EXAMINING STATE EFFORTS TO UNDERMINE ACCESS TO REPRODUCTIVE HEALTH CARE

HEARING

BEFORE THE

COMMITTEE ON OVERSIGHT AND REFORM HOUSE OF REPRESENTATIVES

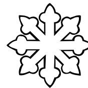
ONE HUNDRED SIXTEENTH CONGRESS

FIRST SESSION

NOVEMBER 14, 2019

Serial No. 116–71

Printed for the use of the Committee on Oversight and Reform



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38–554 PDF WASHINGTON : 2019

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Written opening statements and witness' written statements are available at the U.S. House of Representatives Repository: https://docs.house.gov.

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* Letter from Ms. M'Evie Mead, Director of Policy and Organization, Planned Parenthood Advocates in Missouri; submitted by Rep. Clay.

* "A Mother's Love and the March that Matters," article; submitted by Rep. Foxx.

* "No, Georgia's Heartbeat Bill Won't Imprison Women Who Have Abortions," article; submitted by Rep. Hice.

* Violations at Abortion Clinics in Several States; submitted by Rep. Cloud.

* Letter from the American College of Obstetricians and Gynocologists; submitted by Acting Chairwoman Maloney.

* Letter from Reproaction; submitted by Acting Chairwoman Maloney.

* Letter from the Guttmacher Institute; submitted by Acting Chairwoman Maloney.

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Examining State Efforts To Undermine Access To Reproductive Health Care

Thursday, November 14, 2019

HOUSE OF REPRESENTATIVES
COMMITTEE ON OVERSIGHT AND REFORM
WASHINGTON, D.C.

The committee met, pursuant to notice, at 2:19 p.m., in room 2154, Rayburn Office Building, Hon. Carolyn Maloney, presiding.

Present: Representatives Maloney, Norton, Clay, Lynch, Connolly, Krishnamoorthi, Raskin, Rouda, Wasserman Schultz, Sarbanes, Speier, Kelly, DeSaulnier, Lawrence, Khanna, Gomez, Pressley, Tlaib, Jordan, Foxx, Massie, Hice, Grothman, Cloud, Roy, Miller, Green, Armstrong, Steube, Keller, and Norman.

Also present: Representatives Chu, Schakowsky, Schrier, and Lee.

Chairwoman Maloney. The committee will now come to order.

Good morning to everyone. The purpose of this hearing is to examine how state policies, like those in Missouri, are impacting residents' access to comprehensive reproductive healthcare services, including abortion.

Without objection, the chair is authorized to declare a recess of the committee at any time.

For audience purposes, we welcome you and respect your interest in being here. In turn, we request and we ask you to respect the proceedings as we go forward in today's hearings. With that, I will now recognize myself to give an opening statement.

I would like to begin by acknowledging that this is the first full committee hearing we have held since our friend, our colleague, and our beloved chairman, Elijah Cummings, passed away. Chairman Cummings spent his entire life fighting for justice and equality for everyone, and he was a fierce champion for women's access to healthcare.

Across the country extreme forces in some state governments are taking draconian steps to violate women's rights by restricting access to reproductive health services, including abortion. These state actions include prerequisite undue burdens, restrictions, and outrageously invasive procedures for patients seeking abortions. Let me be clear about what these restrictions are. They are a denial of basic healthcare services that women have a right to receive no matter where they live.

I want to thank my very good friend, Congressman Clay, for his leadership in requesting today's hearing. Missouri has taken some of the most extreme actions to limit access to reproductive healthcare. Missouri is one of six states with only one remaining

abortion provider, and as we will hear today, it is at risk of having no providers at all. Missouri's one remaining clinic is Planned Parenthood, and we thank that clinic's director, Dr. McNicholas, for testifying here today and for her brave service to the women in her community every single day.

Earlier this year, Dr. Randall Williams, the director of the Missouri State Health Department, ordered Planned Parenthood to perform medically unnecessary pelvic examinations on every single woman seeking an abortion. This was an invasive state-sponsored abuse of women seeking care. After significant public backlash, the State suspended this cruel practice. But Dr. Williams also recently was forced to admit that he directed state employees to collect information about patients' menstrual cycles to advance his ideological crusade. That is what they were spending taxpayers' dollars on.

I cannot begin to describe my disgust at these violations of privacy and breaches of trust by government officials. Sadly Missouri's actions are not taking place in isolation. Other states have pushed for similar restrictions. I believe these states have been emboldened by the Trump Administration's systemic attacks on reproductive healthcare and general disrespect for women.

In 2012, our former chairman, Darrell Issa, held a hearing in this room in this committee with an all-male panel of religious leaders who were trying to take away contraceptive coverage for women. They did not invite one single woman to testify on that panel. Then they refused our request to have Sandra Fluke, who was a Georgetown law school student at the time, testify about the importance of health insurance coverage of contraceptives. They said she was, and I quote, "not qualified." It was at that hearing that I asked in protest, where are the women. It is time to let women speak, and it is time for everyone to listen. It is time for elected representatives here in Congress and in state houses across the country to protect the right to privacy and a woman's right to abortion services rather than attack it, undermine it, and try to eliminate it.

I want to thank Jennifer Box for sharing her family's story with us. No one should ever have to make the heartbreaking decision that you and your husband had to make, but it is your decision and it does not belong to anyone else. I also want to thank Marcela Howell from In Our Own Voice, which is part of the National Black Women's Reproductive Justice Agenda, and Fatima Goss Graves from the Women's National Law Center, for all their work and for being here today, and for helping the committee and me on this subject.

I now recognize the Ranking Member Jordan for his opening statement, and I yield back.

Mr. JORDAN. Thank you, Mr. Chair. I want to thank our witnesses for being here today. In the Declaration of Independence, signed 243 years ago, our Founding Fathers enshrined the principle that life, liberty, and the pursuit of happiness are unalienable for everyone. I think it is always interesting to note the order the founders placed the rights they chose to mention. Can you really pursue happiness, can you chase down your goals and dreams if you first don't have freedom, if you first don't have liberty? Do you

ever enjoy true liberty, true freedom if government won't protect your most fundamental right, your right to live, your right to life? Life is precious. It is a sacred gift from God.

During an earlier time here in Congress, whatever disagreements that we had, colleagues who didn't share those beliefs, there was a common understanding about this fundamental principle, that life, in fact, is precious. Over the past few years, it seems our two sides have moved away from this basic understanding. Today my colleagues on the other side of the aisle will charge me and Republicans as being against women. Democrats will say if you are not for them and this position and their position on this issue, then you are against all women. We want all people, including women and babies, to have access to world-class healthcare. Statements to the contrary are simply false and are meant to divide our country.

Today, this Congress is in the midst of an unprecedented impeachment inquiry against President Trump. I am proud that President Trump is one of the most pro-life presidents to ever lead our Nation. President Trump has taken bold steps to stop Federal funding of abortions and enable better legal protections for healthcare workers who are opposed to providing, assisting, or participating in these procedures. The hearing today is an attack on that pro-life record.

Today's culture, standing for life, is not easy. I am always guided by one of my favorite Scripture verses, II Timothy 4:7, "Fight the good fight, finish the course, keep the faith," and that is what we have to do, keep the faith in those basic principles outlined in that document that started our Nation over 200 years ago. We came to this Congress to fight for the right of all Americans to have life, liberty, and pursue happiness. I yield back.

Chairwoman MALONEY. I will now yield one minute to the member from the great state of Missouri, Lacy Clay, who requested this hearing.

Mr. CLAY. Thank you, Madam Chairwoman. I along with my constituents appreciate your calling this hearing today on an urgent issue that threatens the health and personal freedom of millions of American women. The assault against a woman's right to make their own healthcare decisions is an insult to the basic values of individual freedom and limited government. Nowhere in the Nation is that assault more urgent than in my home state of Missouri, specifically in the city of St. Louis, which I am so proud to represent.

Planned Parenthood of St. Louis is the last remaining women's healthcare clinic in the entire state of Missouri that also provides abortion services. I visited the clinic staff and physicians this past June as the battle was elevating, and I wanted to lend my support and voice to their efforts. As a husband, father, and brother, I support and trust the private personal health choices of women. I am truly amazed at the Missouri Department of Health would, along with efforts to shut down the clinic, intimidate patients and threaten providers, and would allegedly and bizarrely track women's menstrual periods on spreadsheets to determine if they had had an abortion. No woman should be subjected to this violation of their personhood. This is America, it is her body, it is her healthcare, and it is her decision.

I stand with Planned Parenthood because they are truly on the front lines of defending women's healthcare across America. Madam Chairwoman, I would also like to introduce into the record a personal statement by Ms. M'Evie Mead, the director of policy and organizing of Planned Parent Parenthood advocates in Missouri.

Chairwoman MALONEY. Without objection, so ordered.

Mr. CLAY. Thank you. I yield back.

Chairwoman MALONEY. I will now yield time to the member from the great state of North Carolina, Dr. Foxx.

Ms. FOXX. Thank you, Chairwoman Maloney. I welcome you to your first hearing as acting chairwoman and look forward to continuing working together in your new role. We have had a productive working relationship over the years, and I commit to continuing in that spirit.

I want to say that my sympathy goes out to any woman who feels she must seek an abortion. It must be a horrible situation to be in, but I will admit that I am perplexed by the scope of the hearing. After all, my colleagues on the other side are quick to assert that Roe v. Wade is "the law of the land. However, Planned Parenthood V Casey clearly allows states to implement abortion restrictions, even ones that apply during the first trimester of pregnancy. States are grappling with issues of how to defend and preserve life and support high standards for women's healthcare. As states continue to explore ways to do so in recent years, we are now at a reflection point.

After the Governor of Virginia's horrific comments earlier this year, there has been a national outcry over the apathy shown by the pro-abortion movement toward babies that have been born after an abortion. This is an issue that is very close to my heart and the hearts of millions of Americans. I am going to quote the Governor: "If a mother is in labor, I can tell you exactly what would happen. The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that is what the mother and the family desired, and a discussion would ensue between the physicians and the mother. Governor Northam unfortunately does not stand alone in this appalling stance. He echoes Planned Parenthood's lobbyists, who during testimony on Florida's Born Alive Bill, expressed support for leaving an abortion survivor on the table to die, if that is what the patient and abortionist decided.

In New York, the Reproductive Health Act signed into law by Governor Andrew Cuomo removes protections for children born alive during abortion attempts, leaving them at the mercy of the abortionist who just minutes earlier was trying to kill them. Illinois has also enacted a law that repeals the Illinois Partial Birth Abortion ban Act, and removes licensing requirements for abortion facilities. Still other states, notably, Massachusetts and Virginia, having proposed legislation equally as alarming. Only two-thirds of the states have any laws to protect infants who survived abortion and that positively enshrine their right to life into law. That is simply unacceptable.

Madam Chairwoman, respectfully, in light of these events, I hardly find that anyone is losing access to anything, anyone save

the defenseless, the unborn, and now even the born alive. They are the ones having their rights deprived, and the American people find this intolerable. I find it to be an abomination. The pendulum in the states is not one that swinging against women, not in the slightest. Some of my colleagues used to espouse the idea that abortion should be safe, legal, and rare. They espouse it no longer. Instead, on-demand access to abortion up to and, tragically, even after birth is the new mantra. And the fact that extremists are working to keep this ever-expanding restriction on the right to life buttressed against the lives of babies born outside the womb, this should be a wake-up call to us all.

I call on Speaker Pelosi to end her blockade against the bipartisan Born Alive Survivors Protection Act. This bill would protect babies born alive in the remaining one-third of state jurisdictions that fail to do so. Life is sacred, and the regard with which we hold it is what defines who we are as a society. We live in a society that mistakes choice for liberty and denies the dignity of unborn life. But the beauty of living in a free country is that we can use our liberty for love. We must put love into action every day, affirming the value of life at all stages, no matter the difficulties it presents. Striving to love daily is not easy, yet it is the greatest exercise of our freedom, and there is no life unworthy of that love. I yield back, Madam Chairwoman. Thank you.

Chairwoman MALONEY. I will now briefly yield to Congressman Clay to introduce his constituent, Dr. McNicholas.

Mr. CLAY. Thank you, Madam Chair, and I am happy to introduce to the committee one of my distinguished constituents, a highly skilled physician, who has dedicated her life to providing exceptional healthcare for all women, the chief medical officer of Planned Parenthood of the St. Louis Region in Southwest Missouri, Dr. Colleen McNicholas. Dr. McNicholas has also served as a distinguished assistant professor of obstetrics and gynecology at Washington University of Medicine in St. Louis, and Dr. McNicholas is also a champion for closing healthcare disparities, like high maternal and infant mortality rates, that affect minority and low-income patients, mostly because of a lack of access to basic medical care.

Dr. McNicholas performs her duties with skill and compassion. She is a compassionate healer who fiercely defends her patients' rights and their privacy as well. Dr. McNicholas is a warrior for access to quality healthcare for women, not just in St. Louis, but across Missouri and across the Nation as well. Welcome, Doctor, and I yield back.

Chairwoman MALONEY. Thank you, Congressman. We are also joined by Jennifer Box from St. Louis, Missouri, and she was holding that beautiful baby girl. Also we are joined with Fatima Goss Graves, president and chief executive officer of the National Women's Law Center, and Allie Stuckey, from Carrollton, Texas, and Marcela Howell, founder and president, chief executive officer, In Our Own Voice: National Black Women's Reproductive Justice Agenda.

If you would all please rise and raise your right hand, I will begin to swear you in, and raise your right hand.

Do you swear to affirm that the testimony you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

[A chorus of ayes.]

Chairwoman MALONEY. Let the record show that the witnesses answered in the affirmative. Thank you, and please be seated.

The microphones are sensitive, so please speak directly into them. Without objection, your written statement will be made part of the record. With that, Ms. Box, you are now recognized for your opening statement.

STATEMENT OF JENNIFER BOX, ST. LOUIS, MISSOURI

Ms. BOX. Good afternoon, Acting Chairwoman Maloney, Ranking Member Jordan, and members of this committee. My name is Jennifer Box. I am a mother of three living children, and, as you saw, I am here today with my three-month-old, Astrid, and my husband, Jake. I am a small business owner, a wife, and a Missourian.

I am here today to tell you the story of our daughter, Libby. I am also here to share with you as someone who was in need of an abortion, how difficult my home state of Missouri makes it for pregnant people to access abortion. Libby's story is heartbreakingly linked with the political landscape in Missouri, something I never imagined I would have to navigate when the learning the most devastating news of our lives.

It was almost in the same breath that I learned my pregnancy had a fatal fetal diagnosis that I learned my home state of Missouri would insert itself in the middle of my grief. I searched for answers everywhere, and yet we found no solace in them. Our daughter, if not stillborn, would be born into a life of immediate and repeated invasive medical intervention. She would essentially have been born onto life support. With broken hearts, we knew that the greatest act of love that we could undertake as her parents would be to suffer ourselves instead, to end the pregnancy, grant Libby peace, and spare her tiny, broken body a short life full of pain.

We had made our decision and were still grappling with the reality of it, but there was little time to spare. Missourians like me who seek abortion are confronted with a litany of onerous restrictions, including mandatory waiting periods, private and public insurance bans, informed consent laws, and more. This means that I moved at the direction of the government. For example, my doctor's Catholic hospital, where I delivered my two older children, refused me care. We had to pay thousands of dollars out of pocket because of the state's insurance bans against abortion coverage. And perhaps most surprising, our procedure was rushed due to the state's consent and mandatory delay laws.

Despite how difficult it was to access the medical care I needed, my actual abortion procedure was the most compassionate care I have ever received from a physician. Jake and I left that day knowing that we had made the most loving and merciful choice for our daughter.

I thought after the procedure was over my family could begin to heal privately. I never imagined watching the State of the Union and hearing the President refer to women like me, women who have had abortions later in pregnancy, as murderers. I never fath-

omed my Governor would weaponize the health department in an attempt to end safe, legal abortion in Missouri. I did not anticipate my state legislature enacting an eight-week abortion ban that would have made it impossible for me to make the best decision for our family.

And let me be clear. My story does not give anyone the right to make judgments about good reasons and bad reasons for abortion. A fetal diagnosis was my reason, but nobody should have to explain themselves or compare their stories to justify a deeply personal decision. I tell my story knowing I am a woman of privilege with means and resources to access the care I needed despite a complicated landscape of laws. Every day women and people of color who fear racist and discriminatory policies carry the heaviest burdens when navigating abortion access.

Politicians like Governor Parson are hellbent on finishing off what little remains of the reproductive healthcare in my State. Members of Congress, I urge you to remember who you represent. I am the one in four women who will have an abortion in her lifetime. You have the power to change a broken system working against us, and I ask that you work in our best interest. I am not asking you to condone my choice. I am simply begging lawmakers like you, who have the power to create change, to allow families to make that choice for themselves.

I speak for Libby. It is an honor to share her name with this committee and the country today. Libby Rose Box. I have a rose tattoo above my heart so that she is with me every day. I am her mother, and she is my daughter and will always be my daughter. I made decisions from day one as her mother, and I made the most important decision of Libby's life, when together with my husband we decided to terminate the pregnancy. It was a sacred, painful, personal decision. That is our story unique to our family, and one that never should have included any politicians. Thank you for your time.

Chairwoman MALONEY. And thank you for sharing your story. I will now call upon Dr. Colleen McNicholas.

STATEMENT OF COLLEEN MCNICHOLAS, M.D., OB/GYN, CHIEF MEDICAL OFFICER, PLANNED PARENTHOOD OF THE ST. LOUIS REGION AND SOUTHWEST MISSOURI

Dr. MCNICHOLAS. Thank you, Acting Chairwoman Maloney, Ranking Member Jordan, and members of the committee. Special thanks to Representative Clay for that very kind introduction.

My name is Dr. Colleen McNicholas, and I am a practicing OB/GYN in the state of Missouri. And as you heard, I am the chief medical officer of Planned Parenthood of the St. Louis Region in Southwest Missouri. For more than a decade, I have been honored with the trust of patients seeking a broad spectrum of reproductive healthcare services, including abortion.

As you may know, there is only one health center left in Missouri that provides abortion to meet the needs of more than 1.1 million women of reproductive age in my state, Planned Parenthood's Reproductive Health Services in St. Louis. I am here today because if Governor Parson and Health Director Williams get their way,

Missouri could soon become the first state since Roe v. Wade without a single health center that provides abortion care.

I want to tell you how we got here and the dangers that we face when state officials abuse their power and disregard patients' lives to pursue a political agenda. Despite the reality that abortion is safe, Missouri politicians have layered restriction upon restriction, ranging from long waiting periods to insurance coverage bans, in a deliberate attempt to end abortion access. Over the last 30 years, Missouri has gone from nearly 30 clinics to just one clinic today.

Earlier this year, Governor Parson signed one of the most restrictive abortion bans in the country, banning abortion as early as eight weeks, and all together if Roe were overruled. Fortunately, that ban for now is blocked in the courts. Unable to get the job done through legislation, though, Parson's administration weaponized the licensure process to deny our abortion facility license. Health officials admitted under oath that they singled out Planned Parenthood for extra inspections, additional scrutiny, including at the behest of anti-abortion protestors and legislators.

They came to our clinic five times in the first five months of this year, all while they conceded that hospitals and surgery centers providing much riskier procedures went years without a single inspection. During this year's inspection process, the department also admitted to keeping a spreadsheet of my patients' menstrual cycles, a brazen abuse of power and misuse of data motivated by an agenda to find something, anything, that they could use to justify further scrutiny. As shocking as that sounds, more egregious was Director Williams' reinterpretation of a 1988 regulation which forced over 100 patients to undergo multiple invasive pelvic exams. My colleagues and I could not in good conscience force patients to take their clothes off unnecessarily and endure and extra state-mandated vaginal exam. Due to public outcry, the department relented, but that only confirms that there was no real medical reason for that exam.

Missourians want to believe that state officials charged with protecting public health have their best interests in mind. They want to trust that when they go to the doctor, their private medical information will not be mined by the department of health as part of a political fishing expedition. Governor Parson and Director Williams have repeatedly violated the trust of our community and compromised my patients' safety, all to push a political agenda.

And it is not just Missouri. Anti-abortion politicians in other states, including Louisiana, refuse to license abortion facilities simply because they do not agree with the healthcare that is provided there. This year alone, 12 states have enacted 25 different abortion bans, and that is on top of the nearly 500 abortion restrictions enacted in the states since 2011. This obsession with abortion has not only proven detrimental to our patients, but it has lasting effects on the health of an entire community. While Missouri goes to incredible lengths to ban abortion, maternal mortality is rising, and black women are dying in pregnancy at three times the rate of white women. Despite this and many other serious public health crises anti-abortion politicians continue to divert precious resources to the overregulation and targeting of abortion providers.

In Missouri, I am happy to say that despite the unrelenting attacks on reproductive healthcare, our doors remain open for now. Planned Parenthood will continue the work of ensuring that every patient who needs and wants an abortion is able to access that care with dignity and respect, and consistent with their values in spite of this impossible landscape. In my exam room, abortion is not political. It is simply healthcare, and it is time we listened to the majority of Americans and put an end to this rampant abuse of power, and do what is necessary to keep abortion safe, legal, and accessible. Thank you.

Chairwoman MALONEY. Thank you. Thank you for your work and for your testimony today. I am now going to recognize Fatima Goss Graves.

STATEMENT OF FATIMA GOSS GRAVES, PRESIDENT AND CHIEF EXECUTIVE OFFICER, NATIONAL WOMEN'S LAW CENTER

Ms. GOSS GRAVES. Thank you, Acting Chairwoman Maloney, and Ranking Member Jordan, and members of the committee. Thank you for the invitation to testify today, and especially on this first hearing following Congressman Cummings' passing. He was a champion for justice and on these issues.

My name is Fatima Goss Graves. I am president and CEO at the National Women's Law Center. At the Law Center, we know that access to reproductive healthcare, including abortion, is vital to gender justice. Access to abortion is a key part of a person's liberty and equality and economic security, and everyone, no matter where they live, no matter their financial means should have access to abortion when they need it.

As the Supreme Court said in Planned Parenthood v. Casey, the ability of women to participate equally in the economic and social life of this Nation has been facilitated by their ability to control their reproductive lives. We also know that legislators passing restrictions on abortion want to control the lives and futures of women. And it is not lost on me that we are facing the biggest threat to the right to abortion on the eve of the 100th anniversary of the Nineteenth Amendment when some women first gained the right to vote. The fight to secure the vote was symbolic of a broader societal change regarding women's ability and right to be politically equal and make politically independent decisions. Now, too, there is a broader movement in this country that will transform the relationship between gender and power. And it is against this backdrop that we must view Missouri's regulatory and legislative efforts to shut down the state's last abortion clinic.

Missouri is not the only or even the first state to seek to end abortion in this country, of course, but what is unique in this moment are the types of abortion bills that are being introduced and passed, before this year, bans on abortion that represented direct challenge to Roe. For example, banning abortion two weeks after a missed period before most people would even know that they are pregnant, were typically seen as too radical, even by many anti-abortion advocates.

What is also unique to this moment is state legislators' willingness to express up front why they are pushing these extreme meas-

ures. Their goal is to propel a case that presents the Supreme Court an opportunity to overturn or to grossly undermine Roe v. Wade. These legislators believe that between President Trump, Vice President Pence, and the newly constituted Supreme Court, that their goal will be realized. During his first campaign, President Trump even promised some form of punishment for women who have abortions, and that he would automatically overturn Roe v. Wade. In the three years that Trump has been in power, he has reshaped our Federal judiciary in shocking terms to fulfill that promise.

It is disturbing then that earlier this year, the Fifth Circuit upheld a Louisiana law that is identical to a Texas law struck down by the Supreme Court in Whole Woman's Health v. Hellerstedt in 2016. The Supreme Court has just agreed to review this rogue decision this term in June Medical Services v. Gee. This should be an easy decision. Nothing relevant has changed in the last three years except for the composition of the Supreme Court, but the law at issue in June also does nothing to make abortion, an already extremely safe procedure, safer. Instead, such laws are intended to close clinics, and they have done just that.

The resulting shortage of abortion providers has led to longer waiting times for appointments, increased travel to clinics which often result in increased costs, long distance travel, hotel stays in different cities, additional childcare expenses, more time off work when people don't have it, and ultimately delays in getting the care that they are seeking. These costs compound the other restrictions that are already in place, including restrictions on insurance coverage of abortion, all intended to make abortion unaffordable and, therefore, inaccessible. What these politicians are doing is not representative of the will of the people. The public doesn't want the right to abortion overturned. In fact, in the wake of these extreme abortion bans, the public sentiment showed its strength as people flooded the streets this past summer to protest these laws in the middle of the week.

As president of an organization that fights for gender justice in our schools, in work, in healthcare, and improving income security for women in their families, I have a bird's eye view of how all of these fights are connected. The same misogyny that is driving these abortion bans drives much of the opposition that we are seeing in other gender justice battles. That is why at this moment of reckoning on the constitutional right to abortion, we need Congress to lead. We think they can start with passing laws, such as the Each Women Act and the Women's Health Protection Act. Thank you.

Chairwoman MALONEY. Thank you so much. Allie Stuckey.

STATEMENT OF ALLIE STUCKEY, CARROLLTON, TEXAS

Ms. STUCKEY. I would like to thank Chairwoman Maloney, and Ranking Member Jordan, and the rest of the committee for the opportunity to appear before the committee today. My name is Allie Stuckey. I am an author, a podcast host, a commentator, a wife, and a mom. I have spent the last few years studying the pro-abortion movement, observing the growing radicalism of the abortion

agenda, and speaking out about the injustice occurring on the state and Federal [level] against preborn children and their mothers.

I am here today as a mom fighting for a future for her kids in which rights are not dependent on whether a person is wanted, but upon their humanity. I am here as a woman who believes that female empowerment, equality, and freedom are not defined by her ability to terminate the life of her child. I am here as an American, afraid for the fate of a country that no longer considers the right to life a prerequisite to liberty and the pursuit of happiness. I am here as a human being horrified by the violence, the oppression, and marginalization of a defenseless people group based solely on where they reside, in the womb.

It's surreal to be here, and not because I'm testifying before Congress, but because of the subject at hand. It is incomprehensible to me that we are having a debate over whether or not it is acceptable to kill a baby before they are born. And while we discussed Democrats' concerns about abortion restrictions today, I want to remind the committee of the true victims of radical legislation, and that is preborn babies.

There was a time perhaps when we could claim ignorance as our justification for allowing and approving of abortion. Only a few decades ago, we knew relatively little about preborn babies in early stages of development. It seemed appropriate to some to deem abortion a privacy issue or an issue of bodily autonomy. Even then the motto was "safe, legal, and rare." Pro-abortion advocates have abandoned these three qualifications in favor of on-demand through all nine months for any reason.

Barbaric laws, like those of New York, Illinois, and a bill in Virginia, aim to codify what Roe and its companion cases allow, the virtually unrestricted access to abortion until the point of birth. As its defendants' position on abortion has radicalized, science and technology have advanced. We now know that a baby's heart begins to beat as early as six weeks. The child can feel pain as early as 20 weeks, only halfway through the pregnancy. Babies born as early as 21 weeks' gestation have survived outside of the womb. By 24 weeks, still only the second trimester, a fetus has a significant probability of surviving if born premature. Babies at this age have also received lifesaving procedures to treat diseases like spina bifida.

Any woman who has been pregnant or has seen her child on an ultrasound knows the undeniable humanity of their preborn babies. Even as someone who is pro-life, I was shocked to see my daughter in the womb at just 11-and-a-half weeks kicking, punching, flipping around. Eleven-and-a-half weeks is still the first trimester. Embryology tells us that at the moment of conception onward, a baby is a living human being with a distinct DNA, and yet the abortion advocates have doubled down on their dehumanizing rhetoric and legislative efforts. Remarkably many members of the so-called party of science insist upon referring to preborn children as no more than clumps of cells.

In speaking of abortion, its defenders ignore the existence of the child entirely. Terms like "reproductive freedom" or "bodily autonomy," "women's empowerment" are used as euphemisms to obscure the reality that the life inside the mom's body is a human, a baby,

her baby. If abortion were truly a winning issue for women, if it were, as an article in New York Magazine recently argued, a moral good, this kind of deception wouldn't be necessary. But abortion advocates know that using accurate terminology to describe abortion is ineffective PR, and, therefore, it doesn't make for a profitable business model.

Late-term abortions are typically performed, of course, by emptying the uterus of amniotic fluid, then dismembering the baby with forceps. There are other cases of more grotesque methods utilized, like with Kermit Gosnell. Witnesses before Congress have testified to the neglect of babies who survived abortions, many of whom were reportedly left to die alone. Virginia Governor, Ralph Northam, declared earlier this year that a baby who survives an abortion would be delivered, kept comfortable, and resuscitated if that is what the mother and the family desired.

While tragic, pro-lifers shouldn't be surprised by pro-choice radicalism. This is the end of the logic of the pro-abortion case. There is no logical argument for abortion that doesn't also apply to people who are born. America is included on a list of only seven countries, including China and North Korea, to allow abortion after 20 weeks' gestation. The same legislators who are pro-abortion were happy to vote "yes" on the bill criminalizing animal cruelty on the Federal level. And while I'm am thankful for this, I only wish the same basic compassion could be extended to the most vulnerable members of our own species. Thank you.

Chairwoman MALONEY. Thank you very much. And Marcela Howell.

STATEMENT OF MARCELA HOWELL, FOUNDER AND PRESIDENT,CHIEF EXECUTIVE OFFICER, IN OUR OWN VOICE: NATIONAL BLACK WOMEN'S REPRODUCTIVE JUSTICE AGENDA

Ms. HOWELL. Acting Chairwoman Maloney, Ranking Member Jordan, and honorable members of the committee, thank you for the opportunity to testify at today's hearing. I would like to take a moment first to mourn the passing of Chairman Cummings, a fearless champion of human and civil rights. We promise to pick up his mantle and continue his fight for universal justice.

I am Marcela Howell, founder and president of In Our Own Voice: National Black Women's Reproductive Justice Agenda, a national state partnership with eight black women's reproductive justice organizations: Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Sister Reach, SPARK Reproductive Justice NOW!, the Afiya Center, and Women With a Vision.

Reproductive justice is the human right to control our bodies, our sexuality, our gender, our work, and our reproduction. That right can only be achieved when all people have the complete economic, social, political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives. This includes the right to choose if, when, and how to start a family.

When it comes to abortion, we focus specifically on access rather than rights, asserting that the legal right to abortion is meaningless for pregnant people when they cannot access such care due to

the cost, the distance to the nearest provider, or other obstacles. Across the country, we are faced with the ever-complicated wave of abortion restrictions that continue to compound already existing barriers making access to quality abortion care a privilege for the few rather than a human right for all.

After the 1973 landmark Roe v. Wade decision, the Supreme Court victory was immediately undermined and invalidated for people with low incomes with the passage of the Hyde Amendment. As the Guttmacher Institute notes, "Because of social and economic inequality linked to systemic racism and discrimination, women of color are disproportionately likely to be insured through Medicaid, therefore subject to the Hyde Amendment's cruel ban on insurance coverage of abortion." The decision of when and how to have a family or when to start or grow a family is a decision that should be made by a pregnant person and those they trust, not politicians.

Over the last decade, abortion access in the U.S. has become increasingly fraught with restrictive laws. Such abortion restrictions include everything from parental consent laws for individuals under 18, often coercive mandated counseling, mandated waiting periods, and unnecessary and burdensome regulations on providers and clinics. This web of restrictions and bans has ultimately created an unjust landscape. As the country grapples with the maternal mortality crisis, one that disproportionately impacts black women, research has found that the states with the higher numbers of abortion restrictions are the exact same states that have poor maternal health outcomes. That is not a coincidence.

Reproductive justice is economic justice. One reason people choose to have abortions is because of the significant expense of having and raising another child given that many are already parents. We cannot afford to endure another abortion ban because we are already battling discrimination in healthcare, wages too low to put food on the table, debilitating childcare costs, attacks on immigrants, and threats to our voting rights. These issues cannot be separated or siloed. Together, they are an attack on our ability to live with full agency over our lives and to raise our children with dignity.

I thank the committee for its dedication to addressing these issues through a lens of justice and equity, and centering the valued, lived experiences of marginalized communities, including black, Latinx, Asian-American/Pacific Islanders, and Native and indigenous women, transgender and gender non-binary people, LGBT people, people with low income, people in rural communities, those with disabilities, youth, and immigrants. I explicitly name us all because all of our struggles are tied together, and many of us live at the margins of multiple oppressed identities.

I urge the committee to address these abortion restrictions with urgency as we collectively work toward bodily autonomy and a world where full reproductive justice can be actualized. Thank you.

Chairwoman MALONEY. Thank you. I want to thank all of the panelists for your important testimony.

Without objection, the following members are authorized to participate in today's hearing: Congresswoman Chu, Congresswoman Schakowsky, Congresswoman Schrier, and Congresswoman Lee.

I will now call on Lacy Clay to begin the questioning. He is the originator of this hearing.

Mr. CLAY. Madam Chairwoman, let me thank you again for convening this hearing to call attention to the intrusive restrictions that are threatening the health and well-being of thousands of women in my congressional district and home State. In Missouri, we are down to one last abortion clinic. State health officials are doing everything in their power to try to shut that clinic down. They are trying to regulate Missouri's last clinic out of existence by imposing rules and regulations that are medically unnecessary, overtly intrusive, or virtually impossible for any healthcare provider to comply with.

And as you heard Dr. McNicholas explain, the health department began enforcing a medically unnecessary requirement that women submit to an additional pelvic exam three days before being allowed to have an abortion. Dr. McNicholas, as a physician, is there any medical reason for such a requirement?

Dr. MCNICHOLAS. Thank you for the question, Representative Clay. So as I previously stated, and I think you noted as well, forcing women to undergo medically unnecessary pelvic exams shows clear disregard for the potential traumatic impact that that has. We are talking about a country where every 73 seconds an American is victimized with sexual assault, and that rate is 12 times higher for women with intellectual disabilities. Within days of having to comply with that mandate, we saw a patient, a minor accompanied by her mom, who was a victim of sexual assault, who had never had a pelvic exam before, who didn't even know what her parts were.

And as a reminder for those of you who have never had a pelvic exam in this room, that means putting your fingers inside someone's vagina. Forcing somebody, this minor, never having had a pelvic exam, to have that invasive procedure when there was absolutely no medically relevant reason to do so, was traumatic for her, for her mother, and for the physician who was required to do it.

Mr. CLAY. How did that make you and your staff feel?

Dr. MCNICHOLAS. So I can tell you that in the times when we had to comply with this regulation, I am not sure who cried more, the physicians, the staff, the patients. We had patients apologizing to us that we were forced to do this to them. Our patients are accustomed to jumping through hoop after hoop to get an abortion, so when told they had to do this, too, they were resigned to the fact that that was just part of the deal. But it was traumatic for everyone.

Mr. CLAY. And if that wasn't outrageous enough, just weeks ago we learned that the state staff were ordered to keep spreadsheets tracking the menstrual cycles of women who visited St. Louis' Planned Parenthood Clinic. Doctor, do you find the practice of tracking the dates of patients' periods problematic?

Dr. MCNICHOLAS. I find it bizarre and a complete violation of the trust that the community puts in the public health department, and the trust that our patients put in us. It was clearly part of an orchestrated attack on Planned Parenthood, and really demonstrates an abuse of power in misuse of data.

Mr. CLAY. And what do you make of the fact that a trained physician has imposed these medically unnecessary and intrusive requirements on providers and patients?

Dr. MCNICHOLAS. So it is shocking that our department of health is headed by a physician, Dr. Randall Williams, and more shocking is that he is an OB/GYN. He knows better. But instead of relying on the medical ethics that he was taught and the many patient experiences that he has had over the course of his career, he instead decided that his job was to act at the behest of a politician to end abortion as part of a political agenda, and forgetting what it is like to treat patients.

Mr. CLAY. What would it mean for patients in Missouri if your clinic closes?

Dr. MCNICHOLAS. You know, the consequence of that, there are so many consequences to that. Certainly people will be forced to carry pregnancies that they can't and shouldn't and don't want to, continuing the cycle of poverty for some. Many will be forced to travel long distances, expending resources they already don't have to access that care. And people will have really lost the trust that they have in the state of Missouri who would then have abdicated its responsibility to providing very basic healthcare.

Mr. CLAY. I thank you for your responses. I thank the entire panel for being here today. And, Madam Chair, I yield back.

Chairwoman MALONEY. I will now recognize Clay Roy. Representative Roy?

Mr. ROY. I will take the name "Clay." It is all right.

Chairwoman MALONEY. Okay.

Mr. ROY. Thank you. Thank you, Madam Chairwoman. In 2015, I got a call from a young woman who is one of my dearest friends. She is like a little sister to me. She said that the baby that was in her belly, her third, might be missing part of his brain, the part that connects the left and right hemispheres. She was terrified and couldn't ask questions fast enough. She had a monthly checkup with her OB/GYN the following week. Her husband had to work, but she took her two boys with her. They liked going to hear the baby's heartbeat, and the checkups were usually routine and quick.

She went into the appointment expecting her doctor would reassure her and, in her answer, review the file. Then the doctor looked our friend straight in the eye and asked her if she wanted to terminate the pregnancy. She called us right after that appointment, understandably angry and terrified. Terminate? What? She explained the doctor had asked the question in the same tone as she might have used when ordering coffee at Starbucks. She didn't blink an eye. She asked it in front of her two little boys. She asked without her husband there. She offered no explanation or comfort. It was cold.

The doctor told her she had to decide quickly because she was approaching 22 weeks, which is as long as you can legally wait to have an abortion in Virginia. Our friend's response was such a source of pride for us. She told us she almost laughed, and then politely responded that termination was not an option. She walked out of that doctor's office and never returned.

So how did it all turn out? Her ultrasound was completely normal at 24 weeks. They just couldn't get a good read at her 20-week

appointment. Her baby was born in May 2015 and is completely healthy. It was a boy, by the way. None of us, but particularly his loving and courageous mother, can imagine life without him. He is my godson.

In the winter of 1996, a couple went in for a checkup. They were excited. They had recently been informed they had twins. The doctor came in and performed more tests. Time passed by and the doctor returned. The doctor seemed concerned as they believed the twins had cystic fibrosis. If they were born, they would only survive for a few hours, they were told, if that. “I recommend termination,” said the doctor. The couple said the first thing that came into their mind, no, and walked out. They chose life. Those twins would grow up to become excellent men. I know this because Jonah works for me right here. He’s one of my staffers.

Ms. Stuckey, Planned Parenthood is not about healthcare. It is about abortion, no?

Ms. STUCKEY. Yes.

Mr. ROY. Planned Parenthood that took in $1.67 billion in total revenues, a 14 percent increase over the year before. Private donations totaled $630 million. Does that sound right to you?

Ms. STUCKEY. Yes.

Mr. ROY. Government funding amount to $563 million of that amount. Does that sound right to you?

Ms. STUCKEY. Yes.

Mr. ROY. Planned Parenthood received nearly $60 million dollars annually under Title X under the Protect Life Rule, which ensures compliance with statutory prohibition against using Title X funds for programs where abortion is a method of family planning. In August 2019, Planned Parenthood confirmed they would withdraw from Title 10 funding rather than comply with the new rule. Does that sound right to you?

Ms. STUCKEY. Yes.

Mr. ROY. Do we need Planned Parenthood for healthcare for women?

Ms. STUCKEY. Planned Parenthood is not in the business of healthcare. They are in the business of abortion as they demonstrated by refusing Title X care. They could have financially and physically separated their abortion services from the rest of their healthcare services, but they refused to do that. They have decided that abortion is central to their mission, which is exactly why they fired CEO Leana Wen, who, in her words, was ousted because she didn’t prioritize abortion high enough.

Mr. ROY. That is right, and if I might direct you to the chart behind me, in Texas we have 301 rural health clinics in Texas, 434 federally qualified health centers, to total 735 federally funded community health clinics. There are 327 pregnancy centers, 130 of which are medical pregnancy centers. And according to the Planned Parenthood website, there are 40 Planned Parenthood centers in Texas. Does that number sound right to you?

Ms. STUCKEY. Yes.

Mr. ROY. Does Texas, at least in the state which I represent, provide healthcare solutions for women throughout the state of Texas.

Ms. STUCKEY. Yes, they do. I am from Texas as well.

Mr. ROY. Yes, ma'am. Texas's Program, Healthy Texas Women, was established in 2016, has been helping women in Texas with services and with more providers than Planned Parenthood. Does that sound right to you?

Ms. STUCKEY. Yes.

Mr. ROY. In Fiscal Year 2018, Healthy Texas Women served 172,000 clients. According to the Planned Parenthood website of Greater Texas, in 2018 Planned Parenthood served only 83,000 patients compared to that larger number, and it has only been in existence since 2016. Does that sound right to you?

Ms. STUCKEY. Yes.

Mr. ROY. My point is simply this. The state of Texas I can speak to. I can't speak to the other 49 states. We take women's health very seriously, and we should. We should entities and we should allow the market to thrive, and, frankly, if we could get some of the regulations out of the way of a healthy healthcare system, we could have more options. But could you please, as my time is running out, please share your view of the ways in which we can provide healthcare and better ways than allowing an organization like Planned Parenthood, which takes unborn babies, puts them in plastic bags, and throws them in garbage bins, to be the center of healthcare provision for women? Thank you.

Ms. STUCKEY. Abortion is not healthcare. I think that's all I have time for.

Chairwoman MALONEY. The chair now recognizes Congresswoman Norton.

Ms. NORTON. I thank you very much, Madam Chair. Dr. McNicholas, just to follow up here. What kind of health services do you provide?

Dr. MCNICHOLAS. I appreciate that question, Ms. Norton. So Planned Parenthood provides a broad spectrum of reproductive healthcare services, including well people care, cancer screenings, the full spectrum of birth control options, transgender care, primary care. Some Planned Parenthoods also provide prenatal care, and the list goes on.

Ms. NORTON. So it look like you provide the kind of across-the-board care that a young woman may need. You go in this one stop fits all.

Dr. MCNICHOLAS. The goal is to meet our patients' needs both in the clinical services that they need and require and that the community needs, and also to make sure that it is accessible for them.

Ms. NORTON. And abortion would be only one of those services.

Dr. MCNICHOLAS. That is correct.

Ms. NORTON. I have a question. Perhaps I should start with Ms. Graves or perhaps also Dr. McNicholas. I represent 700,000 residents. They pay the highest Federal taxes–this is a little-known fact–highest Federal taxes per capita in the United States. We are trying to make the District of Columbia the 51st state, but when look at where there are intrusions into healthcare, you will find that they are all Federal bans that include Federal employees, Federal prisoners who are included in this list, low-income residents of the District of Columbia.

Our jurisdiction wants to provide on their own, pay for abortion services for low-income women the way almost 20 states already

do. We are not demanding that the Federal Government does this. My question is, why we are finding that restrictions on coverage are related to economic mobility for women on coverage for abortion and others such as services? And apparently there is a correlation here for not only for women generally, but especially for women of color. So why do restrictions on abortion relate to economic mobility? Why are they correlated in that way?

Ms. GOSS GRAVES. Well, I very much appreciate you raising that issue also as a resident of the District that lacks the range of voting rights that you described. And oftentimes there has been a deep focus on the levels of restrictions that are in places like Missouri. But even in the District, because of restrictions on insurance, for low-income women, in particular, what that means is that abortion is inaccessible and unavailable, and having to scrap together the money to be able to afford it is not possible.

And what it also means is that for the most vulnerable of folks, the right to abortion does not feel very meaningful. And that connection between the ability to have economic security for yourself and for your family is deeply tied to your ability to access the healthcare you need. This is a travesty that is deeply felt by people who live in the District, in part because, you not only have the restrictions on like Medicaid. You also see them show up in Federal health insurance, and so many people who live here are also working for the Federal Government.

Ms. NORTON. So you can see that there are many reasons why the District of Columbia wants to become the 51st state. I just want to say to my Republican colleagues, you know, whose mantra is we want government out of our business, my friends on the other side of the aisle vote against the government doing things which the American people want government to do. All the District of Columbia is asking is that you get out of their business so that we can deal with our business alone.

Thank you very much, and I yield back.

Chairwoman MALONEY. The chair recognizes—

Mr. CONNOLLY. Might I just yield to her 20 seconds? Ms. Norton, would you yield?

Ms. NORTON. I will be glad to yield.

Mr. CONNOLLY. I thank my friend. I just wanted to give Dr. McNichols an opportunity. We just heard a stunning statement that Planned Parenthood is not in the health care business, doesn't provide health care. I want to give you the opportunity to respond to that. Thank you.

Dr. MCNICHOLAS. I appreciate the question. Abortion is health care, and I think the best way to demonstrate that is to share a story about a patient who, when unable to access her abortion, died, because her comorbidities and the complications she had prior to pregnancy worsened during that.

A patient from out of state visited my clinic for a consultation after understanding that her current medical condition would worsen with pregnancy. She returned to her out-of-state home, having to wait the mandated amount of time between those visits before she can receive that care. When she didn't return and we called to followup we were later told that she passed away from complications of her pre-pregnancy medical condition.

This is the very definition of why abortion is health care and is needed and is necessary, when people need it, where they live.

Chairwoman MALONEY. Thank you very much. Dr. Foxx.

Ms. FOXX. Thank you very much, Chairwoman.

Dr. McNicholas, earlier this year, Governor Northam of Virginia said, "If a mother is in labor I can tell you exactly what would happen. The infant would be delivered, the infant would be kept comfortable, the infant would be resuscitated, if that is what the mother and the family desired, and then a discussion would ensue between the physicians and the mother."

Do you support Governor Northam's comments?

Dr. MCNICHOLAS. So I can't speak for Governor Northam, but what I can say is that there is no way to oversimplify the– sort of the medical conditions in which people present in the second trimester, that I think that he was referring to.

Ms. FOXX. So as a physician, then, what would be the harm in legislation such as the Born Alive Abortion Survivors Act, to make sure that a child born alive would not be put to death?

Dr. MCNICHOLAS. So there are several harms. The first is which, using that language and perpetuating the notion that that is actually a real thing is harmful in and of itself, and it only serves two purposes. The first is to shame people, like Jennie, who need lifesaving care in the second and third trimesters of pregnancy. It also creates an environment in which abortion providers like myself and my colleagues are targeted and harassed. So first and foremost, it is dangerous for those reasons.

The second reason is because medicine is complicated. There really is no way for me to boil down more than a decade of education and practice to give you a single reason why doing such things is harmful to patients.

Ms. FOXX. The answer should have been either yes or no.

Earlier this year, thousands of fetal remains were found in the home of deceased abortionist, Ulrich Klopfer. Who do you believe– do you believe that all fetal remains should be disposed of in a manner that treats them with dignity and respect?

Dr. MCNICHOLAS. Just like I believe that patients are capable of making a decision to continue their pregnancy or not, to expand their family or not, I believe that patients are capable of deciding what should happen to the remains of their pregnancy.

Ms. FOXX. So is it okay for those fetal remains to be sold for profit by Planned Parenthood?

Dr. MCNICHOLAS. Planned Parenthood has never sold fetal tissue, and current doesn't, and never has.

Ms. FOXX. Does Planned Parenthood v. Casey give states the authority to regulate abortion in accordance with the opinions of their respective constituencies?

Dr. MCNICHOLAS. I believe that the most recent decision, and we have some policy experts on the panel who can speak more to this, but the more recent decision in Whole Women's Health set a precedent that restrictions must be based and grounded in science, and that is all we are asking for is that abortion is treated to the current standards of medical evidence and science.

Ms. FOXX. Ms. Stuckey, thank you very much for being here. Are there more federally qualified health centers than abortion clinics in the United States?

Ms. STUCKEY. Thank you for the question. Yes, the ratio is about 26 to one of health care centers that are federally funded, to Planned Parenthoods.

Ms. FOXX. And which offers more comprehensive health services to women?

Ms. STUCKEY. Of course, the health care centers that are not Planned Parenthood.

Ms. FOXX. So if we wanted to support access to comprehensive health care services for women, would we be better off supporting abortion clinics or federally qualified health care centers?

Ms. STUCKEY. The federally qualified health care centers.

Ms. FOXX. Thank you. In 2005, a Planned Parenthood-funded study found a majority of women seeking an abortion did so because having a baby would interfere with education and work, cost too much, or they did not want to be a single mother or having relationship problems. What are your thoughts on the findings of this study?

Ms. STUCKEY. It shows that– it belies this notion that abortion is only used in very extreme cases. The extreme, rare cases are typically used to cast pro-lifers into a negative, extremist, radical, misogynous light, which is just not accurate. The majority of abortions, according to Planned Parenthood's own research, are done on the basis of convenience, and I just don't see a logical or moral justification for killing an unborn child on the basis of simply not being wanted.

Ms. FOXX. Thank you. Madam Chair, earlier Dr. McNicholas said that Dr. Williams was a physician and had taken an ethics oath and show know better than to do what he had done. I just want to quote from the classic Hippocratic Oath: "I will use those regimes which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them. I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan, and similarly, I will not give a woman a pessary to cause an abortion."

Dr. McNicholas, did you swear a Hippocratic Oath when you were licensed?

Dr. MCNICHOLAS. I did, and I continue to live that every single day.

Ms. FOXX. Amazing.

Madam Chair, Mr. Roy asked me if I would enter into the record this article.

Chairwoman MALONEY. Without objection.

Ms. FOXX. Thank you, Madam Chair. I yield back.

Chairwoman MALONEY. The chair now recognizes Representative Lynch.

Mr. LYNCH. Thank you, Madam Chair. I want to thank you for holding this hearing, and also to my friend and colleague, the gentleman from Missouri, Mr. Clay, thank you for your leadership as well.

I want to thank all the witnesses here today, especially Ms. Box– Mrs. Box, for your willingness and your courage to come before this

committee to share our own experience, and all of you for sharing your perspectives.

As I noted in my op-ed in the Boston Globe back in May, when this onslaught of state legislation arose, in Missouri, Alabama, Ohio, and Georgia, the legislatures have recently adopted draconian measures on abortion. Alabama has banned abortion at any stage of pregnancy, apparently even in the case of rape or incest, while several other states have banned abortions as early as six weeks, which, as some of our witnesses have noted, is often before many women would even know they are pregnant. In Georgia, a woman terminating a pregnancy after six weeks could be charged with homicide.

These laws are far more punitive than those in place before the Roe v. Wade decision. They are so intrusive and so restrictive that the basic core constitutional right to privacy and protection from government intrusion into health care decisions would be effectively and totally eliminated. Meanwhile, other states are actively considering similar restrictive measures.

This all occurs against a backdrop in which Republicans in Congress have repeatedly attempted to eliminate women's access to contraceptive services offered by groups such as Planned Parenthood, ironically, even though those contraceptive services actually prevent unwanted pregnancies, and thereby reduce the number of unwanted pregnancies and abortions. Ironically, and seeking to shutter many of these clinics, they would also be cutting off expectant mothers, especially in those low-income areas, who rely on their services for the prenatal and postnatal care they need to ensure that they have safe and healthy pregnancies.

It is to be noted that to be pro-life includes supporting the health of pregnant women. It includes feeding and educating and housing children. Simply opposing abortion does not make you pro-life.

The Supreme Court's decision on reproductive rights, as controversial as they may be in our country, have sought to acknowledge and balance the constitutional interests that are at stake on this issue. And while critics are bound, even without the onslaught of restrictive state legislation, the number of abortions that are performed in the United States each year has dropped dramatically, and that is largely due to the impact of effective and widely available contraception, family planning, and education.

Women are and should be in charge of their reproductive health, and their efforts to reduce unwanted pregnancies are actually working, all of which leads many to believe that the timing and the similarities of this multistate campaign reveal a purely political strategy to energize and motivate the religious right, and that is truly shameful.

While I am personally informed by my faith, my actions as a legislator must be in support of, in defense of the Constitution. That is the oath that I took and I stand by it. And as I said back in May, if these recent developments, closing all clinics, obstructing contraceptive services, denying women every option in their health care decisions, if this defines the new pro-life movement then you can count me out.

I have one question for either Counselor Graves or Ms. Howell, and thank you for your kind words regarding Mr. Cummings. So

there are millions of women each year– and Ms. McNicholas, you might have some – Dr. McNicholas, you might have some input on this as well – if we have millions of women who come to Planned Parenthood and other contraceptive services providers, and yet the government steps in to deny funding– and this came to the floor. I spoke against it. This actually came to the floor when the Republicans were in control of the House, and they proposed to zero out– zero out– any Federal funding for Planned Parenthood to carry on its contraceptive services. What would the impact on the abortion rate be, the rate of unwanted pregnancies and the abortion rate, if that measure had been implemented?

Dr. MCNICHOLAS. So I think you raised a very important point, which is one of the strategies– one of the best strategies we have to reduce unintended pregnancy is– it is actually multilayered. It is, first, improving the sexual education that we provide to our young children, helping them know how their body works and being very positive about understanding how sex works and how you get pregnant.

Second, it is providing them access to the available contraceptive method of their choice when they need it, and without barrier, including going to a clinic in their neighborhood, making sure that it is affordable for them, and making sure that they can change that method as often as they need to, when their history or their preference changes.

Mr. LYNCH. Counselor Graves, on this, do you want to add to that?

Ms. HOWELL. Many people actually go to Planned Parenthood for a number of different health care services. They go not only for birth control but also to have tests for diabetes, for mammogram screenings. A lot of the people that we represent, and that we work with, go to Planned Parenthood clinics as their primary provider. And so to remove services that they think are vital to them, because people are opposed to the fact that some Planned Parenthoods also do abortions, means that you are cutting off health care for people who most desperately need it.

Mr. LYNCH. Thank you.

Ms. GOSS GRAVES. The only thing I would add, it is a good opportunity for me to correct something Ms. Stuckey said about Planned Parenthood. We should be really clear about what happened with this gag rule that the Administration put out.

Planned Parenthood wanted to do right by its patients. It was not going to lie to them. It was not going to misinform them. And the idea that we are now in a situation where providers are being forced to make that sort of decision about whether or not they can continue to serve the lowest income population in communities is really, really terrible, and patients are going to suffer for it.

Mr. LYNCH. Thank you very much. Madam Chair, I yield back.

Mr. HICE. Madam Chair, I have a unanimous consent request. I have a unanimous consent request.

Okay. Thank you, Madam Chair. Being from Georgia I just want to clarify that the law is not according to what was just identified by my colleague, and I would like to ask unanimous consent to be added into the record an article by David French that goes into the

details of the law that the Georgia Heartbeat Bill would not imprison women who have an abortion.

Chairwoman MALONEY. Without objection.

Chairwoman MALONEY. I now recognize Mr. Massie.

Mr. MASSIE. Thank you, Madam Chair.

Dr. McNicholas, what is the medical consensus for age of viability of a fetus?

Dr. MCNICHOLAS. I appreciate the question. So viability is a complicated medical construct. There is no particular gestational age. There are some pregnancies in which a fetus will never be viable. There are a number of different factors that we think about when we are considering if a pregnancy is or is not viable.

Mr. MASSIE. So is there a legal consensus on the age of viability?

Dr. MCNICHOLAS. Not to my understanding, but I am a physician, not a lawyer.

Mr. MASSIE. In your 10 years as a doctor, how many abortions have you performed?

Dr. MCNICHOLAS. So I provide a variety of different services, and as you—

Mr. MASSIE. I am not asking about the other services.

Dr. MCNICHOLAS. Right.

Mr. MASSIE. How many abortions have you performed?

Dr. MCNICHOLAS. So I can't tell you how many hysterectomies I have done and I can't tell you how many abortions I have done. I have had a long career taking care of people for a variety of things.

Mr. MASSIE. So you manage a facility. Can you tell me– or you are the medical overseer– can you tell me how many abortions the facility in Missouri performs each week?

Dr. MCNICHOLAS. I can tell you– I believe it is probably available, so I can give you a rough estimate of how many abortions we perform per year, which is, I think roughly around 3,000.

Mr. MASSIE. How do you dispose of 3,000 fetuses every year?

Dr. MCNICHOLAS. So Missouri has a state law that requires that we send all of the remains of pregnancy to pathology.

Mr. MASSIE. What is the latest-term abortion that you have performed, like gestation period, in weeks?

Dr. MCNICHOLAS. So my practice includes the provision of abortion up until the point of viability, and again, we already had a discussion about viability not being——

Mr. MASSIE. So just give me the number in weeks them.

Dr. MCNICHOLAS. I don't know.

Mr. MASSIE. You don't remember the number of weeks?

Dr. MCNICHOLAS. That is correct. So I—

Mr. MASSIE. What about size of the unborn baby? Do you know the largest baby that you have aborted?

Dr. MCNICHOLAS. I am not sure how I would even quantify that.

Mr. MASSIE. If I use the word fetus could you– do you know? You have no idea the age or gestational period of the fetuses that you are aborting.

Dr. MCNICHOLAS. So again, as I said, my practice includes abortion care through the point of viability, and as we previously discussed, that could be—

Mr. MASSIE. Let me put it this way.

Dr. MCNICHOLAS [continuing]. at any point, yes.

Mr. MASSIE. Is there any point of gestation beyond which you personally would not abort a fetus?

Dr. MCNICHOLAS. You know, medicine is not black and white. I recognize, in my 10 years of practice, informs this opinion, that pregnancy can be really complicated, and given that there are pregnancies for which a fetus may never be viable, I think it is really important that we allow physicians and patients to have every medical resources to make decisions that are appropriate for them and their health.

Mr. MASSIE. In the absence of a law preventing it, would you abort a viable fetus?

Dr. MCNICHOLAS. Again, every patient is different and I can't make any—

Mr. MASSIE. I am just asking about a viable fetus. If the law didn't prevent it, would you consider it a limitation, morally, for you to abort a viable fetus?

Dr. MCNICHOLAS. So I think you are forgetting that there a number of reasons that go into a patient's—

Mr. MASSIE. If the reason—

Dr. MCNICHOLAS [continuing]. choice.

Mr. MASSIE. At your clinic, does it matter what the reason is for the abortion?

Dr. MCNICHOLAS. At my clinic, I trust that women have a valid reason. Every reason that they have is valid.

Mr. MASSIE. Okay. So given that you think that every reason is valid, would you abort a viable fetus, if there was not a law preventing it?

Dr. MCNICHOLAS. Again, given that the reality for people choosing abortion is that there are many reasons, there isn't a single thing that defines somebody's choice.

Mr. MASSIE. You seem to have a—

Dr. MCNICHOLAS. It is a reflection of their—

Mr. MASSIE [continuing]. hard time– you seem to have a hard time saying this. This tells me you have a heart, or at least you know that people watching this have a heart, and they would be concerned if you would just admit, but you won't admit here, that you would abort a viable fetus for any reason if the law did not prevent it.

Dr. MCNICHOLAS. Mr. Massie, abortion is moral. It is important. It is health care. And I support people being the experts in their own lives and making decisions for themselves.

Mr. MASSIE. It gives me some hope that you here understand that people do not support you when you abort– when you say– or if you would say that you would abort a viable fetus for any reason. But given what you told us in your opening statement, and knowing what you have said, we know that you would. But it does give me hope that you still know, in your heart, that is wrong.

Mrs. Stuckey—

Dr. MCNICHOLAS. I am not sure– can I respond to that really quickly?

Mr. MASSIE. If you would answer my question you could, but you won't, so I am going to use my remaining time asking Mrs. Stuckey, should any reason be a good reason for having an abortion?

Ms. STUCKEY. Absolutely not. It is a child. It is a life inside the womb from the moment of conception onward. And I am very troubled by how flippantly she said that there are 3,000 abortions performed every year, of defenseless human beings, and the remark that abortion is moral—

Mr. CLAY.

[Presiding.] The time has expired.

Ms. STUCKEY. You cannot have that kind of logic—your lifestyle.

Mr. CLAY. No. The time has expired. I recognize—

Mr. HICE. You gave the others over two minutes, Mr. Chairman. Mr. Chairman, we need to be fair on both sides of the aisle, please.

Mr. CLAY. You want to finish your answer?

Mr. MASSIE. Please. I would like for her—

Mr. CLAY. No, no. Finish your answer. Go ahead.

Ms. STUCKEY. I don't quite understand the illogic of saying that killing a child inside the womb for any reason whatsoever is moral, it is health care. In what other situation, besides when a child is defenseless in the womb, do we call killing someone health care, do we call killing someone moral? Can anyone on the pro-abortion side tell me a situation, outside of a defenseless child inside the womb, in which it is morally justifiable to kill someone simply because they are not wanted?

That is the answer that I would like. That is the question that I have. I, unfortunately, don't think anyone is able to answer it for me.

Mr. CLAY. I recognize the gentlewoman from Illinois, Ms. Kelly, for five minutes.

Ms. KELLY. Thank you, Mr. Chair, and thank you for this hearing.

My Republican colleagues have suggested that earlier restrictions on abortion have become necessary because advances in medicine are moving the point of viability earlier and earlier. Dr. McNicholas, I am interested in hearing your thoughts on this point.

Dr. MCNICHOLAS. Thank you for the question. So I think, as I previously alluded to, viability isn't an easy thing to assess. It requires—

Ms. KELLY. It is different with every pregnancy.

Dr. MCNICHOLAS. That is exactly right. It requires knowledge of multiple things about any individual's pregnancy.

Ms. KELLY. Thank you for clarifying. First of all I want to thank the witnesses for being here. Thank you for sharing your story with us. And I want to let you know that I was a proud board member of Planned Parenthood in Peoria, and I am very proud that my state of Illinois is an oasis in the sand, very proud that we are a shining light in the dark.

And, Mrs. Stuckey, you said you want to see the same basic compassion. You made that comment. Well, I wanted to see the same basic compassion for maternal mortality. I had to water down the bill I had because the compassionate Republicans, not one would sign onto the bill to extend Medicaid.

We have not been able to get a gun violence prevention bill passed because we don't have the same basic compassion once the unborn fetus becomes a baby, and they grow up. We don't seem to have compassion in that area. We don't have the same compassion

when it comes to feeding our young people. We don't seem to care about that. We are looking at cutting that, so 500,000 people don't have the food they have.

So where is the compassion once you are born? That is the question I have?

Ms. STUCKEY. Well, Ms. Kelly, thank you so much for bringing up these points, because I agree that we should have compassion from the womb to the tomb. That is what I believe. I don't necessarily—

Ms. KELLY. It is not fair.

Ms. STUCKEY [continuing]. I don't necessarily agree with all of your legislative solutions to that. I do believe the private sector does a much better job. But your premise is that these things are mutually exclusive, that we either have to be on your side of the debate, and for violently murdering children inside the womb—

Ms. KELLY. No, you never heard me—

Ms. STUCKEY [continuing]. or we are not—

Ms. KELLY [continuing]. no, I am just saying—

Ms. STUCKEY. They are not mutually exclusive.

Ms. KELLY [continuing]. you are saying we are violently murdering, but there is a lot of kids being murdered every day—

Ms. STUCKEY. And why can't we care about—

Ms. KELLY [continuing]. and we don't do anything about that. I am reclaiming my time. Reclaiming my time.

In the wake of many draconian measures, my own state of Illinois recently signed into a law a bill to protect abortion access for our residents. The Illinois Reproductive Health Act ensures coverage for abortion care and updates clinic regulations to lift that burden from abortion providers.

Ms. Goss Graves, how does eliminating coverage bans improve access to abortion care for women who are working to make ends meet?

Ms. GOSS GRAVES. It will mean that the right to abortion, which has been legal for almost 50 years, will actually be a right that is accessible for women, for women no matter their income. Whether or not that right is accessible to you should not be depending on your financial means. That is not what the court said.

Ms. KELLY. Because the other thing we never talk about is, you know, wealthier women who tend not to be women of color, they have been having abortions for a long time, whether they are in red states or blue states, or however they vote—

Ms. GOSS GRAVES. That is right.

Ms. KELLY [continuing]. or whatever their political interests are. And how will rolling back targeted regulations of abortion providers improve access?

Ms. GOSS GRAVES. Here is what we know. These targeted regulations of abortion providers are designed really to shut down clinics. They are designed to shame patients. They are designed to confuse people and disrupt the doctor-patient relationship. All of that makes abortion less accessible. And all of that– I mean, listening— I have to say, the rhetoric that is surround it, on top of the sorts of regulations and restrictions, have made all of this so difficult for people who are just trying to live their lives and get the health care that they need.

Ms. KELLY. And I know from a lot of college students that they are not going to Planned Parenthood to get an abortion. They are going for health. That is their place of choice to get health care, not for abortions.

Dr. MCNICHOLAS. Yes. Planned Parenthood is very proud to be able to provide services to people who are financially insecure, and to do that in a way that serves their needs and respects their dignity.

Ms. KELLY. Thank you, and I yield back my time.

Mr. CLAY. The gentleman from Georgia, Mr. Hice, is recognized for five minutes.

Mr. HICE. Thank you, Mr. Chairman. It seems to me that a lot of this debate and argument centers around whether or not the baby is a person or a fetus, and I recognize that many on the other side of the aisle refuse to recognize the baby as a baby, refuse to recognize it is a person, it is humanity.

Ms. Stuckey, there have been a lot of medical advances, certainly, over the last several decades. Can you tell us about some specific scientific evidence supporting the personhood, the humanity of the baby, and the viability?

Ms. STUCKEY. Well, embryology tells us– thank you for your question, first of all– embryology tells us that the child, from the moment of conception, has a separate DNA, and so when we hear these euphemisms thrown around, like my body, my choice, immediately obscuring the life of the child, it shows me that the pro-abortion argument doesn't deal with fact. It deals with feeling, which is exactly why we have had such a hard time getting any kind of clear answer from any of the panelists of what abortion actually is. What does it do? Because, talking about tearing a child apart, limb by limb, with forceps just isn't a very good P.R. strategy for Planned Parenthood or the abortion industry.

All I am trying to do is to remind us, when we are having this conversion, that there are two people. There are two people. And I don't believe we have to pit a mother against her child in order for a woman to be successful.

We talked about, you know, legislative solutions and showing compassion for children after they are born. I absolutely believe in that. Every pro-life pregnancy center that I have ever been a part of, that I have ever donated to, they don't just counsel women. They also offer parenting classes. They are also offering help from abusive situations. They are offering programs for these young women to be able to get affordable baby clothes and baby products and things like that.

Every pro-life organization I know cares about children, in the womb, after they are born, and the mother, who is pregnant with these children. That is what I am trying to argue, that let's not ignore the scientific reality that a baby is a baby, and, therefore, in my opinion, is deserving of the right to life.

Mr. HICE. In a way this is even going beyond abortion in the womb. As we all were horrified, many of us, Virginia Governor Ralph Northam, and his description of however it could possibly be described as a post-birth abortion, one of the most horrifying things I have ever heard in my life, where the baby would just sit there

on the table and we would decide what to do with it. How do you respond to this?

Ms. STUCKEY. Yes. That is a great point that you bring up. Unfortunately, this has been a reality in other places across the country. We like to act like this is not a thing. The CDC itself says that over a span of 11 years, at least 143 babies were born alive and then not resuscitated, or born alive and not attended to and cared for. Only six states actually require this kind of reporting, so the number of 143 is probably a lot higher than that.

So what we see, that this is not just a degradation of children inside the womb. It is a degradation of babies, in general. It is a degradation of life based on whether or not this child is wanted by the mother. And again, I ask, in what other context, in what other stage of life do we decide that someone gets to die simply because they are not wanted? And not provoke a slippery-slope fallacy, but truly, what we have seen from Governor Northam's statements and from other statements that we have heard, is that it truly is a slope. There is a logical and a moral slope to this, and it seems like the pro-abortion side is sliding down very quickly.

Mr. HICE. Well, and to that point– and I think it is, likewise, an excellent point you brought forth a while ago, Planned Parenthood's own study, that the majority of women have abortions not because of their own personal health but because of convenience sake, whether it be a job or whatever it may be.

How does those findings from Planned Parenthood itself undermine the narrative, particularly about late-term abortions, that it has something to do with the health of the mother?

Ms. STUCKEY. Yes, and we can have conversations about the health of the mother in those very rare circumstances. But as you mentioned, and that Planned Parenthood has noted the vast majority of cases are for any reason whatsoever, including just not wanting a child, it not being convenient, wanting to finish school. And if the pro-abortion side were honest, they are completely fine with that. They are completely open to the normalization– there are organizations now that exist to normalize abortion, to destigmatize abortion. That means that they believe abortion to be not only normal but good.

Actually, we heard the doctor say that she believes that abortion is good. If you believe that abortion is morally good, of course you don't think it should be limited to the life of the mother or any of those very rare circumstances. It is all nine months, on demand, without apology. That is the new motto of the pro-abortion side.

Mr. HICE. And the fact is the baby is a person, and for that reason how could it be moral to kill it?

Ms. STUCKEY. I don't know what else it is if it is not a person.

Mr. HICE. Thank you. I yield back.

Mr. CLAY. The gentleman yields back. I recognize the gentlewoman from Michigan, Mrs. Lawrence, for five minutes.

Mrs. LAWRENCE. Thank you, Mr. Chairman, and I am glad to be here for this hearing. This hearing should be substantive discussion on how to expand access to care for women. I am disappointed that my Republican colleagues are using this hearing to make such blatantly false claims, the young lady who speaks in generalization. And for the record, while one side calls themselves pro-life, there

is not a person I know that says they are pro-abortion. They are pro-choice.

So abortions are not infanticide. That is not how abortion works, and this type of deceptive rhetoric is yet another attempt to distract from efforts to make abortion out of the reach for women, to shut down clinics.

And just constantly I have had this debate a number of times on this panel. The mistruths that are spoken about, ripping full-sized babies out of wombs and killing them, that is not true. Selling of parts is not true. And it just seems like it is enjoyed to say, because it paints this horrific picture, and we should say the truth, statistics.

Mrs. Box, I am so sorry to hear about the pain your family had to suffer, and thank you for bringing your beautiful baby in the room. Have you considered whether this law that is being proposed or passed in Missouri would have prevented you from having an abortion if it had existed two years ago?

Ms. BOX. Thank you. It absolutely would have prevented me from having an abortion. At eight weeks, which is when the ban that my state legislature passed, it is impossible to know of the chromosomal abnormalities, as far as my understanding. I am not the doctor here today. We did the early genetic testing because I am of advanced maternal age– another one of my not-favorite terms—

Mrs. LAWRENCE. Yes.

Ms. BOX [continuing]. and so believe that we found out before most women and families would find out, because we found out earlier. Most people would not find out until the 20-week anatomy scan. And I can say that after Libby I was obviously able to successfully get pregnant again, as evidenced by beautiful daughter, who is now being quiet, thankfully. So I was pregnant during the time that the state legislature was enacting this ban and that Governor Parsons signed this into law.

And at our 20-week ultrasound for Astrid they couldn't get a couple of views of the heart. Everything looked good. Physicians weren't concerned. But what should have been a happy day, to know that we were having a successful pregnancy– because a pregnancy after a fetal diagnosis is a very stressful pregnancy– ended with me being in the car, my husband and I walking out of the appointment, and me being in the car sobbing hysterically, because they wouldn't see me again until I was 24 weeks along, and in Missouri– because they weren't worried, right? That was my next regularly scheduled appointment. And in Missouri, that would have been too late. And what I kept saying to Jake, to my husband, is, "What if they find something devastating now? I can't protect my daughter."

And I understand that Mrs. Stuckey and I don't agree on things, but I would like to ask you to remember that you are calling me and my husband murderers, and you believe in compassion and love, and I would ask for compassion and respect, ma'am, when you speak about these decisions, because Americans make these decisions that are difficult and personal, and we deserve to be treated with respect, whether or not you condone our choice. I don't need your approval, Mrs. Stuckey, but I would ask for your respect.

Mrs. LAWRENCE. I appreciate what you are saying. In the few minutes I have left I just want to bring another issue to the table. We, in this country, have the highest maternal mortality rate of any civilized country in the world, and for women to be dying to give birth in America is unacceptable. And with the same energy that we are making health decisions and decisions about our bodies, and we should, as women in America, have the same choices that men have, without the government telling them what to do.

I often use the comparison because now there is discussion about birth control. I would love to have a debate about Viagra and whether the government should regulate or restrict Viagra for me. That has never been on the table.

And so women, we are targeted, and for us to have the same passion of a discussion about saving women who want to have their babies, and this medical industry is failing us, we need to have the same passion.

I yield back my time.

Mr. CLAY. The gentlewoman's time has expired. I want to say to Ms. Box, we are sorry that you and your family had to experience what you did.

And now I recognize the gentleman, Mr. Grothman, for five minutes.

Mr. GROTHMAN. Correct. A couple of quick questions for Dr. McNicholas. If someone came to you who is eight months pregnant with a healthy baby girl and said they wanted to have an abortion because they didn't want another girl, would you perform that abortion?

Dr. MCNICHOLAS. So that sensationalized hypothetical isn't real and I have never had that happen before.

Mr. GROTHMAN. Well, you said you performed an abortion– you know, it is up to– I am just giving you an example. Well, let's say, okay, someone came in with an eight-month pregnancy and just wanted to have an abortion because they didn't feel they had time to care for a baby. Would you do the abortion then?

Dr. MCNICHOLAS. So I first want to reject the notion that people make decisions about continuing their pregnancy out of convenience. I have never, in 10 years of taking care of pregnant people, had somebody request an abortion because it just wasn't convenient.

Mr. GROTHMAN. Okay. Do you report– people presumably come to Planned Parenthood for contraceptive care as well. If a 14-year-old or 13-year-old came to you, would you give them the contraceptives?

Dr. MCNICHOLAS. So we talk to all of our patients about the availability of all of their contraceptive methods.

Mr. GROTHMAN. Right—

Dr. MCNICHOLAS. And particularly for young people we would have an in-depth discussion about—

Mr. GROTHMAN. Okay.

Dr. MCNICHOLAS [continuing]. healthy behaviors, prevention of sexually transmitted infection, the importance of making informed decisions.

Mr. GROTHMAN. What I will say is, if a 13-year-old is sexually active, by definition that is a serious sexual assault. Do you make

any efforts to report the person who is engaging in illegal activity with the young lady?

Dr. MCNICHOLAS. So we at Planned Parenthood follow all the rules and laws, and so we would—if, by law, we were required to do it, we would do it.

Mr. GROTHMAN. Would make any efforts—

Dr. MCNICHOLAS. If we are required to do it—

Mr. GROTHMAN [continuing]. any efforts to—

Dr. MCNICHOLAS [continuing]. we would do it.

Mr. GROTHMAN. If you weren't required to do it, you wouldn't do it.

Dr. MCNICHOLAS. You know, talking to young people about their sexual health can be a—

Mr. GROTHMAN. I will ask you another question. If someone comes in, is a 13-year-old girl, and wants to have an abortion, would you– which means, inevitably, or almost certainly something illegal was done, a serious sexual assault—would you probe into that anymore, or would you just do the abortion and not worry?

Dr. MCNICHOLAS. So one of the most impactful times I have with patients is discussing particularly around issues of sexual assault. We provide our patients with the space to discuss what happened, if they want to discuss that, recognizing that it can be incredibly traumatic to discuss that experience in any single health situation. And so I would respect whatever is comfortable for her.

Mr. GROTHMAN. I will give you another question. If someone comes in and doesn't have the money for an abortion, says they are broke but "I want an abortion," maybe seven or eight weeks pregnant, do you perform the abortion, or do you say that "we don't do the abortion"?

Dr. MCNICHOLAS. We make every effort to take care of patients' every needs, regardless of their financial insecurities.

Mr. GROTHMAN. So as I understand it, talking to people in your industry, you will find a way to do an abortion, whether the government is paying for it or nobody is paying for it. Somehow you will find the money to do that abortion. Correct?

Dr. MCNICHOLAS. So to set the record straight, the government does not pay for abortions. People are navigating the complexity of paying for basic health care because the government has abdicated its responsibility to pay for that.

Mr. GROTHMAN. So you don't turn people down. That is what I want to know.

Dr. MCNICHOLAS. We do not turn people away.

Mr. GROTHMAN. Correct.

I have toured some abortion clinics, and one thing that struck me about the abortion clinics, at least– and this was like 20 years now since I toured them—is they never used the word "abortion" and they never used the word "fetus." They always used the words "procedure" and "tissue." Do you still follow that policy, in which we try to avoid using the words "fetus" and "abortion" and use the words "procedure" and "tissue"?

Dr. MCNICHOLAS. Twenty years is a long time. I invite you back to our clinic to see what happens there. And I absolutely use the words "fetus" and "abortion." And, actually, I take the direction from my patients, who absolutely understand the potential life that

is in their uterus. Most patients who have abortions are parents. They are well– aware of the fact that what would happen if they didn't have an abortion is that they would have a baby.

Mr. GROTHMAN. We– I am running out of time here. We did pass a 24-hour waiting period bill in Wisconsin. Do you have a similar bill in Missouri?

Dr. MCNICHOLAS. We have one of the most restrictive waiting period bans in Missouri.

Mr. GROTHMAN. Okay.

Dr. MCNICHOLAS. It is 72 hours, and requires the same physician.

Mr. GROTHMAN. Okay. The question I have for you, it came out as part of a lawsuit, in Madison, Wisconsin. Because of the waiting period bill, about 10 percent of the women who came in the first time around, I believe, and gave an amount of money, did not come back the second time, which would indicate they were very much on the fence, and given some more time to think about it they decided not to have the abortion.

Percentage-wise, of all the women who come in to see you the first time, what percent don't come back the second time, in Missouri?

Dr. MCNICHOLAS. I think you made an assumption about what that 10 percent means. My informed assessment of that would be that those 10 percent of women really struggled to figure out a way to get back, because they didn't have the financial means, the secure transportation needs, the ability to navigate additional time off of work or find somebody to watch their children while they were trying to access that care.

Mr. GROTHMAN. So you are not going to answer my question.

Mr. CLAY. The gentleman's time has expired.

Mr. GROTHMAN. Thank you for being so—

Mr. CLAY. I recognize the gentleman from California, Mr. Khanna, for five minutes.

Mr. KHANNA. Thank you, Representative Clay. Thank you for your leadership in convening this hearing.

I would like to discuss state and Federal restrictions to abortion access and the disproportionate impact that they have on LGBTQ patients.

Dr. McNicholas, a few questions for you. First, could you briefly describe the need for abortion care among the LGBTQ+ community?

Dr. MCNICHOLAS. Absolutely. Thank you for your question. I think the first, most basic thing that most people forget is that your sexual orientation does not define who you are having sex with, and so people in all of those communities may experience pregnancy.

Similarly– and I have had the honor of taking care of many trans and non-binary folks in my career– so long as you have a uterus you have the capability of getting pregnant, and if you think that accessing abortion care is stigmatizing when you present as a woman, imagine what it is when you are presenting as your authentic male self.

Mr. KHANNA. I appreciate you mentioning that there are transgender men and non-binary individuals who rely on reproductive health services and abortion services.

In 2015, when the National Center for Trans Equality surveyed transgender Americans, 23 percent of respondents did not see a doctor when they needed to because of, quote, "fear of being mistreated as a transgender person."

As a doctor, can you describe some of the challenges gender-diverse patients face in accessing health care, and abortion care, specifically?

Dr. MCNICHOLAS. So in my practice I have, again, had the great honor of taking care of many specifically trans men seeking hysterectomies in their transformation process, and one of the things I hear from them, unequivocally, each one of them, is that there have been tremendous delays in accessing very basic care, one, because they are afraid that they won't be treated with dignity and respect, and the second is because that is their lived experience. They have been turned down by many patients– excuse me, physicians– and have been intentionally degraded with, for example, use of intentional misgendering of the patient in front of them.

Mr. KHANNA. And can you also describe some of the specific challenges that gay, lesbian, and bisexual patients may face in abortion care, specifically?

Dr. MCNICHOLAS. Sure. So I think it is important to remember that gay and lesbian folks also want to build families. They are parents. I, myself, have a wife and a child, so I fit into that group as well. It is important that they are able to access that care in a place where they feel respected and dignified, and Planned Parenthood is happy to be one of those places.

Mr. KHANNA. Thank you so much for speaking to those issues.

Turning to you, Ms. Howell, transgender people are four times more likely than the general population to live below the poverty line, and close to one in four lesbian bisexual women in the United States live in poverty. Yet current laws prevent Federal Medicaid dollars from being used to cover abortion services.

How do these funding restrictions overlap with identity to make abortion even less accessible for the LGBTQ communities?

Ms. HOWELL. The discrimination that people go toward, because they are either trans or gender nonbinary or LGBTQ, it really does hit them harder because, as was already mentioned, they are afraid to go and get services, and when they go to get services they find that some of the current regulations allow people to discriminate against them, and that they then find that they don't have any access to getting good reproductive health services, much less regular health care services.

Our organization does believe that all people have the right to get reproductive health services, regardless of whether they identify as LGBTQ, whether they are trans, whether they are low income. All of these factors should be taken into account to allow them to get the kind of services that they deserve. And so laws or regulations that allow—that have been done by this government that allow other people to discriminate against them puts them at higher risk, and those are the kind of laws and regulations that we fight against.

Mr. KHANNA. Well, thank you, Ms. Howell. Thank you, Dr. McNicholas, for your advocacy for some of the most vulnerable populations, and I believe we need to really consider their access to health care as we craft these laws.

I yield back my time.

Chairwoman MALONEY.[Presiding.] Thank you. Representative Cloud.

Mr. CLOUD. Thank you all for being here. I appreciate you all coming to take part in a discussion that is, no doubt, very emotionally charged with very deeply held beliefs of conscious on both sides of the issue.

For me, the most difficult decisions we have to make as lawmakers are those in which individual rights are in conflict with each other. And so for me, on this issue, where I come down, is to the whole life living in pursuit of happiness, where which rights supersede. And I do believe that while having compassion for anyone who has to go through a difficult situation that the right to life is more– supersedes the right to liberty and the pursuit of happiness.

So in that context I approach this conversation.

Dr. McNicholas, could you describe what happens in the process of an abortion, to the baby?

Dr. MCNICHOLAS. So I appreciate your question and I want to first note that abortion was around before there was any concept of life, liberty—

Mr. CLOUD. Answer the question.

Dr. MCNICHOLAS [continuing]. and the pursuit of happiness.

Mr. CLOUD. I have only five minutes.

Dr. MCNICHOLAS. The abortion procedure really depends on the clinical situation. When I speak to patients about their options for terminating a pregnancy I start with where are we in pregnancy.

Mr. CLOUD. I only have five minutes. Could you speak to the process please?

Dr. MCNICHOLAS. So I realize it is difficult, but in medicine things aren't short. There are 100 shades of gray. So it is impossible for me to take what is often a 50-minute conversation with a patient and answer it in 30 seconds for you.

As I approach patients, I talk to them about what their options are for pregnancy termination, and that really depends on a variety of things, including what stage of pregnancy they are in, what are their other medical comorbidities or health problems that they have, whether any particular instances in previous pregnancies, for example—

Mr. CLOUD. Okay. I am going to have to—

Ms. Stuckey, could you describe what happens in the process of an abortion?

Ms. STUCKEY. Well, apparently I am the only one willing to talk about specifics, and this is free online. Anyone can go look. Even Planned Parenthood's website describes pretty clearly what, for example, a D&C abortion is, which is taking out of the amniotic fluid, drying that up from the uterus, which is what, of course, the fetus, the baby, needs to survive, and then dismembering the baby, limb by limb, with forceps. And Ms. Lawrence spoke to that being deceitful or hyperbolic. It is not at all. Please, go look online and you can see what an abortion actually is.

But again we see that it is not me that is speaking in generalities. It is the pro-abortion side that is speaking in generalities, because they know the grotesque nature of what an abortion procedure is. You don't have to be an abortion provider to know what an abortion is. That is exactly why I am here, to talk about the absolute brutality of the killing of life inside the womb.

And I also want to address Ms. Box, who I have the utmost compassion for. One, I actually did not say the term "murderers," to my recollection, and I don't think me being passionate about this subject we do disagree on means that I disrespect you. I think that we can agree, or disagree, even passionately, without taking that as a personal slight, and I certainly didn't mean it that way. I just care about life inside the womb and protecting babies unborn.

Mr. CLOUD. Okay. I have very little time left now, but, Ms. Graves, you mentioned that nothing has changed since Roe v. Wade except for the makeup of the Supreme Court. The reality is—

Ms. GOSS GRAVES. I actually said– I just want to correct you, because I was talking about the whole women's health decision, which was three years ago—

Mr. CLOUD. Okay.

Ms. GOSS GRAVES.—and the case that is going to be before the court this term, the June Medical Services—

Mr. CLOUD. But a lot has changed. We– science has developed a whole lot. Back in the 1970's, it was rare for an ultrasound– for a woman to have an ultrasound. Isn't that correct? Now we know a whole lot. We know that a baby can be viable at 20 weeks. We know that a baby feels pain.

I ask unanimous consent to submit this peer-reviewed scientific article on fetal pain that a baby feels during abortion.

There is a lot that has happened since this is– and certainly I think the scientific advances merit us relooking at this.

Ms. GOSS GRAVES. The Supreme Court did, three years ago, in the Whole Women's Health decision, it considered—

Mr. CLOUD. Dr. McNicholas, you mentioned a number of health inspections at your abortion clinic when you just took over. Were you aware of the history of health violations at your clinic before you took over?

Dr. MCNICHOLAS. So our clinic has been subject to repeated inspections every year, which we have passed, with a single inspection every single year, up until this year when clearly it became– it was no longer about ensuring the safety of patients and it became about a quest to end abortion access.

Mr. CLOUD. Okay. Well, I ask unanimous consent to submit to the record. This is only seven states, the violations at abortion clinics from a—

Chairwoman MALONEY. No objection. We accept this entry. Thank you.

Chairwoman MALONEY. And your time has expired.

Mr. CLOUD. Unfortunately, my time is up.

Chairwoman MALONEY. Okay. I now recognize Congresswoman Pressley, for her questioning. She has been a tireless advocate for these issues on this committee, so thank you for your leadership.

Ms. PRESSLEY. Thank you, Acting Chair Maloney, for holding the line on this full committee hearing since the transition of Chair-

man Cummings. Thank you, Ms. Box, for modeling that which he spoke of often, which is turning your pain into purpose. We thank all of you for being here.

Elijah Cummings often reminded us that we are to be in efficient and effective pursuit of the truth, and so we are still trying to arrive at that, it seems, today.

This conversation cannot be more timely, as we bear witness to and experience this Administration's calculated and systemic attacks on our constitutional rights and freedoms. The right to determine our own economic future and the audacity to determine our own fate, and the freedom to determine when, if at all, to have a child.

Even in states like the Commonwealth of Massachusetts, which I represent, individuals, particularly low-income and young people, LGBTQ and black and brown folks, continue to face barriers in accessing comprehensive reproductive health care. And let me be clear, health care is abortion care.

But in these times, we have seen many states emboldened by this Administration pass additional restrictions that further hinder individuals' access to abortion, endangering lives and criminalizing individuals for decisions that should be kept between themselves and their doctor.

It is important to discuss these draconian state restrictions, but as chair of the Abortion Rights and Access Task Force of this first-ever pro-choice majority in this history of Congress, I would be remiss if I didn't also shed light on the impact that Federal coverage bans are posing on our most vulnerable communities.

Current law restricts Medicaid funds from covering abortion care for women in communities across the United States. To be clear, the Hyde Amendment functioned as the original abortion ban for low-income individuals.

According to the Guttmacher Institute, restrictions on Medicaid coverage for abortion services force one in four low-income women to carry unwanted pregnancies to term.

Ms. Goss Graves, how do coverage bans like the Hyde Amendment force low-income individuals further into poverty?

Ms. GOSS GRAVES. So just at, for some women, is the hardest time in their life, you know, around being pregnant, they are now in a situation where they, because they are on Medicaid or because they are on a Federal health plan or other Federal restrictions, they no longer have, or are in a situation where their health care can be covered by insurance, like the rest of their health care. So all of a sudden you are having to scrap together money, on top of a range of other barriers. Those barriers may look like having to travel long distances. Those barriers may look like having to pay for child care because of multi-day waiting periods. So it is not only the restrictions on coverage. You also have these other costs.

And for the right to abortion, which has been legal for 50 years almost, and reaffirmed again and again and again by the Supreme Court, most recently just three years ago, that right is not just for those who are affluent. That right is not just for those who happen to live in a state where the state is trying to make up for the very serious gaps in Federal coverage. That right is a fundamental right. It is a right that is tied to your ability to have dignity in this

country, it is a right that is tied to your ability to have freedom in this country, and it is fundamental to your economic security.

Ms. PRESSLEY. Thank you. I would be remiss if I did not acknowledge, sitting next to me, a champion in the efforts for decades now to repeal Hyde. I want to acknowledge my other sisters in service from our Pro-Choice Caucus were waived on today, Representatives Chu and Schakowsky, respectfully. Thank you for being here.

Each year, 700 women in the U.S. are likely to die during childbirth. These numbers are even worse for black and Native American women. Ms. Howell, could you speak to your report recently issued connecting the impacts of abortion bans on the maternal health crisis?

And I would be remiss– I just wanted to acknowledge, since there was this conversation about compassion for the innocence– earlier today I rolled out the People's Justice Guarantee, which calls for the abolishing of the death penalty, and, in fact, 1 in 25 are wrongfully convicted and innocent. So I look forward to my colleagues on the other side of the aisle signing on to my legislation.

Ms. Howell?

Ms. HOWELL. The report that you refer to looks at the correlation between maternal mortality and states that have placed these bans against abortion. And what we know is that trying to– if you decide that you need to terminate a pregnancy and you are denied that care, it puts additional stress on you.

We also know that women who are denied abortion care tend to delay prenatal care. So, again, there is an additional stress as well.

And I might add, I want to give you some of the states that have some of the worst abortion bans and also some of the worst maternal mortality outcomes. Alabama, Georgia, Ohio, Missouri, unfortunately, and a lot of the Southern states– South Carolina, Texas. Those are the states that primarily have these outrageous abortion bans that prevent people from actually accessing abortion care, but they also have—

Chairwoman MALONEY. The gentlelady's time has expired.

Ms. HOWELL [continuing]. the highest mortality—

Chairwoman MALONEY. Could you please wind down?

Ms. HOWELL. They also have some of the highest mortality rates for maternal mortality. So we have to look at both of those things together in terms of what it means to access good reproductive healthcare for people.

Ms. PRESSLEY. Thank you, Ms. Howell.

Ms. HOWELL. Thank you.

Ms. PRESSLEY. Thank you, Madam Chair.

Chairwoman MALONEY. Thank you. The chair recognizes Representative Miller.

Mrs. MILLER. Thank you, Madam Chairman and Ranking Member Green, and thank you all for being here today.

As a mother, I have had the privilege to feel life quicken in my womb. As a grandmother, I know the joy of grandchildren. I have gotten to experience endless joy having grandchildren because it is just unconditional love.

I have had family members and friends who have yearned to be parents but were unable to have children of their own. I have had

friends and family who have been adopted, and they are very grateful. I have friends and family who have adopted children, and they are very grateful. They have brought such blessings to their family.

However, I have become increasingly concerned as of late about the actions taken by my colleagues across the aisle. Washington Democrats refuse to protect babies even after they are born alive after an abortion attempt, and it is so heartbreaking. Our most vulnerable and youngest citizens deserve our utmost protection.

Ms. Stuckey, speaking of medical innovation, I think we can all agree that women having access to all healthcare is important. That being said, not every Planned Parenthood provides comprehensive women's healthcare. Can you elaborate on the positive steps that the Trump administration has done to not only protect life, but to ensure that women have better access to healthcare through federally Qualified Health Centers?

Ms. STUCKEY. Yes, thank you for that question.

First, I do want to address an issue that I think that we can all say– all agree on, that the maternal mortality rate in this country, in a developed country, is way too high. And it is, I think the number is 3.3 times higher for African-American women than it is for white women, and I fully believe that we need to address that. And I would encourage the Trump administration to address that.

I don't understand why the exclusive solution that we discuss when we talk about the maternal mortality rate is abortion. Why is that the only solution that we discuss? Can we not come together and talk about how can we best care for a woman and her child? Why do we have to sacrifice the child for the health of the mother when it is not medically necessary?

President Trump has been the most pro-life, most– if you want to call it anti-abortion, I am fine with that, too– anti-abortion administration since Ronald Reagan, maybe even more so than Ronald Reagan, with the Mexico City policy. And of course, we know enacting the final rule for Title X that says you have to physically and finally separate your abortion services from the rest of your contraceptive care in order to receive Title X funding.

I heard earlier a comment about this gag rule. Well, it is actually not a gag rule that the Trump administration enacted. It is you cannot encourage someone to get an abortion, but you can counsel them neutrally. So that is not actually a gag rule. It is not a limit on free speech.

President Trump has ensured that these policies can go forth and, of course, given states the freedom to protect life inside the womb. And for that, I am very thankful.

Mrs. MILLER. You might be familiar with efforts by House Republicans to protect babies who are born alive after an abortion attempt. Many argue that the Born Alive Act is unnecessary because doing so violates existing criminal law.

Do you believe Federal law should be clarified to ensure babies born alive after a failed abortion should receive critical medical care?

Ms. STUCKEY. Yes. It needs to be clarified. So this new law the Democrats have tried so hard to blockade simply criminalizes the neglect of an abortion provider to attend to the medical needs of

a child who survives an abortion, further recognizes this child's personhood, and says this is the medical treatment that is required for a child outside the womb. We are not even talking inside the womb anymore.

And unfortunately, Democrats cannot even get onboard with that. There are not any undue burdens, undue regulations. This is not preventing abortion providers from even giving abortions. It is simply saying if a child survives an abortion, attend to that child.

It should be really simple. If you really are pro-choice and you are really not pro-abortion, as I have heard many times during this hearing, that should be a no-brainer.

Mrs. MILLER. I understand a baby can survive as early as 23 weeks old. Can you elaborate on how age of viability has changed in the recent years, and what has made that possible?

Ms. STUCKEY. Well, as technology and medicine advances, thankfully, hospitals are able to give incredible perinatal care, so that a child as young as 21 weeks actually has been known to survive outside of the womb. I mean, that is pretty early in the second trimester. That is only halfway through the pregnancy.

At 24 weeks, that is generally accepted as the age of viability. What that means is that that child has a really good chance, if she were to be born prematurely, to live outside the womb, to grow. She would spend some time in NICU, but she would grow up, you know, if everything went well and she was healthy, into a normal functioning child. You wouldn't even be able to look back and tell that the child was premature.

So when we are talking about these children as if they are not children, as if they are not babies, we are talking about mere location. I mean, on the one hand, we talk about them as if they are just these parasites to be discarded as these remains of pregnancy, I think is what I heard the doctor say earlier.

And then a second later, when they are outside of the womb, they are all of a sudden babies. Although, unfortunately, as you pointed out and other congresspeople have pointed out, even then, even then they don't seem to be respected by the pro-abortion side.

Mrs. MILLER. Thank you. I yield back.

Chairwoman MALONEY. Thank you.

I understand that the witness, Ms. Stuckey, has a flight she has to catch. So I will dismiss her, noting that there may be other additional questions that I request that she answer them in writing.

And thank you for your testimony, and I hope you don't miss your flight.

Ms. STUCKEY. Thank you.

Chairwoman MALONEY. So the next speaker will be Debbie Wasserman Schultz from Florida. Congresswoman Schultz?

Ms. WASSERMAN SCHULTZ. Thank you, Madam Chair.

Madam Chair, I have a question of you, and in fairness, I would like Ms. Stuckey to hear my question because I wouldn't want there to be any assumption that I was saying it as she was no longer in the room.

I just want to clarify that Ms. Stuckey is here expressing her own opinion exclusively and has no scientific or particular expertise in this subject matter whatsoever. Is that accurate?

No, I want to ask you, from what your knowledge of her experience is in the description of the witness's experience.

Chairwoman MALONEY. That is my understanding.

Ms. WASSERMAN SCHULTZ. Thank you. I just wanted to clarify that particular fact.

Chairwoman MALONEY. But I think the witness should answer, in all fairness, as she is here.

Ms. STUCKEY. I think it says something that when I, the one without the scientific or medical background, am the only one to give you specifics on what is—

Ms. WASSERMAN SCHULTZ. Reclaiming my– reclaiming my time. My question—

Ms. STUCKEY [continuing]. what an abortion procedure actually is. Ask the doctor for yourself.

Ms. WASSERMAN SCHULTZ. Reclaiming my time, Ms. Stuckey, my question was not of you, and you have essentially acknowledged that you are here expressing your own opinion, which we appreciate.

So the other thing I wanted to point out was that no one here today has said that abortion is the only solution to address the maternal mortality rate. How about access to– better access to prenatal care? How about the passage of the Affordable Care Act and making sure that it remains the law of the land so that women are no longer considered preexisting conditions just because of our existence as women and the potential for us to be dropped or denied coverage because of our propensity to get pregnant and have babies, which happened all the time before the Affordable Care Act was the law of the land.

I could go on with many other provisions that we advocate to make sure that we can reduce the maternal mortality rate. Certainly, abortion is not the only thing we suggest and, in fact, is not a solution that we ever suggest to reduce the maternal mortality rate. It is a ridiculous suggestion.

What isn't a ridiculous suggestion is that the decision to become a parent is one of the most important and most personal life decisions that we make. Watching the rapid expansion of state laws that limit a woman's autonomy to make this personal choice for herself is deeply troubling.

This fight for reproductive freedom is one that we are all too familiar with in Florida. I have seen Republicans in my home state in the legislature introduce bills that ban abortion after six weeks, ban abortions that are based on certain medical diagnoses, and right now are fast-tracking a proposed Draconian parental consent law.

We need to be unequivocal about calling these laws out for what they are, sinister attempts to interfere with a woman's right to make her own personal health choices and decisions and obvious steps in a larger political plan to ban all abortions. As we have heard, Missouri has enacted so many restrictions on providing abortion care that only one clinic is left standing.

Because my time is limited, I want to ask Dr. McNicholas, the excuse that a patient can just drive to another state to receive medical care, is that an acceptable rationale for any other type of medical service? And is it accurate to say that requiring medically

unnecessary patient delays, whether that is to gather travel funds or make lodging and caregiving arrangements, would lead to women having later abortions, which were more expensive and can pose a higher health risk?

Dr. MCNICHOLAS. Thank you for the question and acknowledging the sort of many intersecting realities that people are navigating when they are trying to access basic care. And in Missouri, for many of them, that means driving hundreds of miles multiple times.

I am reminded, actually, of a patient I took care of recently in the second trimester, who actually was able to get to the clinic the first time very early at six weeks of pregnancy. She went home and scheduled her clinic procedural date for about a week and a half later but, unfortunately, was in a car accident on the way to that appointment.

Because Missouri's law not only requires a waiting period, but requires it to be with the same physician who will ultimately perform your procedure, she was then– her two-visit abortion became a four-visit appointment visit, and she was pushed from seven weeks to 15 weeks. This is exactly what happens when there is no context and no medical or scientific grounding in abortion restrictions. Patients are pushed to later and later in pregnancy, which is quite ironic for a cohort of folks who want to limit abortion later in pregnancy.

Ms. WASSERMAN SCHULTZ. Thank you.

Ms. Box, I want to end with you, and I am so sorry for your loss. But I know you are overjoyed in your daughter that you brought with you.

You received test results that revealed your daughter Libby had a chromosomal anomaly when you were around 13 weeks pregnant. But if H.B. 126, the Missouri law that would ban abortion after about eight weeks, had been the law in the state of Missouri at that time, would you have considered leaving the state to have an abortion? How difficult would have it have been for you and your family if you had needed to travel out of state to obtain your abortion care?

Ms. BOX. So the answer is, yes, I would have looked at how I could have protected my daughter, regardless of what regulations the state tried to interfere with. The truth is, even though abortion, the ban had not come into effect yet, the eight-week ban, we did look at leaving Missouri and going to Representative Kelly's state of Illinois because the restrictions there are fewer. There is an opportunity for—

Chairwoman MALONEY. The gentlewoman's time has expired. If you could please wrap up real quick?

Ms. BOX. Yes. So, yes, we would have done whatever we could to protect our daughter, regardless of governmental intrusion.

Ms. WASSERMAN SCHULTZ. Thank you for sharing your personal story, and I yield back the balance of my time.

Chairwoman MALONEY. I now recognize Representative Green.

Mr. GREEN. Thank you, Madam Chairwoman.

My first question is for Dr. McNicholas. Am I pronouncing that correctly? Yes. If the DNA from a fetus and a mother were found at, say, a crime scene, say it is two blood samples. We take fetal

blood. We take mother's blood. We put them at the crime scene. The investigators know nothing. They find two samples. Would the investigators see these as two separate people?

Dr. MCNICHOLAS. I have no idea.

Mr. GREEN. Of course, they would. The answer is yes. You know, as a physician, it is two different DNAs, and they would see two DNAs, and so they would say it is two people.

My next question, question for you as well. Recently, in California, a mother was charged for killing her unborn baby by excessive methamphetamine usage. If the mother had just gotten an abortion and killed the baby that way, she wouldn't have been charged. Do you see the hypocrisy in this?

Dr. MCNICHOLAS. I think it is tragic that we are criminalizing people who need basic healthcare and treatment for their drug addiction problem. That is what I think is a problem in this country.

Mr. GREEN. Absolutely. Someone who uses methamphetamine should get help. There is no doubt about it. And she was charged with a crime for the death that she caused of her baby with methamphetamine use. The child was stillborn.

I just– I find that hypocritical that if she had just gone a week prior to Planned Parenthood and gotten an abortion, she wouldn't be charged.

You know, I am going to transition a little bit here. I want people to make their own choices. I am for freedom. But when one person's freedom impinges on the freedom of another, and for example, if someone in this room yelled "fire," that would be against the law because, potentially, a stampede could occur, and people would be hurt.

Abortion is a decision where one person makes it, and it leads to the death of another person. So that is something to take into consideration.

My next question I was going to actually ask of Ms. Stuckey, but she is gone. I will just read the question and let the audience and others consider it.

A few years ago, a freezer unit protecting previously fertilized human eggs, meaning a sperm and ovum where they had combined to form a fertilized egg, was broken. And thousands of these fertilized eggs were lost. I just want to ask people in the room whether or not they would agree with the headline in the newspaper the following day that said it was a human tragedy that these lives were lost. Just consider that.

My next question again is back to you, Dr. McNicholas. In regards to ABO and Rh incompatibility, why do I, as an ER physician, have to treat the mothers with RhoGAM to prevent her antibodies from attacking the blood supply of the baby?

Dr. MCNICHOLAS. Oh, so two minutes for this?

Mr. GREEN. No, you got 30 seconds.

Dr. MCNICHOLAS. Oh.

Mr. GREEN. Or I can do it because I do it all– I treat these patients all the time. Go ahead.

Dr. MCNICHOLAS. Sure. So in the instance in which the fetus has a different type than mom, there are occasions where mom can create her own defense mechanism to that situation, which would in

a subsequent pregnancy attack a subsequent pregnancy and have some serious conditions for the fetus.

Mr. GREEN. That was pretty good, and I mean, you did it in about 30 seconds. But she is absolutely correct. Basically, the mother's immune system sees that second child as foreign and attacks it because it has got a different blood type than the mother.

Let us see, I also want to share a few quick observations, in the little bit of time that I have left, as an ER physician. I know that there are a lot of statements about the safety of abortion. I just want to tell you that I have treated many, many patients in the emergency department where the abortion hasn't gone as intended, where products of conception, the medical term– or baby parts– are left inside the mother, and sepsis results.

Those patients come to us, and we take care of them in the emergency department. We save their life from that infection.

I also want to say that I have taken care of many, over the years as an emergency medicine physician, patients who have come in bleeding from an abortion. And the unfortunate thing is that the obstetrician who has to take care of that patient didn't do the abortion. So he doesn't know the patient's history, and they are rushing them into surgery to stop the bleeding and save the patient's life. That does happen.

And it happens more frequently than many people would want you to know, but it is a reality. And I just want to say that is why I support abortion providers having credentials at a hospital where they can treat the complications of the surgical procedure of an abortion that they– that results when they do that.

Chairwoman MALONEY. The gentleman's time has expired.

Mr. GREEN. Oh, am I out? Okay, thank you, Madam Chairwoman. Thank you.

Chairwoman MALONEY. Thank you. I would now like to recognize Congressman Raskin.

Mr. RASKIN. Madam Chair, thank you. And thank you for calling this important hearing.

Big Brother seems to have come to Missouri, the Leviathan state has arrived in Missouri, and all of our colleagues who like to strike a libertarian note when it comes to people possessing AR– 15s and military-style assault weapons, the kinds that are wreaking havoc across the land, suddenly become the champions of Leviathan, Big Brother, Gilead, and the all-powerful state. Politicians making healthcare choices for our people.

Ms. Goss Graves, let me start with you. You are the president of the National Women's Law Center. Presumably, you know something about the history of sterilization in our country, where certainly tens of thousands of women at least were sterilized. If Government has the power to prevent a woman from having an abortion against her will, won't Government also have the power to sterilize women against their will, which was so much a part of our history?

Ms. GOSS GRAVES. You know, I think it is important to put the right to abortion, which is so core and fundamental, in the context of a range of rights. The right to abortion is in the context of the right to make reproductive healthcare decisions broadly, including contraception, including around sterilization and not having forced

sterilization. But it is also among the set of rights around the right to be intimate, the right to marry.

All of those things follow a long line of decisions that emanate from the Fourteenth Amendment's guarantee around liberty and around your ability to sort of live with dignity.

Mr. RASKIN. Thank you.

Dr. McNicholas, officials in Missouri, including Dr. Randall Williams, the Director of the Department of Health and Senior Services, and Governor Parsons, have asserted that the restrictions adopted in Missouri are necessary for the health and safety of people seeking abortions. In your opinion, is the requirement that a physician have admitting privileges at a local hospital necessary for the health or safety of a woman seeking an abortion?

Dr. MCNICHOLAS. So the short answer is no, and the longer answer is it is not my opinion. It is what science and fact and ACOG and the most recent publication out of the National Academies of Science has told us.

Mr. RASKIN. Well, what about this 72-hour waiting period between a woman seeking an abortion and being able to get one? And then also I understand they adopted a provision for two pelvic exams during that time. Is that necessary for the health and safety of women in Missouri?

Dr. MCNICHOLAS. None of those are required to maintain health and safety.

Mr. RASKIN. But how do you know that?

Dr. MCNICHOLAS. Science. There is plenty of published literature supported by the American College of OB/GYN, again supported by the National Academies publication that has demonstration that not only are they not medically relevant or necessary, but they actually cause harm.

Mr. RASKIN. Well, what about from the standpoint of the patient? Ms. Box, let me come to you. Did you feel that any of the procedural hurdles and hoops that were set up in Missouri and you were forced to jump through were necessary for your health and safety?

Ms. BOX. No. I found them insulting. They presumed that my husband and I didn't have the ability to make a decision for ourselves. The waiting period that Dr. McNicholas was talking about and the mandatory same physician rule meant that my abortion, which happened at around 15 weeks, had I not been able to do the available date that the physician had, I actually would have been outside of when is the legal timeframe in Missouri.

And I was well short of it. I would have had to reconsent, been given another booklet of medically inaccurate information, which my husband and I refer to as the "book of shame," and that– all of that presumes that– and I think what I find most insulting as a patient is that I didn't have the ability to think for myself, that I needed my state government to put that time in for me.

Mr. RASKIN. I thank you for that really important insight. You talk about this "book of shame." I think you started your testimony by saying that one quarter of American women will have an abortion over the course of their lifetime, most of them also mothers, as you are. You have how many kids? Two kids?

Ms. BOX. I have three living children.

Mr. RASKIN. You have three living children. Okay. Well, they want to throw the "book of shame" at tens of millions of American women. How does that feel to you as a citizen in Missouri? That you get hit by the "book of shame"?

Ms. BOX. I mean, it is devastating. I mean, in our particular case, we were in the middle of a very grief-stricken process, and we were in a crisis. And to have confusing and misleading information when you are trying to make a medical decision is horrifying that we would ever allow patients to get mischaracterization and misinformation and hope they can make the best decision for themselves.

Mr. RASKIN. Okay. And finally, I wanted to ask this question while all the witnesses were there. I was thinking we could make history by getting the pro-choice witnesses and the anti-choice witnesses to agree on a pro-life program, which is a universal criminal and mental background check on all gun purchases.

At least for the witnesses who are still here, would you reach across the aisle to the pro-life witnesses to say you would stand for that?

[Response.]

Chairwoman MALONEY. The gentleman's time has expired.

Mr. RASKIN. I would let the record reflect I think they all nodded their heads, Madam Chair.

Chairwoman MALONEY. Congressman Connolly?

Mr. CONNOLLY. Thank you, Madam Chairman. And thank you for holding this hearing.

And thank you, Mr. Clay, for being our inspiration in highlighting what is happening in your state.

I think we need to be honest here. Everything designed to make your very difficult decision, personal decision—not a state decision, Ms. Box—was designed to take away your choice. What Mr. Green described was insidious logic. Because there might have been complications from some abortions, all abortions should be eliminated.

Even though the overwhelming majority of legal abortions, because of Roe v. Wade, they are done under medically supervised conditions and are safe and allow women and families to have choices. The changes in Title X are designed, again, to take away or limit choices. The attack on Planned Parenthood insidious, designed to take away choices and being willing to deny women healthcare as the price you have to pay for their ideological stance.

And Ms. Stuckey's misguided moral absolutism for all the rest of us. And of course, the sacrifice of science, as you point out, Dr. McNicholas, that has to be in there, too, because science is an inconvenient source of information and truth, again denied you and your family, Ms. Box, at a critical moment in the decision you had to make. Go ahead.

I thought you wanted to comment.

All right. Dr. McNicholas, how many women patients does Planned Parenthood see every year?

Dr. MCNICHOLAS. The Planned Parenthood of the St. Louis region, so—

Mr. CONNOLLY. No, no. Nationwide?

Dr. MCNICHOLAS. Oh, I don't know.

Mr. CONNOLLY. All right. St. Louis?

Dr. MCNICHOLAS. Our Missouri– our Missouri affiliates see more than about 50,000 women a year.

Mr. CONNOLLY. How many?

Dr. MCNICHOLAS. Fifty thousand.

Mr. CONNOLLY. Would you guess that is a lot more than Dr. Green sees in a year?

Dr. MCNICHOLAS. It is. And I would actually like to highlight, to Dr. Green's point about safety, that I have yet to see an oral surgeon be brought in front of Congress to talk about the risks of wisdom teeth, but having an abortion is safer than having your wisdom teeth removed.

So I think mischaracterizing abortion as anything other than safe is inappropriate. It is healthcare. So, yes, unfortunate outcomes will happen for some people, but by and large, it is safer than colonoscopy, wisdom teeth, and I will also mention it is far safer than carrying a pregnancy to term.

Mr. CONNOLLY. And it is safe because Roe v. Wade made one law for the whole United States, including Missouri. Is that correct?

Dr. MCNICHOLAS. We have lots of examples internationally to show that legalization of abortion is one of the most important public health and lifesaving interventions for women.

Mr. CONNOLLY. And would it be fair to say that absent Roe v. Wade, it is not that abortion will disappear, it is that people will be forced once again to go into the shadows to secure those services, to make those decisions, or go to states that do protect it legally? Is that a fair statement?

Dr. MCNICHOLAS. So as I mentioned before, abortion was around before the Constitution, and it will not go anywhere if we remove those barriers.

Mr. CONNOLLY. So our choices make it safe. Hopefully, it is rare because contraception is available. Family planning is available, but it has to be an option. As Ms. Box's personal experience tells us, it is a health decision, a hard one, a heartbreaking one for many people.

But to deny them access to it because you have decided on the morality of it or you have made up science to justify your own personal belief is to impose your will on the majority of Americans, including women who are affected by this choice.

Title X, Dr. McNicholas, Planned Parenthood decided to pull out of Title X, even though it does not provide funding for abortions. Is that correct?

Dr. MCNICHOLAS. That is correct.

Mr. CONNOLLY. Why did Planned Parenthood decide to leave Title X?

Dr. MCNICHOLAS. I think, as was previously mentioned by Ms. Goss Graves, there is a really fundamental issue for Planned Parenthood, which is that the new rule would force us to lie to patients and intentionally exclude information that could be important and lifesaving for them.

Mr. CONNOLLY. And real quickly, because Title X provides other healthcare for women, they are now going to be denied that coverage because of Planned Parenthood's being forced out of the program. Is that correct?

Dr. MCNICHOLAS. We are going to try our very best to meet all of the needs of our patients, including those who were previously receiving Title X, but I think the point is well taken that with reduction of Planned Parenthood seeing Title X patients, there will be a tremendous gap in services for patients, particularly who are low-income or people of color.

Mr. CONNOLLY. My time has expired, but I thank you all for being here and for the courage of sharing, especially you, Ms. Box.

Chairwoman MALONEY. I would now like to recognize Congresswoman Tlaib.

Ms. TLAIB. Sorry. I didn't know I was next.

Thank you so much. It really is incredibly important that you all are here to talk about this particular issue. Especially as a woman serving in the U.S. Congress, I just want to personally thank you for defending my right to choose.

One of the things I want to discuss is the impact of politically motivated restrictions of abortion that we have been talking about, access to maternal health. But even more, even around infant mortality.

When I served six years in the Michigan state legislature, I was always taken aback by so much time and effort and debate and conversation around the right to choose versus infant mortality, you know, maternal health. All of those things that I think are interconnected with some of the, you know, reasoning behind folks that want to support life, right?

And there is an issue that is particularly concerning to me is that parts of my home district have among the highest maternal mortality rates in the country. In 2014, a woman giving birth in Detroit was three times more likely to die in childbirth than the rest of the country. Infant mortality in Detroit is double the national rate in the country, and it just goes on and on.

Dr. McNicholas, you know, Missouri was one of the highest rates—has the highest rates of maternal mortality in the country, and that continues to rise, especially among women of color. In fact, black women in Missouri are three times more likely to die from pregnancy complications than other women. Is that correct?

Dr. MCNICHOLAS. That is correct.

Ms. TLAIB. Which state official again is responsible for addressing maternal mortality in Missouri?

Dr. MCNICHOLAS. That would be the Director of our Department of Public Health, Dr. Randall Williams.

Ms. TLAIB. So Dr. Williams is, in fact, the same official that has spent state dollars on enforcing unnecessary pelvic exams on women and tracking their menstrual cycles of Planned Parenthood patients. Correct?

Dr. MCNICHOLAS. Yes.

Ms. TLAIB. How do you think that he should be spending time? I mean, what do you think he should be doing right now? And again, around the same ideals, right, that they are supporting this, they won't support the women that are having children.

Dr. MCNICHOLAS. Yes, you raise a great point. Under Dr. Williams, Missouri went from 42nd in the country to 44th in the country in maternal mortality. And while he is spending his time visiting– his time and resources on visiting Planned Parenthood

multiple times, he could be focusing on things like addressing maternal mortality, addressing the systemic and institutional racism that is engrained in that rate of three times higher for black women.

He could be working on improving access, particularly for our rural women. You know, Missouri is one of the states who, because we haven't expanded Medicaid—hey, that is another thing he could do– we have rural hospitals closing at alarming rates. So if you want to continue your pregnancy, your chance of having a healthy pregnancy is sabotaged by the fact that there is no hospital that you can go to to get care during that pregnancy.

There are a number of things that he could be doing to address maternal mortality.

Ms. TLAIB. I know, and the hypocrisy is so unjust and absurd.

Ms. Howell, your organization did a phenomenal study, finding that black women face greater barriers to access to reproductive healthcare, including abortion care. What are some of the factors that you think account for the discrepancy in health outcomes?

Ms. HOWELL. Some of the factors are that black women disproportionately get their health insurance from Medicaid, which already then bans their access to abortion care and to get coverage. So what happens is that when they find they are pregnant and they decide they want to terminate a pregnancy, they have to go through a number of steps. They have got to figure out how to afford it, how they can take off work, how they can get childcare, how far they have to travel.

One of the things that we did is we asked black women in a poll what are all the factors you take into account when you are deciding whether or not to have a child? And it wasn't just about having money. It was also about having a neighborhood where neighborhood services were happening. It was about being able to get quality food sources. It was about clean water. There were a number of factors.

And if you are a woman of low income and you get your healthcare from Medicaid, you also have all these other factors that come into it. And that is why when we were talking about no one knowing all the reasons why someone might decide to terminate a pregnancy, our organization trusts black women to make those personal decisions that are best for themselves and their families. And the other side clearly does not trust us to make those decisions.

Ms. TLAIB. No, they want to control us.

Thank you so much, and I yield the rest of my time.

Chairwoman MALONEY. I thank my friend from Michigan for her powerful voice for her state, and I now call upon one of Congress' most outstanding leaders, my good friend and colleague Barbara Lee, for her– and I want to publicly thank her for her tireless and for being such a powerful advocate for progress, gender justice, and equality.

Thank you for sitting here all day long. She is not even a member of the committee. So I really appreciate your being here, and I appreciate your voice.

Ms. LEE. Well, thank you, Chairwoman Maloney, for holding this hearing and for your tremendous work and leadership and also for allowing me to sit through this very, very important hearing.

I also want to thank my colleagues from the Pro-Choice Caucus, especially our chairs of our task forces, Congresswoman Ayanna Pressley and Congresswoman Judy Chu, who have been such clear-thinking and passionate leaders on so many issues since they have been here in the House of Representatives.

First, let me just– and throughout their lives, quite frankly. Let me start by just stating a couple of statistics.

Banning access to safe, legal abortion is not what the majority of this country wants. According to recent polling published in September, 77 percent of Americans support access to abortion. And we know and we see how many of these restrictions disproportionately, which we have talked about, impact women of color and low-income women.

Access to the full range of reproductive healthcare should be accessible to all and not based on one's race, income, or zip code.

Now fighting for equitable access to abortion is deeply personal for me, and I do, and it is hard to talk about this, but I think today, you know, I will mention it again. I remember very clearly the days of back alley abortions before Roe v. Wade. I was a teenager, only 16 years old, and had to go to Mexico for a gut-wrenching back alley abortion.

Again, before Roe v. Wade, abortions were not safe nor legal in my own country. So I refuse to stand by and see even one more woman's life put in danger because of lack of access to safe and legal abortion.

Now many of my Republican colleagues here today and the minority witness, they want to portray women who have had abortions as evil or as murderers. But I am here today with several of my sisters, several who have personally had an abortion. And when you say these comments, they also say them to me, they say them to you, and we are not going to stand for it.

Many– and I serve on the Appropriations Committee, and let me tell you what I see. Many of our Republican colleagues, they opposed teen pregnancy prevention programs. They oppose comprehensive sex education. They oppose family planning. They oppose contraception. They oppose abortions.

Again, as an appropriator, I see these budgets zeroing out funding for healthcare programs that would prevent pregnancies, prevent pregnancies. Also I see budget cuts every day to childcare, SNAP benefits, nutrition, early childhood education, everything that would help raise families and children in a way that they deserve to be raised.

So I want to just ask you your feedback, maybe Ms. Howell, could you just– we know that these programs are disproportionately impacting women of color, and how do you see this whole movement now, what we are seeing? I still call it a war on women's health because when you look at the comprehensive nature of these cuts and the policies and the restrictions, what else is it? What are we to do as women in this country?

Ms. HOWELL. I think that one of the things that we have—we have seen over the last couple of years is women taking back their rights, and it is not just women. It is people. It is LGBTQ people. It is trans people. Basically, standing up and saying we won't allow this to happen anymore.

And we saw it in the 2018 election. We saw it where women of color, for instance, came out and voted to change the House of Representatives. Voted very strongly. And one of those issues that they voted on was Hyde, eliminating Hyde and having the EACH Woman Act.

So they were very clear about what they were looking for and the right to make decisions for themselves without political interference. And I think that that is critical.

Ms. LEE. Thank you.

Ms. Graves, would you like to comment? We have just a few more seconds. I want to thank Ms. Box for your being here today and your stories and for being so brave in terms of giving the real deal about what women go through as a result of trying to exercise their constitutional right.

So thank you. Ms. Graves?

Ms. GOSS GRAVES. I just want to add that it is true that people are outraged and are rising up against the bans that are sweeping this country, but this is a dangerous time. It is dangerous to ban abortion. It is dangerous to have states where people think they can't get care, even though abortion is legal in every state of this country.

And it is dangerous, the rhetoric that we heard in this room today and that we hear outside of this room that demonizes patients, that demonizes women, and that goes sort of to the core of who we are as a country. This is– today has reminded me how dangerous these times are.

Ms. LEE. Thank you.

Thank you, Madam Chair, very much.

Chairwoman MALONEY. I want to thank my friend Barbara Lee for sharing really one of the most personal and heartbreaking events of her life. She is sharing it not only at this hearing, but with the whole world, and Barbara Lee, your courage has made us all stronger.

Thank you. And your leadership.

I now call on an incredible woman, a newly elected woman to our Congress, Congresswoman Kim Schrier. She is from the great state of Washington. She is a physician and a powerful advocate for science and women across this country.

Thank you for being here. She is not a member of this committee, but she wanted to be here and to speak out, and I thank you for being here all day, supporting our efforts.

Thank you. Dr. Schrier?

Ms. SCHRIER. Thank you, Madam Chair. I laughed because I thought you were going to talk about Ayanna Pressley, who is a member of our freshman class.

[Laughter.]

Chairwoman MALONEY. I already talked about her.

Ms. SCHRIER. I came here today to talk about these unnecessary restrictions on a woman's access to full reproductive care, access to abortion. And we have heard about a million ways that local governments and state governments are trying to restrict a woman's access to a safe and legal medical procedure.

And every one of these unnecessary ultrasounds, bogus scripts, hallway signs, admitting privileges at local hospitals, second pelvic

exams, even first pelvic exams, admitting privileges I mentioned, and even waiting periods, all of those are unnecessary. They make it harder for women. They especially make it harder for women who are poor, who would have to take additional time off work, who would have to travel great distances.

These do not stop abortions. If you want—that is your goal, you should be doubling down on funding for Planned Parenthood for pregnancy prevention. These do not stop abortions. They make them later. They delay them, or they make them less safe. They are totally inappropriate.

Now I came to talk about that, and I want to reinforce that this is a safe and legal procedure. It is something that 1 out of 4 women have before she is 45 years old. This is more common than a tonsillectomy. This is common. Chances are excellent, pretty much 100 percent, that everybody in this room knows somebody who has an abortion. That is how common it is.

So I came to discuss those things, but then I heard all kinds of rhetoric, all kinds of rhetoric. And as a doctor, and thank you all for being here, I really feel like I need to push back on a lot of Ms. Stuckey's comments. Pseudoscience, total baloney, and I don't feel like I can let those things just stand.

I mean, it is everything from not understanding a difference between an embryo and a baby, which, by the way, if she believes they are the same, that is a personal philosophical and religious decision. That is not a medical distinction, and that is not something that Congress should be involved in. It is not something that she should have any say over any other woman's decision.

But there are other things that she talked about, like 20 weeks in pain. Totally unproven, bogus. She talked about the gag rule not being a gag rule. It is. When a physician cannot mention that one option for her patient is abortion, that is a gag rule. And by the way, it is a dangerous gag rule because if a woman is diagnosed with pregnancy and cervical cancer at the exact same visit, an abortion would save her life. Let us be clear.

The other one she mentioned was she painted a very happy picture of a 23-week micro preemie. I am a pediatrician. I spend a lot of time in NICUs. Let me tell you what the real picture is. The real picture is that you have got about a 50/50 shot at survival. And you have got, if you do survive, a very high likelihood of having consequences later down the line.

Now that doesn't mean that I didn't resuscitate those babies and take care of them and take care of them in the NICU, but it does mean that she is not giving you the full correct picture of the situation.

But the most egregious one is this discussion that somehow you could pull a baby out 3 days before delivery and call that an abortion. We call that an induced delivery. That is a baby who is pulled out and handed to their mother or taken to the NICU, where a doctor like me would take care of them if they are in trouble or in distress.

If you want to have a conversation about pregnancies and abortions later in pregnancy, let us have a really honest discussion about it. About 1 percent of abortions happen after 20 weeks, and

none of these are because a woman just decided one morning I don't want to be pregnant anymore. That does not happen.

These are all for a reason. Some devastating turn, something devastating has taken a turn in a pregnancy. Something has happened, either with the health of the mother or the health of the pregnancy, and it is so important that Congress not get into that discussion.

This is a decision between a woman and her God and her doctor and her life, and only she knows how to make this decision, and there is absolutely no place for me or anybody in Congress to get into that discussion. What we owe that woman is a little grace and a little trust to make the best decision about her body.

I will end there. Thank you. And I am sorry that you had to put up with such harassment today. Thank you for your services.

Chairwoman MALONEY. Thank you. I now recognize Mr. Keller.

Mr. KELLER. Thank you, Madam Chair.

What I want to start out with is I heard some testimony during today's hearing about the viability of a pregnancy being difficult to determine because they are all based on a different diagnosis, different situation. And I will get to that later in my comments.

I just want to start out with knowing that, and I know that it was just mentioned that some babies have a 50/50 shot at survival. You know, Dr. Schrier mentioned that. I just want to say this. Every life has opportunity and hope. And sometimes doctors, despite their best efforts, do not calculate the appropriate outcome for their diagnosis.

I have had personal experience with this. When my son Freddy was three years old, he had an injury resulted in a– led to a devastating head injury. He had an accident. The doctors, despite their best efforts, thought Freddy was not going to live.

He was put on life support. As we waited and prayed, the doctor's prognosis was that the mortality rate of children in his condition was not 50 percent, was not 98 percent, but we were told was 100 percent. He was not going to live.

They even tried to convince us to disconnect life support and end his treatment since they did not believe he was going to live. He was on a vent for 28 days. We chose life. We chose hope. And Freddy started to recovery.

Even then, the doctors said he would have permanent brain damage and would not have a meaningful or full life. I am happy to say that today Freddy has fully recovered. Freddy's outcome was different.

He graduated from college and now works for the hospital that saved his life. It was a different outcome than what the doctors told us it would be. His accident is now a memory, but also an opportunity to learn about the value of human life.

As this pertains to today's hearing, in this country, we have countless situations where people determine the value of an unborn human life. Abortions are sometimes planned and executed based upon diagnoses that have uncertain outcomes.

Sometimes as a result, babies are born. They are alive, and they are killed as part of a planned abortion procedure. This should not only shock the conscience, but should make the American people sick.

I am not asking for an answer to the next question I am going to ask. I am just going to leave it up to the people that are watching. But where does it stop when we have people determining the value of human life?

I yield back.

Ms. FOXX. Mr. Keller, would you yield to me?

Mr. KELLER. I yield to Dr. Foxx.

Ms. FOXX. Thank you, Mr. Keller.

Mr. Keller, thank you for that moving story about Freddy. I think you illustrated something very important to us. Doctors can make predictions, but they are not God, and they don't know what is going to happen.

We have heard a lot of things here today, but I could not let this hearing close without saying that there are many things we have heard that should make us shudder, but I believe that what Mr. Keller said leads us into what I want to say next.

But comparing killing a baby to removing wisdom teeth is absolutely beyond the pale. And when we have people, as Mr. Keller asked the question, where is this decision to kill innocent life going to take us in this country?

To say it is terminating a pregnancy, and as Ms. Stuckey said, never, ever facing up to what you are really doing, is scary to me. And I want to say that Ms. Lee said that Republicans characterize women who have had an abortion as evil. I have never heard a Republican say that.

We grieve– and I said that at the beginning. We grieve for the women who find themselves making that decision. I cannot imagine that it is ever easy. I hope it is never easy for any woman to decide to kill her unborn child. I hope and pray that is not easy, and I would never characterize a woman who is faced with that decision and makes that decision as evil.

Thank you, Madam Chair.

Chairwoman MALONEY. I thank the gentlewoman. She yields back.

And I yield myself five minutes.

And this hearing is very important to me and very meaningful because usually when I am attending a hearing on women's healthcare and women's needs, I am talking to an all-male panel and usually have to ask "Where are the women?" especially on hearings that affect their well-being and their healthcare. It is personally thrilling and inspiring to me to see a panel made entirely of women's voices, and America should listen to women's voices.

I want to thank all of the panelists, but I particularly want to thank Mrs. Box. I believe that your voice is the most important of all the important voices that we have heard today. Because to me, you represent every person who has been shamed and judged for making a deeply personal decision about their own body and their own healthcare and for them wanting to access the very best healthcare that they need to take care of themselves and their families.

I just want to ask you, Mrs. Box, and I know it is difficult to testify before Congress on anything, but especially something that has been so personal, how did it feel to hear officials in your state and

across the country say hateful, hateful rhetoric about the decision that you were making, your own personal decision? How did it feel?

Ms. BOX. It is insulting, and I appreciate Representative Foxx's sympathy for me, but I would like to say that while my particular reason for abortion of fetal diagnosis was sad for our family, most women, including myself– not all, but most– experience relief after having an abortion.

And I said in my– I think when I answered a question that our abortion, it was the first day that we began to heal from the grief of our diagnosis. I have cried a lot of tears about Libby, but they have all been in grieving my daughter and never once in regret for my decision to make a medical choice for her as her parent.

And you know, I also wanted to say– I am sorry, sir. I can't see your name. But I am really glad that your son had a positive outcome, and I believe in supporting parents in making the best decisions for their family and their children, and that is what my husband and I did for Libby.

Chairwoman MALONEY. Thank you. Thank you for sharing your experience.

Dr. McNicholas, you cared for hundreds of patients in Mrs. Box's situation. What impacts have you seen on the patients you care for in Missouri, as these restrictive laws are enacted and forced upon them?

Dr. MCNICHOLAS. So I think, first and foremost, the outright confusion that people have about what is happening in terms of their access to abortion, and reproductive care more broadly, is really important to lift up.

As abortion bans are passed, whether they are enacted or not, patients automatically think that means they can't access abortion. So we have done a tremendous amount of work in patient reassurance, in making sure that the country knows that abortion is still legal in every single state in this country.

Chairwoman MALONEY. What are you most worried about for your patients?

Dr. MCNICHOLAS. I worry that they have the realization, the full realization that the people who are charged with protecting their health have completely abdicated their responsibility based on an ideologic viewpoint.

I 100 percent people who don't believe in abortion choosing not to have one. But I also think it is the right of every other individual to make that choice based on their values.

Chairwoman MALONEY. I thank you really for the—

Mr. CLAY. Madam Chair?

Chairwoman MALONEY.– courage that all of you have in your work and what you have done for other women and for our country.

I want to share that I have within my district two Planned Parenthood centers, and if you go to them at the end of the day, when women are getting off of work, women are lined up through the halls of the building, outside to the sidewalk, down the street into the next block, waiting to get basic healthcare services. And Planned Parenthood centers provide primary and preventive healthcare to many who otherwise would have nowhere else to turn for care.

And I want to point out that 54 percent of Planned Parenthood centers are in areas where there is healthcare shortages, and we have heard testimony from medical experts that if Planned Parenthood is defunded, there is no other health facility that can address these needs and help these women. I cannot tell you how many women come to my office and tell me that at certain times in their life, the only place they could get healthcare was Planned Parenthood. And I want to put that on the record that I think it is a scandal that anyone would ever try to defund a service that is providing so much help to people that need it.

This has been an important hearing to me, and I intend to continue working on this area and helping women receive the respect and the healthcare they deserve. I would now like to call on my good friend Jackie Speier and give her five minutes and thank her for her relentless leadership in support of women's issues and women.

Ms. SPEIER. Thank you, Madam Chair.

And thank you to a remarkable panel of very persuasive and committed women to the service of other women.

Ms. Box, when you testified earlier, I was sitting here, and I started to cry because I share the same experience that you have had. I lost a child, a fetus, when I was 17 weeks, and I told my story on the House floor in part because I sat there and listened to such false information coming from my colleagues on the other side of the aisle that it outraged me so much that I said you have no idea what you are talking about. You have not lived through this kind of experience.

And to hear you talk about Libby Rose and keep her on your chest is just very powerful because it underscores what we all go through when we lose a fetus at late term. It is never by choice. And I find it so offensive that we continue to have Members here in Congress think that they can somehow take hold of our bodies and tell us what we can do.

So thank you. Thank you for your presence here, for your new infant's presence here. Having the gurgling of your child was just music to all of our ears.

And thank you to all of you as well.

I am going to share one story, though, that relates to Missouri. My daughter went to the University of Missouri and graduated there. She had a girlfriend who became pregnant, who then drove an hour and a half to St. Louis to be seen and then was told that she had to wait three days. And so then she had to drive an hour and a half back. And then, of course, she couldn't get the abortion in three days because there was such a long waiting list.

Now this friend of my daughter's then finally called her mother, who lived in another state, who was not pro-choice. And her mother came and picked her up and took her to another state to get the abortion.

We cannot force women to have to jump through hoops and travel long distances to get the healthcare that they deserve and that is legal under the law in this country. And to see what Missouri has done with their laws and how difficult they have made it is so repugnant to me and should be repugnant to every woman in this country.

Now, Ms. Box, let me ask you the question that I think about a lot. When you were required to wait your 72 hours and received this counseling, what was the counseling that you received?

Ms. BOX. Well, first, I want to say that I thank you for sharing your story with me, and I am sorry for your loss. I know how painful that is.

I am not the legal expert, but you don't really have is it counseling?

Ms. SPEIER. You didn't recognize it as counseling.

Ms. BOX. Oh, the book? Oh. Okay. I am sorry. Yes, you are right. I didn't understand that was considered counseling.

Ms. SPEIER. What was it?

Ms. BOX. It is a booklet that has– so the consent process, I guess, is that– I apologize. So they had to go over this information, and they provided me with a booklet that is written by the state that has medically inaccurate information in an attempt to help me make an informed decision, which just doesn't make sense to me.

But what I will say is that how it works in Missouri currently is that you have to consent with the provider who will perform the abortion. So my consent and my counseling, the book, like I said earlier, I called "book of shame." But my conversation with the provider, with the doctor who works at Planned Parenthood, was the most compassionate care I have ever received.

She took something that was the worst experience of my husband and my life and showed us love and no judgment and counseled us in all of the options available to us, and gave us medically accurate, science-based information so that we could make a decision as parents that was informed and full of love.

Ms. SPEIER. Thank you. Thank you again, all of you, and I yield back.

Chairwoman MALONEY. Thank you. Thank you so much.

I would like to enter into the record a series of letters the committee has received in recent days from organizations, including the American College of Obstetricians and Gynecologists, Reproaction, the Guttmacher Institute, and the American Civil Liberties Union. These letters express grave concern over the impact that state restrictions on abortion access are having on the health, economic well-being of women in America and their families.

I ask unanimous consent that these letters be entered into the official hearing record, and I so order.

Chairwoman MALONEY. I would like now to thank our incredible witnesses for testifying and for their life's work.

And without objection, all Members will have five legislative days within which to submit additional written questions for the witnesses to the chair, which will be forwarded to the witnesses for their response.

I ask our witnesses to please respond as promptly as possible, and this hearing is now—

But before I conclude this hearing, I would like to thank the powerful women of this committee, especially Ms. Speier, Ms. Pressley, Ms. Kelly, Ms. Ocasio-Cortez, for their leadership on this issue and for encouraging the committee to examine it.

I would also like to thank Congresswoman Judy Chu, Congresswoman Jan Schakowsky, Congresswoman Barbara Lee, and Con-

gresswoman Kim Schrier, for joining us this afternoon and for their tireless work to preserve access to abortion and reproductive healthcare for women across this Nation.

And I would also like to thank Lacy Clay, who has worked with me on this hearing and for his leadership on this issue.

This hearing is adjourned, but we are going to continue on this issue.

Thank you.

[Whereupon, at 5:24 p.m., the committee was adjourned.]