

Emese Nemeth
10 Gilbert Dr.
Merrimack, NH, 03054

Hello, my name is Emese Nemeth and I stand for women's rights and health equality. The views in this testimony are my own. I am a master's prepared registered nurse from Johns Hopkins School of Nursing, and I served as a United States Peace Corps Volunteer. I am a community health nurse at Amoskeag Health, a federally funded health center, in Manchester, New Hampshire. Majority of our patients are vulnerable or of disadvantage backgrounds, are refugees, are on Medicaid or are uninsured. This written testimony is for my female patients who do not have a voice in New Hampshire. I am writing to urge the Senate Judiciary Committee to pass HB 1673 and HB1674 to protect the rights of women.

New Hampshire has a long history of supporting a women's right to an abortion as that state leaned toward supporting individual's right to privacy. However, with the polarizing of political parties, a women's freedom to make decisions about her reproductive health is under attack. The current abortion law is clearly a violation on women's right to choose. The current law creates unnecessary financial hardship for women by mandating ultrasounds, it will cost the state money, time, and resources to investigate and prosecute healthcare providers, and it does not make any exception for rape, incest, or fetal health problems. We must repeal the Fetal Protection Act and pass the Access to Abortion Care Act.

The current state law is not founded in medical science and causes unnecessary financial hardship to a population that is more likely to be in poverty. Ultrasounds can cost up \$500 and to patients without insurance or on Medicaid, this is enormous burden. NH Medicaid will not cover cost related to abortion, another insult to vulnerable women. Ultrasounds for all abortions goes against medical practice as the FDA recently approved medication abortions by mail as a safe option for pregnancy up to 10 weeks gestation.

If the patient wants to terminate a pregnancy after the 24 weeks, healthcare providers, including nurse practitioners, now face criminal charges and possible jail time. It is not the state of New Hampshire's place to tell a Medical Doctor or Nurse Practitioner what is right for a patient. That decision lies between the provider, the patient, and the medical community.

There is indisputable evidence that abortions are safe and uncomplicated procedures. A landmark study by the National Academies of Sciences, Engineering and Medicine dispels any arguments over safety and efficacy (NPR, 2018). In fact, abortions are safer than giving birth as the United States, as we have the highest maternal mortality rate among developed countries (CDC, 2019). A black woman is 2-4x more likely to die in childbirth compared to a white woman (CDC, 2019). It is also well documented that women obtaining illegal abortions can lead to serious injury and death.

Laws that infringe on abortion violate a nurse's code of ethics. The American Nurses Association has stated that for reproductive health, "Healthcare clients have the right to privacy and the right to make decisions about personal health care based on full information and without coercion" (ANA, 2010). The ANA Code of Ethics further states all persons have the right to bodily autonomy (ANA, 2015). The current abortion law violates these ethical principles. We must give female patient's the right to make informed decisions about their health and pass these bills.

Restricting access to abortion is a social justice and human rights issue. Restricting access to abortions targets vulnerable women, such as women without insurance, on Medicaid, and women in poverty or of racial or ethnic minorities. Due to social determinants of health and institutional biases, their access to reproductive health has been limited. Therefore, restricting access to abortion further perpetuates harm to

a vulnerable population. It is no secret that regardless of the law, if women in New Hampshire have financial resources, they can travel to a neighboring state and obtain an abortion. However, of the patients seeking abortions, most cannot afford to do so. According to the Guttmacher Institute (2021), a research non-profit, “three-fourths of abortion patients were low income—49% living at less than the federal poverty level, and 26% living at 100–199% of the poverty level.” And “The majority of patients (53%) paid for their abortion out of pocket; Medicaid was the second-most-common method of payment, used by 24% of patients.” Note that NH state Medicaid does not pay for services related to abortion.

By restricting access to abortion, we are forcing women with already limited resources and limited agency to advocate for themselves, to carry an unwanted pregnancy to term. New Hampshire has also repeatedly denied funding to family planning centers in the state which provide contraceptives. New Hampshire Medicaid also will not cover long-acting contraceptives (LARC) unless it is the postpartum peroid. However, the Health Resources Service Agency (2020) has reported abnormally low usage of this benefit in New Hampshire due to issues with state’s Medicaid billing and reimbursement. The state is consistently removing options for women to have control over their reproductive health.

As majority of women seeking an abortion are of low socioeconomic status, limiting and refusing them the right to an abortion has long term consequences. It is well documented that children born from families of low economic status are at a higher risk of experiencing adverse child experiences (ACEs) that create permanent psychological and physical harm on children (CDC, 2021). Furthermore, New Hampshire is not a family friendly state. New Hampshire does not have systems in place to support mothers and children. We do not have a paid FMLA law for maternity leave like other neighboring states, the legislature recently struct down a law to protect mothers breastfeeding in the workplace and is limited affordable childcare options. New Hampshire is also one of the few states in the U.S. that has no state funding for universal early childhood education. And there is no public health effort to prevent ACEs.

We cannot afford to further restrict reproductive rights and create more barriers of women of New Hampshire. I strongly urge the legislature of New Hampshire to repeal the Fetal Health Protection Bill, pass the Access to Abortion Care Act and put the sate back on par with our neighboring New England states.

References

American Nurses Association (ANA) (2015). *Code of Ethics*. <https://www.nursingworld.org/coe-view-only>

American Nurses Association (ANA) (2010). *Reproductive Health*. <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/reproductive-health/>

Center for Disease and Control (CDC) (2019). *Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017*. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html>

Center for Disease and Control (2021) *Risk and Protective Factors: Adverse Childhood Experiences (ACEs)*. <https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html>

HRSA (2020). *III.E.2.c. State Action Plan - Women/Maternal Health - Application Year - New Hampshire – 2020*. <https://mchb.tvisdata.hrsa.gov/Narratives/PlanForTheApplicationYear1/d59e97a5-7c3c-4f40-bbce-0eaa5d8c721c>

NPR (2018). *Landmark Report Concludes Abortion In U.S. Is Safe*. <https://www.npr.org/sections/health-shots/2018/03/16/593447727/landmark-report-concludes-abortion-is-safe>

Guttmacher Institute (2021). *Resources for Journalists: 15 Things to Consider When Covering Abortion, the Supreme Court and a Potential “Post-Roe World”*. <https://www.guttmacher.org/article/2021/11/resources-journalists-15-things-consider-when-covering-abortion-supreme-court-and>