NHeLP
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VIA HAND DELIVERY AND ELECTRONIC MAIL

The Honorable Joe Pitts
Chair – Sub-Committee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

RE: February 9, 2011 Hearing on H.R. _ "The Protect Life Act"

Dear Chairman Pitts and Members of the Energy and Commerce Committee, Sub-Committee on Health:

The National Health Law Program (NHeLP) strongly opposes, "The Protect Life Act," which would impose dangerous and unprecedented restrictions on women's access to abortion services, and, for the most vulnerable women, may put their lives at risk. The National Health Law Program is a public interest law firm working to advance access to quality health care and protect the legal rights of low-income and underserved people.

"The Protect Life Act" in fact endangers the lives of women most in need. It would permanently ban abortion coverage with only extremely narrow exceptions for low income women who access their health care in publicly funded programs, and would make insurance coverage for any women almost impossible to obtain. The Hyde Amendment discriminates against and disadvantages the women who may most be in need of abortion services. It robs low income women of the ability to make life decisions in the best interest of themselves and their families. The narrow exceptions of rape, incest and life endangerment put the most vulnerable women at risk – and this legislation would drastically limit those restrictions to the extent that even victims of rape or incest may be denied access to the services they need and to which they should be entitled.

In addition, this legislation would undermine the long-standing obligations of hospitals to provide emergency care as required by the Emergency Medical Treatment and Active Labor Act (EMTALA). EMTALA guarantees that none of us with an emergency medical condition can be turned away without stabilization and treatment, and can make the difference between life-saving treatment and death, especially for low income pregnant women. Maternal mortality is on the rise in the United States, and it is unacceptable to imagine that hospitals would be allowed to let a woman die rather than end a life-threatening pregnancy.

Low income women, and low income women of color already experience severe health disparities in reproductive health, maternal health outcomes, and birth outcomes. The "Protect Life Act" would exacerbate those disparities by denying women access to abortion services that may be necessary to protect their health and their lives.

Clinical guidelines and generally agreed upon medical practices are baseline practices that are accepted in the profession and codified in professional policies and position statements. Every person expects that the care they receive from their health care provider will meet those established standards of care. Accordingly, several leading health professional and medical societies in the United States and Western Europe have issued accepted standards of care for reproductive health (which include providing medically-accurate contraceptive information, services, and supplies, as well as abortion), particularly for women with emergent health issues and those who require preconception and interconception management of chronic health conditions.[1] Specifically, accepted standards of medical care advise that women suffering chronic conditions – such as pregestational diabetes, lupus, and cardiovascular disease -- that could lead to adverse health and birth outcomes should avoid pregnancy until their condition is under control.[2]

Similarly, even when a woman has decided to carry her pregnancy to term, there are still a number of emergent medical conditions that may put her or her fetus at serious risk. As a result, access to safe and timely abortion services becomes critical. These conditions include, but are not limited to: premature rupture of membranes, preeclampsia and eclampsia, anencephaly (fetus incompatible with life), and chronic conditions for which pregnancy termination may be medically appropriate. In these situations, accepted medical standards and guidelines from the American College of Obstetricians and Gynecologists, Royal College of Obstetricians and Gynecologists of the United Kingdom, and the Cochrane Collaboration acknowledge that the patient must then decide to balance her health and life with the prospects of fetal survival. These standards and guidelines all recognize that a woman must make this decision. The guidelines then charge health providers with giving the patient complete and accurate medical information about her treatment options.

Last, existing law carefully balances the rights of patients to obtain needed health care services and the ability of providers to refuse to provide some forms of care. This legislation upsets that balance with a one-sided refusal clause that fails to protect the health and well being of patients, and extends conscience protection well beyond existing law. The broad language of this legislation opens the door to interfere with State laws that have struck that balance in the interests of patients and providers, and could allow anyone to object to providing any health care service, regardless of the potentially dire medical consequences to the patient. The American Medical Association notes, "[t]he patient's right of self decision can be effectively exercised only if the patient possesses enough information to enable an intelligent choice."[3] The "Protect Life Act" undermines the patient's ability to make such a choice by shielding health providers or

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[1]For example, the American College of Obstetricians and Gynecologists, The American Medical Association, The Royal College of Obstetricians and Gynaecologists of the United Kingdom, The World Health Organization, The U.S. Preventive Services Task Force, and The HHS Centers for Disease Control and Prevention.

[2] National Health Law Program, *Health Care Refusals: Undermining Quality Care for Women*, Standard of Care Project, 2010 (*citing* Johnson K., Posner SF, Biermann J, et al. Recommendations to Improve Preconception Health and Health Care – United States. A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care, MMWR Morbidity and Mortality Weekly Report Recommendations and Reports, 2006, 55: 1-23).

[3] American Medical Association. Health and Ethics Policies of the AMA: Policy E-08.08 Informed Consent. Washington, DC: American Medical Association; 1981 Issued March; 2006 Updated June.

entities from having to adhere to the medical standards that charge them with providing patients with sufficient information, referrals, or services about recognized treatment options that may include abortion.

Accordingly, we encourage this Sub-Committee, and your colleagues in the House of Representatives to protect the health of women and their right to quality and comprehensive reproductive health information and services.

Respectfully,

/s/

Emily Spitzer
Executive Director