

Testimony of Dr. Ghazaleh Moayedi, DO, MPH
House Committee on Oversight and Reform
A State of Crisis: Examining the Urgent Need to Protect and Expand
Abortion Rights and Access
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Good morning, Chairwoman Maloney, Ranking Member Comer, and distinguished Members of the Committee. My name is Dr. Ghazaleh Moayedi and I use she/her pronouns. I am a board-certified ob-gyn, the child of Iranian immigrants, a mom, a Texan, and a proud abortion provider. I serve on the Boards of Physicians for Reproductive Health and Texas Equal Access Fund.

I want to start today by explaining to the Committee how different abortion care looks in two different parts of the country. I'm a licensed physician who has practiced in both Hawai'i and Texas providing expert abortion care for people in Honolulu and Dallas. Abortion is exceedingly safe. This has been established through decades of rigorous clinical research, time and time again. And although I am the same physician, with the same expert skills and training in both Hawai'i and Texas, by complying with Texas' countless cruel and medically unnecessary abortion restrictions, I am compelled by the State of Texas to provide substandard care for my community members in Dallas compared to the people I have cared for in Honolulu.

I want the Committee to spend a few minutes thinking about what it is like to be a person needing abortion care in this country. Imagine Marie: a thirty-five-year-old, American citizen, eighteen weeks pregnant, working a minimum wage job, and living in Dallas, Texas. Marie is seeking abortion care in August, just prior to Senate Bill 8 (S.B. 8) being enacted, a law that effectively undermines *Roe v. Wade's* protections for people in Texas. She, like most people who have abortions, is already a parent and is resolute in her decision to end her pregnancy.

Although Marie is confident and informed about her decision to end her pregnancy, even before the passage of S.B. 8, Marie was forced to endure multiple harmful restrictions in accessing abortion care. First, Texas has a law that requires abortion care after sixteen weeks to be provided in an Ambulatory Surgical Center (ASC) —a requirement that has been proven to be medically unnecessary and does nothing to improve the quality or safety of care. In Dallas, Marie must find an ASC for her care – and for the nearly seven-million-person metroplex of Dallas-Fort Worth, there are three, only two of which are in Dallas. By contrast, Hawai'i has no law restricting where people can access this essential health care.

If Marie were able to make an appointment at one of our two ASCs in Dallas, she cannot have her abortion on the day of her appointment. By Texas law, she must make an appointment to see me, a physician, in advance of her procedure. As her physician, I am then compelled by the state to force Marie into a medically unnecessary ultrasound. I'm compelled by the state to force Marie to look at and listen to the ultrasound. I'm compelled by the state to force Marie to hear a description of the ultrasound. I'm compelled by the state to force Marie to hear medically inaccurate, state-mandated scripts. After all of this, Marie still cannot have her desired abortion. She must return at least twenty-four hours later, because I'm compelled by Texas to force her to wait, even though it is medically unnecessary and goes against my better judgment as a

physician. And, if one of my colleagues is providing care the next day, and not me, Marie must wait even longer. Because Texas forces people to have abortion care from the same physician that gave them their ultrasound. In Honolulu, Marie could call my office for an appointment in the morning and be heading home in the afternoon. It could be this effortless for people to get the health care they need, but Texas and other states intentionally create obstacles that punish people seeking abortion care.

To add insult to injury, if Marie were able to jump through all these hurdles in Dallas, she still must pay for this procedure out of her own pocket. This is because Medicaid and private insurance do not cover abortion in Texas. In Hawai'i, unless Marie is a member of the military or a federal employee – her private health insurance or her Medicaid would cover her costs. If she were living in Hawaii, Marie would not have to forgo food, or rent, or childcare to access her constitutional right to an abortion. In Texas, Marie will.

And this is just one small example of how even before S.B. 8 went into effect, the same physician, with the same skills and expertise, is forced to dehumanize the patients she serves because of where they live. It is outrageous that as a physician, I am forced to deny timely and high-quality care to the very community I have taken an oath to serve, simply because pregnant people in Texas do not have equal protection under the law. High-quality healthcare should be easily accessible without unnecessary delay. In fact, the National Academies of Science, Engineering and Math found that the greatest threat to the quality of abortion care was unnecessary restrictions like the ones I just described.

Now if Marie were sixteen, instead of thirty-five, her abortion care would be even further delayed by the need for parental consent or judicial bypass. If Marie were undocumented and living in El Paso, instead of Dallas, she would be completely denied access to abortion, even before S.B. 8, because of the lack of local providers and the internal border checkpoints within Texas and New Mexico that would prevent her from accessing the next, closest clinic.

Now that the Committee has heard how bad it was in Texas, even before S.B. 8, I want to bring our story of Marie to today, right now.

Today, if Marie were eighteen weeks pregnant, she cannot get an abortion in Dallas. The next closest clinic is in Oklahoma City—which, because of the massive influx of Texas patients, had a one month waiting list for an appointment even before S.B. 8 even went into effect. By the time Marie is able to schedule her appointment she would be twenty-two weeks pregnant and unable to get care in Oklahoma, based on their state law. So now we're moving in concentric circles, further and further away from her home, further and further away from hope. This is what S.B. 8 is intended to do – deny people the ability to have an abortion.

This is where we are today. Abortion care has almost completely stopped in our state. Only a small fraction of patients right now are able to get the care they need in Texas. Clinics are working tirelessly to care for everyone they can in Texas within the limits of the law. And they are coordinating non-stop with abortion funds on getting everyone else out of state for care. Yet we know not everyone will be able to get care in another state. The impact of this law is

devastating. It is terrifying. Not only for people with undesired pregnancies seeking abortion care, but also for people with highly desired pregnancies who have pregnancy complications.

The consequences of this hateful and cruel law are far reaching. Ob-gyns and other prenatal health care providers are confused. My colleagues are asking if they are still allowed to treat ectopic pregnancy. They are worried that they will have to delay life-saving care for people who are very sick in pregnancy, but still have fetal cardiac activity. They are worried about all of the possible chronic conditions that can worsen in pregnancy, but not worsen enough to warrant an exception under this law. S.B. 8 has not only caused a near total ban on abortion in Texas, it has also made it extremely dangerous to be a pregnant person in our state, where maternal morbidity and mortality are already unconscionably high, especially for Black women and pregnant people of color. Texas deserves better.

As a physician, I know first-hand that abortion saves lives. For the thousands of people I've cared for, abortion is a blessing. Abortion is a sacrifice. Abortion is freedom. As a mom and an ob-gyn, I know abortion care is part of supporting thriving families and communities. Access to timely, compassionate, and culturally relevant abortion care is a critical public health measure. All Texans have the human right to have children, the human right to parent their children in safe communities, and the human right to abortion care.

It is important for this Committee to understand the dire consequences facing our communities. We need federal protection of abortion. We need laws that recognize the dignity and autonomy of people accessing this care. We need policies that elevate science and evidence, not politics. The Women's Health Protection Act is an important and critical step, but it is not enough. We need legislation like the EACH Act, the Momnibus Bill, the Pregnant Workers Fairness Act – measures that will protect pregnant and birthing people in all of their decisions so that they can live their best and healthiest lives. But most of all, we need you to not forget us, the people of Texas and other heavily restricted states, who are trying our best to care for ourselves, our families, and our communities amidst efforts to completely control our bodies and lives. Thank you for having me here today and for holding this important hearing.