

Testimony of Sarah Gutman
Tuesday, July 26 2022

PA House Democratic Committee Hearing: A Post-Roe Pennsylvania

Good Morning Chairman Bizzarro and members of the committee. I appreciate the opportunity to speak with you today.

My name is Sarah Gutman and I am an obstetrician gynecologist and family planning specialist in Philadelphia. I am here to share with you my clinical expertise and knowledge around the care that I provide to women and pregnant-capable people in Pennsylvania, and how their lives will be affected by the Supreme Court's decision to eliminate a constitutional right to abortion.

As an OB/GYN, I provide healthcare for women and people who can become pregnant throughout their lives. As part of this care, I discuss if and when they would like to become pregnant. If they wish to delay or prevent pregnancy, I help them decide if there is a birth control option that is safe and effective for them. But contraception can fail. Pregnancy can happen as the result of unexpected intercourse. Pregnancy can happen as the result of rape. Pregnant people who are excited to become parents can have complications and be unable to continue the pregnancy due to either health problems with the fetus or threats to their own health. There will always be a need for abortion, having access to this medical care is an integral part of health and wellbeing, and results in better mental and physical health outcomes for all.

Since the supreme court reversed Roe v. Wade on June 24th, many state legislatures have decided to ban or severely restrict abortion care. Patients and healthcare providers in these states have been put in impossible situations. People needing abortion care have been forced to travel to distant locations, costing time, money, and putting their lives at risk. Clinicians have been targeted, leaving many scared to provide the standard of care for abortion or miscarriage, and forcing them to wait until a person is critically ill before they can intervene even in a hopeless situation.

A recent study out of Texas showed that when the state enacted a ban on abortion after six weeks of pregnancy, pregnant people's health was compromised.¹ Individuals who had a complication, such as their water breaking, before 22 weeks of pregnancy were denied standard medical care and forced to wait until they became sick before receiving treatment. In this cohort, the risk of maternal morbidity nearly doubled after abortion bans were enacted, without any improvement in fetal outcomes. In this world, nobody wins. People will get sick. People will die.

Here in Pennsylvania, we have been able to continue to provide our patients high quality healthcare, but I fear that this seemingly basic fact is in jeopardy. If Pennsylvania lawmakers restrict access to abortion care, they are making deeply personal decisions on behalf of their constituents that they do not have the medical expertise to make. Restricting abortion access would have a disproportionate impact on Pennsylvanians who are Black, Indigenous, People of Color, the LGBTQ community, and low-income. These are the individuals who would have the hardest time leaving our state to get care in a neighboring one, who may not have the money, transportation, childcare, or time to travel and who would also be most likely to suffer from

pregnancy complications if forced to continue a pregnancy and give birth. Currently, Pennsylvania's maternal mortality rate is two times higher among Black women than the overall population.²

Even though we have been able to continue to provide care, Pennsylvania providers and patients are already feeling the effects of a post-Roe America. People are coming to Pennsylvania from neighboring states, and as the restrictions around us tighten it is estimated that our clinics may see up to a 25% increase in the number of people seeking abortion care.³ We need to enact legislation protecting our providers ability to care for these patients. We need to build our clinical capacity, knowing that demand on our clinics, support staff, and medical staff will rise.

As you are well aware, during the 2021-2022 legislative session alone Pennsylvania lawmakers introduced multiple pieces of legislation restricting abortion care. These bills included a six-week abortion ban, banning physicians from ending a pregnancy affected by Down Syndrome, and most recently amending the state constitution to declare that the right to abortion or abortion funding does not exist in Pennsylvania. We cannot afford to simply be reactive – responding to the numerous restrictive bills proposed in the Pennsylvania legislature. We need to also be proactive. A majority of Pennsylvanians support legal abortion. We need to enact legislation that protects this care.

Over the past few weeks, we have heard some of the most extreme and disturbing examples of what happens when abortion is banned, including children who are the victims of sexual assault needing to travel to receive care. While those examples deserve our outrage, so does any example of restricting care when a person needs to end a pregnancy. In a typical clinic day, my patients can include mothers facing a new pregnancy shortly after delivering a baby. I have treated students – people in college, studying nursing and medicine – who are desperate to complete their education. I have cared for women who felt that their marriages could not sustain a pregnancy, or whose partners left after learning about a pregnancy leaving them without any resources or support. I want to remind people considering the idea of “compromising” about abortion restrictions that every abortion restriction is extreme to an individual who is pregnant. Abortion care is healthcare, and it should not be treated differently.

I welcome the opportunity to speak with members on this committee about working together to keep abortion care safe and legal in Pennsylvania. I am happy to take your questions.

- 1) Nambiar A & Patel S. Maternal morbidity and fetal outcomes among pregnant women at 22 weeks' gestation or less with complications in 2 Texas hospitals after legislation on abortion. *AJOG*. July 4 2022. *AJOG*. DOI: <https://doi.org/10.1016/j.ajog.2022.06.060>
- 2) Bureau of Family Health. Pennsylvania Maternal Mortality Review: 2021 Report. January 2022. Accessed July 25, 2022. <https://www.health.pa.gov/topics/Documents/Programs/2021%20MMRC%20Legislative%20Report.pdf>
- 3) Gantz S. How overturning 'Roe v. Wade' will affect abortion access in PA, NJ. *Philadelphia Inquirer*. June 24, 2022. Accessed July 25, 2022. <https://www.inquirer.com/health/overturn-roe-scotus-ruling-abortion-access-pennsylvania-20220624.html>