## ICMJE DISCLOSURE FORM

Date:	11/17/2022
Your Name:	Eli Y. Adashi
Manuscript Title:	EMTALA after Dobbs: Emergency Reproductive Health Care in the Balance
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work		of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☑         None           □         □           □         □           □         □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠         None	
7	Support for attending meetings and/or travel	⊠         None	
8	Patents planned, issued or pending	⊠       None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠       None         □       □         □       □         □       □         □       □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠       None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<ul> <li>□</li> <li>□</li></ul>	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:			

## ICMJE DISCLOSURE FORM

Date:	11/21/2022
Your Name:	lvan Glenn Cohen
Manuscript Title:	EMTALA after Dobbs: Emergency Reproductive Health Care in the Balance
Manuscript Number (if known):	M22-3222

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☑         None           □         □           □         □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None           Cohen was provided an honorarium to discuss the decision at the grand rounds The Herman &           Walter Samuelson Children's Hospital at Sinai	
6	Payment for expert testimony	⊠         None	
7	Support for attending meetings and/or travel	None Cohen's airfare and hotel was covered by ASRM to speak about the Dobbs decision at their annual meeting, he received	
8	Patents planned, issued or pending	⊠         None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠         None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	IGC reported serving on the bioethics advisory board of Illumina, and on the bioethics council of Bayer. He was previously a member of the ACOG ethics committee	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<ul> <li>□</li> <li>□</li></ul>	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:			