

**Statement of Senator Dianne Feinstein**  
**Hearing on the Women's Health Protection Act**  
**Senate Judiciary Committee**

**July 15, 2014**

Thank you very much, Mr. Chairman. I am pleased to be a cosponsor of the *Women's Health Protection Act*, and I regret that I cannot attend today's hearing.

As the first woman to serve on this committee, protecting women's access to health care has always been deeply important to me. It is a fundamental issue at every confirmation hearing for a Supreme Court Justice. It is an issue that impacts women across the country.

The last several years have seen the adoption of many laws at the state level that harm women's health by subjecting abortion services to onerous restrictions that have no basis in medical science. Some of these laws, like requirements that women obtain medically unnecessary tests, interfere in the doctor-patient relationship and make it more difficult for women to access care.

Other laws have forced clinics to close. The Rio Grande Valley in Texas – a region with over 1.3 million people – is now without a single medical clinic that

provides a range of health care services that includes abortion care. I fear that the reality for millions of women in some parts of this country will be no different than it was before *Roe v. Wade*.

That is a frightening prospect. I remember how unsafe, and even deadly, it was for women in the 1950s and 1960s to seek abortions. I remember a young woman who committed suicide because she was pregnant and abortion was illegal. I remember passing a plate in a college dormitory so that another friend could go to Mexico for an abortion. Simply put, women were forced into great danger.

Some states are also forcing physicians to prescribe a drug in a way that they know is inconsistent with the best available medical evidence.

As the American Medical Association and the American College of Obstetricians and Gynecologists said last year, “a number of evidence-based regimens have emerged that make medical abortion safer, faster, and less expensive, and that result in fewer complications as compared to the protocol approved over 13 years ago.”

From a health perspective, it makes no sense to forbid physicians from using their best medical judgment in prescribing these drugs. Yet some states are doing just that.

In fact, when an Oklahoma law was struck down by the Oklahoma Supreme Court, the court agreed with a trial court's finding that the law was "so completely at odds with the standard that governs the practice of medicine that it can serve no purpose other than to prevent women from obtaining abortions and to punish and discriminate against those who do."

In striking down an Arizona law, the Ninth Circuit similarly found that the State had "presented no evidence whatsoever" that this sort of restriction "furthers any interest in women's health."

When our health is on the line, women – like most Americans – care about the medical evidence and want physicians and their patients making these choices together.

As Justice John Paul Stevens explained in a concurring opinion in *Stenberg v. Carhart* (2000), "a woman's right to make this difficult and extremely personal decision" is protected by the Constitution, a holding that "makes it impossible . . . to understand how a State has any legitimate interest in requiring a doctor to follow any procedure other than the one that he or she reasonably believes will best protect the woman in her exercise of this constitutional liberty."

For me, that is what this bill is about, and I am pleased to cosponsor it.