

Testimony of Jamila Perritt, MD, MPH, FACOG
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Oversight and Investigations Subcommittee
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Good morning Chairman Pallone, Chair DeGette, Ranking member Guthrie, and members of the subcommittee. I'm here today to speak with you about the work I do every day and the impact that it has on the patients I care for and care about. My name is Dr. Jamila Perritt. I'm a board-certified, fellowship-trained, obstetrician and gynecologist. I have a comprehensive background in family planning and reproductive health and I am a fellow with Physicians for Reproductive Health, which is a network of doctors across the country that works to improve access to comprehensive reproductive health care. I am also a fellow of the American College of Obstetricians and Gynecologists (ACOG). I am here today to give a voice to the people I take care of every day who are working to manage their reproductive lives. Whether they are ready for a family, already parenting, or focused on their education and career, all of my patients share one thing in common – they are making thoughtful and sometimes difficult decisions about their health and well-being and they all deserve high quality health care. I believe that it is my job to provide it.

In March, the current administration finalized its new rules governing Title X, the nation's only dedicated federally funded family planning program. One of the things that the rule did was to eliminate the requirement of non-directive pregnancy options counseling. This new rule is incredibly problematic. Not only is it unethical, as a physician, I can tell you that it is harmful to the patient-provider relationship, one that relies on trust and open and honest communication. These rules will result in substandard care for communities that already experience discrimination and inequities in health care delivery and health outcomes, like the communities I care for. In short, it goes against everything I know as a physician and against the oath that I took when I began this work.

As a kid, I dreamed of becoming a doctor. I never wanted to be anything else. I studied for years to become a doctor and do this work, 20 plus years in fact. I have taken care of sick people and well people. I have cared for sisters, mothers and friends. I have held the hands of fathers and brothers who were caring for and worrying about their daughters and wives. I took an oath to provide compassionate care to those who need it and to uphold the tenets of my training as a physician.

I was taught in medical school and throughout my training to respect the agency and autonomy of my patients during the medical decision-making process. A shared understanding and communication of the risks, benefits and alternatives to any options for care undergirds this process and is a critical part of my job and professional duty. As an obstetrician and gynecologist, my practice is governed by professional ethics and my commitment to uphold them. The American College of Obstetricians and Gynecologists (ACOG) Code of Professional Ethics unequivocally states that "the patient-physician relationship is the central focus of all

ethical concerns, and the welfare of the patient must form the basis of all medical judgments.” ACOG also requires ob/gyns to “serve as the patient’s advocate and exercise all reasonable means to ensure that appropriate care is provided to the patient.” The new rule directly violates these principles. That is why leading medical organizations oppose them including ACOG, the American Medical Association, the American Nurses Association, the American Academy of Pediatrics, the American College of Nurse-Midwives, and the American College of Physicians.

Information is a cornerstone of the relationship I have with my patients. Whether I am talking with them about options for birth control, prenatal care and birth care, or pregnancy, I am ethically bound to make sure they have the information they need to understand the risks, benefits, and alternatives of their options. When speaking about pregnancy, that means answering questions about carrying a pregnancy to term and parenting, giving the child up for adoption, or ending a pregnancy. My patients trust me to give them the information they need and request, and I trust them to make the decision that is right for them. I have always been able to talk to my Title X patients about abortion and make referrals when needed; but now providers will have to withhold this information which will badly damage their relationships with their patients.

The new rule flies in the face of everything I know about delivering ethical and quality care. The federal government is telling me and other providers what we can and cannot say to our patients. It is telling my patients what they can and cannot hear from their doctors. It is ordering me to deprive my patients of information they need, even if they request it. It is an attempt to strip from my patients their basic human rights. There is no other profession where this occurs. There is no other field of medicine where non-medical providers can dictate how medicine is practiced and what health care we, as physicians, can provide.

Let me be clear. Abortion is health care. Sadly, the federal government denies insurance coverage for abortion in most circumstances. I live in and provide care in the District of Columbia which is prevented from covering abortion with its local revenue, despite District resident support of this coverage. I see the impact of this discriminatory policy on my patients all the time. This rule goes even further. It denies millions of people who depend on Title X, people with low-incomes, not just access to care, but also basic information about a safe and legal option for their pregnancy. We have created, allowed, and perpetuated a two-tiered system of health care, dictated by one’s income, socio-economic status and zip code.

This rule would disqualify health centers that provide comprehensive information and care, like Planned Parenthood, from participating in Title X. Planned Parenthood cares for 41% of Title X patients. Fifty-six percent of Planned Parenthood health centers in the United States are in health professional shortage areas, rural, or medically underserved areas. Millions of people rely on clinics like Planned Parenthood for cancer screenings, breast exams, STI treatment, and contraception. Should the rule ever go into effect, communities that are already underserved and have the worse health outcomes, will have even less access to health care with far-reaching impacts that will fall hardest on women with low-incomes, young people, and communities of

color. The centers still participating in Title X will be offering substandard care if they cannot provide full information and options to their patients.

Another problematic aspect of the rule is the focus on organizations that may only offer one method of family planning, such as fertility awareness-based methods, at the expense of others. Although fertility awareness methods may be right for some, any women's health provider can tell you that birth control and pregnancy prevention are not one-size-fits-all. Everyone seeking health care deserves access to the full range of contraceptive methods. It is only through having a choice of methods that someone can decide on the right one for them and avoid the pressure and coercion that can come with only being offered one method. My patients deserve the same options to manage their fertility as you or I would be afforded should we consult with our provider.

I cared for a patient recently who was seeking birth control. She was a mother of small children. She worked at night so that she could provide care for her children during the day and be home when her oldest got home from elementary school. She was seeking birth control but was concerned because in her words she had "tried just about everything that was out there and nothing worked." Her high blood pressure prevented her from using some methods, like birth control pills. She had side effects from other methods, like the birth control shot. Ultimately, after careful counseling and consideration, she settled on an intrauterine device, an IUD, which would help her prevent pregnancy and had the added benefit of helping to manage her very heavy periods.

I am alarmed that the new rules could allow more providers that only offer a single contraceptive method, or very limited methods to participate in Title X, putting at risk access to the most effective – and often most expensive – forms of contraception, such as the IUD this patient selected. My patient would not have been able to afford this method without being seen at the Planned Parenthood where I provide care through Title X funding. She was working to manage all of the intersecting inequities in her life - lack of educational opportunity, having a low income, being uninsured. We cared for her without judgement.

When twelve Black women came together in 1994 to describe a future for reproductive health and rights in this country they sought a broader vision where the lived experiences of historically marginalized communities and individuals are central to the fight for equity and justice. This framework, that we call reproductive justice, is grounded in an understanding of reproductive health and autonomy as basic human rights. It means that every woman has the human right to have children and to determine the circumstances under which she gives birth; the human right not to have children and to have the information and resources she needs to prevent or end a pregnancy; and the human right parent the children we have in safe and sustainable communities. These rights are indivisible. They are inalienable. Whether we are talking about people with low-incomes, young people, or people of color, what I want us all to understand is that no one is making decisions about their reproductive health in a vacuum. Our lives are intersectional – our identities and our lived experiences factor into decisions around contraceptive use, pregnancy, and abortion. Job security, immigration status, educational levels

and goals, neighborhood safety and more all factor into my patients' decision-making processes and are intertwined with whether and how they seek care. The new rules not only contradict professional ethics and practice guidelines, they perpetuate a system of injustice.

Taken as a whole, these rules make it clear that if you are an individual with low-income in need of Title X services, you will be getting substandard care. They tell me that if you are poor, you are less deserving of high-quality care; that when you desire information about abortion, the government will say you are not allowed to have it; that when you desire a method of contraception other than fertility awareness, you can be told "no." This is not health care. This is manipulation. This is punishment. This is coercion.

I encourage lawmakers to take steps to protect individuals in the Title X program and their access to high quality health care. My patients deserve it.