

United States Senate
Committee on the Judiciary

Hearing

“S.1696, The Women’s Health Protection Act:
Removing Barriers to Constitutionally Protected Reproductive Rights”

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Chairman Leahy, Ranking Member Grassley, Senator Blumenthal and Members of the Committee:

I am Nancy Northup, president and CEO of the Center for Reproductive Rights, a global human rights organization that works to ensure that access to reproductive health care and the ability to make reproductive decisions are guaranteed in law as fundamental human rights that all governments are legally obligated to protect, respect, and fulfill. I bring to this issue my perspectives as the leader of an organization that has been, for more than 20 years, on the front lines of the legal battles over reproductive rights in the United States. I am also a former federal prosecutor and constitutional litigator with an abiding belief in the rule of law and in equal legal rights and protections for all.

Just over 20 years ago, Justices of the United States Supreme Court wrote, in *Planned Parenthood v. Casey*, that “the ability of women to participate equally in the economic and social life of the nation has been facilitated by their ability to control their reproductive lives.”¹ In that decision, the “central premise” of *Roe v. Wade*—decided 20 years prior—was reaffirmed: that a “woman has a right to choose to

¹ *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833, 835 (1992).

terminate her pregnancy” before viability.² As the Court held in *Roe*, “the right of the individual . . . to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child’ . . . necessarily includes the right of a woman to decide whether or not to terminate her pregnancy.”³

These essential principles remain as vitally important today as they were when the Court handed down these historic rulings. This is an issue for women in every state, every congressional district, every county, and every city and town in America. Indeed, approximately one in three women in the U.S. will decide over the course of her life that ending a pregnancy is the right decision for her.⁴ Her decision is based on her individual circumstances, her health and her life. And when a woman makes that decision, she needs access to good, safe, reliable care, from a health care provider she trusts, in or near the community she calls home.

But today, a woman’s ability to access that care increasingly depends on the state in which she happens to live. There were over 200 state laws passed from 2011-2013 designed to make it harder or impossible for women to access abortion services in their communities.⁵ And where not blocked by court orders, this new wave of restrictions is shutting down clinics, closing off essential services, and harming women.

² 505 U.S. at 870.

³ *Roe v. Wade*, 410 U.S. 113, 169-70 (1973) (quoting *Eisenstadt v. Baird*, 405 U.S. 438, 453 (1972)).

⁴ At 2008 rates, 3 in 10 women will have an abortion by age 45. *Induced Abortion in the United States* GUTTMACHER INSTITUTE (July 2014), available at http://www.guttmacher.org/pubs/fb_induced_abortion.html#1 (citing Rachel K. Jones & Megan L. Kavanaugh, *Changes in Abortion Rates Between 2000 and 2008 and Lifetime Incidence of Abortion*, 117 OBSTETRICS & GYNECOLOGY 1358 (2011), available at http://journals.lww.com/greenjournal/Fulltext/2011/06000/Changes_in_Abortion_Rates_Between_2000_and_2008.14.aspx).

⁵ From 2011-2013, 205 abortion restrictions were enacted: 92 in 2011, 43 in 2012, and 70 in 2013. Elizabeth Nash et al, *State Trends for 2013 on Abortion, Family Planning, Sex Education, STIs and Pregnancy*, GUTTMACHER INSTITUTE (2013), available at <http://www.guttmacher.org/statecenter/updates/2013/statetrends42013.html>.

These restrictions take many forms. Some blatantly defy the U.S. Constitution and decades of settled law. In 2013, North Dakota enacted a ban on abortion as early as six weeks of pregnancy—before many women will even know they are pregnant.⁶ That same year, Arkansas passed a ban at 12 weeks.⁷

Other restrictive laws single out reproductive health care providers for excessively burdensome requirements designed to regulate them out of practice under the false pretext of health and safety.⁸

This is the newest strategy in the four-decade campaign to deprive women of the promise of *Roe v. Wade*. During that history, there have been terrorizing physical attacks—clinics blockaded, bombed, vandalized and torched, doctors and clinic workers murdered.⁹ Twenty-five years ago, I locked arms with members of my church and other concerned citizens in Baton Rouge, Louisiana to form a human chain of protection around a reproductive health clinic as hundreds of Operation Rescue protesters descended, intent on obstructing patients from entering. That scene was played out over and over across the nation. Federal action was needed—

⁶ H.B. 1456, 63d Leg. Assemb., Reg. Sess. (N.D.2013); *see also* *MKB Mgmt. Corp. v. Burdick*, 1:13-CV-071, 2014 WL 1653201, at *1, (D.N.D. Apr. 16, 2014) (finding H.B. 1456 unconstitutional, stating “[t]he North Dakota strict ban on abortions at the time when a ‘heartbeat’ has been detected – essentially banning all abortions as early as six weeks of pregnancy – cannot withstand a constitutional challenge.”), *appeal filed*, No. 14-2128 (8th Cir. May 14, 2014).

⁷ Ark. Code Ann. §§ 20–16–1301 through 1307; *Edwards v. Beck*, No. 4:13CV00224 SWW, 2014 WL 1245267, — F. Supp. 2d — (E.D. Ark. Mar. 14, 2014) (finding law unconstitutional and granting motion for partial summary judgment), *appeal filed*, No. 14-1891 (8th Cir. Apr. 16, 2014).

⁸ *See, e.g.*, Rachel Benson Gold & Elizabeth Nash, *TRAP Laws Gain Political Traction While Abortion Clinics—And the Women They Serve—Pay the Price*. GUTTMACHER INSTITUTE (2013), available at <http://www.guttmacher.org/pubs/gpr/16/2/gpr160207.pdf> (“having mostly exhausted legal means of discouraging women from choosing abortion, opponents recently have stepped up their efforts to block clinics from providing them. More than half the states now have laws instituting onerous and irrelevant licensing requirements, known as Targeted Regulation of Abortion Provider (TRAP) laws, which have nothing to do with protecting women and everything to do with shutting down clinics”).

⁹ *See, e.g.*, CENTER FOR REPRODUCTIVE RIGHTS, *DEFENDING HUMAN RIGHTS: ABORTION PROVIDERS FACING THREATS, RESTRICTIONS, AND HARASSMENT* 40 (2009), available at <http://reproductiverights.org/sites/crr.civicactions.net/files/documents/DefendingHumanRights.pdf>.

and taken in 1994, with Congress' passage of the Freedom of Access to Clinic Entrances Act.¹⁰

The parallels to the present day are striking. The Senate Committee Report, in describing the problem FACE was designed to remedy, stated that blockades were “interfering with the exercise of the constitutional right of a woman to choose to terminate her pregnancy” and that “such conduct. . . threatens to exacerbate an already severe shortage of qualified providers available to perform safe and legal abortions in this country.”¹¹

Today, women's access to abortion services is being blocked through an avalanche of pretextual laws designed to accomplish by the pen what could not be accomplished through brute force—the closure of facilities providing essential reproductive health care to the women of this country.

Year after year poll after poll shows that a strong majority of Americans favor retaining the protections of *Roe v. Wade*.¹² So opponents of women's reproductive rights, seeking to make an end run around public opinion and the Constitution itself, have shifted their strategy. They have resorted to obfuscating their true agenda by pushing laws that pretend to be about one thing but are actually about another. They claim these laws are about defending women's health and well-being, and improving the safety of abortion care—but they most assuredly are not. They are wolves in sheep's clothing. They are advanced by politicians, not by doctors, often based on model legislation written by explicitly anti-abortion groups.

¹⁰ 18 U.S.C. § 248.

¹¹ FREEDOM OF ACCESS TO CLINIC ENTRANCES ACT OF 1993, REPORT FROM THE COMMITTEE ON LABOR AND HUMAN RESOURCES, S. REP. NO. 103-117 (1993), at 2.

¹² Louise Radnofsky & Ashby Jones, *Support Grows for Roe v. Wade*, WALL ST. J., Jan. 22, 2013, at A2, available at:

<http://online.wsj.com/news/articles/SB10001424127887323301104578255831504582200>; see also Michael Lipka, *5 Facts About Abortion*, PEW RESEARCH CENTER (Jan. 22, 2014), <http://www.pewresearch.org/fact-tank/2014/01/22/5-facts-about-abortion/> (“More than six-in-ten (63%) U.S. adults say they would not like to see the Supreme Court completely overturn *Roe v. Wade*, while about three-in-ten (29%) want to see the ruling overturned. These figures have remained relatively stable for more than 20 years.”).

When Mississippi enacted such a law in 2012, a state senator put it quite plainly: “There’s only one abortion clinic in Mississippi. I hope this measure shuts that down.”¹³ Others showed their hands as well. Lt. Governor Tate Reeves stated that the measure “should effectively close the only abortion clinic in Mississippi” and “end abortion in Mississippi” when the bill passed the state Senate.¹⁴ Governor Phil Bryant, in vowing to sign the bill, said that he would “continue to work to make Mississippi abortion-free.”¹⁵ When he actually signed it, he said, “If it closes that clinic, then so be it.”¹⁶ Right now, Mississippi’s sole clinic is holding on by virtue of a temporary court order.¹⁷

In Texas, Governor Rick Perry, who called a second special session of his state’s legislature in 2013 specifically to pass that state’s most recent set of abortion restrictions, not only declared his intention to “make abortion, at any stage, a thing of the past” at a Texas Right to Life press conference¹⁸—but also wrote the preface to this year’s legislative playbook by the anti-abortion organization that wrote the language on which parts of the Texas law are based.¹⁹

More recently, the state legislative director of one of the nation’s leading anti-choice organizations openly criticized the movement’s cynical focus on women’s health

¹³ Phil West, *Mississippi Senate Passes Abortion Regulation Bill*, COMMERCIAL APPEAL (Apr. 4, 2012), <http://www.commercialappeal.com/news/2012/apr/04/mississippi-senate-passes-abortion-regulation-bill> (quoting Sen. Merle Flowers).

¹⁴ Joe Sutton & Tom Watkins, *Mississippi Legislature Tightens Restrictions on Abortion Providers*, CNN (Apr. 5, 2012, 5:25 AM), <http://www.cnn.com/2012/04/04/politics/mississippi-abortion/>.

¹⁵ James Eng, *Mississippi on Way to Becoming ‘Abortion-Free’ State?*, MSNBC.COM (Apr. 5, 2012, 3:26 PM), http://usnews.msnbc.msn.com/_news/2012/04/05/11039503-mississippi-on-way-to-becoming-abortion-free-state.

¹⁶ Jeffrey Hess, *Governor Bryant Signs New Regulations For Mississippi’s Only Abortion Clinic*, MISSISSIPPI PUBLIC BROADCASTING ONLINE (Apr. 16, 2012, 6:56pm), http://mpbonline.org/News/article/governor_bryant_signs_new_regulations_for_mississippis_only_abortion_clinic (“If it closes that clinic then so be it. We are going to continue to try to work to end abortion in Mississippi and this is an historic day to begin that process.”).

¹⁷ *Jackson Women’s Health Org. v. Currier*, 940 F. Supp. 2d 416 (S.D. Miss. 2013).

¹⁸ Laura Basset, *Rick Perry: Banning Abortion Is ‘My Goal’*, HUFFINGTON POST (Dec. 11, 2012, 5:27 pm), http://www.huffingtonpost.com/2012/12/11/rick-perry-abortion_n_2279734.html (last visited July 13, 2014).

¹⁹ AMERICANS UNITED FOR LIFE, DEFENDING LIFE 2014: THE WOMEN’S PROTECTION PROJECT, A STATE-BY-STATE GUIDE TO ABORTION, BIOETHICS, AND END OF LIFE, available at http://aul.org/downloads/defending_life_2014.pdf.

because it is so clearly unconnected to the reality of how safe abortion really is. Mary Spaulding Balch of the National Right to Life Committee, at a 2014 conference, conceded that data show that abortion, even after the first trimester, carries a lower risk of serious complications than vaginal births, cesarean sections, and even plastic surgery procedures such as facelifts and liposuction.²⁰ And she recognized the absurdity of asserting women’s health as a rationale for some of the stringent laws legislators have been leveling at abortion care: “Who,” she asked, “would ever say that we should ban liposuction?”²¹

Abortion is one of the safest medical procedures,²² yet is being singled out for burdensome restrictions not placed on comparable medical procedures. For example, ob-gyns who perform miscarriage completions in their office practices are not subject to these onerous requirements, despite the fact that they are performing the same medical procedure as abortion providers, who are subject to the requirements.²³

The American Medical Association (AMA) and the American College of Obstetricians and Gynecologists (ACOG) have gone on record against many of these laws. For example, in 2012, the executive staff leadership of ACOG and the four other professional societies which together “represent the majority of U.S. physicians providing clinical care” published an editorial in the *New England Journal of Medicine* noting the “alarming” trend of political interference in medicine. They

²⁰ Sofia Resnick, *National Right to Life Director Admits Pregnancy Is Riskier Than Abortion*, RH REALITY CHECK (July 2, 2014, 2:16 pm), <http://rhrealitycheck.org/article/2014/07/02/national-right-life-director-admits-pregnancy-risky-abortion/>.

²¹ *Id.*

²² *Planned Parenthood of Greater Tex. Surgical Health Svcs. v. Abbott*, Brief of Amici Curiae Am. Coll. Obstetricians & Gynecologists & Am. Med. Ass’n in Support of Pls.-Appellees & in Supp. of Affirmance, No. 13-51008, at 2 (5th Cir., filed Dec. 19, 2013) (hereinafter “ACOG/AMA 5th Cir. Brief”) (“Abortion is one of the safest medical procedures performed in the United States. The risk associated with childbirth is approximately fourteen times higher.”).

²³ See, e.g., Linda W. Prine & Honor MacNaughton, *Office Management of Early Pregnancy Loss*, 84 AM. FAMILY PHYSICIAN 75 (2011), available at <http://www.aafp.org/afp/2011/0701/p75.html> (describing the methods of treating a miscarriage); see also, e.g., Tex. Health & Safety Code Ann. § 245.002 (West) (defining “abortion” for the purposes of facility regulation to include induced but not spontaneous abortion though they entail procedures that are substantially the same).

called out “laws [that] would require physicians to provide — and patients to receive —diagnostic tests or medical interventions whose use is not supported by evidence, including tests or interventions that are invasive and required to be performed even without the patient’s consent,” including Virginia’s law requiring women to undergo ultrasonography before having an abortion.²⁴

Recently, these concerns have prompted both ACOG and the AMA to file amicus briefs in the lawsuits challenging Texas’ admitting privileges and medication abortion law, Arizona’s medication abortion restrictions, and North Carolina’s mandatory ultrasound law, making clear that the restrictions at issue were not medically justified. For example, in the Texas case, the organizations filed a joint amicus brief stating that “there is no medically sound reason for Texas to impose a more stringent requirement on facilities in which abortions are performed than it does on facilities that perform other procedures that carry similar, or even greater, risks. Therefore, there is no medically sound basis for H.B. 2’s [admitting] privileges requirement. ... H.B. 2 is also inconsistent with prevailing medical practices, which are focused on ensuring prompt medical care and do not require that each individual abortion provider have admitting privileges.”²⁵

But the roadblocks keep coming. Since Texas passed its sweeping set of restrictions a year ago, at least one third of the state’s clinics have been forced to stop providing abortion care.²⁶ There is no clinic left in the entire Rio Grande Valley, an

²⁴ Steven E. Weinberger et al., *Legislative Interference with the Patient-Physician Relationship*, 367 N. ENG. J. MED 1557 (2012), available at <http://www.nejm.org/doi/full/10.1056/NEJMs1209858>.

²⁵ ACOG/AMA 5th Cir. Brief, *supra* note 22, at 2-5; see also *Planned Parenthood of Ariz. v. Humble*, No. 14-15624, Brief of Amici Curiae ACOG & AMA in Supp. of Pls.-Appellants & in Supp. of Reversal (9th Cir., filed April 23, 2014), at 3 (“The district court correctly recognized that medical abortion is extremely safe; that the medical abortion regimens employed by [Plaintiffs] constitute sound medical practice in line with medical norms and the best interests of patients; and that there is no evidence [that Arizona’s medication abortion restrictions] promote women’s health”); *Stuart v. Camnitz*, No. 14-1150, Brief for Amici Curiae ACOG & AMA at 3 (4th Cir., filed July 1, 2014) (“The district court correctly held that the ‘Display of Real-Time View’ Requirement [...] serves no medical purpose and should be invalidated.”).

²⁶ See, e.g., Chuck Lindell, *Since New Law, One-Third of Texas Abortion Clinics Close*, STATESMAN.COM, (Mar. 6, 2014, 2:11 PM), <http://www.statesman.com/news/news/since-new-law-one-third-of-texas-abortion-clinics-/nd69d/>.

impoverished area with over 1.3 million residents.²⁷ If the final requirement is allowed to go into effect in September, the number of clinics will plummet to less than 10 to serve a state of over 260,000 square miles and 13 million women.²⁸

Even before this new law, a 2012 study in Texas found that 7% of women reported attempts to self-abort before seeking medical care.²⁹ Now, women are crossing the border into Mexico to buy miscarriage-inducing drugs at flea markets or off the shelves at pharmacies—and then seeking needed care back in Texas.³⁰

Courts have noted the pretextual nature of these abortion restrictions. In preliminarily blocking Wisconsin's admitting privileges requirement, the district court said that "the complete absence of an admitting privileges requirement for clinical [i.e., outpatient] procedures including for those with greater risk is certainly evidence that [the] Wisconsin Legislature's only *purpose* in its enactment was to restrict the availability of safe, legal abortion in this State, particularly given the lack of any demonstrable medical benefit for its requirement either presented to the Legislature or [to] this court."³¹ Affirming this decision, Judge Richard Posner of the U.S. Court of Appeals for the Seventh Circuit noted "the apparent absence of any

²⁷ Manny Fernandez, *Abortion Law Pushes Clinics to Close Doors*, N.Y. TIMES, Mar., 7, 2014, at A1, available at http://www.nytimes.com/2014/03/07/us/citing-new-texas-rules-abortion-provider-is-shutting-last-clinics-in-2-regions.html?_r=0. ("Shortly before a candlelight vigil on the sidewalk outside, employees of the last abortion clinic in the Rio Grande Valley in South Texas shut the doors early Thursday evening, making legal abortion unavailable in the poorest part of the state in the wake of tough new restrictions passed last year by the Texas Legislature."); U.S. Census Bureau, Population Div., Annual Estimates of the Resident Population: Apr. 1, 2010 to July 1, 2012 (2010), <http://factfinder2.census.gov/bkmk/table/1.0/en/PEP/2012/PEPANNRES/0500000US48061|0500000US48215|0500000US48427|0500000US48489> (last accessed July 13, 2014).

²⁸ See Texas Quick Facts from the US Census Bureau, <http://quickfacts.census.gov/qfd/states/48000.html> (last visited July 13, 2014).

²⁹ Daniel Grossman et al, *The Public Health Threat of Anti-Abortion Legislation*, 89 CONTRACEPTION 73 (2014), available at http://www.utexas.edu/cola/orgs/txpep/_files/pdf/Grossman,White,Hopkins,Potter-PublicHealthThreatofAnti-abortionLegislation-Contraception-2014.pdf.

³⁰ See, Erica Hellerstein, *The Rise of the DIY Abortion in Texas*, ATLANTIC (June 27, 2014, 9:00 AM) <http://www.theatlantic.com/health/archive/2014/06/the-rise-of-the-diy-abortion-in-texas/373240/>; Lindsey Beyerstein, 'Miscarriage Management': The Next Front in the Abortion Wars, NEW REPUBLIC, Jan. 29, 2014, available at <http://www.newrepublic.com/article/116399/abortion-texas-survives-miscarriage-management>.

³¹ *Planned Parenthood of Wis., Inc. v. Van Hollen*, No. 13-CV-465-WMC, 2013 WL 3989238, at *10 n.26 (W.D. Wis. Aug. 2, 2013) (emphasis in original).

medical benefit from requiring doctors who perform abortions to have [admitting] privileges at a nearby or even any hospital [and] the differential treatment of abortion vis-à-vis medical procedures” with comparable risks.³²

The Oklahoma Supreme Court, in interpreting Oklahoma’s restrictions on medication abortion as unconstitutional, agreed with the state district court that the law was “so completely at odds with the standard that governs the practice of medicine that it can serve no purpose other than to prevent women from obtaining abortions and to punish and discriminate against those who do.”³³

In many states, the only thing holding back the further spread of these very real threats to women’s health and lives are court orders blocking these laws from taking effect.³⁴ In many states, the passage of new laws and subsequent litigation goes on year after year after year. For example, Oklahoma passed legislation restricting access to medication abortion in 2008, 2011 and now again in 2014³⁵—both earlier laws were enjoined by court order³⁶ (the most recent would not go into effect until late this year).³⁷ North Dakota has just one clinic, which remains open because it has repeatedly sued the state over its succession of unconstitutional laws.³⁸

³² *Planned Parenthood of Wisconsin, Inc. v. Van Hollen*, 738 F.3d 786, 791 (7th Cir. 2013).

³³ *Cline v. Okla. Coal. for Reprod. Justice*, 313 P.3d 253, 262 (2013) (quoting *Okla. Coal. for Reprod. Justice v. Cline*, No. CV-2011-1722, slip op., ¶ 7 (Dist. Ct. Okla. Cnty. May 11, 2012)) (emphasis omitted).

³⁴ See, e.g., *supra* notes 7, 17, 31-33 & *infra* notes 35-38, and accompanying text.

³⁵ Senate Bill 1878, 2008 Okla. Sess. Law Serv. Ch. 36 (codified at Okla. Stat. tit. 63, §§ 1-728 *et seq.*) (multiple restrictions, including on medication abortion); House Bill 1970, 2011 Okla. Sess. Law Serv. Ch. 216 (amending Okla. Stat. tit. 63, § 1-729a) (restrictions on medication abortion); House Bill 2684, 2014 Okla. Sess. Law Serv. Ch. 121 (amending Okla. Stat. tit. 63, § 1-729a) (same).

³⁶ *Nova Health Systems v. Edmondson*, No. CJ-2008-9119, slip op. (Okla. Dist. Ct. Sept. 3, 2009) (finding 2008 Senate Bill 1878 unconstitutional); *Cline v. Okla. Coal. for Reprod. Justice*, 292 P.3d 27 (2012) (ruling that 2011 law imposing restrictions on provision of medication abortion was unconstitutional); see also *id.*, 313 P.3d 253 (2013) (explaining scope and unconstitutionality of 2011 law in response to certified questions from U.S. Supreme Court).

³⁷ Senate Bill 1878, see n. 35 *supra*.

³⁸ For example, North Dakota House Bill 1456, which was enacted in 2013 and bans abortion once a heartbeat is detectable, has been permanently enjoined by a federal district court. *MKB Mgmt. Corp. v. Burdick*, 2014 WL 1653201 (D.N.D. April 16, 2014) (finding North Dakota’s ban on abortion once a heartbeat is detectable unconstitutional and permanently enjoining its implementation), *appeal filed*

While courts repeatedly strike down these restrictions as unconstitutional, such an outcome is far from assured. When the provision in last year's Texas law requiring admitting privileges was challenged, the district court, in issuing a permanent injunction, held that the law was unconstitutional because "admitting privileges have no rational relationship to improved patient care."³⁹ But when the state appealed that ruling, the U.S. Court of Appeals for the Fifth Circuit chose to ignore the evidence in front of the trial court and ruled instead that the State did not have to supply any evidence at all in support of its claim that the law was really about protecting women's health, and that speculation was enough to justify restricting women's constitutional rights.⁴⁰

Clearly, stronger legal protections are needed. The Women's Health Protection Act would enforce and protect a woman's right and access to safe, legal abortion care no matter what state she lives in. It would prohibit states from singling out reproductive health care providers with oppressive requirements that grossly exceed what is necessary to ensure high standards of care and that apply to no similar medical practices. True health and safety laws that apply to all similarly situated medical care would be maintained, while dangerous regulations passed under pretext that cut off access to abortion care and endanger women's health and lives would be prohibited. It would require states to regulate abortion care as it does other similarly low-risk practices and procedures.

No. 14-2128 (8th Cir. May 14, 2014). House Bill 1297, which was enacted in 2011 and restricts the provision of medication abortions, has been permanently enjoined by a state district court. *MKB Mgmt. Corp. v. Burdick*, No. 09-2011-CV-02205 (N.D. Dist. Ct. July 15, 2013) (finding medication abortion restrictions unconstitutional under state constitution), *appeal filed* No. 20130259 (N.D. Aug. 26, 2013). Senate Bill 2305, which was enacted in 2013 and imposes an admitting privileges requirement, was blocked from going into effect; after several months, physicians at the state's only abortion clinic were able to obtain admitting privileges and the challenge was dismissed. *Id.*, slip op. (N.D. Dist. Ct. July 31, 2013) (preliminarily enjoining admitting privileges requirement during pendency of court proceedings), *case dismissed on stipulation of parties* (N.D. Dist. Ct. Mar. 14, 2014).
³⁹ *Planned Parenthood of Greater Tex. Surgical Health Servs. v. Abbott*, 951 F. Supp. 2d 891, 900 (W.D. Tex. 2013) *rev'd by* 748 F.3d 583 (5th Cir. 2014) (petition for rehearing en banc filed Apr. 10, 2014).
⁴⁰ *Planned Parenthood of Greater Tex. Surgical Health Servs. v. Abbott*, 748 F.3d 583, 594 (5th Cir. 2014), *petition for rehearing en banc filed* (5th Cir. April 10, 2014).

As the Supreme Court reminded us over 20 years ago in *Planned Parenthood v. Casey*, “it is a promise of the Constitution that there is a realm of personal liberty which the government may not enter.”⁴¹ The most fundamental decisions about our reproductive health and lives are for each of us – and not the government - to make.

Like it did 20 years ago, Congress needs to take action to ensure that women’s constitutional rights, and their ability to make the most personal of decisions, is not taken from them.

Thank you.

⁴¹ *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833, 847 (1992).