

Testimony of Dr. Nisha Verma, MD, MPH, FACOG
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Before the Senate Judiciary Committee
“The Assault on Reproductive Rights in a Post-*Dobbs* America”
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Good morning, Chairman Durbin, Ranking Member Graham, and distinguished members of the Senate Judiciary Committee. My name is Dr. Nisha Verma and I use she/her pronouns. I am a board-certified, fellowship trained, obstetrician and gynecologist providing full-spectrum reproductive health care – that means I do everything from cancer screenings to delivering babies to supporting people as they decide to continue or end a pregnancy. 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, I currently provide care in Georgia, and I have lived in the Southeast for most of my life.

I decided to stay in Georgia after the Supreme Court overturned the constitutional right to abortion care and Georgia enacted a law that bans most abortions in our state last year. I decided to stay - knowing Georgia’s law threatened to make me a criminal for providing life-saving care to my patients - because I made a commitment when I became a doctor to serve my home and my community in the South.

But every day, Georgia’s law forces me to grapple with impossible situations where state laws directly violate the medical expertise I gained through years of training and the oath I took to provide the best care to my patients. Because of a law that is not based in medicine or science, I am forced to turn away patients that I know how to care for. I have had adolescents with chronic medical conditions that make their pregnancies very high-risk, women with irregular periods who don’t realize they are pregnant until after six weeks, and couples with highly desired pregnancies who receive a terrible diagnosis of a fetal anomaly, cry when they learn they can’t receive their abortion in our state, and beg me to help them. Imagine looking someone in the eye and saying – I have all the skills and the tools to care for you, but our state’s politicians have told me I can’t. Imagine having to tell someone – you are sick, but not sick enough to receive care in our state based on our law’s very narrow exceptions.

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.

One of my patients, I’ll call her M, gave me permission to share her story with you all today, and her experience brings the findings of this study to life. She struggled with infertility, and she and her husband were thrilled to see the positive pregnancy test after their final embryo transfer. At

first, everything was going smoothly. Then, at 17 weeks, when there was no chance of her baby ever developing lungs that would allow it to live outside of her, her water broke. She went to the hospital, but because her baby still had a heartbeat, her doctors couldn't do anything to help her. Instead, she had to wait to get sick – to start bleeding heavily, or develop an infection of her uterus that could spread into her bloodstream. M shared with me that – “to be denied the basic medical care I needed, to be told that I must first be at risk of dying, to be forced to relive losing my baby every day for 5 days because of Georgia’s law, the trauma of that on top of my loss is devastating.” She told me her baby’s name was Ezekiel Charles, which means “God’s strength,” and that she would miss him at every major and minor milestone he would have had in his life.

I stayed in Georgia to provide care for people in my community, but my heart breaks every day for my patients like M as I bear witness to the pain they have to carry because of these restrictions on abortion access.

We know from recent data that already thousands of people have been forced to remain pregnant and have faced harm as a result. Research shows 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 marginalized populations facing the largest burden. Already, the U.S. has the highest maternal mortality rate of all high-income countries in the world, and data from the CDC show us that this crisis is only worsening. When abortion is difficult or impossible to access, complicated health conditions can worsen and even result in death. These risks to patients’ health are only becoming more dire as more states ban abortion care and force people to travel further and further away from their homes and communities for health care, and as access to incredibly safe medications used in abortion and obstetric care like mifepristone are under threat.

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 is heartbreaking that in large parts of this country such as in my home in the South, people 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. And should the decision attempting to withdraw the FDA's approval of mifepristone be allowed to take effect and access to mifepristone is in fact undermined, it won't matter if the laws of your state are protective of abortion access – the consequences will be far reaching and devastating.

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 and should be available throughout pregnancy. 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.

As more states continue to 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, the use of mifepristone and misoprostol, 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.

Despite the Supreme Court's decision, the unjust patchwork of abortion bans and restrictions imposed by states, and the recent decision of a lower court that attempts to undermine access to essential abortion medications, 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 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 here today. I look forward to your questions.