

Testimony of Nisha Verma, MD, MPH, FACOG
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Before the House Committee on Oversight and Reform
“Examining the Harm to Patients from Abortion Restrictions and the Threat of a National
Abortion Ban”
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Good morning, Chairwoman Maloney, Ranking Member Comer, and distinguished members of the Committee. 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 and sexual health care. I am also 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 a proud Southerner – I was born and raised in North Carolina, I currently provide care in Georgia, and I 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. For me, that commitment includes talking people through their first pap smears, delivering their babies, and supporting them as they decide whether to continue or 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.

The Supreme Court’s decision to overturn the constitutional right to abortion care has wreaked havoc on communities across this country as states, including Georgia, have enacted severe abortion bans and restrictions. The current reality we are living in is devastating. And I am terrified. As a doctor in Georgia, I am seeing firsthand the consequences of this moment. Right now in Georgia, most abortions are banned very early in pregnancy, at approximately six weeks. This is before some people know they are pregnant. This is an unjust law that is not based in medicine or science, and I am being forced to turn away patients and deny them the care they need that I have spent my life training to provide. This cruel abortion ban, with extremely limited exceptions, is putting me in impossible situations. I am forced to question “how sick is sick enough” to intervene 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 their water at fifteen weeks, when the pregnancy has no ability to ever survive outside the uterus, to develop a severe infection instead of intervening before they get sick.

This is not how health care should work. Doctors should not be forced to grapple with 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. Previously, I have had the privilege to practice as an OBGYN and abortion care provider in both 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

medically unnecessary bans or restrictions on abortion access, I can focus on doing what I am trained to do – providing safe, compassionate, evidence-based care for the people in front of me. It breaks my heart that in large parts of this country people, but especially 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 exclusions 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 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 imposed by politicians 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.

As more states ban or severely restrict access to abortion the ripple effects will continue to compound and impact other types of essential health care harming the overall health and wellbeing of people across the country. For example, other types of care we have already seen impacted include: contraceptive care because of intentionally vague language being misconstrued to limit access to emergency contraception and intrauterine devices (IUDs); miscarriage care as the treatments used to help manage a miscarriage are the same used to provide an abortion; ectopic pregnancy care as health care institutions and providers are worried about being held criminally responsible for providing the emergency care patients need; cancer care where in some cases abortion is necessary to enable further treatment of the cancer and save

the life of the pregnant person; auto-immune disorders, as patients are having trouble accessing essential medications that are considered abortion inducing in states that have banned abortion. And these impacts are only the beginning.

The reality is, as a provider of comprehensive reproductive health care, I know first-hand that patients are capable of making complex, thoughtful decisions about their health and lives. Patients decide to continue or to end pregnancies for many reasons, and it should not be up to me or the government to decide which of those reasons are valid. I once met 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 met 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 met 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 met 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 these patients, and every other patient I've seen, 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, the unjust patchwork of abortion bans and restrictions imposed by states, and the recent introduction of a federal abortion ban revealing the true intentions of anti-abortion politicians to ban abortion entirely across the country, 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 before them, with the 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 us and the people we love.

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