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OFFICE OF THE SECRETARY OF HEALTH

Joint House and Senate Democratic Policy Committee
Hearing on Post-Roe Pennsylvania

Testimony of
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Good morning, Chairman Bizzarro and Chairwoman Muth and members of the committees. Thank you for extending the invitation to speak about the state of post-Roe reproductive health care in Pennsylvania. The Department of Health shares Governor Wolf's concern that the decision reached in *Dobbs v. Jackson Women's Health Organization* will have serious implications for Pennsylvanians' bodily autonomy, privacy, and overall health. The Department has strongly opposed any legislative action during this administration which would limit an individual's access to abortion and other reproductive health services. We stand with public health organizations like the American College of Obstetricians and Gynecologists, the National Health Law Program, and countless others in our assertion that abortion and emergency contraceptives are valid health care interventions and should be protected by law.

The Department regards its role as the primary regulator of abortion facilities as part of its mission to ensure safe, quality access to maternal health care. First, I want to ensure all Pennsylvanians are aware that, as of this hearing, reproductive health care services, including abortions, remain safe and legal in Pennsylvania. The Department's oversight of the facilities currently approved to offer abortion services is not changing because of the U.S. Supreme Court's decision. The state statutory and regulatory requirements for the provision of abortion services that are under the Department's jurisdiction also remain unchanged.

When the Dobbs decision was announced, the Department sent a letter communicating pertinent regulatory information to abortion providers in the Commonwealth and urged facilities to review and reference these statutes and regulations if they have any questions relating to ongoing regulatory requirements or are seeking to expand services to meet an anticipated need. A resource email account was also provided for any related inquiries. The Department remains committed to open communication with facilities, stakeholders, providers, and patients. By doing so, we want to ensure that providers have reliable access to information so that patient access to services is preserved.

As a board-certified obstetrician-gynecologist, I understand abortion and contraceptive services to be essential components of reproductive health care. This position is based on clinical safety, medical necessity, and the wellbeing of patients. Within my role as Physician General for the Commonwealth, and now as Acting Secretary of the Department of Health, my medical practice has deeply informed my perspective regarding increasing rates of maternal mortality within Pennsylvania. The consequences of forced pregnancy can be dangerous to maternal health and may increase chances of maternal morbidity. If abortion or emergency contraceptive services were to become further limited in Pennsylvania, it would likely exacerbate this crisis.

It remains true that Black women and people of color generally bear the highest burden of maternal mortality within the United States.[1] Within Pennsylvania, the overall maternal mortality rate is 82 deaths per 100,000 live births; for Black women, that rate is two-times higher — 163 deaths per 100,000 live births. The Department applauds the Wolf Administration's decision to extend the Medicaid postpartum coverage period for eligible mothers and birthing persons to one year following birth, which was a recommendation in our *2021 Maternal Mortality Review Report*. While this represents a much-needed step in addressing maternal mortality, I fear that future progress will be mitigated if accessing needed reproductive health services is made either more difficult or impossible for those experiencing pregnancy. When reproductive health services are restricted, there are unintended consequences for those undergoing pregnancy losses. Providers can become hesitant to render treatment for fear of breaking the law, even in situations where abortion is best medical practice. Any delay of treatment in those instances represents an increased chance of mortality and long-term disability, in addition to needless suffering which may be experienced by the patient.

A retrospective research study published last year by affiliates of the St. Louis School of Medicine examined maternal mortality data from the United States between the years 1995-2017. States which have more restrictive abortion laws were shown to have higher rates of maternal mortality than states that either had protective or neutral positions towards abortion.[2] When the study began in 1995, mean mortality ratios per 100,000 live births were relatively similar; by 2017, states which had restrictive positions towards abortion had a mean mortality ratio of 28.5 per 100,000 births, whereas protective states had a much lower mean mortality ratio of 15.7. Another recent research study published in the journal of *Public Health* analyzing total maternal death data published by the National Center for Health Statistics from 2015-2018 found that states with a higher number of abortion-restricting policies were also associated with increases in total maternal mortality.[3] In a national health climate where maternal mortality is on the rise, the lives of pregnant people in Pennsylvania would be in increased danger if access to reproductive health services were jeopardized. The life of a pregnant person should be prioritized, without being forced to assume the varied risks of pregnancy against their will. Induced abortion can be a lifesaving, safe procedure and is fourteen-times less likely to result in death than childbirth.

I would be remiss if I did not mention the impacts on health equity in a conversation about abortion care. There is ample data that confirms the economic impacts on the lives of Pennsylvanians denied abortion services. The Turnaway Study, a landmark research initiative which assessed 1,000 women who were denied abortions in the United States five years post denial, has documented in detail that individuals who have been unable to access abortion care experience more debt, are more likely to live in poverty, and are less likely to be able to work full-time. The National Bureau of Economic Research has also estimated that individuals who were denied an abortion are likely to have twice as many delinquent debts than people who were able to have an abortion. The personal financial impact of being denied an abortion in some

cases can be as large as the effect of being evicted. In addition to financial hardship, individuals who are denied abortions also report having difficulty achieving self-established life goals in the years after forced birth. These structural difficulties represent real and negative social determinants for peoples' health. In contrast, 99 percent of individuals who were able to access abortion care, also interviewed as part of the Turnaway Study, reported five years post-abortion that ending their pregnancy was the right choice for them. The data shows that individuals who can access a wanted abortion are better able to manage their financial futures, pursue goals and aspirations, raise children in healthier conditions, and are more likely to raise planned-for children in the future.

Complicating pathways to medically necessary abortion care in Pennsylvania will worsen maternal care. The negative economic impact to individuals and the corollary challenges to their mental health when elective abortion care is banned is also clear. As diverse as all pregnant persons are in the Commonwealth, so are the circumstances in which a pregnant person ends a pregnancy. What is necessary for us, as public health officials, is to do everything that we can to preserve the dignity of choice that Pennsylvanians and their families currently have and deserve. The choice made by would-be mothers and their doctors to preserve a mother's health in a devastating situation, the choice made by mothers who already have children or will someday, but not now, and the choice made by those who know that for their physical and mental health, not ever. These choices matter, and the people who make them matter. The health of Pennsylvanians will be extremely negatively impacted if those choices cease to exist.

To quote the American College of Obstetricians and Gynecologists, "the best health care is provided free of political interference in the patient-physician relationship." Medical decisions regarding an individual's reproductive health should only be made in consultation between the individual in question and their health-care provider. With so many voices in the room, who will be able to listen and pay attention to the unique needs of the pregnant person? And who will see to their comprehensive health, when the overwhelming advice of health care providers is ignored? Our guiding responsibilities at the Department of Health are to ensure the safety of patients and the quality of their care – in a Pennsylvania where reproductive rights are heavily restricted or eliminated, both are severely compromised.

Thank you again for the opportunity to be with you today to discuss this very critical issue. I am happy to take any questions you may have at this time.

[1] Cynthia Prather, Taleria R. Fuller, William L. Jeffries IV, Khiya J. Marshall, A. Vyann Howell, Angela Belyue-Umole, and Winifred King. Health Equity. Dec 2018.249-259.http://doi.org/10.1089/heq.2017.0045.
[2]Addante AN, Eisenberg DL, Valentine MC, Leonard J, Maddox KEJ, Hoofnagle MH. The association between state-level abortion restrictions and maternal mortality in the United States, 1995-2017. Contraception. 2021 Nov;104(5):496-501. doi: 10.1016/j.contraception.2021.03.018. Epub 2021 Mar 26. PMID: 33781761.
[3] Vilda D, Wallace ME, Daniel C, Evans MG, Stoecker C, Theall KP. State Abortion Policies and Maternal Death in the United States, 2015–2018. Am J Public Health. 2021 Sep;111(9):1696-1704. doi: 10.2105/AJPH.2021.306396. Epub 2021 Aug 19. PMID: 34410825; PMCID: PMC8589072.