

**Questions for the Record from Senator Lindsey Graham**  
**Senate Judiciary Committee, Subcommittee on the Constitution**  
**Hearing on “Chaos and Confusion: Examining the Patchwork of Abortion Restrictions**  
**Across America Since Dobbs”**  
**Written Questions for Mini Timmaraju**  
**President & CEO, Reproductive Freedom for All**  
**July 17, 2024**

- 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. 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 ban is a ban, and all bans put politicians in charge of decisions that should be made by a pregnant person with those they trust. When families are making difficult, complicated, personal medical decisions, one-size-fits-all laws don’t work.

- a. What about after 28 weeks? Do you support any restrictions on purely elective abortions after 28 weeks?**

There is no point in a pregnancy where a politician is more qualified to make decisions about somebody's health than the person who is pregnant and her medical providers. When families are making difficult, complicated, personal medical decisions, one-size-fits-all laws don’t work.

- b. What about after 32 weeks? Do you support any restrictions on purely elective abortions after 32 weeks?**

There is no point in a pregnancy where a politician is more qualified to make decisions about somebody's health than the person who is pregnant and her medical providers. When families are making difficult, complicated, personal medical decisions, one-size-fits-all laws don’t work.

- c. What about after 35 weeks? Do you support any restrictions on purely elective abortions after 35 weeks?**

There is no point in a pregnancy where a politician is more qualified to make decisions about somebody's health than the person who is pregnant and her medical providers. When families are making difficult, complicated, personal medical decisions, one-size-fits-all laws don’t work.

**d. Do you support any limitations on purely elective abortion at any stage of gestation?**

There is no point in a pregnancy where a politician is more qualified to make decisions about somebody's health than the person who is pregnant and her medical providers.

**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?**

There is no point in a pregnancy where a politician is more qualified to make decisions about somebody's health than the person who is pregnant and her medical providers.

**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?**

We know that someone may end a pregnancy for different reasons. We cannot make their decisions because we haven't walked in their shoes. When it comes to abortion or pregnancy loss, politicians cannot know what every family is going through. Sometimes, a family learns later in pregnancy there is a fatal diagnosis, or a condition that is incompatible with life. When people are making difficult, complicated, personal medical decisions, one-size-fits-all laws don't work.

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

Restricting access to abortion, not preventing gender-based discrimination, is the primary motive for sex-selective abortion bans. These bans are based on inaccurate and harmful assumptions and stereotypes about Asian American patients and communities in particular.<sup>1</sup> These bans suggest women—particularly women of color, who disproportionately face barriers to accessing healthcare—can't be trusted to make their own personal decisions. Sex-selective abortion bans also have the dangerous effect of encouraging racial profiling in health care settings.<sup>2</sup>

**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?**

These restrictions are based on inaccurate assumptions and stereotypes about people of color. Rather than addressing actual discrimination, they perpetuate racist beliefs and

---

<sup>1</sup> Sex-Selective Abortion Bans, NAPAWF, <https://napawf.org/reproductive-health-and-rights/sex-selective-abortion-bans/>.

<sup>2</sup> Sex-Selective Abortion Bans, NAPAWF, <https://napawf.org/reproductive-health-and-rights/sex-selective-abortion-bans/>.

stigmatize people who have an abortion. These restrictions suggest women—particularly women of color, who disproportionately face barriers to accessing healthcare—can't be trusted to make their own personal decisions.

- 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?**

These restrictions are based on inaccurate assumptions and stereotypes about people with disabilities. Rather than addressing actual discrimination, they perpetuate ableist beliefs and stigmatize people who have abortions. Abortion bans and restrictions like these set a dangerous precedent for who has the power to make personal medical decisions and why.

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

We must build a health system in our country that allows each of us to care for one another and build strong communities. This means ensuring that every person has the freedom to access affordable health care, including reproductive health care, when we need it without worrying about being discriminated against or denied care. Nobody should be able to put their ideological beliefs ahead of a patient's health and well-being or interfere with 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?**

Federal policies like the Hyde Amendment—an abortion coverage ban that has passed annually as an anti-abortion rider in many appropriations bills— were intentionally designed to push abortion access out of reach for millions of people. Such policies disproportionately harm people who are already marginalized by our health care system, including women of color, young people, and the LGBTQ+ community. As we learned in the decades leading up to the overturning of *Roe v. Wade*, in order for people to exercise their right to abortion, we must work to eliminate all financial and logistical hurdles to care. Lifting the Hyde Amendment's ban on coverage for abortion care for those who are insured through Medicaid and other federal health programs would bring us one step closer to a world where every person has the freedom to make their own decisions about their future and health with dignity and respect.

**Questions for the Record from Senator Peter Welch**  
**Senate Judiciary Committee, Subcommittee on the Constitution**  
**Hearing on “Chaos and Confusion: Examining the Patchwork of Abortion Restrictions**  
**Across America Since Dobbs”**  
**Written Questions for Mini Timmaraju**  
**President & CEO, Reproductive Freedom for All**  
**July 17, 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?**

Limited internet and broadband resources impede adequate access to information regarding abortion care in addition to a general lack of accurate information and excess disinformation and misinformation. Black, Indigenous, and other people of color; those working to make ends meet; the LGBTQ+ community; immigrants; young people; those living in rural communities; and people with disabilities are disproportionately impacted by attacks on reproductive freedom. In the wake of the *Dobbs* decision, the Biden Administration initiated the Reproductive Task Force Portal and the Department of Justice Reproductive Rights Task Force Portal. Other executive agencies should work to duplicate these efforts to ensure as many accurate and user-friendly resources as possible are disseminated not just online, but through different media, to ensure adequate access to this critical information.

**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?**

This is an area where Congress needs to engage with stakeholders and partners in both the immigrant justice and the reproductive health, rights and justice spaces. As explained below, undocumented individuals face additional barriers when traveling between states to receive abortion care and lack important protections.

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

Noncitizens, especially undocumented individuals are “particularly vulnerable to the harmful impacts of abortion bans due to their unique barriers to care and increased risk of criminalization based on immigration status.”<sup>1</sup> For undocumented individuals who live in a state where abortion is banned, there are barriers to traveling to a state where legal abortions are available, for example, “Border Patrol interior checkpoints and agents posted at airports alongside TSA screeners require lawful status to pass through.”<sup>2</sup> Other barriers are present as well, including the fact that photo ID may also be required by clinics when receiving abortion care, and self-managed abortion care could present legal risks in certain states.<sup>3</sup>

## **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 computers and tablets, can be weaponized against those seeking abortion care.**

Anti-abortion extremists have made it clear that they want further restrictions, harms, surveillance, and criminalization for abortion seekers, providers, and those who support abortion access. Technology can be weaponized against those seeking abortion care because “collected location data, text messages, search histories, emails and seemingly innocuous period and ovulation-tracking apps could be used to prosecute people who seek an abortion - or medical care for miscarriage - as well as those who assist them.”<sup>4</sup> Unless protected by law, prosecutors can enforce abortion bans and restrictions “are free to go after reproductive health data.”<sup>5</sup> Although HIPAA protects certain health information, and we applaud the Biden Administration’s efforts to strengthen HIPAA as it relates to reproductive health care information, it does not apply to informal channels such as texts, emails, or apps.

### **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.**

Congress has the ability to expand the scope of HIPAA and take further action to protect privacy in the reproductive health space. Several bills have already been introduced to do

---

<sup>1</sup> Lucie Arvallo, Hannah Liu, Suma Setty, and Priya Pandey, *Deepening the Divide: Abortion Bans Further Harm Immigrant Communities*, Nat’l Latina Inst. for Reproductive Justice & The Ctr. for Law and Social Policy, (Aug. 15, 2023), <https://www.clasp.org/wp-content/uploads/2023/08/NLIRH-Immigrant-Access-to-Abortion-Factsheet-R5.pdf>.

<sup>2</sup> *Know Your Rights: Abortion Access for Immigrants*, Nat’l Immigration Law Center, (Sept. 22, 2022), [https://www.nilc.org/wp-content/uploads/2022/10/KYR\\_Abortion-Access-for-Immigrants-English.pdf](https://www.nilc.org/wp-content/uploads/2022/10/KYR_Abortion-Access-for-Immigrants-English.pdf).

<sup>3</sup> *Know Your Rights: Abortion Access for Immigrants*, Nat’l Immigration Law Center, (Sept. 22, 2022), [https://www.nilc.org/wp-content/uploads/2022/10/KYR\\_Abortion-Access-for-Immigrants-English.pdf](https://www.nilc.org/wp-content/uploads/2022/10/KYR_Abortion-Access-for-Immigrants-English.pdf).

<sup>4</sup> *NEWS: Online Privacy in a Post-Roe World*, The Associated Press, (Aug. 10, 2022), <https://apnews.com/article/abortion-us-supreme-court-technology-health-c62b071aae11783fe0aeed99bbf8fffc>.

<sup>5</sup> Ashley Gold and Oriana Gonzalez, *Post-Roe, Prosecutors Can Seek Unprotected Reproductive Health Data*, Axios, (Mar. 1, 2023), <https://www.axios.com/2023/03/01/post-roe-unprotected-reproductive-health-data>.

this, including S. 323/H.R. 459 The SAFER Health Act which would prohibit providers from disclosing personal health information related to pregnancy loss or termination without authorization; S. 1656/H.R. 3420 The My Body, My Data Act which would create new protections for personal health data collection not covered by HIPAA, including apps, cell phones, and internet search history; and H.R. 7841 The Reproductive Data Privacy and Protection Act which would protect reproductive data privacy by preventing law enforcement from obtaining data for the purpose of criminalizing reproductive and sexual health services.