performing, providing, inducing, or knowingly aiding or abetting an abortion … contrary to state policy" and will not be enforced in Virginia (California Shield Law Fact Sheet).

Protecting against investigations and prosecution

1) **Preventing employee assistance:** This would state that Virginia employees "may not cooperate, provide information, or expend resources" to support an investigation of an "individual for [a] legally protected health care activity."
2) **Protecting against extradition, search warrants, and witness summons:** This would state that a Virginia judge may not issue or enforce a warrant, subpoena, or witness summoning against an individual for an "alleged violation of another state's laws criminalizing abortion, contraception … services" legal in Virginia. Any out-of-state legal process would be required to have an affidavit "under penalty of perjury" to ensure that they are not related to legally protected health services or activities" (California Shield Law Fact Sheet).

The provisions in this section, along with the second provision outlined under *Enforcing another state's judgments*, specify that Virginia may not aid out-of-state civil action. Instead of putting the focus on blocking their actions directly, they utilize the penal law exemption of the FFC. As mentioned, shield laws still heavily depend on this exception. Due to the extensive debate around it, it's likely a case will be brought to the Supreme

Court, placing these protections up for debate.

VII. Conclusions

There is an urgent need for legislative action to protect Virginia's providers and organizations. Virginia supports thousands of out-of-state patients annually, both through telehealth and in-clinic visits. However, Virginia's safe-haven status remains at risk without legal protections against hostile out-of-state laws. Adopting and implementing policy to safeguard providers and reproductive health organizations from both civil lawsuits and outside investigations remains the most comprehensive and direct solution. They would reduce interstate legal clashes and guarantee that providers and organizations can operate effectively and without fear of losing their licenses or facing prosecution. Adopting a comprehensive shield law is critical to preserving bodily autonomy and regional access to care.

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References

[1] Baden, Kelly. "The State Abortion Policy Landscape One Year Post-Roe." Guttmacher Institute, 14 June 2023, www.guttmacher.org/2023/06/state-abortion-policy-landscape-one-year-post-roe. Accessed 24 Apr. 2026.

[2] Baden, kelly, et al. "Clear and Growing Evidence That Dobbs Is Harming Reproductive Health and Freedom | Guttmacher Institute." Www.guttmacher.org, 29 May 2024, www.guttmacher.org/2024/05/clear-and-growing-evidence-dobbs-harming-reproductive-health-and-freedom. Accessed 28 Apr. 2026.

[3] Baden, Kelly, and Joerg Dreweke. "With Risks to Patients and Providers Growing, States Should Revisit Abortion Reporting Requirements." Guttmacher Institute, 5 Mar. 2025, www.guttmacher.org/2025/03/risks-patients-and-providers-growing-states-should-revisit-abortion-reporting-requirements. Accessed 24 Apr. 2026.

[4] Barrow, Amanda, and Carley Towne. "Shield Laws for Reproductive and Gender-Affirming Health Care: A State Law Guide." Williams Institute, 4 Oct. 2024, williamsinstitute.law.ucla.edu/publications/shield-laws-fact-sheets/.

[5] California Shield Law Fact Sheet Protection against Out-of-State Investigations and Prosecutions Protection barring State Agency/Employee Assistance. Dec. 2025, williamsinstitute.law.ucla.edu/wp-content/uploads/Shield-Law-CA-Dec-2025.pdf.

[6] Harris, Joe. "Missouri AG Accuses Planned Parenthood of Trafficking Minors for Abortions." Courthouse News Service, 29 Feb. 2024, www.courthousenews.com/missouri-ag-accuses-planned-parenthood-of-trafficking-minors-for-abortions/. Accessed 29 Apr. 2026.

[7] Khalil, Jahd. "Youngkin Vetoes Abortion-Related Shield Law Bills." VPM, Virginia's home for Public Media, 6 Apr. 2024, www.vpm.org/news/2024-04-06/youngkin-

veto-shield-law-abortion. Accessed 24 Apr. 2026.

[8] Mercury, Naisha, and Valerie Ernat. REPRODUCTIVE HEALTH and EQUITY ISSUE BRIEF Restrictions on the Right to Travel for Out-of-State Abortion Care. Network for Public Health Law, Apr. 2025, www.networkforphl.org/wp-content/uploads/2025/05/Restrictions-on-the-Right-to-Travel-for-Out-of-State-Abortion-Care-1.pdf. Accessed 24 Apr. 2026.

[9] National Constitution Center. "Dobbs v. Jackson Women's Health Organization." National Constitution Center, 2022, constitutioncenter.org/the-constitution/supreme-court-case-library/dobbs-v-jackson-womens-health-organization. Accessed 28 Apr. 2026.

[10] News, PBS. "States with Abortion Bans Target Pills Sent by Out-of-State Providers." PBS News, 24 Mar. 2026, www.pbs.org/newshour/nation/states-with-abortion-bans-target-pills-sent-by-out-of-state-providers.

[11] "Overview of Full Faith and Credit Clause | Constitution Annotated | Congress.gov | Library of Congress." Congress.gov, 2016, constitution.congress.gov/browse/essay/artIV-S1-1/ALDE_00013015/. Accessed 2 June 2026.

[12] Pittella, Maria. "Virginia: The Last Safe Haven of the South Post-Dobbs." Richmond Public Interest Law Review, 20 Nov. 2025, pilr.richmond.edu/2025/11/20/virginia-the-last-safe-haven-of-the-south-post-dobbs/. Accessed 24 Apr. 2026.

[13] Sherman, Carter. "Tennessee Demands Abortion Data from Hospitals in Ban Exceptions Case." The Guardian, The Guardian, 6 Aug. 2025, www.theguardian.com/us-news/2025/aug/06/tennessee-abortion-data-ban. Accessed 28 Apr. 2026.

[14] "Shield Laws Related to Sexual and Reproductive Health Care." Guttmacher Institute, 9 Apr. 2026, www.guttmacher.org/state-policy/explore/shield-laws-sexual-and-reproductive-health-care. Accessed 24 Apr. 2026.

[15] Sri-Kumar, Saj Sundar. "Abortion, Blocking Laws, and the Full Faith and Credit Clause." Stanford Law Review, 23 Jan. 2024, www.stanfordlawreview.org/online/abortion-blocking-laws-and-the-full-faith-and-credit-clause/. Accessed 2 June 2026.