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6 PROTECTING WOMEN'S ACCESS TO

7 REPRODUCTIVE HEALTH CARE

8 WEDNESDAY, FEBRUARY 12, 2020

9 House of Representatives

10 Subcommittee on Health

11 Committee on Energy and Commerce

12 Washington, D.C.

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16 The subcommittee met, pursuant to call, at 10:00 a.m., in

17 Room 2123 Rayburn House Office Building, Hon. Anna G. Eshoo

18 [chairwoman of the subcommittee] presiding.

19 Members present: Representatives Eshoo, Engel, Butterfield,

20 Matsui, Castor, Sarbanes, Lujan, Schrader, Kennedy, Cardenas,

21 Ruiz, Dingell, Kuster, Kelly, Barragan, Blunt Rochester, Pallone

22 (ex officio), Burgess, Shimkus, Guthrie, Griffith, Bilirakis,

23 Long, Bucshon, Brooks, Hudson, Carter, Gianforte, and Walden (ex

24 officio).

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25 Staff present: Jacquelyn Bolen, Counsel; Jeff Carroll, Staff
26 Director; Elizabeth Ertel, Office Manager; Austin Flack, Staff
27 Assistant; Waverly Gordon, Deputy Chief Counsel; Tiffany
28 Guarascio, Deputy Staff Director; Zach Kahan, Outreach and Member
29 Service Coordinator; Aisling McDonough, Policy Coordinator;
30 Meghan Mullon, Policy Analyst; Joe Orlando, Staff Assistant; Tim
31 Robinson, Chief Counsel; Benjamin Tabor, Staff Assistant; Rebecca
32 Tomilchik, Staff Assistant; Madison Wendell, Intern; C.J. Young,
33 Press Secretary; Mike Bloomquist, Minority Staff Director; Jordan
34 Davis, Minority Senior Advisor; Caleb Graff, Minority
35 Professional Staff Member, Health; Tyler Greenberg, Minority
36 Staff Assistant; Peter Kielty, Minority General Counsel; Ryan
37 Long, Minority Deputy Staff Director; Kate O'Connor, Minority
38 Chief Counsel, C&T; Zach Roday, Minority Communications Director;
39 Kristin Seum, Minority Counsel, Health; and Kristen Shatynski,
40 Minority Professional Staff Member, Health.

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41 Ms. <Eshoo.= Good morning, everyone. The Subcommittee on
42 Health will now come to order.

43 Let me just say that we will hear several deeply personal
44 stories from our witnesses today and we are grateful on behalf
45 of all of my colleagues to have you with us. We appreciate your
46 being here today and the testimony that each one of you are going
47 to give.

48 Our subcommittee has always prided itself on a tradition
49 of respect and collegiality and so I ask not only all the members
50 but also everyone that is here in the hearing room today to
51 continue in that tradition.

52 The chair now recognizes herself for five minutes for an
53 opening statement.

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

57 Now that right is under threat by state laws restricting
58 and banning reproductive health care and abortion care. Since
59 2011, states have passed more than 450 medically unnecessary
60 restrictions on reproductive care.

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

64 Louisiana, Texas, and Wisconsin require providers to perform

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65 medically unnecessary ultrasounds and show and describe the
66 images to women who have already decided to have an abortion.

67 Eighteen states have specific requirements for procedure
68 rooms and corridors, as well as requiring facilities to be near
69 and have relationships with local hospitals.

70 These requirements do not improve patient care but purposely
71 set expensive standards that make it difficult for clinics to
72 stay open.

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

75 So why is this a problem that the subcommittee should address?

76 First, these restrictions deny women access to safe health
77 care. Restricting abortion does not stop abortion. It makes
78 it less safe.

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

83 When abortion is accessible and legal, it is extremely safe.

84 The rate of serious complications in first-trimester abortions
85 is less than .05 percent, making abortions 40 times safer than
86 a colonoscopy.

87 When abortion care is restricted, women face devastating
88 consequences. The landmark Turnaway Study, a five-year

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89 longitudinal study by researchers at UCSF, followed 1,000 women
90 who sought, but did not always obtain, abortion care.

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

94 The women forced to carry a pregnancy were more likely to
95 experience eclampsia and more likely to stay with abusive
96 partners.

97 They were four times more likely to be living below the
98 poverty level. Two women who were denied abortion care died of
99 pregnancy-related causes.

100 Every day women across our country face the deeply personal
101 decision of whether to continue pregnancy. They should be able
102 to make their own decisions, together with their partner, their
103 husband, their minister, their rabbi, their priest, free from
104 political interference.

105 The Women's Health Protection Act ensures that every
106 American woman has equal access to comprehensive reproductive
107 health care, no matter where they live in our country.

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

112 When we support access to quality affordable health care,

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113 we reduce the rate of unintended pregnancy. Today, the teen
114 birthrate is at a record low. Total unplanned pregnancies
115 recently hit the lowest level in 30 years.

116 Any member who wants to reduce abortions can support public
117 health programs proven to reduce unintended pregnancies,
118 including increased access to no-cost contraception as provided
119 by the Affordable Care Act, comprehensive sex education that
120 includes medically-accurate information, programs to support
121 women facing domestic violence and sexual abuse, expanding
122 Medicaid coverage rather than cutting it by \$920 billion, as the
123 president proposed this week in his released budget.

124 The chair now recognizes Dr. Burgess, the ranking member
125 of the Subcommittee on Health, for his five minutes for an opening
126 statement.

127 Mr. <Burgess.= And I thank the chair.

128 I do feel that today's hearing is an indication of where
129 the Democratic Party is headed. The policy concerns surrounding
130 abortion and the right to life are not new.

131 But a bill such as H.R. 2975, with over 200 members of the
132 Democratic Party in support, is in fact unprecedented. This bill
133 before us today transcends pro-life and pro-choice issues.

134 The question of abortion, sometimes reduced to yet another
135 political issue, is personal for some of us. It is personal for
136 me. My belief in the right to life has influenced my professional

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137 career for much longer than my time in Congress.

138 Before being elected to represent the 26th District of Texas,
139 I spent over 25 years practicing as an OB-GYN in north Texas.

140 My medical career was rooted in my pro-life practice and the
141 belief that all life had meaningful potential.

142 In the span of my career in obstetrics I delivered more than
143 3,000 babies. Not only did I have the joy of seeing these babies
144 when they were delivered, but throughout my career I witnessed
145 great advances in technology.

146 It is interesting at the time that Roe v. Wade was adjudicated
147 by the Supreme Court, sonography was itself in its infancy. It
148 is technology that was really only available to me in the latter
149 half of my residency at Parkland Hospital and they have seen great
150 strides.

151 And yes, for those of us who have watched a baby with
152 purposeful movements in utero there is no question to me about
153 the sanctity of life.

154 While my work has changed, I now spend late nights delivering
155 policy rather than babies. My dedication to pro-life medicine
156 remains steadfast.

157 Ironically, the bill is called the Women's Health Protection
158 Act of 2019, even though if this bill became law it would put
159 women's health and safety at risk.

160 The heavy-handed language that this bill uses is what places

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161 that risk by codifying that there may be no restrictions, no
162 prohibitions, on any particular abortion procedure prior to
163 viability, may place at risk a number of women to potential harms
164 associated with certain abortion procedures, and complications,
165 such as infection, bleeding, uterine perforation with no ability
166 to regulate for safety purposes.

167 Not only does the bill raise questions about the Democrats'
168 concern for women's health and safety, it also raises questions
169 about the regard for the United States Constitution.

170 The Supreme Court established the viability tests in Roe
171 v. Wade in 1971. The standard says that once a baby reaches the
172 point of viability a state may regulate or prohibit abortions.

173 In Justice Blackman's opinion in Roe v. Wade he stated the
174 viability is usually placed at about seven months, or 28 weeks
175 gestation, but it may occur earlier, even at 24 weeks.

176 In 1973, a baby being born 24 weeks was--had very dim chances
177 for survival. But I will tell you, throughout my career the
178 youngest gestational age baby that I personally delivered was
179 23 weeks and that child went on not just to survive but to thrive
180 without any neurological sequelae.

181 Last week at the State of the Union, President Trump
182 recognized a young woman--a young girl--and her mother in the
183 crowd. This youngster, Ellie Schneider, was born severely
184 premature at 21 weeks. Ellie is now perhaps the youngest baby

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185 to survive early gestational delivery in the United States and
186 she is now a happy and healthy two-year-old.

187 So, for me, it is incredible to see the medical advances
188 saving the lives of mothers and babies.

189 As the viability of a baby occurs earlier with the help of
190 medical innovation, the Roe v. Wade standard inherently extends
191 the rights of states to regulate earlier in a pregnancy term.

192 A bill like this seems to override--seeks to override and
193 dismiss the viability standard set by the Supreme Court in the
194 wake of medical advances that are saving babies' lives.

195 The bill would also codify into law that access to an abortion
196 is essential to women's health and in fact is contrary to one
197 of the founding principles of our country, which is a right to
198 life.

199 The federal government should work to overcome the factors
200 that lead to abortions and should support well-crafted
201 legislative proposals that directly address these factors. But
202 that is not this bill.

203 I am a physician. Most members of Congress are not. If
204 this bill does cross the line it is perhaps the most uncomfortable
205 and threatening legislation that I have seen that threatens not
206 just hospitals, doctors, but the very women patients we serve.

207 I yield back my time.

208 Ms. <Eshoo.= The gentleman yields back.

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209 It is a pleasure to recognize the chairman of the full
210 committee, Mr. Pallone, for his five minutes for opening
211 statement.

212 The <Chairman.= Thank you, Madam Chair.

213 Today's hearing is on legislation to protect women's access
214 to abortion care. This legislation is necessary today because
215 states have passed an onslaught of ideological bans and
216 restrictions intended to interfere with women's personal medical
217 decision-making and to severely limit women's access to abortion
218 care.

219 Since 2011 alone, anti-abortion state lawmakers have passed
220 nearly 450 restrictive laws with the sole purpose of making it
221 more difficult for women to access this care.

222 They have passed mandatory waiting periods, requirements
223 for multiple in-person visits, and requirements that doctors
224 provide their patients with medically inaccurate information
225 about the potential risks of the procedure.

226 They have also passed ridiculous and unnecessary building
227 requirements for abortion providers that are intended solely to
228 shut down clinics that provide abortion services.

229 And the result of these increasingly restrictive laws is
230 that women all across the country are having a harder time
231 accessing abortion care, which they have a constitutional right
232 to obtain.

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233 Comprehensive health care means having access to affordable
234 abortion care, which is a safe medical procedure with far fewer
235 risks than many routine medical procedures.

236 Repeated studies have confirmed the safety of abortion,
237 including comprehensive findings by the National Academies of
238 Science, Engineering, and Medicine.

239 It is a legal and safe procedure, but ideological state
240 legislators continue to put up roadblocks for women and providers.

241 Today, nearly 90 percent of American counties are without
242 a single abortion provider and six states only have one abortion
243 clinic in the entire state.

244 The unfortunate reality in America is that your
245 constitutionally guaranteed health care rights are now dependent
246 upon where you live, and that is simply wrong.

247 Sadly, we know that anti-abortion restrictions fall hardest
248 on those who already face significant barriers to health care,
249 and that is low-income women, women of color, LGBTQ people, young
250 people, and people living in rural communities.

251 At a time when we should all be working together to reduce
252 health care disparities, we are watching states across the country
253 actively pass legislation that increases those disparities.

254 And their actions are putting access to care further out
255 of reach. One particularly alarming study from the Center for
256 Reproductive Rights and Ibis Reproductive Health found that

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257 states with more anti-abortion laws have poorer health outcomes
258 generally for both women and children than states that have fewer
259 restrictions.

260 This should be alarming to all of us, especially as we are
261 faced with an increasingly dire national maternal health crisis
262 that we also know disproportionately impacts women of color.

263 It is for all of these reasons that we are holding this
264 important and timely hearing on the Women's Health Protection
265 Act. This legislation simply ensures that patients can access,
266 and health care providers can provide, abortion services. It
267 prevents medically unnecessary and burdensome restrictions that
268 single out abortion services and deny women access to care.

269 It is long past time that we affirm women's health care rights
270 by ensuring that they can actually utilize those rights. The
271 Women's Health Protection Act would do just that by ensuring the
272 constitutional right to have an abortion is a reality for all
273 people, no matter where they live.

274 And, finally, I want to thank our witnesses for being here
275 today. I know that this can be a very personal and, at times,
276 difficult conversation to have in a public setting and I want
277 to express my sincere thanks and appreciation for all of you for
278 being here today and sharing your experiences and expertise with
279 the committee.

280 And I would like to yield a minute and a half to

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281 Representative Schakowsky.

282 Ms. <Schakowsky.= I thank the gentleman for yielding to
283 me.

284 Abortion is health care and health care is a human right.

285 This hearing is historic but it is about time that the Congress
286 has finally weighed in and said that we do support the right of
287 women regardless of color, of income, of state, of zip code, to
288 have the health care that they need.

289 This is about the women who deserve comprehensive
290 reproductive health care, all of them. And for the first time
291 in over 20 years our committee is considering a proactive bill
292 that would guarantee the constitutional right to abortion care
293 free from the interference of any politician who has no place
294 in making this very personal decision.

295 Protecting access to abortion care isn't the beginning of
296 women having abortions. But it is the end of women dying from
297 abortions.

298 We will not go back no matter what is happening in states
299 around the country. Women will go forward together to protect
300 our rights.

301 And I yield back.

302 The <Chairman.= And I yield back.

303 Ms. <Eshoo.= The gentleman yields back.

304 It is a pleasure to recognize Mr. Walden, the ranking member

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305 of the full committee, for his five minutes of an opening
306 statement.

307 Mr. <Walden.= Well, thank you, Madam Chair.

308 During the State of the Union Address, President Trump
309 welcomed and spoke about Ellie Schneider. Remember, she was the
310 little girl who was delivered at just 21 weeks gestation.

311 The president called for policies to protect the unborn after
312 fetal viability. Following the State of the Union, the Senate
313 Judiciary Committee held a hearing on medical care for children
314 born alive.

315 Instead of considering these policies, we are, regrettably,
316 convened here today to discuss yet another deceptively titled
317 partisan bill that has no chance of becoming law or being
318 considered by the Senate.

319 We all know the issue of abortion is a very sensitive one.
320 It is a painful topic for the women and men who, for whatever
321 reason, find themselves facing the dilemma of whether or not to
322 terminate a pregnancy and, in turn, a human life.

323 Abortion is one of the most polarizing subjects in American
324 political discourse but even many people that consider themselves
325 pro-choice believe some restrictions are appropriate.

326 Seven in 10 Americans support substantial restrictions on
327 abortion after three months of pregnancy. Even nearly half of
328 those who identify as pro-choice support restrictions on late

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329 term abortions.

330 Indeed, fewer than four in 10 Democrats support abortion
331 at any time and for any reason, which is why I am so concerned
332 we are considering a bill so sweeping and out of sync with the
333 views of the majority of Americans, a bill that seeks to strip
334 away even the most minimal protections for women and their unborn
335 children at any stage of prenatal development.

336 Even the original Roe v. Wade ruling never envisioned the
337 extreme position reflected in this bill. By overturning nearly
338 all federal and state limitations on abortion, the
339 deceptively-named Women's Health Protection Act would require
340 the provisions of abortion on demand at any stage of pregnancy
341 regardless of any compelling interest in the welfare of the
342 patient, the protection of human life, or the conscience of the
343 health practitioner.

344 I will oppose this bill for Oregonians like Elizabeth
345 Gillette, who told me about her heartbreaking experience of
346 getting an abortion in 2011.

347 In her letter, which I would like to submit for the record,
348 Madam Chair, Elizabeth states that, quote, "On-demand abortions
349 are not putting the safety of the woman as the highest priority.

350

351 Because chemical abortion is a procedure that encompasses
352 risk both physical and emotional it should not be thought of as

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353 a routine procedure. We need to protect the health of women.

354 It is my deepest hope no woman would have to suffer, as I did,''
355 closed quote.

356 With that, I would like to yield the remainder of my time
357 to the gentlelady from Washington, Mrs. Rodgers.

358 Mrs. <Rodgers.= I thank the ranking member and the chair
359 for allowing me to participate today.

360 At times like this each one of us reflect on our own journey.

361 As human beings we go through so many ups and downs. I was 35
362 and single when I was elected to Congress, and before I met my
363 husband I wasn't sure about kids or if I was even a baby person.

364 I had traveled. I had met amazing people. I had had
365 extraordinary opportunities that I am grateful to God for every
366 single day.

367 But I can testify today that the best thing in my life has
368 been becoming a mom. There is nothing more amazing than bringing
369 a new life into the world.

370 Again, there was a time when I was fearful. I was uncertain.

371 Even when I was pregnant it was scary. It was overwhelming.

372 And in that moment, I could see the fear of the unknown making
373 a person question everything.

374 Now I am so grateful that it happened. Today, I am a working
375 mom of three. My oldest has Down Syndrome and is one of the best
376 things that has happened in my life.

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377 I also want to share Linda's story from Washington State.
378 She had an abortion when she was in college and she said, quote,
379 "The best thing I can remember about the abortion clinic was that
380 no one seemed to care. They didn't care that I was there to end
381 a life. They didn't seem to care about me as a person and they
382 didn't follow up to make sure that I was okay.''

383 Today, Linda has two adult children but she still wonders.
384 I quote: she said, "What about the one that I aborted? What
385 would she or he be like today?''

386 I urge us all to remember Linda's story as some move to this
387 extreme where nearly unlimited abortions at nearly every stage
388 of pregnancy would be the law of the land.

389 Our country needs hope. America needs hope and healing.
390 Abortion doesn't bring hope or healing. There is a despair that
391 has come over our country.

392 Do you know what despair is? Despair is a complete lack
393 of hope. It is hopelessness. I urge my colleagues to reconsider
394 this legislation.

395 I yield back.

396 Ms. <Eshoo.= The gentleman yields back and asks for
397 unanimous consent to have something placed in the record.

398 So ordered.

399 [The information follows:]

400

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*****COMMITTEE INSERT*****

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402 Ms. <Eshoo.= The chair now will move to the--to our
403 witnesses for their statements and, again, we appreciate each
404 one of you being here.

405 Dr. Yashica Robinson is the medical director of the Alabama
406 Women's Center for Reproductive Alternatives. Welcome to you.

407 Ms. Georgette Forney, co-founder of the Silent No More
408 awareness campaign. Welcome to you and thank you.

409 Teresa Stanton Collett is a professor of law and director
410 of the Pro-Life Center at the University of St. Thomas School
411 of Law in Minneapolis. Welcome to you.

412 Nancy Northup, the president and CEO of the Center for
413 Reproductive Rights. Thank you for being here.

414 And Holly Alvarado, who is a retired staff sergeant of the
415 United States Air Force.

416 So, again, thank you and welcome to each one of you.

417 I think you are probably familiar with the lighting system.
418 Green, obviously, is go. Yellow, you slow down, and red you
419 stop. Okay.

420 So, Dr. Robinson, you are recognized for five minutes for
421 your testimony.

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422 ?STATEMENTS OF DR. YASHICA ROBINSON, MEDICAL DIRECTOR, ALABAMA
423 WOMEN'S CENTER FOR REPRODUCTIVE ALTERNATIVES; GEORGETTE FORNEY,
424 PRESIDENT OF ANGLICANS FOR LIFE, CO-FOUNDER OF THE SILENT NO MORE
425 AWARENESS CAMPAIGN; TERESA STANTON COLLETT, J.D., PROFESSOR OF
426 LAW; NANCY NORTHUP, PRESIDENT AND CEO, CENTER FOR REPRODUCTIVE
427 RIGHTS; HOLLY ALVARADO, ADVOCATE=

428

429 Dr. <Robinson.= Thank you, and good morning.

430 Good morning, Chairwoman Eshoo, Ranking Member Burgess, and
431 members of the subcommittee.

432 My name is Dr. Yashica Robinson. I am a board-certified
433 obstetrician and gynecologist. I serve on the board of
434 Physicians for Reproductive Health and I am the medical director
435 of Alabama Women's Center for Reproductive Alternatives in
436 Huntsville, Alabama.

437 Thank you for the opportunity to speak with you in support
438 of the Women's Health Protection Act.

439 At my obstetrics practice, I provide prenatal care, deliver
440 babies, and treat mothers after they give birth. I also provide
441 abortion care because I believe that patients deserve the full
442 spectrum of reproductive health care options.

443 I came to this work because of my passion as a young mother.

444 I know that young people--I am sorry, I came to this work because
445 of my passion for young people, one that is deeply connected to

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446 my personal experience.

447 In high school, I learned that I was pregnant. As a result
448 of fear and lack of resources, by the time I confided in my family
449 I had no choice. I was going to be a mother.

450 Becoming a mother came with many harsh realities. I love
451 my children with all my heart but I know that everyone should
452 be able to make the decision to parent for themselves.

453 I am proud to provide patients with compassionate quality
454 care when they enter our doors and I support this bill because
455 access to care should never depend on your zip code.

456 In states like California or Maryland a patient can access
457 abortion care without the state forcing medically inaccurate
458 information on them or making them endure a mandatory delay.

459 This is what care should look like. Unfortunately, that
460 is not the case for many patients in Alabama. Last year, the
461 Alabama legislature passed a near total ban on abortion. It would
462 threaten doctors like myself with prison for providing ethical
463 medically-appropriate care for simply doing our jobs.

464 Represented by the ACLU, I, and other providers, filed suit
465 to prevent this ban from taking effect. Thankfully, it was
466 blocked and abortion remains legal in Alabama.

467 However, decades of medically unnecessary restrictions have
468 taken their toll in Alabama. It is not unusually for patients
469 to travel up to eight hours to reach us because so many other

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470 providers have been forced to close. Then they are required to
471 wait an additional 48 hours before I can provide the care they
472 need.

473 I know people who have slept in their cars overnight as a
474 result of this state-mandated delay. The state also requires
475 my patients to receive outdated materials as part of so-called
476 counseling.

477 These materials are filled with misinformation that I later
478 have to correct. We are required to do ultrasound examinations
479 even when they are unnecessary and provide no medical value.
480 The effect of these needless costs and delays on my patients are
481 so painful for me to see.

482 Over the years, my practice has been forced to comply with
483 onerous medically-unnecessary building requirements. For
484 example, we were forced to install 24-hour lighting even though
485 we can't see patients after 5:00 p.m. because of a local
486 regulation.

487 This has nothing to do with safety at all. The local
488 anti-abortion group even drafted legislation making it illegal
489 to operate an abortion clinic within 2,000 feet of a school,
490 specifically designed to shut our clinic down. A court struck
491 that down, recognizing it as just another thinly-veiled attempt
492 to push abortion out of reach for patients.

493 In 2018, the National Academies of Science, Engineering,

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494 and Medicine published a comprehensive study affirming that
495 abortion is extremely safe and the biggest threat to patient
496 safety is the litany of medically unnecessary regulations that
497 raise costs and delay care.

498 They confirmed that access to safe abortion depends on where
499 you live and how much money you have.

500 Alabama is a state with an unconscionably high maternal and
501 infant mortality rate. According to the Alabama Department of
502 Public Health, nearly two-thirds of Alabama counties lack
503 hospitals where obstetrical care is provided.

504 In Alabama, black women are nearly five times more likely
505 to die of pregnancy-related causes than white women and many
506 preexisting conditions can be made worse during pregnancy, and
507 other serious health-related conditions can be caused by
508 pregnancy.

509 Without access to abortion, maternal mortality rates will
510 rise even more.

511 The bottom line is this. Abortion is health care. The
512 Women's Health Protection Act would bring needed federal
513 protections for my patients and safeguard their rights.

514 Protection abortion will also protect access to pregnancy
515 care because they are interconnected. Health care should be
516 patient centered and medical decisions should remain between the
517 patient and her physician without any political interference.

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518 Thank you.

519 [The prepared statement of Dr. Robinson follows:]

520

521 *****INSERT 1*****

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522 Ms. <Eshoo.= Thank you, Dr. Robinson.

523 Ms. Forney, you're recognized for your five minutes of

524 testimony for the committee, and thank you again for being here.

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525 ?STATEMENT OF GEORGETTE FORNEY=

526

527 Ms. <Forney.= Push the magic button. Do I wait till I get
528 the green light?

529 [Laughter.]

530 Ms. <Forney.= There we go.

531 Thank you for inviting me to testify today. My name is
532 Georgette Forney and I am here as a woman who had an abortion
533 and has spent the last 22 years helping others who regret their
534 abortion.

535 Sorry, I get so emotional.

536 As the co-founder of the Silent No More awareness campaign,
537 I speak on behalf of the 19,582 people who are registered to be
538 silent no more.

539 We want you to know that abortion didn't solve our problems.

540 It just created different ones. When I was 16 and I found out
541 I was pregnant I was scared. A baby felt like a threat to my
542 future.

543 I didn't know what abortion was but my friend told me it
544 would fix my problem. As I drove to the clinic that day my heart
545 said, this feels wrong. But the fear in me said, it's legal so
546 it must be okay.

547 For 19 years after my abortion, I pretended it was no big
548 deal. But the reality was I wouldn't allow myself to face the

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549 truth of what I had done. I had aborted a human being.

550 Once I made that connection, everything changed for me.
551 You know, as long as we stay in that place of denial it is okay.
552 We are okay. The problem is that sometimes something will
553 trigger us--the birth of a child, the death of a loved one, a
554 parent, or even a sonogram image.

555 At the March for Life last month, 31 women shared their
556 testimony for the first time outside of the Supreme Court. They
557 each told why they had their abortion.

558 They talked about what the procedure was like, what happened
559 immediately afterwards, what were the long-term consequences,
560 and then, finally, how they found help in healing.

561 Here are some quick excerpts.

562 Chelsea: My boyfriend, friends, and family all agreed that
563 an abortion was the best choice for my circumstances.

564 Lynn: I was one month from graduating from college and had
565 just signed my first teaching contract.

566 Cindy: I was told that the tugging would be like strong
567 menstrual cramps. What I felt was intense pain as though not
568 only my baby but my soul was being suctioned out.

569 Kelly: When I went in, I was treated with no compassion,
570 just like a cow going off to slaughter.

571 Laura: When I left Planned Parenthood that day, I promised
572 myself I would never think about it or talk about this day ever

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573 again.

574 Virginia: Immediately afterwards, I forced myself to shut
575 out the reality of what had happened. I had taken care of my
576 problem.

577 Cecilia: My life spiralled into a life of self-hatred,
578 drugs, alcohol, and relationships. I ended up having three more
579 abortions. Each time I felt like my life was being sucked out
580 of me. I was dead inside. Empty.

581 Lynn, North Carolina: I became an angry militant advocate
582 for abortion. But over a year later, the guilt and horror of
583 what I had done and the resulting depression, drug abuse, and
584 self-loathing started consuming my life.

585 The women of Silent No More publicly share--speak publicly
586 about their abortions. But many more are silent and seek help
587 quietly. The campaign partners with more than 40 different
588 abortion after-care programs helping women both nationally and
589 internationally.

590 One program alone, Rachel's Vineyard, has helped over
591 326,000 individuals. These organizations have grown as women
592 reach out to us for help because they are dealing with nightmares,
593 depression, suicidal feelings and attempts, eating disorders,
594 addiction, sexual dysfunction, and, most common, a low sense of
595 self-esteem.

596 If abortion is no big deal, why are all these people going

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597 through healing programs? Also, there is clear evidence that
598 tighter regulations of abortion clinics are needed.

599 Consider the filthy Gosnell clinic in Philadelphia where
600 Karnamaya Monger died, or the St. Louis Planned Parenthood that
601 failed relicensing inspection last year when the DHSS discovered
602 four women had suffered from major abortion complications. Or
603 consider Preterm in Cleveland where a haemorrhaging abortion
604 patient had to call 911 herself after being kicked out of the
605 clinic because they were closing.

606 And then there are women who can't speak. Keisha Atkins
607 died at 23 in Albuquerque during a late-term abortion. Tonya
608 Reaves died in Chicago after bleeding for hours after three
609 botched abortion attempts. She was 24 and the mother of a baby.

610 Jennifer Morbelli was 29 when she died. Cree Erwin was 24
611 when she died of an incomplete abortion in Michigan. Tell the
612 families of these women that abortion must be protected.

613 You say that abortion restrictions impact women of color.

614 But the inconvenient truth is that women of color are being killed
615 in the recent years more than the white women, like Cree, Tonya,
616 and Keisha.

617 Or how about Lakisha Wilson, Jamie Lee Morales, or Maria
618 Santiago? Do their black lives and Hispanic lives matter?

619 We need legislation that requires every state to report every
620 abortion, every incident of physical harm by abortion, and every

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621 woman that dies by legal abortion is acknowledged. Let us get
622 the facts. Trust women with the facts, not rhetoric.

623 Thank you.

624 [The prepared statement of Ms. Forney follows:]

625

626 *****INSERT 2*****

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627 Ms. <Eshoo.= Ms. Forney, you are almost a minute over time.

628 Thank you for your testimony.

629 I now would like to recognize Ms. Stanton Collett for your
630 five minutes for testimony.

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631 ?STATEMENT OF TERESA STANTON COLLETT=

632

633 Ms. <Collett.= Thank you, Madam Chair.

634 Ms. <Eshoo.= Turn your microphone on.

635 Ms. <Collett.= Thank you, Madam Chair.

636 Ms. <Eshoo.= Great. That is good.

637 Ms. <Collett.= Ranking Member Burgess, members of the
638 subcommittee. My name is Teresa Collett. I am a law professor
639 in Minneapolis, as the chairwoman mentioned.

640 I also, however, have a fairly robust litigation practice--

641 Mr. <Shimkus.= Madam Chair, she may need to pull her mic
642 a little bit closer to her.

643 Ms. <Collett.= Thank you.

644 I also have a fairly robust litigation practice and have
645 represented numerous public officials and amicus briefs before
646 the U.S. Supreme Court, federal courts of appeals, and state
647 supreme courts.

648 I have also had the privilege of serving as special attorney
649 general or special counsel to the states of Oklahoma, New
650 Hampshire, and also in Kansas.

651 That is the basis of my testimony today, which represents
652 my personal views, not the views of my employer, the University
653 of St. Thomas.

654 It is important to note what is absent from this bill, at

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655 the outset.

656 Number one, while the bill recognizes that abortion is
657 constitutionally protected, it fails to recognize the unique
658 nature of abortion.

659 Abortion, unlike the other procedures that are listed as
660 comparable procedures in the legislation, in the words of the
661 Eighth Circuit, ends the separate unique human life.

662 There is no other medical procedure that is undertaken in
663 this country where that is permitted. It is also important to
664 note that many of the premises of this bill are simply false.

665 The first congressional finding in the bill suggests that
666 abortion access is a necessary precondition to a woman's full
667 participation in the economic and social life of this country.

668 To that extent, it is a version of what the Supreme Court
669 plurality said in *Planned Parenthood v. Casey*. But when that
670 case was decided, abortion rights were already beginning their
671 steep decline.

672 The simple fact is that from 1991 to 2016, the last year
673 in which we have statistics from the CDC regarding the rate of
674 abortion, abortions have declined more than 50 percent, going
675 from an annual rate of 24 per 1,000 women to 11.6.

676 During that time period, women's participation in the
677 workforce has remained, largely, steady including participation
678 by women who have children under the age of 18. During that time

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679 also, women's educational achievement has skyrocketed.

680 According to the Bureau of Labor Statistics, women's college
681 degrees have quadrupled from 1970 to 2018. In addition to that,
682 women's business--women-owned businesses have increased 42
683 percent, according to the American Express Study in 2019 of
684 women's businesses. They contribute \$1.9 trillion to the
685 national economy.

686 The simple fact is there is no correlation between access
687 to abortion and women's participation in the economic and social
688 life of this country.

689 To the extent that there is a correlation, it appears to
690 be a negative correlation. But I won't insult the members of
691 this committee by suggesting that's a truth. We all know that
692 correlation and causation are very different things.

693 But women are succeeding in this society while abortion rates
694 are falling rapidly. There is no correlation.

695 My second point is that the restructuring of the abortion
696 market is in response to that steep decline. While it is said
697 many times already today that abortion access is a necessary
698 component of health care, the committee ignores in this
699 legislation the fact that 54 percent of all counties in this
700 country have no hospitals providing obstetric services.

701 Dr. Robinson testified to that fact today and said in Alabama
702 it's an even greater number of hospitals that provide no obstetric

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703 services. That is an outrage.

704 If you were really concerned about women's health, that would
705 be your primary concern. In addition to that, we also see that
706 there is a restructuring by the major market force in that
707 industry.

708 The industry, of course, is led by Planned Parenthood, who
709 has adopted as a strategy the building of mega clinics. When
710 markets are declining, you need economies of scale.

711 That makes sense to me. In the state of Texas, they have
712 built a mega clinic that in 2014 expanded their ability to serve
713 women by 1,000.

714 But when Wal-Mart comes to town you expect smaller businesses
715 to close. The fact that these clinics are closing that compete
716 with Planned Parenthood is much more a product of market forces
717 than it is by any regulation.

718 And, in fact, researchers at Guttmacher have said that they
719 cannot explain with certainty what is causing the decline or what
720 the impact of these regulations are on that decline.

721 It is also important, finally, to note that this legislation
722 is based on studies that are predominantly done by the abortion
723 industry.

724 It would be comparable to trying to pass tobacco regulation
725 based on the Tobacco Research Institute, an institute that was
726 funded by the industry and that suppressed studies that were

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727 contrary to its economic interests and its economic desires.

728 That is true in this area as well.

729 Again, if this committee were interested in women's health,
730 truly, they would be passing legislation that would require all
731 states to report to the CDC the rate of abortions, the injuries
732 from abortions, the age and gestational age of the child.

733 They would also require and fund studies done by independent
734 researchers.

735 Thank you, Madam Chair.

736 [The prepared statement of Ms. Collett follows:]

737

738 *****INSERT 3*****

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739 Ms. <Eshoo.= Thank you.

740 I now would like to recognize Ms. Northup for your five

741 minutes of testimony, and welcome and thank you again.

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742 ?STATEMENT OF NANCY NORTHUP=

743

744 Ms. <Northup.= Thank you, Chairwoman Eshoo--

745 Ms. <Eshoo.= You want to put on your microphone, please?

746 Ms. <Northup.= Thank you, Chairwoman Eshoo, Ranking Member
747 Burgess, and members of the subcommittee for inviting me to speak
748 at this important hearing this morning.

749 Right now, one of the most basic protections of our
750 Constitution--the right to make for ourselves the important
751 decisions of our lives--is under attack.

752 As you have heard this morning, since 2011 states have
753 enacted over 450 laws as part of a coordinated nationwide strategy
754 to make it harder and sometimes impossible for women to access
755 abortion care.

756 Last year in 2019 we saw extreme abortion bans enacted in
757 state after state. These attacks come against the backdrop of
758 the president's vow to appoint justices to the Supreme Court who
759 will overturn Roe v. Wade and judges hostile to reproductive
760 rights are being confirmed on our federal, trial, and appellate
761 courts.

762 Recently, people across the nation have been calling on
763 Congress to stand up for women and codify Roe. The Women's Health
764 Protection Act is the answer to that call.

765 The moment is now to draw the line on the decades of assaults

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766 on women's rights. My name is Nancy Northup and I am president
767 and CEO of the Center for Reproductive Rights. We are a
768 nonpartisan nonprofit legal organization working to ensure that
769 reproductive rights are protected as fundamental human rights
770 around the world.

771 Since our founding in 1992, we have litigated hundreds of
772 cases in state and federal courts, including in the Supreme Court,
773 where we will be back in three weeks.

774 I have led the Center for 17 years and I have been an abortion
775 rights advocate for far longer than that. Never have I been as
776 concerned as I am today about the promise of Roe being hollowed
777 out for too many women in this country.

778 Forty-seven years ago, the Supreme Court recognized in Roe
779 that the right of personal liberty guaranteed in the Fourteenth
780 Amendment includes the decision by a woman to end her pregnancy.

781

782 As the court would later explain, it is the promise of the
783 Constitution that there is a realm of personal liberty that the
784 government may not enter. This protective realm is the hallmark
785 of a free society.

786 It is for each one of us and not the government to decide
787 for ourselves the intimate and profound choices of our lives that
788 we are hearing about this morning.

789 These choices include whether and who we choose to marry,

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790 whether and when to have children, and how we raise our children
791 with our values and our beliefs.

792 The commitment of Roe to women is that we too are guaranteed
793 the dignity and respect to make the critical decisions about our
794 bodies, our health, and our lives.

795 That guarantee is being obliterated by the avalanche of
796 restrictions that have been designed to make the right to abortion
797 unavailable, in fact.

798 We are not blocked by court orders. This new wave of
799 restrictions are closing clinics, exacerbating inequalities, and
800 harming women and their families.

801 The 2019 state legislative session marked a new level of
802 extremism including nine blatantly unconstitutional bans such
803 as the blanket Alabama ban.

804 New restrictions are still moving through the legislatures
805 as we sit here today. Ninety percent of American counties have
806 no abortion providers and six states have but one clinic.

807 The impact of these restrictive laws are deeply unequal,
808 falling most heavily on people who already experience significant
809 systemic barriers to quality health care including those who are
810 women of color, low income, rural, immigrants, LGBTQ, young, and
811 living with disabilities.

812 That is why Congress needs to pass the Women's Health
813 Protection Act. The bill creates a statutory right for health

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814 care providers to provide care and a corresponding right for their
815 patients to receive care free of medically-unnecessary
816 limitations and bans that single out abortion and impede access
817 to services.

818 It is a meaningful concrete step to ensuring that Roe is
819 real for all women. The Women's Health Protection Act is targeted
820 at a specific problem on medically unjustified laws and bans.

821 Access is also denied to women in this country for other reasons
822 including discriminatory restrictions on insurance coverage like
823 the Hyde Amendment.

824 Other important abortion access bills, most notably the EACH
825 Woman Act, are needed to address this inequality. After so many
826 years of chipping away at Roe, multiple efforts are needed to
827 restore access to abortion care.

828 One in four women in the United States will make the decision
829 at some point in her life that ending a pregnancy is the right
830 decision for her.

831 These are women from all walks of life. They live in every
832 state. They live in every one of your congressional districts.
833 They are our loved ones, our neighbors, and our colleagues.

834 A woman's decision is based on her individual circumstances,
835 her health and her life.

836 Ms. <Eshoo.= Ms. Northup, your time has expired. One more
837 sentence to wind up.

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838 Ms. <Northup.= It is time for Congress to act. I urge these
839 members to send the act to the floor.

840 Thank you.

841 [The prepared statement of Ms. Northup follows:]

842

843 *****INSERT 4*****

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844 Ms. <Eshoo.= Thank you very much.

845 It is a pleasure to recognize Ms. Alvarado. You have five
846 minutes for your testimony. I thank you again for being with
847 us.

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848 ?STATEMENT OF HOLLY ALVARADO=

849

850 Ms. <Alvarado.= Thank you, Chairwoman Eshoo and Ranking
851 Member Burgess and members of the subcommittee, for inviting me
852 to testify today.

853 My name is Holly Alvarado and I am here to share my story.

854 In 2009, I faced multiple barriers in accessing abortion care
855 due to burdensome and medically unnecessary state abortion
856 restriction.

857 I am here today to show you how important it is that you
858 pass the Women's Health Protection Act.

859 I served in the United States Air Force from 2006 to 2011
860 as a law enforcement officer. I was motivated to serve my country
861 as the granddaughter of Mexican immigrants.

862 I had seen my family build their American dream and felt
863 grateful to this nation. I served honorably, earned the rank
864 of staff sergeant, and became an instructor.

865 I am proud of my service to this country. In 2009, I was
866 given orders for deployment. While preparing for deployment in
867 the middle of a Wal-Mart shopping for supplies, vomiting in the
868 middle of an aisle, I realized I could be pregnant.

869 It felt like I was a fast car going 100 miles per hour and
870 then someone hit the brakes. I took the time to think about how
871 I was not financially or emotionally in the stage of my life where

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872 I was ready to continue a pregnancy and raise a child.

873 To end my pregnancy, I would need to immediately coordinate
874 an appointment, an abortion, approval to take leave from work,
875 and find time between all of these things to still continue
876 preparing for deployment in two weeks.

877 I called Planned Parenthood in North Dakota and learned that
878 the closest facility that could perform abortions was in Fargo,
879 North Dakota, two hours from me.

880 North Dakota only has one abortion clinic, which means longer
881 wait times for an appointment. They did not have any appointments
882 in the next two weeks before deployment and wasn't able to help
883 me.

884 I was encouraged to call St. Paul, Minnesota, four hours
885 away. I called and scheduled my first and second appointment.

886 My first appointment was needed to verify my pregnancy with an
887 ultrasound and urinalysis. They gave me information and an
888 ultrasound picture.

889 I needed to book a second appointment for the procedure
890 itself. This was not due to any medical reason and it was
891 certainly not my preference.

892 Minnesota state laws mandate a 24-hour waiting period
893 between the first appointment the day of the procedure, and
894 because of the wait times for an appointment at the clinic, I
895 would have to wait three days between the appointments. I would

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896 spend a total of four days in Minnesota without resources.

897 Due to Minnesota state law, I would also be required to endure
898 scripted counselling including information that portrayed
899 abortion as unsafe and a threat to my future fertility.

900 Only after this could I confirm my appointment for the next
901 day.

902 I ended the phone call secure in my decision to not continue
903 the pregnancy. I did not need or benefit from the mandated
904 waiting period, the resulting 600-mile round trip, the biased
905 counselling, or the protestors in front of the Planned Parenthood.

906 It was not a cold or bleak decision on my behalf. Rather,
907 a compassionate one for myself and life and potential I wanted
908 in my own future.

909 On top of all of this, I also faced an enormous financial
910 burden. Because of the federal ban on abortion coverage, I was
911 unable to use TRICARE as my health care insurance.

912 The procedure for an abortion is approximately \$500. In
913 addition to purchasing gear for deployment, needs for gas and
914 food for the four-hour 600-mile round trip, I had \$16 to my name
915 the day I drove back to North Dakota.

916 A week and a half later, I would fly to Afghanistan with
917 almost no money to my name. The environment in Planned Parenthood
918 of Minnesota was compassionate. The clinic provided an escort
919 to walk me through a line of shouting protestors trying to redirect

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920 me to a fake clinic nearby.

921 When I finally made it to the exam table, my doctor asked
922 me, "Is this what you want?" We took a pause together. I shared
923 that I never wanted to be pregnant. I never wanted to travel
924 to Minnesota.

925 I never wanted to jump through all of these hoops to obtain
926 an abortion. But I knew that this was a pregnancy I did not want
927 to continue and, ultimately, knew this was the right decision
928 for my life.

929 When the procedure was complete, I felt relief. I was 22
930 and knew what now 33-year-old me wanted out of life and her future.

931 I was confident that the trajectory of my life was changed for
932 the better because I was able to make the best decision for myself
933 and my life.

934 I was a trusted law enforcement officer charged with
935 defending my team and resources, taught federal use of force and
936 lethal force. I am a decorated campaign veteran who was taught
937 Geneva Conventions, NATO rules of engagement, and trusted to be
938 competent in my abilities enough to teach them to future airmen.

939 Yet, when making a decision over my own life I was not trusted
940 to know what was best for myself. Several state laws made that
941 very clear to me.

942 The decision to continue or end a pregnancy is a health care
943 decision that cannot be made by one individual for another

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944 individual.

945 I cannot reconcile that our government trusted me to hold
946 weapons in protection for our country and serve as a respected
947 member of our armed services but could not trust me to make the
948 right decision over my own body.

949 I have no regrets about my decision to end my pregnancy.

950 I was honorably discharged from the military and decorated after
951 my tour in Afghanistan.

952 I received my education in public health, traveled the world,
953 met my partner, and now professionally support families making
954 health care decisions.

955 I am proud of the life I now live.

956 Ms. <Eshoo.= Ms. Alvarado, your time has expired. You need
957 to--

958 Ms. <Alvarado.= Thank you, ma'am.

959 Ms. <Eshoo.= --finish with a sentence to wrap up.

960 Ms. <Alvarado.= I urge you to pass the Women's Health
961 Protection Act so that no one else has to face the barriers that
962 I did.

963 Thank you.

964 [The prepared statement of Ms. Alvarado follows:]

965

966 *****INSERT 5*****

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967 Ms. <Eshoo.= Thank you very much.

968 We have concluded the statements of all of our witnesses.

969 We thank you again. We are now going to move to member questions
970 and I recognize myself for five minutes of questions.

971 But I first want to start out with a couple of comments to
972 some of the comments that have been made by my colleagues--that
973 there are no safety codifications in this legislation.

974 That simply is not so. As long as the state has evidence
975 to show that the restrictions increase women's safety, then the
976 regulations would stand.

977 So there is a direct correlation between the safety of the
978 patient and regulations, and that is very important for each one
979 of us. We all expect those standards to apply to us when we
980 are--especially in a medical setting.

981 In terms of viability, the bill acknowledges that viability
982 varies on a case by case basis and that the judgment of a viability
983 should be made by a physician--by a physician, not a
984 politician--and I just can't emphasize that enough, and it upholds
985 the Roe standard of viability.

986 I also think it is very important to highlight, to
987 underscore, the following. Very little is being said about
988 contraception and I don't know anyone on this panel, and I am
989 not going to ask, but there are very few here that have 11, 12,
990 and 15 children. So something is working somewhere and--

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991 [Laughter.]

992 Ms. <Eshoo.= It is. And the Guttmacher Institute found
993 that, quote, "The evidence clearly indicates that the more and
994 better contraceptive use has been the main factor driving the
995 long-term decline in teen pregnancy," and there is a correlation
996 there between the historic low that has been reached after the
997 passage of the Affordable Care Act because, of course, there is
998 coverage for contraception.

999 So now let me get to my questions with the three minutes
1000 and 30 seconds that I have. I want to go to Nancy Northup. Thank
1001 you for your work over so many years.

1002 Roe v. Wade established the right to an abortion nearly 50
1003 years ago, as you testified. That's almost a half a century ago.

1004 Imagine that, a half a century ago.

1005 But can you speak to the disparities, given what the 450
1006 laws that have been passed, between a woman living in, say, Fort
1007 Worth or Fort Wayne, Indiana, what they get to exercise in terms
1008 of a right and a woman living in my community in Palo Alto,
1009 California?

1010 Because I think that these disparities are deep and they're
1011 wide, and they need to be emphasized. So can you comment on that
1012 first, please?

1013 Your microphone.

1014 Ms. <Northup.= So the constitutional standard is strong

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1015 and, as you say, almost 50 years that each of us has the
1016 constitutional right to make this decision pre-viability. But
1017 the reality is because of restrictions that there are vast
1018 differences and those differences include the ones that Ms.
1019 Alvarado testified to about having to make multiple trips, having
1020 to have scripted un-medically-based information that the doctor
1021 must give to the patient, the depriving of health insurance
1022 coverage, which Ms. Alvarado also talked about.

1023 And so we have a situation in the United States today where
1024 in a place like California, where there is access to services
1025 in people's own communities, and other states--the state of
1026 Louisiana, which is going to be before the Supreme Court in three
1027 weeks and we are representing the clinic in Shreveport there,
1028 there is only three clinics left in the state of Louisiana--one
1029 in New Orleans, one in Baton Rouge, and one in Shreveport.

1030 And if the law were to go into effect, if we are not able
1031 to win this case in the Supreme Court, Louisiana will be down
1032 to one clinic, one doctor for the entire state for 1 million women.

1033 Ms. <Eshoo.= I mean, the record is really very full relative
1034 to these deep and wide discrepancies. So it's based on zip code.

1035 It defies what the Supreme Court decided, and if you live in
1036 any of these states and you're a woman, politicians are going
1037 to make the decision.

1038 You have nothing to do with your future. I recognize fully

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1039 that there are those that would and have the right to in our country
1040 to choose not to undergo an abortion. That is what the word choice
1041 means. But this is forcing people to do one thing. So it wipes
1042 out choice.

1043 Dr. Robinson, can you describe for us--of course, abortion
1044 care in Alabama is legal. Walk me through or walk us through
1045 exactly what happens. To say that it is legal, however. What
1046 comes after that comma of however?

1047 Dr. <Robinson.= Despite the fact that abortion care is legal
1048 in Alabama, we only have three clinics to service the whole state.
1049 And with that being said, our facility actually services patients
1050 from five states because of restrictions that have closed clinics
1051 in the other areas or restricted to gestational age.

1052 So even though there are other areas that have clinics, we
1053 have patients that have to travel very far to get to us. What
1054 that means is that women, especially those that come from a
1055 low-income family who are already struggling to make ends meet
1056 it may be difficult for them to access care despite the fact that
1057 there is a facility there in Alabama.

1058 Ms. <Eshoo.= Was the penalty of 99 years for doctors passed
1059 in Alabama and then struck down by a lower court?

1060 Dr. <Robinson.= That is correct.

1061 Ms. <Eshoo.= Ninety-nine years for a doctor. I mean, it
1062 is--that is enough to take anyone's breath away.

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1063 I am out of time, and I now would like to recognize the--Dr.
1064 Burgess, the ranking member of the subcommittee.

1065 Mr. <Burgess.= And, again, I thank the chair.

1066 Just before I start with my questions, I do feel obligated
1067 to point out that there is a serious illness going on half a world
1068 away and I do hope this subcommittee, which has the primary
1069 jurisdiction over health, will take that up seriously some point
1070 in the near future--we have waited some time for that--with a
1071 formal hearing, not just a briefing.

1072 Now, I do want to thank our witnesses for being here today.

1073 Ms. <Eshoo.= If I could just say something, Mr. Burgess.

1074 The subcommittee is certainly not ignoring the coronavirus.
1075 We have had classified briefings that have been very important.

1076

1077 We have had open briefings where we have all participated.

1078 And I feel as up to date on the information as possible and we
1079 will have a hearing with other stakeholders from outside of the
1080 administration to advise us.

1081 But in no way, Dr. Burgess--and I think that you know
1082 this--are we ignoring this. We have scheduled the end of this
1083 month the hearing with the secretary of HHS. He was the one that
1084 wanted to come in and do the briefing. He said, I am the one
1085 that should be doing it and not anyone else.

1086 He gave us the date. I said, terrific. I will welcome you.

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1087 We will all welcome you. So to suggest that we are ignoring
1088 the coronavirus is simply not so.

1089 Mr. <Burgess.= But as you know, a hearing is different from
1090 a briefing and there is no transcript from a briefing and--

1091 Ms. <Eshoo.= We had a hearing with the secretary. I just
1092 explained to you. He wanted to come.

1093 Mr. <Burgess.= Yes.

1094 Ms. <Eshoo.= He said, I am the top person. I am the one
1095 that wants to do it. So I said yes.

1096 Mr. <Burgess.= I don't want to spend any more--I don't want
1097 to spend any more time in this debate.

1098 Ms. <Eshoo.= Well, I want to respond because it is--you
1099 are suggesting that we are ignoring it. We are not.

1100 Mr. <Burgess.= I am simply suggesting it is an important
1101 issue that we need to take up.

1102 I do want to thank our witnesses for being here today. Ms.
1103 Alvarado, thank you for your service to the country.

1104 I know it's a difficult subject and I guess, Ms. Forney and
1105 Ms. Collett, I would like to ask you. Both of you referenced
1106 data collection and data reporting.

1107 How do each of you think that that would make a difference
1108 if we were to engage in that aggressive data collection and data
1109 reporting that you both described? Where would that go?

1110 Ms. <Forney.= I would say that the key to this is that we

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1111 would have real information. Facts, as opposed to estimations.

1112 The fact that there are certain states that don't even submit
1113 their data for the CDC makes it impossible for us to really follow
1114 the numbers and track injuries and deaths.

1115 Whenever a woman dies by abortion the underlying cause is
1116 featured instead of the abortion on the death certificate.

1117 These things are creating data confusion, if you will. So
1118 I believe that if we are really interested in caring about women,
1119 we start with getting good information so we are not using data
1120 from organizations that have predetermined agendas.

1121 Ms. <Collett.= Congressman Burgess, the fact is that to
1122 the extent there is good data, it is, largely, from European
1123 countries where they have universal health care and that creates
1124 a database for the investigators that want to look at the
1125 psychological harms that can arise from abortion, whether they
1126 were based on a preexisting psychological weakness. They also
1127 have better data on the correlation between suicide and
1128 post-abortion experience.

1129 So we don't have a comprehensive health care system and I
1130 am glad we don't, frankly. But we could have comprehensive
1131 reporting, which we simply do not have in this country.

1132 Even Stanley Henshaw, the former demographer for Planned
1133 Parenthood and who worked at Guttmacher, has complained that the
1134 data that they have is incomplete. Eighty percent of the

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1135 abortions in this country are reported to the CDC. But that
1136 leaves 20 percent with no reports on them, including the state
1137 of California.

1138 Mr. <Burgess.= Well, it is just interesting. Yesterday
1139 in a different subcommittee we had a hearing on self-driving cars.
1140 I realize that sounds unrelated.

1141 But the almost universal in all the witnesses that were there
1142 was the acknowledgment that we needed good data on safety and
1143 accidents and to be able to legislate around that space was it
1144 was virtually required to have the information. That's why when
1145 both of you brought that up this morning it struck me that that
1146 is something that where I think we would all benefit.

1147 Ms. Collett, let me just ask you, because so much is made
1148 on the statement of no restriction prior to viability and the
1149 age of viability, is that something that was set in court decree
1150 or has that ever been set in statute, the determination of
1151 viability?

1152 Ms. <Collett.= In fact, the U.S. Supreme Court has addressed
1153 statutes that attempted to statutorily define the stage of
1154 viability, and as Dr. Robinson and Ms. Northup testified, the
1155 court has held that it is an individual physician's decision
1156 which, based on--you, as a doctor, know that there are certain
1157 conditions, prenatal conditions, that would affect the viability
1158 of the pregnancy in general. So that statement regarding the

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1159 standard is correct. But the Supreme Court has always upheld
1160 the right of states to regulate.

1161 Early on it was the second trimester for women's health and
1162 then in the last trimester, of course, to protect the unborn life.

1163 And now, under Casey, that's not even the standard. The standard
1164 is does the law create a substantial obstacle to a woman's access
1165 to abortion.

1166 Mr. <Burgess.= But it just strikes me through the continuum
1167 of my professional career that level of viability has--Parkland
1168 Hospital, we were told we had to get a gestation of 33 weeks if
1169 there is going to be any hope. Twenty-three weeks was my
1170 individual level, and then we saw at the State of the Union 21
1171 weeks.

1172 So it does seem to be changing. Are we able--are we
1173 technically capable of keeping up with the fact that the actual
1174 length of gestation is changing for viability?

1175 Ms. <Collett.= We are seeing many legislatures examine that
1176 very question and sometimes it's not simply the duration of
1177 viability but as well as the weight--the estimate of weight--which
1178 is why ultrasound is so important.

1179 Mr. <Burgess.= Thank you, and I yield back.

1180 Ms. <Eshoo.= The gentleman yields back.

1181 A pleasure to recognize the chairman of the full committee,
1182 Mr. Pallone, for his five minutes of questions.

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1183 The <Chairman.= Thank you, Madam Chair, and I want to thank
1184 the witnesses for being here because this hearing is an important
1185 step towards, or forward I should say, in protecting access to
1186 abortion and stopping unnecessary state laws that intrude on a
1187 woman's ability to exercise her constitutionally-protected right
1188 to abortion.

1189 But I want to focus on the actual bill today and what that
1190 means for abortion access. So let me start with Ms. Northup.

1191 Will you discuss why you believe the Women's Health
1192 Protection Act is necessary and what effect the bill would have
1193 if it became law? Briefly.

1194 Ms. <Northup.= So yes, necessary. Yes, necessary, as we
1195 have been talking about this morning, the avalanche of laws.
1196 And what the Women's Health Protection Act does is make sure that
1197 doctors have a right to provide services free from unnecessary
1198 regulations and unscientific regulations and women have a right
1199 to get that care.

1200 And what it does is both specify the type of medically
1201 unnecessary laws that are burdensome. So admitting
1202 privileges--like, we are twice up in the Supreme Court fighting
1203 about that, even though the Supreme Court has decided.

1204 Waiting periods that aren't medically necessary. The kind
1205 of hallmark or hallway restrictions and so forth that aren't
1206 necessary. And that it also provides a broader test for new kinds

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1207 of things that will come up, to make sure that they are medically
1208 based.

1209 And the reason why it's necessary, even though we win
1210 hundreds of cases including the last one in the Supreme Court,
1211 even after we won that Supreme Court case over a hundred new
1212 restrictions were passed in the state disregarding the Supreme
1213 Court's clear guidance that you have to actually advance women's
1214 health.

1215 The Supreme Court found that Texas's admitting privileges
1216 did not advance women's health. But the laws keep coming.

1217 We need a statute that makes it clear that we are going to
1218 have fact-based medically-based scientifically-based
1219 regulations, not these underhanded tactics to shut clinics and
1220 block women from care.

1221 The <Chairman.= Thank you.

1222 Dr. Robinson, how would the bill change your practice if
1223 health care providers had a statutory right to provide abortion
1224 services and that your patients would also have a right to receive
1225 such services? Briefly.

1226 Dr. <Robinson.= Well, we know that abortion care needs to
1227 be safe and it needs to be readily accessible for all patients,
1228 and these restrictions are making it where it places barriers
1229 that makes it more difficult for these patients to access the
1230 care that they need.

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1231 So the Women's Health Protection Act will ensure that
1232 patients can receive the care they need without constant
1233 regulations coming down that are constantly chipping away at that
1234 care.

1235 The <Chairman.= All right. Thank you.

1236 Back to Ms. Northup, and maybe just yes or no, would the
1237 bill in any way require or mandate that providers provide abortion
1238 if they did not want to?

1239 Ms. <Northup.= No.

1240 The <Chairman.= And can you describe how the bill would
1241 impact the limitations and restrictions that have been placed
1242 on abortion care at the state level?

1243 For example, would the requirement that a provider offer
1244 medically inaccurate information in advance of an abortion be
1245 allowed to stand? Why don't you just address that since you kind
1246 of addressed the others before?

1247 Ms. <Northup.= No, you cannot--the Women's Health
1248 Protection Act would stop these laws that require doctors to
1249 provide medically inaccurate information to women.

1250 So, for example, right now there are many state laws that
1251 are requiring doctors to tell women that medication abortion is
1252 reversible. I mean, that is scientifically untrue.

1253 The American Medical Association is suing the state of North
1254 Dakota on behalf of the doctors in that state to say you cannot

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1255 force doctors to tell patients things that aren't true.

1256 The <Chairman.= All right. Now, it is my understanding
1257 that the bill specifically ensures that state laws can be
1258 maintained if they demonstrate that the requirement significantly
1259 advances the safety of abortion services or the health of
1260 patients. Is that correct?

1261 Ms. <Northup.= Absolutely.

1262 The <Chairman.= Well, given this, is there anything in the
1263 bill that would make the provision of abortion care less safe?

1264 Because I know we have heard that from some of the--

1265 Ms. <Northup.= Absolutely not, and it has been clear by
1266 the American Medical Association, including the brief they just
1267 filed in the Supreme Court. Abortion is a safe procedure.

1268 The <Chairman.= Okay. I just want to thank you. The bill,
1269 in my opinion, is critical to ensuring that health care providers
1270 can provide the care they are trained to provide free of
1271 unnecessary restrictions.

1272 I always worry about, you know, efforts on the federal level,
1273 let alone the state level, where we try to tell doctors what they
1274 should do or not do, even though they are the experts.

1275 And, you know, so I think it is important that patients get
1276 the care they need and that they are constitutionally entitled
1277 to, and I am proud to support the bill and I believe it is an
1278 important legislative solution to protect access to abortion,

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1279 which increasingly is not available.

1280 And as Dr. Robinson pointed out, it can't be that in New
1281 Jersey you can get an abortion but in Alabama it's almost
1282 impossible. So I appreciate all of your statements. Thank you.

1283 Thank you, Madam Chair.

1284 Ms. <Eshoo.= The gentleman yields.

1285 And it is a pleasure to recognize the gentleman from
1286 Illinois, Mr. Shimkus, for his five minutes of questioning.

1287 Mr. <Shimkus.= Thank you, Madam Chairman.

1288 Before I start, I just want to congratulate you and my
1289 colleagues. This is such a tough issue and if we continue to
1290 deal with this with dignity and respect I think it'll bring some
1291 luster back onto the legislative branch that we can have this
1292 tough discussion.

1293 Let me--we got a lot of diversity in this hearing room.
1294 Why are we, as individual humans, diverse? What is it that makes
1295 us different? Anyone know, on the panel? Anyone?

1296 Okay. We all have separate DNA. It is our DNA strand that
1297 defines who we are and all our differences. Red hair, blond,
1298 black hair. And when is a separate DNA formed, Dr. Robinson,
1299 of an individual? I mean, you are a doctor so you should know
1300 this. When is a separate distinct DNA of an individual formed?

1301 Dr. <Robinson.= I don't know that that question has ever
1302 been posed to me or that I have thought about it so--

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1303 Mr. <Shimkus.= Okay. Well, let me just say--anyone want
1304 to answer that question?

1305 Ms. Collett?

1306 Ms. <Collett.= Congressman, Dr. Jerome Lejeune provided
1307 comprehensive testimony on this point at a trial court level in
1308 Tennessee. That testimony is available and I would be happy to
1309 forward it to your office. It is at the moment that the sperm
1310 and the egg unite.

1311 Mr. <Shimkus.= It is at the moment of conception. Half
1312 the DNA--

1313 Ms. <Collett.= Conception, in the medical literature, has
1314 changed. So it is at the moment of fertilization. Some medical
1315 journals use conception to mean implantation.

1316 Mr. <Shimkus.= Okay. Thank you for that.

1317 The point being is that half of the DNA comes from the woman,
1318 half from the male, and that makes you distinct separate entity,
1319 and I think that is important.

1320 When does a child's heart begin to beat on its own inside
1321 the womb? Anyone know?

1322 Ms. Forney?

1323 Ms. <Forney.= I believe it is 28 days.

1324 Mr. <Shimkus.= Six to seven weeks is what most--

1325 Ms. <Forney.= No. I mean I think it is 28 days, which would
1326 be more like four weeks.

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1327 Mr. <Shimkus.= Dr. Robinson?

1328 Dr. <Robinson.= I don't know the exact answer to that but
1329 I know that based off of--

1330 Mr. <Shimkus.= Can you give me a ballpark? Can you give
1331 me a ballpark? Is six--

1332 Dr. <Robinson.= Well, I can tell you what I see in my
1333 practice. Usually around six weeks I can see cardiac activity
1334 on an ultrasound.

1335 Mr. <Shimkus.= No, is six--all right. All right.
1336 Reclaiming my time. Reclaiming my time.

1337 When does the brain activity of an unborn child start
1338 occurring? Anyone want to--I think the scientific literature
1339 says six to seven weeks, maybe even before that.

1340 Then the age of viability. Twenty-three states identify
1341 either between 20 weeks or 24 weeks as the age of viability, from
1342 Mississippi to Pennsylvania.

1343 The president did have, as was mentioned, a child in the
1344 gallery who was 21 weeks and six days old who is now a healthy
1345 two-year-old child. Under this bill, would it be legal to abort
1346 an unborn baby at 21 weeks?

1347 Ms. Forney? Just answer--just answer it.

1348 Ms. <Forney.= I believe it is because--

1349 Mr. <Shimkus.= Okay.

1350 Ms. <Forney.= --the whole idea is to remove all

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1351 restrictions. I have not read it--

1352 Mr. <Shimkus.= Okay. Let me go to--let me go to Ms.

1353 Collett.

1354 Ms. <Collett.= Congressman, the bill allows post-viability

1355 and pre-viability based on--post-viability based on health.

1356 Pre-viability must be unrestricted. And so yes.

1357 Mr. <Shimkus.= Okay. So here is the other concerns and

1358 troubles I have with--we had a debate on a chemical

1359 substance--per- and polyfluorinated compounds. We tried to

1360 address the issue of vulnerable populations and we tried to make

1361 sure that it comported with federal law, which was the Unborn

1362 Victims of Violence Act.

1363 We know that it is against the law and you are considered

1364 a capital criminal crime if you attack a pregnant woman and that

1365 unborn baby dies. Is that correct?

1366 Ms. <Collett.= Congressman, in fact New York revised its

1367 law so it is no longer an independent crime. It is simply

1368 considered a--

1369 Mr. <Shimkus.= But public law, which we passed here 108

1370 to 12, the Unborn Victims of Violence Act identifies the unborn

1371 child in any part of pregnancy even prior to the age that they

1372 could live, in essence, outside the womb. Is that correct?

1373 Ms. <Collett.= That is correct.

1374 Mr. <Shimkus.= Madam Chairman, thank you. My time has

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1375 expired.

1376 Ms. <Eshoo.= The gentleman yields back.

1377 It is a pleasure to recognize the gentleman from New York,
1378 Mr. Engel, for his five minutes of questions.

1379 Mr. <Engel.= Thank you. Thank you, Madam Chair, and thank
1380 you to all of the witnesses.

1381 Let me start with Ms. Alvarado. I was--I want to thank you
1382 for your service, first of all, and I was very moved by the fact
1383 that, you know, we are--we rely on you to keep us safe but we,
1384 in some instances, don't want to give you the opportunity to do
1385 what you feel is right with your own body and I thought that your
1386 testimony was very heartfelt.

1387 Ms. <Alvarado.= Thank you.

1388 Mr. <Engel.= The abortion issue has always been an issue
1389 that both sides take stands and kind of butt heads with each other.

1390 You know, my third child was born when I was 46 years old and
1391 my wife was 40. We didn't expect it, and we made a choice to
1392 have the child.

1393 But that was our choice. I do think that people have the
1394 right to make that choice for themselves and people who feel that
1395 abortion is not something they would consider for moral reasons
1396 or anything else, then I believe that they need to do whatever
1397 they feel in their heart.

1398 I don't believe that they ought to be restricting other

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1399 people who may feel differently and that, to me, is very, very
1400 important.

1401 Now, since 2011 we have seen a tide of Republican-controlled
1402 states pass about 450 medically unnecessary restrictions that
1403 limit access to abortion care and make it harder for women to
1404 get comprehensive health care services.

1405 Ms. Northup, can you describe how these state laws and
1406 restrictions limit access to abortion care and what outcomes have
1407 been in states that have enacted them?

1408 Ms. <Northup.= Yes. The outcome of the state restrictions,
1409 many which are designed to make it very hard to provide abortion
1410 services, is that clinics do in fact close and when clinics close
1411 women have to travel farther. They need to take time off. They
1412 need to sometimes make multiple trips and drive hundreds of
1413 thousands of miles.

1414 And an example of this is the state of Texas, which is the
1415 case we took to the Supreme Court in Whole Women's Health v.
1416 Hellerstedt.

1417 Texas passed an admitting privileges law, which is not
1418 medically justified which the Supreme Court found did not advance
1419 women's health at all because hospitals within, you know, 30 miles
1420 of an abortion provider can turn down admitting privileges for
1421 every reason that they want--economic basis of the hospital or
1422 that they don't like the provision of abortion services and

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1423 they're not going to give providers privileges, and half the
1424 clinics in the state of Texas closed. And that was the case until
1425 we won the Supreme Court case and they could never reopen because
1426 it had been years of litigation.

1427 So it's an example of the devastation and when those clinics
1428 close it's not just abortion services that lost but can be family
1429 planning services, STI services, and other important parts of
1430 women's health care.

1431 Mr. <Engel.= Well, how do states justify these laws when
1432 they know that so many of these restrictions are designed to limit
1433 access to what's really a constitutionally protected right?

1434 Ms. <Northup.= Well, I think it shows the fact that they
1435 are pretextual laws. They purport that they're about health care
1436 but it's proved in court case after court case that they are not,
1437 and again, it is why the American Medical Association and 14
1438 medical groups have filed a brief in the Supreme Court and the
1439 case will be argued in three weeks to say that these are--abortion
1440 is a safe procedure and the admitting privilege law in Louisiana,
1441 just like Texas, doesn't advance women's health.

1442 Mr. <Engel.= Well, a number of the state laws and
1443 regulations you have described have been struck down by the courts
1444 and most notably in 2016, as you just mentioned, the Supreme Court
1445 struck down two Texas state laws that required abortion providers
1446 to have hospital admitting privileges and retrofit their clinics

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1447 as ambulatory surgical centers.

1448 So could you again tell us why it is critical that we have
1449 a legislative solution to address state abortion restrictions
1450 instead of just relying on the courts to ensure that the
1451 constitutional right to abortion is maintained?

1452 Ms. <Northup.= Absolutely. So for those of us who litigate
1453 in the courts it is like playing whack-a-mole. We win a case
1454 and the next thing comes up again. After Whole Women's Health
1455 more than a hundred restrictions have been passed.

1456 The Women's Health Protection Act would provide statutory
1457 guidelines that are very clear about what is not permitted and
1458 also a statutory test that would make sure that courts had to
1459 follow it.

1460 Right now, unfortunately some courts are not following the
1461 Supreme Court's jurisprudence and that is the case in Louisiana
1462 with the U.S. Court of Appeals for the 5th Circuit, which is why
1463 we are back in the Supreme Court again on the same issue we already
1464 won.

1465 And also we don't want to necessarily rely only on the courts.
1466 Congress has the authority to protect our constitutional rights
1467 as well.

1468 Mr. <Engel.= Thank you. I know my time is up. Thank you,
1469 Madam Chair.

1470 Ms. <Eshoo.= The gentleman yields back.

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1471 It is a pleasure to recognize the gentleman from Kentucky,
1472 Mr. Guthrie, for his five minutes of questions.

1473 Mr. <Guthrie.= Thank you very much.

1474 When we were having our first child--she's 26 now--almost
1475 27 years ago we went to--we thought we were going to have twins
1476 and we thought that it could be twins so we--back then they did
1477 the ultrasound, and at 10 weeks old she was the size of a Teddy
1478 Graham and if you're not as old as I am I guess about the size
1479 of a gummy bear.

1480 She was sucking her thumb and had her own little personality
1481 and her own--so, I mean, no matter where you are on this issue
1482 you can't deny these are human beings, I mean, and whether you
1483 feel they have the right to life or not that is a different
1484 question, I guess, for some people. But they are human beings.

1485 Well, now my 26-year-old is going to have our first
1486 grandbaby. When she was 13 or 14 weeks along we went to see the
1487 ultrasound and our little granddaughter-to-be, hopefully on May
1488 19th, was sucking her thumb just like her mother and it was just
1489 amazing.

1490 It was almost looking at the same picture other than it's
1491 clearer. And so these are distinct and individuals with their
1492 own personalities and they require their mothers to come into
1493 this world and to be life--to get into life.

1494 And so as we were looking at some of the questions my

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1495 colleague just asked, I was going to ask about so H.R. 2975 states
1496 that women's health is--access to health care is reduced because
1497 of abortion--anti-abortion laws.

1498 And, Ms. Collett, I mean, if you'd just kind of answer, maybe
1499 rebut some of the stuff that we just heard. My understanding
1500 is they have--federal qualified health centers are available.

1501 Just because a place providing abortion services isn't available
1502 everywhere doesn't mean women aren't getting access to good health
1503 care.

1504 Could you comment on what was just said?

1505 Ms. <Collett.= Certainly.

1506 Ms. Northup I believe mischaracterized the Hellerstedt case.

1507 The Texas evidentiary record in that case was that there were
1508 some difficulties in obtaining admitting privileges. But they
1509 did not have a legislative record nor did they have the
1510 disciplinary record of physicians and clinics that exist in
1511 Louisiana.

1512 In my written testimony, which I would ask to have submitted
1513 as part of the record, I actually quote the 5th Circuit.

1514 Ms. <Eshoo.= All written testimonies are part of the record.

1515 Ms. <Collett.= Thank you, Madam Chair.

1516 I quote Judge Elrod of the 5th Circuit where she notes that
1517 there was even a challenge on the part of the abortion clinics
1518 as to whether the Supreme Court could see the evidentiary record

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1519 because of the overbroad protective order that was given at the
1520 trial court level.

1521 Nonetheless, the Louisiana Department of Health has multiple
1522 findings that clinics had unsanitary conditions that physicians
1523 were--that were hired were unqualified in the area. In one case,
1524 they hired an ophthalmologist to perform abortions.

1525 And so the record in the Louisiana case is very, very
1526 different than the record that was in Hellerstedt. I am very
1527 optimistic, in fact, that the state of Louisiana will prevail
1528 in that case. But that is the distinction. As far as access,
1529 even the Guttmacher Institute has published multiple papers
1530 showing that regulation is not the primary cause for the decline
1531 in access.

1532 They have as late as 2018 said that there are other reasons
1533 for the decline in the abortion rates that, while it is a factor,
1534 things like the fact that abortion rates have declined by 50
1535 percent.

1536 Women are making different choices, and when that--when you
1537 lose 50 percent of your market for services you are going to have
1538 clinics close. It is very simple. And as I testified earlier,
1539 Planned Parenthood has the strategy of mega clinics now. One
1540 exists in St. Paul near my home. Another exists in Houston.

1541 The newspapers report that they expect to increase their
1542 patient rate to a thousand more people. That is going to affect

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1543 the smaller clinics. And, as Dr. Robinson herself testified,
1544 there are times when clinics are located nearby but that patients
1545 choose to go to other clinics for various reasons. Part of that
1546 might be the reputation of the clinic, in part.

1547 So the simple fact is that as far as STI treatment, as far
1548 as prenatal care, that is available from other facilities and
1549 if you really are worried about women's health let's deal with
1550 the fact that over 50 percent of the counties in this country
1551 do not provide obstetrical care in their hospitals.

1552 Mr. <Guthrie.= Well, thanks.

1553 I also have a question. So the bill before us, H.R. 2975,
1554 forces states to allow abortion regardless of a patient's reasons
1555 for seeking abortion. Does that mean that you can have an
1556 abortion for any reason--for any reason along with this bill,
1557 Ms. Collett?

1558 Ms. <Collett.= Congressman, that is the state of the law
1559 currently pre-viability, and even in many states post-viability.

1560 For example, in my home state of Minnesota--

1561 Mr. <Guthrie.= So I only have 15. So sex selection would
1562 be a viable reason?

1563 Ms. <Collett.= Sex selection would be permitted, yes, as
1564 would for racial reasons or for the disabilities of the child.

1565 Mr. <Guthrie.= Okay. Thank you. I only have five seconds
1566 to ask another question. So I will yield back. Thank you for

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1567 your answers.

1568 Ms. <Eshoo.= The gentleman yields back.

1569 It is a pleasure to recognize the gentleman from North
1570 Carolina, Mr. Butterfield, for his five minutes of questions.

1571 Mr. <Butterfield.= Thank you very much, Madam Chair, for
1572 yielding time and let me thank the five witnesses for their
1573 testimony today.

1574 I know this is an important topic that we all must continue
1575 to have a conversation about. I spent 30 years in a courtroom--15
1576 years as a lawyer, 15 years as a judge--and I know that people
1577 feel very strongly about this subject.

1578 Years ago I was very conflicted on the whole subject of
1579 abortion and where I should come down as an American citizen,
1580 as a human being. But Roe v. Wade seems to be the guiding star.

1581 That is the law of the land and that is what is guiding me in
1582 my thinking.

1583 And so I want to first begin by saying that I am struck that
1584 the Supreme Court has chosen to consider a case that will
1585 reevaluate settled law and, once again, throw in the question
1586 nearly 50 years of precedent. And so that is where I want to
1587 go this morning.

1588 Ms. Northup, can you--before I go to Ms. Northup, let me
1589 just ask Ms. Collett. We keep straying away from the whole
1590 conversation about contraception.

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1591 Now, where are you on contraception? Do you support
1592 contraception as a means of birth control?

1593 Ms. <Collett.= Congressman, that question was answered by
1594 the Supreme Court in the Eisenstadt case as well as--

1595 Mr. <Butterfield.= I am talking about--Ms. Collett, where
1596 are you on contraception?

1597 Ms. <Collett.= I am post-menopausal, Congressman, so it
1598 is really not a relevant question to me.

1599 [Laughter.]

1600 Mr. <Butterfield.= Well, I determine what is relevant and
1601 I would hope that you would answer the question. But let me--let
1602 me continue. Time is--time is precious.

1603 Ms. Northup, can you tell us a little bit about this case
1604 the Center for Reproductive Rights is currently litigating and
1605 what your--what the outcome means for abortion jurisprudence in
1606 this country?

1607 Ms. <Northup.= Yes. So as I have testified before, the
1608 Center for Reproductive Rights won the case of Whole Women's
1609 Health v. Hellerstadt against Texas, both striking down its
1610 admitting privileges law and its requirement that every abortion
1611 clinic in Texas be an ambulatory surgical center.

1612 The state of Louisiana, despite that ruling, has persisting
1613 in insisting that it can have an admitting privileges law and
1614 that admitting privileges law will have just as devastating

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1615 effects in Louisiana.

1616 It would close all but one clinic and leave a million women
1617 in the state of Louisiana to have access to just one abortion
1618 provider.

1619 And so the district court agreed that it was
1620 unconstitutional. It found that it had no medical basis as in
1621 the Texas case in the Supreme Court and that it would harm women.

1622 The U.S. Court of the 5th Circuit, as we argued in the Supreme
1623 Court, disregarded both the fact findings of the trial court and
1624 disregarded the Supreme Court's standard.

1625 So we are back in the Supreme Court to make sure this law
1626 doesn't go into effect.

1627 Mr. <Butterfield.= You are a 501(c)(3). Is that right?

1628 A (c)(3)?

1629 Ms. <Northup.= Yes, we are. Yes, we are nonprofit.

1630 Mr. <Butterfield.= Correct? Okay.

1631 Ms. <Northup.= That is correct.

1632 Mr. <Butterfield.= All right.

1633 Ms. <Northup.= I would also like to just straighten out
1634 what was said by Ms. Collett about the Louisiana case. Louisiana,
1635 indeed, tried to muddy up the record and put allegations that
1636 she went through into the record.

1637 The Supreme Court denied their attempt to do that.

1638 Mr. <Butterfield.= Is it fair to say that the major

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1639 difference between the June medical case and the 2016 Whole
1640 Women's Health decision is that the Supreme Court now has two
1641 new justices? Would that factor into your opinion?

1642 Ms. <Northup.= Well, the only thing that has changed is
1643 there are two new justices on the Supreme Court. Otherwise, it
1644 is still not a medically benefiting law. It still harms women.
1645 That has not changed.

1646 Mr. <Butterfield.= Is there any meaningful difference in
1647 the current case that would warrant a different outcome from the
1648 court's decision just four years ago?

1649 Ms. <Northup.= No. The law that is challenged is
1650 identical, not similar. It is identical.

1651 Mr. <Butterfield.= I fear that the court's decision to hear
1652 this case less than four years after its decision has
1653 ramifications not just for abortion access but for the
1654 impartiality of the entire court system.

1655 I am disturbed by the implications of injecting ideology
1656 and distrust into our legal process. I am really concerned about
1657 that. You know, you and I are lawyers and when we take our
1658 attorney oath, you know, not only do we swear that we will
1659 represent our clients zealously but we will protect the integrity
1660 of the judiciary. We would hold public confidence in the court
1661 system and I am really--I am disturbed about the implications
1662 of injecting ideology into the legal process.

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1663 What signal does it send that the court is considering a
1664 factually identical case less than four years after the earlier
1665 case?

1666 Ms. <Northup.= Well, we did ask for the court to take the
1667 case because of the 5th Circuit not following their precedent.

1668 So we are hoping that the Supreme Court, indeed, does follow
1669 their precedent because otherwise the floodgates will open to
1670 even more restrictions. States will know that anything goes.

1671 Mr. <Butterfield.= And it will divide this country more
1672 than anything that we have seen in recent years and I don't want
1673 to see that happen.

1674 Thank you, Madam Chair. I yield back.

1675 Ms. <Eshoo.= The gentleman yields back.

1676 A pleasure to recognize the gentleman from Virginia, Mr.
1677 Griffith, for his five minutes of questions.

1678 Mr. <Griffith.= Thank you very much.

1679 Ms. Collett, would H.R. 2975 eliminate state laws requiring
1680 a person to wait for a period of time between first visiting a
1681 provider and having an abortion?

1682 Ms. <Collett.= It would.

1683 Mr. <Griffith.= Would it eliminate state laws requiring
1684 providers to obtain informed consent before an abortion takes
1685 place?

1686 Ms. <Collett.= It would certainly limit what was required

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1687 for informed consent.

1688 Mr. <Griffith.= Would it eliminate state laws requiring
1689 abortion clinics to meet certain medical standards?

1690 Ms. <Collett.= It would.

1691 Mr. <Griffith.= Would it eliminate state laws--

1692 Ms. <Collett.= I am sorry, Mr. Congressman.

1693 Mr. <Griffith.= Yes?

1694 Ms. <Collett.= To the extent like in Louisiana where
1695 abortion clinics are regulated in the same way as ambulatory
1696 surgical centers, it might allow that since it is a general law.

1697 Mr. <Griffith.= Would it eliminate state laws that
1698 establish certain educational professional standards for those
1699 who perform abortions?

1700 Ms. <Collett.= It could.

1701 Mr. <Griffith.= And would it eliminate state laws that have
1702 created licensing and inspection requirements for abortion
1703 clinics?

1704 Ms. <Collett.= To the extent that they differ from many
1705 others, yes.

1706 Mr. <Griffith.= Okay. You know, I asked those questions
1707 because those are all things that I think are reasonable,
1708 particularly in many states the 24-hour waiting period.

1709 And you have an active practice. When I was actively
1710 practicing I counselled clients going into a divorce or other

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1711 litigation, all right, here's where--here is where we are at.

1712 Here is what I would recommend if you choose to go forward.

1713 Go home and sleep on it.

1714 That seems to be very reasonable. Do you do the same in
1715 your practice? Do you think that is a reasonable request, that
1716 people sleep on it before they make a final decision? Even on
1717 litigation--we are talking about something much more serious than
1718 that.

1719 Ms. <Collett.= Just for purposes if my dean is reading the
1720 transcript, I am a full time academic with an active practice
1721 as well.

1722 Mr. <Griffith.= As well. Right.

1723 Ms. <Collett.= But yes, when I counsel clients--I started
1724 in estate planning and when people wanted to file a will contest
1725 I would, obviously, say you need to go home and think about this
1726 and its impact on your family.

1727 Mr. <Griffith.= Right. Because an estate fight means that
1728 the family may never get back together again and that there are
1729 going to be a lot of hurt feelings.

1730 Ms. <Collett.= That is exactly right.

1731 Mr. <Griffith.= Here we are talking about a life. It seems
1732 very reasonable to me. Now, you and Ms. Northup have got a battle
1733 going on and she made comments earlier to straighten you out.

1734 Is there anything that you would like to respond to that she

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1735 made in those comments?

1736 Ms. <Collett.= Well, I just mentioned that unlike Texas,
1737 Louisiana's requirements are mirrored in their ambulatory
1738 surgical center requirements. And so that, too, makes the case
1739 unique.

1740 Mr. <Griffith.= Yes. You know, it is interesting. The
1741 Virginia legislature this year is changing a lot of our laws
1742 related to abortion. But the Senate bill that was decided on
1743 a tie-breaking vote by the lieutenant governor, Justin Fairfax,
1744 does not eliminate Virginia's requirement for informed written
1745 consent.

1746 This bill would impact that possibly?

1747 Ms. <Collett.= Again, the general requirement of informed
1748 consent could possibly be successfully defended. But specific
1749 types of information that would be required could be struck down.

1750 Mr. <Griffith.= Now, I am going to ask you this one and
1751 I am not sure the bill directly deals with it. But I want your
1752 interpretation of it.

1753 Last year there was a controversy in Virginia related to
1754 time of birth abortion. It came up as a result of the Kathy Tran
1755 bill.

1756 Would this bill make time of birth abortion available?

1757 Ms. <Collett.= If I understand that phrase, I suspect it
1758 comes from the governor's statement that a child would--

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1759 Mr. <Griffith.= Actually, it came from Tran's testimony.

1760 The governor went further--went a step further to infanticide.

1761 The Tran bill actually didn't do that.

1762 It just said that if there was an emotional reason that a
1763 single doctor and the mother could decide to abort the baby even
1764 after contractions had begun and the mother was dilated and ready
1765 to deliver. Would this bill impact that in any way?

1766 Ms. <Collett.= I have not considered that question. But
1767 it seems likely.

1768 Mr. <Griffith.= Would you--would you be kind enough to
1769 consider it after today's hearing and let me know?

1770 Ms. <Collett.= I would be delighted.

1771 Mr. <Griffith.= Thank you very much. I appreciate all of
1772 your testimony. I know this is an emotional issue for everybody.

1773 We are just trying to do what we think is right.

1774 And I yield back.

1775 Ms. <Eshoo.= The gentleman yields back.

1776 And it is a real pleasure to recognize the gentlewoman from
1777 California, Ms. Matsui, for her five minutes of questions.

1778 Ms. <Matsui.= Thank you very much, Madam Chair, and I want
1779 to thank the witnesses for being here today on this very important
1780 discussion that we are having here today.

1781 First of all, Ms. Northup, I want to--following up on the
1782 previous question, would you please clarify what you believe this

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1783 bill would and would not do?

1784 Ms. <Northup.= Yes. There is nothing in this bill that
1785 would change anything about the viability standard of the Supreme
1786 Court and the fact that post-viability--it is up to states to
1787 decide as long as there is an exception for women's life and
1788 health.

1789 So we have heard things this morning that suggest that this
1790 would do something else. It doesn't change Roe v. Wade in any
1791 way in that regard.

1792 What it does is simply say that if there is a regulation
1793 targeted just at abortion providers that is not medically
1794 justified that it doesn't stand, because that is what we have
1795 been dealing with.

1796 It is a very precise bill to address the fact that there
1797 has been this underhanded attempt to shut down clinics, block
1798 access to services with these pretextual bills.

1799 Ms. <Matsui.= Thank you very much for that clarification.

1800 I am particularly shocked by state laws compelling mandated
1801 speech for abortion providers. It is unsettling to me that
1802 policymakers are requiring doctors to give medically inaccurate
1803 misleading counselling sessions before an abortion. It is
1804 difficult enough.

1805 Most concerning to me are state laws that mandate the
1806 inclusion of inaccurate information about mental health outcomes

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1807 such as post-traumatic stress disorder, anxiety, and depression,
1808 even though the evidence does not demonstrate that this is the
1809 case.

1810 The American College of Obstetricians and Gynecologists
1811 states that laws compelling physicians to provide patients with
1812 medically inaccurate scripted information are in direct violation
1813 of physicians' oath of care.

1814 Dr. Robinson, do you agree?

1815 Dr. <Robinson.= Yes, I do.

1816 Ms. <Matsui.= In their written statement in support of the
1817 Women's Health Protection Act, the American College of
1818 Obstetricians and Gynecologists, ACOG, states that mandating
1819 medically inaccurate counselling manipulates informed consent,
1820 an ethical doctrine rooted in the concept of self-determination
1821 and the belief that patients have a right to make their own
1822 decisions regarding their health.

1823 Dr. Robinson, can you describe what it is like for you to
1824 have to tell your patients medically inaccurate information?

1825 Dr. <Robinson.= Well, with my patients it is already
1826 difficult for patients to make some health care decisions, and
1827 so complicating that situation and that interaction between me
1828 and my patients with requiring me to give them misinformation
1829 makes this even more complicated for the patients to make these
1830 decisions.

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1831 And then I know that it is difficult for the patient sitting
1832 there to hear me tell them one thing and then go back and tell
1833 them medically accurate information but tell them that my state
1834 requires them to do that.

1835 And if you don't mind, I just wanted to correct or just to
1836 go back to this thing that we keep talking about, about viability.

1837 We talk about the child that President Trump brought on the stage
1838 a couple of--about a week ago.

1839 The thing about viability is that is something that varies.

1840 We can't just put a gestational age on it. I know that he brought
1841 a child that was allegedly 21 weeks and six days at that time.

1842 In 15 years of practice, I have never seen a 21-weeker survive.

1843

1844 And, you know, as the Health Care Committee I think it's
1845 important for us to keep in mind that our job is to make sure
1846 that we make health care available for everyone and one of those
1847 things that we have to think about when we are talking about
1848 viability is the resources of the area.

1849 If you have hospitals that don't have the resources to
1850 support a 23-weeker or a 24-weeker--I can't talk about a
1851 21-weeker--I have never seen that medically happen--then they
1852 can't take care of--they can't even begin to try to keep these
1853 children alive.

1854 The other thing about it is that as hospitals are closing

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1855 there is nowhere for these women to go. So one of the things
1856 that we can do to ensure health and safety for everybody is, like,
1857 looking at ways to--for states that didn't take Medicaid expansion
1858 to do that so that these hospitals aren't closing at alarming
1859 rates.

1860 Ms. <Matsui.= Thank you very much.

1861 Dr. Robinson, in your professional opinion is there any
1862 medical necessity for a mandatory delay between an initial
1863 counselling session and the follow-up visit for an abortion?
1864 Yes or no?

1865 Dr. <Robinson.= Absolutely not.

1866 Ms. <Matsui.= Okay.

1867 Dr. <Robinson.= These women, when they come into my clinic,
1868 they have already thought about this long and hard. They put
1869 a lot of thought into this decision before they come through my
1870 doors.

1871 Ms. <Matsui.= Right.

1872 Dr. <Robinson.= And so to require them to wait an additional
1873 time frame only just puts an undue burden on them.

1874 Ms. <Matsui.= Okay. Given this, do you believe that the
1875 Women's Health Protection Act is needed to ensure states cannot
1876 arbitrarily and unnecessarily restrict access to care?

1877 Dr. <Robinson.= Absolutely. My state went from having a
1878 24-hour waiting period to a 48-hour waiting period. I can tell

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1879 you I have never met a woman in 15 years who felt like the
1880 counselling that she received from me changed her mind about
1881 whether she wanted to have an abortion or not.

1882 Ms. <Matsui.= Thank you very much, and I yield back.

1883 Ms. <Eshoo.= The gentlewoman yields back.

1884 I now recognize the gentleman from Florida, Mr. Bilirakis,
1885 for his five minutes of questions.

1886 Mr. <Bilirakis.= Thank you, Madam Chair. I appreciate it
1887 very much.

1888 In my limited time I would like to use this time to highlight
1889 pro-life voices in my district. Where appropriate, names have
1890 been changed to protect the privacy of the patients.

1891 I sincerely appreciate the faithful work of our nonprofit
1892 pregnancy centers like A Woman's Place medical clinic and A New
1893 Life Solutions and many others in and out of my district in the
1894 state of Florida, and the courage of my constituents to share
1895 their personal stories with our committee in order to better
1896 inform and guide.

1897 "Sandy came to us, having experienced multiple abortions
1898 in her past. She decided to choose life for this pregnancy.
1899 As a single woman she needed support. She has been attending
1900 our Elevate class program during her pregnancy and receiving
1901 emotional and spiritual support. We also gave Sandy information
1902 about the Passages of Hope post-abortion recovery program.''

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1903 Next, we have "Our clinic staff recently met with a young
1904 college student who was unsure about whether she could be pregnant
1905 because she had been on birth control. She shared that the timing
1906 would not be good for being pregnant because of school and
1907 finances, and was emotional even discussing how she could tell
1908 her parents.

1909 The father of the baby also shared concerns and said he did
1910 not feel he could be supportive of a decision to have a baby.

1911 During her sonogram, the client discovered she was very advanced
1912 in her pregnancy and left planning to find a late-term abortion
1913 clinic.

1914 Our clinic staff--these are the pregnancy centers again--our
1915 clinic staff faithfully followed up with this vulnerable young
1916 woman who eventually chose life for her baby. She and the father
1917 signed up for classes and have been regularly attending, receiving
1918 love, encouragement, and support.'

1919 And I have another constituent. She says, "I am a pro-life
1920 woman"--her name is Cindy--in my particular congressional
1921 district in Florida. "I found myself pregnant at 16 after a
1922 challenging childhood. I went to an abortion clinic to have an
1923 abortion because I wanted to break the cycle of generational
1924 poverty and abuse in which I have been raised. I didn't think
1925 I could do that while raising my own child. While in the clinic
1926 I was struck by the fact that if my own mother who had given birth

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1927 to me at 17 had made the choice I was about to make that I wouldn't
1928 exist. I couldn't go through with it and I left the clinic.
1929 I thank God for that choice every day. My daughter will be 23
1930 this month. She is about to graduate from college and will
1931 undoubtedly make a profound impact on the world. Having her
1932 changed my life for the better. I went to college and graduate
1933 school and I have spent more than 20 years working in public
1934 service. My child deserved the same choice I deserved--the
1935 chance to live.''

1936 Then we have Susan. Susan opened up to us and shared that
1937 she had a history of multiple abortions. She shared her
1938 circumstances and insecurities surrounding her current
1939 pregnancy.

1940 Susan said she was anxious regarding the father of the baby
1941 not being someone she was in a committed relationship with and
1942 that it is her son's friend's father.

1943 She also shared her desire to find connection and that she
1944 had been feeling very lonely. She agreed to an ultrasound,
1945 revealing that she was past her first trimester.

1946 Although feeling overwhelmed, she decided to move forward
1947 with her pregnancy and enrolled in our Elevate class program for
1948 support and encouragement.

1949 Again, I have additional testimonies, Madam Chair, from
1950 Floridians that due to time constraints I was unable to get to.

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1951 However, I ask unanimous consent, Madam Chair, for these voices
1952 to be included in the record, and I have--

1953 Ms. <Eshoo.= We will examine the documents and we will--

1954 Mr. <Bilirakis.= Thank you very much, and I thank the
1955 witnesses for their testimony.

1956 Ms. <Eshoo.= The gentleman yields.

1957 Pleasure to recognize the gentlewoman from Florida, Ms.
1958 Castor, for her five minutes of questions.

1959 Ms. <Castor.= Thank you, Madam Chair.

1960 Since we are in the Health Subcommittee, I would like to
1961 focus on the health impacts of and implications of the--of
1962 medically unnecessary restrictions on abortion care and how they
1963 interfere with the important doctor-patient relationship.

1964 The American College of Obstetricians and Gynecologists
1965 notes that, like all medical matters, decisions regarding
1966 reproductive health care including abortion care should be made
1967 by patients in consultation with their providers and without undue
1968 interference by outside parties.

1969 Like all patients seeking medical care, women seeking
1970 abortion care are entitled to privacy, dignity, respect, and
1971 support.

1972 Dr. Robinson, please discuss the value of the doctor-patient
1973 relationship in the care that you provide and how do waiting
1974 periods, inaccurate counselling mandates, criminal penalties on

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1975 doctors, and other restrictions on abortion impact that
1976 doctor-patient relationship?

1977 Dr. <Robinson.= Well, the relationship that I have with
1978 my patients is one of the most intimate relationships that I have.

1979 A lot of times these patients come to me in critical times needing
1980 guidance, needing support, and one of the things that I can tell
1981 you that they don't need is judgment.

1982 And with some of the regulations that are passed a lot of
1983 them are aimed at judging the patients, punishing them, and also
1984 punishing physicians, and this limits care. It limits options
1985 for patients.

1986 And as far as providers coming to the community it also
1987 weakens the community because it decreases the likelihood of other
1988 physicians being willing to come and practice in those areas,
1989 especially hostile areas.

1990 I am an obstetrician in addition to providing abortion care,
1991 and I see how this type of legislation is affecting the patients
1992 that I care for right now.

1993 I had a patient that was admitted to the hospital. She was
1994 pre-viable. She was not what has been recognized as the standard
1995 gestational age for viability, which is about 23 to 24 weeks.

1996 She was not that far along.

1997 And I saw that there was a physician who was co-managing
1998 this patient who was pushing this woman, trying to--focusing at

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1999 that time more on the fetus and not on the patient in front of
2000 them.

2001 And so this young lady, she actually had pre-eclampsia, which
2002 is a pregnancy-related condition where her blood pressures were
2003 really high. She had systolic blood pressures that were greater
2004 than 200 and diastolic blood pressures that were greater than
2005 120.

2006 We had tried to control her blood pressures with medication.

2007 But we do know that the only cure for pre-eclampsia is delivery.

2008 My hospital requires that I get consensus from another provider
2009 before I can proceed with doing what is best for that patient,
2010 which was emptying her uterus at that time.

2011 And I know, as a medical professional, that if I emptied
2012 her uterus at that gestational age her baby would not live outside
2013 of the womb. But that is what was needed.

2014 And I think that these type of restrictions and the threat
2015 of penalties to physicians it affects the way we care for patients
2016 and it further puts women in harm's way.

2017 And so this is going to add to the mortality--the infant
2018 mortality rates--maternal mortality rates that we are already
2019 seeing.

2020 Ms. <Castor.= That is a serious issue in America.

2021 Ms. Northup, I have taken some notes on some inflammatory
2022 language here today. Abortion on demand. Unlimited abortions

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2023 at every stage of pregnancy. Late-term abortion clinics.

2024 That is not how abortion care works, is it? I mean, Roe
2025 allows for restrictions on post-viability abortions so long as
2026 they contain adequate exceptions to protect the woman's life and
2027 health. Isn't that correct?

2028 Ms. <Northup.= That is absolutely correct. It is the
2029 constitutional standard and it is what is in the Women's Health
2030 Protection Act.

2031 Ms. <Castor.= I mean, for over 50 years Roe v. Wade has
2032 provided a right to privacy for women and families to make personal
2033 medical decisions. That was a landmark decision. It followed
2034 another very important decision that outlawed a--that said states
2035 cannot prohibit contraceptives--make that illegal. And these
2036 decisions have been fundamental to the wellbeing of women and
2037 families across America.

2038 Now we are dealing with politicians across the country who
2039 are mostly older men--let us be honest--in state legislatures
2040 and here in Congress.

2041 They are enacting undue burdens on health services and
2042 contraceptives, and you have the Trump administration that wants
2043 to take away the protection for preexisting conditions and
2044 eliminate health coverage, insurance coverage, that covers
2045 contraceptives.

2046 States and some in the GOP have urged that doctors be subject

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2047 to criminal penalties for necessary abortion care, have
2048 restricted what doctors can and can't say to their patients.
2049 That is dangerous.

2050 It is unsafe and it is wrong, and that is why we need to
2051 pass the Women's Health Protection Act so these decisions are
2052 made in consultation with physicians and not politicians.

2053 Thank you.

2054 Ms. <Eshoo.= The gentlewoman yields back.

2055 I now get to recognize the gentleman from Missouri, Mr. Long,
2056 for his five minutes of questions.

2057 Mr. <Long.= Thank you, Madam Chairwoman.

2058 And I am one of those older gentlemen that Ms. Castor was
2059 referring to, and the reason I am older is because I graduated
2060 high school in 1973.

2061 1973 was when they passed Roe v. Wade, as everyone knows,
2062 and I didn't understand it then and I don't understand it now.

2063 I don't make any apologies but to think that you can go in and
2064 take a human life never registered with me as a high school senior,
2065 and as an old man, as Ms. Castor calls me now, it still doesn't
2066 register with me.

2067 Ms. Forney, I want to thank you for being here today and
2068 sharing your story and the work of Silent No More awareness
2069 campaign, which you co-founded.

2070 As you know, there is close to 20,000 women associated with

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2071 this campaign and many thousands have shared their stories about
2072 the emotional and physical pain of abortion.

2073 Can you speak to the common thread in these women's lives
2074 following their decision to get abortions? What are the physical
2075 and emotional aspects the women who have reached out to you go
2076 through?

2077 Ms. <Forney.= Yes. Thank you, sir, for asking the
2078 question.

2079 The common thread is that the belief we had when we were
2080 facing a pregnancy that was unplanned, unwanted, that somehow
2081 or another that the abortion was going to solve it. The reality
2082 became after the procedure was done that it generated a trauma
2083 to us that created emotional and sometimes physical and certainly
2084 just a sense of unease. A lack of self-worth often is a common
2085 way that we describe how we feel about ourselves. I think a lot
2086 of that--and this is just my opinion--but that women are--we are
2087 designed physically to create life, to support life in our uterus
2088 and in our womb. And the idea that when we take those lives it
2089 kind of goes against the actual nature of how we were created.

2090

2091 So what the common thread becomes is that sense of regret,
2092 that sense of realizing that we didn't take the time to think
2093 about what we were doing and we wish we would have because now
2094 we look back and we recognize that the abortion didn't fix

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2095 everything as we had hoped it would.

2096 We can't reset the clock after a pregnancy. We can't go
2097 back to being un-pregnant. What we are dealing with now are women
2098 who have taken the lives of their unborn babies in the womb.

2099 And so living with that physical trauma of having an abortion
2100 happen to your body is physically traumatic. Then going through
2101 and seeing the emotional side of it--seeing other women pregnant,
2102 hearing a vacuum cleaner--these all become triggers that change
2103 how we can move forward.

2104 So that becomes the common thread. Thank you for asking
2105 the question.

2106 Mr. <Long.= Okay. You touched on my other two points there.
2107 Also going to ask you, you're also part of the Abortion Recovery
2108 Coalition. Can you tell us what this coalition is and what some
2109 of the programs are?

2110 Ms. <Forney.= Yes. It is really just an informal group
2111 of the different leaders--Save One, the Deeper Still Ministry,
2112 Surrendering the Secret, Forgiven and Set Free.

2113 We were all here in Washington last year for a meeting and
2114 afterwards we got together and we said, gosh, we should keep
2115 meeting and having opportunities to, you know, get to know each
2116 other better, get to know best practices of all these different
2117 ministries.

2118 And for Silent No More, we take all of those ministries and

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2119 we promote them as the healing resources that women and men and
2120 families can go to after they have had an abortion.

2121 So we really just--it is a very informal coalition. There
2122 is nothing--I mean, there is nothing more than a spreadsheet that
2123 created, you know, a conference call--a set of conference calls
2124 that we have named ourselves the Abortion Recovery Coalition.

2125 But it is that informal and I actually am the one who send out
2126 the emails and host the conference calls.

2127 Mr. <Long.= Okay. Thank you.

2128 And let me go to Ms. Collett for just one second in my last
2129 minute that I have here. Federal law and most state laws provide
2130 protections to individuals and institutions that consciously
2131 object to performing abortions, especially under religious
2132 freedom grounds.

2133 Does this bill maintain protections based on religious
2134 freedom?

2135 Ms. <Collett.= It does not. It specifically refers to the
2136 restoration of Religious Freedom Act and exempts this law from
2137 that. So the attack on providers of conscience will be swift
2138 and brutal.

2139 Mr. <Long.= Okay, and I had a little more but I am out of
2140 time. So I yield back. Thank you.

2141 Ms. <Eshoo.= The gentleman yields back.

2142 And I now recognize the gentleman from Maryland, Mr.

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2143 Sarbanes, for his five minutes of questions.

2144 Mr. <Sarbanes.= Thank you, Madam Chair. Thanks to the
2145 panel. Thank you to you, Ms. Alvarado, for your testimony. Very
2146 powerful testimony, particularly towards the end when you talked
2147 about how we trust you to protect us when you deploy on behalf
2148 of the country.

2149 But yet, some of these obstacles that are being thrown in
2150 the way of being able to have a safe abortion don't seem to trust
2151 your judgment to make what is a very deeply personal decision
2152 and I think you conveyed that it is not one you made lightly.

2153 You have thought about it and you reached a judgment and you
2154 made that decision.

2155 And the law of Roe v. Wade empowers you to make that decision.

2156 But your right to do that is increasingly imperiled by what we
2157 are seeing and what Ms. Northup has described.

2158 And I thought that it might be helpful to have you just touch
2159 again on the things that--the obstacles you encountered, the
2160 things that you felt challenged your own judgment in a way that
2161 was kind of disrespectful.

2162 And then perhaps, Ms. Northup, you could comment in each
2163 instance on how we are seeing that kind of roadblock or obstacle
2164 intensifying around the country. And at least three things that
2165 I think you touched on, Ms. Alvarado, that maybe you could talk
2166 about again was just limited accessibility and what that presented

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2167 as a challenge to those services, the waiting period requirement
2168 and then some of these very sort of customized prescribed
2169 counselling or materials that you required to review.

2170 So if you could just speak to that again and then, Ms.
2171 Northup, to the extent there is time if you could maybe jump in
2172 and talk about why those sorts of things are an increasing problem
2173 that we are seeing across the country, which really, I think,
2174 the sense on the part of many women is that rights that they thought
2175 were well protected and intact are now threatened and that is
2176 generating, I think, a high level of anxiety across the country.

2177 So--

2178 Ms. <Alvarado.= Thank you so much.

2179 I would like to first discuss the 24-hour waiting period.
2180 There were many 24 hours prior to the mandated 24 waiting period
2181 that Mr. Griffith described. So there was that prior to the
2182 actual procedure, two separate appointments.

2183 Because of health care access in North Dakota there is only
2184 one clinic, which meant that the two weeks prior to deployment
2185 there weren't any open availability appointments for not only
2186 the first appointment but the second appointment as well.

2187 This--as a law enforcement officer, these restrictions that
2188 were put in place made me feel unsafe. I had to travel 600 miles
2189 out of--300 miles out of Grand Forks, North Dakota, to a location
2190 that I did not know to undergo a process that I did not entirely

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2191 understand or know how expensive it would be, and I told no one
2192 where I was going. These put me at greater risk. These
2193 restrictions are dangerous for women and only serve to reinforce
2194 stigma.

2195 I was also given scripted counselling, which has nothing
2196 to do with patient-centered care. It was scripted. It was not
2197 based on my needs or my body. And then on top of that, I had
2198 ultrasounds--two separate ultrasounds. Two separate
2199 appointments. And, again, none of that was patient-centered
2200 care. Those are obstacles to health care because abortion is
2201 health care.

2202 Ms. <Northup.= Yes. And so the waiting periods that Ms.
2203 Alvarado talked about--24-hour waiting periods--there is
2204 increasingly even 48 hours, even 72 hours, and they create a huge
2205 burden of travel on women and increased costs, time off from work,
2206 having to get childcare and the like.

2207 She has also talked about the false scripted counselling
2208 and, again, we have been fighting those from years, false--doctors
2209 falsely having to talk about an untrue link between abortion and
2210 breast cancer or between abortion and psychological issues, and
2211 now the new false counselling on medication abortion is
2212 reversible, which is not true.

2213 AMA is suing on that in North Dakota, and the forced
2214 ultrasounds, which are an insult to women. As the 4th Circuit

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2215 Court of Appeals found, it was a First Amendment violation to
2216 force doctors to perform an ultrasound and talk to the woman about
2217 the ultrasound against her wishes and needs.

2218 Mr. <Sarbanes.= Thank you very much. I yield back.

2219 Ms. <Eshoo.= The gentleman yields back.

2220 The chair now recognizes the gentleman from Georgia, Mr.
2221 Carter, for his five minutes of questions.

2222 Mr. <Carter.= Thank you, Madam Chair, and thank all of you
2223 for being here.

2224 I want to--I want to talk about an area. Professor Collett,
2225 I will direct this to you. I don't know if you have ever heard
2226 of Rincon, Georgia. It is in Effingham County in south Georgia.

2227 It is in the 1st Congressional District that I have the honor
2228 and privilege of representing.

2229 In Rincon, there is the Pregnancy Care Center of Rincon,
2230 and they offer a number of different services including a free
2231 ultrasound to patients who are thinking about having an abortion.

2232 And I had the opportunity and my staff had the opportunity
2233 to speak to one of the patients there. Her name was Paige, and
2234 Paige tells the story about how she was totally overwhelmed with
2235 what was going on.

2236 She was young, she was confused, and she was pregnant. And
2237 she visited the Pregnancy Care Center and on the day that her
2238 abortion was scheduled, and actually had an ultrasound. Paige

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2239 ended up changing her mind and decided to keep the baby and not
2240 to have an abortion.

2241 And I mention this because, you know, this feeling of
2242 overwhelming uncertainty I think is certainly something that I
2243 would imagine happens to a lot of people in this same situation.

2244 So tell me how it is, in your opinion, Professor Collett,
2245 that a state that requires an ultrasound before someone has an
2246 abortion that patients have a full understanding of their
2247 decision. How is that viewed as preventing a woman from accessing
2248 an abortion?

2249 Ms. <Collett.= Thank you, Congressman. I am very pleased
2250 to have that question because there does seem to be some
2251 misinformation on that fact.

2252 According to Contraception Magazine, a pro-reproductive
2253 rights peer-reviewed publication, over 90 percent of all abortion
2254 providers provide ultrasounds prior to abortions.

2255 They do so because, number one, they need to confirm that
2256 the pregnancy is inter-uterine--that it is not ectopic, which
2257 is a major threat to women's lives in this country. It is one
2258 of the causes of maternal mortality.

2259 Number two, they need to confirm the gestational age because
2260 the gestational age of the pregnancy will determine what an
2261 appropriate technique of abortion is.

2262 For example, medical abortions or abortions using RU486 are

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2263 limited, according to the FDA, for the time period that they can
2264 be used and in fact will be unsuccessful if used outside that
2265 time period in certain instances and is teratogenic, meaning it
2266 can cause birth defects.

2267 They also do an ultrasound in order to make sure, and the
2268 reason--I was just puzzling about why Ms. Alvarado had to have
2269 two ultrasounds. But it is possible either that she--because
2270 the North Dakota clinic did one and Minnesota.

2271 Or the other possibility is that the physician was worried
2272 about fetal demise. If there has already been fetal demise prior
2273 to the abortion then it's simply an evacuation of the uterus.

2274 And so in that instance, the emotional response to it will feel
2275 different.

2276 So ultrasound is something that any responsible care
2277 provider would do prior to performance of an abortion. Where
2278 the dispute typically is is whether or not the woman--whether
2279 or not the view of the ultrasound should be positioned in such
2280 a way that the woman could see it, whether or not it is in her
2281 field of vision or not.

2282 The woman, to my knowledge under all of these laws, has the
2283 right to look away. But that is really the question.

2284 Mr. <Carter.= So in your--in your view, this bill that we
2285 are considering what would it mean to patient safety? I mean,
2286 when we talk about--when we talk about abortion services and it

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2287 is said that one of the safest medical procedures in the United
2288 States, yet in your testimony you question the evidence used to
2289 back that claim.

2290 Ms. <Collett.= That is correct, Congressman.

2291 Again, I would use the analogy of trying to regulate the
2292 tobacco industry based on the Tobacco Research Institute. The
2293 simple fact is in this country the abortion industry controls
2294 the research, and as the formal editor in chief of the New England
2295 Journal of Medicine, one of the most prestigious medical journals
2296 in the country, has written in an op-ed regarding pharmaceutical
2297 research, when you have the industry controlling the research
2298 a couple of things happens.

2299 Number one, research that results in negative information
2300 about the product simply doesn't get published. And number two,
2301 bias in the design of the research, bias in the selection of the
2302 question, all of that--bias in the interpretation of the results
2303 is a problem.

2304 If we are serious about women's health in this country, we
2305 need to fund independent, not industry-related, research in this
2306 area.

2307 Mr. <Carter.= I don't know how anyone could disagree with
2308 that. I have to adamantly agree with you. You know, it is
2309 obvious I am pro-life and I feel very strongly about it. My
2310 constituents are--most of them are that way as well.

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2311 So thank you for your work. Thank you for being here.

2312 And I yield back.

2313 Ms. <Eshoo.= The gentleman yields back.

2314 I would like to give Ms. Alvarado a minute to respond to
2315 what Ms. Collett characterized relative to you. Is it--do you
2316 think that what she said is correct about you and what took place?

2317 So you have a minute or less to respond to that and I think it
2318 would be fair for you to do so.

2319 Ms. <Alvarado.= Absolutely not. Ms. Collett was incorrect
2320 in her speculation at my story. Both ultrasounds were done at
2321 the Planned Parenthood of St. Paul, Minnesota. They were two
2322 separate. The first one was to verify the pregnancy and give
2323 a ultrasound picture, which I believe was purely to find out that
2324 I was pregnant and confirm that, but also an attempt to shame
2325 the fact that I wanted these services and I think what that law
2326 is there for to have those two ultrasounds. Not for any medical
2327 reason, but to reinforce the stigma of my choice.

2328 Ms. <Eshoo.= Thank you.

2329 Mr. <Carter.= Professor Collett pointed out that there were
2330 safety measures in this, that that was--is that not correct?

2331 Ms. <Collett.= That is correct, and I also said that I was
2332 speculating. I was puzzled why she had two ultrasounds prior
2333 to that.

2334 Ms. <Eshoo.= Well, because you were speculating about

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2335 someone else. I think that someone else at the table could clear
2336 the air on the speculation. That is why I called on Ms. Alvarado.
2337 So I don't think that that is out of order.

2338 I now would like to recognize the gentleman from New Mexico,
2339 Mr. Lujan, for his five minutes of testimony.

2340 Mr. <Lujan.= Thank you, Madam Chair.

2341 Last year, a U.S. district court judge in Mississippi ruled
2342 that Mississippi's laws, quote, "unequivocally," closed quote,
2343 violated the Fourteenth Amendment and found that the law
2344 demonstrated that Mississippi was, quote, "bent on controlling
2345 women and minorities," unquote, and that the state professed
2346 interest in women's health was nothing more than, quote,
2347 "gaslighting," closed quote.

2348 Ms. Northup, do you agree and can you describe how abortion
2349 restrictions disproportionately impact medically underserved and
2350 minority communities?

2351 Ms. <Northup.= Yes, and I will begin by addressing the
2352 gaslighting comment of the federal district judge. That is what
2353 we have seen and established in case after case after case, that
2354 the purported interest of women's health is just a pretext for
2355 actually making it harder to access abortion services.

2356 And the reality is that most women in the United States who
2357 access abortion services are low income and so the burdens fall
2358 heavily on them. And it is also the case that it is

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2359 disproportionately women of color who have abortions so these
2360 restrictions fall more heavily on them.

2361 And so the people with the hardest structural barriers to
2362 get good health care are the ones that these laws which make it
2363 harder to get the health care are falling on.

2364 Mr. <Lujan.= Dr. Robinson, recently Dr. Horvath-Cosper,
2365 who is now a reproductive health advocacy fellow, said, I quote,
2366 "If we are having to give people incorrect information and then
2367 saying well, you know, the state requires me to say this, it is
2368 not actually true. It undermines the patient's confidence in
2369 us as providers.''

2370 I know you touched on this in your testimony. But my
2371 question for you, Dr. Robinson, is what impact does it have on
2372 patients when you are required by state law to give them medically
2373 inaccurate information when some of your patients may also be
2374 distrustful of the health care system?

2375 Dr. <Robinson.= One of the biggest impacts is that it
2376 further pushes this stance that patients have where they feel
2377 like they are powerless when it comes to their health care.

2378 I mean, I am their physician. I am a health care
2379 professional. They are coming to me for help and advice and then
2380 I have to sit there and tell them that I have no power over what
2381 I have to tell them.

2382 So it puts them and me too in a position where we feel

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2383 powerless. And if you don't mind, I wanted to respond to the
2384 question about the ultrasounds and mandatory ultrasounds.

2385 There was a comment by Ms. Collett saying that it's used
2386 for us to determine gestational age to decide how to--what type
2387 of procedure the woman needs to have to make sure we rule out
2388 an ectopic.

2389 As a medical professional, I have other means of determining
2390 the gestational age for my patients and I know how to do that
2391 and do it well. I learned that in my training at University of
2392 Alabama Birmingham.

2393 I also have other means of determining whether there is an
2394 ectopic pregnancy. I can do that by my physical exam. And if
2395 I am unsure then I am responsible enough to know how to perform
2396 an ultrasound and make sure that patient receives that service
2397 prior to me proceeding.

2398 And then as far as determining whether there is a miscarriage
2399 or if there is already a fetal demise, in performing that second
2400 ultrasound that is not necessary because with a fetal demise or
2401 what we would call a miscarriage the patient still needs the same
2402 procedure. She is still going to need a D&C.

2403 So that doesn't change anything. The woman is there. She
2404 wants her uterus emptied. If there is a fetal demise she needs
2405 her uterus emptied and I am still going to do it the same way.
2406 It doesn't change my medical management at all.

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2407 Mr. <Lujan.= Thank you.

2408 Look, what seems clear to me is there must be better access
2409 to health care for all Americans, especially the medically
2410 underserved, not further restricting access.

2411 And with that, I want to turn it over and yield to Ms. Kelly
2412 from Illinois. I will tell you, there has been no stronger
2413 advocate that has been working on maternal mortality for people
2414 of color.

2415 Ms. <Kelly.= Thank you to my colleague and thank you, all
2416 the witnesses.

2417 With all due respect to my colleagues that are sharing
2418 stories about people that regret having abortions, I always find
2419 it so interesting that we tend to care more about the fetus than
2420 the adult or our children.

2421 Because I worked on a maternal mortality bill for three years
2422 and I could not get one person on the other side of the aisle
2423 to sign up for it until we made, you know, some changes. And
2424 the biggest thing that we need--Medicaid expansion, and that is
2425 according to ACOG--no one has signed up for that.

2426 So I find it a little hypocritical. And then I won't even
2427 go to issues around gun violence--that we don't care about those
2428 kids that are two, three, four, five, and six. But I wanted--in
2429 your state of Alabama you rank 45th as far as women's health and
2430 Louisiana is absolutely one of the worst as is Indiana and Georgia.

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2431 So can you talk about the connection between abortion
2432 restrictions and maternal health?

2433 Dr. <Robinson.= Well, it's the same--it is the same patient
2434 population that has been affected by these abortion restrictions
2435 that are also affected by these other disparities in health care.

2436 We do know that when women can't access health care early
2437 in their pregnancies that they are more likely to have
2438 complications like preeclampsia.

2439 They are more likely to have pre-term deliveries, go into
2440 pre-term labor, and they are not able to access a medical
2441 professional until they go in labor.

2442 Because at that point, they can present to the emergency
2443 room and they can't be turned away because of EMTALA laws. But
2444 we know that they can--they can benefit from care early on.

2445 So Medicaid expansion, making it more accessible for women
2446 to access the health care system before their time of need, even
2447 prior to pregnancy, will go a long way as far as decreasing these
2448 maternal and fetal mortality rates.

2449 Ms. <Eshoo.= Thank you, Dr. Robinson.

2450 The gentle--whose time was it? Oh, it was Mr. Lujan's.
2451 The gentleman yields back. Thank you.

2452 It is a pleasure to recognize the gentlewoman from Indiana,
2453 Mrs. Brooks, for her five minutes of questions.

2454 Mrs. <Brooks.= Thank you, Madam Chairwoman. And let me

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2455 thank all of the witnesses for being here. I think it is very
2456 important for everyone to listen to each other, to your stories,
2457 to your legal perspectives.

2458 These are issues that this country and my state of Indiana
2459 has been grappling with for a very long time. I do believe and
2460 have tremendous faith in physicians and we don't want patients
2461 to be powerless.

2462 But in my view, information is power and having more
2463 information is power, and having--in Indiana I think we have some
2464 common sense laws that provide those protections both to mothers
2465 and to the unborn, all while making sure that mothers and doctors
2466 are well informed on their options and on the choices before them.

2467 In Indiana, doctors do have to provide mothers with basic
2468 information about alternatives to abortions including adoption,
2469 providing assistance about being a mother before performing an
2470 abortion procedure.

2471 We don't ban abortions or tell mothers they can't make their
2472 own choice. But we do require physicians to have the
2473 responsibility to make sure that people do know they have a choice
2474 to her than an abortion.

2475 This bill, H.R. 2975, I believe would restrict the ability
2476 of states to provide that sort of guidance to health care providers
2477 about these challenging discussions with patients.

2478 I am also concerned that it would restrict the amount of

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2479 information, which I do believe, again, is power for any patient,
2480 rules around and Indiana's rules around late-term abortions.

2481 I would like--while Ms. Northup was asked by my colleague
2482 across the aisle, Ms. Matsui, clarifying what she thought this
2483 bill would do and would not do, I would ask the other legal expert
2484 here at the table, Ms. Collett, would you please tell us what
2485 you believe H.R. 2975 would do and would not do.

2486 Ms. <Collett.= I am sorry. Thank you, Congresswoman.

2487 Based on the evidentiary standard, it establishes a clear
2488 and convincing standard for the state's responsibility to show
2489 that in fact the limitation or requirement significantly advances
2490 the safety of abortion.

2491 Given the lack of clear data on many of these things, that
2492 standard cannot be met. The Supreme Court has recognized clear
2493 and convincing evidence is the highest standard of evidence that
2494 we impose for civil matters.

2495 In addition to that, the definition of significantly
2496 advances is not defined in the bill itself. But there is a
2497 direction to the courts to provide the broadest possible
2498 interpretation of the legislation.

2499 And so it override--it would override the Hyde Amendment
2500 and it would override conscience protections that might find
2501 refuge in state RFRAs.

2502 It is a bill that would essentially eliminate almost every

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2503 state protection that are afforded women against the malpractice
2504 or misconduct of others.

2505 For example, I cite in my written testimony a couple of cases
2506 where the abortion industry has gone to court to avoid informing
2507 public officials where a young girl has been the subject of
2508 statutory rape, had become pregnant, and had an abortion in that
2509 instance.

2510 I represented the Kansas district attorneys in a case where
2511 that was alleged on the part. They argued that the girl had a
2512 privacy right not to have the public officials--the law
2513 enforcement officials--know that she was raped.

2514 Those sorts of laws probably would fall as well.

2515 Mrs. <Brooks.= Can you talk about--Indiana law, for
2516 instance, requires parental consent for girls under the age of
2517 18. Can you explain why--what some of the reasons are why states
2518 do put parental notification laws in place and why they have been
2519 found constitutional and would this bill have any impact on that,
2520 in your opinion?

2521 Ms. <Collett.= Those sorts of laws have been found
2522 constitutional where properly crafted. Many states have
2523 parental notification rather than parental consent.

2524 The court has only addressed parental consent in requiring
2525 a judicial bypass in cases where the girl is mature and well
2526 informed, or in the alternative, it is not in her best interest

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2527 to inform the parents.

2528 The reason the court has upheld these laws is because, number
2529 one, it is the common standard for almost every medical procedure
2530 that parents are involved in their minor children's decisions.

2531 So that is an important factor.

2532 But number two, they also recognize the benefit of the parent
2533 guiding the child in what the court calls the selection of an
2534 ethical and competent provider.

2535 Dr. Gosnell has been referenced earlier. There are cases
2536 in Louisiana that are part of the record in the case before the
2537 Supreme Court right now where providers have been operating
2538 without a license, where their license has already been taken
2539 from them.

2540 And so a parent would want to know that and a parent would
2541 be able to help the girl with that. They have also found that
2542 the parents have responsibilities to those minors as far as
2543 support and proposed medical care. That is one of the biggest
2544 concerns.

2545 Mrs. <Brooks.= Thank you. My time is up. I yield back.

2546 Ms. <Eshoo.= The gentlewoman yields back.

2547 It is a pleasure to recognize the gentleman from
2548 Massachusetts, Mr. Kennedy, for his five minutes of questions.

2549 Mr. <Kennedy.= Thank you, Madam Chair. I want to thank
2550 our witnesses for being here today. I especially want to thank

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2551 Ms. Alvarado for your service to our country that continues today,
2552 and also for your willingness to share your lived experience with
2553 all of us.

2554 Access to abortion enables people to decide when and if they
2555 want to have children. Limiting or restricting that access not
2556 only negatively impacts maternal health outcomes, but the more
2557 restrictions that are in place the worse children's health
2558 outcomes become.

2559 These barriers impact education levels for women and
2560 pregnant people, their ability to get better jobs, their ability
2561 to provide for their current children and families, their ability
2562 to be financially stable and independent.

2563 When we think about limiting access to health care, we need
2564 to think about the tertiary and unintended consequences that may
2565 come with it.

2566 Ms. Alvarado, there is one provider in your state, as you
2567 testified. Due to the time it took to see that provider, you
2568 were forced to travel to another state for care. You were forced
2569 to have a mandatory ultrasound.

2570 You were forced to wait 24 hours for a procedure even though
2571 there was no medical rationale as to why. You were forced to
2572 have biased counselling about options that you were probably well
2573 aware of before you entered that exam room.

2574 You were forced to listen to lies about how an abortion is

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2575 dangerous. You faced economic, physical, and emotional hardship
2576 just to receive access to health care as you defend our nation.

2577 Tragically, ma'am, your story is far from unique, because
2578 in this country women and pregnant people are forced to be seen
2579 by a licensed physician, even though another clinician can perform
2580 an abortion service.

2581 Many people can pay for abortion--many people pay for an
2582 abortion out of pocket because insurance is restricted from
2583 covering it, as you testified.

2584 The federal government is no better. We restrict Medicaid
2585 from covering abortion services--again, basic health care
2586 restrictions.

2587 In no other circumstance would any one of these be acceptable
2588 let alone all. We put women, pregnant people, and their families
2589 in harm's way and the repercussions negatively impact our
2590 emotional, physical, and economic wellbeing.

2591 So, ma'am, can you talk a little bit about how important
2592 it was for your economic security and personal future to access
2593 the care that you need?

2594 Ms. <Alvarado.= Absolutely. Thank you, sir.

2595 Like you said, a lot of the information that they shared
2596 with me is information that I already knew. Information is not
2597 the only power. It is also about having access. Information
2598 and access are power.

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2599 Before--as soon as I knew I was pregnant I had to think about
2600 the financial considerations of my life from that point forward
2601 and how that would change.

2602 I had seen so many barriers for women in the military
2603 including child care, continued deployment schedules, duty, and
2604 other responsibilities.

2605 At the time that I got pregnant, I was an E-4 making \$1,000
2606 a paycheck and out of that came rent, food, gas. And then--

2607 Ms. <Eshoo.= Can you--I didn't hear what you said your
2608 paycheck was. Can you restate that?

2609 Ms. <Alvarado.= My paycheck was \$1,000 every two weeks and
2610 out of that came rent, gas money, food. And at that time, I
2611 already knew that I would making a career outside of the military.

2612 So there were professional and educational aspirations that I
2613 had and I knew that having a child and raising a child would require
2614 so much--something completely different than I had planned.

2615 Mr. <Kennedy.= Can you talk a little bit about--you
2616 mentioned this in your testimony but just I will give you about
2617 a minute and a half left.

2618 So I want to get you to articulate, if you can, the burden
2619 and the honor that a nation puts on your shoulders to defend our
2620 country and the responsibilities you have with it while also
2621 saying that you are not empowered to make these decisions over
2622 your own life.

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2623 Ms. <Alvarado.= Absolutely.

2624 I think the only word that really encompasses that feeling
2625 is infuriating. It is highlighting the hypocrisy that here I
2626 am, in a position to change the lives of so many people in my
2627 chain of command and lead a 10-man team into a combat zone that
2628 I was questioned multiple time and had to face multiple barriers
2629 in accessing health care that is so deeply personal to me.

2630 Mr. <Kennedy.= And, ma'am, do you think there is any logic
2631 as to why a series of politicians like those of us on the dais
2632 should be inserted between that decision between you and your
2633 partner, your family, your doctor?

2634 Ms. <Alvarado.= No, sir. In fact, I ask that you continue
2635 to protect the fact that this is a decision--a deeply moral and
2636 ethical and personal decision that should be left to a doctor,
2637 a woman, and the people that she trusts most in her life.

2638 Mr. <Kennedy.= Thank you, ma'am. Thank you for your
2639 service.

2640 Ms. <Alvarado.= Thank you.

2641 Mr. <Kennedy.= Yield back.

2642 Ms. <Eshoo.= The gentleman yields back.

2643 Pleasure to recognize the ranking member of the full
2644 committee from Oregon, Mr. Walden.

2645 Mr. <Walden.= Thank you, Madam Chair.

2646 Professor Collett, Section 4(e)(2) of H.R. 2975 includes

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2647 a list of exceptions including one which states the bill does
2648 not apply to, quote, "insurance or medical assistance coverage
2649 of abortion services," closed quote.

2650 Now, a legal analysis by the Lozier Institute points out
2651 that since there is no definition of insurance or medical
2652 assistance coverage of abortion services the bill may invalidate
2653 the Hyde Amendment, at least in certain situations.

2654 So my question, as you read through that, is would you agree
2655 with that analysis that that section might invalidate the Hyde
2656 Amendment?

2657 Ms. <Collett.= Congressman, it is quite possible, given
2658 the broad interpretation and the purposes of the bill that a
2659 district court would rule that way.

2660 Mr. <Walden.= And what other federal laws and policy riders
2661 do you think could be overturned by this legislation? I know
2662 you spoke to some, I think, with Mrs. Brooks. But what other
2663 things would be overturned you are aware of?

2664 Ms. <Collett.= Independent of the insurance aspect? I am
2665 sorry. I misunderstood the question initially.

2666 I am concerned that it will overturn things like the
2667 ultrasound law, like admitting privileges where there is a strong
2668 evidentiary basis there is in Louisiana, things like requiring
2669 physicians to perform abortions.

2670 There are some states in which you don't even have to be

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2671 a licensed medical professional to perform an abortion.

2672 Mr. <Walden.= Say that again.

2673 Ms. <Collett.= There are some states in this country where
2674 you don't even have to be a licensed medical professional to
2675 perform an abortion.

2676 It will also overturn--yes, Congressman?

2677 Mr. <Walden.= That is amazing. I didn't realize that.

2678 Ms. <Collett.= Yes, Congressman. And so there are also
2679 some--it will overturn limitations possibly on the use of RU486.

2680 It will overturn certain informational requirements, because
2681 abortion is, to my knowledge, the only surgery people with the
2682 possible exception of vasectomies, that people seek out because
2683 of poverty, not because of a medical need for that particular
2684 surgery.

2685 It would overturn numerous other important safety
2686 regulations that women are protected by in this instance.

2687 And, arguably, because of the health exception being
2688 undefined in the bill, it's possible that post-viability
2689 abortions would become essentially available at all times.

2690 Congress has received in the past testimony by abortion providers
2691 that they believe that a woman who is psychologically distressed
2692 with her pregnancy has a health condition that would justify a
2693 post-viability abortion.

2694 Mr. <Walden.= And define in lay person's terms

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2695 post-viability abortion.

2696 Ms. <Collett.= Post-viability is an abortion that occurs
2697 where the child could safely be delivered and surrendered for
2698 adoption. Instead, the abortion provider actually goes forward
2699 and terminates that child's life.

2700 Mr. <Walden.= And how late in the pregnancy can that occur?

2701 Ms. <Collett.= As this committee has already heard, the
2702 standard age right now is accepted in the medical community as
2703 23 to 24 weeks, although we do have some cases in which children
2704 before that have successfully survived.

2705 Mr. <Walden.= Right. Right.

2706 And do you know off the top of your head what states don't
2707 require licensed medical providers to provide abortion?

2708 Ms. <Collett.= Vermont is an example, I believe, your Honor.

2709 Mr. <Walden.= Okay. Thank you.

2710 Ms. <Collett.= I am sorry. Congressman.

2711 Mr. <Walden.= Yeah. We are not judges up here.

2712 Ms. <Collett.= I am used to courts.

2713 Mr. <Walden.= Yes. Thank you.

2714 Ms. Forney, in your testimony, you mentioned a Planned
2715 Parenthood Clinic in St. Louis that had its license revoked due
2716 to safety concerns. Can you elaborate on that? Why was its
2717 license revoked?

2718 Ms. <Forney.= There were--

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2719 Mr. <Walden.= Please turn on your mic, if you would. Thank
2720 you.

2721 Ms. <Forney.= There were 75 medical emergencies that were
2722 documented at the RHS Planned Parenthood abortion facility
2723 since--and then there was a new facility that opened across the
2724 river in Illinois and in October of 2019 a similar--another
2725 incident occurred.

2726 The facility in Missouri has had numerous visits by
2727 ambulances taking patients out. I was there a couple of years
2728 ago just on a Saturday morning praying with some folks, and we
2729 had an ambulance show up.

2730 I was shocked. I had never seen an ambulance at an abortion
2731 clinic, and the normalness with which it was treated was very
2732 concerning.

2733 Mr. <Walden.= Can you speak to the specific safety issues
2734 that were identified that caused the license revocation?

2735 Ms. <Forney.= Well, in the specific issues related to the
2736 license being revoked had to do with four women--you know, four
2737 individual women specifically that each experienced a major
2738 complication and that is what brought this to the attention of
2739 the state authorities.

2740 Mr. <Walden.= All right. My time has expired. Thank you
2741 all for your testimony and, Madam Chair, I yield back.

2742 Ms. <Eshoo.= The gentleman yields back.

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2743 It is now--let's see, who is next here? The chair recognizes
2744 the gentleman from California, Mr. Cardenas, for his five minutes
2745 of questions.

2746 Mr. <Cardenas.= Thank you very much, Madam Chairwoman
2747 Eshoo, and thank you also to Ranking Member Burgess for having
2748 this important hearing today in the Health Subcommittee.

2749 I think it is so important for us to understand that listening
2750 to the impacts of these unfair and unnecessary and stigmatizing
2751 restrictions on women across our country is very important for
2752 us to discuss and for the American people to hear.

2753 My daughter, Alina, happens to be with me today and she
2754 reminds me that nothing is more personal than choices about
2755 family, including how and when to have one. That is true, no
2756 matter your zip code or the number on your bank account.

2757 I have been blessed with an amazing family and, at the same
2758 time, I have never had to experience a pregnancy, me personally,
2759 or any other complications or any other matters that a human being
2760 has to go through to have a pregnancy.

2761 I have never had to worry about becoming pregnant or face
2762 the health implications as a result of that. As a man, my health
2763 care is not picked apart and politicized because of judgments
2764 that lawmakers have about my personal circumstances or decisions.

2765 This is one of the many reasons that it is so important to
2766 listen to women, to truly hear their experiences, to follow their

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2767 leadership on all of these issues. All the men in the world need
2768 to speak less and listen more.

2769 I am a proud co-sponsor of the Women's Health Protection
2770 Act and I am so grateful for the leadership of Chairwoman Eshoo
2771 and all the other members who have signed on.

2772 I have a question to Ms. Northup. Ms. Northup, are you aware
2773 of any laws in our country in the United States of America that
2774 require a man to sleep on it or to think twice about a medical
2775 procedure that they choose to take? Specifically to men.

2776 Ms. <Northup.= I am not aware of any such laws.

2777 Mr. <Cardenas.= Okay. Neither am I, and I have asked some
2778 of my colleagues who are very involved in many issues and they
2779 just shake their head and say no, matter of fact, I am not aware
2780 of one.

2781 But yet, here we are, speaking about law across the country
2782 and legislatures across the country that, in my opinion, have
2783 proven over and over and over to violate the law of the land and
2784 the Constitution of the United States.

2785 At this time, I would like to yield the balance of my time
2786 to my esteemed colleague, Ms.--Congresswoman Schakowsky.

2787 Ms. <Schakowsky.= Thank you so much for yielding.

2788 Ms. Collett, I just have to say how much I resent when you
2789 say if you really wanted to care about women you would do something
2790 about prenatal care or you would do something about maternal

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2791 mortality.

2792 The women, on this side of the aisle anyway, have been working
2793 so hard to do exactly that and the implication is very offensive
2794 to me that somehow we are blocking addressing these issues.

2795 And the idea of abortion--the abortion industry is
2796 controlling the data--abortion industry. Do you mean like ACOG,
2797 the American of--what is it exactly, Dr. Robinson? ACOG?

2798 Dr. <Robinson.= American College of Obstetricians and
2799 Gynecologists.

2800 Ms. <Schakowsky.= Yes. That industry, and they support
2801 this legislation. I want to talk to you, Dr.--

2802 Ms. <Collett.= May I respond, please?

2803 Ms. <Schakowsky.= No. No. I am not asking a question.
2804 I am telling you how you make me feel with the kind of testimony
2805 you have given.

2806 So I just want to say to Dr. Robinson, so your home state
2807 of Alabama openly is hostile to abortion. You said that you have
2808 to give false information--false information. How do you get
2809 around--so then do you say but the truth is? How do you deal
2810 with that?

2811 Dr. <Robinson.= Well, I basically waste my time and my
2812 patients' time to give them the information that the state
2813 requires that I give them, and then I go back and tell them true
2814 medical facts based off of my training and experience.

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2815 And there is no--there is this concern expressed around if
2816 this Women's Health Protection Act is passed that patients won't
2817 get informed consent. We are trained as medical professionals
2818 to give patients that anyway. We don't need politicians to tell
2819 us or to dictate exactly what is told to a patient in the room.

2820 As an abortion care provider, I can tell you without a fact
2821 I am not ashamed of any of the care that I provide and I am not
2822 scared to tell my patients the facts about the services that they
2823 are there to receive.

2824 And these patients are under delusion about what service
2825 they are there to--

2826 Ms. <Schakowsky.= Let me just ask you one more question,
2827 though. Are you in danger? We have heard about people who
2828 provide care including abortions being under attack and even
2829 worried about their physical danger.

2830 Dr. <Robinson.= Absolutely. My physical person is in
2831 danger at times and also my financial stability in my community,
2832 because my hospital sometimes will make it difficult for me to
2833 remain in the hospital and maintain hospital admitting privileges
2834 because sometimes they just may be opposed to having an abortion
2835 provider on their staff. But they are harassed and the facility
2836 is picketed.

2837 And as far as my physical person, yes, I am in danger. When
2838 they talk about abortion providers--

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2839 Ms. <Eshoo.= Ms. Robinson, the gentlewoman's time has
2840 expired, and I always hate to cut people off but I have been
2841 generous on both sides of the aisle and witnesses from both parts
2842 of the--both sides of the issues that we are discussing today.

2843 It is now a pleasure to recognize the gentleman from Montana,
2844 Mr. Gianforte, for his five minutes of questions.

2845 Mr. <Gianforte.= Thank you, Chair.

2846 While my colleagues on the other side of the aisle seek to
2847 further undermine the rights of the unborn with this legislation,
2848 I want to tell a story about a young woman from Montana and her
2849 beautiful baby boy.

2850 For the sake of this story we won't use her real name.
2851 Instead, I will call her Amy. When Amy was in her early 20s she
2852 took a home pregnancy test. When the result proves positive she
2853 thinks long and hard about her options.

2854 Amy is a kind-hearted woman who, in her own words, wouldn't
2855 hurt a soul but is now weighing abortion as an option. Afraid
2856 of the unknown, her reasons for considering an abortion grow.

2857 The next day Amy walks into a clinic to get another pregnancy
2858 test to verify the result the night before. The results are
2859 confirmed and an ultrasound indeed shows that she is carrying
2860 a six-week-old child.

2861 The fears from the night before resurface. Through her
2862 tears she asks the nurse, what am I supposed to do, as the weight

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2863 of the decision comes crashing down on her.

2864 Comforting her, the nurse says, just give it 24 hours. Don't

2865 make any final decisions for at least a day. Amy waits a day.

2866 Then she waits another. Twelve days later she schedules another

2867 ultrasound and signs up for parenting classes.

2868 She decided to keep the baby. The advice to be patient that

2869 that nurse gave allowed Amy the time she needed to realize her

2870 fears were just that. Only fears.

2871 For her birthday on May 20th, 2019, Amy gets what she will

2872 tell you is her greatest birthday gift ever--a happy and healthy

2873 baby boy. Amy's story is one of hope in the face of fear that

2874 acts as an inspiration for all of us. If it weren't for the nurse

2875 who counselled patients, it is a story would have ended very

2876 differently.

2877 It is stories about nurses and clinics like this that I would

2878 like to hear more about from our esteemed witness, Teresa Stanton

2879 Collett.

2880 Professor Collett, H.R. 2975 states that pro-life laws,

2881 quote, "Harm women's health by reducing access to other essential

2882 health care services.''

2883 My question for you is what options besides Planned

2884 Parenthood are there for women seeking comprehensive health care

2885 services?

2886 Ms. <Collett.= There are multiple resources including some

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2887 that are federally funded. So during the debate I believe over
2888 the contraceptive mandate in courts, since that was actually a
2889 regulation of an agency rather than a congressionally mandated
2890 situation, it was established that contraception is readily
2891 available to women throughout the country. I think at the time
2892 the cost of the pill was \$10 and something at Wal-Mart.

2893 So, first, you have all sorts of general clinics that will
2894 provide that, increasingly even some of the doctors at some of
2895 the new models like Urgent Care are providing that sort of
2896 contraception access.

2897 Sexually-transmitted diseases, also that testing is
2898 available. Usually the Department of Health in a state will have
2899 some clinics that are available to people as well.

2900 Mr. <Gianforte.= Okay. So suffice it to say women have
2901 options beyond Planned Parenthood?

2902 Ms. <Collett.= They absolutely do, and better options.

2903 Mr. <Gianforte.= Okay. And why would you say they are
2904 better options?

2905 Ms. <Collett.= Because Planned Parenthood, although it does
2906 report that a few of its locations offer adoption services, the
2907 actual numbers that are revealed in their annual report show that
2908 that is not an option that they actually proceed with nor do they
2909 provide prenatal care beyond the most basic during the first
2910 trimester, whereas many of these other clinics will provide

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2911 obstetric care throughout the pregnancy as well.

2912 Mr. <Gianforte.= Okay. In the last series of questions,
2913 my colleague, Ms. Schakowsky, addressed some comments to you.

2914 Is there anything you would like to say in response?

2915 Ms. <Collett.= Certainly. The American College of
2916 Obstetricians and Gynecologists has never taken a position
2917 against abortion or recommended any regulation.

2918 There is a brief that has been filed in the Louisiana case
2919 that specifically gives the history of how the American College
2920 of Obstetricians has become politicized on this particular issue.

2921 Mr. <Gianforte.= Okay. Thank you for your testimony.

2922 With that, I yield back.

2923 Ms. <Eshoo.= The gentleman yields back.

2924 It is a pleasure to recognize the patient gentlewoman from
2925 Michigan, Mrs. Dingell, for her five minutes of questions.

2926 Mrs. <Dingell.= Thank you, Madam Chair.

2927 I sort of have two different ways that I want to go because
2928 I want to talk to Ms. Alvarado. We all--I want to say that this
2929 is a deeply personal issue for every woman and we have seen and
2930 heard that today from the advocates, the providers, and the woman.

2931 I am somebody that believes that these decisions are best
2932 made by the individual woman and her doctor. We owe each woman
2933 to treat them with trust and with dignity and uphold that
2934 principle.

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2935 Having said this, Ms. Alvarado, we all thank you for your
2936 service, no matter--I think there is nobody at this table that
2937 isn't grateful, and I am looking at the pain in your face today
2938 and I know how hard it has been for you to come and testify.

2939 But before I get to you, I am going to do two things you
2940 are never supposed to do. First of all, I am just going to go
2941 off script.

2942 Ms. Collett, and I appreciate--I know everybody here cares
2943 deeply. So but when you say that this procedure is the only one
2944 that you know someone gets because of poverty, last week I was
2945 with a 24-year-old woman who had been diagnosed with breast cancer
2946 and chose to have a double mastectomy because she couldn't afford
2947 her chemotherapy.

2948 So I think what too many people don't understand is that
2949 the number of women that have no option. In parts of my state
2950 the only--Flint, by the way, being one of them, the only place
2951 women, who have no desire--the just need health care--the only
2952 place they can go is Planned Parenthood.

2953 Ms. Northup, I heard you listening carefully to what she
2954 said. Is there anything you would want to add?

2955 Ms. <Northup.= Well, I would like to respond to the
2956 characterization of this bill, which I think that Ms. Collett
2957 has not properly characterized, and again, I appreciate that we
2958 differ here about whether or not abortion should be safe and legal

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2959 and a woman's decision.

2960 But what I don't appreciate is mischaracterizing. I have
2961 been doing this for 17 years leading the Center, and over and
2962 over again we are trying to, you know, use these proxy fights.

2963 This bill is very targeted at the problem of unjustified
2964 medical burdens on clinics and patients that are not justified
2965 by medicines and science.

2966 It does not up-end the Hyde Amendment. The Hyde Amendment
2967 is an unfair restriction on low-income women's access. There
2968 is a bill, the Each Woman Act, which importantly addresses that.

2969 This bill clearly excludes in its language and that language
2970 is not tricky. It is very clear that it's not just Hyde. It's
2971 any kind of insurance that doesn't cover it.

2972 It was also suggested that doctors are going to have to
2973 provide abortions and that the objections that doctors can now
2974 make because they don't want to provide would be up-ended.

2975 That is not what this bill does. It has also been suggested
2976 that it is going to allow abortions at times that Roe v. Wade
2977 doesn't allow abortions. That is not what this bill does. It
2978 adopts the Roe standard. It is very targeted to address a problem
2979 at this moment, which is 450 laws, that are shutting clinics,
2980 blocking women's access.

2981 And I just think it's important to debate what this bill
2982 does and not to confuse it with things that aren't true.

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2983 Mrs. <Dingell.= Thank you.

2984 Ms. Alvarado, thank you again for your courage, and I am
2985 going to have many questions. But because I wanted you to talk
2986 about your personal experience and--but I want to ask you this.

2987 Ms. Collett states in her testimony that there is little
2988 if any link to reproductive health care access in a woman's
2989 economic wellbeing. Do you think--feel that this is accurate,
2990 given your life experience?

2991 Ms. <Alvarado.= No. I am able to live the life that I live
2992 now because of the decisions that I made at 22. The access--I
2993 am sorry. How do I say this? I had to travel outside of my state
2994 with balancing many restrictions and trying to pass those in order
2995 to make a safe health care decision for myself and that decision
2996 has now led me to a life that I live now. I was able to complete
2997 an education, working in a beautiful career and meet my partner,
2998 and that was all because I was able to make a safe decision for
2999 myself.

3000 Mrs. <Dingell.= What would you say to the state legislators
3001 that are passing these laws, from your own personal experience?

3002 Ms. <Alvarado.= That their philosophical beliefs and these
3003 restrictions that they impose on women are not for the women at
3004 all. These are only obstacles to health care and women deserve
3005 to make the best choice for themselves.

3006 Mrs. <Dingell.= I yield back, Madam Chair.

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3007 Ms. <Eshoo.= The gentlewoman yields back.

3008 I now would like to recognize the gentlewoman from--that
3009 is not right. Do we have--

3010 Mr. <Duncan.= That would be South Carolina, ma'am.

3011 Ms. <Eshoo.= Well, let me just note that we have I think
3012 just one member left here that is waiving onto the committee.

3013 But because you are not a member of the subcommittee we need
3014 to take all the subcommittee members before you, and then I would
3015 be glad to recognize you, Mr. Duncan.

3016 So the gentlewoman from Illinois, Ms. Kelly, is recognized
3017 for her five minutes of questions.

3018 Ms. <Kelly.= Thank you again to the witnesses for being
3019 here today.

3020 Due to restrictions on access to abortion care, many women
3021 must travel long distances, further delaying the access, as we
3022 have heard today, to care and increasing their risks to their
3023 health.

3024 As various states seek to decrease access to care by
3025 implementing harmful restrictions, many women must cross state
3026 lines to places like, where I live in Illinois, to receive care.

3027 It should not be difficult for women to have access to the
3028 constitutional care they need and are entitled to, and I am proud
3029 that my state has trusted women to make these decisions for
3030 themselves.

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3031 I want to talk about the implications of abortion access
3032 on women's long-term health. When access to abortion is
3033 restricted, we know there are negative health outcomes that can
3034 result, harming communities who already face the most challenges
3035 to accessing care as we have heard already.

3036 A groundbreaking study from the University of California
3037 San Francisco found that women who are turned away from accessing
3038 abortion and forced to carry an unwanted pregnancy to term are
3039 almost four times more likely to live below the federal poverty
3040 line.

3041 Ms. Northup, are you familiar with this study?

3042 Ms. <Northup.= The study from USC? Yes.

3043 Ms. <Kelly.= Can you describe the findings of the study
3044 and what it means for women's long-term health outcomes?

3045 Ms. <Northup.= Yes, and we have cited this in our submitted
3046 testimony, that the study that looked at women who were turned
3047 away, who were unable to access abortion care that they had higher
3048 incidence of being in poverty, that they had higher challenges
3049 with meeting their basic needs in terms of housing and other
3050 economic needs, and that they did not have--that overall when
3051 they looked at women turned away or not turned away the issue
3052 about psychological health was not impacted on the women who were
3053 able to access.

3054 Ms. <Kelly.= And also, it is my understanding that women

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3055 who were unable to terminate unwanted pregnancies would stay with
3056 violent partners longer, putting them and their children at
3057 greater risk.

3058 Ms. <Northup.= That is right. It was a very important
3059 finding of the study that women were more likely if they were
3060 turned away to stay with violent partners.

3061 Ms. <Kelly.= And we just discussed the impact on economic
3062 security and I, again, want to thank you for sharing your story
3063 with us and you, Ms. Forney, for sharing your story, and Dr.
3064 Robinson for sharing your story. I know it is not easy, and I
3065 want to say something about myself that I am a pro-choice person
3066 that is pro-life. You know, the thing that either you are, you
3067 know, pro-life or pro-choice, I am pro-life but I believe in
3068 choice.

3069 Thank you. I yield back.

3070 Ms. <Eshoo.= The gentlewoman yields the remainder of her
3071 time to me. I appreciate it.

3072 I think it is very important to set down--first of all, to
3073 Congresswoman Kelly, the UCSF study I raised in my opening
3074 statement and it is wonderful that you highlighted it and
3075 underscored it again because it contains very important
3076 information.

3077 I think it's important to set this--the following down as
3078 part of the record here. Studies show that contraceptive access

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3079 is responsible for one-third of total wage gain women have made
3080 since the 1960s, and while I found your response, Ms. Collett,
3081 to, I believe, Mr. Butterfield asking you if you believed in
3082 contraception and it was interesting for you to share with us
3083 that you are post-menstrual you didn't answer the question.

3084 Contraception is one of the answers to what is problematic
3085 in our country, and there is an entire movement against
3086 contraception. There is. There is.

3087 When the Republicans were in control many years ago, they
3088 removed with a House vote contraception coverage in the health
3089 care coverage that members of Congress had. It was corrected
3090 later on.

3091 So I think it's very important to put that on the record.
3092 And reproductive choice is vital for women to have economic
3093 freedom. It's a choice that they make. It is not forcing them
3094 to do one thing. They have a choice. It can be a spiritually--in
3095 the lane of spirituality. It can be many things. But it is a
3096 choice.

3097 And so the whole issue, I think, that has been--some of our
3098 witnesses refuse to talk about contraception. But I think that
3099 it is really in the center of this discussion and this debate.

3100 I now would like to recognize the gentleman from California,
3101 Mr.--Dr. Ruiz, for his five minutes of questions.

3102 Mr. <Ruiz.= Thank you very much.

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3103 A 2019 article in the Journal of Obstetrics and Gynecology
3104 described the consensus guidelines for obstetric and
3105 gynecological care in the United States and brought together a
3106 broad group of clinicians, consumers, and representatives from
3107 accrediting bodies to review the available evidence in clinical
3108 practices to develop and evidence-informed policy.

3109 The report concluded that, quote, "Requiring facilities that
3110 perform office-based procedures including abortion to meet
3111 standards beyond those currently in effect in all general medicine
3112 offices and clinics is unjustified based on this thorough review
3113 and analysis of available evidence," unquote.

3114 I would like to request unanimous consent to submit this
3115 article for the record.

3116 [The information follows:]

3117

3118 *****COMMITTEE INSERT*****

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3119 Mr. <Ruiz.= Indeed, the authors noted that, quote, "False
3120 concerns for patient safety are being used as a justification
3121 for promoting regulations that specifically target abortion,"
3122 unquote, and that, quote, "Targeting specific procedures based
3123 on ideology rather than evidence sets a dangerous precedent for
3124 the regulation of medicine," unquote.

3125 Dr. Robinson, are you familiar with this article?

3126 Dr. <Robinson.= Yes.

3127 Mr. <Ruiz.= It seems clear to me that the restrictions on
3128 abortion care placed by some states, presumably under the label
3129 of, quote, "safety" are not actually based on evidence or
3130 clinical guidelines. Would you agree?

3131 Dr. <Robinson.= I agree. That is correct.

3132 Mr. <Ruiz.= Okay. What precedent does it set for medical
3133 standards not based on any evidence or clinical care guidelines
3134 to be imposed on medical procedures?

3135 Dr. <Robinson.= Well, one of the things that we do see is
3136 that it reduces options for patients. It sets a standard where
3137 me, for instance, as an obstetrician gynecologist I can't offer
3138 all options to my patients because it is being restricted
3139 according to political interference.

3140 Mr. <Ruiz.= And so you agree with the journal authors that
3141 this sets a dangerous precedent for the regulation of medicine?

3142 Dr. <Robinson.= It does.

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3143 Mr. <Ruiz.= How does that influence outcomes in patient
3144 care?

3145 Dr. <Robinson.= Well, if politicians are--regulations like
3146 this are dictating what we can do as providers, then it puts
3147 patients' health at risk.

3148 It takes options that are viable options that are really
3149 pertinent for our patients' health care--it takes them off the
3150 table.

3151 I talked earlier about one of the patients that I took care
3152 of in the hospital who, because of these regulations, abortion
3153 care is very restricted in our hospital.

3154 A patient who needed to have an abortion and sometimes these
3155 patients they present to our outpatient clinics but they really
3156 need inpatient care. I don't have that option, and these
3157 regulations only make it--only limit it more.

3158 Mr. <Ruiz.= According to the authors of this Journal
3159 article, the panel of medical experts found that abortion
3160 procedures should be treated the same as comparable medical
3161 procedures in primary care and gynecology based on medical
3162 evidence and expert-driven clinical guidelines.

3163 It's what we do in medicine. I am a doctor. You know, you
3164 have your peers review what is best in terms of evidence, given
3165 the experts' recommendations to produce these guidelines.

3166 Do you agree and, if so, can you discuss with the committee

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3167 why you feel this way that abortion procedures should be treated
3168 the same as comparable medical procedures in primary care and
3169 gynecology, based on those--that evidence?

3170 Dr. <Robinson.= I think the best way to highlight that is
3171 to look at some of the examples that we talked about today.
3172 Because we are not treating abortion and contraception in the
3173 same way that we are treating other areas of medicine, we are
3174 seeing clinics close--for instance, Planned Parenthood clinics
3175 that serve a lot of patients that do more than must abortion care.

3176 They provide contraception. Many women go there for just
3177 their preventative health services, and because of the way we
3178 look at abortion and contraceptive care here, we have Planned
3179 Parenthood clinics that can no longer take care of patients that
3180 receive state funding like Medicaid funding.

3181 And I know that Ms. Collett, she mentioned that you have
3182 federally qualified health centers and urgent cares that can see
3183 these patients. The one thing about it is a lot of these centers
3184 are not looking at the patient populations that centers like
3185 Planned Parenthood are serving.

3186 There is a lot of urgent cares in my area that will not see
3187 a patient on Medicaid. So if you have commercial insurance you
3188 can go. Or if you are paying cash you can go.

3189 But those patients who are already financially
3190 underprivileged, they don't have the option to just go there and

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3191 pay cash. And urgent cares, a lot of them don't take Medicaid.

3192 So the reality--what you are talking about is not the reality
3193 in real communities. And so this legislation is hurting real
3194 patients.

3195 Mr. <Ruiz.= Thank you.

3196 Dr. <Robinson.= Those patients who would previously be
3197 served by a Planned Parenthood location.

3198 Mr. <Ruiz.= Thank you for your work. A medical decision
3199 should be made on the basis of science and evidence, not on the
3200 basis of politics and ideology.

3201 That is why I support the Women's Health Protection Act and
3202 urge my colleagues to do so as well.

3203 Ms. <Eshoo.= I thank the gentleman. His time has expired.

3204 Mr. <Ruiz.= If I may, just to submit this for unanimous
3205 consent for the record.

3206 Ms. <Eshoo.= We have that for the record.

3207 Mr. <Ruiz.= Thank you.

3208 Ms. <Eshoo.= Thank you.

3209 The chair recognizes the gentlewoman from California, Ms.
3210 Barragan, for her five minutes of questions.

3211 Ms. <Barragan.= Thank you.

3212 I want to thank the panel for being here.

3213 Ms. Alvarado, I want to thank you for sharing your very
3214 personal story with us, for your testimony. That was just very

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3215 moving. This issue is very personal.

3216 I am the youngest of 11 kids, and when I was very young my
3217 sister--one of my sisters got pregnant at 15 and my other sister
3218 got pregnant at 16.

3219 And my third sister also got pregnant at a very young age.

3220 And two of my sisters, one at 15 and one at 16, made a very personal
3221 decision to give birth.

3222 My third sister made a very personal decision that it wasn't
3223 time for her and she wasn't ready. And it was an important life
3224 decision that all three of my sisters made. And if I talk to
3225 them they will tell you how grateful they are to have the ability
3226 to make a choice.

3227 And so you coming forward today and sharing your story is
3228 not easy, because when I have had this conversation with my sisters
3229 they have told me that it wasn't easy.

3230 And so having you here today means a lot because I believe
3231 it is important that other women, regardless of age, but
3232 especially our young people, hear from people like you, and I
3233 just want to give you an opportunity if there is anything that
3234 you want to add based on your own personal experience or
3235 perspective to emphasize why it is important that we hear from
3236 people like you and people like my sisters. I talk about the
3237 issue of reproductive health care and the importance of having
3238 a choice.

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3239 Ms. <Alvarado.= Thank you so much for sharing as well.

3240 If I could just address that my story of no regret and the
3241 story that Ms. Forney shared of regret they live in the same world.

3242 They co-exist. And I am only sorry that those individuals that
3243 regret their abortion were not empowered to make the best choice
3244 for themselves.

3245 And at the heart of that is choice. Of the women that do
3246 have an abortion, 95 percent of those women do not regret their
3247 abortion and I am part of that majority.

3248 And I think that the only way moving forward is to trust
3249 and empower women by giving them access without restrictions.

3250 Ms. <Barragan.= Right. Well, thank you.

3251 I also, like Dr. Robinson, want to thank you for bringing
3252 up Planned Parenthood and clinics that are just so critically
3253 important, especially in communities like mine.

3254 I represent a district in south Los Angeles that includes
3255 areas like Compton and Watts. There is only four districts that
3256 are poorer in California than my district, and when I was a child
3257 after seeing my three sisters go through what they went through,
3258 I decided that I would have to find a clinic much like a Planned
3259 Parenthood.

3260 Back in those days, we looked through the Yellow Pages and
3261 I found a clinic and I will tell you I was afraid to tell anybody
3262 that I was even going to go seek advice on what options there

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3263 were.

3264 But I remember walking in and I remember being welcomed and
3265 being told--my first question was how much is this going to cost
3266 me. I didn't have a lot of money and I was told it was a sliding
3267 scale and I didn't have to pay.

3268 But it was just so important as a young person to have that
3269 opportunity to go and get access to health care. People think
3270 oh, well, there's health care everywhere. You can go wherever
3271 you want.

3272 But there is many people in low income communities and
3273 communities of color that don't have the access to health care,
3274 and access is something that we have been fighting for and it
3275 is not as easy as going to wherever you want, especially not when
3276 you are 14 or 15 and you just want to go get advice and get some
3277 guidance.

3278 Dr. Robinson, we talked a lot today about how TRAP laws are
3279 medically unnecessary requirements imposed on abortion providers
3280 and women's health care centers.

3281 Can you maybe elaborate a little bit on the hardships that
3282 low-income women must face in states that have the TRAP laws?

3283 Dr. <Robinson.= Forcing women to continue a pregnancy that
3284 is just kind of a basic violation of a woman's basic humanity,
3285 her rights, and her freedoms.

3286 We know that when women can't access the health care that

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3287 they need, be it an abortion or contraception, that it can further
3288 push them into poverty and there are studies that support that.

3289 It is not just our opinion as to the absolute fact. It is
3290 just really important for patients to be able to access the care
3291 that they need in a timely fashion and that women should be able
3292 to access the care they need in their community.

3293 Ms. <Eshoo.= Thank you. The gentlewoman--

3294 Dr. <Robinson.= And these TRAP laws are making it difficult
3295 for them to do that.

3296 Ms. <Eshoo.= Thank you. The gentlewoman's time has
3297 expired.

3298 I now recognize the gentlewoman from Delaware, Ms. Blunt
3299 Rochester, for her five minutes of questions.

3300 Ms. <Blunt Rochester.= Thank you, Madam Chairwoman, and
3301 thank you to all of the witnesses, to my colleagues, all of you
3302 who have shared your stories.

3303 This is a very personal conversation as well as public, and
3304 I was sitting here thinking I am a daughter. I am one of three
3305 sisters and I am a mother of a 31-year-old and also a
3306 mother-in-law. And it is surprising to me that in 2020 we are
3307 still having to fight for this right.

3308 I really appreciate the fact that we are having the
3309 conversation. I really appreciate it also hearing from the men
3310 who spoke up and shared their perspectives.

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3311 I come from a state, the state of Delaware, that has been
3312 a leader in protecting women's health and safety. In 2017,
3313 Delaware passed a law recognizing the constitutional right to
3314 abortion.

3315 But instead of seeing more states across the country expand
3316 and affirm abortion care and access to comprehensive reproductive
3317 health services is being delayed and obstructed by harmful and
3318 medically unnecessary barriers.

3319 Every American deserves the freedom to make personal
3320 decisions about their health and their future. I really
3321 appreciated what you said, Ms. Alvarado, about the fact that these
3322 stories are, you know, really two sides of the same story and
3323 that the piece that I think links them together is that choice.

3324 We must pass the Women's Health Protection Act to safeguard
3325 abortion care and the ability for an individual to make personal
3326 decisions with fairness, safety, and respect.

3327 And I know there was conversation about speaking for those
3328 who can't speak. But there were many women who came before us
3329 who had to go in back rooms and alleys and have things done to
3330 them that were unsafe and unhealthy, and they had to either live
3331 or perish with the consequences, which is why what we are talking
3332 about today here is so important.

3333 I am glad we clarified some of the aspects of the bill and,
3334 Dr. Robinson, I really appreciated your bravery as well and your

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3335 continued strength.

3336 Earlier this month, an individual in Delaware defaced our
3337 Planned Parenthood with an explosive. Thankfully, no one was
3338 hurt. But the incident shows that there can be personal safety
3339 risks for physicians and staff who provide or speak out to protect
3340 access to abortion care.

3341 So, again, I want to thank you for being here and really
3342 in the little bit of time I have I just want to ask you if you
3343 could talk about how Alabama's law has forced you to practice
3344 substandard care and what stigma has meant to your patients.

3345 Dr. <Robinson.= Well, the law has forced me to practice
3346 substandard care and do things that I would not normally do in
3347 the sense that, like I said, sometimes I have patients that present
3348 to our clinic that if I had my choice they would be taken care
3349 of. Their abortions would be provided in a hospital setting.

3350 This may be women who have, for example, like very low
3351 hematocrits. They have a history of any type of bleeding disorder
3352 where they are on blood thinners. We need to take them off that
3353 medication for a period of time to be able to perform their
3354 procedure.

3355 If I could take care of them in the hospital we could reverse
3356 their blood thinners in the hospital setting and take care of
3357 them and then get them started on their medication again.

3358 Patients who have a low hematocrit sometimes will be served

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3359 better by being taken care of in a hospital. When I say low
3360 hematocrit I mean a low blood count. Because there is a blood
3361 bank available in the hospital where is--where they can access
3362 the resources they need if that becomes necessary. I don't have
3363 that available to me in my clinic setting. But these women still
3364 need abortion care.

3365 We have many women who have had multiple other abdominal
3366 procedures like multiple Cesarean sections. Our C-section rates
3367 are really high. And these women, when they present for abortion
3368 care, sometimes there is concern about the placenta being very
3369 adherent to the previous surgical scar.

3370 These women sometimes would be served better by being taken
3371 care of in a hospital setting. But I don't have that choice.

3372 So I have to give them the very best care that I can in my clinic
3373 setting, and this is the only area of medicine where it is like
3374 a zero sum game. You can't have any mistakes or any mishaps.

3375 But sometimes these patients may suffer complications in an
3376 abortion clinic and need for me to call an ambulance for them.

3377 That does not mean that we didn't provide good care. It just
3378 means that I was forced to care for them in a setting that I
3379 didn't--

3380 Ms. <Blunt Rochester.= Thank you, Dr. Robinson. My time
3381 has expired.

3382 Ms. <Eshoo.= The gentlewoman's time has expired.

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3383 I thank the gentlewoman.

3384 We will now hear from two members that are waiving onto our
3385 subcommittee today and I will call on and recognize the
3386 gentlewoman from New York, Ms. Clarke, for her five minutes of
3387 questions, followed by the gentleman from South Carolina, Mr.
3388 Duncan.

3389 Oh, we just had a Democrat. Mr. Duncan, you are recognized.
3390 The gentleman from South Carolina, Mr. Duncan, is recognized
3391 for five minutes for his questions.

3392 Welcome to the subcommittee.

3393 Mr. <Duncan.= Thank you, Madam Chair, and thanks for
3394 allowing members to be waived on.

3395 I want to thank the ladies on the panel today for your
3396 stories. A lot of them are very, very touching, and I have five
3397 stories from the Carolina Pregnancy Center in South Carolina I
3398 would like to submit for the record.

3399 [The information follows:]

3400

3401 *****COMMITTEE INSERT*****

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3402 Mr. <Duncan.= Thank you.

3403 I am an author of the ultrasound bill. I believe that
3404 requiring a woman to look at an ultrasound could save the lives
3405 of many, many babies.

3406 As a father of three sons, one of which was born very
3407 premature, I saw the ultrasounds of my boys. Saw the heartbeats,
3408 saw the little legs and arms kicking.

3409 And I am an evangelical Christian, a sinner saved by grace,
3410 and I want to read some scripture because as a Protestant I have
3411 studied the Bible not nearly as much as I should.

3412 But I do know that in Psalm 139 verse 13 it says this, speaking
3413 of God: For you form my inmost being. You knit me together in
3414 my mother's womb. Job 10:11, you clothed me with skin and flesh
3415 and knit me together with bones and sinews. Psalm 119:73, your
3416 hands have made me and fashioned me. Give me understanding to
3417 learn your commandments. Ecclesiastes 11:5, as you do not know
3418 the path of the wind or how the bones are formed in a mother's
3419 womb so you cannot understand the work of God, the maker of all
3420 things.

3421 Isaiah 44:24, thus says the Lord, your redeemer who formed
3422 you from the whom I am the Lord who has made all things, who alone
3423 stretched out the heavens, who by myself spread out the earth.

3424 See in Genesis, God says let us make man in our own image and
3425 our likeness--after our likeness and let them have dominion over

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3426 the fish, of the sea, over the birds of the heavens, over the
3427 livestock and over all the earth and over every creeping thing
3428 that creeps on the earth. Genesis 1:26.

3429 What that tells me is that as we are being stitched together
3430 in our mother's womb we are created in God's image and that God
3431 is in the womb as well.

3432 And when that baby--that little boy or little girl has his
3433 life taken in the womb, God is in there present for that murder.

3434 Scripture says we are made in the image of God. Are we are made
3435 in the image of God while we are stitched together in our mother's
3436 womb or after we take that first breath of life? When does that
3437 happen?

3438 To me, it happens at conception, because God knows me, know
3439 us as we are there. I guess I am here today to speak on behalf
3440 of the little boys and girls that are killed in the womb are those
3441 forceps are reached in and that back of the neck is pinched and
3442 brains are sucked out. Parts are pulled apart.

3443 Somebody has got to speak for them. Those are human lives.

3444 I am not going to sit here and say I understand what a woman
3445 goes through because I don't.

3446 But I understand what a father goes through. I understand
3447 what a father goes through that had a premature son who was in
3448 an incubator and I couldn't get my hands on him to hold him and
3449 how my arms ached wanting to pick up my son and hold him, not

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3450 knowing whether he was going to live or die, because at that point
3451 when you are in the neonatal intensive care unit you don't know.

3452

3453 But I am not going to profess to know what the women feel.

3454 But the little boys and girls in the wombs they are feeling pain.

3455 We can kid ourselves that they are not. But they are human lives
3456 and they feel pain.

3457 Ms. Forney, I wasn't present for your story earlier but my
3458 staff told me, and I want to thank you for that. One quick
3459 question in 19 seconds.

3460 If a woman is required to look at an ultrasound do you think
3461 more lives would be saved?

3462 Ms. <Forney.= Absolutely. Data proves that out.

3463 Mr. <Duncan.= Ms. Collett? If a woman has to look at an
3464 ultrasound do you think more lives would be saved?

3465 Ms. <Collett.= I think the data is not conclusive on that
3466 question. It depends on where the ultrasound is performed.

3467 Mr. <Duncan.= Thank you all for being here.

3468 Madam Chair, I thank you for being waived on.

3469 I yield back.

3470 Ms. <Eshoo.= I would like to revisit something. I didn't
3471 catch what you said that you would like to place in the record.

3472 Can you--we will review it. Thank you very much, and thank you
3473 for joining us at the subcommittee.

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3474 We have the gentlewoman from New York, Ms.

3475 Clarke, is recognized for her five minutes of questions.

3476 Ms. <Clarke.= Let me thank you, Madam Chair, for giving
3477 me the opportunity to waive on today. As vice chair of this
3478 committee, this is a very, very important subject matter that
3479 we must confront in the 21st century.

3480 We have a constitutional law and at the end of the day we
3481 are still engaged in a debate that pulls at every one of us.
3482 Let me say that I am in full support of the Women's Health
3483 Protection Act. Full support. Full stock.

3484 The first Planned Parenthood facility was opened in my
3485 district--Brownsville, Brooklyn. That is right. And I believe
3486 in choice. The choice is whether you want to bring a life into
3487 this world and your circumstances support that, or the choice
3488 to have abortion care because your circumstances demand that.

3489 And when we get to the point where we are imposing upon our
3490 fellow Americans, women in particular, our preferences, we are
3491 going down a pathway that we should have evolved out of centuries
3492 ago.

3493 So let me thank you again, witnesses, for being here today.

3494 I want to talk to you about the provision of abortion care and
3495 what state bans are really about.

3496 We know that abortion is a safe medical procedure and yet
3497 targeted regulations on abortion providers, often called TRAP

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3498 laws, make providing abortion care more difficult but not any
3499 safer.

3500 According to a 2018 report by the National Academies of
3501 Sciences, Engineering, and Medicine, abortion is safer than
3502 childbirth, colonoscopies, certain dental procedures, plastic
3503 surgery, and tonsillectomies.

3504 Madam Chair, I ask unanimous consent to put this report into
3505 the record.

3506 [The information follows:]

3507

3508 *****COMMITTEE INSERT*****

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3509 Ms. <Clarke.= However, we have seen hundreds of state laws
3510 and restrictions that single out abortion care under the guise
3511 of safety that seemed more focused on making access to abortion
3512 care more difficult.

3513 An American College of Obstetricians and Gynecologists in
3514 a published committee opinion on the topic found that government
3515 restriction on abortion results in the, quote, "marginalization
3516 of abortion services for routine clinical care," end quote, and
3517 are, quote, "harmful to women's health," end quote.

3518 The same national academy study found that the greatest
3519 threat to the safety and quality of abortion are unnecessary
3520 government restrictions.

3521 So my question is to you, Dr. Robinson. Will you discuss
3522 the safety profile of abortion in relation to other routine
3523 medical procedures like colonoscopies, tonsillectomies, or
3524 plastic surgery?

3525 Dr. <Robinson.= Abortion care is very safe. The risk of
3526 women having a bad outcome or having a complication with an
3527 abortion is less than 1 percent. According to the CDC it's less
3528 than the chances of having an adverse reaction to a penicillin
3529 shot.

3530 So abortion is already very safe and these restrictions that
3531 are being placed do not make abortion any safer for women. It
3532 only blocks access to care.

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3533 Ms. <Clarke.= Do you agree with the National Academies
3534 report that found that state restrictions are more harmful to
3535 the quality and safety of abortion care than anything else?

3536 Dr. <Robinson.= I do agree with that.

3537 Ms. <Clarke.= What are some of the ways that abortion
3538 restrictions threaten the quality and safety of the care that
3539 you are able to provide?

3540 Dr. <Robinson.= Well, these restrictions they push--they
3541 push a lot of women out of the medical system altogether where
3542 they are not able to reach a safe provider to counsel them and
3543 give them proper care.

3544 Some of them are having to access care by the best means
3545 that they know, which is sometimes just accessing the care through
3546 the internet.

3547 They would be served better sometimes by being able to have
3548 a provider locally in their area. It decreases the number of
3549 providers who are available to provide care for women so that
3550 means that some patients will never reach a facility when they
3551 do need it.

3552 Ms. <Clarke.= Very well. And we have heard a lot of
3553 conversation here today, some factual, some based on opinions.

3554 It is valuable to hear the perspectives of everyone here.

3555 But at the end of the day, part of the freedom of being an
3556 American is self-determination, self meaning every human being

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3557 irrespective of gender, and I resent the fact that in the 21st
3558 century this next generation is being imposed upon. They have
3559 a choice. Ladies, young ladies, you have a choice and you have
3560 a right to exercise that choice.

3561 With that, Madam Chair, I yield back.

3562 Ms. <Eshoo.= I thank the gentlewoman. She yields back.

3563 And let's see. We have one more member waiving on to the
3564 subcommittee and that is Ms. Schakowsky from Illinois, and I
3565 believe that will be the end of questions from members.

3566 The gentlewoman is recognized.

3567 Ms. <Schakowsky.= I also thank our chairman for allowing
3568 me to waive onto this subcommittee. It has been very, very
3569 meaningful.

3570 I know that when I stepped out of the room Mr. Gianforte
3571 allowed Ms. Collett to make incorrect claims about the opinions
3572 of medical professionals on the importance of abortion access.

3573 And I just wanted to read a little bit about the American
3574 College of Obstetricians and Gynecologists, which is the nation's
3575 leading medical specialists for women's health and the
3576 authoritative body in the development of the standards of care
3577 for women and not part of the abortion industry.

3578 And I am just wondering if Ms. Northup or Dr. Robinson, can
3579 you clarify maybe once and for all, probably not once and for
3580 all, what medical professionals have said about the legislation

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3581 that we are talking about today?

3582 Dr. Northup--Ms. Northup first.

3583 Ms. <Northup.= Well, what I can say is about what medical
3584 professionals have said about the type of laws that the Women's
3585 Health Protection Act would address, which is that both ACOG,
3586 as we have talked about, and the American Medical Association
3587 have taken positions against many of these laws because they are
3588 not based on medicine and they are not based on good care of
3589 patients.

3590 And I would also just point to the American Medical
3591 Association has a brief in the Supreme Court case, along with
3592 13 other professionals, in which they are very clear when they
3593 talk about the admitting privileges law that the Supreme Court
3594 will look at, it is not medically necessary.

3595 Abortion is a safe medical procedure and nationwide they
3596 say patients are being harmed by medically unnecessary
3597 restrictions on abortion clinicians.

3598 The American Medical Association doesn't take a position
3599 on whether its members should or should not provide abortions.

3600 But they take a position on these types of regulations that are
3601 not based on science and medicine.

3602 Ms. <Schakowsky.= And Dr. Robinson, are you part of the
3603 abortion industry? Is there some such thing as the abortion
3604 industry that is pushing a skewed view of the health care that

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3605 you provide?

3606 Dr. <Robinson.= No. I am part of the American Medical
3607 Association, the American College of Obstetricians and
3608 Gynecologists. I am a proud abortion provider and an
3609 obstetrician-gynecologist who cares very deeply for my patients.

3610 Ms. <Schakowsky.= And I am assuming that you also provide
3611 prenatal care to women who want children and help facilitate that
3612 as well, right?

3613 Dr. <Robinson.= Yes, I do.

3614 Ms. <Schakowsky.= I also wanted to point out that in
3615 addition to--we have the, supporting this bill, the American
3616 College of Obstetricians and Gynecologists, the American College
3617 of Nurse Midwives, and the Society for Maternal Fetal Medicine.

3618 So, you know, again, I think this idea, and you had time
3619 to talk about this abortion industry, that what we are talking
3620 about and what we are trying to protect--look, I am a mother
3621 of three, a grandmother of six, and we embrace our children and
3622 we call this choice because you, Ms. Collett, and you, Ms. Forney,
3623 are free to organize around this issue, to promote the issue.

3624

3625 But we are talking about women having the opportunity to
3626 choose, not to prescribe one thing or another or to invite
3627 politicians into the room.

3628 I think that is what is so offensive. Ms. Alvarado, can

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3629 you just talk about that for a minute? Or less, 41 seconds.

3630 Ms. <Alvarado.= Absolutely.

3631 No, it is incredibly infuriating that so many women not only
3632 face these restrictions that--similar ones that I face but they
3633 face even greater restrictions in their home states.

3634 Abortion access is health care and women are capable with
3635 their partners and their doctors if they so choose to make the
3636 decision to access this health care.

3637 Ms. <Schakowsky.= I know it must be frustrating to some.
3638 This is a pro-choice House of Representatives and all of the
3639 polling suggests this is a pro-choice nation.

3640 And I yield back.

3641 Ms. <Eshoo.= The gentlewoman yields back.

3642 I see that our colleague from Pennsylvania has joined us.
3643 Welcome to the subcommittee, waiving on. Mr. Doyle of
3644 Pennsylvania is recognized for five minutes of questions and you
3645 may proceed.

3646 Mr. <Doyle.= Thank you very much, Madam Chair.

3647 First of all, I want to say thank you to all of our witnesses
3648 here today.

3649 I want to especially thank Ms. Alvarado for your service
3650 to our country, which includes your testimony here today. Your
3651 story is one that I really hope has resonated with my colleagues
3652 on both sides of the aisle and I hope has made everyone on this

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3653 committee think about our own history, our hopes and plans for
3654 our families and, most importantly, how we treat our neighbors.

3655 I, for one, am a co-sponsor of the Women's Health Protection
3656 Act because I believe that we need to treat our neighbors, women
3657 across America, with basic respect that allows them to make the
3658 best health care decision that is best for themselves and their
3659 families without interference of the state or federal lawmakers.

3660 So with that said, I know that I am the last person to speak
3661 here today and you have all answered a lot of questions. I would
3662 just like to start by asking both Dr. Robinson and Ms. Northup,
3663 are there any false or misleading claims that you have heard here
3664 today that you would like a few minutes to clean up or correct
3665 the record on?

3666 Anything you would like to add? I want to give you some
3667 time if there is.

3668 Dr. <Robinson.= Yes. One, the implication that women, when
3669 they come in to have an abortion procedure, that these women that
3670 they may need additional time. I am the physician. I have the
3671 opportunity to establish a rapport with my patients.

3672 I have the insight to know these women who may additional
3673 time and these patients, after we counsel them, even though we
3674 have a mandatory 48-hour waiting period, there have been times
3675 when I have talked to a patient and have told her that perhaps
3676 she needs to go and take a little bit more time and come back.

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3677 I don't need the state to put that restriction in place for me.

3678 I am already doing that for my patient.

3679 So every woman that comes through the door for an abortion
3680 doesn't necessarily leave with an abortion. Sometimes they are
3681 really just coming because they need someone to talk to and we
3682 are doing that already in our center and we are doing it well.

3683 Mr. <Doyle.= Thank you.

3684 Ms. Northup, do you want to add anything?

3685 Ms. <Northup.= Yes, just to correct what has been said about
3686 the breadth of this statute. The statute is very targeted to
3687 aim at being able to provide abortion care and get abortion care
3688 free from medically unnecessary limitations.

3689 So this is only about those directed abortion providers that
3690 are not medically necessary, and we have heard a lot about it
3691 will overturn the Hyde Amendment. That is not the case. That
3692 you will be forced to provide abortions. That is not the case.

3693 That it will change the standard of viability from Roe. That
3694 is not the case.

3695 It is directed at--this reason that in the 21st century we
3696 are still arguing about this is that these laws are unfair attempts
3697 to close clinics, deprive women of access, and they make it unfair
3698 across the nation so that your zip code is driving whether you
3699 can access services. That is the target of this law. It is right
3700 for this moment and urge again for the committee to recommend

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3701 its getting a floor vote.

3702 Mr. <Doyle.= Thank you.

3703 And finally, Ms. Alvarado, is there anything you would like
3704 to add?

3705 Ms. <Alvarado.= Thank you so much.

3706 I share my story here today because these restrictions don't
3707 just live in a vacuum. I am a testament to these restrictions
3708 and how they affected my life.

3709 And I am only grateful that I had been empowered to make
3710 the best decision for myself and I am grateful to that 22-year-old
3711 who had the fortitude to not only face those obstacles but pass
3712 them to make the best decision for herself.

3713 Thank you so much.

3714 Mr. <Doyle.= Thank you for being here today and I want to
3715 thank the witnesses.

3716 Madam Chair, thank you so much for your indulgence, and I
3717 yield back.

3718 Ms. <Eshoo.= The gentleman yields back and I thank you for
3719 coming. You are always welcome at this subcommittee.

3720 I now would like to once again thank all of our witnesses.

3721 Dr. Robinson, you have done an extraordinary job. I am sorry
3722 I had to cut you off. But I am generally very generous with time
3723 and go over, much to frustration of members on both sides of the
3724 aisle, because every word really counts and witnesses come here

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3725 really loaded with very important information but know that
3726 it's--I am trying to adhere to the rules of the committee.

3727 Ms. Forney, thank you for coming and testifying. Ms.
3728 Collett, thank you. Ms. Northup, 17 years plus lawyering, and
3729 to Ms. Alvarado, you have heard the expressions I think from--I
3730 believe from both sides of the aisle thanking you for your service
3731 to our country and for--I always say it takes courage to have
3732 courage. Thank you for yours.

3733 So I would like to know submit the following statements for
3734 the record. What Mr. Duncan requested be placed in the record
3735 will be. Mr. Bilirakis's request will also be placed in the
3736 record, and I am requesting unanimous consent to enter the
3737 following documents into the record. It's a very long list.

3738 A letter from Dr. Steve Weinberger, executive vice president
3739 and CEO emeritus of the American College of Physicians, Dr.
3740 Barbara Levy, clinical professor of obstetrics and gynecology
3741 at George Washington University, and Debra Ness, president of
3742 the National Partnership for Women and Families, a letter from
3743 the Reproductive Justice Community in support of the Women's
3744 Health Protection Act, a statement from the Guttmacher Institute
3745 in support of the Women's Health Protection Act, a 2018 report
3746 from the National Academies of Sciences, Engineering, and
3747 Medicine entitled "Safety and Quality of Abortion Care in the
3748 United States.'

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3749 A report from the National Bureau of Economic Research
3750 entitled, "The Economic Consequences of Being Denied an
3751 Abortion.'" A 2018 article from the American Journal of Public
3752 Health entitled, "Socioeconomic Outcomes of Women Who Receive
3753 and Women Who are Denied Wanted Abortions in the United States.'"

3754 A 2017 article from the Journal of the American Medical
3755 Association entitled, "Women's Mental Health and Well-Being Five
3756 Years After Receiving or Being Denied an Abortion.'" A 2018
3757 article from the Journal of Medical Internet Research entitled,
3758 "Identifying National Availability of Abortion Care in Distance
3759 from Major U.S. Cities'" systemic online search.

3760 A report from the Center for Reproductive Rights entitled,
3761 "Roe and Intersectional Liberty Doctrine: The Supreme Court
3762 Amicus Brief of 11 Story Tellers'" filed in the Supreme Court
3763 case June Medical Services v. G.

3764 A 2017 report from the Center for Reproductive Rights
3765 entitled, "Evaluating Priorities: Measuring Women's and
3766 Children's Health and Well-Being against Abortion Restrictions
3767 in the States.'"

3768 A 2019 report from the Center for Reproductive Rights
3769 entitled, "What if Roe Fell?'" A statement from the ACLU in
3770 support of the Women's Health Protection Act. A statement from
3771 various LGBTQ groups in support of the Women's Health Protection
3772 Act. A statement from the Hope Clinic for Women in support of

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3773 the Women's Health Protection Act.

3774 Testimony from the National Council of Jewish Women in
3775 support of the Women's Health Protection Act. A statement from
3776 the National Family Planning and Reproductive Health Association
3777 in support of the Women's Health Protection Act.

3778 A statement from Platform in support of the Women's Health
3779 Protection Act. A statement from various reproductive justice
3780 groups in support of the Women's Health Protection Act.

3781 A letter from various independent abortion care providers
3782 in support of the Women's Health Protection Act. A letter from
3783 53 faith-based religious and civil rights organizations in
3784 support of the Women's Health Protection Act.

3785 A statement from Representatives Chu, Frankel, and Fudge
3786 in support of the Women's Health Protection Act. A statement
3787 from Kristen Clarke, president and executive director of the
3788 Lawyers' Committee for Civil Rights under the Law in support of
3789 the Women's Health Protection Act.

3790 A statement from Toni Van Pelt, president of the National
3791 Organization for Women in support of the Women's Health Protection
3792 Act.

3793 A letter from MomsRising in support of the Women's Health
3794 Protection Act. Testimony from Martin H. Wolf, director of
3795 Sustainability and Authenticity for Seventh Generation, Inc.,
3796 in support of the Women's Health Protection Act.

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3797 A letter from 14 state attorneys general and the attorney
3798 general from the District of Columbia in support of the Women's
3799 Health Protection Act.

3800 A letter from the Freedom from Religion Foundation in support
3801 of the Women's Health Protection Act. A letter from the Women
3802 of Reformed Judaism and the Religious Action Center of Reformed
3803 Judaism in support of the Women's Health Protection Act.

3804 A letter from the Planned Parenthood Federation of America
3805 and the Planned Parenthood Action Fund in support of the Women's
3806 Health Protection Act.

3807 Testimony from the National Network of Abortion Funds in
3808 support of the Women's Health Protection Act. A letter from S.
3809 Nadia Hussain, Maternal Justice Campaign director for MomsRising
3810 in support of the Women's Health protection Act.

3811 A letter from Vanita Gupta, president and CEO of the
3812 Leadership Conference on Civil and Human Rights in support of
3813 the Women's Health Protection Act.

3814 A letter from Catholics for Choice in support of the Women's
3815 Health Protection Act. A letter from NARAL, Pro-Choice America
3816 in support of the Women's Health Protection Act.

3817 Testimony from Lela Abolfazli, director of Federal
3818 Reproductive Rights at the National Women's Law Center in support
3819 of the Women's Health Protection Act.

3820 A statement from the American College of Obstetricians and

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3821 Gynecologists in support of the Women's Health Protection Act.

3822 A 2019 article from the Journal of Obstetrics and Gynecology
3823 entitled, "Consensus Guidelines for Facilities Performing
3824 Outpatient Procedures: Evidence Over Ideology."

3825 A letter from five law professors in support of the
3826 Women's Health Protection Act. A compilation of 114 abortion
3827 stories--I believe I mentioned this right off the top--submitted
3828 by Representative Bilirakis. An abortion story from Elizabeth
3829 Gillette. An abortion story from Pam Thompson. An abortion
3830 story from Terry Fordone. A press release from the Susan B.
3831 Anthony list dated February 12th, 2020. A letter from March for
3832 Life Action opposing the Women's Health Protection Act. A
3833 statement from Americans United for Life opposing the Women's
3834 Health Protection Act. The Supreme Court amicus brief of Priests
3835 for Life and Rachel's Vineyard followed in the Supreme Court case
3836 June Medical Services v. G. An article by Thomas M. Messner,
3837 J.D., entitled "The Women's Health Protection Act of 2019: Ten
3838 Things You Need to Know About H.R. 2917."

3839 So without objection, so ordered.

3840 [The information follows:]

3841

3842 *****COMMITTEE N*****

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3843 Ms. <Eshoo.= And go ahead. You are recognized.

3844 Mr. <Burgess.= You have covered most of them but also a
3845 unanimous consent request to add a legal analysis by the Charlotte
3846 Lozier Institute and just to be certain on the Susan B. Anthony
3847 list press release entitled "House Democrats Hold Hearing
3848 Promoting Abortion on Demand."'

3849 Ms. <Eshoo.= So ordered.

3850 [The information follows:]

3851

3852 *****COMMITTEE INSERT*****

This is a preliminary, unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker. A link to the final, official transcript will be posted on the Committee's website as soon as it is available.

3853 Ms. <Eshoo.= So I would like to remind members, there are
3854 all of what, three of us left here--that pursuant to committee
3855 rules we each have 10 business days to submit additional questions
3856 for the record--I certainly plan to do so--to be answered by the
3857 witnesses or witness who has appeared and I ask that each one
3858 of the witnesses respond promptly to any questions that are
3859 submitted to you by--that you may receive from a member or more
3860 than one member.

3861 So thank you again to each one of you. We have not taken
3862 a break. You have been at the table as long as I have for
3863 almost--let's see, almost four hours. And thank you to everyone
3864 that is in attendance here today.

3865 I think everyone has really comported themselves with a great
3866 deal of dignity, with professionalism, and as chair of the
3867 subcommittee I wanted to recognize all of you for doing that and
3868 thanking you.

3869 With that, the subcommittee is adjourned.

3870 [Whereupon, at 1:44 p.m., the committee was adjourned.]