Senator Lindsey O. Graham
Questions for the Record
"Chaos and Confusion: Examining the Patchwork of Abortion Restrictions Across America Since Dobbs"
June 25, 2024

Questions for Misha Pangasa

1. The best social science evidence suggests that there are 10,000 abortions annually performed at the stage where the baby could live outside his or her mother's body.[1] Do you support any restrictions on purely elective abortions after viability that are not performed due to rape, incest, or to protect the life or safety of the mother?
    a. What about after 28 weeks? Do you support any restrictions on purely elective abortions after 28 weeks?
    b. What about after 32 weeks? Do you support any restrictions on purely elective abortions after 32 weeks?
    c. What about after 35 weeks? Do you support any restrictions on purely elective abortions after 35 weeks?
    d. Do you support any limitations on purely elective abortion at any stage of gestation?
    e. Even assuming that the figures cited above are incorrect, would you support any limitation on a woman's right to receive an abortion after 35 weeks?

Response to 1(a)-(e): The language describing abortions as "purely elective" is misleading and does not reflect the reality of abortion care in this country. As a doctor who provides full spectrum obstetric and gynecologic care, which includes labor and delivery and abortion care, I can tell you there are many complicated, nuanced reasons why my patients may need access to abortion care throughout their pregnancies. Patients should be able to make complicated medical decisions that impact their life, health, and wellbeing with trained medical professionals who have expertise in pregnancy and abortion care – without being restricted by arbitrary lines drawn by politicians.

2. In your opinion, what if any restrictions should a federal or state government be allowed to impose on abortions after the beginning of fetal viability?

Response: As a doctor I can tell you that every person's health is unique, and viability varies from patient to patient and pregnancy to pregnancy. There are many complicated, nuanced

[1] According to the Guttmacher Institute, approximately 1,037,000 abortions occurred in the formal healthcare system in 2023. *Despite Bans, Number of Abortions in the United States Increased in 2023*, GUTTMACHER INSTITUTE (May 10, 2024), https://www.guttmacher.org/2024/03/despite-bans-number-abortions-united-states-increased-2023. The CDC estimates that, as of 2019, roughly 1% of abortions are performed after viability (i.e., when a child can often survive if separated from his or her mother). *Abortion Surveillance – United States, 2019*, CENTERS FOR DISEASE CONTROL AND PREVENTION (Nov. 26, 2021), https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm#T11_down. This suggests that roughly 10,000 late-term abortions are occurring each year.

reasons why my patients may need access to abortion care throughout their pregnancies, and the reality is that some pregnancies will never be viable. Which is why lines drawn in the sand around a specific point in pregnancy are not based in medical reality. Politicians who are not experts in the medicine and science of pregnancy should not be making arbitrary decisions about when abortion care is available.

3. In your opinion, should federal or state governments be permitted to restrict abortions that are conducted because the baby is a particular sex?

Response: As a physician, my job is to provide excellent comprehensive health care and to trust and support the decisions of the patients in front of me, not to police the reasons for their decision making. Furthermore, this type of restriction is based on a racist stereotype that Asian-American and Pacific Islander people end pregnancies because they prefer sons over daughters. This stereotype is not only inaccurate – it is dangerous and it encourages racism in health care settings. In addition, it seems clear that this type of restriction is part of a larger strategy to ban abortion by forcing medical professionals to investigate and judge the reasons behind a person's decisions.

4. In your opinion, should federal or state governments be permitted to place restrictions on abortions that are conducted because the baby is a particular race?

Response: As a woman of color and a doctor this question is deeply offensive. This type of restriction is based on an absurd premise that women of color, particularly Black women and Latinas, seek abortions because of the race of the fetus, or the race of the person who impregnated them. This question perpetuates an extremely oppressive narrative that women of color cannot be trusted to make their own decisions about their health and lives. Notably, a ban like this would do nothing to address the racialized violence, harassment, and reproductive coercion that women of color are subjected to by the many oppressive systems in our country.

5. Dr. Warren Hern's research shows that of second- and third-trimester abortions performed because the baby had an abnormality, abortions because the baby had Down Syndrome composed the largest group. In your opinion, should federal or state governments be permitted to place any restrictions on abortions that are conducted because the baby has a non-life threatening disability, such as Down's Syndrome?

Response: To be clear, bans based on fetal diagnosis do not – as they claim – address discrimination or the needs of people with disabilities. We all have a responsibility to make sure people with disabilities do not face discrimination and that their decisions and lives are treated with dignity and respect. However, these types of bans do not do that. Instead, they take away an individual's right to make deeply personal decisions and turn these decisions over to politicians. I would encourage you and your colleagues to focus on actually addressing the needs of people with disabilities, which includes increasing access to health care, education, housing, employment, accessible spaces, accessible transportation, as well as the ability to parent with dignity.

6. In your opinion, should doctors with conscientious objections to abortion be permitted to refuse to provide abortion procedures to patients?

Response: Abortion care is health care, and as a physician, I do not believe a provider's religious or personal beliefs should dictate their patient's ability to receive the care they need.

7. In your opinion, should federal tax dollars be permitted to be used to fund abortions or abortion providers, for instance, through the Medicaid program?

Response: Patients who rely on Medicaid and Medicare for health insurance should have the same access to health care services as those who have private health insurance.

Senator Peter Welch
Senate Judiciary Committee
Subcommittee on The Constitution
Written Questions for Misha Pangasa
Hearing on "Chaos and Confusion: Examining the Patchwork of Abortion Restrictions Across America Since *Dobbs* "
Tuesday, June 25, 2024

As of June 27, 14 states have enacted total abortion bans. The majority of these states are considered among the most rural in the United States. Roughly 40% of American households do not have access to high-speed broadband. Without broadband, many rural Americans cannot access the internet and familiarize themselves with the abortion laws in their states.

1. *What steps can Congress take to ensure that women in rural communities with limited internet and broadband resources have adequate access to information regarding their states' abortion care laws?*

Response: As a doctor I can tell you that access to broadband is a major access issue that continues to have significant health impacts. I believe Congress should do what it can to ensure people can access accurate information on the full spectrum of reproductive and sexual health care, including abortion care. Congress must also enact robust federal protections for abortion care, so people are able to access care within their own communities without fear of surveillance or criminalization.

In 2021, the last year for which full data is available, there were 23.2 million immigrant women living in the United States.

1. *What protections, if any, are there for immigrant or noncitizen women traveling between states to seek abortion care?*

Response: While each of us retains a constitutional right to travel, unfortunately immigrant communities, especially those who are undocumented, face significant risks accessing essential health care. Currently, there are minimal specific protections to ensure immigrant and undocumented people are able to access abortion care without risk of criminalization or interactions with immigration enforcement agencies. For example, immigration enforcement agencies are not allowed to engage in enforcement activity at hospitals, medical offices, and other "protected areas" except in very rare circumstances. This bar can allow immigrant and undocumented people to access care without the presence of law enforcement being present within the health care setting. However, these protections are limited, and immigration enforcement agencies are able to set up check points outside of care facilities which we know has a chilling effect on immigrants seeking health care. There is a great need for protections to ensure immigrants are able to access abortion care without the threat of surveillance, investigation, and/or deportation.

2. *Please explain the unique risks that immigrant or noncitizen women face when traveling between states to seek abortion care.*

Response: Immigrants, especially undocumented immigrants, face significant risk of criminalization for seeking abortion care. Immigration enforcement agencies, especially those operating in border states with abortion restrictions and bans like Arizona and Texas, regularly set up checkpoints that create barriers to traveling, preventing people from travelling out of state for abortion care. Even if a person is able to travel out of state safely, people are still at risk for having their private medical information being used against them by immigration enforcement agencies, as evidence has shown that ICE regularly issues custom summons from abortion clinics in order collect records about noncitizen patients seeking care.

The Supreme Court's decision to overturn Dobbs in 2022, not only unleashed a reproductive health crisis, but also a data privacy crisis.

1. *Please explain how data from patients' phones and other electronic devices, such as computer and tablets, can be weaponized against those seeking abortion care.*

Response: As a physician who provides abortion care I can tell you that data privacy and fear of criminalization is an immense concern for not only my patients but also for my colleagues. Without adequate data privacy protections, law enforcement, prosecutors, and civil litigants have unprecedented access to incriminating information about pregnant people and the people who care for them. Currently, data related to someone's sexual and reproductive health can be collected from search query histories, health and fitness apps, period tracking apps, and many other sources. A person's location information recorded by an app on a cellphone can also be utilized to criminalize a person for visiting an abortion clinic or for leaving a state to seek abortion care. Law enforcement and other individuals are able to buy this information from data brokers and utilize it to surveil, prosecute, and incarcerate pregnant people and people seeking abortion care. This is hugely concerning and robust data privacy protections are necessary in this moment now more than ever.

2. *Please explain the steps Congress can take to further safeguard electronic health records, especially for clinics and hospitals that transmit data over state lines.*

Response: Congress needs to enact comprehensive data privacy protections. Some of examples of ways Congress could address this issue are: (1) Congress can strengthen and expand already existing protections, including HIPAA, to ensure people's personal data and information are not shared without their informed consent; (2) Congress can enact federal data privacy protections that bars the buying and selling of people's private data, particularly for data related to a person's reproductive rights; and (3) Congress can also enact stronger protections to ensure confidentiality of health information and records, barring law enforcement from being able to access health records without warrants.