

Senate Judiciary Committee Hearing
“Protecting Roe: Why We Need the Women’s Health Protection Act”
Questions for the Record
for Dr. Jamila Perritt, OB-GYN
President and CEO of Physicians for Reproductive Health
Submitted June 23, 2021

QUESTIONS FROM SENATOR WHITEHOUSE

1. My office recently spoke with OB-GYNs in Rhode Island and Texas who provide abortion services. In Rhode Island, OB-GYNs sit down with their patients and talk through all of the options, including abortion. Like other health care, the reproductive care Rhode Island OB-GYNs provide is patient-centered and relies on doctors sharing accurate information to help their patients make decisions. If the patient has a complex pregnancy, Rhode Island OB-GYNs can easily provide care in local hospitals.
 - a. How is pregnancy care different for patients living in Texas and other states with abortion restrictions?

As an abortion provider, I am honored to be in community with colleagues dedicated to ensuring their communities have access to full spectrum reproductive health care, including abortion care. Despite being similarly trained in the provision of abortion care and experts in its practice, many are not able to provide the comprehensive care their communities need and deserve. Abortion restrictions have led to a differential system of care determined by where one lives. So, while it is true that an abortion provider in Rhode Island and an abortion provider in Texas should be able to provide information, resources, and support about all of the reproductive options an individual can consider, the oppressive and dangerous bans that Texans and many others around the country are currently navigating prevent clinicians from providing evidence based, non-coercive care. Research has demonstrated that abortion is safe, essential health care. Restrictions on abortion do not serve to improve the health and well-being of our community. In fact, they do just the opposite.

Moreover, abortion restrictions impact many other aspects of reproductive health and pregnancy care, including the treatment of miscarriage and ectopic pregnancy. Abortion bans impact access to miscarriage care as the medications and procedures used to help manage a miscarriage are the same used to provide an abortion. Medical management of miscarriages use the medications mifepristone and misoprostol, the same medications that are used in a medication abortion. Miscarriages can also be treated using a procedure to remove the pregnancy tissue. This procedure uses the same tools and techniques that are used during an in clinic or procedural abortion. Abortion restrictions, threats of criminalization of providers and support people, and increased risk of surveillance and prosecution of individuals experiencing pregnancy loss have all resulted in compromised care on the ground. There are reports of pharmacists who are hesitant or refusing to distribute some medications or fill certain prescriptions, including prescriptions for mifepristone because of its use in abortion care. Doctors and other health care providers are being forced to wait until a person’s condition becomes dire before intervening to provide care for fear of criminalization.

Ectopic pregnancy care is also impacted by abortion restrictions and bans. While care for ectopic pregnancy, a life-threatening condition, should never be impacted by these laws, the confusion and uncertainty created by abortion restrictions is undeniable. Health care institutions and providers are worried about being held criminally responsible for providing emergency care to patients in need. There are accounts of providers refusing to provide ectopic pregnancy care due to immense legal uncertainty and severe penalties.

The ever-changing legal landscape creates confusion among health care providers and medical care teams as they are forced to prioritize their own legal risk over the care their patients need. These laws, which are not based in science or medicine, force providers to ignore their medical training and the individual health care needs of their patients. The Texas Policy Evaluation Project found that doctors are worried about being sued under Texas's restrictive abortion laws and have been delaying or compromising care for treating pregnancy complications until the patient's health has deteriorated to the point that their life is in danger. These challenges are not limited to abortion providing physicians. It also impacts health care teams which may include nurses and anesthesiologists who are fearful that assisting with abortion care will be seen as "aiding and abetting" an abortion. Health care providers are also left unsure whether they can counsel patients about abortion as an option or direct them to out-of-state clinics or offer standard medical interventions. This confusion complicates treatment for patients with pregnancy complications.

Abortion restrictions and bans make it difficult for patients and providers to seek, receive, and provide evidence based, essential care. These restrictions can have devastating impacts to people's health and well-being which can deepen existing inequities and worsen health outcomes for pregnant people and people giving birth. Research finds that women who are denied an abortion 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.

b. Is there any evidence that abortion restrictions make these procedures safer?

There is no research indicating that abortion restrictions make abortion care safer. Abortion is an extremely safe procedure, with major complications occurring in less than 0.25% of procedures. Thus, abortion is much safer than most medical procedures performed. There is vast research demonstrating that abortion restrictions put the health, safety, and well-being of a pregnant person at risk. While most people will have a healthy and uncomplicated pregnancy, some will experience illness or conditions where pregnancy can cause serious problems. This connection becomes even clearer when examining the relationship between abortion restrictions and maternal mortality outcomes. Research shows that states with higher numbers of abortion restrictions are the same states with poorer maternal health outcomes. In fact, banning abortion across the United States would increase overall maternal mortality by 24%, and for Black people abortion bans lead to a 39% increase in maternal mortality. State imposed restrictions on abortion most impact Black, Indigenous, people of color, immigrant communities, young people, LGBTQ+ people, people with disabilities, people with low incomes, and those living in geographically isolated areas the most. When abortion is difficult or impossible to access, complicated health conditions can worsen and even result in death.

Abortion bans and restrictions interfere in the patient-provider relationship and tie providers' hands, preventing them from being able to exercise their best medical judgement and provide the care they are trained to provide. Every medical circumstance and every patient situation is entirely unique. Health care providers work together with their patient to determine the best medical options available taking into account individual circumstance. It is imperative that patients have access to the full scope of pregnancy care and have the autonomy to decide their needs.

2. As both an OB-GYN and an abortion provider, why is access to the full range of pregnancy care essential for your patients?

Abortion care is a necessary, normal, essential component of health care. It is part of the full spectrum of care that all my patients need and deserve. The people that I provide abortions for and the people that I support during pregnancy and birth have one thing in common. They are all making thoughtful decisions about the health and well-being of their families. Every person I care for deserves the right to access the care that they need in the way that is best for them. Patients deserve to be able to get the care they need, when they need it, from someone they trust. Abortion is extremely safe, and the barriers being enacted across states do nothing to make the care safer. Restrictions and bans limit my ability to provide the comprehensive health care I am trained to provide.

Abortion restrictions not only impact my ability to provide comprehensive care to my patients, they limit the patients' autonomy to make decisions that directly impact their health and well-being. As a health care provider, I swore an oath to do no harm. My patients came to me because they believe I will be able to provide them with safe and compassionate care. It is my duty to listen to the needs of my patients and provide them with my medical expertise and guidance. Each person I care for deserves autonomy over the health care they chose, or do not choose to, receive. This should always be the case.