

Testimony of Nisha Verma, MD, MPH, FACOG
Fellow, Physicians for Reproductive Health
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Energy and Commerce Committee
“Roe Reversal: The Impacts of Taking Away the Constitutional Right to Abortion”
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Good morning Chairwoman DeGette, Ranking Member Griffith, and distinguished members of the Subcommittee. My name is Dr. Nisha Verma and I use she/her pronouns. I am a board-certified, fellowship trained, obstetrician and gynecologist who provides full-spectrum reproductive health care. I am a fellow with Physicians for Reproductive Health, a network of physicians across the country working to improve access to comprehensive reproductive health care. I am also a proud Southerner – I was born and raised in North Carolina and have lived in the Southeast for most of my life.

Growing up, I saw first-hand the devastating impacts of restrictions on contraception and abortion care in the lives of real people – my friends, family, and the people in my community. They are the reason I am here before you today. I became a doctor and OBGYN because of my drive to take care of people without judgment throughout the course of their lives, regardless of their health care needs. For me, that commitment includes talking people through their first pap smears, delivering their babies, and supporting them as they decide to continue or to end a pregnancy. Whether I am caring for someone who is ready to build or create a family, already parenting, or focused on their education or career, all my patients have something in common – they are making thoughtful decisions about their health and well-being and they deserve high quality health care, including abortion care, regardless of who they are or where they live.

In this moment, with the Supreme Court having overturned the constitutional right to abortion care only a few weeks ago, I am terrified. I am terrified for my patients and my community. As a doctor in Georgia, I see firsthand the reality we’re in. The reality is that, in many parts of the country, abortion care is limited by laws that are not based in facts or science. And this was true even before the fall of *Roe*. Like many other states, Georgia has had multiple restrictions on abortion access for years. One of these restrictions is a mandatory waiting period– this means that patients must receive state-directed counseling, and then wait 24 hours before I can provide their needed abortion. I have to follow this law even though I know, based on the evidence, that waiting periods serve no medical purpose – they are intended to make abortion less accessible. This mandatory waiting period can only be waived in a medical emergency. As a doctor practicing in Georgia, I am forced to question “how sick is sick enough” to intervene before that 24 hour mark and provide the best care for the person in front of me. How much bleeding is too much bleeding? Do I have to wait for a patient who has broken her water at 15 weeks, when the pregnancy has no ability to ever survive outside the uterus, to develop an infection instead of intervening before she gets sick?

Now, after the Supreme Court has erased our constitutional right to abortion, we as doctors are being forced to grapple with these impossible situations more and more often – situations where the laws of our state directly violate the medical expertise we gained through years of training and the oath we took to provide the best care for our patients. I have also practiced as an

OBGYN and abortion care provider in Massachusetts and Delaware, and have seen how dramatically the care I am able to provide and that people are able to receive can vary based on the laws of the state. In these states, when I don't have to deal with unnecessary restrictions on abortion access, I can focus on doing what I am trained to do – providing safe, compassionate, evidence-based care for the person in front of me.

It breaks my heart that the people in my communities in the South will not be able to access the same quality of care as those living in other parts of the country, not because their doctors don't have the skills or the knowledge to provide that care, but because we are prohibited from doing so by abortion bans that are based solely on politics.

I understand that abortion care can be a complicated issue for many people, just like so many aspects of health care and life can be. But I am here today to tell you that abortion is necessary, compassionate, essential health care. 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 over 75 other major medical societies, identify abortion as an essential health care service that requires timely access to care. ACOG and these other major medical societies, which include the American Medical Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Board of Anesthesiology, the American Board of Surgery, and the American College of Preventive Medicine, explicitly recommend the repeal of legislation that imposes barriers to access and interferes with the patient-clinician relationship, including abortion bans and other restrictions.

Abortion is extremely safe and none of the arbitrary barriers I just mentioned make it any safer. In fact, 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. They confirmed what we've long known: abortion is safe and abortion bans and restrictions only make it less safe.

Bans and restrictions on abortion care have far-reaching consequences, both deepening existing inequities and worsening health outcomes. We know that women who were denied abortion care 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 states with higher numbers of abortion restrictions are the same states with poorer maternal health outcomes, with already marginalized populations facing the largest burden. When abortion is difficult or impossible to access, complicated health conditions can worsen and even result in death. In Georgia, abortion is still legal, but HB 481, a law that would ban most abortions in the state, could go into effect in the coming months. This would undoubtedly worsen maternal outcomes in our region, and would force doctors to turn away patients they know how to care for.

The reality is, as a provider of comprehensive reproductive health care, I know first-hand that my patients are capable of making complex, thoughtful decisions about their health and lives. My patients decide to continue or to end pregnancies for many different reasons, and it is not up to me or the government to decide which of those reasons are valid. I've had a patient who got

pregnant when she couldn't come to the hospital to get her birth control shot due to COVID-19, and she did not have the resources to continue the pregnancy and care for her two other children. I've had a patient who found out she was diagnosed with a rare, aggressive cancer and needed to have an abortion so she could start chemotherapy. And I've had a patient who decided with her husband to have an abortion after they learned their baby had significant anomalies that would prevent the quality of life they wanted for their child. I have also had patients with severe underlying medical conditions that have decided, after hearing all the information, to continue pregnancies that put their lives at risk, and I have supported them and cared for them just as fervently. I know that each of my patients and their families make careful, informed decisions about their health and lives. It is unconscionable that any politician would try to prevent them from doing so.

Despite the Supreme Court's decision and efforts by politicians to create an unjust patchwork of abortion bans and restrictions, I am unwavering in my commitment to support people in my home and community in the South in whatever way I can. It shouldn't have to be this way. People should be able to get care in their own communities, in a manner that is best for them, with people they trust. I urge you to listen to the stories being told today by the people who provide and access abortion care. I hope these stories help you understand that abortion care is not an isolated political issue, and to see how profoundly restrictions on abortion access harm all of our communities.

Thank you for having me today I look forward to your questions.