



September 14, 2023

TO: Chair Rogers and Members of the House Health Policy Committee

FROM: Amy Zaagman, Executive Director  
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RE: HBs 4949-4959

The Michigan Council for Maternal and Child Health is in strong support of HBs 4949-4959. We support reproductive freedom and the ability for an individual, in consultation with their health care provider, to determine their desire for, need for and access to all health services.

With the passage of Proposal 3, the Reproductive Freedom for All ballot initiative, and legislation repealing our state's 1931 abortion prohibition, Michigan is still left with a patchwork of statutes and policies governing abortion that have no basis in patient safety or published medical best practices. As a package HBs 4949-4959 work to clarify definitions and maintain important protections while removing targeted regulations of abortion providers (TRAP) laws in Michigan.

As a medical procedure abortion is extremely safe. **The risk of death associated with childbirth is approximately 14 times higher than that with abortion. We support removal of unnecessary barriers to care because we know that in addition to limiting the freedom of individuals, TRAP policies have disastrous impacts on maternal health outcomes for those who choose pregnancy and childbirth.**

#### Access to providers

The patients of our state deserve a well-trained health professional workforce to care for their reproductive and perinatal care needs. The demands of the healthcare workforce are outpacing the supply thus these professionals have choices when determining where they will practice.

- According to AMN Healthcare, a major physician staffing service, 63% of surveyed OB/GYNs said they would not likely take a position in an abortion-restrictive state.
- And a study of third and fourth-year medical students published in May 2023 found nearly 60% of respondents said they were unlikely to apply to OB-GYN programs in states that restrict abortion. Experts point to several possible reasons for this reluctance. High on the list is a desire to receive the fullest possible OB-GYN training.
- Similarly, a Commonwealth Fund brief from December 2022 demonstrated that states with more restrictions on abortion have fewer maternal care providers than states with abortion access, including a 32% lower ratio of obstetricians to births and a 59% lower ratio of certified nurse midwives to births.

#### SUSTAINING MEMBERS

Beaumont Children's Hospital

Children's Hospital of  
Michigan/Detroit Medical Center

Henry Ford Health System

University of Michigan C.S. Mott  
Children's Hospital and Von  
Voigtländer Women's Hospital

#### CONTRIBUTING MEMBERS

Michigan Section, American  
College of Obstetricians and  
Gynecologists

Mott Children's Health Center

School-Community Health  
Alliance of Michigan

#### PARTNERING MEMBERS

Honor Community Health

Michigan Association for Infant  
Mental Health

Michigan Association of  
School Nurses

Michigan Breastfeeding  
Network

Michigan School Health  
Coordinators' Association

Michigan State Medical Society

Washtenaw County  
Public Health

#### GENERAL MEMBERS

Maternal-Newborn Nurse  
Professionals of Southeastern  
Michigan

Michigan Chapter, National  
Association of Pediatric  
Nurse Practitioners

#### EXECUTIVE DIRECTOR

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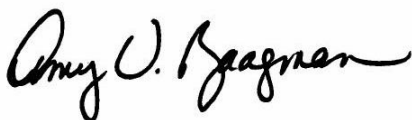
Michigan voters have spoken and want us to fully join other “abortion-access” states. Please pass these bills and finish sending the message to providers: **we respect their patients and their expertise and want them to train, locate and practice here so they can ensure all reproductive and perinatal care—including access to preventive care and contraception—is available.**

### **Maternal health**

Many partners, including MCMCH members, the Governor and the Legislature, have been focused on improving maternal health outcomes in our state.

- A December 2022 analysis from the Commonwealth Fund demonstrates that abortion policies in a state are directly correlative to maternal health outcomes. Maternal death rates (deaths during pregnancy, at birth, or within 42 days of birth) in states with abortion bans or restrictions compared to states without, were 62% higher in 2020 (28.8 vs. 17.8 per 100,000 births). Notably, across three years of data (2018-2020), the **maternal mortality rate was increasing nearly twice as fast in states with abortion restrictions.**
- Maternal death rates in the U.S. are roughly 10 times higher than other high-income countries, and there are significant inequities by race and ethnicity. **The analysis shows that for every major racial or ethnic group, maternal death rates are higher in abortion-restriction states** compared to abortion-access states, including 20% higher among non-Hispanic Black people, 33% higher among non-Hispanic white people, and 31% higher among Hispanic people.
- TRAP laws were designed to create barriers and delays to care, solely targeted at one population and one diagnosis. These barriers add cost and stress and contribute to unintended pregnancies where women are more likely to experience high blood pressure and other serious medical conditions during the end of pregnancy; more likely to remain in relationships where interpersonal violence is present; and more likely to experience poverty.

**MCMCH joins other providers and supporters of reproductive health services to urge you to pass HBs 4949-4959 and follow through on the strong message sent by Michigan voters last November. Give reproductive FREEDOM to all by removing these discriminatory policies from Michigan statute.**



Amy U. Zaagman  
Executive Director

## Resources/sources:

American College of Obstetricians and Gynecologists, Global Women's health and rights. Statement of Policy, Washington DC, American College of Obstetricians and Gynecologists; 2018.

Commonwealth Fund,

[https://www.commonwealthfund.org/publications/issue-briefs/2022/dec/us-maternal-health-divide-limited-services-worse-outcomes#:~:text=Differences%20in%20Maternal%20Health%20Outcomes&text=We%20found%20that%20maternal%20death,17.8%20per%20100%2C000%20births\).](https://www.commonwealthfund.org/publications/issue-briefs/2022/dec/us-maternal-health-divide-limited-services-worse-outcomes#:~:text=Differences%20in%20Maternal%20Health%20Outcomes&text=We%20found%20that%20maternal%20death,17.8%20per%20100%2C000%20births).)

Raymond EG , Grimes DA . The comparative safety of legal induced abortion and childbirth in the United States . Obstet Gynecol 2012 ; 119 : 215 – 9 .

National Academies of Sciences, Engineering, and Medicine. The safety and quality of abortion care in the United States . Washington, DC : National Academies Press ; 2018 . Available at: <https://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states> .

Upadhyay UD , Desai S , Zlidar V , Weitz TA , Grossman D , Anderson P , et al . Incidence of emergency department visits and complications after abortion . Obstet Gynecol 2015 ; 125 : 175 – 83 .

<https://www.aamc.org/news/fallout-dobbs-field-ob-gyn#:~:text=Nearly%2060%25%20of%20respondents%20said,fullest%20possible%20OB%2DGYN%20training.>

[https://www.researchgate.net/publication/370876130\\_The\\_Dobbs\\_Decision\\_and\\_Its\\_Geographical\\_Effect\\_on\\_Future\\_Physician\\_Training\\_ID\\_1380882](https://www.researchgate.net/publication/370876130_The_Dobbs_Decision_and_Its_Geographical_Effect_on_Future_Physician_Training_ID_1380882)