

**Testimony of Dr. Amelia Huntsberger  
Before the U.S. Senate Committee on Finance  
“Chaos and Control: How Trump Criminalized Women’s Health Care”**

**September 24, 2024**

Good morning Chairman Wyden, Ranking Member Crapo, and members of the committee.

My name is Dr. Amelia Huntsberger, and I am a board-certified OB/GYN. I currently live and work in Oregon but previously practiced medicine in rural Idaho for more than a decade. Prior to leaving Idaho, I was the Idaho Section Chair of the American College of Obstetricians and Gynecologists, a member of the Idaho Maternal Mortality Review Committee, and on the advisory board of the Idaho Perinatal Project. I am here testifying in my personal capacity.

I am a generalist OB/GYN. I provide pap screening, STI testing and treatment, and prenatal care. I prescribe contraception and treat infertility. I deliver babies. I provide abortion care. I grew up in rural Washington. I met my husband, who also grew up in a small town, in medical school. For 11 years, we practiced medicine in Sandpoint, a town of 9,000 in Idaho. During that time, it was my privilege to serve my community. All people deserve high-quality health care no matter where they live.

Idaho has enacted some of the strictest abortion restrictions in the country, without exceptions to allow clinicians to act to preserve a pregnant patient’s health, including preventing harm to bodily organs or fertility, unless it can be reasonably determined that an abortion is necessary to prevent death. The lawmakers who created this bill knew it — the cruelty was built in. The fallout of these strict abortion laws was never unanticipated.

Once the total abortion ban went into effect post-*Dobbs*, it no longer felt like a safe place to practice medicine. There was widespread confusion and lack of consensus about Idaho’s abortion laws among the medical and legal community. The risk of criminal prosecution and civil penalties immediately felt very real for my husband, who is an Emergency Medicine physician, and for me as an OB/GYN. Keep in mind that delaying or not providing standard evidenced-based medical care also puts physicians like us at risk for medical malpractice charges. These laws forced us to consider what would happen to our children if both of their parents went to jail.

Many doctors in Idaho like me tried to raise awareness of the impact of the abortion bans. I naively thought that if people just understood the laws they would be fixed. As a result of talking publicly about abortion, we began to fear for the safety of our family. Ultimately, we decided to leave. Just over a year ago, we packed up our things and moved to Oregon, taking our children away from the only place that they had ever called home. To call the situation traumatic would be an understatement and what the patients in my community experienced was far worse.

A week after we gave our notice, hospital administrators decided to close the labor and delivery unit at our critical access hospital. The hospital cited the abortion laws as one factor in the

decision. All three of my OB/GYN partners left, each going to a state without abortion restrictions.

Many of my patients traveled long distances to receive care. Many patients struggled with finances. Some did not have reliable transportation and experienced food scarcity. During my last year in Idaho, I took care of two pregnant patients who were living in their cars and a third who lived in a tent. After the closure of the Labor and Delivery unit in Sandpoint, pregnant patients now must travel more than 50 miles in order to receive routine prenatal and delivery care. When you have to travel more than an hour each way for every 15 minute OB appointment, the cost of taking time off of work, or getting childcare, and paying for gas adds up. Patients must hope that their labor doesn't progress too quickly so that they have time to drive to the hospital and avoid delivering on the side of the road.

It is more difficult to qualify for pregnancy Medicaid in Idaho than it is in most other states in the US. A patient must have extremely limited financial resources in order to qualify. While practicing in Idaho, I often took care of patients who fell in the gap, not qualifying for pregnancy Medicaid, and not being able to afford prenatal care out of pocket. People would have to consider options like whether to take on considerable debt or bankrupt themselves in order to finance their care or to forgo care all together.

When the labor and delivery unit in the hospital closed, the impact on the community was staggering but it was most profound on already vulnerable groups. With the closure, not just pregnancy and delivery care were impacted. Patients no longer have local access to gynecologic care either.

I am not the only physician to leave a state because abortion bans made it unsafe to practice medicine. 22% of the OB/GYNs have left Idaho since the bans went into effect. 55% of the Maternal Fetal Medicine doctors, the high risk pregnancy experts, are gone. So far three labor and delivery units have closed. A fourth is threatening to do so.

Medical students are questioning the location of their residency training across the country. This manifests as students deciding whether or not to apply for family medicine residency in the state of Idaho given the impact on their training from the abortion bans. This is occurring nationwide with particular impacts on the specialties of OB/GYN and family medicine. A recent brief published by Physicians for Human Rights reports that Florida's abortion ban is severely limiting the medical education of students in that state. Other studies now show that medical students going into many different types of specialties are less likely to apply for residency in states with abortion bans.

Beyond medical school, it is important to keep in mind that Idaho does not have an OB/GYN residency. Many doctors stay and practice in the area where they complete residency. In Idaho, all OB/GYNs have moved there from another state. Abortion bans have a profound negative impact on recruitment and retention of doctors across the country. As access to health care falls

away, communities may have difficulty attracting and retaining business owners and young families.

In Sandpoint at a critical access hospital, we discussed the option of flight insurance for emergency helicopter transport because we didn't have a NICU. Now in Boise, the largest city in Idaho, with 2 tertiary care centers, doctors counsel about the option of flight insurance because if a mom needs abortion care, she may need to be flown out of state.

Abortion is safe. Abortion is healthcare. Abortion is time-sensitive and at times is necessary to protect patients' health and lives. What is unsafe is allowing the government to make healthcare decisions for patients and preventing doctors from treating patients who need care. Abortion bans make pregnancy more dangerous and exacerbate our country's maternal mortality crisis. Most maternal deaths are preventable. At no point in pregnancy is any politician more qualified to make health care decisions than a patient and their doctor. Government interference in health care must stop.