## **Opening Statement** Chairwoman Anna G. Eshoo

## Subcommittee on Health

## Committee on Energy and Commerce

Hearing on "Protecting Women's Access to Reproductive Health Care" February 12, 2020

Nearly 50 years ago the Supreme Court affirmed the right of every woman to make decisions about her own life, body, and future.

Now that right is under threat by state laws restricting and banning reproductive health care and abortion care.

Since 2011 states have passed more than 450 medically unnecessary restrictions on reproductive care.

For example, Alaska, Kansas, Oklahoma, and Texas force doctors to lie to their patients by having them inaccurately link abortion and breast cancer in their patient counseling.

Louisiana, Texas, and Wisconsin require providers to perform medically unnecessary ultrasounds and show and describe the images to women who have already decided to have an abortion.

Eighteen states have specific requirements for procedure rooms and corridors, as well as requiring facilities to be near and have relationships with local hospitals. These requirements do not improve patient care but set expensive standards that make it difficult for clinics to stay open.

Today, 90 percent of counties in our country are without a single abortion provider, and six states have only one abortion clinic.

So, why is this a problem that the Subcommittee should address?

First, these restrictions deny women access to safe health care. Restricting abortion doesn't stop abortion. It makes it less safe.

A nonpartisan study by the National Academies of Sciences found that the biggest threats to the quality and safety of abortion care are state regulations that create barriers to trained abortion providers.

When abortion is accessible and legal, it is extremely safe. The rate of serious complications in first-trimester abortions is less than 0.05 percent, making abortion 40 times safer than a colonoscopy.

But when abortion care is restricted, women face devastating consequences.

The landmark Turnaway Study, a five-year longitudinal study by researchers at UCSF, followed 1,000 women who sought, but did not always obtain abortion care.

The researchers found that the women who were denied health care consistently faced worse outcomes than those who received it.

The women forced to carry a pregnancy were more likely to experience eclampsia and were more likely to stay with abusive partners. They were four times more likely to be living below the poverty level. Two women who were denied abortion care died of pregnancy-related causes.

Every day women across our country face the deeply personal decision of whether to continue their pregnancies. They should be able to make their own decisions, free from political interference.

The Women's Health Protection Act makes sure that every American has equal access to comprehensive reproductive health care, no matter where they live.

This legislation follows in the tradition of the *Voting Rights Act of 1965* where Congress safeguarded a constitutionally-protected right. That's because states don't get to pick and choose what part of the Constitution to follow.

Any Member who wants to reduce abortions can accomplish this goal by supporting public health programs proven to reduce unintended pregnancies, including:
Increased access to no cost contraception as provided in the Affordable Care Act,
Comprehensive sex education that includes medically-accurate information,
Programs to support women facing domestic violence and sexual abuse, and
Expanding Medicaid coverage, rather than cutting it by \$920 billion as the President has proposed in his budget released this week.

When we support access to quality, affordable health care, we reduce the rate of unintended pregnancy. Today the teen birth rate is at a record low. Total unplanned pregnancies recently hit the lowest level in 30 years.

Lastly, we will hear several deeply personal stories from our witnesses today. I'm grateful to them. Our Subcommittee prides itself on a tradition of respect and collegiality. I ask Members to continue in that tradition today.