

To: Interested Parties

From: Global Strategy Group

Date: April 22, 2024

Re: New polling and guidance on EMTALA, the law that guarantees lifesaving medical care

A new survey in battleground states finds that Americans in these states are completely unaware the Supreme Court is poised to strike down the Emergency Medical Treatment and Labor Act – the key to protecting lifesaving abortion care. With the law and case before the court completely unknown, progressives must **define the law and illustrate the consequences to patients clearly and at the forefront.**

Support for Protecting Lifesaving Care

The policy itself is virtually unknown – 97% have not heard a lot about it. **Our top priority is to introduce the law and the Supreme Court threat in a clear, succinct way.**

There's a clear opportunity to build support. When a brief description of this Act is introduced, including that it guarantees, in an emergency, doctors can provide an abortion to save the life of the woman, support for the act is widespread and intense (74% support overall; 48% strong support), with support coming from across the political spectrum, with 84% of Democrats, 73% of independents, and 65% of Republicans supporting it.

Strategy and Language Learnings

Call this a lifesaving care ban. Don't say EMTALA. The law's full name is better than the acronym, but skipping a name and describing what it guarantees (lifesaving medical care) is best unless a name is needed for context.

- 97% haven't heard a lot about EMTALA. They have no background, and the acronym will mean nothing to them and doesn't accomplish communicating any of our key points.
- In our testing, describing what it does and guarantees was more important than describing characteristics of the law. Details like the law's age are superfluous. What really matters is that it guarantees patients receive the lifesaving care they need during an emergency.
 - If needed for context, describing it as a *national* law is more positive than as a *federal* law.

Raise the stakes by spotlighting deadly outcomes or extremely serious medical consequences from striking down EMTALA.

- The most concerning consequences of this lifesaving care ban focus on life-or-death situations, first and foremost. Patients potentially missing work, losing their paycheck, or facing delays in care are less impactful.
- Women being denied care is more effective language than delayed care, as no care is more deadly than delayed care.

Life-threatening, detailed, and vivid examples of pregnant women facing serious medical emergencies are the most effective consequences of EMTALA being struck down.

- In the survey, when shown a list of all types of consequences, including everything from medical emergencies to the bigger picture implications like it paving the way for banning IVF and birth control to unequal access to care for Black, Hispanic, and rural Americans, the top 3 most concerning consequences were ones that feature explicit serious medical consequences for women:
 - "A pregnant woman whose organs are shutting down due to a ruptured membrane could be denied care"
 - "Pregnant women would be denied care, even if they are suffering from an ectopic pregnancy that threatens both her life and future fertility"
 - "A woman who is miscarrying will be forced to sit on the exam table, bleeding out profusely while doctors wait for the fetal heartbeat to stop before treating her"

Convey certainty about the need for an emergency abortion and the impact of it being denied. The more certain the negative outcome is, the more powerful it is.

- When we tested two similar versions of a description of what EMTALA guarantees, a guarantee that "a pregnant woman can receive an abortion if her life is threatened" was stronger than a version that ended with "if a doctor believes it would save her life." Adding a doctor's judgment makes the need subjective, weakening it in comparison to a definitive statement that her life is threatened.
- When describing the impact of overturning, "will" and "would" are better than "could." The more certain the negative outcome is, the more powerful it is.

Say lifesaving care, not stabilizing care (emergency is ok, but lifesaving is better).

- When we asked which is most important for doctors to provide to patients, 70% say lifesaving care, 21% emergency care, and just 9% stabilizing care. Lifesaving care leaves no room for interpretation – it is a serious and deadly situation.

Avoid leading with partisan language when describing why EMTALA should be maintained.

- EMTALA is supported by majorities of Democrats, independents, and Republicans after they learn what it is. If the goal is widespread support, partisan language risks turning off Republicans and independents who could support it, and other arguments like the serious and deadly medical consequences for women work better across all parties, including Democrats.
- Of course, there may be situations where bringing partisanship in is merited. In those cases, start by defining the law and the stakes at hand. Then pivot to partisanship.

When talking about EMTALA, doctors should focus on the terrible consequences to women from being denied emergency abortion care and employ examples from their own patients/experiences of what can go wrong and why access to emergency abortion care is critical.

- What they should talk *less* about is the personal impact on the doctor, themselves. The most important arguments center on why overturning it is bad for patients and the risks to patients' lives, and doctors have a unique perspective on what negative outcomes look like for pregnant women suffering a medical emergency.

Our Basic Message

Our recommended introduction

This is about lifesaving medical care. This law* guarantees that, in an emergency, patients receive the lifesaving care they need, including abortion care.

But, if the Supreme Court strikes down this law...

- There is no guarantee that you or your loved one will receive the medical care you need in an emergency.
- And in fact, a pregnant woman whose organs are shutting down due to a ruptured membrane will be denied the abortion care she needs to live.**
- Politicians will be in charge of whether women live or die.

**While we strongly recommend steering clear of using the actual name, if needed for context, add the full version of the name not the acronym. **Feel free to substitute other life-threatening, detailed, and vivid examples of pregnant women facing serious medical emergencies.*

Language to Use and Lose

What <u>not</u> to say	What <u>to</u> say	Why?
Stabilizing care	Lifesaving care (emergency care is ok, but lifesaving is better)	Raises the stakes with clear risk of death, underscores that abortion care is health care. It also leaves little to no room for interpretation.
EMTALA	Lifesaving care protections (If you must use a legal name, say full name rather than acronym)	EMTALA is a meaningless acronym for most. And the full name is tough to repeat/doesn't evoke strong reactions. We should hone in on words we do know work with our limited time.
Could lead to/could save	Will, would, bans, requires, guarantees	The more certain the negative outcome is, the more powerful it is.
EMTALA is 40-year-old law , a national law , applies to Medicare hospitals	What the law guarantees, not its characteristics	Avoid "is" statements. These details are important for policy but can be distracting when we need Americans to learn and understand the impact of this ban.
Bans abortion the doctor believes is necessary to save the patient's life	Bans abortion care that would save a patient's life	Takes the subjective out of it.

ABOUT THE POLL

Global Strategy Group conducted a survey of 1,000 likely 2024 Senate Battleground voters between April 9 and April 15, 2024. Battleground states include Arizona, Florida, Montana, Nevada, Ohio, Texas, and Wisconsin. The survey has a margin of error of +/- 3.1%. Care has been taken to ensure the geographic, political, and demographic divisions of the population of likely voters are properly represented.

*The survey and analysis use gendered language to simulate the language most frequently employed by voters.