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[EXEMPT FROM FILING FEES PURSUANT TO GOVERNMENT CODE SECTION 6103]

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF HUMBOLDT

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

v.

ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC AND DOES 1-10,

Defendants.

Case No. CV2401832

COMPLAINT FOR PERMANENT INJUNCTION, CIVIL PENALTIES, AND OTHER EQUITABLE RELIEF

(Health & Saf. Code, § 1317, *et seq.*, Civ. Code, § 51, *et seq.*, and Bus. & Prof. Code, § 17200, *et seq.*)

[VERIFIED ANSWER REQUIRED PURSUANT TO CODE CIV. PROC., § 446]

Plaintiff, the People of the State of California, by and through Attorney General Rob Bonta (the People), alleges as follows:

INTRODUCTION

1. In the early morning hours of February 23, 2024, Anna Nusslock rushed to the emergency department (ED) of Providence St. Joseph Hospital in Eureka, California (Providence Hospital). Anna was fifteen weeks pregnant with twins and after a week of increasing pain and bleeding, her water had prematurely broken earlier in the night. At Providence Hospital, the doctor diagnosed Anna with previable preterm premature rupture of membranes (previable PPROM) and confirmed her worst fear: her twins were not going to survive.[1]

2. At only fifteen weeks gestation, there was no possibility of surviving outside the womb or of prolonging Anna's pregnancy until there was such a chance. Worse still, Anna's diagnosis meant she was at increased risk of serious complications with every minute that passed. Indeed, for patients with PPROM, infection can take hold within hours; hemorrhage within minutes; and doctors cannot easily predict the point at which these complications may suddenly threaten permanent harm or imminent death. Anna urgently needed abortion care—either an induction or a dilation and evacuation procedure (D&E)—to protect against these risks and to preserve her health and ability to have children in the future.

3. Instead of providing the emergency medical care she needed, Providence Hospital offered her a bucket and towels.

4. The doctor at Providence Hospital informed Anna that hospital policy prohibited them from providing Anna the needed treatment so long as one of Anna's twins had detectable heart tones, unless Anna's life was sufficiently at risk—that is, *more* at risk than it already was. Until such time, all they could do was watch and wait. Despite every doctor involved agreeing that Anna needed immediate intervention, Providence Hospital policy would not allow it.

[1] This Complaint describes pregnancy using medical terminology, unless describing a particular person's pregnancy, in which case, consistent with principles of medical ethics, it adopts the terminology preferred by the individual patient.

5. Anna's doctor at Providence Hospital at first recommended that Anna be helicoptered to the University of California, San Francisco Medical Center (UCSF), where she could obtain the emergency services she needed. But Anna knew that her insurance would not cover the $40,000 cost of this option. When Anna asked whether it would be advisable to drive to UCSF instead, her doctor told her: **"If you try to drive, you will hemorrhage and die before you get to a place that can help you."**

6. Ultimately, Providence Hospital improperly discharged Anna with instructions to drive to Mad River Community Hospital (Mad River), approximately 20 minutes away. In the midst of her medical emergency, Providence Hospital offered her a bucket and towels on her way out the door "in case something happen[ed] in the car." The risks of even short delays were borne out in Anna's case, as the doctor who performed her D&E at Mad River noted that Anna was "actively hemorrhaging" by the time she reached the operating room.

7. Providence Hospital's conduct was not only dangerous and inhumane, but also illegal in multiple ways. California's Emergency Services Law (ESL) specifically prohibits the kind of patient dumping Anna experienced and requires all licensed health facilities that have an ED open to the public to provide emergency services and care to those who need it. The ESL also sets forth requirements for safely transferring a patient for nonmedical reasons, which are wholly contravened where a patient in need of emergency services and care is discharged without treatment and instructed to drive to another hospital. The Unruh Civil Rights Act requires business establishments like Providence Hospital to provide all patients with full and equal access to the emergency services it offers. Yet Providence Hospital sees fit to deny pregnant patients comprehensive emergency care.

8. Anna's horrifying experience was no accident. It was the result of deliberate policy decisions by Providence Hospital that guarantee Anna was likely not the first, and will not be the last, patient whose emergency care is dangerously compromised. Absent intervention, these policies will continue to threaten irreparable harm to the health and life of pregnant patients. This is particularly true given that Mad River, the only other hospital within 100 miles with a

labor and delivery unit, recently announced that it will be suspending labor and delivery services for both scheduled and unscheduled deliveries in October 2024.[2]

9. The People accordingly bring this action to enjoin Providence Hospital's illegal conduct and to require them to fulfill their legal obligations to their patients.

PARTIES

10. Plaintiff is the People of the State of California. The People bring this action by and through Rob Bonta, Attorney General of the State of California (Attorney General). The Attorney General is the chief law officer of the State and has authority to file civil actions to protect public rights and interests. (Const., art. V, § 13; Bus. & Prof. Code, § 321.) The Attorney General may file any civil action on behalf of the People of the State of California to enforce California's laws for the protection of public rights and interests, absent direct constitutional or legislative restrictions. (*Cal. Air Res. Bd v. Hart* (1993) 21 Cal. App. 4th 289, 156 ["in the absence of any legislative restriction, he has the power to file any civil action or proceeding directly involving the rights and interests of the state, or which he deems necessary for the enforcement of the laws of the state, the preservation of order, and the protection of public rights and interest"].) The Attorney General is authorized by Health and Safety Code section 1317.6 to file actions to enjoin violations of the ESL. The Attorney General is authorized by Civil Code section 52 to file actions to enjoin violations of rights guaranteed by the Unruh Civil Rights Act. The Attorney General is authorized by Business and Professions Code sections 17204 to obtain injunctive relief to halt violations of, and enforce compliance with, Business and Professions Code section 17200, *et seq.* The Attorney General is authorized by Business and Professions Code section 17206 to obtain civil penalties of up to $2,500 for each violation of section 17200, *et seq.* The Attorney General brings this challenge pursuant to his independent constitutional, statutory, and common law authority to represent the public interest.

[2] Christopher West, *Mad River Community Hospital to suspend labor and delivery services in October*, KRCR (Aug. 27, 2024), https://krcrtv.com/north-coast-news/mad-river-community-hospital-to-suspend-labor-and-delivery-services-in-october.

11. Defendant is St. Joseph Health Northern California, LLC, a California corporation headquartered in Irvine, California. Defendant is the owner and operator of Providence Hospital in Eureka, California and holds the related license required to operate a general acute care facility.

12. The People are currently ignorant of the true identities of the Doe Defendants who may also be responsible for the violations alleged in this Complaint and accordingly names them as Doe Defendants pursuant to Code of Civil Procedure section 474.

JURISDICTION AND VENUE

13. This Court has jurisdiction over this action pursuant to article VI, section 10 of the California Constitution, Health and Safety Code section 1317.6, subdivision (j), Business and Professions Code sections 17204 and 17206, and California Civil Code section 52.

14. This Court has personal jurisdiction over Defendant because it is duly incorporated in California and regularly transacts business within California.

15. Venue is proper in Humboldt County pursuant to Code of Civil Procedure section 395.5 because the violations of law alleged in this Complaint occurred in Humboldt County.

FACTUAL ALLEGATIONS

I. PREGNANT PATIENTS REGULARLY REQUIRE EMERGENCY SERVICES AND CARE

A. Maternal Mortality and Morbidity

16. In the United States, maternal health is in crisis. The Centers for Disease Control and Prevention (CDC) recently reported that 817 people died of pregnancy-related causes in 2022.[3] While that number is down from the frightening spike of 1,205 deaths in 2021, it represents an 8.3 percent overall increase from 2019.[4]

17. The CDC reports that more than 80 percent of pregnancy-related deaths were

[3] Donna L. Hoyert, *Maternal Mortality Rates in the United States, 2022*, Ctrs. for Disease Control & Prevention (May 2024), https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2022/maternal-mortality-rates-2022.pdf.

[4] *See* Donna L. Hoyert, *Maternal Mortality Rates in the United States, 2021*, Ctrs. For Disease Control & Prevention (Mar. 2023), https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.pdf.

preventable.[5] And a 2018 report by the committee on the California Pregnancy Associated Mortality Rate (CA-PAMR) noted that 63 percent of maternal deaths from sepsis and 74 percent of maternal deaths from hemorrhage in California were preventable.[6] CA-PAMR further reported that "health care provider factors" contributed to pregnancy-related deaths where 58 percent of deaths were due to ineffective care and 80 percent of deaths were due to delayed response to clinical warning signs of sepsis.[7] In 75 percent of deaths, health care providers gave ineffective care and were delayed in their response to clinical warning signs for hemorrhage.[8] These tragic statistics highlight the need for improvement in healthcare quality to "'ensure all people who are pregnant or postpartum get the right care at the right time.'"[9]

18. For every pregnancy-related death, there are 70 instances of "severe maternal morbidity," which include the "unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to someone's health."[10] This includes, for instance, patients who received a hysterectomy, suffered a stroke, or went into organ failure because of pregnancy complications.

19. Excluded from estimates of "severe maternal morbidity" are a host of additional prenatal and postpartum morbidities, such as miscarriage, preeclampsia, ectopic pregnancy, postpartum hemorrhage, and postpartum sepsis. Miscarriage alone affects approximately ten percent of clinically recognized pregnancies and may put a patient at risk of excessive blood loss

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[5] *Four in 5 pregnancy-related deaths in the U.S. are preventable*, Ctrs. for Disease Control & Prevention (Sept. 19, 2022), https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html.

[6] *Report from 2002 to 2007 Maternal Death Reviews*, The California Pregnancy-Associated Mortality Review (2018), at pp. 37-38, https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/PAMR/CA-PAMR-Report-1.pdf.

[7] *Ibid.* at p. 40.

[8] *Ibid.*

[9] *Four in 5 pregnancy-related deaths in the U.S. are preventable*, Ctrs. for Disease Control & Prevention (Sept. 19, 2022), https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html.

[10] ACOG Policy Priorities, *Eliminating Preventable Maternal Mortality and Morbidity* (last visited Sept. 26, 2024), https://www.acog.org/advocacy/policy-priorities/maternal-mortality-prevention.

and serious infection.[11]

20. Many intersecting factors impact maternal mortality and morbidity, including maternal age, preexisting conditions and comorbidities, and location. There are also extreme racial and ethnic disparities in rates of maternal mortality and morbidity.

B. The Nature of Emergency Care for Pregnant Patients

21. Given these statistics, it is no wonder that pregnancy frequently results in visits to EDs. In 2019, over 3.5 million people visited EDs for reasons related to pregnancy, other than delivery.[12]

22. The American Board of Emergency Medicine's Model of Clinical Practice of Emergency Medicine—the definitive source and guide to the core content found on the board exams taken by emergency physicians—contains entire sections devoted to "Complications of Pregnancy" and "Complications of Labor."[13] Nearly all listed conditions are graded as "critical" or "emergent," meaning that they "may progress in severity or result in complications with a high probability for morbidity if treatment is not begun quickly."[14]

23. Pregnant patients may receive their emergency care in the ED or in the labor and delivery unit (L&D), from obstetrician-gynecologists, from family medicine physicians, or from any number of other medical specialists.

24. Myriad emergency medical conditions can and do arise during pregnancy. These include PPROM, miscarriage, ectopic pregnancy, placental abruption, preeclampsia, infection, sepsis, and hemorrhage—to name a few.

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[11] ACOG Practice Bulletin No. 200, *Early Pregnancy Loss* (Nov. 2018), https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/11/early-pregnancy-loss.

[12] Healthcare Cost & Utilization Project, *Emergency Department and Inpatient Utilization and Cost for Pregnant Women: Variation by Expected Primary Payer and State of Residence, 2019*, Agency for Healthcare Rsch. & Quality at 3, 30 (Dec. 14, 2021), https://hcup-us.ahrq.gov/reports/ataglance/HCUPanalysisHospUtilPregnancy.pdf.

[13] Michael S. Beeson et al., *The 2022 Model of the Clinical Practice of Emergency Medicine*, 64 J. Emergency Med. 659, 679 (Feb. 2023), https://www.jem-journal.com/action/showPdf?pii=S0736-4679%2823%2900063-X.

[14] *Ibid.* at 661, 679.

25. Sometimes, emergency medical conditions cannot be relieved or eliminated without abortion care, such as an induction, a D&E, or a dilation and curettage (D&C). In such cases, continuing a pregnancy may risk severe health consequences like loss of future fertility, loss of uterus, seizures, stroke, vital organ damage and failure, and death. Indeed, it recently came to light that two separate mothers in Georgia died—needlessly—because they could not access timely abortions.[15]

26. Expectant management, also known as the "wait and see approach," before viability involves withholding treatment and waiting to provide clinically indicated abortion care until the mother's life is sufficiently at risk or until such care is no longer necessary because the pregnant person goes into labor naturally. But delayed treatment, including expectant management, increases the risk of complications, permanent injury, or death. Indeed, approximately 40-50 percent of pregnant persons who choose expectant management prior to 20 weeks gestation experience significant maternal morbidities, including infection, retained placenta, and/or hemorrhage. In contrast, rapid treatment improves patient outcomes and reduces maternal morbidity and mortality.

C. Previable PPROM and Similar Conditions

27. PPROM is a serious pregnancy complication in which the amniotic sac ruptures before labor begins. PPROM complicates three percent of all pregnancies and occurs in approximately 150,000 pregnancies yearly in the United States.[16]

28. When PPROM occurs before 20 weeks gestation, it is called previable PPROM. For unequivocally previable fetuses with membrane rupture, there tragically is no chance of survival.

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[15] Kavitha Surana, *Abortion Bans Have Delayed Emergency Medical Care. In Georgia, Experts Say This Mother's Death Was Preventable*, ProPublica (Sept. 16, 2024), https://www.propublica.org/article/georgia-abortion-ban-amber-thurman-death; Kavitha Surana, *Afraid to Seek Care Amid Georgia's Abortion Ban, She Stayed at Home and Died*, ProPublica (Sept. 18, 2024), https://www.propublica.org/article/candi-miller-abortion-ban-death-georgia.

[16] Allahyar Jazayeri, *Premature Rupture of Membranes*, Medscape, https://emedicine.medscape.com/article/261137-overview?form=fpf (last updated Feb. 24, 2023).

29. Although PPROM before viability occurs in less than one percent of pregnancies, it frequently leads to serious maternal health complications, including infection, sepsis, and hemorrhage.[17] The long-term consequences of these complications can include infertility, recurrent miscarriage, pelvic pain, dysmenorrhea, mental health conditions, and even death.

30. As the risk of complications increases the longer the membranes are ruptured, continuing a pregnancy for any amount of time in the face of previable PPROM is dangerous. Accordingly, the standard of care in such circumstances is to provide abortion services—whether induction termination, a D&C, or a D&E.

31. Nor is PPROM the only condition that presents these kinds of risks. Other examples include:

a. Preeclampsia. Preeclampsia is a condition characterized by high blood pressure and high levels of protein in the patient's urine. It can come on suddenly (its name is derived from the Greek word for "lightning" because of how fast it can strike an otherwise healthy patient) and can lead to organ failure, seizures, and death. If a patient develops preeclampsia before viability, abortion is usually recommended given the extremely high risk of continuing the pregnancy.

b. Previable dilation of the cervix. If the cervix dilates before viability, it creates an extremely high risk of intrauterine infection or sepsis. Such an infection can set in quickly and, even if treated promptly, can result in severe complications including future infertility or death in extreme cases. Abortion is usually recommended to avoid these outcomes and to preserve the patient's ability to have children.

c. Placental disorders. A number of conditions involve malformation or dysfunction of the placenta, including placenta accreta or placental abruption. These conditions have an extremely high risk of hemorrhage and accordingly, if detected prior to viability, are usually treated by terminating the pregnancy.

[17] ACOG Practice Bulletin No. 217, *Prelabor Rupture of Membranes*, 135 Obstetrics & Gynecology 3 (Mar. 2020), at p. e81.

If the physician waits until hemorrhage actually begins, it may be too late to control the bleeding and could result in severe morbidity or death.

II. HEALTH CARE IN EUREKA

32. Eureka sits in Humboldt County, which is a rural county of approximately 134,000 residents. In 2023, there were approximately 1,087 live births in Humboldt. The overwhelming majority of these births occurred in hospitals.

33. Significant health disparities exist between rural and urban residents generally when it comes to pregnancy. Rural residents have higher rates of mortality and severe maternal morbidity compared to urban residents with the same sociodemographic and clinical characteristics. Indeed, one 2022 report found that traveling 30 minutes to an obstetric hospital increases the probability of maternal mortality or morbidity by nine percent.[18]

34. The contours of maternity care also vary greatly by location. For instance, in rural areas, family medicine physicians play an essential role in caring for obstetric patients. A 2021 study found that family medicine physicians delivered babies in 67 percent of rural hospitals and were the only physicians who delivered babies in 27 percent of these facilities.[19]

35. Additionally, rural hospitals and EDs are "the safety net" for rural Americans, including pregnant patients. A recent study found that in non-urban-adjacent rural counties, the closure of an obstetric unit was associated with a significant increase in emergency department births.[20] As the initiation of prenatal care in the first trimester is lower for rural pregnant patients, which increases their risk for complex health issues during pregnancy, their dependence on EDs is even higher.

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[18] Maternity Care Deserts Report 2022, *Nowhere To Go: Maternity Care Deserts Across the U.S.*, March of Dimes (2022), at p. 11, https://www.marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf.

[19] Mark Deutchman et al., *The impact of family physicians in rural maternity care* (Sept. 23, 2021), https://onlinelibrary.wiley.com/doi/full/10.1111/birt.12591.

[20] Katy B. Kozhimannil et al., *Information for Rural Stakeholders About Access to Maternity and Obstetric Care: A Community-Relevant Synthesis of Research*, Univ. of Minn. Rural Health Rsch. Ctr. (Sept. 2024), at p. 3, https://rhrc.umn.edu/wp-content/uploads/2024/09/OB_Practical-Implications_9.3.pdf.

36. In the vicinity of Eureka there are only two hospitals: Providence Hospital in Eureka, and Mad River, a locally owned and independently operated community hospital in Arcata, California.

37. Providence Hospital is a health facility licensed as a general acute care hospital under Health & Safety Code section 1250, subdivision (a).

38. Providence Hospital maintains and operates an ED to provide emergency services to the public. Providence Hospital's ED is open 24 hours a day, seven days a week.

39. Providence Hospital's website states: "When seconds count, you can count on Providence St. Joseph Hospital Eureka. Our Emergency Department (ED) is always ready should you find yourself facing an unexpected illness or injury. We are a Level III trauma center—the highest-level trauma center in the county . . . Whether you're critically injured or ill and need lifesaving care or you have a minor condition that requires prompt medical attention, we're here for you . . . Our caring team works to provide you the finest medical care and to do so as quickly as possible . . . ."[21]

40. Providence Hospital maintains and operates an L&D, with at least one obstetrician-gynecologist available, that is open 24 hours a day, seven days a week. Providence Hospital has the only Level II Neonatal Intensive Care Unit on the North Coast.

41. Providence Hospital's website states: "Because Humboldt County is both rural and isolated, patients in our community receive almost all of their medical care here. Few of our patients leave the community for their care because it is over 275 miles to the nearest tertiary care center. This has led to the development of advanced capabilities more typically seen in larger hospitals and communities . . . Providence St. Joseph Hospital Eureka is the regional medical center for a large geographic area. We are the only Level III Trauma Center, the only Level II

[21] *Emergency and Trauma*, Providence St. Joseph Hospital Eureka (last visited Sept. 26, 2024), https://www.providence.org/locations/norcal/st-joseph-hospital-eureka/emergency-department.

NICU, the only STEMI Receiving Hospital, open heart surgery program and the only Regional Cancer Center for over 150 miles in any direction."[22]

42. Mad River's ED is a Level IV Trauma Center. Mad River does not have a Neonatal Intensive Care Unit. Come next month, Mad River will no longer have physicians on call to provide labor and delivery services.

III. ANNA NUSSLOCK

43. Anna lives in Eureka, California with her husband, Daniel. The two met in 2017 and were married in 2020. A year later, they began trying to grow their family.

44. Anna became pregnant a number of times over the next three years, but none of her pregnancies reached term.

A. Anna Becomes Pregnant with Twins

45. Despite the losses and hardships they had faced, Anna and Daniel still wanted children. In November 2023, Anna and Daniel found out they were pregnant again—this time with twins.

46. Anna's pregnancy was deemed high risk given her maternal age, history of high blood pressure, previous pregnancy losses, and the fact that it was a multiple pregnancy. There are few providers in Eureka with the expertise needed to care for high-risk pregnancies. Accordingly, specialists in Maternal-Fetal Medicine (MFM) at UCSF began following her care alongside her doctor in Eureka.

47. But because of the five hours' drive distance between Eureka and San Francisco, UCSF could not provide Anna with regular care.

48. As is standard in multiple pregnancies, Anna's doctors designated the developing fetuses as Twin A and Twin B.

49. In early February 2024, Anna's twins were diagnosed as "monochorionic, diamniotic," which meant that they shared a placenta but had two amniotic sacs. Anna also had a

[22] *Eureka Family Medicine Residency Program*, Providence St. Joseph Hospital Eureka (last visited Sept. 26, 2024), https://gme.providence.org/northern-california/eureka-family-medicine-residency-program/our-program/.

possible "velamentous cord insertion," which occurs when the umbilical cord attaches to membranes outside of the placenta. Both diagnoses further complicated her pregnancy and increased the risks associated with carrying her pregnancy to term.

B. Anna Experiences Cramping, Pain, Bleeding, and Fluid Leakage

50. On February 16, 2024, Anna began experiencing severe cramping, pain, and bleeding. Over the next week, on the instruction of her doctors, she repeatedly visited the Providence Hospital ED to check on her pregnancy. Each time, she was told that both fetuses had heart tones and she was sent home despite the persistence of her symptoms, including severe pain.

51. On February 22, 2024, while Anna was making dinner, she felt a sudden gush of fluid from her vagina. Anna knew this could be a sign of serious complications and immediately called her doctor's office. She spoke with the physician on call that night, Dr. Sarah McGraw, and based on Dr. McGraw's assessment, Anna agreed to stay home rather than go to the ED. Dr. McGraw advised Anna to call back if she started experiencing other signs of labor.

52. Over the next few hours Anna's symptoms worsened. By 2 a.m. on February 23, 2024, Anna was in severe pain from contractions and was bleeding heavily, passing several golf-ball sized blood clots. Dr. McGraw, still on call, told Anna to go to the ED at Providence Hospital, where Anna would be taken directly to L&D.

C. Providence Hospital Diagnoses Anna with Previable PPROM

53. Upon arrival at Providence Hospital, Anna was in such severe pain that she could barely walk. She was still bleeding and had passed several more large blood clots.

54. Anna received an ultrasound that confirmed her worst fear—Twin A's amniotic sac had broken at just 15 weeks gestation. The ultrasound also showed that Twin A's head already was in Anna's cervix and that Anna's cervical length had shortened to 0.7 cm.

55. After reviewing the ultrasound results and further examining Anna, Dr. McGraw diagnosed her with PPROM. As Anna was only 15 weeks into her pregnancy, her specific diagnosis was previable PPROM.[23] Dr. McGraw told Anna that Twin A's amniotic sac no longer

[23] *See supra* I.C.

had any fluid, and although Twin A still had heart tones at that time, there was no chance of survival. Anna and Daniel were heartbroken.

56. As for Twin B, the ultrasound showed an amniotic sac that was still intact and that the baby still had heart tones. Anna asked whether there was any chance that Twin B might survive. Dr. McGraw responded that she was not sure but that she would consult with UCSF MFM to confirm.

57. Whatever UCSF said though, Dr. McGraw knew, as she wrote in her admission note, that Anna was at high risk for hemorrhage. She immediately ordered several interventions to quantify and guard against this risk, including ordering a complete blood cell count and a large bore IV for access.

58. Perhaps even more imminently, Anna was at risk of infection. Indeed, at Providence Hospital, she was already exhibiting clinical signs of chorioamnionitis (intrauterine infection), including an elevated white blood cell count of almost 15,000 per microliter and cell components showing evidence of inflammation. Dr. McGraw was aware of this risk too, as she included in her admission note her plan "to discuss infectious workup as cause for miscarriage."

59. Dr. McGraw then spoke with UCSF MFM by phone regarding Anna's care and whether it would be possible to save Twin B. UCSF MFM quickly confirmed that there was almost no chance that Twin B would survive.

60. UCSF MFM also confirmed that prolonging the pregnancy any further would put Anna's own health at great risk. Patients with PPROM are at high risk of infection, which can lead to sepsis and hemorrhage—complications that can develop rapidly and without warning. Accordingly, UCSF's recommendation, consistent with the recognized standard of care for these cases, was to immediately terminate Anna's pregnancy through an induction or a D&E.

61. Dr. McGraw passed on this devastating evaluation to Anna, explaining that UCSF MFM recommended either an induction or a D&E and that it would be dangerous to wait.

62. Anna worked to process this information through overwhelming grief. Understanding that there was no hope for either twin and that declining the abortion care that

UCSF recommended would risk in her own morbidity and mortality, Anna gave consent to proceed.

D. Providence Hospital Denies Anna Emergency Medical Treatment

63. Anna was shaken by what happened next. Despite telling Anna that she needed immediate abortion care and that waiting to intervene would risk "significant morbidity and mortality," Dr. McGraw stated that she was not permitted to provide such care. Under Providence Hospital's policy, which Dr. McGraw had verified with a Providence Hospital charge nurse, Dr. McGraw could not intervene so long as fetal heart tones were detectable unless there was a (more) immediate threat to Anna's life.

64. Immediately after explaining the Providence Hospital policy to Anna, Dr. McGraw added, "I know . . . it is just horrible."

65. All Dr. McGraw could do was offer Anna "expectant management"[24]—a medical term for "wait and see." Notably, Providence Hospital did have the personnel and facilities necessary to perform a D&E or to induce labor. They simply would not do so until her nonviable twins' heart tones stopped on their own or until, in their judgment, Anna was close enough to death to justify intervention.

66. It did not matter that neither of Anna's twins were going to survive, given their 15-week gestation and Anna's diagnosis of previable PPROM. It did not matter that Anna was bleeding and in pain or that over ten hours already had passed since her water had broken, further increasing her risk of serious complications. It did not matter that Anna's doctors all agreed that there was only one recommended course of treatment, to which Anna has consented. It did not matter that the medical standard of care was an immediate D&E or induced labor. It did not matter that Providence Hospital had appropriate facilities and qualified personnel available to provide the recommended care. And it did not matter that any delay posed significant maternal risks, including infection and hemorrhage. Dr. McGraw, bound by Providence Hospital policy,

[24] *See supra* ¶ 26.

could not provide Anna the treatment necessary to relieve her emergency medical condition and to keep her safe from harm.

67. Confused, scared, and in the throes of grief, Anna asked Dr. McGraw what she should do. Dr. McGraw at first recommended that Anna be helicoptered to UCSF to receive the recommended abortion care.

68. Worried about the cost of being helicoptered and fearful of being separated from Daniel, who would not have been permitted on the flight, Anna asked Dr. McGraw whether it would be advisable to drive to UCSF instead. Dr. McGraw responded: "If you try to drive, you will hemorrhage and die before you get to a place that can help you."

69. With the most obvious alternatives hours away, Anna—terrified, grieving, bleeding, and in pain—was forced to remain at Providence Hospital, where no one would help her.

E. Providence Hospital Dumps Anna onto Mad River Community Hospital

70. Dr. McGraw then told Anna that she had a suggestion. Dr. McGraw left, and upon returning, declared: "Mad River will take you." Mad River is a small community hospital approximately twelve miles away. With no other feasible option for obtaining the emergency treatment she needed, Anna submitted to leave Providence Hospital and drive to Mad River.

71. Medical staff at Providence Hospital asked Anna whether she wanted an ambulance to take her to Mad River. In presenting this option, neither her doctor nor her nurses discussed the risks involved with declining an ambulance or voiced any concern about Anna driving in her own car to Mad River. They also did not tell Anna that leaving Providence Hospital would amount to her leaving against medical advice or require that she sign any paperwork to that effect. Rather, Providence Hospital discharged Anna.

72. Anna and Daniel ultimately decided to drive in their own car to Mad River, rather than request an ambulance, given the added cost and time they presumed an ambulance would involve.

73. Just before Anna left, a Providence Hospital nurse came into Anna's room with a bucket and some towels. The nurse offered them to Anna and said, they wanted me to give these to you "in case something happens in the car."

74. The discharge instructions Providence Hospital gave Anna directed her to "RETURN" to Providence Hospital if her water broke or if she had vaginal bleeding—two symptoms that Anna had been suffering from for hours and the very reason she sought care at Providence Hospital's ED in the first place.

F. Anna Receives Emergency Care at Mad River Community Hospital

75. Approximately 20 minutes after leaving Providence Hospital, Anna arrived at Mad River—still bleeding, still in severe pain, and still having contractions. She entered Mad River through the ED, which was the only hospital door open at that early hour.

76. The medical staff at the Mad River ED were not expecting Anna or aware that she was coming from Providence Hospital. When she arrived, therefore, she was unable to go directly to L&D. Instead, she had to wait in the ED while her bleeding and pain continued. She also had to explain, by herself, to the ED staff the details of all she had been through that night.

77. By the time she was admitted to Mad River's L&D, Anna's bleeding had increased, and she had passed an apple-sized blood clot. After being examined by Dr. Elizabeth Micks, the medical staff prepared her for immediate surgery.

78. As Anna was being transported to the operating room, she felt sudden intense pressure and pain. When she was asked to move to the operating table, she said, "something happened" and "there's a lot of blood." The nurse checked under Anna's gown and a horrified expression appeared in her eyes, prompting Anna to ask whether it was her baby. The nurse replied, "yes."

79. Dr. Micks performed a D&E on Anna under general anesthesia, noting that Anna had "spontaneously delivered Twin A" and was "actively hemorrhaging" on the operating table.

80. After receiving the D&E, Anna recovered at Mad River and was discharged home at approximately 2 p.m.

81. On February 27, 2024, Anna followed up with her family medicine doctor at his office. He informed Anna that the pathology from her admission to Providence Hospital on February 23, 2024 showed "likely chorioamnionitis" and cited this infection as the reason behind her miscarriage.

82. This experience deeply traumatized Anna, and she has been dealing with tremendous anxiety, grief, and depression ever since. She was unable to work at all to care for her patients for two and a half weeks, resulting in lost income since she is a small business owner. Her grief also manifested in physical symptoms, including gaining weight, insomnia, and hair loss. While still mired in her grief, Anna continues to relive the trauma of being forced to leave Providence Hospital in the midst of a medical emergency and the fear for her life she felt when she was told that she could not receive the emergency treatment she needed.

IV. PROVIDENCE HOSPITAL WILLFULLY DENIES PREGNANT PATIENTS FULL AND EQUAL ACCESS TO EMERGENCY MEDICAL CARE

83. Although no one should have to go through what Anna experienced, many other pregnant patients likely have been denied emergency medical treatment by Providence Hospital. Indeed, Providence Hospital's policy of providing only limited emergency services to those who are pregnant guarantees that Anna's horrific experience will happen over and over again.

84. Dr. Micks estimates based on her personal experience that that one to two women per year receive abortion care at Mad River, after being refused care at Providence Hospital. Specifically, these were pregnant women who initially sought care at Providence Hospital for an inevitable miscarriage (vaginal bleeding in early pregnancy with progressive dilation of the cervix) or previable PPROM. In these cases, abortion care was necessary to preserve the patient's health and potentially their life, yet Providence Hospital refused to provide appropriate care due to the presence of fetal heart tones. These individuals, like Anna Nusslock, had all been discharged from Providence Hospital with instructions to go somewhere else for care.

85. Providence Hospital harms pregnant patients by denying them full and equal access to emergency care. This policy or practice delays, or entirely denies, pregnant patients necessary treatment for emergency medical conditions, which increases the risks to their health,

life, and future fertility. It also causes pregnant people to endure severe emotional distress and causes or threatens irreparable harm to their health and life.

CAUSES OF ACTION

FIRST CAUSE OF ACTION

(Violation of California's Emergency Services Law Treatment Requirements)

(Health & Saf. Code, § 1317, *et seq.*)

86. The People reallege all paragraphs set forth above and incorporate them by reference as if fully set forth herein.

87. California's ESL, Health and Safety Code section 1317 *et. seq.*, governs all general acute care hospitals in California that operate EDs.

88. The ESL mandates that "[e]mergency services and care shall be provided to any person . . . for any condition in which the person is in danger of loss of life, or serious injury or illness . . . ." (*Ibid.* § 1317, subd. (a).)

89. The ESL further prohibits hospitals from discriminating in their provision of emergency services based on any characteristic listed in section 51, subdivisions (b) and (e) of the California Civil Code. Section 51, subdivision (e) prohibits discrimination based on "pregnancy, childbirth, or medical conditions related to pregnancy or childbirth." (Health & Saf. Code, § 1317, subd. (b).)

90. The ESL applies to "any health facility licensed under this chapter that maintains and operates an emergency department to provide emergency services to the public . . . ." (*Ibid.* § 1317, subd. (a).)

91. Providence Hospital maintains an emergency department to provide emergency services to the public.

92. Defendant holds the license necessary to operate Providence Hospital and owns the facility. Accordingly, Defendant is responsible for ensuring that Providence Hospital complies with the terms of the ESL.

93. Providence Hospital violates section 1317 in multiple ways. First, Providence Hospital fails to provide emergency services and care to all persons in danger of "loss of life, or

serious injury or illness." (*Ibid.* § 1317, subd. (a).) Pregnant patients do not receive such care so long as the hospital can detect fetal heart tones.

94. While Providence Hospital will ostensibly intervene if a pregnant patient is on the verge of death, the ESL imposes more expansive obligations. A licensed facility must act to prevent not only actual death, but also "serious injury or illness." Further, once an emergency medical condition is diagnosed, the licensed facility must provide the "care, treatment, and surgery" that is "necessary to relieve or eliminate the emergency medical condition." Delaying the treatment of a pregnant patient suffering from previable PPROM—as was the case for Anna Nusslock—puts the patient at great risk of serious injury or illness. Such conditions cannot be relieved or eliminated without abortion care. Moreover, because it is virtually impossible to predict when, and how quickly, these pregnant patient may deteriorate, refusing to treat an emergency medical condition because the hospital can still detect fetal heart tones puts the patient at an unacceptable risk of injury or death.

95. Providence Hospital also discriminates against pregnant patients in violation of Health and Safety Code section 1317, subdivision (b). Providence Hospital is willing to provide comprehensive emergency medical care to any patient unless they are pregnant. Pregnant patients are denied the emergency services and care needed to treat their conditions.

SECOND CAUSE OF ACTION

(Violation of the ESL's Nonmedical Transfer Provision)

(Health & Saf. Code, § 1317.2)

96. The People reallege all paragraphs set forth above and incorporate them by reference as if fully set forth herein.

97. As alleged above, California's ESL, Health and Safety Code section 1317, *et. seq.* governs all general acute care hospitals in California that operate EDs. The ESL applies to "any health facility licensed under this chapter that maintains and operates an emergency department to provide emergency services to the public." (*Ibid.* § 1317, subd. (a).) Providence Hospital maintains an emergency department to provide emergency services to the public. Defendant holds the license necessary to operate Providence Hospital and owns the facility. Accordingly,

Defendant is responsible for ensuring that Providence Hospital complies with the terms of the ESL.

98. Under Health and Safety Code section 1317.2, a hospital is prohibited from transferring a patient in need of emergency services and care for any nonmedical reason unless all required conditions are met, including that:

a. "The person has been provided with emergency services and care so that it can be determined, within reasonable medical probability, that the transfer or delay caused by the transfer will not create a medical hazard to the person" (Health & Saf. Code, § 1317.2, subd. (b)); and

b. "The transferring hospital provides for appropriate personnel and equipment that a reasonable and prudent physician and surgeon in the same or similar locality exercising ordinary care would use to effect the transfer" (*ibid.*, subd. (d)).

99. Providence Hospital violates section 1317.2 by failing to fulfill the statutory requirements for transferring a patient for nonmedical reasons. Providence Hospital discharges patients suffering from previable PPROM and comparable conditions without providing the emergency services and care required. Because patients with these and similar emergency medical conditions can deteriorate quickly and without warning, it is sometimes not possible to determine within reasonable medical probability that the transfer or the delay caused by the transfer will not result in the material deterioration of the patient's medical condition or jeopardize the health of the patient.

100. Additionally, rather than effecting safe and proper transfers for patients with emergency medical conditions related to pregnancy by providing for appropriate transfer personnel and equipment, Providence Hospital simply discharges these patients to the street with instructions to drive to another hospital. This creates unacceptable health risks and causes further delay to pregnant patients in need of emergency care.

101. Anna Nusslock's case starkly illustrates these failures. Though Anna was eventually treated at Mad River, she drove there in her own car, without any medical personnel or

equipment to help keep her safe while on the road; she was delayed in the Mad River ED and not immediately admitted to L&D because no one in the ED was expecting her; her care was further delayed because she had to explain everything that she had been through that night to the Mad River medical staff, rather than rely on transfer personnel or transfer documents; and she was actively hemorrhaging by the time she was on the operating table.

102. Providence Hospital's failure to properly transfer patients under section 1317.2 creates unacceptable health risks and causes further delay to pregnant patients in need of emergency care.

THIRD CAUSE OF ACTION

(Violation of the Unruh Civil Rights Act)

(Civ. Code, § 51, *et seq.*)

103. The People reallege all paragraphs set forth above and incorporate them by reference as if fully set forth herein.

104. The Unruh Civil Rights Act prohibits any business or other public accommodation from denying "the full and equal accommodations, advantages, facilities, privileges, or services" on account of (among other protected classifications) "pregnancy, childbirth, or medical conditions related to pregnancy or childbirth." (Cal. Civ. Code, § 51.)

105. Providence Hospital is a business establishment within the meaning of the Unruh Civil Rights Act.

106. Defendant, as the owner and license holder of Providence Hospital is responsible for ensuring that Providence Hospital complies with the terms of the Unruh Civil Rights Act.

107. Providence Hospital violates the Unruh Civil Rights Act by discriminating against pregnant patients and patients with medical conditions related to pregnancy. Pregnant patients, and those suffering from medical conditions related to pregnancy, are denied the full range of emergency medical services at Providence Hospital. No other set of patients sees their care so restricted or are denied the standard of care for their conditions.

FOURTH CAUSE OF ACTION

(Unlawful Business Conduct)

(Bus. & Prof. Code, § 17200, *et. seq.*)

108. The People reallege all paragraphs set forth above and incorporate them by reference as if fully set forth herein.

109. Defendant owns and operates Providence Hospital, which offers ED, L&D, and other medical and surgical services to the public.

110. From a date unknown to the People and continuing to the present, Providence Hospital has engaged in and continues to engage in, aided and abetted and continues to aid and abet, and conspired to and continues to conspire to engage in unlawful, unfair, and/or fraudulent acts or practices, which constitute unfair competition within the meaning of section 17200 of the Business and Professions Code. Providence Hospital's acts or practices include, but are not limited to:

a. Violating the ESL, Health and Safety Code section 1317, *et seq.*, as alleged in the First and Second Causes of Action; and

b. Violating the Unruh Civil Rights Act, Civil Code section 51, *et seq.*, as alleged in the Third Cause of Action.

111. Each and every separate act, including, but not limited to every failure to provide emergency services and care to a pregnant person in danger of loss of life or serious injury or illness who is requesting such care, every failure to properly transfer a pregnant person, and every instance of discrimination against pregnant patients and patients with medical conditions related to pregnancy, constitutes an unlawful, unfair, and/or fraudulent business practice. Each time that Providence Hospital engaged in each separate unlawful, unfair, and/or fraudulent act, omission, or practice is a separate and distinct violation of Business and Professions Code section 17200.

PRAYER FOR RELIEF

WHEREFORE, the People respectfully request that the Court enter judgment in favor of the People and against Defendants, jointly and severally, as follows:

A. That Defendants, their successors, agents, representatives, employees, assigns, and all persons who act in concert with Defendants be enjoined from violating the ESL; enjoined from engaging in discrimination in violation of section 51 of the Unruh Civil Rights Act; and enjoined from engaging in unlawful business conduct, as defined in Business and Professions Code section 17200, including, but not limited to, the acts and practices alleged in this Complaint under the authority of Business and Professions Code section 17203;

B. That the Court assess a civil penalty of up to $2,500 against Defendants for each violation of Business and Professions Code section 17200, in an amount according to proof, under the authority of Business and Professions Code section 17206;

C. That the People recover their costs of suit, including reasonable attorneys' fees and costs;

D. That the People receive all other relief to which they are legally entitled; and

E. That the Court award such other relief that it deems just, proper, and equitable.

Dated: September 30, 2024

Respectfully submitted,

/S/ Katelyn Wallace

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