



September 8, 2022

Senator Elizabeth Warren
309 Hart Senate Office Building
United States Senate
Washington, DC 20510

Dear Senator Warren:

As a board-certified OB/GYN and abortion provider here in Washington, DC as well as the President & CEO of Physicians for Reproductive Health (PRH), I appreciate your commitment to ensuring our communities have access to the comprehensive reproductive health care they need, including access to abortion care. As you know, PRH is a national network of physician advocates that includes doctors of all specialties from across the country. We work to mobilize the medical community, by educating and organizing providers, and using medicine and science to advance access to comprehensive reproductive and sexual health care for all people. We are grounded in the belief that we, as physicians, have an opportunity and an obligation to leverage the privilege that our white coats provide to center those we care for in our work and our advocacy. We believe this work is necessary to ensure all people are able to live freely with dignity, safety, and security.

For many providers and patients across the country this moment is truly frightening. In the aftermath of the Supreme Court's decision to overturn *Roe v. Wade*, we have watched an already devastating abortion access crisis become far worse. As of today's date, fifteen states have banned abortion care, and we anticipate that at least eleven more will soon follow. And in some states providers are ceasing to provide care out of an abundance of caution and fear due to conflicting and confusing laws. The Supreme Court's decision has created chaos and turmoil for both patients and providers. Make no mistake, what we have witnessed over the last two months is only the beginning.

The harm, caused by the Supreme Court's decision and state efforts to ban abortion entirely, is devastating. People in states where abortion is now illegal are facing tremendous obstacles. Those who are able to gather the necessary resources are being forced to travel to get care – sometimes hundreds of miles away from their communities and homes, often at great personal expense. Those without the means and resources to travel will not be able to get the essential care they need and will be forced to remain pregnant.

Our network of providers is reeling as we grapple with this new and constantly shifting legal landscape; however, at the forefront of our minds are the people we care for. We know that regardless of the Supreme Court's decision and regardless of the abortion bans states impose people will continue needing care. Our movement – providers, funds, advocates, practical support organizations – is collectively doing everything it can to make sure people have both the resources they need, as well as accurate information to make informed decisions about their options for accessing abortion, including self-managing their abortion care. People have been self-managing their abortions either in whole or in part outside of the formal medical system forever. With the development of medication abortion, [research shows](#) that people are able to



safely and effectively self-manage their abortions with pills with accurate information and quality medications. As a community of health care providers, we are committed to correcting misinformation and ensuring people have the support and resources they both want and need in a way that is best for them. We know that changes to the legality of abortion does not have to change the safety of abortion care. Medication abortion is extremely safe, whether the medication is obtained from providers or self-sourced. The real threat to people who self-manage their care is not a medical one. It is a legal one. People who self-manage their abortion care and those who support them have been targeted, surveilled, and criminalized for seeking care.

As you rightly named in your letter to PRH, the consequences of this moment are not limited to abortion care. Restrictions on abortion care impact access to the full range of pregnancy related care, including miscarriage management, treatment for medical conditions that arise later in pregnancy, fertility care, and so much more. In addition, abortion bans have a chilling effect on providers seeking to provide care that should not be implicated by an abortion ban because they fear liability and criminalization under the state's abortion restrictions. In some cases, this fear of criminalization has made it difficult for people to obtain care for conditions unrelated to pregnancy, such as treatment for autoimmune disorders or cancers out of concern that medications could impact pregnancy and ultimately result in pregnancy loss or the need to access abortion care.

This is not how health care should work, and it does not have to be this way. Everyone should be able to get care in their own community, in a manner that is best for them, with people they trust. Whether that's in clinic care, accessing medication abortion through telehealth services, or self-managing their abortion with pills on their own terms. I'm glad to be working with you towards this better world.

Please find responses to your questions below. We hope it is helpful to you as you continue championing the importance of access to comprehensive reproductive health care, including abortion care. Should you need additional information please do not hesitate to reach out.

Sincerely,

A handwritten signature in blue ink, appearing to read 'JPerritt', is written over a horizontal line.

Dr. Jamila Perritt, MD, MPH, FACOG
President & CEO
Physicians for Reproductive Health

1. How have state-imposed restrictions on abortion care affected patients?

Restrictions on abortion care are devastating to the health and well-being of individuals and their families. They have far-reaching consequences that deepen existing inequities and worsen health outcomes for pregnant people and people giving birth. For example, women who have been denied an abortion are more likely to experience high blood pressure 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. [Research](#) also shows that the states with higher numbers of abortion restrictions are the same states with the poorest maternal and infant health outcomes. This is because while most people will have healthy pregnancies, some will experience illnesses or conditions where pregnancy can cause serious problems. Efforts to ban abortion entirely will continue to exacerbate this country's maternal health crises. [Data shows](#) that efforts to ban abortion would lead to a 24 percent increase in maternal mortality overall. The consequences would be even more dire for Black women. It is projected that abortion bans are estimated to lead to a 39 percent increase in maternal mortality for Black women and birthing people.

It is undeniable that state-imposed restrictions on abortion impact everyone. Nevertheless, Black, Indigenous, people of color, immigrant communities, young people, LGBTQ+ people, people with disabilities, as well as those living in geographically isolated areas, will be impacted the most. It is critical to understand that restrictions and bans on abortion do not exist in a vacuum. They are shaped by systemic and structural conditions. Factors including entrenched institutional racism and discrimination, barriers to health care and coverage for that care, systemic and intentional income inequality, and inadequate workplace supports including lack of paid leave from work, all contribute to the disproportionate impact of abortion restrictions on people who experience oppression across numerous domains of their identities.

The Supreme Court's decision has compounded the harm of already diminished access to abortion that previously existed under the *Roe v. Wade* framework. Currently fifteen states have implemented abortion bans, and we expect twenty-six states in total to ban abortion almost entirely. This patchwork of states has created enormous barriers to care. People in restrictive states are being forced to travel hundreds of miles to obtain care they should be able to get in their own communities. Already, there have been at least [43 abortion clinics across 11 states that have stopped offering abortion care](#) with more to follow. Seven of these states, containing only limited or no exceptions for abortion, no longer have a single clinic providing abortion care. For those who are not able to pull together the resources to travel, many will be forced to remain pregnant at the expense of their autonomy, well-being, and health.

- a. Have state-imposed restrictions on abortion care resulted in diminished access to pregnancy care, reproductive care, or any other form of health care? If so, please explain.**

Yes, restrictions on abortion care have far reaching consequences and limit access to the full scope of sexual and reproductive health care, including miscarriage care, ectopic pregnancy care, and more. As documented in the [New England Journal of Medicine](#), abortion bans like TX S.B. 8 provide insight into the broad consequences of banning abortion and imposing criminal liability on health care providers. Consequences of such severe abortion restrictions range from: providers not believing they have the ability to provide abortion counseling or referrals for people in need of care; providers refusing to treat ectopic pregnancy; and providers being forced to wait to intervene until their patient's condition worsens because of uncertainty around what is "sick enough" to qualify for an exception under the state's abortion ban. These laws put



providers in the tenuous position of having to choose between providing nonjudgmental, comprehensive, evidence-based care and risking criminal or civil repercussions. The consequences we've seen stem from Texas's abortion ban is only the tip of the iceberg. As more states ban or severely restrict access to abortion, the ripple effects of numerous state abortion bans will continue to compound. Below I have outlined some additional consequences abortion bans have on other types of care.

Contraceptive Care. Abortion bans have the potential to be intentionally misconstrued and may impact access to contraceptive care, specifically emergency contraception and intrauterine devices (IUDs). Although abortion bans should not affect contraceptive care, there is confusing and misleading language in some states' abortion restrictions that may limit or prevent access to this care. Specifically, some research indicates that the copper IUD may have a post-fertilization effect, preventing implantation of a fertilized egg. This is not the same action as causing an abortion, but anti-abortion legislators are manipulating, and misconstruing abortion bans and restrictions to suggest that the copper IUD functions as an abortifacient. Similarly, additional misinformation and disinformation about the mechanisms of action for various other contraceptives has the potential to disrupt and prevent access to the full spectrum of contraceptive care.

Miscarriage Care. Abortion bans impact access to miscarriage care since treatments used to help manage a miscarriage are the same used to provide an induced abortion. Many miscarriages can be managed using the same medications that are used during a medication abortion, mifepristone and misoprostol. Miscarriages can also be treated using a procedure to remove the pregnancy tissue. This procedure uses the same tools and techniques used during an in-clinic or procedural abortion.

Ectopic Pregnancy Care. While ectopic pregnancy care [should never be impacted by an abortion ban](#), the confusion and uncertainty created by abortion restrictions has ensured this is the case. Health care institutions and providers across the country are worried about being held criminally responsible just for providing the emergency care patients need. There are numerous accounts of providers refusing to provide ectopic pregnancy care due to the immense legal uncertainty and severe penalties the current patchwork of abortion bans has created.

Cancer Care. Cancer care during pregnancy is another area of health care that will continue to be impacted by state restrictions on abortion. While some patients who are pregnant and have cancer can receive the proper treatment while maintaining their pregnancies, that is not true for everyone. In some cases, abortion is necessary to enable further or timely treatment of the cancer. For example, pelvic radiation can be required for some cancers and such treatment is not done during pregnancy because of the risk to the fetus. Providers must be able to discuss with patients the full scope of options and associated risk, and ultimately allow the patient to decide the best course of treatment based on their diagnosis, preferences, and desires.

Auto-Immune Disorder(s). Patients have reported having trouble accessing essential medications that are considered "abortion inducing" in states that have banned abortion. A



primary example is methotrexate, which is used to treat rheumatoid arthritis, lupus, and some cancers.

b. Have state-imposed restrictions on abortion care resulted in delays in care for patients? If so, please explain.

Yes, abortion restrictions delay care for patients who are forced to travel out of state for abortion care, as well as for patients seeking other types of essential health care in restrictive states.

According to the Guttmacher Institute, even before *Roe v. Wade* was overturned, [nearly one in ten people](#) seeking abortion care were forced to travel across state lines. Now with the Supreme Court's decision and states continuing to ban abortion, patients are being pushed further and further away from their homes as they grapple with increased travel distances, cost, and other systemic barriers to care.

The uptick in the number of patients travelling to less restrictive states for abortion care is increasing wait times at clinics, straining the already thin resources available, and pushing people further and further away from their homes. For example, in [New Mexico](#) where seven clinics are still operating, the wait times for abortion at five of these clinics are a minimum of three weeks because of the influx of patients travelling from the South. Other clinics in New Mexico are so full they have had to periodically stop booking new appointments. These circumstances aren't unique to New Mexico. Across the country, clinics are trying to manage a large influx of people needing care, forcing patients to travel further into other neighboring states in order to get the care they need. The impact of abortion bans is not limited to the pregnant people in those states. As more people travel outside of their communities to access care in less restrictive states, pregnant people in those states are also feeling the impact of longer wait times for appointments. For those patients who are able to afford the costs of additional travel and extremely long wait times they may be pushed later into pregnancy before they are able to obtain an abortion, if they are able to do so at all. Likewise, patients in less restrictive states, who are experiencing increased appointment wait times may also be forced later into pregnancy and forced to travel outside of their community to receive care. This increases the cost of their care and forces people to travel further distances as they reach arbitrary state mandated gestational limits, even in places where the procedure is still legal. For many others who are unable to absorb the additional costs and surmount the logistical barriers, they will be forced to remain pregnant.

Patients seeking other types of pregnancy related care in restrictive states including miscarriage care, ectopic pregnancy care, care for complications arising during pregnancy, and more, may face significant delays as health care institutions and providers work to determine the legal implications of providing care. Doctors being forced to delay care in emergency situations, when they know the appropriate course of action, is unacceptable. This is an impossible situation to be in. We are allowing the laws of the state to directly violate the medical expertise we as providers have gained through years of experience and training and the oath we've taken to care for our communities and to do no harm. Again, this is not how health care should work.

2. How have state-imposed restrictions on abortion care affected physicians?



As a provider of abortion care, I can tell you this moment is not just frightening, it is devastating. As doctors, we take an oath to do no harm and provide our patients with the compassionate, non-judgmental, comprehensive care they need and deserve. Abortion restrictions put providers at odds with their oath, their training, and with their obligations to care for their communities.

Because of restrictions on abortion care, providers in our network are unable to do their jobs and continue providing the care they were trained to do in their own communities. Some are being forced to uproot their families, leave their support networks, and move to other states to provide the care they feel called to. Others are staying in their communities and providing what care they can, even under the severe restrictions imposed by the state. And many more are travelling around the country, at great personal cost, to provide care, something that was happening before the Supreme Court overturned *Roe v. Wade*. These are very difficult, personal decisions we are being forced to make and all of us are hurting. We're hurting for our communities and the people we've cared for, for those we want to care for but are unable to, and for our colleagues, all of whom face unprecedented legal risk in this moment.

I would be remiss not to mention that in this moment in states that are banning abortion care we are also being threatened with civil or criminal liability and other severe restrictions just for providing essential, life-saving care to our communities. Leading medical associations including the American Medical Association, American Public Health Association, American Academy of Pediatrics, American Society of Addiction Medicine, American College of Obstetricians and Gynecologists, the American Bar Association, and others, oppose the criminalization of health care provision. It keeps people from care. It makes our communities less safe.

a. Have state-imposed restrictions on abortion care affected physicians' ability to independently exercise their medical judgment? If so, please explain.

Yes, abortion restrictions directly interfere with the patient-provider relationship and limit a provider's ability to exercise their best medical judgment to care for the patient in front of them. Arbitrary bans on abortion interfere with a provider's ability to provide evidence-based, patient centered care, and improperly insert politics into the patient-provider relationship. Each patient is different and every pregnancy is unique, which is why patients should be able to get a full spectrum of individualized care responsive to their needs. There are many instances during pregnancy when abortion care is medically indicated and is in the best interests of the patient. Furthermore, the people we care for are all able to make complex, thoughtful decisions about their health and lives. As providers of comprehensive reproductive health care, we must be able to support our patients in the decisions they have determined is best for themselves and their families.

b. Have state-imposed restrictions on abortion care affected physicians' ability to provide the full range of care necessary for their patients? If so, please explain.

Yes, abortion bans implicate the full range of pregnancy related care and impact a provider's ability to provide comprehensive health care to their patients.



Abortion is necessary, compassionate, and essential health care. It is part of the full spectrum of care we should be able to provide our patients. The people I provide abortions for and the people I help give birth both deserve to be able to get the care they need, when they need it, from someone they trust. Abortion is extremely safe and none of the barriers or bans being imposed by states make it any safer.

Furthermore, as described above, abortion bans and restrictions can tie providers' hands and prevent them from providing the care they know their patients need. Take miscarriage care as an example; [patients have reported not being able to receive the standard of care in places where abortion has been banned](#). This has included being denied a procedure to evacuate the uterus and sending patients home to undertake expectant management of their miscarriage, despite the patients wishes and in spite of the recommended course of treatment. This has also extended to pharmacists refusing to provide medications for miscarriage management, as these medications are the same as used in an abortion.

3. What guidance have you provided to your members, if any, about how to perform their duties in light of state-imposed restrictions on abortion care? Do you plan to issue any future guidance to your members about how to perform their duties in light of state imposed restrictions on abortion care?

PRH is not a legal organization, nor do we set medical or clinical policy guidelines for abortion providers. However, we stand in strong support of the physicians in our network who are fighting to provide compassionate, lifesaving essential care to their communities.

4. How can the federal government help protect and expand access to pregnancy care, reproductive care, and other forms of health care in response to state-imposed restrictions on abortion care?

In this moment we need bold action from the federal government to ensure access to the full range of comprehensive reproductive health care, including abortion care. We need Congress to pass:

- **The Women's Health Protection Act**, which would create a statutory right for health care providers to provide abortion care and a corresponding right for their patients to receive that care, free from medically unnecessary restrictions that single out abortion and impede access;
- **The EACH Act**, which would reverse the discriminatory Hyde Amendment and expand insurance coverage for abortion care regardless of where someone gets their insurance;
- **The HEAL for Immigrant Families Act**, which would ensure people who are immigrants are able to get the care they need free from xenophobic restrictions that prevent them from obtaining health coverage;
- **The Pregnant Workers Fairness Act**, which would prevent employers from forcing pregnant people out of the workplace and ensure pregnant people are able to obtain reasonable accommodations – such as sitting instead of standing, or having a glass of



water at their workstation – that would enable them to continue working and supporting their families;

- **The Black Maternal Health Momnibus Act**, a package of bills, that would work to comprehensively address every dimension of the ongoing maternal health crises in the United States. Maternal health and access to abortion are deeply connected. We cannot expect improvements in one without acknowledging the impact of the other;
- **Investments in Title X**, to fulfill the promise of the Title X program and provide people the care they need, Congress must make critical investments in Title X. The nation’s family planning program has been devastated due to past administrations efforts and chronic underfunding. Current funding levels are less than 40 percent of what is needed to meet the need for publicly funded family planning in this country, according to analyses published in the [American Journal of Public Health](#), which found that Title X would need \$737 million annually to meet the need for its services;
- **Legislation Affirming the right to travel**, Congress should pass legislation affirming the fundamental right to travel across state lines to obtain care and protect the providers who care for them;
- **Legislation Protecting providers ability to provide care**, Congress should pass legislation protecting providers who are providing abortion care in places where it is still legal from liability;
- **Appropriations legislation that includes an abortion fund**, Congress should provide funding so that people who are forced to travel to obtain care have the supports they need including coverage of childcare, travel expenses, and more.

These bold legislative efforts working in tandem would help ensure the people we care for are able to get the care they need to live full, healthy, and dignified lives.