



*Justice Delayed, Access Denied:
Tennessee Attorney General Derails Trial Challenging State Abortion Ban*

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State attorneys general remain at the center of the nation's high-stakes legal battles over access to medically necessary abortion care—serving as powerful allies or opponents to pregnant individuals in despair.

Three Years Later, Abortion Ban Victims Still Wait To Be Heard

Learning that the child one so eagerly anticipates is unlikely to survive pregnancy is among the most devastating news any expectant parent can receive. Every family deserves the opportunity to grieve that loss without having to worry about whether the person carrying the pregnancy will have access to the care they need to [protect their life or health](#).

Allie Phillips joined a [lawsuit of nine plaintiffs](#) challenging Tennessee's near-total abortion ban for exactly that reason. Having to go up against the state and share the details of her story publicly, including the [life-threatening complications](#) she says she found herself at risk of developing because of the abortion ban, takes a great deal of strength and courage. Still, Phillips is determined to ensure that other families grappling with heartbreaking pregnancy news do not have to endure the same [traumatic ordeal](#).

Standing in her way is Tennessee Attorney General Jonathan Skrmetti. After the trial court repeatedly denied his motions to dismiss the case, Attorney General Skrmetti's office lobbied for a new state law that would allow him to [bypass the trial process](#) by immediately appealing certain legal decisions.

Just days before the jury trial was scheduled to start, he [invoked the new law](#) to change the course of the nearly three-year-long litigation. Since the trial has been postponed indefinitely, it's unknown when Phillips and the other plaintiffs will get the chance to testify in court and present real-world evidence of how Tennessee's abortion ban endangers patients who develop pregnancy complications.

Attorney General Skrmetti's office [defended](#) the move, stating there "is nothing unusual about appealing an appealable order." But for reproductive rights advocates, the decision to sidestep the trial is not merely a procedural matter—it's a deliberate effort to [silence early victims](#) of the state's controversial abortion ban.

Representing the plaintiffs is the Center for Reproductive Rights (the Center). Criticizing Attorney General Skrmetti's litigation strategy, plaintiffs' counsel has argued that Tennessee is seeking to avoid accountability for a policy that effectively forces patients to "the [brink of death](#) before they get care."

Tennessee's Abortion Ban Endangers Families Facing Complicated Pregnancies

Tennessee is one of [13 states](#) that prohibit nearly all abortions from conception. *Newsweek* [reports](#) that violating the ban is classified as a felony in Tennessee and that doctors convicted under the law face up to 15 years in prison, along with fines.

The Center argues that Tennessee's Medical Condition Exception is [too narrow and unclear](#), creating significant barriers to care for patients who develop dangerous pregnancy complications. In those situations, uncertainty and hesitation can be the difference between patients receiving the care they need or only having access to medical intervention when it is too late.

The crux of the issue, then, is whether Tennessee's abortion ban—[enacted](#) in the name of protecting life—actually endangers pregnant patients by discouraging doctors from providing timely access to abortion care, even when the patient's life or health is threatened. The stakes of that question are especially high in Tennessee, which has the [highest maternal mortality rate](#) in the nation among reporting states, with a death rate about 80 percent higher than the national average.

In 2024, a three-judge panel agreed that the exceptions listed under Tennessee's law are [vague](#) enough that doctors are justifiably worried about performing medically necessary abortions. While the panel issued a ruling temporarily preventing the medical board from disciplining doctors who perform emergency abortions, it did not hold a full trial on the broader merits or [block criminal prosecution](#).

The Center also seeks to clarify that doctors are allowed to provide abortion care when they determine that a pregnancy is likely to result in a stillbirth or death shortly after birth. That's precisely how Phillips' nightmare began.

After joyfully anticipating the birth of her second daughter, she learned that the child she was expecting would be born dead or die soon after due to several medical conditions. Her doctor also warned Phillips that continuing the pregnancy [posed risks](#) to her own health.

At the time, doctors in Tennessee had the [burden of proving](#) an abortion was necessary to save a patient's life. So instead of being able to grieve the loss of her pregnancy at home, near friends and family, Phillips was forced to raise money to travel to a clinic in New York.

When she arrived at the clinic for routine testing, she experienced what she describes as the “[worst day](#)” of her life. Providers rushed to end her pregnancy after discovering that the fetal heartbeat had already stopped, placing Phillips at risk of developing two potentially deadly conditions.

While Phillips' story is gut-wrenching, it could have ended even more tragically. In the aftermath of *Dobbs v. Jackson Women's Health Organization*, harrowing accounts of women with pregnancy complications who [died](#), [nearly died](#), or suffered [irreversible reproductive damage](#) after facing abortion denials or delays have drawn national attention. Other women have reported being forced to endure the [pain](#), [trauma](#), [health risks](#), and [financial burden](#) of carrying pregnancies that had no chance of survival.

After nearly three years of litigation, Phillips and the other plaintiffs were finally prepared to have their day in court and testify about what the state's abortion ban had cost them. The trial would have allowed them to build a public factual record through testimony, medical evidence, and cross-examination about how the ban operates in real patients' lives.

But just days before trial was set to begin, AG Skrmetti invoked a newly enacted appeals law, derailing the public proceeding they had spent years fighting to reach.

Attorney General Move Leaves Doctors Without Clarity and Patients Without Relief

While Tennessee's abortion ban remains tied up in procedural litigation, the law continues to govern real medical decisions with life-and-death consequences. Doctors must still weigh the threat of criminal prosecution before providing abortion care. Clinics and hospitals remain trapped in operational limbo, unsure how courts will interpret the law and fearful that acting too soon could expose them to punishment.

Ultimately, Tennessee families remain vulnerable to the very circumstances that brought these plaintiffs to court: the possibility of being forced to navigate devastating pregnancy complications without timely access to the care they need to avoid potentially life-threatening health risks.

The path to accountability also grows more difficult—and increasingly expensive—with each delay. Every new motion, appeal, or trial postponement requires plaintiffs, advocacy organizations, and healthcare providers to devote additional time and money to challenging the

ban. Meanwhile, new legislation and appellate decisions can continue to reshape the legal landscape in ways that make the case more complex, costly, and uncertain with each shift.

For non-profit legal organizations like the Center, prolonged litigation can divert scarce resources away from other patients and urgent cases. For individual plaintiffs, delay often means more missed work, more travel, more childcare, and more uncertainty about when they will finally get a chance to be heard.

In some cases, delay can complicate the legal claims themselves. Here, for example, the original lead plaintiff was [dismissed from the case](#) after the court found that she had undergone a medical procedure that prevented her from becoming pregnant again. The longer the litigation continues, the greater the possibility that plaintiffs' circumstances may change, creating additional issues for the parties to litigate.

As delays mount, plaintiffs' cases can also become harder to prove. Memories fade. Witnesses relocate. Doctors retire or change hospitals. Patients who once felt prepared to testify may find it harder, months or years later, to relive the most traumatic experiences of their lives with the same clarity or emotional resilience. As time passes, defendants gain greater opportunity to challenge recollections and question credibility.

When delay operates in this way, it becomes another barrier to accountability, not only for these plaintiffs, but for the public as a whole. Every family in Tennessee deserves the ability to access medically recommended abortion care before, not after, a crisis unfolds.

State Attorneys General Continue Spearheading Reproductive Healthcare Battles

In a prior publication, we examined how some state attorneys general are fighting to [protect access to emergency abortion procedures](#), while others are working to dramatically curtail it—even as pregnant women keep paying the price with their health and their lives.

Most recently, in August 2026, a federal judge barred Idaho from prosecuting doctors who perform abortions to protect their patients' health or to prevent a risk of death from self-harm, writing that a "pregnant woman's health is [not a state resource](#) to be allocated at the legislature's whim."

Idaho Attorney General Raul Labrador [appealed](#) the ruling, seeking to overturn it and narrow its application. The judge agreed that the injunction was too broad and [narrowed the relief](#) to apply only to Dr. Stacy Seyb, a maternal-fetal medicine physician who treats [high-risk pregnancies](#) and is the sole plaintiff in the case.

The Tennessee lawsuit highlights how state attorneys general are not only shaping access to medically necessary abortion care in the post-Dobbs era through the legal arguments they advance—they are also now deploying litigation tactics that influence whether and when a case goes to trial.

As disputes over emergency abortion care continue across the country, state attorneys general will continue to serve as powerful allies or opponents to patients, doctors, and families in urgent need of clarity, relief, and accountability. Their choices can help open the doors to justice and accountability—or close those doors through delay, procedural maneuvering, and appeals that keep real-world evidence out of public view.

When state attorneys general make it harder for residents to challenge restrictive abortion bans in open court, they are not merely defending state policy—they are shaping who gets access to justice, when, and at what cost.

The Leadership Center for Attorney General Studies is a non-partisan organization dedicated to educating the public about the important role state attorneys general play in addressing pressing issues, enforcing laws, and bringing about change.