

Exhibit D

Dalton Johnson
Alabama Women's Center
4831 Sparkman Dr. NW
Huntsville, AL 35810

May 12, 2015

Dear Dr. Williamson:

It has come to my attention that West Alabama Women's Center has filed a request with the Department of Public Health for a waiver from compliance with Ala. Admin. Code r. 420-5-1-.03. I understand that West Alabama Women's Center has been temporarily closed since December 31, 2014, because the clinic's physician retired and because the clinic's new physician has been unable to obtain hospital privileges or a contractual arrangement for covering physician services with any physician in Tuscaloosa. As the owner and administrator of the Alabama Women's Center ("AWC"), I am writing to you in support of West Alabama Women's Center's application for a waiver, because I am extremely concerned about the effect its closure is having on the health and well-being of women seeking abortions in Alabama.

At AWC, we provide abortion services up to 21.6 weeks of pregnancy, as measured from the woman's last menstrual period ("LMP"), although the vast majority of the abortions that we provide are in the first trimester. Before December 31, 2014, AWC was one of just two facilities in Alabama providing second-trimester abortion services after 15.0 weeks; with the closure of the Tuscaloosa clinic, we are the only provider of abortion services after 15.0 weeks.

Since the beginning of 2015, when West Alabama Women's Center closed, AWC has had a sizable increase in the number of patients we have treated compared with the same period last year, with a particularly notable increase in the number of patients we have treated who were seeking abortions later in the second trimester. The 2014 and 2015 statistics based on these numbers are shown in the charts attached to this letter. As the statistics show, we treated 320 more patients—including 62 additional patients seeking abortions at 16 weeks or later—in the first four months of 2015 than we did in the same period in 2014. As described in greater detail below, with this increase we are currently operating very close to our maximum capacity.

In addition, since West Alabama Women's Center has been closed, we have started receiving more and more telephone calls from women who live farther away from our clinic—including women from western Alabama (for whom the Tuscaloosa clinic would have been easily accessible) and women in their second trimester from Montgomery and Birmingham who otherwise would have gone to the Tuscaloosa clinic. Numerous women have told me they are utterly without the means to travel that far. The frequency of such calls has increased significantly since West Alabama Women's Center closed.

To the extent I am able, I try to do what I can for as many of these women as possible. For example, I have offered to reduce the fee for the procedure (at a loss to the clinic) so that a woman can pay for the gas she needs to get here. But some of the women who call do not even have cars or any other means to reach us. What this all amounts to is that the number of calls

from women who have told me they cannot travel to Huntsville—women who I have never heard from again—has increased substantially this year.

Moreover, this year, a greater share of our patients have been indicating to me that they are getting the procedure later than they wanted to because of the difficulties they experienced in traveling a longer distance to the abortion clinic. For example, one patient from Tuscaloosa recently told me she would have obtained a first-trimester abortion there had West Alabama Women's Center been open. But with the local clinic closed, she made an appointment in Montgomery. By the time she was able to travel to the clinic there for pre-procedure counseling, she was 14 weeks pregnant, and that clinic's physician was not available to perform the abortion until the following week, at which point she would have been past the clinic's gestational limit. So her only option was to travel to yet another clinic (our clinic in Huntsville)—but it took her an additional two weeks to make arrangements with someone willing to drive her the 150-mile (one way) distance from Tuscaloosa to Huntsville. Ultimately, she was able to get an abortion, but the cost of the procedure was nearly twice as expensive as the first-trimester surgical abortion she would have had in Tuscaloosa, and that is not including transportation costs.

This woman's experience of encountering unnecessary and unwanted delay in accessing an abortion is far from unusual these days. Overall, I estimate that about ten percent of our patients in recent months have told me that they were delayed in getting an abortion because of challenges associated with reaching our facility. This is a definite increase over the number of patients for whom this was true before West Alabama Women's Center closed.

Finally, there is the issue of our capacity to treat the women displaced by the closure of West Alabama Women's Center, particularly those women who have experienced delays and are therefore seeking later abortion procedures. As I mentioned above, AWC is operating very close to its maximum capacity. We are open four days per week, and our physicians are already committing as much time to the clinic as they are able to.

Moreover, under local zoning requirements, we cannot extend our working day to accommodate additional patients. A local zoning ordinance limits the hours we conduct business to between 8:00 a.m. and 5:00 p.m., Monday through Friday. In order to comply with this ordinance, we cannot perform procedures after 2:00 p.m., because we have to ensure that every patient has the time she needs to recover from the procedure before she can be discharged, and to do so, the latest we can perform procedures is 2:00. Thus, AWC's capacity is confined to performing abortion procedures from 8:00 a.m. to 2:00 p.m. on weekdays. I really do not know how our physicians could realistically accommodate more patients in this window of time than we have seen recently—last month, we provided abortion services to 249 women (compared to 124 in April 2014), and at this point I do not know how we could care for more women.

Given that we are now operating very close to our maximum capacity, I am concerned because the number of patients we have been seeing this year since the closure of West Alabama Women's Center has been steadily increasing and I am worried about a snowball effect. Whereas a first-trimester surgical abortion takes less than five minutes to complete, a post-16-week procedure can take significantly longer. Thus, scheduling more procedures for women at 16 weeks or later further stretches our capacity to treat all the women who need of our services to

the limit. The more women who come to us later in pregnancy, the fewer women we will be able to see each week, and a backlog will develop. Eventually, we will have to institute a waiting list, giving priority to the patients who are later in pregnancy. But that is an imperfect solution too, as it would have the effect of forcing our patients who come to us earlier in pregnancy to delay, which would only compound the problem for everyone. Indeed, if the trend in recent months continues, I am concerned about our capacity to accommodate all of the women seeking our services.

In short, it has become abundantly clear to me in the last few months that if West Alabama Women's Center remains closed, AWC is going to hit a wall in terms of how many patients we can serve, and more and more women will suffer. I respectfully urge you to grant West Alabama Women's Center's waiver application, because the clinic's closure is having a detrimental impact on women in our state.

Sincerely,

A handwritten signature in black ink, appearing to read "Dalton Johnson", with a long horizontal flourish extending to the right.

Dalton Johnson
Owner and Administrator,
Alabama Women's Center

Abortion Procedures by Month and Type, 2014-15
Alabama Women's Center

2014

Procedure	Jan. 2014	Feb. 2014	March 2014	April 2014	Total
Medication abortion up to 9 weeks	23	19	27	41	110
Surgical abortion up to 12.6 weeks	123	81	96	71	371
Surgical abortion from 13-15.6 weeks	13	10	14	8	45
Surgical abortion from 16-19.6 weeks	7	12	8	4	31
Surgical abortion from 20-21.6 weeks	0	0	0	0	0
Total	166	122	145	124	557

2015

Procedure	Jan. 2015	Feb. 2015	March 2015	April 2015	Total
Medication abortion up to 9 weeks	59	41	50	63	213
Surgical abortion up to 12.6 weeks	140	96	93	141	469
Surgical abortion from 13-15.6 weeks	18	26	30	27	99
Surgical abortion from 16-19.6 weeks	12	17	24	13	64
Surgical abortion from 20-21.6 weeks	2	13	7	5	27
Total	231	193	204	249	872

Additional Procedures Performed in 2015 Over 2014

Procedure	Jan.	Feb.	March	April	Total
Medication abortion up to 9 weeks	36	22	23	22	103
Surgical abortion up to 12.6 weeks	17	15	-3	70	98
Surgical abortion from 13-15.6 weeks	5	16	16	19	54
Surgical abortion from 16-19.6 weeks	5	5	16	9	33
Surgical abortion from 20-21.6 weeks	2	13	7	5	27
Total	65	71	59	125	320