Senate Judiciary Committee, Subcommittee on Federal Courts, Oversight, Agency Action, & Federal Rights

Hearing on "Crossing the Line: Abortion Bans and Interstate Travel for Care After Dobbs"
June 12, 2024

Questions for the Record for Jocelyn Frye, President, National Partnership for Women & Families

Senator Amy Klobuchar

1. The Constitution guarantees to citizens of one state the fundamental right to travel to another state to seek and obtain services lawful in that state, including medical services. Justice Kavanaugh stated in his concurrence in the *Dobbs* case that the question whether a state may "bar a resident of that State from traveling to another State to obtain an abortion" was "not especially difficult as a constitutional matter" because "the constitutional right to interstate travel" would prohibit such state action. However, last year, Idaho became the first state to criminalize helping someone travel for healthcare. This law attempts to contravene the right to interstate travel by making it a crime to assist a minor who is seeking abortion care. Just two weeks ago Tennessee signed its copycat abortion "helper ban" into law.

   Can you speak to the effect of these laws, including the confusion they have caused among women who need access to reproductive health care?

The right to travel is an essential constitutional protection that can be traced back to our nation's earliest foundational documents. At the hearing, witnesses on the panel unanimously agreed that the right to travel from state to state is constitutional and a fundamental principle.

Many states have chosen to disregard Justice Kavanaugh's reading of the fundamental constitutional right to travel and instead have attempted to effectively prohibit people from crossing state lines for abortion care. While some states like Alabama are signaling that anyone who helps others obtain an abortion out of state may be at risk of prosecution,[1] people who help minors are especially being targeted. The anti-abortion policymakers in states like Idaho and Tennessee assume that these laws are more politically tolerable because they invoke issues of parental consent and involvement, but these prohibitions on travel and support are no less extreme. The truth is that most young people involve their parents when making decisions about

[1] *West Alabama Women's Center et al. v. Marshall et. al.,* CIVIL ACTION NO. 2:23cv450-MHT(WO), (M.D. Ala, 2024).

their health, including abortion.[2] Bans on the ability of people – often parents – to help young people access abortion care create a climate of fear and pose a risk of criminalizing the very same people we *want* young people to turn to for support. The consequences are dire when parents and other trusted helpers are banned from offering support. In these cases, young people are forced to navigate a chaotic legal landscape, where information about the availability of abortion care has been made intentionally confusing and is clouded by rampant mis- and disinformation.[3] Young people, like all people seeking abortion care, now must travel increasingly long distances in order to access care; since September 2022, the average travel time for reproductive-aged women who live in banned states to get to a clinic that provides abortion care has increased significantly, by 261 percent.[4] With travel comes related costs of transportation, lodging, food, and time away from school and/or work. Consequently, the total costs of accessing abortion care can be in the thousands, depending on travel distances.[5] For young people and their families, such costs can be incredibly burdensome and may push abortion care entirely out of reach. And the research is clear, when women – including young women – are denied abortion care, it has deep and long-lasting negative consequences for their health, educational attainment, economic stability, and well-being.[6]

2. The proportion of abortions provided to patients traveling to Minnesota from out-of-state increased from around 9 percent in 2020 to 29 percent in 2023. Last year, in Minnesota, there were 5,400 more abortions than in 2020, and increased travel from out of state accounted for 69 percent of that overall increase. And interstate travel for abortion care in the United States has doubled since the fall of *Roe*.

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[2] Lauren Ralph, Heather Gould, Anne Baker, & Diana Greene Foster, "The Role of Parents and Partners in Minors' Decisions to Have an Abortion and Anticipated Coping after Abortion," *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 54(4), 428–434. https://doi.org/10.1016/j.jadohealth.2013.09.021.

[3] Sherry L Pagoto, PhD, Lindsay Palmer, PhD and Nate-Horwitz-Willis, MPA, MPH, DrPH, "The Next Infodemic: Abortion Misinformation," Journal of Medical Internet Research, 2023 May 4; 25: e42582 doi: 10.2196/42582; Margarita Martin-Hidalgo Birnbaum, "Influence of Abortion Disinformation and Misinformation Health Trends of Women of Color," *Association of Health Care Journalists,* September 21, 2023, https://healthjournalism.org/blog/2023/09/influence-of-abortion-disinformation-and-misinformation-on-health-trends-of-women-of-color/.

[4] Benjamin Rader, MPH, Ushma D. Upadhyay, PhD, MPH, Neil K.R. Sehgal, BA, et al., "Estimated Travel Time and Spaital Access to Abortion Facilities in the US Before and After the *Dobbs v Jackson Women's Health* Decision," *The Journal of the American Medical Association (JAMA)*, 2022;328(20):2041-2047. doi: 10.1001/jama.2022.20424; Sarah Estep, "Protecting and Increasing Abortion Access," *Center for American Progress,* March 14, 2024, https://www.americanprogress.org/article/playbook-for-the-advancement-of-women-in-the-economy/protecting-and-increasing-abortion-access/.

[5] National Partnership for Women & Families. "Paid Sick Days Enhance Women's Abortion Access and Economic Security," May 2019, https://nationalpartnership.org/wp-content/uploads/2023/02/Paid-Sick-Days-Enhance-Womens-Abortion-Access-and-Economic-Security.pdf.

[6] Diana Green Foster, PhD and M. Antonia Biggs, PhD, et al., "The Turnaway Study," *Advancing New Standards in Reproductive Health (ANSIRH)*, December 2022, https://www.ansirh.org/research/ongoing/turnaway-study.

How is the Supreme Court's decision impacting access to care in states that still protect abortion access?

States without abortion restrictions or barriers are also impacted by an increasing number of people traveling for care. Just as in Minnesota, clinics in protective states – like Illinois, Colorado and New Mexico[7] – have seen a major influx of patients from neighboring states with strict abortion bans.[8] Some providers in states where abortion remains legal report seeing at least double the number of patients now,[9] which is increasing wait times for appointments, making it more difficult for people to access care where they live and increasing disparities in access.[10] In other words, since many people need care, even residents in protective states can sometimes have difficulty obtaining an abortion – and this is especially true for those who are low-income, young, disabled, or face other structural barriers to accessing health care.[11]

Senator Mazie Hirono

1. Why is access to abortion care critical to achieving gender equity?

Abortion is essential health care and should be clearly understood as a basic human right. Approximately 1 in 4 women of reproductive age will have an abortion in their lifetime.[12] Meaningful access to abortion helps secure people's autonomy and individual freedom, dignity, and decision-making about their bodies, their lives and their futures. It allows people to fully participate in the economy and American society. Abortion access is integral to creating a health care system that is truly responsive to the needs of *all pregnant people* – one that ensures access to comprehensive, quality, affordable health care options, across race, ethnicity, age, and disability, LGBTQ and income status, for whatever care they need whenever they need it. The

[7] Isaac Maddow-Zimet and Candace Gibson, "Despite Bans, Number of Abortions in the United States Increased in 2023," Guttmacher Institute, Updated on May 10, 2024, https://www.guttmacher.org/2024/03/despite-bans-number-abortions-united-states-increased-2023.
[8] Shefali Luthra, "Abortion opponents are trying to deter people from traveling out of state for care," *The 19th,* October 12, 2023, https://19thnews.org/2023/10/abortion-opponents-out-of-state-care/.
[9] Shefali Luthra, "'We feel kind of powerless': The end of *Roe* is overwhelming clinics in states that protect abortion," *The 19th,* July 15, 2022, https://19thnews.org/2022/07/end-of-roe-overwhelming-abortion-clinics/#:~:text=%27We%20feel%20kind%20of%20powerless,legal%20quagmires%20none%20had%20anticipated.
[10] Aiseosa Osaghae, Rebecca Reingold and Sonia L. Canzater, "Dobbs Toll on OB-GYN's Mental Health and Emotional Well-Being," *O'Neill Institute for National and Global Health Law*, November 14, 2023, https://oneill.law.georgetown.edu/dobbs-toll-on-ob-gyns-mental-health-and-emotional-well-being/.
[11] Katherine Gallagher Robbins, Shaina Goodman and Josia Klein, "State Abortion Bans Harm More than 15 Million Women of Color," National Partnership for Women & Families, June 2023, https://nationalpartnership.org/report/state-abortion-bans-harm-woc/.
[12] Rachel K. Jones, "An estimate of lifetime incidence of abortion in the United States using the 2021-2022 Abortion Patient Survey," Contraception, July 2024; 135:110445. https://doi.org/10.1016/j.contraception.2024.110445. Epub 2024 Apr 2. PMID: 38574943; Guttmacher Institute. "Abortion Is a Common Experience for U.S. Women, Despite Dramatic Declines in Rates," October 2017, https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates.

lack of abortion care does not occur in a silo. Rather, its absence has reverberating effects across the range of health, care, economic and other measures that collectively determine the course of women's lives. Preserving access to abortion care helps establish and solidify the network of care services and interventions people need to make informed health decisions that work for them.

The harmful effects of the *Dobbs'* decision and the abortion bans that followed have metastasized on a daily basis, upending health care access, reducing the number of providers and the scope of health care services in communities across the country, increasing health and economic costs for families and putting the health and well-being of many patients at risk. Due to long-standing inequities in our health care system, including gender and racial biases, disability status and more, the harms of these restrictive policies have fallen hardest on those who already were dealing with the difficulties of navigating unequal and uneven access to health care, such as people of color, immigrants, young people, disabled people, the LGBTQI+ community, people with low to no income and those living in rural and/or medically underserved areas.[13] Each person, no matter their zip code, income or ability to travel should have the freedom to control their own body and lives, and to make decisions about their health and their future with dignity and respect. And we know the devastating consequences of when the ability to make those decisions is undermined – women who are denied abortion care suffer short and long-term harms across every facet of their lives, from their health, to their economic security, to the well-being of their children and families,[14] diminishing their ability to participate fully and equally in our society.

Moreover, the *Dobbs* decision – and ongoing attacks on reproductive freedom – pose a fundamental threat to key pillars of a functioning democracy, especially for women, by diluting constitutional and federal protections, preferencing state power over individual freedoms and handing over greater control to existing – and often, biased – power structures that can inflict their views upon others without constraint. The harsh reality is that, in many states, it is extraordinarily difficult for ordinary people to exercise their political power – and that is by design. As just one manifestation of this problem, the National Partnership has found that many of the states that are the most restrictive when it comes to curbing abortion rights are also the least representative of women in their state legislatures.[15] States with abortion bans are also significantly more likely to have enacted laws that make it difficult to vote, undermining the ability of residents to vote for political representation that will accurately reflect their desire for

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[13] Katherine Gallagher Robbins, Shaina Goodman and Josia Klein, "State Abortion Bans Harm More than 15 Million Women of Color," National Partnership for Women & Families, June 2023, https://nationalpartnership.org/report/state-abortion-bans-harm-woc/.

[14] Diana Green Foster, PhD and M. Antonia Biggs, PhD, et al., "The Turnaway Study," *Advancing New Standards in Reproductive Health (ANSIRH)*, December 2022, https://www.ansirh.org/research/ongoing/turnaway-study.

[15] Jocelyn Frye, Shaina Goodman, Areeba Haider, "Democracy & Abortion Access: State Legislature's Lack of Representation Threatens Freedoms," National Partnership for Women & Families, November 2023, https://nationalpartnership.org/report/democracy-abortion-access/.

reproductive autonomy.[16] Consequently, protecting reproductive freedom is essential to the larger vision of advancing gender equity.

2. As you stated during the subcommittee hearing, only 1% of abortions in the U.S. occur at 21 weeks or later. For what reasons do pregnant women typically have abortions during this period of gestation?

Abortions performed later in pregnancy are often done because of difficult circumstances. First, many people who have abortions later in pregnancy do so because of a significant or fatal fetal anomaly[17]; these are commonly only discovered between 18-22 weeks gestation, when routine ultrasounds are performed. Life-threatening conditions for the pregnant person, such as preeclampsia or severe infections associated with the premature rupture of the amniotic sac (known as PPROM), commonly also develop only later in pregnancy, necessitating abortion care in order to save the health or life of the pregnant person.[18] In some circumstances, delays in care are caused by the increasingly difficult barriers to obtaining abortion – exacerbated by *Dobbs* – including having to travel long distances; surmounting mis- and disinformation about the availability of abortions; and securing the financial resources needed to pay for care, travel, lodging, and other related costs.[19]

Regardless of the reason, though, individuals, with the support of their loved ones, their doctors, and their support networks – not politicians – are the ones who should be making health care decisions.

3. Why is it misleading when discussing abortion rights to suggest, as one of my colleagues did, that if abortion were more accessible, a pregnant woman well into her third trimester of pregnancy would have an abortion simply because she no longer wants to give birth or have a child?

The premise of the question regarding pregnant people in their third trimester suddenly deciding that they no longer want to give birth is not grounded in reality and is designed to

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[16] Jocelyn Frye, Shaina Goodman, Areeba Haider, "Democracy & Abortion Access: Restrictive Voting Laws Across States Threaten Freedoms," National Partnership for Women & Families, May 2024, https://nationalpartnership.org/report/democracy-abortion-access-restrictive-voting-laws-across-states-threaten-freedoms/.

[17] Ivette Gomez, Alina Salganicoff and Laurie Sobel, "Abortions Later in Pregnancy in a Post-Dobbs Era," *Kaiser Family Foundation,* February 21, 2024, https://www.kff.org/womens-health-policy/issue-brief/abortions-later-in-pregnancy-in-a-post-dobbs-era/.

[18] Ivette Gomez, Alina Salganicoff and Laurie Sobel, "Abortions Later in Pregnancy in a Post-Dobbs Era," *Kaiser Family Foundation,* February 21, 2024, https://www.kff.org/womens-health-policy/issue-brief/abortions-later-in-pregnancy-in-a-post-dobbs-era/.

[19] Ivette Gomez, Alina Salganicoff and Laurie Sobel, "Abortions Later in Pregnancy in a Post-Dobbs Era," *Kaiser Family Foundation,* February 21, 2024, https://www.kff.org/womens-health-policy/issue-brief/abortions-later-in-pregnancy-in-a-post-dobbs-era/.

stigmatize abortion seekers, most of whom are already mothers.[20] – The effort to trivialize their decisions is unfair and disrespectful.

Every pregnancy carries risks. Limits on when someone can get an abortion are harmful "one-size-fits-all" laws that do not make sense in the real world. These decisions should be about health and safety, and should be guided by medicine, not politics. People need the freedom to make decisions about their bodies, health, and lives without government interference.

As a general matter, even if the pregnant person's health was in jeopardy, at a late stage of gestation near what is considered a full-term pregnancy, the standard of care would be to deliver the healthy fetus. Most importantly, women seeking abortion are thoughtful decision-makers who know the realities of their lives, and who can – and *must* – be trusted with their own bodily autonomy and reproductive freedom.

4. How are abortion bans causing a shortage in the healthcare workforce?

As abortion bans have gone into effect, many providers have been driven out of restrictive states, or out of the practice of medicine altogether.[21] According to a recent survey of approximately one thousand health care workers, 11 percent said they "have considered leaving the healthcare industry due to states' implementation of abortion restrictions."[22] Similar shares of workers said they would consider moving to states where abortion access is protected and that they are concerned about their job security. When clinics close or reproductive health providers leave states, communities often lose access to other essential forms of health care besides abortion, including STD testing and treatment, prenatal care, mammograms and other critical services that women need throughout their lives.[23]

Relatedly, high numbers of matriculating medical school students and new residents are choosing not to study or train in states with abortion bans.[24] One survey found that, among a convenience sample of third and fourth year medical students, nearly 60 percent said they were unlikely to

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[20] Katherine Kortsmit, PhD, Antoinette T. Nguyen, MD, Michele G. Mandel, et al.," Abortion Surveillance- United States, 2021," *Centers for Disease Control and Prevention,* November 22, 2023, https://www.cdc.gov/mmwr/volumes/72/ss/ss7209a1.htm.
[21] MiQuel Davies and Meera Rajput, "*Dobb's* Erosion of the Healthcare Workforce: Harms to Providers and Patients," March 2024, https://nationalpartnership.org/wp-content/uploads/dobbs-erosion-health-care-workforce.pdf.
[22] Ricky Zipp, "Some Health Workers Are Quitting, Moving Over Abortion Bans,"*Morning Consult Pro,* June 28, 2023, https://pro.morningconsult.com/trend-setters/abortion-bans-impact-health-workers.
[23] Chabeli Carrazana, 'When abortion clinics close, low-income people will also lose access to other reproductive care," *The 19th,* July 7, 2022, https://19thnews.org/2022/07/low-income-people-reproductive-care-access-abortion-clinics/.
[24] MiQuel Davies and Meera Rajput, "*Dobb's* Erosion of the Healthcare Workforce: Harms to Providers and Patients," March 2024, https://nationalpartnership.org/wp-content/uploads/dobbs-erosion-health-care-workforce.pdf.

apply to residency programs in states that restrict abortion.[25] Recent data from the Association of American Medical Colleges (AAMC) shows that applications for residency programs in states with abortion bans fell by three percent.[26] In states with complete abortion bans, the number of applicants to OB-GYN residency programs fell by more than 10 percent when compared to the prior year.[27] As a result, entire regions of the country will be without a pipeline of new doctors and health care professionals adequately trained in all of the competencies needed to care for women and pregnant people. This comes on top of an existing provider shortage across many fields of care – including primary care, preventive care and nursing.[28] In large swaths of the country, then, it is virtually impossible for patients to receive any care, let alone reproductive health care. Again, the impacts of this are felt disproportionately by women of color and low-income women, who are already less likely to have access to high-quality and culturally competent care.[29]

5. Why are voting rights important for abortion access? How do those two issues intersect?

In the post-*Dobbs* political landscape that moves the question of abortion access to the states, the reality of how our democracy functions – who has power, who gets elected, who makes decisions, whose voices are heard – comes into sharper focus. Core pillars of our democracy such as the right to vote and respect for individual freedom are not equally sturdy or accessible for everyone. Eliminating a key mechanism such as *Roe* used within our constitutional framework to extend more individual freedom, power, and control to women, in particular, means that they now will have fewer levers to counter entrenched power dynamics that have always shaped and often limited women's participation in the democratic system.

Voting is a fundamental avenue for residents to participate in American democracy. Voters can influence abortion policy in their states in many ways, including by voting for state legislators who reflect their policy preferences and initiating and voting on abortion-related ballot initiatives (and other forms of direct democracy) when possible. However, voters across the country do not

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[25] Stacy Weiner, "The Fallout of Dobbs On the Field of OB-GYN," *Association of American Medical Colleges,* August 23, 2023, https://www.aamc.org/news/fallout-dobbs-field-ob-gyn.
[26] Kendal Orgera, MPH, MPP, Hsan Mahmood and Atul Grover, MD, PhD, "Training Location Preferences of U.S. Medical School Graduates Post *Dobbs v. Jackson Women's Health*," *Association of American Medical Colleges,* April 13, 2023, https://www.aamcresearchinstitute.org/our-work/data-snapshot/training-location-preferences-us-medical-school-graduates-postdobbs-v-jackson-women-s-health.
[27] Ibid.
[28] MiQuel Davies and Meera Rajput, "*Dobb's* Erosion of the Healthcare Workforce: Harms to Providers and Patients," March 2024, https://nationalpartnership.org/wp-content/uploads/dobbs-erosion-health-care-workforce.pdf.
[29] The Kaiser Family Foundation. "Racial and Ethnic Disparties in Women's Health Coverage and Access to Care Findings from the 2001 Kaiser Health Survey," March 2004, https://www.kff.org/wp-content/uploads/2013/01/racial-and-ethnic-disparities-in-women-s-health-coverage-and-access-to-care.pdf; The Kaiser Family Foundation, "Health Coverage and Access Challenges for Low Income Women Findings from the 2001 Kaiser Health Survey," March 2004, https://www.kff.org/wp-content/uploads/2013/01/health-coverage-and-access-challenges-for-low-income-women.pdf.

have equal access to the ballot box; rules and regulations around voting and the electoral process differ across state and local jurisdictions, and a centuries-old history of voter suppression targeting voters of color, women, and other historically marginalized communities continues to impact people's ability to vote today. Indeed, voter suppression and abortion restrictions are two prongs of the same conservative strategy to consolidate political power in the hands of extremists.

Using the Cost of Voting Index, a non-partisan measure created by researchers and academics to synthesize a complex range of voting laws across states and rank states according to the relative ease with which their residents can vote, the National Partnership for Women & Families finds that states ranked as most difficult to vote have a greater likelihood of having enacted abortion restrictions.[30] More specifically, states in the bottom half of the Cost of Voting Index rankings are three times more likely to be categorized as "restrictive," "very restrictive," or "most restrictive" than other states.

Senator John Kennedy

1. During the hearing, you acknowledged that "1 percent of abortions happen at 21 weeks or later." In raw numbers, approximately many abortions happen in the United States each year at or after 21 weeks of gestation?

According to the Kaiser Family foundation, approximately 4,100 abortions per year occur at or after 21 weeks.[31]

2. During the hearing, you testified that "the vast majority of … abortions that are considered late in a pregnancy have to do with severe, devastating medical circumstances."

    a. Please explain your basis for making this factual claim.

All pregnancies are unique, as are the reasons for abortion in each individual circumstance. Research finds that abortions performed later in pregnancy are commonly done because of difficult circumstances or because of life- or health-threatening conditions for the pregnant person, such as preeclampsia or severe infections associated with the premature rupture of the

[30]Jocelyn Frye, Shaina Goodman, Areeba Haider, "Democracy & Abortion Access: State Legislature's Lack of Representation Threatens Freedoms," National Partnership for Women & Families, November 2023, https://nationalpartnership.org/report/democracy-abortion-access/.

[31] Ivette Gomez, Alina Salganicoff and Laurie Sobel, "Abortions Later in Pregnancy in a Post-Dobbs Era," *Kaiser Family Foundation,* February 21, 2024, https://www.kff.org/womens-health-policy/issue-brief/abortions-later-in-pregnancy-in-a-post-dobbs-era/.

amniotic sac (known as PPROM), that commonly also develop only later in pregnancy.[32] Regardless of the reason, though, individuals, with the support of their loved ones, their doctors, and their support networks – not politicians – are the ones who should be making health care decisions.

b. Do you stand by your testimony that the "vast majority of … abortions that are considered late in a pregnancy have to do with severe, devastating medical circumstances"? *Cf.* D. Levitan, *Clinton Off on Late-Term Abortions*, FaceCheck.org (Sept. 29, 2015) (noting that the "available evidence does not support [the] assertion" that "all or even most" late-term abortions occur because of "medical necessity").

All pregnancies are unique, as are the reasons for abortion in each individual circumstance. Research finds that abortions performed later in pregnancy are commonly done because of difficult circumstances or because of life- or health-threatening conditions for the pregnant person, such as preeclampsia or severe infections associated with the premature rupture of the amniotic sac (known as PPROM), that commonly also develop only later in pregnancy.[33] Regardless of the reason, though, individuals, with the support of their loved ones, their doctors, and their support networks - not politicians - are the ones who should be making health care decisions.

c. A study published in 2013 examined the reasons women seek abortions after 20 weeks and observes that "data suggest most women seeking later terminations are not doing so for reasons of fetal anomaly or life endangerments." D. Foster & K. Kimport, *Who Seeks Abortions at or After 20 Weeks?*, Perspectives on Sexual and Reproductive Health (2013, Vol. 45, Issue Do you disagree? If so, why?

All pregnancies are unique, as are the reasons for abortion in each individual circumstance. Research finds that abortions performed later in pregnancy are commonly done because of difficult circumstances or because of life- or health-threatening conditions for the pregnant person, such as preeclampsia or severe infections associated with the premature rupture of the amniotic sac (known as PPROM), that commonly also develop only later in pregnancy.[34] Regardless of the reason, though, individuals, with the support of their loved ones, their doctors,

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[32] Ivette Gomez, Alina Salganicoff and Laurie Sobel, "Abortions Later in Pregnancy in a Post-Dobbs Era," *Kaiser Family Foundation,* February 21, 2024, https://www.kff.org/womens-health-policy/issue-brief/abortions-later-in-pregnancy-in-a-post-dobbs-era/.

[33] Ivette Gomez, Alina Salganicoff and Laurie Sobel, "Abortions Later in Pregnancy in a Post-Dobbs Era," *Kaiser Family Foundation,* February 21, 2024, https://www.kff.org/womens-health-policy/issue-brief/abortions-later-in-pregnancy-in-a-post-dobbs-era/.

[34] Ivette Gomez, Alina Salganicoff and Laurie Sobel, "Abortions Later in Pregnancy in a Post-Dobbs Era," *Kaiser Family Foundation,* February 21, 2024, https://www.kff.org/womens-health-policy/issue-brief/abortions-later-in-pregnancy-in-a-post-dobbs-era/.

and their support networks - not politicians - are the ones who should be making health care decisions.

3. On X, the National Partnership for Women & Families reposted a May 20, 2024, post from Advancing New Standards for Reproductive Health (ANSRH). The post said: "Abortion bans at any point in time make pregnancy more dangerous."

    a. Does the National Partnership for Women & Families oppose any gestational age restrictions on elective abortions?

The National Partnership opposes abortion bans and having politicians create arbitrary timetables on health care. Individuals, with the support of their loved ones, their doctors, and their support networks - not politicians - are the ones who should be making health care decisions.

    b. Do you oppose any gestational age restrictions on elective abortions?

I oppose abortion bans and having politicians create arbitrary timetables on health care. Individuals, with the support of their loved ones, their doctors, and their support networks – not politicians – are the ones who should be making health care decisions.

    c. Would the National Partnership for Women & Families support a state or federal ban on sex-selective, elective abortions?

The National Partnership opposes abortion bans. Bans on abortion based on the race or sex of the fetus are rooted in false stereotypes about people of color and seek to stigmatize those seeking abortion care. Individuals, with the support of their loved ones, their doctors, and their support networks – not politicians – are the ones who should be making health care decisions.

    d. Would you support a state or federal ban on sex-selective, elective abortions?

I oppose abortion bans. Bans on abortion based on the race or sex of the fetus are rooted in false stereotypes about people of color and seek to stigmatize those seeking abortion care. Individuals, with the support of their loved ones, their doctors, and their support networks – not politicians – are the ones who should be making health care decisions.

    e. Does the National Partnership for Women & Families support a ban on elective abortions performed solely because the baby is diagnosed with Down Syndrome?

The National Partnership opposes abortion bans. Individuals, with the support of their loved ones, their doctors, and their support networks – not politicians – are the ones who should be

making health care decisions.

f. Do you support a ban on elective abortions performed solely because the baby is diagnosed with Down Syndrome?

I oppose abortion bans. Individuals, with the support of their loved ones, their doctors, and their support networks – not politicians – are the ones who should be making health care decisions.