

In 2014, Michal and Jordan Nodel were a year into their marriage, elated to be expecting their first child.

Throughout her pregnancy, Michal felt wonderful, as healthy as could be. All of their regular checkups showed that everything was on track.

But at their 20-week appointment, everything changed. Their doctor came back into their appointment room; the room grew quiet. The diagnosis was severe osteogenesis imperfecta, a form of skeletal dysplasia preventing the fetus from developing collagen. In simple terms: the bones simply were not developing. Michal and Jordan learned that if their future child survived being carried to term, they would likely live a very short life, suffering every moment in great pain. The diagnosis was so severe that a sneeze could break a rib.

Her husband Jordan told me that he didn't think they were in the category of "abortion" - and all of the stigma that comes along with it.

"We needed emergency medical care." He said that given their situation, he had no doubt the system would recognize the urgency and get them the care they needed.

But getting that care wasn't easy.

The hospital made it difficult to schedule appointments. No one seemed to want to call them back. Despite making the heartbreaking and selfless decision to terminate their pregnancy, a pregnancy they wanted so badly, in the moment when they needed help the most - it felt like nobody would help them.

Through tireless effort calling every family friend they could think of, they finally found their way to the University of Michigan Women's Hospital, where a team of experts would perform the procedure.

They recognize that most don't have the time and resources that they did, and how lucky they were to know people in medicine throughout the state and be able to take time off of work.

Michal's abortion took place in November. The following August, she was pregnant. Zoe is now five. Lior, their second daughter, was born 18 months later. Michal and Jordan shared their story with me—a story not dissimilar to many other women and families facing this decision—because without access to the care that she needed, she would not have the wonderful family and two healthy daughters she has now. Without that abortion, Michal may never have been able to conceive again.

I previously spoke one-on-one with one of my colleagues who was in favor of legislation further restricting abortion in our state. She listened to Michal and Jordan's story, and asked me how frequently a situation like theirs happens. She said to me, "This feels so difficult to legislate because every situation is different."

Honorable members of Congress, this response is exactly right. Every situation is different. Every individual and family seeking abortion care does so for different reasons. Sometimes birth control fails. Sometimes a family already has children and knows that they cannot support any more. For so many others, getting pregnant is hard. Staying pregnant, safely, is harder.

And with the Dobbs ruling overturning the protections previously enshrined in Roe v Wade, Michigan now has a long-dormant 1931 law on our books that makes providing an abortion a felony, with no exception for age, rape, or incest. The way the language is written, our Attorney General has warned that the law could be interpreted to include self-managed medication abortions - meaning that not only would doctors and medical professionals be sent to jail, but so too would countless women and girls.

I've had women reach out to me afraid of even trying to get pregnant, knowing they're at higher risk of a complicated pregnancy and devastated to think of what might happen if everything doesn't go exactly right.

I have constituents who tried one round of IVF, so deeply wanting to start a family, but not knowing if IVF will still be legal in a post-Roe reality and terrified they'll never be able to.

I have a constituent who shared with me that she already survived an ectopic pregnancy because she had access to an abortion. "But what if it happens again?!"

At this moment, abortion is still legal in Michigan because of a preliminary injunction blocking the enforcement of the 1931 law. But some of my own colleagues are seeking to intervene and overturn the injunction, forcing the 1931 law into effect.

Every situation is different. And the impacts on the ground in Michigan will be devastating.

I thank you, Madam Chair and Members of the Committee, for allowing me to testify here today, and I implore you to consider the great harm that this Supreme Court ruling will have throughout more than HALF of states nationwide. And to do the necessary work to ensure that every individual has access to the safe, necessary medical care that they - with their doctors - determine they need.