

Testimony of Yashica Robinson, MD
before the House Energy and Commerce Health Subcommittee
February 12, 2020

Good morning Chairwoman Eshoo, Ranking Member Burgess, and members of the Subcommittee. My name is Dr. Yashica Robinson. I am a board certified obstetrician-gynecologist. I serve on the board of directors of Physicians for Reproductive Health and I am the medical director of Alabama Women's Center. I thank you for the opportunity to speak with you today in support of the Women's Health Protection Act (H.R. 2975). As an obstetrician-gynecologist, I have a busy obstetrics practice where I provide prenatal care, deliver babies, and treat mothers after they give birth. I also provide abortion care. I provide abortion care because I believe patients deserve the full spectrum of reproductive healthcare options.

I came to this work because of my passion for young people, one that is deeply connected to my personal experience with teen pregnancy. Prior to finishing high school, I learned I was pregnant. As a result of fear and lack of resources, by the time I confided in my mother and grandmother, I had no choice—I was going to be a mother. Becoming a mother as a teenager came with many harsh realities. I love my children with all my heart, but I know that everyone should be able to make the decision to parent for themselves. I have been in the shoes of many of the young people I see in my clinic, and it's important for them to know that regardless of their decision, that I am here to support them.

I support the Women's Health Protection Act because it would help ensure that access to care does not look differently depending on your zip code. In states like California or Maryland, today a patient can access abortion care without the state forcing medically inaccurate information on them, or making them endure a medically unnecessary waiting period. This is what care should look like. Unfortunately, today that is not the case for my patients in Alabama.

Providing abortion care in Alabama is challenging. Just last year, the legislature passed a near total ban on abortion. Under that ban a physician could be sent to prison for 99 years for performing an abortion. This law, should it ever go into effect, would threaten doctors like myself with prison for providing ethical, medically appropriate care. There is no other area of medicine where politicians threaten physicians with prosecution for doing their jobs. Represented by the ACLU, I and other abortion providers in the state filed suit to prevent this bill from going into effect. Thankfully, the ban was blocked, and abortion remains legal in Alabama, as it is in every other state.

I am proud to continue to provide patients with compassionate, quality care when they enter our doors, but I know all too well that getting to our doors is too hard, as a result of decades of medically- unnecessary restrictions that have slowly chipped away at access. It is not unusual for patients to travel up to eight hours, or from as far away as Louisiana and Florida—because so many other providers have been forced to shut their doors. Then they are required to wait an additional 48 hours before I can provide the care they need due to a state- imposed waiting

period. I know of people who have slept in their cars as a result of this mandatory delay period, because they had no other options.

The state also requires that my patients receive outdated materials as part of so-called “counseling” that are filled with misinformation that I then need to correct. We are required to do ultrasound examinations, even when they are unnecessary and provide no medical value. These restrictions only add needless costs and delays. Their effects on my patients are painful for me to see.

Alabama also bans abortion after 20 weeks post-fertilization. Patients needing care after that point have to travel out of state, making care even more expensive. And young people in Alabama have to navigate an onerous, time-intensive process to have an abortion if they cannot involve a parent. I have cared for a 12-year-old victim of incest who faced many delays before finally getting judicial approval for the abortion she needed. Even though I met her in her first trimester of pregnancy, she was nearing Alabama’s legal limit by the time she navigated all of these hurdles.

Additionally, over the years, Alabama Women’s Center has been forced to comply with onerous, medically unnecessary building requirements. For example, we were forced to outfit our clinic as an ambulatory surgical center having to install 24-hour lighting. Having 24-hour lighting does not make abortions safer, as we do not see patients after 5pm. What it does is make abortion care expensive to provide.

The local anti-abortion group even sued the zoning board to try to force us to close. This same group then drafted legislation making it illegal to operate an abortion clinic within 2,000 feet of a school—another law specifically designed to shut our facility down. A federal district court held that law unconstitutional, as well, recognizing it was nothing more than a thinly veiled attempt to try to push abortion out of reach for patients.

Because I practice full spectrum obstetrics and gynecology, I have hospital admitting privileges like the ones at issue in *June Medical Services v. Gee*, currently before the Supreme Court. I can say unequivocally that admitting privileges are unnecessary for provision of abortion care and nearly impossible for an abortion provider to obtain. For admitting privileges, hospitals require a provider to maintain a certain number of hospital admissions and major surgical cases. Given the fact that abortion is incredibly safe, hospital admissions are rare making these numbers nearly impossible to meet. On the rare occasion that a patient requires hospitalization following an abortion procedure, there are already procedures in place to facilitate transfer and ensure continuity of care. The transferring physician calls the receiving physician, gives pertinent background information and arranges transport. This is no different than the protocols followed by pediatricians or other medical professionals who do not have privileges to admit patients to a hospital. I currently have a highly qualified board-certified physician who works with me who cannot get admitting privileges because they will never attain the number of admissions or major cases in a two-year period to meet the hospital's requirement.

In fact, in 2018, the National Academies of Sciences, Engineering and Medicine (NASEM) published a comprehensive study affirming that abortion is extremely safe and the biggest threat to patient safety is the litany of medically unnecessary regulations that raise costs and delay procedures, ultimately putting women's health at risk. They confirmed what we already know: that access to safe abortion care all too often depends on where you live and how much money you have.

Alabama is a state with unconscionably high maternal and infant mortality rates. According to the Alabama Department of Public Health (ADPH) nearly two-thirds of Alabama counties lack hospitals that offer obstetrical care. Moreover, the number of pregnancy-related deaths across the country has steadily increased. In Alabama, Black women are nearly five times more likely to die from pregnancy-related causes than white women. There are many pre-existing conditions that can be made worse by pregnancy, and other serious health conditions can be caused by pregnancy. We know that racial disparities in health care are exacerbated by policies that make accessing health care more challenging. Without access to abortion, maternal mortality rates will rise even more.

By attempting to criminalize practitioners who provide abortion care, the abortion bans we have seen enacted in Alabama and other states, threaten those women and communities that are already suffering from lack of health care providers, and compound the complex scenarios that obstetricians routinely balance as they try to make the best decisions they can about managing complicated pregnancies.

Every patient, regardless of where they live or how much money they have, deserves access to abortion care. Though Alabama's all-out abortion ban has not taken effect, patients are already suffering from the cumulative effect of years of medically unnecessary restrictions. I wish you all could hear how worried patients are. One told me of the nightmares she had prior to coming to the clinic about being turned away and denied services because of these restrictive laws.

The bottom line is this: Abortion care is healthcare! The Women's Health Protection Act would bring needed federal protection for my patients and safeguard their right to abortion care. Protecting abortion care will also protect access to pregnancy care because they are interconnected. Health care in any specialty should be patient-centered, and medical decisions should remain between the patient and her physician, without political interference.

Thank you.