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Senate Committee on Banking, Housing, and Urban Affairs
Subcommittee on Economic Policy
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"The Economic and Health Impacts of Threats to Reproductive Rights"
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Good afternoon, Senator Warren and Senator Markey. Thank you for holding today's field hearing on abortion and for the opportunity to speak with you today about access to critical care. My name is Dr. Kathryn Fay and I use she/her pronouns. I am a board-certified, fellowship trained, obstetrician and gynecologist specializing in family planning. I provide full spectrum sexual and reproductive health care, including abortion. As is typical of many in medicine, I completed my training in other states, in my case Illinois and Utah. Now, as a resident of Massachusetts, I bring a firsthand account of the ways state policy supports or obstructs quality healthcare. I am here today as a fellow with Physicians for Reproductive Health, a network of physicians from across the country working to improve access to comprehensive sexual and reproductive health care, and as a physician at The Brigham and Women's hospital.

In Massachusetts I am able to provide care based on what patients and I decide together is safest and healthiest for their lives using my clinical training and following best medical practices without political interference. Massachusetts has been and continues to be a leader for access to reproductive health care. Prior to the Supreme Court's decision in *Dobbs*, which overturned the constitutional right to abortion, the Commonwealth of Massachusetts enacted laws establishing a statutory right to abortion. Since the *Dobbs* decision, Massachusetts has enacted additional legislation to further protect and increase access to reproductive health care. These new laws make abortion care more affordable by allowing state Medicaid funds to cover abortion and requiring private health insurance plans to provide coverage for abortion and abortion-related care without cost-sharing and protects providers like me from investigations by other states for simply providing safe, essential, necessary medical care. I list these legislative changes because they are in contrast to my experience working in Utah, which, prior to *Dobbs,* employed numerous tactics to hinder or punish those seeking abortion care, policies which have only grown more extreme in the interim.

I am grateful to live and practice medicine in a state that supports the broad scope of sexual and reproductive health care, including contraceptive care. In the past few months, I have cared for people who needed life-saving abortion care to begin treatment for a new cancer diagnosis and people who needed an abortion in the setting of life-threatening hemorrhage. I have cared for people who sought abortions in the setting of fetal anomalies, abusive partners, housing instability, sexual assault, contraceptive failure; the indications are endless and all of them are valid. However, we cannot ignore that the Supreme Court's decision in *Dobbs* has wreaked havoc on the lives of people across our country seeking care for similar reasons, and on the clinicians who are doing their best to care for their communities. There is no safe state as long as threats to sexual and reproductive health care continues.

As states continue to ban abortion, patients are having to travel farther and farther distances away from their homes and their communities putting their health and lives at risk. I have cared for people who traveled to Massachusetts with pre-viable ruptured membranes, a diagnosis for which standard medical care is immediate intervention because of the threat of maternal sepsis and hemorrhage. Overall, there

were an estimated 4,500 more abortions provided in Massachusetts formal health care system in 2023 than in 2020, last year1 in 15 people who received abortions in Massachusetts were from out of state.[1,2] I am consistently seeing patients from across the country. I am grateful to be able to care for the people who make it to me, but I can't help but think about all of the people who are unable to make the expensive, complex, risk-laden journey to essential care and have been forced to remain pregnant. I know people have been forced to remain pregnant since *Dobbs,* and there are excellent data to show the enduring harms of being denied a wanted abortion. The Turnaway Study shows us that when a woman is denied an abortion it creates economic hardships and insecurity that lasts for years, the financial wellbeing and development of existing children is negatively impacted, and the pregnant person is more likely to endure ongoing intimate partner violence.[3] For the patients who have the resources to travel, at the very least, they are being forced to leave their support systems and communities. This is unacceptable. Everyone deserves to access care in their own community, in a manner that is best for them, with people they trust.

As more states continue to ban or severely restrict access to abortion the ripple effects will continue to impact other types of essential health care harming the overall health and wellbeing of people across the country. For example, other types of care we have already seen impacted include: contraceptive care because of intentionally vague language being misconstrued to limit access to emergency contraception and intrauterine devices or IUDs; miscarriage care as the treatments used to help manage a miscarriage are the same used to provide an abortion; ectopic pregnancy care as health care institutions and providers are worried about being held criminally responsible for providing the emergency care patients need.

It is only nearly two years since the *Dobbs* decision and threats from the courts continue. The Supreme Court is set to issue decisions this summer in what will be two landmark cases impacting abortion care. The Court's decision in *FDA v. AHM* will impact access to mifepristone, one of two FDA approved medications used in medication abortion care. The FDA first approved mifepristone in 2000 and today medication abortion accounts for 63% of all U.S. abortions.[4] Mifepristone is a safe and effective medication that I rely on using for patient care every day. Restrictions on mifepristone will not only have devastating impacts on pregnant people's access to abortion care but also early pregnancy loss and stillbirth management, among the other evidence-based uses of mifepristone. Additionally, the Supreme Court is considering whether EMTALA preempts Idaho's abortion ban in situations in which abortion is required to stabilize an emergency medical condition that would otherwise threaten serious harm to the pregnant person's health. People should have access to abortion care without barriers or delay, including in emergency circumstances. Likewise, clinicians should be able to practice without performing the calculus of what state law permits or what actions might threaten their medical license, and instead focus on applying their medical training to provide the necessary care that is right for patients. There are

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[1] Guttmacher, Monthly Abortion Provision Study, https://www.guttmacher.org/monthly-abortion-provision-study

[2] Kaiser Family Foundation, Massachusetts Abortion Data, https://www.kff.org/interactive/womens-health-profiles/massachusetts/abortion-statistics/

[3] The Harms of Denying a Woman a Wanted Abortion. Findings from the Turnaway Study, Advancing New Standards in Reproductive Health (ANSIRH) University of California San Francisco, https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf

[4] Jones, RK, Friedrich-Karnik A., Medication Abortion Accounted for 63% of All US Abortion in 2023 – An Increase from 53% in 2020, Guttmacher, https://www.guttmacher.org/2024/03/medication-abortion-accounted-63-all-us-abortions-2023-increase-53-2020

countless stories of my colleagues in other states being forced to navigate impossible situations that put patient safety and state legislation at odds.[5]

Abortion restrictions only serve to burden and endanger patients and clinicians, not make abortion any safer. These restrictions represent a national movement that threatens health care. If not just for the general moral good, I am here today advocating for the status of care in Massachusetts. Since *Roe*, steady chipping away of sexual and reproductive health rights has jeopardized justice for all. *Dobbs* was a clear and devastating loss, but it does not represent an end point. I worry about the loss of mifepristone, a federal abortion ban, and threats to contraception and assisted reproductive technology, hazards that will transcend state lines. Abortion, without stipulation, is life-saving, necessary, compassionate, essential health care.

Thank you for having me here today. I look forward to your questions.

[5] Grossman D, Joffe Carole, Kaller S. et al., Care Post-Roe: Documenting cases of poor-quality care since the *Dobbs* decision, Advancing New Standards in Reproductive Health (ANSIRH) University of California San Francisco, https://www.ansirh.org/sites/default/files/2023-05/Care%20Post-Roe%20Preliminary%20Findings.pdf