



Testimony of Alice Abernathy, MD MSHP

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Resolution No. 260051: Authorizing the Committee of Public Health and Human Services to hold hearings examining the current state of Philadelphia’s reproductive health care system, the current federal landscape affecting reproductive policy, and the City’s response to protect reproductive freedom

Good morning, Chair Ahmad and members of the committee. Thank you for the opportunity to testify.

My name is Dr. Alice Abernathy. I am an obstetrician-gynecologist and a health services researcher and I’m speaking in my capacity as an experienced medical provider and researcher. I am also a mother, and the first person in my family to attend medical school. I practice in and study the intersection of patients navigating structural barriers to reproductive care and the systems responsible for delivering it. I am here to discuss the ramifications of the U.S. Supreme Court’s *Dobbs* decision, which reversed *Roe v. Wade*, for Philadelphians and why strengthening our reproductive health safety net is an urgent public health imperative. We have the data. We need to act.

The reproductive health safety net is a central pillar of public health infrastructure. It includes testing and treatment for sexually transmitted infections, management of chronic gynecologic conditions, and the provision of contraception and abortion care. Frequently, these services are delivered at the same time.

My research examining Pennsylvania after *Dobbs* shows that although the legal status of abortion did not change in our state, health behaviors did. Demand for permanent contraception increased. Patients altered contraceptive decisions in response to the fear abortion could be banned in Pennsylvania. At the same time, Philadelphia, home to the majority of abortion providers the state, experienced increased demand for care, including from out-of-state patients. These clinics are not siloed facilities; they are central access points for STI and contraception care.

When that infrastructure destabilizes, predictable harms follow.

Untreated sexually transmitted infections lead to pelvic inflammatory disease, infertility, chronic pelvic pain, and ectopic pregnancy — the leading cause of maternal death in the first trimester. These are all preventable conditions. STI testing and treatment are fertility-preserving and life-saving.

Contraception is not simply pregnancy prevention. These medications are used to manage chronic gynecologic conditions. When patients cannot access contraception, we see more unintended pregnancies — particularly among people with uncontrolled chronic medical conditions. In my practice in West Philadelphia, nearly every patient has a comorbidity that makes pregnancy higher risk for them. Contraception is not just pregnancy prevention, it allows patients to optimize their health before becoming pregnant, making pregnancies safer and reducing maternal morbidity and mortality.

Finally, abortion access is inseparable from maternal health outcomes. Evidence consistently demonstrates that when individuals are denied wanted abortions, they experience depression, increased exposure to interpersonal violence, and long-term financial instability.

Post-*Dobbs*, we are seeing increased service demand, provider strain, and financial vulnerability among the clinics that anchor the reproductive safety net. With the federal changes to Medicaid and Title X, we are staring down the barrel of some of the largest cuts to health services in our lifetime at the national and state level. At the city level, looming budget cuts will decimate the reproductive safety net. The consequences will extend beyond abortion access to STI testing and treatment, contraception access, and maternal mortality reduction efforts.

These are all measurable post-*Dobbs* outcomes that are already unfolding across the US. This does not have to be the story of Philadelphia. I ask the Council to take meaningful action to safeguard Philadelphians from the known harms of inadequate access to comprehensive reproductive healthcare. If we are serious about reducing maternal mortality in Philadelphia, we cannot weaken the very infrastructure that safeguards reproductive health. These services are critical for Philadelphians to prosper in the city they love. I ask you to protect this infrastructure so that every Philadelphian, regardless of zip code or income, can access the care they need, in the city they call home.

Views expressed are my own and do not necessarily represent those of the University of Pennsylvania Health System (Penn Medicine) or the University of Pennsylvania.