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Wyden Statement at Finance Committee Hearing on Threats to Women's Reproductive Health Care

As Prepared for Delivery

Today, the Committee meets to discuss the growing threat to reproductive health care. That threat is compounded by the failure of a growing number of states to adhere to the letter and spirit of the law in our committee's jurisdiction that protects the rights of women to receive emergency reproductive care.

As a result of Republicans' years-long crusade on reproductive freedoms, women in America are faced with the prospect of losing yet another pillar of reproductive care – the Emergency Medical Treatment and Active Labor Act.

With the help of Senate Republicans, Donald Trump confirmed three far-right justices to the Supreme Court. Each one of them swore up and down that Roe was settled law, that there was no threat to any facet of reproductive freedom. No risk of a domino effect. Every single one of those justices threw the pledges they took under Senate oath into the trash can, and gutted Roe at the very first opportunity.

The consequences of that decision, while predictable, are gut wrenching. Women are miscarrying, suffering life-threatening blood loss, losing their ability to bear future children, or dying because they were denied the emergency medical care they needed.

Doctors are being targeted or forced to relocate to states where they can practice basic medicine without fear of a legal witch hunt. And let's not forget earlier this year, when Alabama's state Supreme Court handed down a ruling that effectively banned IVF in the state. All of this was made possible by abortion bans that went into effect under Donald Trump after his Supreme Court gutted Roe.

That brings us back to EMTALA, over which this committee has jurisdiction. This law guarantees that anyone entering a hospital that receives Medicare funding – which is most hospitals – will get the emergency health care they need, reproductive or otherwise.

A woman may come into the emergency room with an ectopic pregnancy, or bleeding out from a miscarriage, and EMTALA is what ensures she can get the necessary care, and protects the doctors who have sworn an oath to provide it – even in states where an abortion ban is in effect.

Some states that have passed abortion bans into law claim they contain “exceptions” for emergency care if a woman’s life is at risk. In reality, these “exceptions” are forcing doctors to play lawyer and lawyers to play doctor. Providers are scrambling to make impossible decisions between providing critical care or a potential jail sentence, and hospital lawyers are being forced to make medical decisions they have no business making.

While providers and lawyers struggle to interpret a patchwork of state and federal laws that dictate whether a woman should live or die, patients are going without the care they urgently need. These “exceptions” aren’t worth the paper they’re written on.

In June, the Supreme Court heard arguments on Idaho’s abortion ban, which denies women the right to receive emergency reproductive care as guaranteed under EMTALA. The Supreme Court didn’t rule on whether or not it agreed with Idaho’s request to defy federal law, but dismissed the case on legal technicalities.

That means just like it did with the mifepristone case it ruled on earlier this year, the Supreme Court is kicking the can down the road. Biding its time until the far-right cherry picks another case that will clear the necessary judicial hurdles. When they find it, they’ll bulldoze existing law and set a new precedent that allows states like Idaho to let women die waiting for care rather than give them the treatment they need.

This was the Republican strategy all along. Overturn Roe. Tie women’s bodies up in legal battles in courts across the country. Leave women and doctors questioning if they’ll be jailed for seeking or providing needed care.

Today, we’re sure to hear the argument that there is no threat to EMTALA, that it’s settled law. Republicans said the same thing about Roe, and look where we are today. The American people aren’t buying it. Medical experts are saying that there’s no question women are dying in emergency rooms because they’re being denied the care they need, despite EMTALA still being the law of the land.

Meanwhile, as recently as just two weeks ago, Donald Trump is still bragging about having successfully overturned this mainstay of women’s health care. His running-mate, JD Vance, has thrown his support behind some of the most extreme positions on this issue, like a national abortion ban and uterus surveillance – tracking a woman’s medical records to determine if she’s received abortion care. And Project 2025, which appears to now be the guiding doctrine of the Republican Party, promises to reverse EMTALA’s protections for emergency abortion care.

I’d also like to thank our witnesses for joining us today. Dr. Amelia Huntsberger, an OB-GYN out of my home state in Eugene, was facing threats and forced to relocate from Idaho after Trump’s abortion ban went into effect. Kaitlyn Joshua of Louisiana, experienced a horrific miscarriage after she was denied critical medical care at two different hospitals in her home state. And Michele Goodwin, a legal expert who has devoted her career to protecting women, will tell us exactly how the repeal of Roe has affected patients and providers like Dr. Huntsberger and Ms. Joshua.

I’ll close with this. The overturn of Roe laid the groundwork for states to break federal laws that have been on the books for decades so they can control women’s reproductive care. I can’t believe that all these years later, we’re still debating whether women ought to be able to make their own health care decisions.

The Supreme Court may be kicking the can down the road on EMTALA and mifepristone, but this Committee isn't looking the other way. This is real. It's happening right in front of us, and we're going to stand up for the rights of women.

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