

Testimony of Dr. Ghazaleh Moayedi, DO  
House of Representatives Committee on the Judiciary  
The Texas Abortion Ban and its Devastating Impact on Communities and Families

Good morning Chairman Nadler, Ranking Member Jordan, 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 am a full-spectrum OB/GYN, which means that in addition to pregnancy and birth care, I provide abortion care in both Texas and Oklahoma. I am a Board Member with both Physicians for Reproductive Health and the Texas Equal Access Fund.

For over sixty days—since September 1—abortion has been nearly inaccessible in my home state of Texas due to Senate Bill 8 (S.B.8). Texans have been waiting for the courts to intervene to halt this unconstitutional abortion ban and we are still waiting.

As hateful and cruel as this law is, even before S.B.8 went into effect, accessing abortion care looked very different in our country depending on where you live. I'm a licensed physician who has practiced in Hawai'i, Texas, and Oklahoma providing expert abortion care. 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 all of these places, by complying with the countless, cruel, and medically unnecessary abortion restrictions in Texas and Oklahoma, I am compelled by these states to provide substandard care for my community members compared to the people I have cared for in Hawai'i.

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 S.B.8 being enacted. 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 is forced to endure multiple harmful restrictions when 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 healthcare.

If Marie is 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 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, to make matters worse, 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, Oklahoma, and other states across the country, 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 Hawai'i, 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, patient-centered healthcare should be easily accessible without unnecessary delay. In fact, the National Academies of Science, Engineering, and Medicine found that the greatest threat to the quality of abortion care are 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 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 – where I am currently providing care – which, because of the massive influx of Texas patients, had a one month waiting list for an appointment before S.B.8 even went into effect. I should not be forced to travel hours and hours away from my home to care for patients, my neighbors, who traveled hours and hours to see me. There is something incredibly wrong with this picture, and the impact does not end with the folks traveling to receive and provide care. An abortion ban in Texas impacts all of us. People in Oklahoma are already experiencing the ripple effect of this injustice. The influx of Texas patients is straining our neighboring states, pushing people in Oklahoma who need abortion care out of their communities to other states like Arkansas and Kansas. Now for Marie, by the time she is able to schedule her appointment with this increased wait time, she would be twenty-two weeks pregnant and unable to get care in Oklahoma, because of their state law. So now we're moving in

concentric circles, further and further away from home, and further and further away from hope. This is what S.B. 8 is intended to do – deny people, both in and out of Texas, the ability to have abortions.

Today, abortion care has almost completely stopped in our state. Only a fraction of patients right now are able to get the care they need in Texas—the largest decline in abortion care in our state ever recorded. 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. And it’s not just the clinics in Texas doing this coordinating—providers, funds, and patients are feeling the ripple effects of this law across the nation as care is strained and increasingly more difficult to access. And unfortunately, 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. Right now, today, physicians and hospitals in Texas are delaying life-saving care for critically ill pregnant people because their pregnancies still have fetal cardiac activity. We 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 abortion ban in Texas, it has also made it extremely dangerous to be a pregnant person in our state, where maternal morbidity and mortality is already unconscionably high, especially for Black women and pregnant people of color. Texans 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 love. 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 critical for this Committee to understand the dire consequences facing all of our communities right now. 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 HEAL for Immigrant Families 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.