

# **Exhibit 2**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF OKLAHOMA**

SOUTH WIND WOMEN’S CENTER LLC, d/b/a )  
TRUST WOMEN OKLAHOMA CITY, on behalf of )  
itself, its physicians and staff, and its patients, et al., )

Plaintiffs, )

v. )

J. KEVIN STITT in his official capacity as Governor )  
of Oklahoma, et al., )

Defendants. )

Case No. CIV-20-277-G

**SUPPLEMENTAL DECLARATION OF JULIE BURKHART**

I, Julie Burkhardt, declare as follows:

1. I submit this supplemental declaration to respond to claims made by Oklahoma in opposition to Plaintiffs’ Motion for a Temporary Restraining Order and/or Preliminary Injunction, as well as to update certain information set forth in my prior declaration in support of this motion.

**Oklahoma Patients Pushed Beyond the Gestational Limits for Any Abortion and Medication Abortion**

2. Oklahoma claims that the Governor’s application of the Executive Order to abortion services will not prevent some women from obtaining abortion before they reach the legal limit for abortions in this state.

3. Trust Women Oklahoma City was forced to stop providing abortions on March 27, 2020, as a direct result of the Governor’s actions.

4. In the two weeks since we were forced to stop providing abortions, Trust Women Oklahoma City has had to turn away at least 10 patients who would have been pushed beyond

the legal limit for abortions in Oklahoma (i.e., 22 weeks LMP) if they could not obtain an abortion on or before April 30. Numerous patients indicated that they would travel to another state to obtain abortion services rather than be forced to carry their pregnancies to term.

5. I am confident that if the Court had not entered a temporary restraining order on April 6 (“TRO”), Trust Women Oklahoma City would have turned away even more patients who would have been pushed beyond the legal limit on or before April 30.

6. Data collected by Oklahoma’s Department of Health confirms that patients obtain abortions in Oklahoma for whom a delay of four or five weeks would push them over the legal limit. *See* Okla. State Dep’t of Health, Abortion Surveillance in Oklahoma 2002-2018 Summary Report, attached as Exhibit 2-1.

7. Since we stopped providing care on March 27, 2020, Trust Women Oklahoma City has also had to turn away several patients who would have been pushed beyond the gestational limit for medication abortion on or before April 30.<sup>1</sup> Many of these patients indicated that they would travel to another state to obtain medication abortion services rather than be forced to have a procedural abortion.

### **Follow-Up Visits for Medication Abortion Patients**

8. Oklahoma claims that medication abortion consumes double the amount of PPE because patients are scheduled for a follow-up visit to confirm that their abortions were completed. Consistent with guidance published by the National Abortion Federation, Trust Women Oklahoma City is now conducting all follow-up medication abortion appointments via telemedicine and, therefore, no PPE and no in-person contact is required.<sup>2</sup>

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<sup>1</sup> Trust Women Oklahoma City has updated its protocol for medication abortion since I submitted my original declaration and is now providing medication abortions up to 11 weeks LMP, which is consistent with the latest clinical guidelines published by the National Abortion Federation.

<sup>2</sup> National Abortion Federation, Abortion and COVID-19, <https://prochoice.org/abortion-covid-19/>.

### **Abortion Patients Compelled to Travel to Other States**

9. Oklahoma claims that it is speculative whether patients will travel out of state to obtain abortion care that the Executive Order prevents them from obtaining in Oklahoma. Since we were forced to stop providing abortions on March 27, Trust Women Oklahoma City has been in contact with more than 70 patients who traveled from Oklahoma to other states to obtain abortion care that we could no longer provide.

10. Patients' decisions to travel out of state to obtain abortion care are confirmed by several published reports.<sup>3</sup>

### **Oklahoma Has Singled Out Abortion Providers**

11. Oklahoma claims that the state is merely seeking to treat abortion providers like other healthcare providers, and that forcing abortion clinics to stop providing abortion care is necessary to prevent in-person contact. But other medical providers and many businesses where people have in-person contact are exempted from the Executive Order and remain open for business in Oklahoma.<sup>4</sup> For example, I understand that liquor stores,<sup>5</sup> marijuana dispensaries,<sup>6</sup>

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<sup>3</sup> McCammon, Sarah, *In Texas, Oklahoma, Women Turned Away Because Of Coronavirus Abortion Bans*, Nat'l. Public Radio (Apr. 2, 2020), <https://www.npr.org/2020/04/02/826369859/in-texas-oklahoma-women-turned-away-because-of-coronavirus-abortion-bans>, attached as Exhibit 2-2; Jeltsen, Melissa, *This Is What It's Like Getting An Abortion During A Pandemic*, Huffington Post (Mar. 27, 2020) [https://www.huffpost.com/entry/abortion-coronavirus-texas\\_n\\_5e7e2cd8c5b6614922668c80](https://www.huffpost.com/entry/abortion-coronavirus-texas_n_5e7e2cd8c5b6614922668c80) (describing a woman's multi-day trip from Texas to Colorado); Rocha, Alan, *She says she needs an abortion. Texas is citing coronavirus to stop her*, Texas Tribune, (April 1, 2020), <https://www.texastribune.org/2020/04/01/texas-abortion-ban-amid-coronavirus-pandemic/> (describes a Texas woman "cold-calling" abortion clinics in New Mexico & Arkansas because she's unable to terminate a high-risk pregnancy as a result of the Texas restrictions).

<sup>4</sup> Okla. Dep't of Commerce, *Essential Industries List* (rev'd April 2, 2020), <https://www.okcommerce.gov/wp-content/uploads/Oklahoma-Essential-Industries-List.pdf>, attached as Exhibit 2-3.

<sup>5</sup> Wood, Mindy Ragan, *Liquor Stores Offer Delivery, Experience Boom in Business*, The Norman Transcript (Mar. 29, 2020), [https://www.normantranscript.com/news/liquor-stores-offer-delivery-experience-boom-in-business/article\\_3a64dc0a-71cc-11ea-9495-931da4583de4.html](https://www.normantranscript.com/news/liquor-stores-offer-delivery-experience-boom-in-business/article_3a64dc0a-71cc-11ea-9495-931da4583de4.html).

<sup>6</sup> Office of the Gov. J. Kevin Stitt, Executive Memorandum 2020-01 at 1 (March 25, 2020), <https://www.sos.ok.gov/documents/executive/1921.pdf>, attached as Exhibit 2-4.

sporting goods stores,<sup>7</sup> and bookstores<sup>8</sup> can still open their doors to customers. I further understand that health care providers are considered essential businesses that generally may remain open while using their judgment as to which procedures are “elective” or “minor” and must be postponed.<sup>9</sup> Walk-in medical clinics (sometimes called urgent-care clinics) that provide non-emergency care, such as for poison ivy, ingrown nails, muscle strains, and school physicals, apparently continue to operate.<sup>10</sup>

### **Harms to Patients Forced to Delay Procedural Abortions**

12. Oklahoma claims that patients who are forced to delay procedural abortions are not harmed, and I understand that the TRO does not prevent the State from requiring most patients to delay procedural abortions. But patients who are forced to delay procedural abortions as a result of the Executive Order are harmed in numerous ways.

13. By April 30, when the Executive Order is currently set to expire, most patients who would be candidates for procedural abortions at Trust Women Oklahoma City (because they are beyond 11 weeks LMP or are contraindicated for medication abortion) will be at least 14-15 weeks LMP, depending on when their appointment was scheduled.

14. I can attest to the harms experienced by these patients.

15. First, patients whose abortions are delayed until 14-15 weeks LMP will no longer be able to have an aspiration procedure, but will instead have a dilation and evacuation (“D&E”).

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<sup>7</sup> McNutt, Kathryn, *As Cities, State Tighten Restrictions, One Question Prevails: What Is Essential?*, Oklahoma Watch (Mar. 24, 2020), <https://oklahomawatch.org/2020/03/24/as-cities-state-tighten-restrictions-one-question-rules-is-it-essential/>.

<sup>8</sup> Butler, Megan, *Magic City Books: Store is Closed, Despite Being Considered Essential*, KTUL ABC Tulsa (April 6, 2020), <https://ktul.com/news/local/magic-city-books-04-06-2020> (describing business’s switch to online sales though executive order allows its physical space to remain open to customers).

<sup>9</sup> Office of the Gov. J. Kevin Stitt, Fourth Amended Executive Order 2020-07 at 5 (March 24, 2020), <https://www.sos.ok.gov/documents/executive/1919.pdf>; Executive Memorandum 2020-01 at 1 (March 25, 2020), <https://www.sos.ok.gov/documents/executive/1921.pdf>.

<sup>10</sup> Mercy Go Health Urgent Care, <https://www.gohealthuc.com/oklahoma> (last visited April 8, 2020).

16. A D&E is more complex; requires longer recovery, more staff, and PPE; and costs more for the patient. D&E is a more complicated procedure that takes longer to perform and carries comparatively more risk than an earlier aspiration procedure. A patient having a D&E usually takes a medication earlier in the day to prepare her cervix, thus requiring her to spend more time at the clinic. We generally use intravenous (“IV”) sedation for D&Es, which carries its own risks, and requires the patient to spend more time in the recovery room. Our protocol mandates that patients have someone else drive them home after IV sedation, which, in light of COVID-19, risks exposing another person to the virus. Even several extra hours can make a significant difference to a patient who is trying to balance school, work, and childcare, or who is having the abortion without the knowledge of an abusive partner.

17. Secondly, patients delayed to 18 weeks LMP will no longer be able to have a one day abortion, as D&Es performed at Trust Women Oklahoma City at that point in pregnancy require a patient to come in twice, over two consecutive days. Adding a second day clearly creates a more arduous experience for the patient, requires more PPE, and significantly increases the cost to the patient.

18. The costs of an abortion increase as pregnancy progresses and the procedure becomes more complex and time-intensive. For example, a patient can obtain an abortion at Trust Women Oklahoma City before 12 weeks LMP for \$650. But that same patient will have to pay \$1100 if she cannot obtain an abortion until 15 weeks LMP and a D&E is required. A two day D&E procedure performed at 21 weeks LMP will cost the patient \$2350. Many of our patients are poor and low-income. Given that fact, the increased costs to patients who are forced to delay a procedure will mean that some women will struggle to afford an abortion once the Executive Order is lifted.

I declare under penalty of perjury the foregoing is true and correct.



Julie Burkhart

Executed April 9, 2020

# **Exhibit 2-1**



# **Abortion Surveillance in Oklahoma**

2002-2018 SUMMARY REPORT · OKLAHOMA STATE DEPARTMENT OF HEALTH

## Introduction

In 2000, the Oklahoma State Department of Health (OSDH) began its surveillance activities of Oklahoma's legally induced terminations of pregnancy (ITOP), also known as legally induced abortions. The OSDH uses these data to monitor the annual number of legal induced abortions and to describe those women receiving legal abortion services in Oklahoma. In doing so, the OSDH produces a partial accounting of pregnancies that terminate in outcomes other than a live born infant. This report follows the requirements outlined in the *Statistical Abortion Reporting Act*<sup>1</sup>. This act outlines requirements for an Annual Abortion Report, Complications of Induced Abortion Report, and an Annual Judicial Bypass of Abortion Parental Consent Summary Report<sup>2</sup>. The Annual Abortion Report includes data from the Individual Abortion Form, which physicians performing abortions are required to complete and submit electronically beginning in April, 2012<sup>3</sup>. The present report includes data collected by the Center for Health Statistics (CHS), at the OSDH for calendar years 2002-2018.

## Methods

For the report years, CHS assembled data submitted to the OSDH by the facilities licensed to perform legal abortions in the state of Oklahoma. These facilities provided data on the number of abortions and the characteristics of women who obtained legal abortions. Legal induced abortion is defined by Oklahoma statute as "the use or prescription of any instrument, medicine, drug, or any other substance or device intentionally to terminate the pregnancy of a female known to be pregnant with an intention other than to increase the

probability of a live birth, to preserve the life or health of the child after live birth, to remove an ectopic pregnancy, or to remove a dead unborn child who died as the result of a spontaneous miscarriage, accidental trauma, or a criminal assault on the pregnant female or her unborn child."<sup>4</sup>

The individual abortion form, which was implemented in April, 2012, includes multiple variables about women seeking abortion and each abortion procedure including: cost, method of payment, reason for abortion, ultrasound usage, and informed consent, among others. An updated abortion form was implemented in November, 2013, with 16 additional requirements. These indicators are presented in Tables 8-37 following the summary statistics.

This document reports on overall and characteristic-specific percentages, which are based only on known values. Single-year and multi-year abortion statistics are included in the report. Abortion ratios, defined as the number of abortions per 1,000 live births, and abortion rates, defined as the number of abortions per 1,000 women in a specified age group, are provided for many demographic characteristics. Population data used to compute abortion rates were obtained from the U.S. Census Bureau. For previous reports, the rates and ratios for specific female characteristics were reported in aggregate form for the entire reporting period. For this report, in order to better describe current data, rates and ratios for these characteristics are reported by year for 2016-2018. This same time span was used for Tables 5-7 and Figures 1 and 3.

<sup>1</sup> HB 3075, c 163, 1, eff. November 1, 2010.

<sup>2</sup> HB 3284, c. 276, § 5, eff. November 1, 2010.

<sup>3</sup> HB 3284, c. 276, § 4, eff. November 1, 2010.

<sup>4</sup> Title 63 O.S. Section 1-730.

The following age groupings were used for this report: <20, 20-24, 25-29, 30-34, and ≥35 years old. The number, ratio, and rate of abortions are presented for each age group. Abortion rates for women aged 19 or younger were based on population totals for women aged 15 to 19 years. Please note that reports prior to 2016 used population totals for women aged 10 to 19 years to calculate abortion rates for women aged 19 or younger; this change was made to align with the population used for the total abortion rate (15-44 years old). Rates for women aged 35 or older were based on the population of women aged 35 to 44 years. Rates for all women who obtained abortions were based on the population of women 15-44 years of age. Age was missing for less than 1 percent of all reported abortions.

Race was classified into five categories: White, Black, American Indian, Asian or Pacific Islander, and Other. Race was reported for over 99% of records. Ethnicity was not included in this analysis for two reasons. First, there was a large proportion of missing or unknown values (31 percent) in the records submitted through 2011. Second, beginning in April, 2012, data for women's ethnicity was no longer collected on the Individual Abortion Form. Therefore, the abortion numbers, ratios, and rates are presented in this report by race only.

Marital status was classified as either married (women who were married or separated) or unmarried (women who were never married, divorced, or widowed). Abortion numbers, ratios, and rates are presented by marital status. Abortion rates by marital status reflect the number of abortions per 1,000 females aged 15-44 in a specified marital group. Previously reported rates by marital status were based on

the number of abortions per 1,000 females aged 15-50 years (prior to 2016 report).

Education levels of women who obtained abortions were classified as less than high school education (8<sup>th</sup> grade through 12<sup>th</sup> grade, with no diploma), high school graduate or GED<sup>5</sup> completed, some college (college credit attained with no bachelor's degree), or college graduate (bachelor's degree and beyond). The number, and rate of abortions are shown by level of education. Abortion rates by educational attainment represent the number of abortions per 1,000 female population aged 18-44 years. Again, a non-standard population grouping is used here for review of general trends.

Percent distributions of abortions by previous live births and previous abortion history are presented. Previous live births were grouped into five classes: 0, 1, 2, 3, and 4 or more. Previous abortions were classified as 0, 1, 2, and 3 or more.

Measured in weeks, gestational age at the time of abortion was categorized as ≤8 weeks, 9-10 weeks, 11-12 weeks, 13-15 weeks, and ≥16 weeks. The number and percent of abortions by length of gestation are included in the report. For select characteristics (i.e., race, age, education, marital status, type of procedure, and previous live births and abortion history), gestational age is used as a summary variable.

From January 2002-March 2012, the method of abortion was classified as curettage (suction and sharp), non-surgical medical abortion (RU 486, mifepristone and misoprostol), dilation and evacuation, and "other" procedures. The number and percent of legal abortions for each abortion method are provided. In April 2012, when the new individual abortion form was implemented, the

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<sup>5</sup> General educational development.

method of abortion categories changed and was classified in the following categories: dilation and curettage, dilation and evacuation, RU 486, suction aspiration, and “other” procedures. In order to combine this data for the purpose of the summary statistics, these categories were combined based on their definitions. The new categories are presented in Tables 5-7 and 12, and Figure 4. The previous data classified as “sharp curettage” is included in the “dilation and curettage” category, and previous data classified as “suction curettage” is included in the “suction aspiration” category.

To address concerns regarding confidentiality of women obtaining abortions and the stability of percentages, ratios, and rates, any computed statistic was suppressed when the numerator used in the calculation was less than 5.

Summary statistics described in this report and Tables 1-7 reflect legal induced abortions to Oklahoma female residents. Statistics presented in Tables 8-37 include data for all abortions which were performed in Oklahoma in 2018, including abortions to non-Oklahoma residents, per the requirements of the 2010 *Statistical Abortion Reporting Act*.

## Results

From 2002 to 2018, there have been 91,962 induced abortions (henceforth referred to as abortions) to Oklahoma residents reported to the OSDH (Table 1). On average there were 5,410 abortions per year, however, the median number of abortions in a year was 5,641. Over the time period reviewed, the peak year for the number of abortions was 2006. In that year, there were 6,807 abortions reported to the OSDH. The fewest number (3,942) of abortions was recorded in 2016. For the reporting period,

the relative decrease in the number of abortions was 26.2 percent.

Oklahoma experienced a 26.2 percent decline in the abortion ratio<sup>6</sup> between 2002 and 2018 (Table 2). Over this period the abortion ratio dropped from 123.5 abortions per 1,000 live births in 2002 to 92.2 abortions per 1,000 live births in 2018. The abortion ratio peaked in 2006 at 126.0, and then dropped from 2006 to its lowest level in 2016. For the reporting period overall, the abortion ratio was recorded to be 103.0 abortions per 1,000 live births.

The abortion rate<sup>7</sup> for Oklahoma decreased from 8.5 abortions per 1,000 women aged 15-44 years in 2002 to 6.0 abortions per 1,000 women aged 15-44 years in 2018 (Table 2). Overall, the abortion rate declined 30.0 percent over the reporting period. The abortion rate fluctuated across the 15-year reporting period, reaching a high of 9.4 abortions per 1,000 women aged 15-44 years in 2006 and a low of 5.1 abortions per 1,000 female population aged 15-44 years in 2016. The abortion rate for the full reporting interval was 7.3 abortions per 1,000 female population aged 15-44 years.

Women aged 20-24 years obtained 33.8 percent of all abortions during the period 2002 to 2018. Women under 20 years of age obtained 15.5 percent of all abortions, with only a small fraction (<1 percent) of abortions occurring to the youngest of women (<15 years of age). About 3 percent of all abortions occurred to women aged 40 or older. The majority of abortions (58.2 percent) occurred to women in the principal childbearing years (ages 20-29) (Table 3). In 2018, abortion ratios were similar in the <20, 20-24, and ≥35 age groups at 129.6, 106.5, and 98.8 respectively. In contrast, the abortion rates were the lowest in the ≥35 and <20 age groups at 2.4 and 3.6 abortions per

<sup>6</sup> Number of abortions per 1,000 live births; previous reports only included births 15-44 for this calculation.

<sup>7</sup> Number of abortions per 1,000 women in a specified age group.

1,000 female population (Table 4). Abortion rates were the highest in the 20-24 and 25-29 age groups at 10.4 and 9.8 abortions per 1,000 women. The 2018 abortion rate for 30-34 year old women was 6.3 abortions per 1,000 female population. Figure 2 shows over time that teenage women and women 35 years or older have consistently had the highest abortion ratios in Oklahoma. Additional characteristics of women by age can be found in Table 5.

More than two-thirds of abortions were to White women for the years under review. Overall, Black women obtained 19.1 percent of abortions, while another 5.8 percent were accounted for by American Indian women (Table 3). For the reporting period, the abortion ratio for Black women was highest at 202.3 abortions per 1,000 live births, followed by Asian or Pacific Island women at 125.6 abortions per 1,000 live births). The abortion ratio for White women was 92.8 per 1,000 live births, with the lowest rate experienced by American Indian women at 52.4 abortions per 1,000 live births. A similar pattern of order was seen for abortion rates, with Black women having a rate that was more than 4 times higher than American Indian women and 3 times higher than White women. To examine the patterns in more recent years, please refer to Table 4.

Racial variability was evident when considering the age distribution of the women who obtained abortions from 2016-2018 (Table 6). Broadly speaking, differences between White and Black women were small. White women had a lower percentage of abortions occurring to ages 20-29 (White, 58.4 percent; Black, 63.8 percent), while Black women had a lower percentage of abortions to women in the oldest age group (age  $\geq 35$ : White, 12.8 percent; Black, 10.2 percent). From 2016-2018, American Indian women had the highest percentage of abortions for <20 and  $\geq 35$  age groups (both 11.2 percent). Conversely,

from 2016-2018, Asian or Pacific Island women had the lowest percentages of abortions in the younger age groups with approximately 45.4 percent of this racial group's abortions occurring to women 30 years or older (Table 6).

Examining abortions by educational attainment reveals that in 2018, women with a high school education or equivalent GED accounted for the largest percentage of abortions (46.1 percent), while women with some college education accounted for the second highest percentage (31.9 percent). College graduates made up 12.5 percent of Oklahoma resident abortions in 2018 (Table 3). Over the seventeen years of data included in this report, the distribution of abortions by education was relatively unchanged. In 2018, the number of abortions per 1,000 women aged 18-44 years was highest for women with a high school diploma or GED (11.6 ) and lowest for women who had graduated from college (3.4) (Table 4).

For the reporting period, 80.2 percent of abortions were to women who were unmarried (Table 3). From 2016-2018, Black women experienced the highest percentage of abortions to unmarried women, while Asian or Pacific Island women had the lowest percentage (88.0 percent and 49.9 percent, respectively; Table 6). There was an inverse relationship between a woman's age and the proportion of abortions that were to unmarried women, with older women constituting a diminishing percentage of unmarried abortions (Table 5). In 2018, the abortion ratio and rate for unmarried women were 177.6 abortions per 1,000 live births and 8.7 abortions per 1,000 women aged 15-44 years, respectively (Table 4). The comparable numbers for married women were 29.6 and 2.5, respectively.

The number and percent of abortions by gestational age for selected characteristics of women who obtained abortions are presented

in Table 7. For 2016-2018, 74.9 percent of abortions occurred prior to 9 weeks gestation. More than 93.9 percent of all abortions occurred at less than 13 weeks gestation. A very small percentage of abortions occurred beyond 16 weeks (2.5 percent). Figure 3 displays abortion timing by age group and indicates that women ages 20 and up were the more likely to obtain abortions during the first 8 weeks after becoming pregnant.

For the overall reporting period, approximately 38.9 percent of reported abortions were to women who had not had a previous live birth (Table 3). Of the remaining percentage of abortions that occurred to women with a previous live birth, those with one previous live birth accounted for 26.5 percent; women with two previous live births, 21.1 percent; women with three previous live births, 9.1 percent; and women with 4 or more previous live births, 4.4 percent.

For the overall reporting period, approximately 64.8 percent of reported abortions were to women who had no previous abortions (Table 3). Approximately 1 in 4 women obtaining an abortion had one previous abortion (23.6 percent). Of the remaining percentage of abortions that occurred to women with previous abortions, those with two previous abortions accounted 7.5 percent; and women with 3 or more accounted for 4.1 percent.

Suction aspiration was the most common type of procedure for abortions between 2002 and 2018, accounting for 61.3 percent of abortions. Nonsurgical medical abortions, which involve the administration of medication to induce abortion, made up 24.9 percent of Oklahoma resident abortions. Dilation and evacuation amounted to just 4.3 percent of all abortions

during the reporting period. For 2016-2018, 33.1 percent of suction aspiration procedures occurred during the first 8 weeks of gestation, while nearly all medical abortions (95.5 percent) occurred in the first 8 weeks of pregnancy, which is optimal for this type of procedure to be effective at inducing abortion<sup>8</sup>. In 2016-2018, 44.6 percent of Black women who obtained an abortion were treated using the suction aspiration (Table 6). Physicians treating American Indian women and women classified as the “other” racial category were more likely to use medical abortion than were other racial groups (61.8 and 51.9 percent, respectively). There was an inverse relationship between age and the proportion of women who received an abortion by suction aspiration; as age increased the proportion of women treated with suction aspiration slightly decreased (Table 5). The proportion of women electing a nonsurgical medical abortion increased slightly with age (Table 5).

Over the reporting period, the proportion of abortions by the suction aspiration procedure decreased by approximately 41.4 percent, while the percentage of non-surgical abortions have increased dramatically. In 2002, non-surgical abortions made up only 4.5 percent of all abortions performed in Oklahoma, while in 2018 non-surgical abortions made up 49.5 percent of all abortions (Figure 4).

Tables 8-37 present required data outlined in the *63 § 1-738m Annual Abortion Report*<sup>9</sup> section of the 2010 Statistical Abortion Reporting Act. These tables present the 46 requirements as well as the corresponding data.

<sup>8</sup> Kulier R. et al. (2011). Medical methods for first trimester abortion. Published online November, 2011. The Cochrane Library.

<sup>9</sup> Full title of section: *63 § 1-738m Annual Abortion Report – Annual Judicial Bypass of Abortion parental Consent Summary*.



## Discussion

Oklahoma had 91,962 reported abortions from 2002-2018. During the seventeen-year reporting period, the rate of abortions was higher among certain demographics. Namely, women aged 20-29 years, Black women, women with less education and those who were unmarried had higher rates of abortions compared to other women of child-bearing age. From 2002-2018, approximately 66.9 percent of abortions were to White women; however, Blacks and Asians had both a higher abortion rate and ratio during the time period. There were other differences evident in the proportion of abortions for the various racial groups. For instance, compared to women in the other racial categories, Asian women had a higher proportion of abortions for those aged 30 years and older, college graduates, and those who were married. American Indian women had a larger proportion of women under the age of 20 years who had an abortion compared to the other racial groups, and also were more likely to have a nonsurgical medical abortion.

The number of abortions declined by 26.2 percent over the period 2002-2018, and the abortion ratio and rate dropped by 25.4 and 30.0 percent, respectively. The decrease in the abortion ratio was driven by a reduction in the number of abortions in Oklahoma while the number of births has changed little. The number of births in the state declined 1.0 percent over the reporting period while the number of abortions declined by 26.2 percent. Combined, these trends resulted in the 25.4 percent decline in the abortion ratio. Direct comparisons to national level abortion data are difficult due to the character of data collection.

National reporting suffers from frequent changes in the geographic areas covered, as

some states do not report abortion data, while others report data intermittently. The Centers for Disease Control and Prevention has conducted abortion surveillance since 1969, documenting the number and characteristics of women obtaining legal induced abortions. From 2006-2015, 49 areas have reported data every year. Among these 49 areas, the abortion rate in 2015 was 11.8 abortions per 1,000 women aged 15-44 years, and the abortion ratio was 188 per 1,000 live births. This represents a 2% decrease from 2014 to 2015. The general patterns in the U.S. measures indicate a downward trend in the number, rate, and ratio of abortions from 2006-2015, which decreased 24 percent, 26 percent, and 19 percent, respectively. In 2015, all three measures reached their lowest level for the 2006-2015 time period<sup>10</sup>.

There were slight shifts in the demographic distribution of abortions for key characteristics. Percentage of abortions increased slightly for those aged 35 years and older from 10.9 in 2002 to 12.5 in 2018. Women with high school degree or GED certificate increased their proportion of all abortions, rising from 41.1 percent in 2002 to 46.1 percent, and women with some high school decreased their proportion of all abortions from 18.5 in 2002 to 9.5 in 2018 (Table 3).

These changes in proportions should be interpreted as general patterns and not as statistically significant changes as no inferential statistics were performed. In the “other” racial group there was a sizable drop from 5.9 percent of all abortions in 2002 across the reporting period until 2011. The “other” racial group saw a significant increase to 6.2 percent in 2012, and 14.3 in 2018 with the implementation of a new abortion form (Table 3). These fluctuations are likely due to changes in how

<sup>10</sup> Jatlaoui TC, Boutot ME, Mandel MG, et al. Abortion Surveillance — United States, 2015. *MMWR Surveill Summ*

2018;67(No. SS-13):1–45. DOI: <http://dx.doi.org/10.15585/mmwr.ss6713a1>.

racial data is collected and coded rather than real change in the fraction of abortions for which the other racial category is a source.

## Limitations

These abortion data were subject to a number of limitations. First, abortion data reported here reflect only those reported to the OSDH. As a result, these abortion statistics may underestimate the true, but unknown, number of abortions in Oklahoma. Second, data submitted by these facilities may be incomplete. Third, abortions occurring to Oklahoma residents outside the state were not submitted to OSDH for inclusion in the abortion database.



Table 1. Number of Legal Induced Abortions by Characteristics of Women, Oklahoma Residents, 2002-2018

Characteristic	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
Total	6,215	6,341	6,230	6,364	6,807	6,363	6,144	6,044	5,641	4,840	4,644	4,587	4,487	4,330	3,942	4,394	4,589	91,962
<b>Age (yrs)</b>																		
<20	1,159	1,235	1,111	1,095	1,104	1,094	1,020	1,068	866	706	704	596	606	486	393	467	455	14,165
20-24	2,151	2,210	2,180	2,218	2,447	2,245	2,089	1,998	1,848	1,674	1,542	1,484	1,427	1,443	1,238	1,352	1,377	30,923
25-29	1,323	1,393	1,378	1,462	1,547	1,474	1,426	1,356	1,404	1,211	1,156	1,207	1,152	1,113	1,114	1,267	1,358	22,341
30-34	859	890	904	895	894	837	846	874	839	667	695	742	770	768	701	773	826	13,780
≥35	670	613	651	658	754	689	714	660	641	560	538	545	523	519	491	535	567	10,328
<b>Race</b>																		
White	4,159	4,493	4,448	4,551	4,864	4,464	4,323	4,338	3,871	3,433	3,109	2,847	2,672	2,608	2,279	2,515	2,526	61,500
Black	1,143	1,138	1,147	1,256	1,304	1,318	1,168	1,063	1,054	909	839	846	813	882	808	923	992	17,603
American Indian	349	377	371	352	414	367	407	376	389	281	262	250	247	208	187	234	252	5,323
Asian	198	246	209	181	214	186	167	213	216	136	144	164	171	177	149	133	158	3,062
Other	366	87	55	24	11	28	79	54	111	81	290	478	579	453	516	586	653	4,451
<b>Marital status</b>																		
Married	1,316	1,329	1,318	1,308	1,414	1,247	1,238	1,217	1,095	915	856	865	790	811	741	925	852	18,237
Unmarried	4,899	5,012	4,912	5,056	5,393	5,116	4,906	4,827	4,546	3,925	3,788	3,720	3,696	3,518	3,200	3,465	3,732	73,711
<b>Education</b>																		
<HS	1,151	1,105	1,038	1,038	1,073	1,064	932	1,011	900	683	638	609	603	446	392	487	433	13,603
HS or GED	2,551	2,611	2,571	2,520	2,765	2,448	2,534	2,407	2,083	1,920	1,795	1,753	1,691	1,695	1,564	1,678	2,107	36,693
Some college	1,790	1,821	1,808	1,932	1,995	1,931	1,755	1,774	1,858	1,547	1,486	1,512	1,505	1,477	1,337	1,574	1,460	28,562
College graduate	723	804	812	873	974	920	923	852	800	689	725	695	675	709	645	643	573	13,035
<b>Previous live births</b>																		
0	2,382	2,440	2,331	2,425	2,573	2,481	2,321	2,357	2,181	1,912	1,934	1,809	1,817	1,748	1,555	1,681	1,833	35,780
1	1,730	1,782	1,757	1,754	1,884	1,735	1,639	1,574	1,490	1,295	1,187	1,182	1,126	1,094	970	1,052	1,088	24,340
2	1,327	1,320	1,395	1,387	1,504	1,351	1,323	1,289	1,141	990	920	925	946	874	823	975	925	19,417
3	526	560	532	551	595	553	586	558	532	413	390	434	397	394	387	457	466	8,334
≥4	250	239	215	247	251	241	275	266	297	229	213	237	199	216	199	228	269	4,071
<b>Previous ITOPs</b>																		
0	3,846	4,211	3,964	4,129	4,322	3,992	3,879	3,869	3,502	2,918	3,103	3,038	3,015	2,889	2,614	3,062	3,254	56,353
1	1,578	1,476	1,532	1,530	1,717	1,585	1,471	1,409	1,404	1,272	989	1,036	962	959	913	887	939	20,720
2	505	435	475	470	488	513	499	481	466	433	343	335	315	306	284	285	273	6,633
≥3	286	219	259	235	280	271	295	285	269	217	209	178	190	170	123	157	115	3,758

**Table 2. Number, Ratio<sup>1</sup>, and Rate<sup>2</sup> of Legal Induced Abortions, Oklahoma Residents, 2002-2018**

Year	Number	Live births <sup>3</sup>	Ratio <sup>1</sup>	Population <sup>4</sup>	Rate <sup>2</sup>
2002	6,215	50,310	123.5	728,492	8.5
2003	6,341	50,874	124.6	726,158	8.7
2004	6,230	51,157	121.8	723,187	8.6
2005	6,364	51,775	122.9	722,500	8.8
2006	6,807	54,010	126.0	725,330	9.4
2007	6,363	54,956	115.8	727,495	8.7
2008	6,144	54,753	112.2	728,647	8.4
2009	6,044	54,541	110.8	732,789	8.2
2010	5,641	53,205	106.0	738,408	7.6
2011	4,840	52,252	92.6	743,114	6.5
2012	4,644	52,740	88.1	748,935	6.2
2013	4,587	53,351	86.0	756,541	6.1
2014	4,487	53,286	84.2	761,452	5.9
2015	4,330	53,132	81.5	766,566	5.6
2016	3,942	52,607	74.9	768,491	5.1
2017	4,394	50,214	87.5	768,751	5.7
2018*	4,589	49,790	92.2	768,751	6.0
Total	91,962	892,953	103.0	12,635,607	7.3
Percent change, 2002-2018	-26.2	-1.0	-25.4	5.5	-30.0

<sup>1</sup> Number of abortions per 1,000 live births<sup>2</sup> Number of abortions per 1,000 female population aged 15-44 years<sup>3</sup> Final Birth Statistics, OK2SHARE, OSDH.<sup>4</sup> OK2SHARE, Vital Statistics, 2002-2017, number of females aged 15-44 years

\*Preliminary 2018 data for Oklahoma resident birth counts as of 5/02/2019. Population data for 2018 uses 2017 estimates. These will be updated in the next annual report.

For previous reports please visit:

[https://www.ok.gov/health/Data\\_and\\_Statistics/Center\\_For\\_Health\\_Statistics/Health\\_Care\\_Information/Induced\\_Termination\\_of\\_Pregnancy/](https://www.ok.gov/health/Data_and_Statistics/Center_For_Health_Statistics/Health_Care_Information/Induced_Termination_of_Pregnancy/)

Population data available upon request.

Table 3. Percent<sup>y</sup> of Legal Induced Abortions by Characteristics of Women, Oklahoma Residents, 2002-2018

Characteristic	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
<b>Age (yrs)</b>																		
<20	18.8	19.5	17.9	17.3	16.4	17.3	16.7	17.9	15.5	14.7	15.2	13.0	13.5	11.2	10.0	10.6	9.9	15.5
20-24	34.9	34.9	35.0	35.1	36.3	35.4	34.3	33.6	33.0	34.7	33.3	32.4	31.9	33.3	31.5	30.8	30.1	33.8
25-29	21.5	22.0	22.1	23.1	22.9	23.3	23.4	22.8	25.1	25.1	24.9	26.4	25.7	25.7	28.3	28.8	29.6	24.4
30-34	13.9	14.0	14.5	14.1	13.3	13.2	13.9	14.7	15.0	13.8	15.0	16.2	17.2	17.7	17.8	17.6	17.6	15.1
≥35	10.9	9.7	10.5	10.4	11.2	10.9	11.7	11.1	11.5	11.6	11.6	11.9	11.7	12.0	12.5	12.2	12.5	11.2
<b>Race</b>																		
White	66.9	70.9	71.4	71.5	71.5	70.2	70.4	71.8	68.6	70.9	67.0	62.1	59.6	60.3	57.9	57.3	55.1	66.9
Black	18.4	18.0	18.4	19.7	19.2	20.7	19.0	17.6	18.7	18.8	18.1	18.5	18.1	20.4	20.5	21.0	21.7	19.1
American Indian	5.6	6.0	6.0	5.5	6.1	5.8	6.6	6.2	6.9	5.8	5.6	5.5	5.5	4.8	4.8	5.3	5.5	5.8
Asian	3.2	3.9	3.4	2.8	3.1	2.9	2.7	3.5	3.8	2.8	3.1	3.6	3.8	4.1	3.8	3.0	3.5	3.3
Other	5.9	1.4	0.9	0.4	0.2	0.4	1.3	0.9	2.0	1.7	6.2	10.4	12.9	10.5	13.1	13.4	14.3	4.8
<b>Marital status</b>																		
Married	21.2	21.0	21.2	20.6	20.8	19.6	20.2	20.1	19.4	18.9	18.4	18.9	17.6	18.7	18.8	21.1	18.6	19.8
Unmarried	78.8	79.0	78.8	79.5	79.2	80.4	79.9	79.9	80.6	81.1	81.6	81.1	82.4	81.3	81.2	78.9	81.4	80.2
<b>Education</b>																		
<HS	18.5	17.4	16.7	16.3	15.8	16.7	15.2	16.7	16.0	14.1	13.7	13.3	13.5	10.3	10.0	11.1	9.5	14.8
HS or GED	41.1	41.2	41.3	39.6	40.6	38.5	41.2	39.8	36.9	39.7	38.7	38.4	37.8	39.2	39.7	38.3	46.1	39.9
Some college	28.8	28.7	29.0	30.4	29.3	30.4	28.6	29.4	32.9	32.0	32.0	33.1	33.6	34.1	34.0	35.9	31.9	31.1
College graduate	11.6	12.7	13.0	13.7	14.3	14.5	15.0	14.1	14.2	14.2	15.6	15.2	15.1	16.4	16.4	14.7	12.5	14.2
<b>Previous live births</b>																		
0	38.3	38.5	37.4	38.1	37.8	39.0	37.8	39.0	38.7	39.5	41.7	39.4	40.5	40.4	39.5	38.3	40.0	38.9
1	27.8	28.1	28.2	27.6	27.7	27.3	26.7	26.0	26.4	26.8	25.6	25.8	25.1	25.3	24.7	24.0	23.8	26.5
2	21.4	20.8	22.4	21.8	22.1	21.2	21.5	21.3	20.2	20.5	19.8	20.2	21.1	20.2	20.9	22.2	20.2	21.1
3	8.5	8.8	8.5	8.7	8.7	8.7	9.5	9.2	9.4	8.5	8.4	9.5	8.9	9.1	9.8	10.4	10.2	9.1
≥4	4.0	3.8	3.5	3.9	3.7	3.8	4.5	4.4	5.3	4.7	4.6	5.2	4.4	5.0	5.1	5.2	5.9	4.4
<b>Previous ITOPs</b>																		
0	61.9	66.4	63.6	64.9	63.5	62.8	63.1	64.0	62.1	60.3	66.8	66.2	67.3	66.8	66.5	69.7	71.0	64.8
1	25.4	23.3	24.6	24.0	25.2	24.9	23.9	23.3	24.9	26.3	21.3	22.6	21.5	22.2	23.2	20.2	20.5	23.6
2	8.1	6.9	7.6	7.4	7.2	8.1	8.1	8.0	8.3	9.0	7.4	7.3	7.0	7.1	7.2	6.5	6.0	7.5
≥3	4.6	3.5	4.2	3.7	4.1	4.3	4.8	4.7	4.8	4.5	4.5	3.9	4.2	3.9	3.1	3.6	2.5	4.1

<sup>y</sup>Percentages are based on the number of known values.

Table 4. Number, Ratio<sup>1</sup>, and Rate<sup>2</sup> of Legal Induced Abortions by Characteristics of Women, Oklahoma Residents, 2016-2018

Characteristic	Number			Live births			Ratio <sup>1</sup>			Rate <sup>2</sup>		
	2016	2017	2018	2016	2017	2018 <sup>6</sup>	2016	2017	2018 <sup>6</sup>	2016	2017	2018 <sup>6</sup>
<b>Total</b>	3,942	4,394	4,589	52,606	50,222	49,790	74.9	87.5	92.2	5.1	5.7	6.0
<b>Race</b>												
White	2,279	2,515	2,526	39,038	37,257	36,577	58.4	67.5	69.1	4.0	4.4	4.4
Black	808	923	992	5,539	5,322	5,522	145.9	173.4	179.6	10.7	12.2	13.1
American Indian	187	234	252	6,201	5,851	5,886	30.2	40.0	42.8	2.1	2.6	2.8
Asian	149	133	158	1,828	1,790	1,796	81.5	74.3	88.0	5.5	4.7	5.6
<b>Age (yrs)</b>												
<20	393	467	455	4,295	3,832	3,511	91.5	121.9	129.6	3.1	3.7	3.6
20-24	1,238	1,352	1,377	14,255	13,283	12,926	86.8	101.8	106.5	9.2	10.3	10.4
25-29	1,114	1,267	1,358	16,290	15,786	15,838	68.4	80.3	85.7	8.2	9.2	9.8
30-34	701	773	826	12,196	11,770	11,751	57.5	65.7	70.3	5.3	5.9	6.3
≥35	491	535	567	5,556	5,535	5,739	88.4	96.7	98.8	2.1	2.2	2.4
<b>Education<sup>3</sup></b>												
<HS	392	487	433	8,797	8,059	7,573	44.6	60.4	57.2	5.0	6.3	5.6
HS or GED	1,564	1,678	2,107	15,321	14,779	15,064	102.1	113.5	139.9	8.7	9.3	11.6
Some college	1,337	1,574	1,460	16,201	15,653	15,425	82.5	100.6	94.7	5.1	6.0	5.5
College graduate	645	643	573	12,152	11,595	11,622	53.1	55.5	49.3	4.0	3.9	3.4
<b>Marital Status</b>												
Married <sup>4</sup>	741	925	852	30,371	29,103	28,772	24.4	31.8	29.6	2.2	2.7	2.5
Unmarried <sup>5</sup>	3,200	3,465	3,732	22,227	21,112	21,008	144.0	164.1	177.6	7.4	8.0	8.7

<sup>1</sup>Number of abortions per 1,000 live births<sup>2</sup>Number of abortions per 1,000 female population aged 15-44<sup>3</sup>Number of abortions per 1,000 female population aged 18-44 years<sup>4</sup>Married includes spouse absent<sup>5</sup>Unmarried includes never married, divorced and widowed<sup>6</sup>Preliminary 2018 data for Oklahoma resident birth counts as of 5/06/2018. Population data for 2018 uses 2017 estimates. These will be updated in the next annual report.

Population data used to calculate rates are available upon request.

**Table 5. Number and Percent<sup>a</sup> of Legal Induced Abortions by Age Group and Selected Characteristics, Oklahoma Residents, 2016-2018**

Characteristic	Age group (yrs)				
	<20	20-24	25-29	30-34	≥35
<b>Race</b>					
White	767 (58.8)	2,223 (56.1)	2,049 (54.8)	1,341 (71.3)	935 (58.7)
Black	247 (18.8)	851 (21.5)	884 (23.7)	461 (17.5)	279 (17.5)
American Indian	75 (5.7)	228 (5.8)	184 (4.9)	109 (4.7)	75 (4.7)
Asian	18 (1.4)	98 (2.5)	123 (3.3)	97 (4.2)	102 (6.4)
Other	205 (15.6)	564 (14.2)	496 (13.3)	288 (12.5)	201 (12.6)
<b>Education</b>					
<HS	482 (36.7)	279 (7.0)	273 (7.3)	161 (7.0)	116 (7.3)
HS or GED	576 (43.9)	1,847 (46.6)	1,539 (41.2)	850 (37.2)	536 (33.7)
Some college	240 (18.3)	1,519 (38.3)	1,316 (35.2)	763 (33.4)	529 (33.3)
College graduate	15 (1.1)	317 (8.0)	609 (16.3)	510 (22.3)	409 (25.7)
<b>Marital status</b>					
Married	28 (2.1)	387 (9.8)	778 (20.8)	703 (30.6)	616 (38.7)
Unmarried	1,286 (97.9)	3,578 (90.2)	2,957 (79.2)	1,596 (69.4)	977 (61.3)
<b>Previous live births</b>					
0	1,157 (88.1)	2,120 (53.5)	1,140 (30.5)	465 (20.2)	185 (11.6)
1	131 (10.0)	1,122 (28.3)	1,021 (27.4)	510 (22.2)	324 (20.4)
2	22 (1.7)	528 (13.3)	940 (25.2)	690 (30.0)	541 (34.0)
3	*	146 (3.7)	465 (12.5)	366 (15.9)	331 (20.8)
≥4	*	47 (1.2)	167 (4.5)	267 (11.6)	211 (13.3)
<b>Previous induced abortions</b>					
0	1,220 (93.1)	3,173 (78.6)	2,413 (62.4)	1,252 (52.2)	868 (51.9)
1	78 (6.1)	631 (17.1)	914 (25.5)	660 (28.7)	454 (29.3)
2	12 (0.7)	120 (3.4)	288 (8.3)	254 (12.0)	168 (11.2)
≥3	*	37 (0.9)	121 (3.9)	131 (7.1)	100 (7.6)
<b>Type of Procedure</b>					
Suction Aspiration	521 (39.7)	1,490 (37.7)	1,426 (38.4)	880 (38.4)	611 (38.5)
RU-486	601 (45.8)	1,982 (50.1)	1,865 (50.2)	1,142 (49.8)	784 (49.5)
Dilation and Curettage	82 (6.3)	224 (5.7)	212 (5.7)	125 (5.5)	77 (4.9)
Dilation and Evacuation	107 (8.2)	260 (6.6)	214 (5.8)	146 (6.4)	113 (7.1)

<sup>a</sup>Percentages are based on the number of known values.

**Table 6. Number and Percent<sup>y</sup> of Legal Induced Abortions by Race and Selected Characteristics, Oklahoma Residents, 2016-2018**

Characteristic	Race				
	White	Black	Am. Indian	Asian	Other
<b>Age (yrs)</b>					
<20	767 (10.5)	247 (9.1)	75 (11.2)	18 (4.1)	205 (11.7)
20-24	2,223 (30.4)	851 (31.3)	228 (34.0)	98 (22.4)	564 (32.2)
25-29	2,049 (28.0)	884 (32.5)	184 (27.4)	123 (28.1)	496 (28.3)
30-34	1,341 (18.3)	461 (16.9)	109 (16.2)	97 (22.1)	288 (16.4)
≥35	935 (12.8)	279 (10.2)	75 (11.2)	102 (23.3)	201 (11.5)
<b>Education</b>					
Less than HS	643 (8.8)	222 (8.2)	90 (13.4)	32 (7.3)	323 (18.5)
HS or GED	2,971 (40.7)	1,193 (43.8)	283 (42.1)	142 (32.5)	752 (43.1)
Some college	2,537 (34.7)	965 (35.5)	244 (36.3)	116 (26.5)	508 (29.1)
College graduate	1,156 (15.8)	341 (12.5)	55 (8.2)	147 (33.6)	160 (9.2)
<b>Marital Status</b>					
Married	1,494 (20.4)	328 (12.0)	100 (14.9)	220 (50.1)	373 (21.3)
Unmarried	5,821 (79.6)	2,394 (88.0)	571 (85.1)	219 (49.9)	1,381 (78.7)
<b>Previous Live Births</b>					
0	3,174 (43.4)	869 (32.0)	220 (32.8)	184 (41.9)	618 (35.2)
1	1,719 (23.5)	731 (26.9)	177 (26.4)	80 (18.2)	400 (22.8)
2	1,481 (20.3)	606 (22.3)	147 (21.9)	112 (25.5)	373 (21.3)
3	653 (8.9)	317 (11.7)	84 (12.5)	37 (8.4)	218 (12.4)
≥4	284 (3.9)	196 (7.2)	43 (6.4)	26 (5.9)	145 (8.3)
<b>Previous ITOPS</b>					
0	5,137 (70.3)	1,734 (63.8)	463 (69.0)	318 (72.6)	1,268 (72.3)
1	1,510 (20.7)	662 (24.3)	132 (19.7)	91 (20.8)	341 (19.5)
2	450 (6.2)	211 (7.8)	57 (8.5)	21 (4.8)	103 (5.9)
≥3	213 (2.9)	113 (4.2)	19 (2.8)	8 (1.8)	41 (2.3)
<b>Type of Procedure</b>					
Suction Aspiration	2,835 (38.9)	1,207 (44.6)	123 (18.4)	165 (37.8)	598 (34.2)
RU-486	3,699 (50.7)	1,131 (41.7)	413 (61.8)	222 (50.8)	907 (51.9)
Dilation and Curettage	341 (4.7)	191 (7.1)	65 (9.7)	15 (3.4)	106 (6.1)
Dilation and Evacuation	421 (5.8)	180 (6.6)	67 (10.0)	35 (8.0)	137 (7.8)

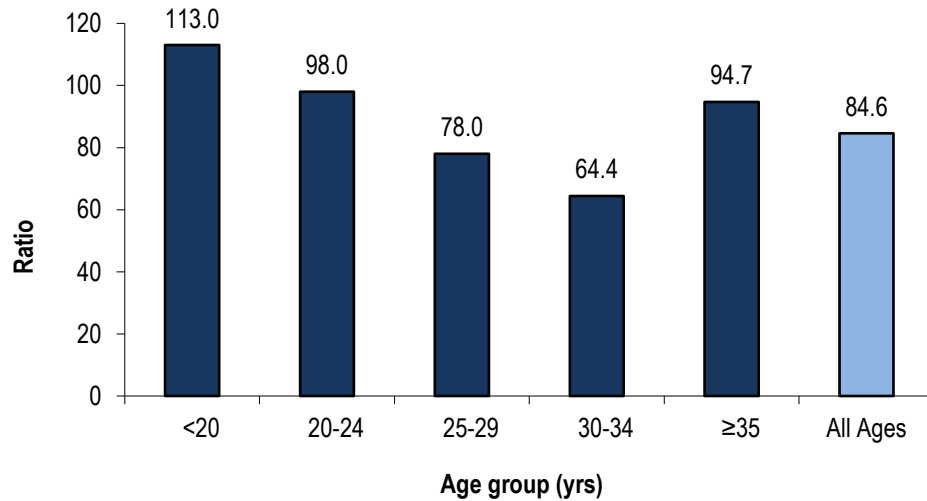
<sup>y</sup>Percentages are based on the number of known values.

**Table 7. Number and Percent<sup>v</sup> of Legal Induced Abortions by Gestational Age and Selected Characteristics, Oklahoma Residents, 2016-2018**

Characteristic	Gestational age (wks)				
	≤ 8 wks	9-10 wks	11-12 wks	13-15 wks	≥ 16 wks
<b>Race</b>					
White	5,578 (57.9)	802 (55.0)	524 (53.1)	239 (52.2)	154 (47.0)
Black	1,920 (19.9)	372 (25.5)	264 (26.8)	96 (21.0)	64 (19.5)
American Indian	496 (5.1)	68 (4.7)	53 (5.4)	34 (7.4)	20 (6.1)
Asian	343 (3.6)	42 (2.9)	16 (1.6)	14 (3.1)	22 (6.7)
Other	1,304 (13.5)	175 (12.0)	129 (13.1)	75 (16.4)	68 (20.7)
<b>Age (yrs)</b>					
<20	918 (9.5)	166 (11.4)	130 (13.2)	61 (13.3)	38 (11.5)
20-24	2,915 (30.2)	492 (33.7)	318 (32.3)	135 (29.5)	96 (29.1)
25-29	2,826 (29.3)	419 (28.7)	272 (27.6)	125 (27.3)	87 (26.4)
30-34	1,758 (18.2)	239 (16.4)	159 (16.1)	79 (17.2)	60 (18.2)
≥35	1,227 (12.7)	143 (9.8)	107 (10.9)	58 (12.7)	49 (14.8)
<b>Education</b>					
<HS	886 (9.2)	174 (12.0)	137 (13.9)	62 (13.6)	52 (15.8)
HS or GED	3,942 (40.9)	622 (42.7)	449 (45.7)	195 (42.7)	122 (37.1)
Some college	3,307 (34.3)	493 (33.9)	295 (30.0)	148 (32.4)	114 (34.7)
College graduate	1,497 (15.5)	166 (11.4)	102 (10.4)	52 (11.4)	41 (12.5)
<b>Marital Status</b>					
Married	1,986 (20.6)	237 (16.2)	146 (14.8)	69 (15.1)	72 (21.8)
Unmarried	7,656 (79.4)	1,223 (83.8)	840 (85.2)	389 (84.9)	258 (78.2)
<b>Previous Live Births</b>					
0	3,920 (40.7)	540 (37.1)	342 (34.7)	137 (29.9)	116 (35.2)
1	2,296 (23.8)	347 (23.8)	259 (26.3)	111 (24.2)	86 (26.1)
2	2,030 (21.1)	317 (21.8)	193 (19.6)	108 (23.6)	69 (20.9)
3	937 (9.7)	161 (11.1)	113 (11.5)	69 (15.1)	28 (8.5)
≥4	459 (4.8)	92 (6.3)	79 (8.0)	33 (7.2)	31 (9.4)
<b>Previous Induced Abortions</b>					
0	6,648 (69.0)	1,021 (70.1)	667 (67.6)	326 (71.2)	245 (74.2)
1	2,060 (21.4)	302 (20.7)	216 (21.9)	89 (19.4)	62 (18.8)
2	625 (6.5)	97 (6.7)	70 (7.1)	30 (6.6)	18 (5.5)
≥3	308 (3.2)	36 (2.5)	33 (3.3)	13 (2.8)	5 (1.5)
<b>Type of Procedure</b>					
Suction Aspiration	3,179 (33.1)	935 (64.5)	687 (69.9)	117 (25.5)	*
RU-486	6,078 (63.2)	277 (19.1)	*	*	*
Dilation and Curettage	347 (3.6)	229 (15.8)	75 (7.6)	44 (9.6)	25 (7.6)
Dilation and Evacuation	14 (0.1)	9 (0.6)	217 (22.1)	297 (64.8)	297 (90.5)

<sup>v</sup>Percentages are based on the number of known values.

**Figure 1. Abortion ratio\* by age group for women who obtained a legal abortion: Oklahoma Residents, 2016-2018**



**Figure 2. Abortion ratio\* by age group for women who obtained a legal abortion, 2002-2018**

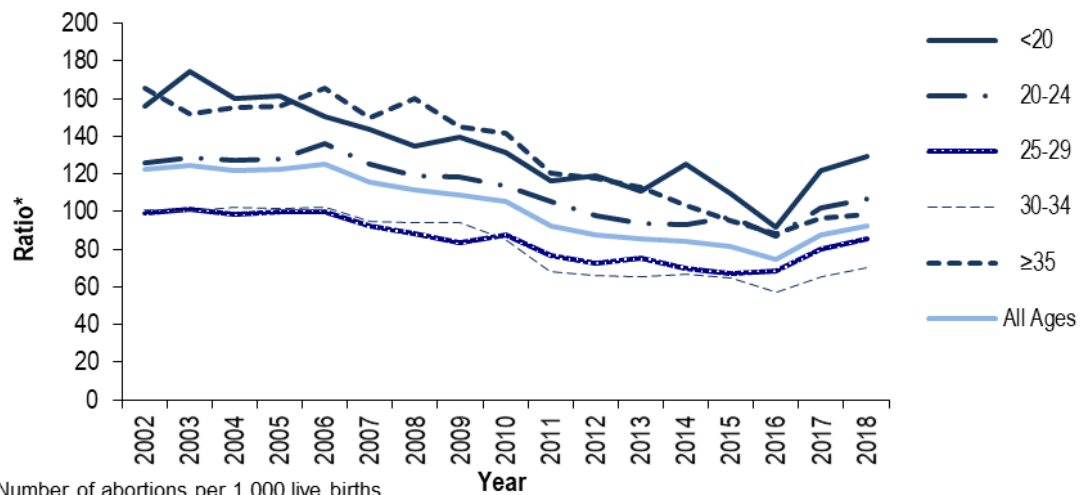
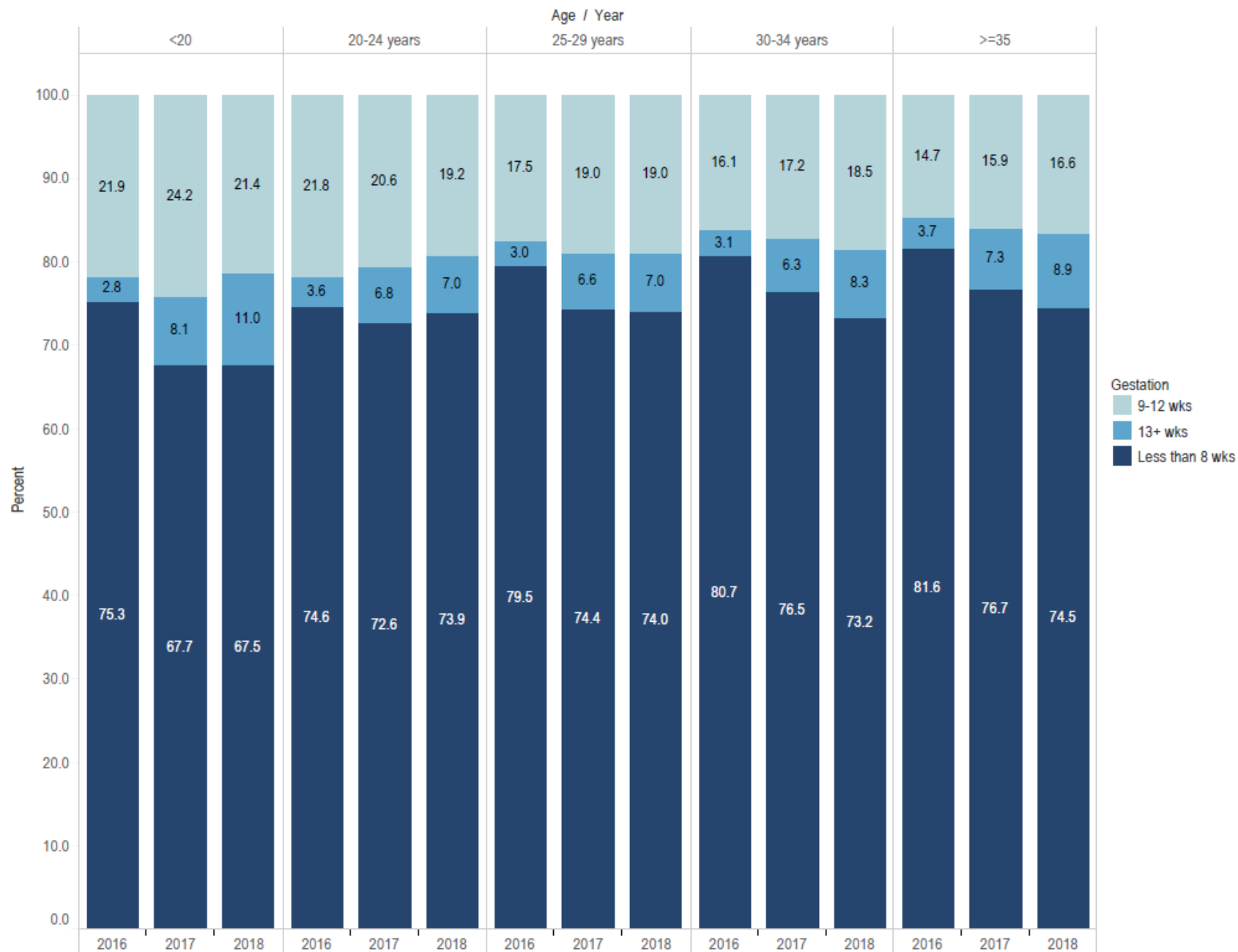
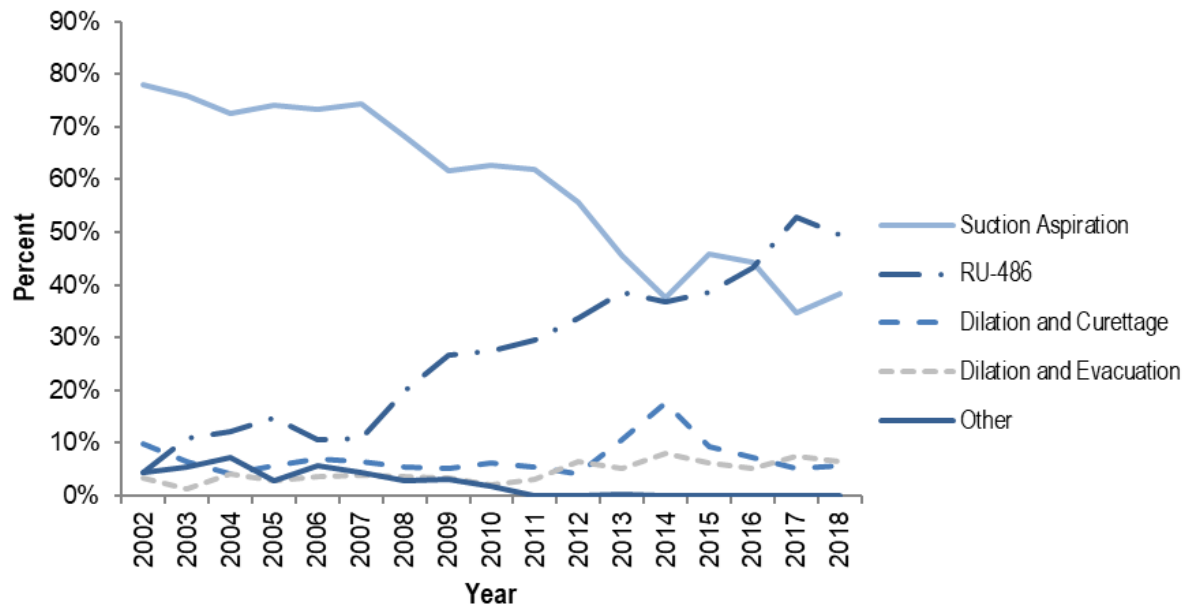




Figure 3. Percentage of abortions by timing and age group of women, Oklahoma residents, 2016-2018



**Figure 4. Percentage of abortions by method, Oklahoma Residents, 2002-2018**

## 2010 Statistical Abortion Reporting Act Requirements Section

This section of the Annual Abortion Report outlines legal induced abortion data collected in accordance with the 2010 Statistical Abortion Reporting Act (the Act) (HB 3284, c. 276, 1. Eff. November, 1 2010). According to the Act, beginning in June 1, 2013, the Oklahoma State Department of Health (OSDH) is required to publish on its website an Annual Abortion Report that includes both new annual data and statistics for all previous calendar years for which abortion-reporting requirements have been in effect. The tables below outline data from all abortions performed in Oklahoma in 2016 (including Oklahoma residents and non-Oklahoma residents).

The Act also requires the OSDH to submit an Annual Judicial Bypass of Abortion Parental Consent Summary Report<sup>11</sup>. In 2018, fewer than 5 abortions were performed in Oklahoma with judicial authorization or waiver (Requirements 27 thru 30) as described on page 34.

To address concerns regarding confidentiality of women obtaining abortions and the stability of percentages, ratios, and rates, any computed statistics were suppressed when the numerator used in the calculation was less than 5. These instances are marked with a double asterisk (\*\*).

***Requirement 1: The number of induced abortions performed in the previous calendar year broken down by month and county\* in which the abortion was performed.***

Table 8. The number of induced abortions performed in 2018, by month

Month	Number of Abortions	Percent
January	465	9.3
February	392	7.8
March	523	10.4
April	407	8.1
May	326	6.5
June	440	8.8
July	434	8.66
August	441	8.8
September	357	7.1
October	472	9.4
November	458	9.1
December	299	6.0
<b>Total</b>	<b>5,014</b>	<b>100.0</b>

\*There were a total 5014 abortions in the state of Oklahoma in 2018. However, we cannot report abortions by county of occurrence, as this may lead to physician identification.

<sup>11</sup> Title 63 O.S. Section 1-7381

***Requirement 2: The number of abortions classified by: a) the state or foreign country of residence of the mother; b) the age, marital status, and race of the mother, and c) the number of years of education of the mother.***

Table 9. Selected Demographics of Mother

State of Residence	Number of Abortions	Percent
Alabama (AL)	**	
Arkansas (AR)	134	2.70
Arizona (AZ)	**	
California (CA)	**	
Colorado (CO)	**	
Florida (FL)	**	
Kansas (KS)	22	0.44
Louisiana (LA)	**	
Missouri (MO)	64	1.29
Mississippi (MS)	**	
New Jersey (NJ)	**	
New York (NY)	**	
Oklahoma (OK)	4,589	92.54
Oregon (OR)	16	0.32
Pennsylvania (PA)	**	
Tennessee (TN)	**	
Texas (TX)	118	2.38
<b>Total</b>	<b>4,959</b>	<b>100.0</b>
Age of Mother (yrs)	Number of Abortions	Percent
<20	495	9.89
20-24	1,514	30.24
25-29	1,483	29.62
30-34	907	18.11
>35	608	12.14
<b>Total</b>	<b>5,007</b>	<b>100.0</b>
Marital Status (5 groups)	Number of Abortions	Percent
Divorced	275	5.49
Married	824	16.45
Never Married	3,784	75.56
Separated	112	2.24
Widowed	13	0.26
<b>Total</b>	<b>5,008</b>	<b>100.0</b>
Race of Mother	Number of Abortions	Percent
American Indian or Alaskan Native	266	5.31
Asian/Pacific Islander	180	3.60
Black	1,047	20.92
Other	716	14.31
White	2,796	55.86
<b>Total</b>	<b>5,005</b>	<b>100.0</b>
Level of Education	Number of Abortions	Percent
8th grade or less	60	1.20
Some high school	411	8.22
High school graduate or GED completed	2,316	46.35
Some college credit	1,589	31.80
Bachelor's degree (e.g. BA, AB, BS)	519	10.39
Post grad work	102	2.04
<b>Total</b>	<b>4,997</b>	<b>100.0</b>

\*\*Cell is suppressed to maintain confidentiality of surrounding entries

***Requirement 3: The number of abortions classified by: a) the number of previous pregnancies of the mother; b) previous live births to the mother, and c) previous miscarriages, and d.) previous induced abortions.***

Table 10. Number of abortions by previous pregnancies, previous live births, previous miscarriages, and previous induced abortions

Previous Pregnancies	Number of Abortions	Percent
0	1,563	31.20
1	1,008	20.12
2	900	17.97
3	670	13.38
4	404	8.07
5 to 9	464	9.26
<b>Total</b>	<b>5,009</b>	<b>100.0</b>
<b>Previous Live Births</b>		
0	2,003	40.01
1	1,191	23.79
2	1,020	20.38
3	501	10.01
4 or more	291	5.81
<b>Total</b>	<b>5,006</b>	<b>100.0</b>
<b>Previous Miscarriages</b>		
0	4,179	83.55
1	613	12.26
2	142	2.84
3 or more	68	1.36
<b>Total</b>	<b>5,002</b>	<b>100.0</b>
<b>Previous Abortions</b>		
0	3,567	71.25
1	1,026	20.50
2	288	5.75
3 or more	125	2.50
<b>Total</b>	<b>5,006</b>	<b>100.0</b>

***Requirement 4: The number of abortions by week of gestational age.***

Table 11. Gestational Age (weeks)

Gestational age (wks)	Number of Abortions	Percent
Less than 8 wks	3,687	74.04
9-10 wks	562	11.29
11-12 wks	351	7.05
13-15 wks	201	4.04
16-20 wks	160	3.21
21 wks	19	0.38
<b>Total</b>	<b>4,980</b>	<b>100.0</b>

**Requirement 5: The number of abortions performed by each reported method.**

Table 12. Abortion Method

Method	Number of Abortions	Percent
Dilation and Curettage	242	4.86
Dilation and Evacuation	342	6.87
RU 486	2,637	52.99
Suction Aspiration	1,754	35.25
Other	**	**
<b>Total</b>	<b>**</b>	<b>100.0</b>

\*\*Cell is suppressed to maintain confidentiality of surrounding entries

**Requirement 6: The number of abortions resulting in an infant born alive; of these, the number of cases in which life sustaining measures were taken; and a statistical summary of the length of survival of such infants.**

Table 13. Life Sustaining Measures

Life Sustaining Measures	Number of Abortions
Infants Born Alive	0
<i>Cases Life Sustaining Measures Taken</i>	0
<i>Length of Survival of Infants</i>	0

**Requirement 7: The number of cases in which anesthesia was administered to the mother and the number of each type of anesthesia.**

Table 14. Anesthesia Usage – Mother

Anesthesia Use	Number of Abortions	Percent
Yes	2,020	41.10
<i>Sodium Brevital</i>	1,031	93.19
No	2,895	58.90
<b>Total</b>	<b>4,915</b>	<b>100.0</b>

**Requirement 8: The number of cases in which anesthesia was administered to the unborn child, and the number of each type of anesthesia and of each method of administration.**

Table 15. Anesthesia Usage – Fetus

Anesthesia Use	Number of Abortions	Percent
Yes	14	0.30
No	4,600	99.70
<b>Total</b>	<b>4,614</b>	<b>100.0</b>

\*Based on the gestational age, it is unlikely that Anesthesia was administered to these fetuses

**Requirement 9: The number of each reported method of fetal disposal.**

Table 16. Fetal Disposal Method

<b>Fetal Disposal Method</b>	<b>Number of Abortions</b>	<b>Percent</b>
Home	1,074	21.44
Incineration	1,040	20.76
Medical waste	2,169	43.30
Other*	726	14.49
<b>Total</b>	<b>5,009</b>	<b>100.0</b>

\*All other listed methods combined for reporting

**Requirement 10: The reasons reported for the abortions, and the number of times each reason was cited.**

Table 17. Reasons Reported for Abortions

Reason	Frequency
Having a baby would dramatically change the life of the mother:	100
Having a baby would interfere with the education of the mother:	69
Having a baby would interfere with the job/employment/career of the mother:	92
Mother has other children or dependents:	137
Mother cannot afford the child:	141
Mother is unmarried:	75
Mother is a student or planning to be a student:	71
Mother cannot afford child care:	52
Mother cannot afford the basic needs of life:	25
Mother is unemployed:	23
Mother cannot leave job to care for a baby:	33
Mother would have to find a new place to live:	27
Mother does not have enough support from a husband or partner:	20
Husband or partner is unemployed:	7
Mother is currently or temporarily on welfare or public assistance:	10
Mother does not want to be a single mother:	36
Mother is having relationship problems:	11
Mother is not certain of relationship with the father of the child:	23
Partner and mother are unable to or do not want to get married:	12
Mother is not currently in a relationship:	24
The relationship or marriage of the mother may soon break up:	9
Husband or partner is abusive to the mother or her children:	**
Mother has completed her childbearing:	29
Mother is not ready for a, or another, child:	190
Mother does not want people to know that she had sex or became pregnant:	16
Mother does not feel mature enough to raise a, or another, child:	43
Husband or partner wants mother to have an abortion:	**
There may be possible problem affecting the health of the fetus:	7
Physical health of the mother is at risk:	12
Parents want mother to have an abortion:	0
Emotional health of the mother is at risk:	5
Mother suffered from a medical emergency as defined in Section 1-738.1A of Title 63 of the Oklahoma Statutes:	0
Mother suffered from a medical emergency as defined in Section 1-745.2 of Title 63 of the Oklahoma Statutes:	0
Mother wanted a child of a different sex:	0
Abortion is necessary to avert the death of the mother:	**
Pregnancy was a result of forcible rape:	5
Pregnancy was a result of incest:	0
Other	557
<i>Other specified</i>	
Patient was asked why she is seeking an abortion, but she declined to give a reason:	2,508

\* There are more than 5,014 answers, because the individual could provide multiple answers.

\*\*Cell is suppressed to maintain confidentiality of surrounding entries



**Requirement 11: The number of abortions paid for by: a) Private Insurance; b) Public health plan; c) Medicaid; d) Private pay; or e) other.**

Table 18. Abortion Payment Method

Payment Method	Number of Abortions	Percent
Private payment	4,939	**
Private Insurance	**	**
Medicaid	5	**
Other	59	**
<b>Total</b>	<b>**</b>	<b>100.0</b>

\*\*Cell is suppressed to maintain confidentiality of surrounding entries

**Requirement 12: The number of abortions in which medical health insurance coverage was under: a) a fee-for-service insurance company; b) a managed care company, or c) other**

Table 19. Type of Medical Health Insurance

Payment Method	Number of Abortions	Percent
Fee-for-Service	**	
Managed Care	**	
Other	0	

\*\*Cell is suppressed to maintain confidentiality of surrounding entries

**Requirement 13: A statistical summary of the fees collected**

Table 20. Summary of Fees

Summary of Fees	Number of Abortions	Percent
\$0-500	**	**
\$501-600	2,825	**
\$601-700	1,699	**
\$701-800	174	**
\$800+	311	**
<b>Total</b>	<b>**</b>	<b>100.0</b>

\*\*Cell is suppressed to maintain confidentiality of surrounding entries

**Requirement 14: Specialty area of medicine of the physician**

Table 21. Physician Specialty Area

Physician specialty area	Number of Abortions	Percent
Obstetrics-Gynecology	3,661	73.32
General Practice	1,332	26.68
<b>Total</b>	<b>4993</b>	<b>100</b>

***Requirement 15: The number of abortions in which ultrasound equipment was used before, during, or after the abortion, and the number of times vaginal ultrasound, abdominal ultrasound, or both were used in each of the three circumstances.***

Table 22. Ultrasound Equipment Usage

<b>Ultrasound Equipment Usage</b>	<b>Number of Abortions</b>	<b>Percent</b>
Before Abortion:	4,994	99.54
During Abortion:	499	9.95
After Abortion:	498	9.93
<b>Type of Ultrasound used before abortion:</b>		
Abdominal	1,452	29.07
Vaginal	3,514	70.36
Both Vaginal/Abdominal	28	0.56
<b>Total</b>	<b>4,994</b>	<b>100.0</b>
<b>Type of Ultrasound used during abortion:</b>		
Vaginal	340	**
Abdominal	**	**
Both Vaginal/Abdominal	**	**
<b>Total</b>	<b>499</b>	<b>100.0</b>
<b>Type of Ultrasound used after abortion:</b>		
Vaginal	357	**
Abdominal	**	**
Both Vaginal/Abdominal	**	**
<b>Total</b>	<b>498</b>	<b>100.0</b>

\*\*Cell is suppressed to maintain confidentiality of surrounding entries

***Requirement 16: The number of abortions before which an ultrasound was performed by: a) the physician performing the abortion, b) a physician other than the physician performing the abortion, or c) other.***

Table 23. Ultrasound Performed by

<b>The number of abortions before which an ultrasound was performed by:</b>	<b>Number of Abortions</b>	<b>Percent</b>
The physician performing the abortion	2,914	58.50
A physician other than the physician performing the abortion	10	0.20
Other	2,057	41.30
<b>Total</b>	<b>4,981</b>	<b>100.0</b>

**Requirement 17:** *The number of abortions resulting in reported complications, and of those, how many were reported by the physician who performed the abortion, and how many were reported by another physician, the types of reported complications, and the number of each type based on data which shall be compiled and transmitted to the State Department of Health by the State Board of Medical Licensure and Supervision and the State Board of Osteopathic Examiners.*

Table 24. Complications Reported by

<b>The number of abortions resulting in complications:</b>	<b>Frequency</b>	<b>Percent</b>
Reported by physician who performed abortion	18	85.71
Another physician	**	
<b>Types of Complications*</b>		
<i>Failed termination of pregnancy (continued viable pregnancy)</i>	14	66.67
<i>Heavy bleeding/hemorrhage with estimated blood loss of greater than or equal to 500cc</i>	**	**
<i>Other</i>	4	19.05

\*More than one complication can be reported for the same event

\*\*Cell is suppressed to maintain confidentiality of surrounding entries

**Requirement 18:** *The number of abortions resulting in the reported death of the mother.*

There were no reported deaths of mother for abortions for the 2018 reporting period.

***Requirement 19: The number of females to whom the physician provided the information in subparagraph a of paragraph 1 of subsection B of Section 1-738.2 of Title 63 of the Oklahoma Statutes; of that number, the number provided by telephone and the number provided in person; and of each of those numbers, the number provided in the capacity of a referring physician and the number provided in the capacity of a physician who is to perform the abortion.***

Table 25. Informed Consent: Paragraph 1, Subsection B

<b>Was the information required by paragraph 1 of subsection B of Section 1-738.2 of Title 63 of the Oklahoma Statutes provided to the mother?</b>	<b>Number of Abortions</b>	<b>Percent</b>
Yes	4,983	99.82
No	9	0.18
<b>Total</b>	<b>4,992</b>	<b>100</b>
<b>If yes, was it provided:</b>		
In person:	612	12.22
By telephone:	4,395	87.78
<b>For telephone*, was it provided by:</b>		
A referring physician:	**	**
The physician performing the abortion:	**	**
An agent of a referring physician:	11	0.25
An agent of the physician performing the abortion:	4,381	99.57
<b>For in person*, was it provided by:</b>		
A referring physician:	**	**
The physician performing the abortion:	**	**
An agent of a referring physician:	**	**
An agent of the physician performing the abortion:	609	99.51

\* Information may have been provided by more than one person

\*\* Cell is suppressed to maintain confidentiality of surrounding entries

***Requirement 20: The number of females to whom physicians or agents of physicians provided the information in paragraph 2 of subsection B of Section 1-738.2 of Title 63 of the Oklahoma Statutes; of that number, the number provided by telephone and the number provided in person; of each of those numbers, the number provided in the capacity of a referring physician and the number provided in the capacity of a physician who is to perform the abortion; and of each of those numbers, the number provided by the physician and the number provided by an agent of the physician.***

Table 26. Informed Consent: Paragraph 2, Subsection B

<b>Was the information required by paragraph 2 of subsection B of Section 1-738.2 of Title 63 of the Oklahoma Statutes provided to the mother?</b>	<b>Number of Abortions</b>	<b>Percent</b>
Yes	4,987	99.80
No	10	0.20
Total	4,997	100
<b>If yes, was it provided:</b>		
In person:	606	12.13
By telephone:	4,391	87.87
<b>For telephone*, was it provided by:</b>		
A referring physician:	**	**
The physician performing the abortion:	**	**
An agent of a referring physician:	**	**
An agent of the physician performing the abortion:	4,381	99.79
<b>For in person*, was it provided by:</b>		
A referring physician:	**	**
The physician performing the abortion:	**	**
An agent of a referring physician:	0	0
An agent of the physician performing the abortion:	602	99.50

\* Information may have been provided by more than one person

\*\* Cell is suppressed to maintain confidentiality of surrounding entries

**Requirement 21:** *The number of females who availed themselves of the opportunity to have a copy of the printed information described in Section 1-738.3 of Title 63 of the Oklahoma Statutes mailed to them; and of that number, the number who, based on the submitted reports, did and did not obtain an abortion.*

Table 27: Printed Materials Mailed

<b>Did the mother avail herself of the opportunity to have the printed materials described in Section 1738.3 of Title 63 of the Oklahoma Statutes mailed to her?</b>	<b>Frequency</b>	<b>Percent</b>
Yes	1,628	32.59
No	3,367	67.41
<b>Total</b>	<b>4,995</b>	<b>100</b>
<b>If yes, the number of women who did or did not have an abortion:</b>		
Did have an abortion:	1,628	100.0
Did not have an abortion:	0	
<b>Total</b>	<b>1,628</b>	<b>100.0</b>

**Requirement 22:** *The number of abortions performed by the physician in which information otherwise required to be provided at least twenty-four (24) hours before the abortion was not so provided because an immediate abortion was necessary to avert the death of the female, and the number of abortions in which such information was not so provided because a delay would create serious risk of substantial and irreversible impairment of a major bodily function.*

Table 28: Informed Consent and Medical Emergencies

<b>Were the informed consent requirements of subsection B of Section 1-738.2 of Title 63 of the Oklahoma Statutes dispensed with because of a medical emergency necessitating an immediate abortion:</b>	<b>Number of Abortions</b>	<b>Percent</b>
To avert death	**	
To avert substantial and irreversible impairment of a major bodily function arising from continued pregnancy	**	
Not Applicable	**	
<b>Total</b>	<b>**</b>	

\*\* Cell is suppressed to maintain confidentiality of surrounding entries

**Requirement 23:** *The number of females to whom physicians or their agents provided the information described in subsection A of Section 1-738.8 of Title 63 of the Oklahoma Statutes; of that number: a) the number provided by telephone and the number provided in person; and of each of those numbers, the number provided in the capacity of a referring physician and the number provided in the capacity of a physician who is to perform the abortion, or by the agent of such physician, and b) the number of females who availed themselves of the opportunity to be given or mailed the materials described in Section 1-738.10 of Title 63 of the Oklahoma Statutes, and the number who did not; and of each of those numbers, the number who, to the best of the information and belief of the reporting physician, went on to obtain the abortion.*

No abortions were reported that met this requirement.

**Requirement 24:** *The number of females to whom the information described in subsection A of Section 1-738.8 of Title 63 of the Oklahoma Statutes would have had to be provided but for a medical emergency determination; of that number, the number for whom an immediate abortion was necessary to avert the death of the female, and the number for whom a delay would have created serious risk of substantial and irreversible impairment of a major bodily function.*

No abortions were reported that met this requirement.

**Requirement 25:** *The number of abortions performed within the scope of employment of Oklahoma state employees and employees of an agency or political subdivision of the state, the number of abortions performed with the use of public institutions, facilities, equipment, or other physical assets owned, leased, or controlled by this state, its agencies, or political subdivisions, and for each category: a. the number of abortions reported as necessary to save the life of the mother, the life-endangering conditions identified, and the number of each such condition reported, b. the number of abortions reported from pregnancies resulting from forcible rape, the number of such rapes reported to law enforcement authorities, general categories of law enforcement authorities to whom reports were made and the number made to each category, and a statistical summary of the length of time between the dates of reporting to law enforcement authorities and the dates of the abortions, and c. the number of abortions reported from pregnancies resulting from incest committed against a minor, the number of perpetrators of incest in such cases reported to law enforcement authorities, general categories of law enforcement authorities to whom reports were made and the number made to each category, and a statistical summary of the length of time between the dates of reporting to law enforcement authorities and the dates of the abortions.*

Table 29. Abortion performed in the scope of a State Employee/Agency or in a Public Facility

<b>State Employee/Agency</b>	<b>Number of Abortions</b>	<b>Percent</b>
<b>Yes</b>	**	
<i>Abortion performed to save mother's life</i>	**	
<i>Pregnancy as a result of forcible rape</i>	**	
<i>Pregnancies resulting from incest committed against a minor</i>	<i>Not Applicable</i>	
<i>Statistical Summary of length of time between the dates of reporting to law enforcement and the dates of the abortion</i>	<i>Not Applicable</i>	
<b>Public Facility/Equipment</b>	<b>Number of Abortions</b>	<b>Percent</b>
<b>Yes</b>	**	
<i>Abortion performed to save mother's life</i>	**	
<i>Pregnancy as a result of forcible rape</i>	**	
<i>Pregnancies resulting from incest committed against a minor</i>	<i>Not Applicable</i>	
<i>Statistical Summary of length of time between the dates of reporting to law enforcement and the dates of the abortion</i>	<i>Not Applicable</i>	

\*\*Cell is suppressed to maintain confidentiality of surrounding entries



***Requirement 26: The number of females to a parent of whom the physician provided notice as required by Section 1-740.2 of Title 63 of the Oklahoma Statutes; of that number, the number provided personally as described in that section, and the number provided by mail as described in that section, and of each of those numbers, the number of females who, to the best of the information and belief of the reporting physician, went on to obtain the abortion.***

Table 30: Parental Notice or Consent

<b>The number of females to a parent of whom the physician provided notice as required by Section 1-740.2 of this title</b>	<b>Frequency</b>	<b>Percent</b>
Yes	127	98.45
No	**	
<b>Total</b>	<b>**</b>	<b>100.0</b>
<b>If yes, was it provided:</b>		
In-person	73	61.34
By Mail	69	78.41
<b>If the notice was provided in-person, did the female go on to have an abortion?</b>		
Did have an abortion	73	100.0
Did not have an abortion	0	0.0
<b>Total</b>	<b>73</b>	<b>100.0</b>
<b>If the notice was provided by mail, did the female go on to have an abortion?</b>		
Did have an abortion	69	100.0
Did not have an abortion	0	0.0
<b>Total</b>	<b>69</b>	<b>100.0</b>

\*\*Cell is suppressed to maintain confidentiality of surrounding entries

**Requirement 27:** *The number of females upon whom the physician performed an abortion without the notice to or consent of the parent of the minor required by Section 1-740.2 of Title 63 of the Oklahoma Statutes; of that number, the number who were emancipated minors and the number who suffered from a medical emergency, and of the latter, the number of cases in which a parent was notified subsequently and the number of cases in which a judicial waiver was obtained. In the case of medical emergencies in which a parent was informed subsequently, a statistical summary of the period of time elapsed before notification.*

Fewer than 5 abortions were performed meeting this requirement.

**Requirements 28, 29 & 30:** *The number of abortions performed after receiving judicial authorization to do so without parental notice and consent (28); The number of abortions performed on minors after judicial authorizations were granted because of a finding that the minor girl was mature and capable of giving informed consent (29); and; The number of abortions performed on minors after judicial authorizations were granted because of a finding that the performance of the abortion without parental notification and consent was in the best interest of the minor (30).*

Fewer than 5 abortions were performed meeting this requirement.

***Requirement 31-34: The number of abortions performed after which the remains of the fetus after the abortion were examined to ensure that all such remains were evacuated from the mother's body (31); The number of male children aborted and female children aborted, as determined from the examination of fetal remains after abortion (32); The number of male children aborted and female children aborted, as determined by any method other than those reported in paragraph 32 of this subsection (33); The number of instances in which the mother was informed prior to the abortion that the child to be aborted was a female (34).***

Table 31. Fetal Examination

<b>Fetal Examination</b>	<b>Number of Abortions</b>	<b>Percent</b>
The number of abortions performed after which the remains of the fetus after the abortion were examined to ensure that all such remains were evacuated from the mother's body:		
Yes	1,257	30.88
No	2,814	69.12
<b>Total</b>	<b>4,071</b>	<b>100.0</b>
The number of male children aborted and female children aborted, as determined from the examination of fetal remains after abortion		
Male	**	
Female	**	
<b>Total</b>		<b>100.0</b>
The number of male children aborted and female children aborted, as determined by any method other than those reported in paragraph 32 of this subsection		
Male	**	
Female	**	
<b>Total</b>		<b>100.0</b>
The number of instances in which the mother was informed prior to the abortion that the child to be aborted was a female:		
Instances	**	

\*\*Cell is suppressed to maintain confidentiality of surrounding entries

**Requirement 35 & 36:** *The number of abortions performed without surgery but rather as the result of the administration of chemicals (35); The number of abortions performed as reported in paragraph 35 of this subsection, in which the physician was present in the same room as the woman to whom the chemicals were administered at the time any such chemicals were first administered (36).*

Table 32. Chemical Administration

Chemical Administration*	Number of Abortions
The number of abortions performed without surgery but rather as the result of the administration of chemicals <b>(Total)</b>	2,637
The number of abortions performed as reported in paragraph 35 of this subsection, in which the physician was present in the same room as the woman to whom the chemicals were administered at the time any such chemicals were first administered:	1,728

**Requirement 37:** *The number of abortions performed for each hospital at which the abortionist had hospital privileges at the time of the abortion.*

Table 33. Hospital Privileges

Hospital Privileges	Number of Abortions	Percent
The number of abortions performed for each hospital at which the abortionist had hospital privileges at the time of the abortion:		
Yes	**	
No	**	
<b>Total</b>	<b>4,947</b>	<b>100.0</b>

**Requirements 38-43:** *The number of abortions performed at which ultrasound equipment was used before the abortion (38); The number of abortions reported in paragraph 38 of this subsection, during which the mother was under the effect of anesthesia at the time of the ultrasound (39); The number of abortions performed at which ultrasound equipment was used during the abortion (40); The number of abortions reported in paragraph 40 of this subsection, during which the mother was under the effect of anesthesia at the time of the ultrasound (41); The number of abortions performed at which ultrasound equipment was used after the abortion (42); The number of abortions reported in paragraph 42 of this subsection, during which the mother was under the effect of anesthesia at the time of the ultrasound (43).*

Table 34. Ultrasound Equipment Usage

Ultrasound Equipment Usage	Number of Abortions	Percent
Ultrasound Equipment Used Before Abortion (Total):	4,994	100.0
Ultrasound Equipment Used During Abortion (Total):	499	
Ultrasound Equipment Used After Abortion (Total):	498	
Mother under anesthesia at the time of the ultrasound:		
Yes	20	0.4
No	4,966	99.5
Not Applicable	5	0.1

**Requirement 44:** *The mean gestational age of the fetus at the time of the abortion, as determined by ultrasounds reported.*

Table 35. Mean Gestational Age of Fetus, as determined by the ultrasound

N	Mean (wks)	Standard Deviation
4,980	7.26	4.08

**Requirement 45:** *The number of abortions for which no determination of probable postfertilization age was made as required by Section 1-745.5 of this title.*

Table 36: Probable Postfertilization Age

Probable Postfertilization Age	Number of Abortions	Percent
The number of abortions for which a probable postfertilization age determination was made:	2,278	62.07
The number of abortions for which probable postfertilization age was not made:	5	0.14
Not Applicable	1,387	37.79
<b>Total</b>	<b>3,670</b>	<b>100.0</b>

***Requirement 46: The number of abortions in which the pregnant woman was told that it may be possible to make the embryonic or fetal heartbeat of the unborn child audible for the pregnant woman to hear; the number of abortions in which the pregnant woman was asked if she would like to hear the heartbeat; and the number of abortions in which the embryonic or fetal heartbeat of the unborn child was made audible for the pregnant woman to hear, using a Doppler fetal heart rate monitor.***

Table 37: Fetal Heartbeat

Fetal Heartbeat	Number of Abortions	Percent
The number of abortions in which the pregnant woman was told that it may be possible to make the embryonic or fetal heartbeat of the unborn child audible		
Yes	353	8.2
No	3,450	80.14
Not Applicable	502	11.66
The number of abortions in which the pregnant woman was asked if she would like to hear the heartbeat		
Yes	3,746	87.04
No	4	0.09
Not Applicable	554	12.87
The number of abortions in which the embryonic or fetal heartbeat of the unborn child was made audible for the pregnant woman to hear		
Yes	3,595	83.31
No	23	0.53
Not Applicable	697	16.15

## Acknowledgments

Tom Bates, JD  
Interim Commissioner of Health

Derek Pate, DrPH  
Director, Center for Health Statistics

## Authors

Raffaella Espinoza, MPH  
Administrative Program Manager, Analytics and Dissemination  
Center for Health Statistics

Ryan Webb, MPH  
Administrative Program Manager, Quality Assurance & Data Management  
Center for Health Statistics

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# **Exhibit 2-2**



HOURLY NEWS

LISTEN **Play Live** Radio

PLAYLIST



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## The Coronavirus Crisis

SUBSCRIBE TO CORONAVIRUS DAILY

# In Texas, Oklahoma, Women Turned Away Because Of Coronavirus Abortion Bans

April 2, 2020 · 7:20 PM ET

Heard on Morning Edition



SARAH MCCAMMON

**3-Minute Listen**

PLAYLIST Download  
Transcript

### Updated at 5:22 a.m. ET Friday

The doors at the Trust Women clinic in Oklahoma City were locked on Tuesday, when the young woman arrived for her appointment. Over the phone, a clinic worker told her the news – the facility had to shut down because of an order from Gov. Kevin Stitt banning most abortions.

"And immediately I just, like, broke down," she said. "I just lost my job because of the coronavirus. I already have a 10-month-old daughter. I don't know what I'm gonna do, you know?"

"M" asked us not use her full name because she's concerned about how her family would react to her seeking an abortion. She's 30, with two kids. She said she lost her job in the retail industry a couple of weeks ago after business suddenly vanished.

"M" said she was able to get an appointment for the next day at a clinic in Wichita, Kan. She doesn't have a reliable car, so a friend drove her there – a two-and-a-half-hour trip each way.

"There were so many people there from so many different states, and I only think about how many couldn't make it," she said.

Republican officials in several states are trying to ban abortion during the coronavirus crisis. They say the procedure should be suspended during the pandemic, except for emergencies, to help preserve medical supplies like surgical masks and hospital gowns.

Federal courts have blocked such orders in Ohio and Alabama. Officials in Iowa agreed to allow doctors to determine when an abortion is needed. A federal court briefly blocked a ban in Texas, before that decision was overturned on appeal. Litigation is ongoing.

Reproductive rights groups say hundreds of patients have been turned away in Texas, and in Oklahoma.

Becca Walker, a counselor at Southwestern Women's Surgery Center in Dallas, said many patients "panic" when they hear the news that their procedures are being cancelled. She said some patients are particularly afraid of being pregnant during a pandemic.

"Sometimes you're just guiding them through breathing on the phone because it's such a moment of panic and crisis for them," Walker said. "And then you just have to give them the referral, and the next referral is not good news."

Walker has been referring patients to clinics in New Mexico or Kansas, if they can make the trip.

Abortion rights opponents argue the bans are necessary and appropriate during a pandemic.

"We are setting aside all kinds of what would otherwise be considered essential healthcare – I would say more essential healthcare than abortion, certainly – cancer screenings," said Dr. Christina Francis, an OB/GYN in Indiana and board chair at the American Association of Pro-Life Obstetricians & Gynecologists.

"Abortion is not essential healthcare; it doesn't treat a disease process," Francis said. "It's a social solution, and there are other solutions that we can provide to women who find themselves in very scary and uncertain circumstances right now."

Many doctors say denying an abortion can put patients at risk. The American Medical Association released a statement accusing some elected officials of "exploiting this moment," and saying the decision should be left to patients and doctors.

A physician with the Dallas clinic told NPR that some patients who've been turned away there have threatened to harm themselves.

Dr. Bhavik Kumar, who provides abortion services at a Planned Parenthood clinic in Houston, said in the midst of a pandemic, many patients seeking abortions feel desperate enough to consider dangerous home remedies.

"The scary part is a lot of my patients are asking us what they can do themselves, how they can use things at home, different herbs or vitamins or objects to help them not be pregnant," Kumar said. "They are scared."

Legal challenges are ongoing in several states where officials have tried to prohibit abortion during the coronavirus pandemic. A hearing on Oklahoma's ban is scheduled for Friday afternoon in federal court in Oklahoma City, and the issue could make its way to the U.S. Supreme Court.

# **Exhibit 2-3**



# Oklahoma Essential Industries List

Revised 4/2/2020

Pursuant to [Oklahoma Executive Order 2020-07 \(Seventh Amendment\)](#), the following industries are deemed essential.

Items marked with \* must publicly post and adhere to [social distancing guidelines](#) in order to remain open and, where practicable, implement social distancing through increasing physical space between employees and customers, providing delivery options, curbside delivery, encourage sick employees to remain home and/or other recommendations from the Centers of Disease Control.

Sectors	NAICS	Description
<b>Chemical</b>	324	Petroleum and Coal Products Manufacturing
	325	Chemical Manufacturing
<b>Commercial &amp; Professional Services</b>	541	Professional, Scientific, and Technical Services
	561	Administrative and Support Services
	561720	Maid and housekeeping services; cleaning services for residential and offices, restaurants, restrooms and other commercial spaces
	562	Waste Management and Remediation Services
	8122	Death Care Services
	8123	Dry cleaning and Laundry Services
	811	Repair and Maintenance
	812910	Animal Care Facilities (including food, shelters and boarding, veterinarians, grooming and routine care and other necessities for the life of animals). * Subject to the following restrictions: only pet grooming services operating in pet stores, veterinarians' offices or shelters are covered by the Executive Order. All other grooming (including mobile grooming) are not covered and prohibited by the Executive Order.
<b>Communications</b>	515	Broadcasting (except Internet)
	511	Publishing Industries
	517	Telecommunications
<b>Construction and Infrastructure</b>	23	Construction, Contractors and Heavy and Civil Engineering Construction
<b>Defense Industrial Base</b>	32592	Explosives Manufacturing
	928	National Security and International Affairs
<b>Emergency &amp; Protective Services</b>	6219	Other Ambulatory Health Care Services
	561210	Facility Support Services (private prisons)
	5616	Investigation and Security Services
	922	Justice, Public Order, and Safety Activities
<b>Energy</b>	21	Mining, Oil and Gas Extraction
	486	Pipeline Transportation
	3353	Electrical Equipment Manufacturing
	3359	Other Electrical Equipment and Component Manufacturing

Sectors	NAICS	Description
	333	Machinery Manufacturing
<b>Financial</b>	52	Finance and Insurance
	53	Real Estate & Leasing Services
	55	Management of Companies
	813910	Business Associations
<b>Food, Forestry and Agriculture</b>	11	Agriculture, Forestry, Fishing and Hunting
	311	Food Manufacturing
	312	Beverage and Tobacco Product Manufacturing
	313-321	Manufacturing of fiber and forestry products
	54194	Veterinary Services
<b>Government Facilities</b>	921	Executive, Legislative, and Other General Government Support
	922	Justice, Public Order, and Safety Activities
	923	Administration of Human Resource Programs
	924	Administration of Environmental Quality Programs
	925	Administration of Housing Programs, Urban Planning, and Community Development
	926	Administration of Economic Programs
<b>Healthcare and Social Assistance</b>	62	Health Care and Social Assistance Subject to the following restrictions: elective surgeries, minor medical procedures, and non-emergency dental procedures must be postponed until at least April 30, 2020 by the Executive Order.
	813	Religious, Grantmaking, Civic, Professional, and Similar Organizations* Subject to the following restrictions: social services are permitted, but gatherings of more than 10 people are prohibited by the Executive Order.
	446	Pharmacies and Drug Stores and health stores*
<b>Information Technology</b>	518	Data Processing, Hosting, and Related Services
	5112	Software Publishers
	611699	All Other Miscellaneous Schools and Instruction
	5415	Computer Systems Design and Related Services
<b>Manufacturing</b>	322	Paper Manufacturing
	323	Printing and Related Support Activities
	326	Plastics and Rubber Products Manufacturing
	327	Mineral Product Manufacturing
	33	Primary Metal Manufacturing including Equipment
<b>Restaurants, Retail and Hospitality</b>	441	Motor Vehicle and Parts Dealers*
	442	Furniture and Home Furnishings Stores*
	443	Electronics and Appliance Stores*
	444	Building Material and Garden Equipment*
	445	Food and Beverage Stores (grocery stores)*
	447	Gasoline Stations*
	448	Clothing and Clothing Accessories Stores*
	451	Sporting Goods, Hobby, and Book Stores*

Sectors	NAICS	Description
	452	General Merchandise Stores (supercenters)*
	453	Miscellaneous Store Retailers (florists, office supplies, etc.)*
	454	Non-store Retailers (online retailers)*
	517	Telecommunications Resellers*
	71391	Golf Courses*
	721	Traveler Accommodations (Hotels)*
	722	Restaurants* Subject to the following restrictions: Restaurants & bars shall only provide takeout, curbside and/or delivery services.
Transportation & Distribution	42	Wholesale Trade* Subject to the following restrictions: auctions of consumer durables or durable goods such as furniture, furnishings, autos, boats, vehicles or appliances are prohibited by the Executive Order.
	48	Transportation and Warehousing
	49	Postal services and Distribution Centers
Utilities	22	Utilities

If you have questions about if your business is in one of these industries or should be considered essential, please visit <http://okcommerce.gov/covid19/>.

# **Exhibit 2-4**





J. Kevin Stitt  
Office of the Governor  
State of Oklahoma

**FILED**  
**MAR 25 2020**  
**OKLAHOMA SECRETARY**  
**OF STATE**

**EXECUTIVE DEPARTMENT**  
**AMENDED EXECUTIVE MEMORANDUM 2020-01**

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On March 25, 2020, the 164<sup>th</sup> case of a novel coronavirus ("COVID-19"), was confirmed in the State of Oklahoma. As noted in a previous Executive Order, the United States Centers for Disease Control and Prevention has identified the potential public health threat posed by COVID-19 as "high" both globally and in the United States. In addition, on March 14, 2020, the President of the United States declared a national health emergency in the United States as a result of the national spread of COVID-19.

On March 15, 2020, I issued Executive Order 2020-07 declaring an emergency caused by the impending threat of COVID-19 to the people of this State and the public's peace, health, and safety. And, on March 24, 2020, I issued the Fourth Amended Executive Order 2020-07. Paragraph 20 of the Fourth Amended Executive Order 2020-07 ordered all businesses not identified as being within a critical infrastructure sector as defined by the U.S. Department of Homeland Security (USDHS) and located in a county experiencing community spread of COVID-19, as identified by OSDH on its website, to close.

In addition to those critical infrastructure sectors identified by USDHS, I hereby add the following:

- **HEALTHCARE / PUBLIC HEALTH**
  - Health care providers (e.g. physicians, dentists, psychologists, mid-level practitioners, nurses and assistants, infection control and quality assurance personnel, pharmacists, physical and occupational therapists and assistants, social workers, speech pathologists and diagnostic and therapeutic technicians and technologists).
  - Manufacturers, technicians, logistics and warehouse operators, and distributors of personal care/hygiene products.
  - Behavioral health workers (including mental and substance use disorder) responsible for coordination, outreach, engagement, and treatment to individuals in need of mental health and/or substance use disorder services.
  - Workers who provide support to vulnerable populations to ensure their health and well-being including family care providers.
  - Medicinal marijuana dispensaries and all licensed medicinal marijuana companies that are in the supply chain for any medicinal marijuana dispensary
  - Workers supporting veterinary hospitals and clinics.

050298

- LAW ENFORCEMENT, PUBLIC SAFETY, FIRST RESPONDERS
  - Including front line and management, personnel include emergency management, law enforcement, Emergency Management Systems, fire, and corrections, search and rescue, tactical teams including maritime, aviation, and canine units.
  - Workers at Public Safety Answering Points.
  - Fire mitigation activities.
  - Private security, private fire departments, and private emergency medical services personnel.
  - State and County workers responding to abuse and neglect of children, elders and dependent adults.
  - Animal control officers.
- FOOD AND AGRICULTURE
  - Farm supply and hardware stores
  - Groves, greenhouses, nurseries, and vineyards
  - Agriculture, Forestry, Fishing and Hunting
  - Food manufacturing
  - Beverage and tobacco product manufacturing
  - Manufacturing of fiber and forestry products
  - Veterinary services
  - Certified farmers' markets, farm and produce stands
  - Food cultivation, including farming, livestock and fishing
  - Support of agricultural production including manufacturers, processors, sellers, transporters, and suppliers of livestock, poultry, feed, seed, water, fertilizer, herbicides, or insecticide and those that care for animals, crops, groves, greenhouses, nurseries, vineyards, forests, farms, and ranches
  - Hardware stores, farm stores, and garden centers
- ENERGY
  - Electricity Industry
    - Acquisition (SCADA) systems, and utility data centers; Cybersecurity engineers, cybersecurity risk management.
    - Power Generation, Transmission
    - Safety and environmental personnel, and those who support and ensure the supply chain and supply chain management
    - These categories of workers applies to all wind, solar, gas, hydroelectric and coal facilities.
  - Petroleum Workers:
    - Midstream Companies
    - Liquids or produced water/waste storage facilities
    - Petroleum refinery fractionators, blenders
    - Produced water waste facilities, including UIC wells and transportation
    - Brine separation and processing facilities

- Transportation maintenance and inspection workers
- Pipeline maintenance and construction workers who may be required to traverse state lines to maintain facilities that cross state lines
- Workers who maintain supply chain for these facilities
- Petroleum security operations employees and workers who support emergency response services

Natural and Propane Gas Workers:

- Other compression facilities
  - Processing, refining, and transporting natural gas liquids, including propane gas, for use as end-use fuels or feedstocks for chemical manufacturing
  - Propane gas storage, transmission, and distribution centers
  - Compressed natural gas, liquefied natural gas, and propane gas retail and non-retail fuel stations, depots, and truck stops, that serve the public as well as private stations that support local and regional transportation companies such as transit authorities, refuse fleets, and freight haulers
- **WATER AND WASTEWATER**
    - Drinking water and wastewater
    - Drinking water plant superintendents, managers, operators and maintenance technicians
    - Drinking water distribution system operators and maintenance technicians
    - Wastewater plant superintendents, managers, operators and maintenance technicians
    - Wastewater collection system operators and maintenance technicians
    - Laboratory certified operators and employees of a government or privately-owned laboratory that are accredited to analyze routine compliance drinking water or municipal wastewater samples
    - Rural water association staff and technical support staff
    - Rural water districts, including all facilities
  - **TRANSPORTATION AND LOGISTICS**
    - Taxis, transportation services including Transportation Network Companies, transportation services including Transportation Network Companies, and delivery services, including Delivery Network Companies.
    - Wholesale trade
    - Transportation and warehousing
    - Postal services and distribution centers
  - **PUBLIC WORKS**
    - Solid waste & hazardous waste
    - Utilities
    - Underground damage prevention services
    - Operational staff for solid waste pick-up
    - Operational staff at solid waste transfer and disposal facilities

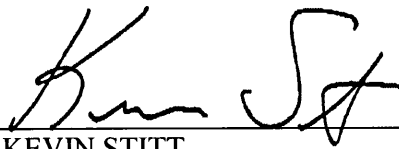
- Operational staff at hazardous waste treatment, storage, and disposal facilities, including underground injection control sites
- COMMUNICATIONS AND INFORMATION TECHNOLOGY
  - Broadcasting
  - Publishing industries
  - Telecommunications
  - Data processing, hosting, and related services
  - Software publishers
  - All other miscellaneous schools and instruction
  - Computer systems design and related services
- OTHER COMMUNITY-BASED GOVERNMENT OPERATIONS AND ESSENTIAL FUNCTIONS
  - Faith-based services that are provided through streaming or other technology.
  - Critical government workers, as defined by the employer and consistent with Continuity of Operations Plans and Continuity of Government plans.
  - Workers supporting public and private childcare establishments, pre-K establishments, K-12 schools, career and technology centers, colleges, and universities for purposes of distance learning, provision of school meals, or care and supervision of minors to support essential workforce across all sectors.
  - County workers responsible for determining eligibility and safety net benefits.
  - The Courts, consistent with guidance released from the Oklahoma Supreme Court and Oklahoma Court of Criminal Appeals.
  - Tag agencies
  - Workers and instructors supporting academies and training facilities and courses for the purpose of graduating students and cadets that comprise the essential workforce for all identified critical sectors.
  - Hotel Workers where hotels are used for COVID-19 mitigation and containment measures, including measures to protect homeless populations.
  - Hotels
  - Construction Workers, including residential and commercial, and workers who support the construction, operation, inspection, and maintenance of construction sites and construction projects (including housing construction and heavy and civil engineering construction)
  - Businesses and workers that support the supply chain for commercial and/or residential construction and development
  - Workers such as plumbers, electricians, exterminators, and other service providers who provide services that are necessary to maintaining the safety, sanitation, construction material sources, and essential operation of construction sites and construction projects (including those that support such projects to ensure the availability of needed facilities, transportation, energy and communications; and support to ensure the effective removal, storage, and disposal of solid waste and hazardous waste).

- Oklahoma One-Call or OKIE 811
- Commercial Retail Stores, that supply essential sectors, including convenience stores, general merchandise stores, liquor, pet supply stores, auto supplies and repair, hardware and home improvement, and home appliance retailers.
- Motor vehicle and parts dealers
- Workers supporting the entertainment industries, studios, and other related establishments, provided they follow covid-19 public health guidance around social distancing.
- Workers critical to operating Rental Car companies that facilitate continuity of operations for essential workforces, and other essential travel.
- Workers that provide or determine eligibility for food, shelter, in-home supportive services, child welfare, adult protective services and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals (including family members).
- Workers at animal care facilities that provide food, shelter, veterinary and/or routine care and other necessities of life for animals.
- Public and private golf courses, public parks, and workers needed to maintain normal operations.
- Workers involved with home repair and maintenance including roofing, lawn care, foundation repair, and similar businesses whose work is primarily performed out of doors.
- Executive, legislative, and other general government support
- Administration of human resources programs
- Administration of environmental quality programs
- Administration of housing programs, urban planning, and community development
- Administration of economic programs
- CRITICAL MANUFACTURING
  - Paper manufacturing
  - Printing and related support activities
  - Plastics and rubber products manufacturing
  - Mineral product manufacturing
  - Primary metal manufacturing including equipment
- FINANCIAL SERVICES
  - Finance and Insurance
  - Real estate and Leasing services
  - Management of companies
  - Business associations
  - Financial advisory
- CHEMICAL
  - Petroleum and coal products manufacturing
  - Chemical manufacturing


- COMMERCIAL AND PROFESSIONAL SERVICES
  - Professional (such as legal and accounting), scientific, and technical services
  - Administrative and support services
  - Waste management and remediation services
  - Death care services
  - Dry cleaning and laundry services
  - Repair and maintenance
- DEFENSE INDUSTRIAL BASE
  - Explosives manufacturing
  - National security and international affairs

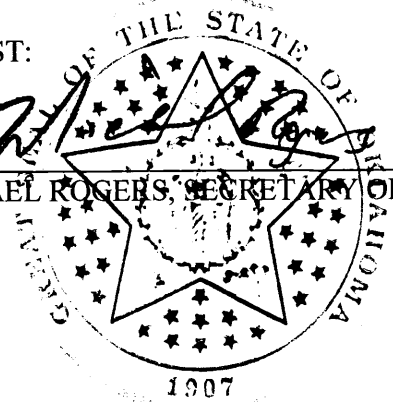
IN WITNESS WHEREOF, I have set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, this 25th day of March, 2020.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA

  
\_\_\_\_\_  
J. KEVIN STITT

ATTEST:

  
\_\_\_\_\_  
MICHAEL ROGERS, SECRETARY OF STATE



The Great Seal of the State of Oklahoma is circular, featuring a five-pointed star in the center. The star is surrounded by a wreath. The words "GREAT SEAL OF THE STATE OF OKLAHOMA" are inscribed around the perimeter of the seal, and the year "1907" is at the bottom.