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**HOUSE MAJORITY POLICY COMMITTEE**

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**HOUSE OF REPRESENTATIVES**  
COMMONWEALTH *of* PENNSYLVANIA

*House Democratic Policy Committee Hearing*  
Expanding Abortion Access

Tuesday, August 13, 2024 | 10:00 a.m.  
Representative Heather Boyd

**OPENING REMARKS**

10:00 a.m. Rep. Heather Boyd, D-Delaware

**PANEL ONE**

10:05 a.m. Dr. Alhambra Frarey, Chief Medical Officer  
*Planned Parenthood Southeastern PA*

Chris Castro, Senior Attorney  
*Women's Law Project*

*Q & A with Legislators*

**PANEL TWO**

10:35 a.m. Katrina Lipinsky, Advanced Practice Midwife  
*Tower Health*

Kelly Nichols, Women's Health Nurse Practitioner  
*Newark, Delaware*

*Q & A with Legislators*

**PANEL THREE**

11:05 a.m. Alexandra Fields, Certified Nurse Midwife  
*Penn Medicine*

Roxanne Sutocky, Director of Public Affairs  
*The Women's Centers*

*Q & A with Legislators*

**Alhambra Frarey, MD, MSHP**

**Chief Medical Officer**

**Planned Parenthood of Southeastern Pennsylvania**

**1144 Locust St. Philadelphia, PA 19107**

### **Professional Experience**

2023 Planned Parenthood of Southeastern Pennsylvania, Chief Medical Officer

2023 University of Pennsylvania Department of Obstetrics and Gynecology, Division of Complex Family Planning, Adjunct Associate Professor

2017-2023 University of Pennsylvania Department of Obstetrics and Gynecology, Division of Complex Family Planning, Clinical Assistant Professor

2017-2023 Medical Director, PEACE Clinic Penn Medicine Washington Square

2016 Philadelphia Women's Center, Part-time Physician

2012-2015 University of Pennsylvania Department of Obstetrics and Gynecology, Clinical Assistant Professor

### **Academic Training**

2015-2017 University of Pennsylvania Master of Science of Health Policy Research

2004-2008 University of Kansas School of Medicine, Doctor of Medicine

1999-2003 University of Kansas, Bachelor of Arts, Biology

### **Postdoctoral Training**

2015-2017 University of Pennsylvania Family Planning Fellowship

2008-2012 University of Kansas, Obstetrics and Gynecology Residency

### **Certification**

2022-present Board Certification, Complex Family Planning, American Board of Obstetrics and Gynecology

2014-present Board Certification, American Board of Obstetrics and Gynecology

Abortion access is key to the health and safety of our communities. Numerous studies have found associations between restrictive abortion policies and worse maternal and neonatal health outcomes.<sup>1-4</sup>

Abortion is an extremely common form of healthcare, with nearly one in every four women having an abortion in her lifetime. It is also extremely safe, one of the safest medical procedures performed in the United States. In 2018 a report from the National Academies of Sciences, Engineering, and Medicine concluded that abortion is safe and effective. They also concluded that “In many states, regulations have created barriers to safe, effective, patient-centered, timely, efficient, and equitable abortion services. The regulations often prohibit qualified providers from providing services, misinform women of the risks of the procedures they are considering, overrule women’s and clinician’s medical decision making, or require medically unnecessary services and delays in care.”<sup>5</sup>

Since the Supreme Court’s decision in *Dobbs vs Jackson Women’s Health Organization*, I feel extremely fortunate to be able to continue to provide life-affirming and life-saving abortion care for patients at Planned Parenthood. Increasingly, I find myself caring for patients traveling from out of state, from as far as Texas and Louisiana. But the reality is accessing and providing abortion care has always been unnecessarily complicated and difficult in Pennsylvania. Patients and physicians face many barriers, including, but not limited to, stigmatizing state mandated counseling, a 24-hour waiting period, unnecessary lab work, ambulatory surgery center requirements, reporting requirements, restrictions on funding for abortion, and a physicians-only requirement for performing abortions.

Even before federal protections for abortion were overturned by the Supreme Court in June of 2022, the number of facilities providing abortions across the United States was declining.<sup>6</sup> The vast majority of abortions in Pennsylvania and the nation are performed in abortion clinics like Planned Parenthood centers. In the 1970s, there were over 170 abortion clinics in PA— now there are less than 20, and over half the women and people who can get pregnant in Pennsylvania do not have access to a clinic in their county. As abortion bans spread across the country, access to abortion becomes increasingly difficult for millions of Americans.

Robust research demonstrates the safety of advanced practice-clinicians (APCs) performing abortions, and this is also supported by many professional organizations.<sup>7-8</sup> Twenty-three states currently allow APCs to perform abortions.<sup>9</sup> I have personally worked with skilled APCs who, while unable to perform uterine aspirations for abortion due to our state law, skillfully perform the exact same procedure for management of early pregnancy loss (miscarriage). APCs also perform many other similar procedures like endometrial biopsies and insertions of intrauterine contraceptives. APCs in Pennsylvania aren’t even allowed to provide patients with medication abortion despite this being such simple and safe healthcare.

Allowing APCs to provide abortion care in Pennsylvania would expand access to this vital form of healthcare in a simple and meaningful way. This commonsense change is more important now than ever before.

1. Harper, L. M., Leach, J. M., Robbins, L., Blanchard, C., Metz, T. D., Mazzoni, S., ... & Szychowski, J. (2023). All-cause mortality in reproductive-aged females by state: an analysis of the effects of abortion legislation. *Obstetrics & Gynecology*, 141(2), 236-242.

2. <https://www.commonwealthfund.org/publications/scorecard/2024/jul/2024-state-scorecard-womens-health-and-reproductive-care>
3. Abernathy, A. M., Schreiber, C. A., Li, T., Chen, J., Julien, H. M., Nathan, A., ... & Lewey, J. (2023). Variation in hypertension in pregnancy by state restrictions on abortion. *JACC: Advances*, 2(9), 100666.
4. <https://www.commonwealthfund.org/publications/issue-briefs/2022/dec/us-maternal-health-divide-limited-services-worse-outcomes>
5. <https://www.nap.edu/resource/24950/03162018AbortionCarehighlights.pdf>
6. Rachel Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014* 107 *Am. J. Pub. Health* 1904 (2017)
7. See, e.g., Tracy Weitz et al., *Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, And Physician Assistants Under A California Legal Waiver*, 103 *Am. J. of Pub. Health* 454 (2013)
8. <https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-advanced-practice-clinicians-and-abortion-care-provision>
9. <https://states.guttmacher.org/policies/pennsylvania/abortion-policies>



# Women's Law Project

House Democratic Policy Committee Policy Hearing

on Expanding Abortion Access in Pennsylvania

Tuesday, August 13, 2024

*Testimony of Senior Staff Attorney Christine Castro*

Good morning, my name is Christine Castro and I am senior staff attorney at Women's Law Project.

Women's Law Project is a proudly state-based public interest legal organization that uses impact litigation, policy advocacy, direct legal assistance, and community education to advance and defend gender justice in Pennsylvania and beyond. While we work across a broad range of inter-related issues, we view reproductive autonomy rights and abortion access as a keystone that supports – or degrades – our other, related rights.

WLP is a unique law practice in that we are the only state-based legal organization to directly represent freestanding abortion providers in Pennsylvania in both impact litigation and day-to-day compliance matters. We also represent young people seeking abortion care. As counsel to both abortion providers and young people seeking to access abortion care, we have deep insight into the relationship between the status of the legal right to abortion and the landscape of abortion access on the ground.

I was invited here today to talk about the need to increase abortion access in Pennsylvania. At WLP we strongly believe that any conversation about abortion access in Pennsylvania must begin with mining the gap between the legal right to abortion, which we have successfully protected in Pennsylvania, and the realistic ability of people to access that care, which has gotten worse over time.

There's no precise way to make an apples-to-apples comparison to the number of abortion providers in Pennsylvania over time due to abortion care's incremental shift out of hospital settings, but we do know approximately 145 abortion providers were operating in Pennsylvania in the late 1970s.

Today, with an increased population, 17 freestanding abortion providers are left to serve the approximately 2,500,000 women of reproductive age in Pennsylvania and, since the U.S. Supreme Court eliminated the federal right to abortion in *Dobbs*, patients forced to flee their home states to avoid anti-abortion injury and harm.

These 17 facilities are not evenly spaced across the Commonwealth. There's a cluster in southeast Pennsylvania, a single facility in Harrisburg providing medication abortion only, and just two providers in the Pittsburgh area to serve all of Western Pennsylvania and beyond. There have been points since the *Dobbs* decision when the number of out-of-state patients seeking abortion care in Western Pennsylvania increased by 40 percent.<sup>1</sup>

Abortion laws may vary by state, but abortion access is regional. Clearly, we must increase the number of abortion providers in Pennsylvania to increase access to abortion care in Pennsylvania. The only way to do that is to finally say enough is enough. It is a failure to assert the unequivocal truism that abortion is healthcare without ensuring our laws reflect this fact. We must eliminate the many politically motivated, medically unnecessary abortion restrictions that have been insidiously and incrementally inserted into Pennsylvania law to make it harder, if not impossible, for Pennsylvanians to access abortion.

We can begin by repealing Pennsylvania's physician-only rule<sup>2</sup> which only allows physicians to provide abortion care, even though advanced practice clinicians (APCs), such as certified nurse midwives, nurse practitioners, and physician assistants, have the training and experience to provide safe, effective abortion care.<sup>3</sup> APCs already provide a wide range of reproductive health services similar to or more complicated than abortion, such as intrauterine device (IUD) insertion, endometrial biopsy, and early miscarriage management.<sup>4</sup> Peer reviewed studies show abortion is safe when delivered by APCs.<sup>5</sup>

Physician-only laws are entirely political. According to the American College of Obstetricians and Gynecologists, the premier national professional organization for obstetrician-gynecologists: "These mandates are not based in science; improperly regulate medical practice; and impede patients' access to quality, evidence-based health care."<sup>6</sup> The American Public Health Association (APHA) also condemns physician-only laws, asserting that they are "ideologically based statutes [that] contradict evidence."<sup>7</sup>

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<sup>1</sup> Cassie Miller, Western Pa. Abortion Providers Say They Are Seeing an Increase in Out-of-State Patients Post-Dobbs, Pa. Capital-Star (Aug. 11, 2022, 5:30 PM), <https://penncapital-star.com/health-care/western-pa-abortion-providers-say-they-are-seeing-an-increase-in-out-of-state-patients-post-dobbs/>.

<sup>2</sup> 18 Pa. C.S.A. § 3204(a).

<sup>3</sup> Tracy A. Weitz et al., *Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a California Legal Waiver*, 103 Am. J. Pub. Health 454, 457 (2013), <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2012.301159>.

<sup>4</sup> American Public Health Association, Provision of Abortion Care by Advanced Practice Nurses & Physician Assistants, Policy Statement No. 20112 (Nov. 1, 2011), [https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/16/00/provision-of-abortion-care-by-advanced-practice-nurses-and-physician-assistants#:~:text=There%20is%20evidence%20that%20with,follow%20Dup%20care\)%20and%20can.](https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/16/00/provision-of-abortion-care-by-advanced-practice-nurses-and-physician-assistants#:~:text=There%20is%20evidence%20that%20with,follow%20Dup%20care)%20and%20can.)

<sup>5</sup> *Id.* (APCs provide first trimester aspiration abortions with complications rates comparable to those of physician abortion providers.); Nat. Acad. Sci., Eng'g, & Med., *The Safety and Quality of Abortion Care in the United States* 14 (2018), <https://www.ncbi.nlm.nih.gov/books/NBK507236/>.

<sup>6</sup> Am. Coll. of Obstetricians & Gynecologists, *Advanced Practice Clinicians and Abortion Care Provision* (Aug. 6, 2024), (<https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/issue-briefs/advanced-practice-clinicians-and-abortion-care-provision.pdf>).

<sup>7</sup> Am. Pub. Health Assoc., *Provision of Abortion Care by Advanced Practice Nurses and Physician Assistants*, Policy No. 20112 (Nov. 1, 2011), <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/16/00/provision-of-abortion-care-by-advanced-practice-nurses-and-physician-assistants>.

Enabling APCs to provide abortion care would expand abortion access in Pennsylvania, but it is simply the first step.

When we talk about access, I'm referring to a person's ability to obtain abortion care without undue hassle or delay. Abortion access is undermined by cumulative logistical and financial barriers such as the ability to find accurate information about the law and location of legitimate providers, take time off work, find and pay for transportation, childcare, and the appointment itself,<sup>8</sup> and—in a state where the Latinx population has grown 45% since 2010—communicate with healthcare providers.

This cascade of logistical and financial barriers is exacerbated by politically motivated abortion restrictions which, in practice, target marginalized communities and people with few resources. In the reproductive autonomy rights movement, we sometimes talk about these cumulative barriers as an obstacle course. Of course, not everyone's obstacle course looks the same. From our work I know that young people, for example, are forced to scale the most complex and degrading obstacle course of all, and yet are so often neglected in conversations about abortion access.

Since WLP's founding in 1974, we have been committed to advancing and protecting young people's right to reproductive autonomy. This commitment is grounded in our belief that young people can make their own reproductive health care decisions and deserve the right to self-determine if, when, and how to form families.

I oversee Women's Law Project's youth access work, which specifically focuses on helping young people access abortion care and navigate Pennsylvania's forced parental consent law and judicial bypass. Since 1994, Pennsylvania's Abortion Control Act ("Act") mandates that a person under 18 years old seeking abortion must get consent from a parent or legal guardian.<sup>9</sup>

Specifically, Section 3206 of the Act requires informed consent from both the pregnant person and one parent. If neither parent is available, consent from a legal guardian is required. If the young person cannot or does not want to obtain parental consent, they must seek permission to make their own decision about their pregnancy via a court process known as "judicial bypass."<sup>10</sup>

WLP provides direct legal representation in judicial bypass proceedings in Allegheny County. We also offer technical assistance and referrals for bypass representation to young people contacting us for help with judicial bypass. As counsel to both abortion providers and young patients seeking abortion care, we have unique insight into young people's access to abortion.

Even before losing *Roe*, young people typically faced many barriers to abortion. They are less likely to have control over their schedules and be able to step away from obligations without alerting authority figures, and disproportionately lack financial resources and independent transportation. They are also denied information about their sexual and reproductive lives; efforts to pass legislation supporting age-appropriate, evidence-based sexual education in Pennsylvania have so far failed. Because of this information gap, they may lack knowledge regarding preventing and detecting pregnancy.

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<sup>8</sup> See generally David S. Cohen & Carole Joffe, *Obstacle Course: The Everyday Struggle to Get an Abortion in America* (2020).

<sup>9</sup> 18 Pa. C.S.A. § 3206.

<sup>10</sup> 18 Pa. C.S.A. §§ 3206(b)-(c).

Simultaneously, sophisticated anti-abortion digital campaigns exploit our legislative failure to ensure evidence-based sex ed by targeting children as young as 11 years old online with disinformation about their bodies, abortion, and the law. The anti-abortion "crisis pregnancy center" industry has testified in the Pennsylvania Capitol about promoting an anti-abortion version of "sex ed" in Pennsylvania schools; the scope of this operation is unclear to parents and the public.

Compounding these financial, logistical, and informational barriers, young people may have a shorter window of time to access abortion care because they are more likely to become aware of their pregnancy later than average. This is due to logistical and financial barriers to obtaining a pregnancy confirmation test and the increased likelihood of irregular menstruation compared to adults. Young people are more likely to confirm a pregnancy after 7 weeks.<sup>11</sup> People who have experienced trauma related to the pregnancy, such as being a survivor of assault, are also more likely to experience delayed pregnancy awareness, making it more urgent to ensure timely access to abortion for these populations and young people with these experiences.<sup>12</sup>

For all of these reasons, any serious conversation about expanding abortion access in Pennsylvania must include discussing the repeal of Pennsylvania's parental consent law.<sup>13</sup>

Pennsylvania is one of 36 states that legislatively mandate parental involvement, to varying degrees.<sup>14</sup>

Pennsylvania's parental consent law is opposed by leading medical experts. The American Academy of Pediatrics, American Medical Association, Society for Adolescent Health and Medicine, American Public Health Association, and the American College of Obstetricians and Gynecologists all agree: "adolescents should not be required to involve parents in the decision to obtain an abortion because legal abortion therapies are safe and most adolescents are capable of medical decision-making."<sup>15</sup> "Additionally, mandating parental involvement does not promote positive family communication, potentially delays or restricts access to appropriate medical care, and creates an unsafe family atmosphere for some adolescents."<sup>16</sup> Leading medical experts affirm the importance of young people's access to confidential, timely access to abortion care. Pennsylvania's forced parental consent law defies these recommendations and undermines adolescent health.<sup>17</sup>

As attorneys representing young people in judicial bypass hearings, we know young people are resilient and capable of making informed decisions about their own health, bodies, and futures. We also know

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<sup>11</sup> Lauren J. Ralph et al., *Home Pregnancy Test Use and Timing of Pregnancy Confirmation Among People Seeking Health Care*, 107 *Contraception* 10 (Mar. 2022), <https://www.ansirh.org/research/research/one-three-people-learn-theyre-pregnant-past-six-weeks-gestation>.

<sup>12</sup> Amt M. Branum et al., *Trends in Timing of Pregnancy Awareness Among US Women*, 21 *Matern. Child Health J.* 715 (Apr. 2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5269518/>.

<sup>13</sup> 18 Pa. C.S.A. § 3206.

<sup>14</sup> Guttmacher, *Parental Involvement in Minors' Abortions* (Sept. 1, 2023), <https://www.guttmacher.org/state-policy/explore/parental-involvement-minors-abortions>.

<sup>15</sup> Am. Academy of Pediatrics, *The Adolescent's Right to Confidential Care When Considering Abortion*, 150 *J. of Pediatrics* 2 (Sept. 2022), <https://publications.aap.org/pediatrics/article/150/3/e2022058780/188339/The-Adolescent-s-Right-to-Confidential-Care-When>.

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*



the obstacles faced by young people are difficult to overcome and add to the confusion and delay in access to time-sensitive medical care. Many of our clients seeking judicial bypass face logistical and financial challenges beyond their control, such as having to arrange time off school, plan their absence from home, secure the funds to pay for their abortion care, and rely on someone else for transportation to and from the clinic.<sup>18</sup>

Additionally, we see how Pennsylvania's forced parental consent law perpetuates narrow and archaic assumptions about family structures and penalizes young people who do not have an economically secure, nuclear family structure. Even for young people who involve a parent in their abortion decision, the law can be difficult to comply with when their parent is supportive but cannot take time off work to receive the mandated state counseling. Many of our clients do involve a close family member in their abortion decision, like a grandparent or aunt, but they need a bypass because their supportive adult cannot legally give consent for the young person to make their own pregnancy decision.<sup>19</sup>

I can also tell you the law operates in absurd ways and punishes young people who are pregnant and choose abortion. For example, WLP has represented many bypass petitioners who are already parents and acutely aware of the burdens and responsibilities of pregnancy, childbirth, and parenting. Though Pennsylvania law recognizes these young people's rights to make medical decisions about their children, prenatal care, and childbirth, they still must obtain a bypass order or a parent's consent in order to have their abortion, which is absurd and denies them of the right to reproductive autonomy.

The legal obligation of the judge is to determine that the pregnant person is mature and capable of giving informed consent to the proposed abortion.<sup>20</sup> This framework underscores the Commonwealth's troubling perspective that a pregnant person deemed incapable of deciding to have an abortion is somehow capable of giving informed consent to carrying a pregnancy to term and giving birth--a far more medically dangerous endeavor, for young people especially--and raising a child.

Once pregnant, an adolescent, by many state laws, is held responsible for and competent to consent to their own medical treatment during the pregnancy and to the medical decisions regarding the fetus or newborn infant. Young people in Pennsylvania also have the right to make their own decisions about contraception.<sup>21</sup> Therefore, it is inconsistent to presume that a pregnant adolescent is not competent to make decisions regarding abortion.

Parental notification laws can increase a young person's risk of physical abuse. In addition to delaying access to time-sensitive medical care, forcing young people to undergo judicial bypass risks a compromise in confidentiality, which could lead to physical harm for young people in abusive households

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<sup>18</sup> Lauren J. Ralph et al., *Reasons for and Logistical Burdens of Judicial Bypass for Abortion in Illinois*, 68 J. ADOLESCENT HEALTH 71, 71-72 (2021).

<sup>19</sup> Pregnant people under 18 years old who are not legally emancipated must get one parent to consent to their abortion after the parent has received the state scripted counseling. See 18 Pa. Cons. Stat. § 3206(a).

<sup>20</sup> 18 Pa.C.S. §3206(d) ("If the court determines that the pregnant woman is not mature and capable of giving informed consent or if the pregnant woman does not claim to be mature and capable of giving informed consent, the court shall determine whether the performance of an abortion upon her would be in her best interests. If the court determines that the performance of an abortion would be in the best interests of the woman, it shall authorize a physician to perform the abortion.").

<sup>21</sup> 35 P.S. § 10103.

or relationships. Research on patterns of interpersonal violence and abuse has shown that family violence is at its worst during a family member's pregnancy, immediately following childbirth, and during the adolescence of the family's children.<sup>22</sup>

The judicial bypass process is often framed as an accommodation to the parental notification law, it functions as another harmful barrier to urgent, time-sensitive care.<sup>23</sup> In addition to the inherent delay of petitioning the court and then filing a petition and securing a court date, an information gap adds to the delay. Many young people aren't aware of their right to judicial bypass. When they do, they often encounter misinformation while pursuing the process. Even staff at abortion providers and funds, already overwhelmed, don't always have access to accurate information about judicial bypass and therefore don't always provide accurate information to young callers, creating confusion that adds to delay. For example, young people have been incorrectly advised they need a judicial bypass order before scheduling the abortion but, under the law, they cannot go before a judge until they have satisfied the mandatory counseling requirement.

Women's Law Project supports the repeal of Pennsylvania's antiquated physician-only rule, Pennsylvania's parental notification law, and all medically unnecessary and dangerous abortion restrictions to expand abortion access in Pennsylvania.

Thank you for your time today.

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<sup>22</sup> AMA Principles of Medical Ethics, <https://code-medical-ethics.ama-assn.org/sites/default/files/2022-08/2.2.3%20Mandatory%20parental%20consent%20to%20abortion%20--%20background%20reports.pdf>.

<sup>23</sup> A 2019 qualitative study examining the experiences of pregnant minors seeking bypass in Texas found that the bypass process was overly burdensome, unpredictable, intimidating, and stigmatizing for the minors seeking abortion care. See Kate Coleman-Minahan *et al.*, *Young Women's Experiences Obtaining Judicial Bypass for Abortion in Texas*, 64 J. OF ADOLESCENT HEALTH 20, 21022 (2019).

**House Majority Policy Committee: Expanding Abortion Access**  
**Written Testimony**  
**August 13, 2024**

**Katrina Lipinsky, MSN, CNM, WHNP-BC**

Midwife in Reading, PA

My name is Katrina Lipinsky and I am a certified nurse midwife and women's health nurse practitioner in Berks County. Thank you for the opportunity to testify about expanding abortion access in Pennsylvania. I am writing in support of recognizing the scope of advanced practice clinicians (APCs) to include providing safe abortion care, and removing barriers to abortion provision in our state.

As a midwife, I regularly see patients experiencing miscarriage. Sometimes they have been bleeding for days or weeks and are waiting for the pregnancy to pass. Sometimes they were unaware their pregnancy stopped growing, and they require medication or a procedure to empty the uterus. I am able to take care of these patients by prescribing medication that causes the uterus to cramp, and allows them to safely complete their miscarriage at home.

I also see pregnant patients who desire abortion. The medical treatment for abortion is exactly the same as if they were having a miscarriage - but I am not legally allowed to provide this very same care. I cannot prescribe that very same medication.

Despite not being able to legally provide this care in Pennsylvania, I teach medication and aspiration abortion to nursing, midwifery, and medical students, advanced practice clinicians, and physicians. I currently teach advanced practice providers in New Jersey via the state-funded NJ Reproductive Training and Education Initiative (RTEI), and multiple times a year for students at the University of Pennsylvania and Yale. I taught the OBGYN residents at my own institution - a skill I am myself not allowed to legally perform on a viable pregnancy - because none of the physicians at my hospital have been trained.

As a midwife, I already do procedures similar to abortion. I place IUDs for birth control, which involve manipulating the cervix and putting tools inside of a uterus in a very similar manner to the steps of an abortion procedure. I take biopsies of the uterus with a vacuum that works nearly the same way as the vacuum used for early abortion.

And, of course, as a midwife, I take care of people during pregnancy and childbirth, managing medical concerns both more emergent and more common than any complication associated with abortion. The risk of death associated with childbirth is 14 times higher than the risk of death with abortion.<sup>1</sup> According to the CDC, the maternal mortality rate for 2021 was 32.9 deaths per 100,000 live births,<sup>2</sup> compared with 0.45 deaths per 100,000 reported legal abortions (for a period of 2013-2020)<sup>3</sup>. In *Pennsylvania*, the maternal mortality rate was most recently calculated as 83 per 100,000 total, with a rate of 148 per 100,000 for Black Pennsylvanians.<sup>4</sup>

Postpartum hemorrhage, when a patient begins to bleed out after delivering their baby, occurs at a rate of 4.3%, and accounts for 11% of maternal deaths.<sup>5</sup> I regularly manage these postpartum hemorrhages as a midwife. Rates of hemorrhage at the time of an abortion range from 0.0 to 4.7 (with rates varying depending on type of abortion [medication or procedure] and trimester).<sup>5,6,7</sup> Managing a hemorrhage during an abortion is exactly the same as managing a hemorrhage after childbirth, differing only in that it occurs overall at a significantly lower rate.

While the risk of death related to abortion is incredibly low, it does increase from 0.3 out of every 100,000 abortions at or before eight weeks to 6.7 out of 100,000 abortions at 18 weeks or later.<sup>7</sup> This is why timely access to early abortion care is so critical - a service safely and easily provided by midwives, nurse practitioners, and physician assistants when the law allows.

There is only one abortion clinic in all of Berks County, a Planned Parenthood health center, and they are only able to provide medication abortion. Additionally, neither of the major health and hospital providers in Berks County, Tower Health and Penn State Health, offer accessible abortion services.

My patients often have to travel to receive this essential, routine care. The next closest clinic is 45 minutes away, in Allentown. The rest are over an hour drive. This places a significant burden on our patients, many below the poverty line and on medicaid (which does not pay for abortion in Pennsylvania), who then need to take additional time off work, secure transportation and gas money, and coordinate more childcare than they would otherwise need. When patients have to wait days or weeks to get an appointment at this single clinic, they are sometimes pushed further into their pregnancy, meaning their only option is a procedure, and they have no choice *but* to travel. Legally allowing advanced practice clinicians to provide abortion services would increase the number of providers able to provide abortion care, increase access locally, and significantly reduce these burdens.

Before working in Berks County, I was in Pittsburgh working as a nurse midwife at Allegheny Reproductive Health Center (ARHC), providing full scope OBGYN care, including prenatal and postpartum care, birth services, medication for miscarriage, and gynecologic procedures. During my time at ARHC, I was training under the guidance of Dr. Sheila Ramgopal to provide patients experiencing miscarriage with a vacuum procedure - the same as is provided for abortion. When an advanced practice clinician is providing abortion care, this is after training and mentorship under the guidance of an experienced physician (or, in other states, any provider experienced in abortion care).

Pennsylvania is behind the curve on recognizing advanced practice clinicians as abortion providers. The Health Workforce Pilot Project, published in 2014, was able to objectively establish that advanced practice clinicians, "can safely and competently provide early abortion care and that women appreciate receiving care from providers they know and trust,"<sup>8</sup> and using this data, California changed their legislation to allow APCs to provide medication and aspiration abortion. Between 2013 and 2019, Colorado, New York, Washington, and Maine followed suit. In 2021, New Mexico, Massachusetts, Hawaii, and Alaska. New Jersey followed in 2022, along

with Washington State, Montana, Connecticut, Delaware, Minnesota, and then Illinois in 2023. As of August, 2023, 22 states allow APCs to provide medication abortion, and 20 to provide abortion procedures, as well. <sup>9</sup>

My professional organization, the American College of Nurse Midwives, affirms a midwife's ability to provide safe abortion care.<sup>10</sup> The American College of Obstetricians and Gynecologists,<sup>11</sup> The National Association for Women's Health Nurse Practitioners,<sup>12</sup> the American Public Health Association (APHA),<sup>13</sup> and the National Academies of Science, Engineering and Medicine,<sup>7</sup> among others, also support advanced practice provision of abortion services. The International Confederation of Midwives (ICM) goes as far to say, a person who "seeks or requires abortion-related services is entitled to be provided such services by midwives,"<sup>14</sup> and I wholeheartedly agree with this sentiment.

Our own Pennsylvania Department of Health Website states, "Abortion is extremely safe...the risk of dying because of an abortion is lower than the risk of dying from childbirth. Abortion is one of the safest procedures for pregnant people in the U.S."<sup>15</sup> So safe, as I have argued, a midwife (and other advanced practice clinicians) can do it.

Let us not ignore the effects our current physician-only law has on rural Pennsylvanians. My patients deserve access to health care, including abortion, and they should be able to have this service provided by their local midwife or advanced practice clinician, a provider they know and trust.

I appreciate the opportunity to share with you the reality of my patients' lives. Thank you for reading my testimony.

Respectfully,

A handwritten signature in cursive script that reads "Katrina Lipinsky". The signature is written in black ink and is positioned above the typed name.

Katrina Lipinsky, MSN, CNM, WHNP-BC  
She/they

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Removing Barriers to Provision of Abortion Care by Advanced Practice Clinicians in  
Pennsylvania

Testimony presented by:  
Kelly Nichols, MSN, RN, APRN, WHNP-BC

Pennsylvania House Democratic Policy Committee Hearing: Expanding Abortion Access  
August 13, 2024



Thank you to the Pennsylvania House Democratic Policy Committee for the opportunity to testify about the role of advanced practice clinicians (APCs) in providing abortion care and how this would expand access in our state. My name is Kelly Nichols and I am a Women's Health/Gender-Related Nurse Practitioner (WHNP) and 10 year resident of Philadelphia. I moved to Pennsylvania in 2014 to attend nursing school at the University of Pennsylvania and graduated with my Master of Science in Nursing from Penn in 2017.

I entered the nursing profession due to my commitment to and passion for sexual and reproductive health care, including abortion care. While in nursing school, I wrote a policy paper analyzing legislation enacted in California in 2014 which removed barriers to early abortion provision by APCs, and examining the feasibility of similar legislation here in Pennsylvania. Prior to becoming a nurse practitioner I volunteered as an abortion doula at the PEACE clinic at Penn, providing non-medical support for people during their procedures, and worked as a Registered Nurse at the Philadelphia Women's Center, an independent abortion provider in PA.

Despite my strong connections to the community in Philadelphia, due to Pennsylvania's physician-only abortion laws I am unable to provide abortion care in our state as a nurse practitioner. In order to provide this care I drive an hour each way every day across state lines, where I currently work as the Associate Medical Director at Planned Parenthood of Delaware. In 2022, Delaware passed legislation allowing nurse practitioners, nurse midwives, and physician assistants to provide both procedural and medication abortion. Following this legislative change I now provide the full scope of care granted by my training as a WHNP, including both aspiration and medication abortion. As I was already proficient in evaluation and management of early pregnancy complications, which involves the same skill and knowledge set as abortion provision, I needed only minimal additional training to provide this care. At present, in addition to providing direct abortion care I also serve as a clinical preceptor and lecturer for the next generation of health care providers including APC students and medical residents.

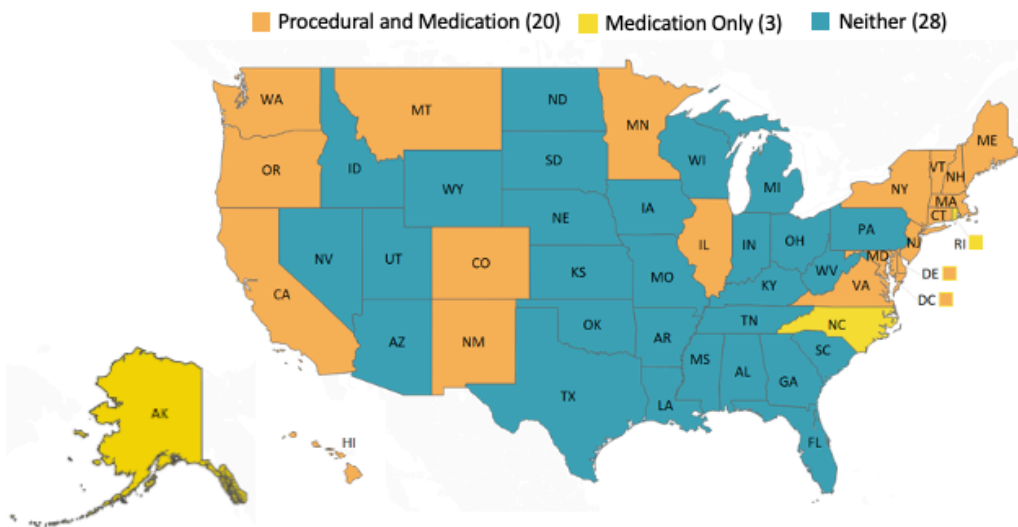
It is extremely rewarding to be able to provide continuity of care for my patients. For example, if a patient comes in for pregnancy options counseling and decides to have a medication abortion I no longer need to refer them to another provider for this care, but can provide their abortion, birth control if desired, and in some cases, future prenatal care. I have developed strong connections with patients I have cared for throughout multiple pregnancies with different outcomes, welcoming new babies, grieving pregnancy losses, and supporting abortion decisions. With an expanded variety of providers able to provide abortion care in more locations, I have observed that patients are able to access the care they need faster and with less travel.

Changing the existing physician-only abortion law in Pennsylvania would provide an incentive for APCs who wish to include abortion care as part of their practice to stay in and/or relocate to Pennsylvania. Pennsylvania is home to a large number of highly regarded universities providing education and clinical training to future nurse practitioners, nurse midwives, and physician assistants. Many of these trainees, such as myself, make a home in Pennsylvania during our studies and seek to stay here after graduation. As a homeowner in Philadelphia and someone

raising a child here, I am committed to Pennsylvania and continuing to improve access to sexual and reproductive health care in our state. I am hopeful that I will be able to serve my own community again in the future, but without removal of these barriers I, and other APCs such as myself, do not have an incentive to work in Pennsylvania where our practice would be limited.

In addition to Delaware and Pennsylvania's other neighbors New York, New Jersey, and Maryland, there are 20 states that allow APCs to provide both procedural and medication abortions (see map below).<sup>1</sup>

### States where advanced practice clinicians, such as nurse practitioners, physician assistants and nurse-midwives, can provide different types of abortions



There is a long history of APCs providing both procedural and medication abortion care starting in 1973 when the first physician assistants trained in aspiration procedures in Vermont.<sup>2</sup> Research has consistently shown that abortion care provided by advanced practice clinicians is safe<sup>3,4</sup> and organizations including the American College of Obstetricians and Gynecologists<sup>5</sup>, American College of Nurse Midwives<sup>6</sup>, and Nurse Practitioners in Women's Health<sup>7</sup> have repeatedly affirmed their support for APC provision of abortion. According to the Women's Law Project, 87% of counties in Pennsylvania do not have an abortion provider.<sup>8</sup> As stated in the 2023 *Issue Brief: Advanced Practice Clinicians and Abortion Care Provision* written by the American College of Obstetricians and Gynecologists, "Increasing the availability of trained clinicians who can provide abortion care will allow more patients to access quality health care in their own communities and enable patients to receive care more quickly."<sup>5</sup> The brief further cites research indicating that physician-only abortion laws place an unequal burden on "marginalized people and those living in rural areas."<sup>5,9</sup>

In summary, removing barriers to provision of medication and procedural abortion by advanced practice clinicians in Pennsylvania would expand access by increasing the number of trained

providers, allow for continuity of care and expanded patient choice of providers in their own communities, and encourage retention of highly-educated health care providers in the state. Thank you again for inviting me to share my experience and for dedicating time to this important topic.

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