



September 30, 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 can live freely with dignity, safety, and security.

For many providers and patients across the country the radical proposal to ban abortion nationwide is not surprising, albeit frightening, as we have known this was the intention of anti-abortion politicians from the beginning. The devastating harm, caused by the Supreme Court's decision will be exacerbated further should this aggressive legislation to ban abortion nationwide become law. People in states where abortion is now illegal are already facing tremendous obstacles. Right now, 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 cost. Those without the means and resources to travel are not able to get the essential care they need and are being forced to remain pregnant. A nationwide ban will mean many more people will be forced to remain pregnant, and will be deprived of the right to make decisions about their bodies and lives.

History has shown us that regardless of any efforts to ban abortion, people will continue needing care. Our movement – providers, funds, advocates, practical support organizations – is collectively doing everything it can right now 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.

As you rightly named in your letter to PRH, the consequences of a nationwide abortion ban would not be 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 deleterious effect on access to care that should not be impacted by an abortion ban because providers fear liability and criminalization. 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. 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 'Dr. Perritt', is written over a horizontal line.

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

1. How would the proposed national abortion ban affect patients?

We know that a federal abortion ban would be devastating to the health and well-being of individuals and families across the country. Research has shown for example, that [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 across the nation will continue to cause devastating harm to people and continue to exacerbate this country's maternal health crises. [Data shows](#) that current 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. Under a federal ban the outcomes for pregnant people and people giving birth would be far worse.

Although it is undeniable that a national ban on abortion would harm everyone, Black, Indigenous, people of color, immigrant communities, young people, LGBTQ+ people, people with disabilities, as well as those living in geographically isolated areas, would 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, would all contribute to the disproportionate impact of a national abortion ban on people who experience oppression across numerous domains of their identities.

A proposed nationwide ban on abortion will compound the already existing harm of limited access to abortion that previously existed even before the Supreme Court's decision. 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. Under a nationwide abortion ban this picture would look much bleaker – with longer distances to travel, fewer providers of this essential care, and many more people who are forced to remain pregnant at the expense of their autonomy, well-being, and health.

a. Would the ban result 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. And we already know a national abortion ban would compound these harms. 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. Should a nationwide abortion ban be passed into law the ripple effects would continue to compound. Below I have outlined some additional consequences abortion bans have on other types of care that would be exacerbated under a federal abortion ban.

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. We have already seen this begin to play out in [Idaho in response to the State's abortion ban](#).

Miscarriage Care. Abortion bans also impact access to miscarriage care since treatments used to help manage a pregnancy loss (spontaneous abortion) are the same treatments 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 for providing the lifesaving 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.

Maternal Health Outcomes. Under a federal abortion ban more patients would be forced to continue with pregnancies they were not planning or are unable to continue, and will likely face long term physical, mental health, and financial challenges. Pregnancy is a challenging medical condition that is taxing on even the healthiest bodies. For people with underlying medical conditions that exacerbate the strain of pregnancy, they will be placed in life altering and life-threatening situations. This is particularly worrisome given the worsening maternal mortality crisis that disproportionately impacts Black, Brown, and Indigenous women and birthing people.

b. Would the ban result in delays in care for patients? If so, please explain.

Yes, right now 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. Under a federal abortion ban, care would be delayed even more and pushed even further out of reach.



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. These consequences would be made far worse should people be forced to travel outside the country for care under a national abortion ban.

Already 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. Right now, 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. Under a nationwide abortion ban people who are able to afford the costs of additional travel will be pushed later into pregnancy before they are able to obtain an abortion, if they are able to do so at all. For many others who are unable to absorb the additional costs and surmount the logistical barriers of traveling, they will be forced to remain pregnant.

Patients seeking other types of pregnancy related care 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 under a nationwide ban. 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 would the proposed national ban affect physicians?

As a provider of abortion care, I can tell you a proposed national ban would be 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. A national abortion ban would put providers at odds with their oath, their training, and with their obligations to care for their communities. We would be remiss not to mention that a national abortion ban imposing penalties on providers for providing essential, lifesaving care would be devastating. Attempts to criminalize abortion providers are harmful as it keeps people from care and makes our communities less safe. 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.



Many of the providers in our network have also voiced concern about the impact of the Supreme Court's decision on medical education and training, specifically as it relates to pregnancy loss and abortion care. These concerns would only be compounded by a national abortion ban as it would almost certainly make it difficult, if not impossible, for many providers to learn to perform abortions, provide miscarriage management, and other types of pregnancy related care. Without this training, reproductive health care providers will be providing care that is not based in science or medical evidence and goes against well-established protocols for standards of care. This is not how health care should work. We are doing a deep disservice to the future generations of providers who will not have the opportunities to receive training that they need, and their communities deserve. Our communities will be harmed by all but guaranteeing there will be some providers who do not have the skills necessary to provide the care they need.

a. Would the national ban affect physicians' ability to independently exercise their medical judgement? If so, please explain.

Yes, a national ban on abortion would 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 such as the proposed federal abortion ban 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. Would the national ban affect physicians' ability to provide the full range of care necessary for their patients? If so, please explain.

Yes, a federal abortion ban would 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. People deserve to be able to get the care they need, when they need it, from someone they trust. Abortion is extremely safe and bans on abortion care do not 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. All of these consequences would be made far worse by a federal ban on abortion.

Finally, the ripple effects of a national abortion ban on the health and safety of people with the capacity for pregnancy are numerous. One of the most significant concerns many providers have voiced is that people will be forced to seek care outside of formal medical systems. However, importantly, with the development of medication abortion, research shows that people are able to self-manage their abortions with pills with accurate information and quality medications. Medication abortion is extremely safe and effective. The threat that people will face is not medical. It is legal. As we've seen, the real threat to people who self-manage their care is the targeting, surveillance, and criminalization by the state. This risk is even greater when people seek care during or after the process. [New research from If/When/How](#) shows that from 2000-2020, there have been sixty-one cases of people being criminally investigated or arrested for allegedly ending their own pregnancy or helping someone else to do so. The data also shows that these cases most often come to the attention of law enforcement via reporting by health care providers. A federal abortion ban that seeks to criminalize this essential care would be pitting providers against their patients, undermining the provider-patient relationship and trust in our medical systems. The fact that people can and do safely self-manage their own abortions does not mitigate the impact of restrictions on abortion care. These restrictions 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.