

The Honorable Richard Blumenthal
724 Hart Senate Office Building
Washington, DC 20510

The Honorable Judy Chu
2423 Rayburn House Office Building
Washington, DC 20515

The Honorable Tammy Baldwin
711 Hart Senate Office Building
Washington, DC 20510

The Honorable Marcia Fudge
2344 Rayburn House Office Building
Washington, DC 20515

The Honorable Lois Frankel
1037 Longworth House Office Building
Washington, DC 20515

January 29, 2020

Subject: Women’s Health Protection Act of 2019 (H.R. 2975)

Dear Senators Blumenthal and Baldwin and Representatives Chu, Fudge, and Frankel:

As independent providers of reproductive health care services including abortion care, we are deeply alarmed by recent attempts to legislate abortion out of existence in the United States. Abortion is health care and health care is a human right.

We, the undersigned independent abortion care providers, are united in our support for S. 1645/H.R. 2975, the Women’s Health Protection Act of 2019. This critical piece of federal legislation would protect reproductive health care from harmful and unnecessary burdens, and allow people to make vital decisions about their own health, lives, and futures.

Independent clinics collectively provide the majority of abortion care in the United States, serving 3 out of every 5 people who has an abortion and providing care when and where others do not — operating in the most hostile states, providing the majority of care after the first trimester of pregnancy, and filling healthcare gaps to serve marginalized and rural communities. Each one of our patients face their own unique circumstances and they should be able to access compassionate and quality abortion care free from shame, stigma, and political interference. For many people in the United States, this constitutional right is not a reality. The recent deluge of medically unnecessary restrictions and bans has made it extremely difficult and, in some cases, impossible for people to access abortion care in their communities.

Since 2011, anti-abortion politicians have pushed nearly 450 restrictive laws through state legislatures that impose onerous regulations on abortion care providers that do not apply to similar health care providers.¹ These laws are often presented under the guise of being health and safety regulations, but the true purpose of the laws is to make abortion essentially inaccessible by layering burdensome restrictions that delay and harm patients, and hinder providers’ ability to provide patient-centered and dignified care.

As independent abortion care providers, we know firsthand that the cumulative impact of anti-abortion laws has been a drastic reduction in the availability of health care services and access to abortion across the United States.

¹ Center for Reproductive Rights, available at <https://reproductiverights.org/qa>

- Nearly 90% of U.S. counties are without a single abortion provider.²
- Six states are down to their last abortion clinic, including Missouri, Kentucky, Mississippi, North Dakota, South Dakota, and West Virginia and in most of those states (except Missouri and South Dakota), the providers are independent. And though there are three remaining abortion clinics in Louisiana, three in Alabama, and two in Wyoming, all of those clinics are independent.³
- A single Texas clinic shutdown law enacted in 2013 and declared unconstitutional in 2016 forced the closure of more than half of the state's 41 facilities providing abortion care.⁴ Most of the closed clinics have been unable to reopen.⁵
- For many people in the United States, seeking an abortion means driving long-distance, taking time from work, and incurring huge costs—hotel stays, transportation, lost wages, and childcare. Medically unnecessary restrictions only increase these barriers and do not improve health outcomes.⁶

These harmful restrictions exacerbate health disparities and disproportionately impact people who already face barriers to accessing quality health care, including people of color, young people, those living in poverty, LGBTQ people, and people living in rural or medically underserved areas.

On March 4, 2020, the Supreme Court will hear oral arguments in a case brought by an independent abortion provider in Louisiana. *June Medical Services v. Gee* challenges a Louisiana law that requires physicians who provide abortion care to have admitting privileges at a hospital within 30 miles of a clinic. This Louisiana law is identical to the Texas clinic shut down law that decimated abortion access in that state and was declared unconstitutional in *Whole Woman's Health v. Hellerstedt* just three years ago.

The Supreme Court should have a straightforward decision to make in *June Medical Services v. Gee*, but with an increasing number of harmful restrictions passed by abortion opponents, people are losing access to essential reproductive health care and clinics are still being forced to shut down. In fact, we have seen an alarming rate of independent clinic closures; Abortion Care Network found that since 2012, the number of independent clinics has been reduced by 32%.⁷

² Guttmacher Institute, "Abortion Incidence and Service Availability in the United States, 2017," available at <https://www.guttmacher.org/report/abortion-incidence-service-availability-us-2017>

³ Abortion Care Network (2019). Communities Need Clinics: Independent Abortion Care Providers and the Landscape of Abortion Care in the United States, p.5, available at <https://www.abortioncarenetwork.org/communitiesneedclinics/>

⁴ Feibel, Carrie. "Half of Texas Abortion Clinics Close After Restrictions Enacted." NPR. Retrieved from: <https://www.npr.org/sections/health-shots/2014/07/18/332547328/half-of-texas-abortion-clinics-close-after-restrictions-enacted>

⁵ Lopez, Ashley. "For Supporters Of Abortion Access, Troubling Trends in Texas." NPR. Retrieved from: <https://www.npr.org/sections/health-shots/2019/11/18/741117422/for-supporters-of-abortion-access-troubling-trends-in-texas>

⁶ Guttmacher Institute. "Targeted Regulation of Abortion Providers," available at <https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers>

⁷ Abortion Care Network (2019). Communities Need Clinics: Independent Abortion Care Providers and the Landscape of Abortion Care in the United States, p.7, available at <https://www.abortioncarenetwork.org/communitiesneedclinics/>

Those of us who are dedicated to providing compassionate and quality abortion care have witnessed anti-abortion politicians pass law after law impeding access and inflicting shame on our patients seeking care. Enough is enough.

The Women's Health Protection Act recognizes that abortion is health care, and establishes a statutory right for healthcare providers to provide, and their patients to receive, abortion services free from medically unnecessary restrictions and bans.

Thank you for your leadership on the **Women's Health Protection Act** to protect everyone's right to access the reproductive health care they need. We urge Congress to act now and hold a vote on the Women's Health Protection Act.

Sincerely,

A.J. Haynes, patient advocate at Hope Medical Group in Louisiana

Alison Dreith, Deputy Director, Hope Clinic for Women

Allentown Women's Center

Andrea Irwin, Executive Director, Mabel Wadsworth Center

Blue Mountain Clinic

C. Paige Rappleye, office manager, All Families Healthcare Whitefish, MT

Camelback Family Planning - Donna Matthews, Clinic Manager

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Chrisse France, Executive Director, Preterm, Cleveland, Ohio

Connie Cantrell, Executive Director, Cedar River Clinics

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Whole Woman's Health Alliance

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Yashica Robinson, MD, Medical Director, Alabama Women's Center for Reproductive Alternatives, LLC