U.S. Senate Committee on the Judiciary
Hearing on "The Assault on Reproductive Rights in a Post-*Dobbs* America"

Nisha Verma, M.D., M.P.H., F.A.C.O.G.
Physicians for Reproductive Health
Questions for the Record
Submitted May 4, 2023

QUESTIONS FROM SENATOR FEINSTEIN

1. Pregnancy can be exceptionally dangerous, especially in our country which has one of the highest maternal mortality rates among wealthy countries. According to data from the U.S. Centers for Disease Control and Prevention, the number of women who died of maternal causes has nearly doubled in just a few years, rising to 1,205 deaths in 2021 from 658 deaths in 2018. This spike began even before the U.S. Supreme Court's decision to overturn *Roe v. Wade* and further endanger the lives of pregnant individuals.

    a. **From your experience as a medical provider, do you believe that state-level abortion restrictions have impacted the ability of doctors to provide necessary and potentially life-saving medical care to pregnant individuals? And if so, please describe the challenges faced by medical providers in attempting to save the life or health of a pregnant individual in a state with significant restrictions on abortion.**

Yes, restrictions have impacted the ability of doctors to provide appropriate care to their pregnant patients. During the hearing I shared the experience of one of my patients who I will call M. She gave me permission to share her story with the committee.

M 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.

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.

These restrictive laws are creating huge amounts of confusion on the ground and preventing people from accessing the health care that they need. Physicians train for years and years to be able to look at the person in front of us and to make the best health care decisions with them and their families. And we're seeing that many people with high risk pregnancies are not able to get the abortion care that they need. For all of these people, we're having to ask ourselves, how sick do they have to get to be able to intervene. Instead of just being able to provide the best medical care for the person in front of us, we're having to figure out can I do this under the law, and that's creating huge amounts of confusion and absolutely preventing people from getting the care that they need.

2. The Accreditation Council for Graduate Medical Education requires OB/GYN residency programs to offer education and training in comprehensive family planning, including clinical experience in induced abortion, in order to maintain accreditation.

    a. **How have programs in states with abortion restrictions continued to train their OB/GYN residents?**

ACGME has updated its requirements for OB-GYN training given the *Dobbs* decision. ACGME-accredited OB-GYN residency programs must provide "clinical experience or access to clinical experience in the provision of abortions" as part of the program's planned curriculum. New requirements state that "[i]f a program is in a jurisdiction where resident access to this clinical experience is unlawful, the program must provide access to this clinical experience in a different jurisdiction where it is lawful."

b. Do you believe these abortion restrictions have had an impact on the quality of this training for future OB/GYN physicians?

I am very concerned that that the law in Georgia. Our six week ban is going to make the health care shortage worse in effect providers wanting to go into OB-GYN and provide in Georgia. I have talked to multiple medical students and residents who say they aren't going to stay in Georgia because they don't want to be in an environment where they can't practice evidence-based medicine and have to worry about whether they are going to be criminally prosecuted, have their license removed, have their livelihood threatened. The same procedures that we use for abortion care are also used for miscarriage management, the same medications, the same procedures. And so I've talked to trainees who worry that if they stay in Georgia, they won't get the training that they need to take care of someone who comes in at 14 weeks bleeding heavily, that they won't be able to provide them with the emergency care that they need.

We know based on survey data, that 90 percent of OB-GYNs have said that they've had a patient in the last year that needed abortion care, and the vast majority have gotten that patient connected with the care that they need, even if they personally feel conflicted with abortion, even if they don't provide the care themselves. So this is something that OB-GYNs support. They want patients to get the care that they need. And they're worried that they won't be able to practice evidence-based medicine in Georgia and are leaving.

3. There are early indications that MD applicants are avoiding states with state-imposed abortion restrictions as they apply to residency positions. According to the Association of American Medical Colleges, states that have enacted severe abortion restrictions saw a 10.5 percent drop in applicants for obstetrics and gynecology residencies in 2023 from the previous year.

a. If this trend were to continue, how might this affect access to quality health care—and particularly quality health care for women and pregnant individuals—in states with abortion bans and other severe abortion restrictions?

We have seen in the data that there is a link between places with abortion restrictions, stricter abortion restrictions and higher rates of maternal mortality in the United States. Georgia has one of the highest maternal mortality rates in the country and has very strict restrictions on abortion. And we've seen based on data out of places like Texas, that even when these laws have exceptions for things like medical emergency, we've heard about the confusion on the ground. And we've seen in the data that people with high risk pregnancies still have a harder time getting the care that they need, and often are denied that care. And so we absolutely expect to see more people getting hurt because of these laws.