

September 30, 2021

The Honorable Carolyn B. Maloney
2157 Rayburn House Office Building
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The Honorable James Comer
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Dear Chairwoman Maloney, Ranking Member Comer, and distinguished Members of the Committee:

As health care providers committed to ensuring our patients have access to comprehensive reproductive health care, including abortion care, we write to express our gratitude for this hearing on the need to protect and expand abortion rights and access. We wish to outline the importance of protections around abortion access for our communities and the harm caused to patients when abortion care is pushed out of reach. Whether our patients are ready to build or create their family, already parenting, or have decided not to continue a pregnancy, all of them share something in common – they are making thoughtful, sometimes difficult, decisions about their health and well-being. Each of them deserves access to high quality health care, including abortion care, regardless of who they are, their income, and regardless of where they live.

Equal access to abortion care is essential for the health, well-being, security, and dignity of our patients. Abortion is a right, protected by the U.S. Constitution and repeatedly affirmed by the Supreme Court – most recently in 2020 – that the Constitution’s guarantees of privacy and liberty protect a person’s right to end a pregnancy. Yet, despite 50 years of Supreme Court precedent the Court is poised to hear *Dobbs v. Jackson Women’s Health Organization*, a case directly challenging *Roe v. Wade*’s protections. And the Court recently declined to intervene in a case challenging a particularly cruel abortion ban in Texas, known as S.B. 8, which bans abortion care after six weeks of pregnancy and entices private citizens to sue abortion providers and any individual who helps someone get the care they need by offering a \$10,000 bounty, minimum, should they win their case in court. These harmful attacks on abortion rights are not limited to Texas, according to the Guttmacher Institute this year has already been the most devastating state legislative session with more abortion restrictions being enacted than in any prior year since *Roe*.¹

Today in large parts of the country, particularly right now in Texas where *Roe*’s protections are effectively nullified, abortion care is out of reach for many members of our communities. Lack of insurance coverage for this essential care, a shortage of abortion providers, and hundreds of other medically unjustified state restrictions have compounded the problem and made abortion nearly impossible to obtain, particularly for those experiencing significant barriers to essential health care.

As providers, we see first hand the harm restrictions on abortion care cause our patients. Denial of abortion care can have serious long-lasting consequences on a person’s health and well-being. For example, women who have been denied an abortion are more likely to experience high blood pressure

¹ Guttmacher, *State Policy Trends at Midyear 2021*, available at <https://www.guttmacher.org/article/2021/07/state-policy-trends-midyear-2021-already-worst-legislative-year-ever-us-abortion>.

and other serious medical conditions during the end of pregnancy; more likely to remain in relationships where interpersonal violence is present; and more likely to experience poverty.²

Abortion is health care and it should not be singled out for exclusion or have additional administrative or financial burdens placed upon it. The American College of Obstetricians and Gynecologists (ACOG), along with other medical societies, identifies abortion as an essential health care service that requires timely access to care. ACOG also recommends the repeal of legislation that imposes barriers to access and interferes with the patient-provider relationship, including abortion bans, mandatory waiting periods, biased counseling, medically unnecessary ultrasounds, and unjustified facility and staffing requirements.³ Abortion is extremely safe and arbitrary barriers on abortion care do not make it any safer. In 2018, the National Academies of Sciences, Engineering and Medicine (NASEM) published a comprehensive study affirming the safety record of abortion and pointed out that the biggest threat to patient safety is the litany of medically unnecessary regulations that raise costs and delay procedures, ultimately putting patients' health at risk.⁴

On September 24, 2021 the House of Representatives voted to pass the Women's Health Protection Act to help put an end to arbitrary and medically unnecessary barriers on abortion care. We thank Members of the Committee who voted to send this bill to the Senate and we commend you for holding this important hearing on the impact arbitrary restrictions on abortion have on our families and communities.

Sincerely,

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² The Harms of Denying a Woman a Wanted Abortion. Advancing New Standards in Reproductive Health. University of California at San Francisco, *available at* https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf.

³ American College of Obstetricians and Gynecologists Committee Opinion 815, "Increasing Access to Abortion." December 2020, *available at* <https://www.acog.org/clinical/clinicalguidance/committeeeopinion/articles/2020/12/increasing-access-to-abortion>.

⁴ National Academies of Sciences, Engineering, and Medicine. The safety and quality of abortion care in the United States. Washington DC; National Academies Press; 2018, *available at* <https://www.nap.edu/catalog/24950/thesafety-and-quality-of-abortion-care-in-the-united-states>.

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