

Written testimony in support of Pennsylvania House Bill 1888, proposing an amendment to the Constitution of the Commonwealth of Pennsylvania, providing for personal reproductive liberty.

Good morning, I am Dr. Sarah Horvath, double board-certified in obstetrics and gynecology and complex family planning, and the Secretary of the Pennsylvania Section of the American College of Obstetricians and Gynecologists (ACOG). I provide full scope OB-Gyn care, including deliveries, abortion care, and complex miscarriage management and contraception.

The Pennsylvania Section of ACOG represents more than 2500 physicians and partners in reproductive health in the Commonwealth. PA ACOG works primarily in four major areas:

- Serving as a strong advocate for quality health care.
- Maintaining the highest standards of clinical practice and continuing education for its members.
- Promoting patient education and patient understanding of and involvement in medical care.
- Increasing awareness among its members and the public of changing issues facing reproductive health care.

I am here today speaking in support of Pennsylvania HB 1888. Nearly one in four women in the United States will have an abortion in her lifetime, but the overall number of providers of that care is declining. Despite the safety of abortion care and its importance for protecting each person's ability to build and support their families, it has become increasingly inaccessible. Even before *Roe v Wade* was overturned, states enacted thousands of barriers to receiving this vital healthcare. Since the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, 14 states have banned nearly all abortion, 2 have 6 week bans, 2 have 12 week bans, and additional states have been blocked from enforcing abortion bans by court order. In the past two years alone, over 150 abortion restrictions were passed across the country, including targeted restrictions of medication abortion and outright abortion bans.

Pennsylvania is surrounded by states enacting these bans. There are no longer any providers of abortion care in West Virginia or Kentucky. We have seen a 20% increase in need for care in Pennsylvania since the *Dobbs* Supreme Court decision removed federal protections for access to abortion care. And we in Pennsylvania are doing everything we can to meet this need. I have cared for patients from Texas, from Arkansas, many from West Virginia, and others from across the country. People who have the means to travel are coming to us for care - and we are helping them. But this is a fundamental issue of equity. Not everyone can afford to travel to access the healthcare they need. Pennsylvania can play a critical role in expanding access to reproductive health care by removing medically unnecessary barriers. We can support all Pennsylvanians by protecting their fundamental right to make decisions about their healthcare that are best for them and their families.

Abortion is safe. The risk of a complication or mortality from abortion is less than the same risk from common procedures like wisdom tooth removal, cancer-screening colonoscopy, and plastic surgery. There is broad consensus within the medical community that abortion care is an essential component of reproductive healthcare. Research has shown that non-medically necessary barriers serve only to delay and complicate care, putting it completely out of reach for some patients. Systemic inequities in the health care system and society mean that Black communities and other communities of color, and people with low incomes struggle most to access comprehensive reproductive health care. Being unable to obtain an abortion has major effects on people's lives, health and wellbeing. We have

evidence that when people are unable to attain needed abortion care, they are more likely to be living in poverty four years later. They are more likely to remain in a relationship with a violent partner.

I had a patient recently who came to me needing abortion care because her partner was violent. Not only toward her, but toward their child. The week prior to her coming to my office, her partner had threatened her and swerved into oncoming traffic with their baby in the backseat. He had previously threatened her with a gun. She knew that she needed to leave this relationship – for her and her child. Continuing another pregnancy would have made that impossible.

Patients like her need to be able to access the health care they need without medically unnecessary barriers or restrictions, and doctors should be able to offer that care without outside interference. While people may have differing views about abortion, those views must not interfere with the relationship between people and their doctors. Every person should be able to come to me or one of my colleagues and have an honest, open discussion about the risks and benefits of pregnancy. This conversation should be unfettered by political interference, so that patients can build the families they want. I have cared for thousands of pregnant patients. Sometimes I will have patients in very similar situations who make very different decisions about whether to continue or end those pregnancies. Regardless of their chosen path, I provide them with evidence-based, patient-centered care.

Finally, access to abortion care for patients is a workforce issue. We know that since the *Dobbs* decision, fewer medical students have applied into obstetrics and gynecology residency. That decrease is more profound in states that limit access to comprehensive reproductive healthcare. Doctors and future doctors want to be able to provide comprehensive care to their patients without interference. We have seen states like Idaho lose their high-risk obstetricians. I have friends who have moved from restrictive states to supportive ones so that they can continue to provide care for their own patients and not have to send them hundreds of miles to access care. Pennsylvania can be a place where the best and brightest doctors want to practice.

Bodies are becoming political battlegrounds. We are seeing unprecedented numbers of measures that impose politics and ideology on clinical care, including political intrusion into the exam room. HB1888 ensures that Pennsylvanians can make decisions regarding their reproduction without interference from state or local governments.

Thank you for the opportunity to address the judiciary committee this morning. I am here to provide you with medical facts, to advocate for expanded abortion access, and to remind you that you have the power to support our patients and all Pennsylvanians.

Thank you,



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